



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

Tuesday, November 7, 2006

Share and Care: 6:00 pm – 7:00 pm

Speaker: 7:15

An update on initiatives from NIMH to improve cognition and enhance recovery in schizophrenia. Dr. Michael Green will speak on initiatives from NIMH that are designed to simulate drug development for cognition in schizophrenia. Cognition is an aspect of schizophrenia that is related to community functioning. Dr. Green will also discuss how cognition can be used to discover genetic risk factors for schizophrenia.

IMPORTANT ANNOUNCEMENT 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

October 7th was a memorable day for NAMI Los Angeles County. Over 2,000 family members, friends, and loved ones suffering from a mental illness gathered together to walk. To walk to fight stigma and raise awareness in addition to raising much needed funds. Oct 7th was a beautiful day. One that saw all of us come together as one big family who have shared trials, tributes, and tribulations. We smiled, we laughed, we cried, we talked and we walked. Down the promenade, across Montana, to Ocean and we saw the beautiful Pacific under the warm sun as we walked admiring the many memorial signs along the way. We walked back to Third Street Promenade and gathered again as a family. How proud I was to be a part of this walk and a part of NAMI Glendale.

NAMI Glendale was equally represented at our walk where we had team captains who have graduated from our most recent family to family classes. We had old members as well as brand new members walking for NAMI. We had volunteers who gave of themselves so that this walk would be a great success. And what a success it was, of this I am sure.

I would like to commend a surprise volunteer and walk member of my team (many who signed up for my team didn't show up) who not only walked and donated to two different teams, but she arrived early for set up and then volunteered at the last minute to do traffic duty. Thank you Linda Gibson, a quiet but most valuable new member of NAMI Glendale. Thank you Elaine, Bertha, and Karla who arrived before registration and manned the registration booth. Thank you Judyrose Erpenbeck who inspired many to attend the walk and in addition attended many meetings in preparation for this walk as our representative. Thank you Niki Davis for bringing your DBSA group to walk for us; thank you Lynn Brandstater for representing Verdugo Mental Health Center and the van that gave those who needed transportation a way to get there. Thank you Armida for helping me load my car at the end as Lissa assisted me in distributing pizza to our volunteers and the homeless.

Team Captains included Jennifer Jernigan of Mama's Hope, Cecelia Romero of NoHo Team, Armida Robles-Ishii of Crusaders for Cindy's Miracle, Judirose Erpenbeck of Family to Family, Lyn Slotky of Mindwalkers, Niki Davis of DBSA Glendale Advocates,

Please turn to Page 2.

How We Talk About Mental Illness:

Branding NAMI and Promoting Recovery in NAMI's Revised Brochures

September 2006

Mental Illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning.

Schizophrenia is a mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. Organizing one's thinking, performing complex memory tasks, and keeping several ideas in mind at one time may be difficult for people who live with the illness.

Bipolar Disorder is a complex medical illness of the brain. People diagnosed with bipolar disorder experience alternating episodes of mania (severe highs), depression (severe lows), and mixed states which contain elements of both high and low experiences. Over the life of a person who lives with bipolar disorder, the illness expresses itself in an irregular pattern of changes in mood, energy, and thinking. These changes may be subtle or dramatic and typically vary greatly over the course of a person's life as well as among individuals

Major Depression is a mood state that goes well beyond temporarily feeling sad or blue. It is a serious medical illness that affects one's thoughts, feelings, behavior, mood, and physical health.

About Recovery....

With an accurate diagnosis, effective medication, attention to health and wellness, and peer and family support, most people living with mental illness can obtain relief from their symptoms and achieve satisfying and meaningful lives.



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

WORDS FROM THE PRESIDENT

Continued from Page 1.

Jane Hancock of Team GAMlgram and my Glendale President's Team. Our team captains brought families and friends to the walk and raised significant amounts of funds. A couple of no-show walkers raised funds also. Funds are still coming in and it is not too late to collect. We have 60 days after the walk to continue the fight to raise awareness, funds and fight stigma.

Congratulations, Jane Hancock, on being one of the top online fundraisers in LA County. Congratulations NAMI Glendale for coming together as friends, family, and consumers of all ages and color to walk on October 7th for NAMIWalks LA. See you all next year!

