



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, March 7, 2006

Share and Care: 6 pm – 6:50 pm.

Speaker: 7:00

Lynn Brandstater, CEO of Verdugo Mental Health, will update us on the building project, VMH programs in general, and plans for VMH 50th Anniversary in May 2007, reflecting on history and plans for the future.

- **Tuesday, March 14, 2006**
Share and Care: 6 pm — 7:30 pm.
- **Tuesday, March 21, 2006**
Share and Care: 6 pm – 7 pm.
Business Meeting – 7 pm.
- **Tuesday, March 28, 2006**
Share and Care: 6 pm – 7:30 pm
- **Tuesday, April 4, 2006**
Share and Care: 6 pm – 6:50
Speaker: 7:00
Erik Argenti, RN, Director of Intake at Glendale Adventist Medical Center will speak on "The Human Journey."

*** * * * CHANGED INFORMATION! * * * ***

DBSA GLENDALE - A SUPPORT GROUP

**for those suffering from
depression and bi-polar disorder
Glendale Adventist Medical Center
1509 Wilson terrace, Glendale**

**Thursdays 6 – 8 pm
dbsaglendale@yahoo.com
626.358.6587**

**Depression and Bipolar Support Alliance
www.dbsalliance.**

WORDS FROM THE PRESIDENT

Jonée Shady

We are now coming up on our eighth week of Family-to-Family class and I must say that I have enjoyed teaching this session immensely. We have a full class of 25 students, all of whom attend quite regularly. Last week we did a class on Empathy, seeing our relatives' illnesses as they see them. With all my experience, with all my so-called advice I've given to others over the last few years, I walked away from this class with more understanding, compassion, and yes, empathy than ever before.

I was reading some material to the class when something new just basically hit me. I am always asking why can't my brother just be med compliant. Doesn't he realize that he will have a better chance of leaving Atascadero if he would truly understand the need for his meds? Can't he just do what he needs to do? Well, apparently it is just not that simple.

Niki, my co-teacher has such insight and was explaining to us how "normal" my brother's actions truly are. Here we have a young man in his forties (although he still states that he is 74) who has been "held against his will," having had his dignity stripped from him as a result of his schizophrenia and incarceration, who simply wants to be able to go home. Wouldn't you want to go home, too?

I went to visit him last week and tried to explain that he could be sent to a facility near me if he could demonstrate that he was cooperative and just take his meds. He doesn't want that; he wants to go home and these meds destroy his brain cells. These are his beliefs and I wonder what we can do about them. It seems that really nothing can be done. The other thing that caught my attention from this class was that his lack of compliance might be because of fear. Fear from change. Don't we all fear change? I mean now he is in a hospital getting meals three times a day and has his own room. He corresponds by letter writing, possibly does some "songwriting" (see page 4) and gets to watch a lot of cable TV. This he knows how to do and maybe subconsciously, he is just not ready for a change.

So I must empathize with him. I must try to understand what he goes through on a day-to-day basis. I must have compassion and understanding and I must continue the work I do for NAMI and continue to teach Family-to-Family and in addition, the advocacy work that is desperately needed for our loved ones to get the care they truly deserve.

A SWIRL OF THOUGHTS FROM NIKI DAVIS

Mixed with a Bit of Mania

i'm so angry
and hurt
and sad
and thankful

and gracious all at the same time. I feel lonely just as much as I feel loved and supported... feel neglected just as much as I feel so attended to. in this moment, i feel all these things at the same level of intensity with a spinning ride up and down the scales of mood changes.

with tears in my eyes, i know that this mixed mood symptom will pass and i will regain perspective and hope and humor function ability

and confidence...I will not always feel the same intensity of worry and fear for the small things as i do the big things...I can even feel calm and continuity in between breaths of mistrust, imbalance and isolation.

Why do I feel this now? I was doing so well for such a long time...so well before I muse over the possible causes I have come to know.

✓ Perhaps I got over-stimulated from days of excitement? I had the ability to be a part of things that fill my world with purpose, things I believe in. NAMI and DBSA sponsored some beautiful events over the last 5 days and I was there...I spoke, I sang, I helped organize. I served. But functioning at that level of energy comes at a cost. I experience post-event depression and exhaustion.