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

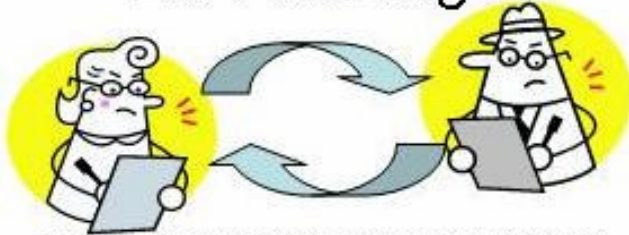
dbsaglendale@yahoo.com

818.209.8442

Depression and Bipolar Support Alliance

www.dbsalliance

Do You Blog?



Do you have something to share or journal? Join the crowd at www.namiglendale.blogspot.com

Schizophrenia term use 'invalid'

The term schizophrenia should be abolished, experts have said.

They claim the category falsely groups a wide range of symptoms and encourages over-reliance on anti-psychotic drugs rather than psychological intervention.

The academics also said the label stigmatized people as being violent, dangerous and untreatable.

But other scientists said the term should not be scrapped without finding another means of classifying patients with psychosis.

Schizophrenia represents a complex mental health disorder. Symptoms vary from person to person, but include delusions, hallucinations and disordered perceptions of reality.

It is estimated that one in 100 people will develop schizophrenia at some point in their lifetime.

But experts, speaking on the eve of World Mental Health Day, are calling for the term to be scrapped.

Richard Bentall, professor of experimental clinical psychology, from the University of Manchester, said: "We do not doubt there are people who have distressing experiences such as hearing voices or paranoid fears.

"But the concept of schizophrenia is scientifically meaningless. It groups together a whole range of different problems under one label - the assumption is that all of these people with all of these different problems have the same brain disease."

He said this can misinform treatment, and has encouraged the widespread use of "drastic biomedical interventions" as the first-line of treatment, rather than psychological help.

Although drugs were useful for some patients, too often they were given at extremely high doses and had some dangerous side-effects.

Professor Bentall said: "Overall, I think the concept is scientifically meaningless, clinically unhelpful and ultimately has been damaging to patients."

Paul Hammersley, also of the University of Manchester, who is involved with the Campaign to

Abolish the Schizophrenia Label (Castle), wants the term dropped.

He said: "It is associated with violence, dangerousness, unpredictability, inability to recover, constant illness, constant need for medication and an inability to work. I cannot emphasize enough how stigmatizing this label is."

But the academics could not give a definitive answer to what should replace the term schizophrenia if it was eliminated.

They pointed to Japan, where the category schizophrenia was replaced with "integrated disorder" in 2004, as a possible model.

And Professor Bentall suggested patients should be treated on the basis of individual symptoms, as opposed to an overarching category.

Robin Murray, professor of psychiatry at the Institute of Psychiatry, London, said most psychiatrists accepted term schizophrenia was imperfect but warned that were it discarded another method of classification must be devised.

He said: "If we don't have some way of distinguishing between patients, then those with bipolar disorder or obsessional disorder would be mixed up with those currently diagnosed as having schizophrenia and might receive treatments wholly inappropriate for them.

"Most psychiatrists would still agree that the term schizophrenia is a useful, if provisional, concept. My personal preference would be to replace the unpleasant term schizophrenia with dopamine dysregulation disorder which more accurately reflects what is happening in the brain when someone is psychotic."

Til Wykes, professor of clinical psychology and rehabilitation at the Institute Of Psychiatry said: "We should be careful not to throw the baby out with the bath water, as despite its limitations, a diagnosis can help people access much needed services.

"What all of us have to remember is that these are people with a diagnosis of schizophrenia, not 'the schizophrenic'."

Marjorie Wallace, chief executive of the mental health charity SANE, said: "While we recognize that the term 'schizophrenia' can act as a stigmatizing label, without identifying this condition as a serious illness how can there be any hope of researching it and providing better treatments?"

"Simply replacing the term with another is unlikely to add to our understanding of this complex condition."

Story from BBC NEWS:

<http://news.bbc.co.uk/go/pr/fr/-/2/hi/health/6033013.stm>

Published: 2006/10/09 13:09:42 GMT© BBC MMVI

NOVEMBER To-Do List

- ✓ **PAY DUES**
- ✓ **VOTE**
- ✓ **GO TO NAMI MEETING**

Oh, Those Voices
Jane Hancock

I can't begin to imagine what it would be like to have someone talking in my head all the time. It must be awful. Yet my son Richard has had these voices in his head since . . . well, I'm not sure how long. Maybe since childhood. It's a part of life for him. And just because I can't hear them doesn't mean they aren't there.

He used to call them his advisors, but lately they have become his speechwriters. He will enter my room and announce in his loud, booming voice, "My speechwriters say," and I will suck in my breath and wait for whatever it is that his speechwriters have told him today. Usually I just nod and say, "Okay." If the speechwriters are saying something utterly absurd, I might say, "You need to fire your speechwriters." And if his speechwriters say something that upsets me, and they often do, I get angry, even though I know it's the illness, and react in a way I shouldn't. Usually his speechwriters say things I don't like when Richard hasn't gotten his way about something.

And Richard writes down everything his speechwriters say. He uses carbon paper (who uses carbon paper any more?) and keeps a copy and mails a copy—to the President, to congressmen, to his doctors, to his brothers. He keeps the US Post Office in business.

Just recently I found out something that I hadn't known before about Richard and his voices. When they tell him something that makes him afraid that sharing what they say might put him back into a hospital, he writes it down, then shreds it and buries it in the yard.

Wow! What a concept!

CONGRATULATIONS, NAMI GLENDALE

FOR YOUR CONTRIBUTION TO A SUCCESSFUL

NAMIWALKS LAC

NAMI GLENDALE TURNED IN, AT LAST COUNT, DONATIONS OF OVER \$15,000!

Here are the up to the minute Walk Totals for the county. Remember the goal was \$300,000.

Online Donations \$67,472.23

Offline Donations \$100,183.10

Sponsorships \$131,638

So, we are currently at \$299,293.33!

(This does not include matching corporate donations, because they will take some time to arrive.)

Since the checks are continuing to come in, **we will certainly top our goal!**

Unmasking Mental Illness

Jonée Shady

The 2nd annual gala was held in Washington DC this month to honor Charles L. Bowden, M.D. for his contribution to research on bipolar disorder. The gala was attended by politicians, leaders of NAMI and other mental health fields along with many representatives from the various pharmaceutical companies. Los Angeles was represented by Nancy Carter (NAMI Urban LA), Shelly Hoffman (NAMI LA) and Jonée Shady (NAMI Glendale).

This fundraiser (\$300 per person) more than doubled since last year. Last year there were 175 attendees and this year 400 were at the event. This is significant not only in that it raised much needed funds but this shows that NAMI is rapidly becoming a stronger presence as an organization. This is so important as we continue to fight stigma and advocate for better services for those suffering from these terrible brain disorders.

Judy Collins sang five songs including "Both Sides Now" and "Amazing Grace." It was such a moving experience when she asked the audience to join in singing the spiritual. Patty Duke presented the 2006 Mind of America Scientific Research Award to Charles Bowden, MD, professor in the Department of Pharmacology at the University of Texas at San Antonio.

What Will LACCC do with NAMI Walk Money?

Los Angeles County Coordinating Committee (LACCC) is considering hiring a full-time coordinator to increase the awareness of NAMI throughout the county and increase membership. We have grown as an organization in this county and we feel the need to have some sort of central representation. What has been discussed is the creation of a board who would oversee this position. The board would include members of the community in various professions who have an interest in Mental Illness and NAMI but are not necessarily family members who make up the grassroots organization that we have been in the past. We are currently looking for those who would be interested in serving on this board. If you have any suggestions for people in the Glendale area, please submit their names to me and we can approach them as we gather more information about what the commitment would entail.

Family to Family Teachers' Training Coming

Sharon Dunas, MFT is planning a Family to Family Teachers' Training at the Claretian Retreat Center on January 19, 20, and 21, 2007. Anyone who has been in a Family to Family class is eligible to take the Family to Family Teacher Training, since we very much need more teachers to reach out into the community. The Family to Family class is our best way to bring in new NAMI members to our affiliates.

NAMI Glendale members who are interested should contact Jonée Shady at sh8djb@earthlink.net.

COMMENTARY: MIKE MILLER**What's In a Name and Other Gripes**

Having dealt with issues involving mental health concerns for over a decade, I am using this Commentary to vent. It is time for some personal therapy, which I hope will also inform or at least challenge the reader. View this as an expanded though unilateral share and care message.

Periodically, I have observed various entities and individuals involved in mental health issues, including NAMI National, express concern over verbiage. The usual question involves the term mental illness or the mentally ill. Often, the question posed is: Is this terminology a stigma? I find this to be a waste of time and an exercise in futility. There are far greater issues to deal with then nomenclature. NAMI seeks parity between the views and treatment of physical illness and mental illness, yet some want to discard the term "illness." Why? Isn't this an apt description? In NAMI we are urged to inform others that we are dealing with an illness, a brain disorder. What else should we call it--brain impaired? How about mentally challenged! If we insist on the analogy that our loved one who is mentally ill with say bipolar is to be viewed as one with a physical ailment such as cancer, why fool around with terminology that asserts "illness."