✓ How about event trauma triggers? The main event last month at my NAMI affiliate meeting stirred up memories of what it was like to experience



The GAMgram, 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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"break-through" mania...the episodes of my Bipolar Disorder that can happen despite taking the same amount of treatment drugs...I heard a story that echoed my personal experiences of flying out of control despite years of success using responsible insight, self education, symptom management, and continuous med compliance.

Judy Eron, our special guest and author from NAMI Texas, gave a loving, sobering, and at times bittersweet humorous account of her journey with her husband Jim who ended his own life after more than a year of a manic episode that drove his wife away and alienated him far from family, friends and reason. She spoke with warm vulnerability about the layered denial and untimely ignorance and unpreparedness that destroyed a loving marriage and stumped even the well-trained and practiced mental health provider in them both...she a psychotherapist and he a psychologist. But her story wasn't unique to me. I too. I too.

I too ran away from a loving relationship, destroyed a career, and lost my home and many precious things BEFORE I came crashing down to the all too familiar depression. Flashing back on this tragic period of my life brought back grief that cried with me until sleep.

I'm still alive, but my loved ones are not the only ones who lost a person they thought they knew because of my disease rampage. I lost someone too. . .and never again did the person I knew before my "break-through" episode look me back in the mirror.

I also flashed back on the lessons Judy Eron offered to families coping with mental illness. This brought the sobering thought that I must finish my Advanced Health Directive so that Maria, my spouse equivalent, and my parents, sisters, and health providers can be prepared for a time when my cyclical disease once again renders me unrecognizable and reckless to myself and others. I spin with worry and recall that I DO have to specify:

a) who takes control of my health decisions when I'm unable to do so,

b) at what level of symptoms do I need to be hospitalized (with my prior agreement so I don't need to agree at the time),

c) what hospital I prefer (one my doctor can have easy access to),

d) who may be in the "information loop" of my treatment and who is allowed to be notified of my hospitalization and who is allowed to visit,

e) what medications never to use (those that have harmed me),

f) what medications I take,

g) what treatment has worked (including how to de-escalate my episodes),

h) even what symptomatic behaviors are so dangerous that I agree that the police, suicide

Please turn to Page 3.

NIKI Continued

prevention, or PET team should be called. Even triggers can help in preparing for crisis.

✓ Was it loss of sleep and irregular meal times? With all the exciting events, my mind has been spinning with things to do, calls to make, e-mails to read, e-mails to write, places to go, things to take, things to say, and memories that overwhelm. Sleep and meals are rearranged to fit my "must do" timetable and then hard to organize and remember "how to" because of the racing thought patterns. The more imbalanced my meals and sleep, the more imbalanced and dysfunctional I get.

✓ Were there life challenges I had to face? I had my first meeting at Verdugo Mental Health to help me figure out the hurdles of enrolling into the new Medicare Part D Prescription Plan. I am amazed at the complicated steps, unclear and illogical hyperlinks and tech problems found online. Once we got to the right process, the overwhelming number of choices of private for-profit plans with completely varying advantages and disadvantages are enough to give anyone a headache. Thank my lucky stars that I had a compassionate mental health provider (with a PhD!) to help navigate this online enrollment process. We even needed more assistance from another staff member who has had the most experience enrolling our clients. She laughed at our problems because she said they were of the very least she had encountered.

But the confusing and inefficient enrollment process was not my biggest challenge today, for I had great support. My biggest life challenge was facing the additional cost of this new mandated change. My access to these medications was keeping me alive and out of hospitals and jails. I had to figure out something.

After speaking to my pharmacist to get estimates of the "tiered" pricing system for my 3 drugs, and adding that to the premium of the best plan we found (we found one with 100% coverage and no deductible. . . many deductibles were \$250 per year in addition to the premium), I estimated that my drugs would now cost about \$61 a month and my \$25 monthly premium could be directly deducted from my disability check. How am I going to find a way to pay an additional \$86 a month, \$1032 per year? What more could I possibly cut from my budget of poverty? Why did I have to lose the coverage I had under the county that cost me nothing in addition to my set Mental Health Services co-payment? Why did 15% of my disability benefits now have to go to a private company for my medications alone? Those are the questions that brought the tears of fear and the wall of anger spinning in my mind.

I am sure it took all these factors to influence my downward mixed symptom brain episode. . .my painful taste of a mixed Bipolar episode. This is just one moment unfolded. I am so glad I have a place to

vent...a place to share my struggles and triumphs, my form of asking for help and giving help. Indeed, help will come and I will help others. My mood is already starting to balance out. I am beginning to remember to eat the sandwich that has been waiting for me before I sat down to write. I am beginning to remember to breathe and slow down.

Thank you for reading and Bon Appetit.

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, l24=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.

LECTURE ON THE BIPOLAR ADVANTAGE

On March 16 from 7 to 8:30 pm, author Tom Wootton will discuss his book, *The Bipolar Advantage*, and the weekend workshop he offers called - "Bipolar In Order." After the talk, Tom will answer questions and sign books. The book is available for purchase at all events for \$20.

The lecture, for those with bipolar disorder and their friends and family, is FREE AND OPEN TO THE PUBLIC. It will be held in Conference Rooms A,B,C at Glendale Adventist Medical Center, 1509 Wilson Terrace, Glendale, CA 91206, from 7:00 pm until 8:30pm.

For directions: 818-409-8000

For more information: 760-749-5719

**DON'T FORGET TO CHECK OUT OUR
GREAT WEBSITE:
NAMIGLENDALE.ORG**

Writing Retreat Finds Great Writers

Jane Hancock



Michael Miller works on his book at the Retreat

On a beautiful February day, a small group of NAMI Glendale members showed up for a NAMI Glendale Writing Retreat—the object: to get some stories and thoughts and issues and ideas on paper for a future publication or for the *GAMlgram* or for those books that we all want to write.

And speaking of that book, Jonée Shady said, “There is a book in all of us and after today I might seriously consider actually writing my story, how my life changed after the death of my mother and I was left as the sole caretaker of my brother.” And Mike Miller looked up from his writing long enough to say, “You can really produce a lot when you commit a whole day to writing. Not only that, the impact of expressing yourself in this subject area has a great therapeutic effect.”

And that is what we did. We wrote. We began the day (after coffee, egg soufflé, donuts, and fruit) with an exercise to open up our memories and imaginations to write about ourselves. And then we wrote until lunch.

After lunch we shared. We may not have a book ready to publish yet but we're getting there. If you are interested in being a part of our next day-long Writing Retreat on June 17, mark your calendar and let us know.

NAMI GLENDALE OFFICERS AND COMMITTEE CHAIRS

President – Jonée Shady

Vice President – Michael Miller

Treasurer – Wayne Baldaro

Corresponding Secretary – Kay Connus

Recording Secretary – Jane Hancock

Program Chair – Dorothy Meyer

Walk Coordinators – Eric and Judie Erpenbeck

Hospitality – Linda Nakaishi and Elaine Kaneshiro

Contact Person – Mario Bodnia

GAMlgram – Jane Hancock

GAMlgram Mailing Team – The Connus Family

Family to Family – Jonée Shady and Niki Davis

Lyrics by Nick Jonée Shady

I was going through some boxes and I came across what appear to be song lyrics written by my brother while he was institutionalized. These were written circa 2001 and I think he was either in Riverside County Jail or Patton State Hospital. I share these with you because although they seem to be written by an adolescent, they reveal what my brother feels and desires deep inside--very basic feelings that all of us have felt, I'm sure, at one time in our lives. That person who has left us on the outside is still there on the inside.

The Beach Nick Shady

*Ah the beach ooh it's so pretty,
It's so pretty.
The warm sun
It shines so bright.
It feels so good.
Love in the afternoon, you bet.
A picnic
A hot lunch
We're having fun playing ball.
Run, skip, jump, jump, jump
Playing on the sand.
What fun, what fun.
It's so fun, the surf is up.
The water's fine.*

I Do Love You Nick Shady

*In the the morning I think of you.
I wake up and think of you.
I need you; I need you.
I go to school to learn in the day.
Oh, oh, I do love you.*

*Come and hold me.
I want to hold you.
Oh, oh, oh, oh, oh.*

*I need you; I need you.
I do love you.
I do, ooh, ooh.
I do, ooh.*

*Come on and Love me,
Come on and Love me.
I do Love you.
I do Love you.*

This Son of Mine

JudieRose

He is ... our only son
 He is ... our only brother
 He is ... our first grandson
 He is ... our uncle
 He is ... active, friendly, hardworking, competes hard,
 hungry for knowledge, runs, plays golf, plays tennis,
 basketball, loves sports, enjoys history and good
 movies
 He is ... husky, handsome, and hurting
 He is ... looking hard, fast and not even seeing
 He is ... walking, pacing, running, sitting
 He is ... lying down, gets up, lies down, gets up
 He is ... hungry, not hungry, thirsty, not thirsty
 He is ... drinking a lot of coffee
 He is ... listening to his CD very loudly
 (same one over and over)
 He is ... watching TV, talking, conversing with the TV
 He is ... spinning and a fog rolls in ... nowhere to be
 reached
 He is ... talking fast and much but there is little
 understanding
 He is ... this wonderful man, kindhearted/listens/cares
 He is ... in a thick fog
 He is ... seen by police
 He is ... scared in voice ... no, no, no
 He is ... my son! Please don't hurt him
 He is ... saying awful things
 He is ... breaking...somebody help
 He is ... going somewhere in his mind where he has
 been for some time
 He is ... not new to this lace
 He is ... clear for a moment
 He is ... my son coming up for air crying out "help me"
 He is ... taken by police saying no, don't let them take
 me
 He is ... being followed by his dad, mom, and sister
 He is ... in the hospital / in a gown / in a small room
 He is ... asking when do I get to go home?
 He is ... on a 72 hour hold, what is that?
 He is ... on the move by ambulance to a new place
 He is ... with all these crazy people he says
 He is ... paranoid / on hold / angry / scared / distant
 He is ... friendly with his roommates
 He is ... generous, giving away the clothes off his back
 He is ... not eating the food, it is poison
 He is ... not drinking the water, it is drugged
 He is ... wanting to go home
 He is ... visited twice a day
 He is ... saying take me home now
 He is ... in the Coast Guard
 He is ... saying I need to get back
 He is ... calling home, where are you? Come get me, I
 need to get out of here
 He is ... calling for a lawyer, dad mom please get one
 He is ... refusing medication
 He is ... attempting to escape, meds are forced

He is ... liked by almost everyone
 He is ... going to court to stay 14 more days
 He is ... approving our presence in court
 He is ... going home with us
 He is ... screaming out the car windows
 He is ... smoking like a train
 He is ... so very angry to have been "locked up"
 He is ... in the car with his ear phones super loud and
 can't hear anything else
 He is ... afraid, happy, sad, glad, grateful
 He is ... in love with Mom and Dad
 He is ... dropped off / checked in
 He is ... lost late at night
 He is ... calling one AM, two AM, three AM
 He is ... forced again to take his meds
 He is ... visited by us ... Grammie, Mom, and Dad
 He is ... so happy, in a great mood / looks super
 He is ... medicated
 He is ... loved by so many
 He is ... missed by so many
 He is ... here every weekend, almost done with the
 Guard
 He is ... ready for school / life / hope / love



JudieRose works on her poem at the Retreat



Jonée Shady works on her laptop.

COMMENTARY: MIKE MILLER

Celebrities Can Help or Hurt the World of Mental Illness

Celebrities get too much attention. Our celebrity culture elevates the movie actor to a star, the athlete to an idol, and other luminaries to a degree of fame that is seldom warranted in terms of what these people really accomplish. Nevertheless, they are here to stay perpetuated by a celebrity-crazed media intent on paying a lot of attention to the public and private lives of those with fame.

Mental illness gets too little attention. A convergence between the over-attention to celebrities and the under-attention to mental health issues can benefit the latter. For decades, celebrities have been wielding their influence to raise money and awareness to fight well-known diseases. A new development in recent years is the growing number of high-profile people talking about mental illness.

For example, at a time when the Texas public health system is cracking under the strain of too many patients and too little money, celebrities in that State are openly talking about their battles with mental illness. Former Dallas Cowboy "Hollywood" Henderson and radio personality Eric Blumberg, to name a couple. When these people speak in the context of being well known, others hear. "It's not a death sentence to your career to have been diagnosed with a bipolar disorder," says Blumberg to a vast audience.

With more high profile people talking about their mental illnesses, advocates say they are optimistic that mental health services in Texas will improve. In fact, the Texas legislature recently added substantial new expenditures to fund psychiatric hospitals and community mental health centers.

For years, actresses Patty Duke and Carrie Fisher, both of whom have bipolar disorder, were the sole poster girls for mental illness. Now, newswoman Jane Pauley and actress Linda Hamilton frequently talk about their bipolar disorder. Brooke Shields and newsman Mike Wallace are open about their depression.

"Celebrities coming out are both a barometer and contributor of the de-stigmatization of mental illness," says Frederick Goodwin, MD, a former director of the National Institute of Mental Health.

According to Stella March, coordinator of NAMI's stigma-busters program, ". . . when celebrities come out and disclose personally and emotionally, it's very helpful and supportive of our movement." Among other benefits, "when the public hears about it being okay for someone successful in work to get help, it can really facilitate getting other people to do the same," says psychoanalyst, Mark Smaller, chairman of social issues for the American Psychoanalytic Association in Chicago.

Despite the benefits, there are some significant negatives about the new celebrity link to mental illness. Those who work for the promotion of truth about mental illness such as NAMI members, should monitor celebrity involvement.

At one extreme, if a celebrity such as Tom Cruise, is allowed to get away with his gross misconception about mental illness, there is a big problem. The immediate reaction of mental health advocates to the Cruise problem helped mitigate the damage he spread.

Another problem, limited in scope like the Cruise problem, is the celebrity who for whatever reason touts him or herself as having experienced mental illness problems when, in reality, they may not be talking about real problems such as those diagnosed with bi-polar or those with clinical depression, or schizophrenia.

Another area for wariness, is the limited scope of the celebrity's participation with mental health issues. They do not always have the information to be totally accurate. Nevertheless, because of their status, their words may be disseminated, sometime in sound bytes without the whole picture. For example, Mike Wallace of *Sixty Minutes* fame has faced true severe depression. His problem was substantially helped by medication. His admonishment to all those with depression was "take your medicines." This is sound advice; however, for many it does not resolve their problem, and it does not take into account the issue of side effects. If properly monitored, an appropriate supplement to Mr. Wallace would have been able to add these points.

Another downside to celebrity involvement is that many people imagine that only the rich, successful, or well known can afford help. A similar downside is the public perception that there is a lot of drug abuse amongst celebrities which causes their problems, rather than the more everyday problems that bring a majority of people into care.

Conclusion

The celebrity may be rich and famous, but they can be wrong. Don't fall into the trap of according them credibility just because they are well known. Critically examine what they do and say regarding mental illness, and respond with advocacy if necessary. On the whole, if celebrities mean well and stick to the facts, they can de-stigmatize far and wide. They can inspire others to seek help and realize that, even in the face of severe mental illness, one can survive and contribute. Recent information about Abraham Lincoln and his accomplishments in the face of severe depression is just one example. John Nash of *Beautiful Mind* fame is another.

Enter Celebrities and Mental Health Problems on your computer and you find a catalog of celebrities who have been helped, who tell their story, and who succeed with worthwhile ventures in the face of mental illness. We in NAMI know there are many others who are not famous but have similar stories. However, for most of the public, like it or not, the celebrity can help spread this word faster than most of us. Stay alert to assure they do so in a helpful and meaningful way.