When people ask me as to the condition of my daughter, I usually describe it as severe clinical treatment resistant depression, a type of mental illness. I then define it for them. To beat around the reality that it is an "illness" is to me a waste of time and I wish certain advocates would back off and find something useful to do. There are a lot more substantive concerns to take up their time.

I have concerns about NAMI National. Their current website section dealing with information about depression is out dated, and they do not appear concerned about a relevant update. For example, under treatments they completely omit some of the newer FDA approved possibilities such as use of the vagus nerve stimulator (VNS). The related advances with magnet applications and brain imaging are also not covered. They stick with an emphasis on medications and even list several and they mention ECT (electric convulsive therapy). For an organization such as NAMI to exclude new valuable alternatives is a real problem. Since I know a lot about depression, I have not checked their site for how they treat bipolar, schizophrenia and other serious issues. If they are as outdated as the section on depression, they should be held accountable. I am going to pursue this issue and again challenge NAMI National to divulge how much revenue they derive from drug companies. Drug companies have an important place in the picture; my concern is that it is too big a place.

Another issue that merits some venting (boy, this is fun and I feel better already) is the medical profession. Too many doctors have limitations--they do not expand their views and perspective to treat mental illness beyond the use of medications. My own daughter has had a good year. After twelve years of severe depression, the expansive view of her primary doctor to encourage VNS and allow her some flexibility away from medications, combined with approving a more holistic approach involving improved diet with supplements, has resulted in her current state of betterment. Unfortunately, I have conferred with a lot of other doctors who view anything beyond the purview of their own expertise as a threat. These are not the kind of caring physicians that we all hope for. Watch out for them, question them, challenge their narrowness, and do not be afraid to find other medical help.

My final vent (I am getting tired of being negative) concerns what I call the "denial syndrome." We all know the problem of our loved one sometimes denying their illness. If they deny it, how can they be helped? If denial perpetuates, appropriate treatment is deferred and the problem compounds. I am not talking about the initial denial that most of us experience, particularly when the problem of mental illness first asserts itself and we are all in the dark. Nevertheless, I have observed some people, care givers as well as those with the illness, who over time simply do not listen and learn. They repeat their plights, reiterate the issues, and sometimes acknowledge their faults--"I guess I am an enabler,"--but they do nothing about it. I am not perfect and can recount a past where I did the same thing. But, it is the past. I moved on to confront the problem and drop the denial-inaction phase of my experience. Some people seem to never do this and it worries me. They need to convert share and care into lessons to apply. Why some do not is an issue. It upsets me because no one is getting anywhere. Dealing with mental illness is frustrating business, but it must be dealt with--by action, not just words.

The venting is over with for now. Like NAMI meetings I shall attempt to close on a positive note: NAMI and Share and Care are a force for good. They provide a forum to deal with societal and personal issues; the information gleaned can be helpful for us and our loved ones. Thank you for allowing me to impart my message. It is my way of sharing and caring, thanks to NAMI.

**President
Jonée Shady
and Vice-
President
Michael Miller
at NAMIWalks
on October 7.**





NAMI WALKS

★ ★ ★ ★ ★ FOR THE MIND OF AMERICA

NAMI WALKS LAC

Jane Hancock

October 7, 2006
 Third Street Promenade
 This is where NAMI Walks begins.
 This is where we come
 to educate
 to support research
 to stop the stigma

Los Angeles County affiliate booths line the street
 We meet in front of the NAMI Glendale booth
 my family
 my colleagues
 my NAMI friends

We feel great.
 The sun is shining
 It's a beautiful day in Santa Monica

Speeches
 greetings in many languages
 greetings from National
 greetings from Mayor Pro-tem of Santa Monica
 Then the Walk begins

North on Third Street two thousand walkers march
 hold up signs
 hold up cross traffic
 We let the people in the cars wait
We are the nation's voice on mental illness.

West on Montana
 south on Ocean Boulevard
 south past the Park
 the Park where the homeless watch us
 Do they know we are marching for them?
 South past the memorial signs
 purchased by NAMI members
 South with a spectacular view of the Pacific Ocean

East on Santa Monica
 Why have we stopped? someone asks
 Because this is where we started,
 someone answers.
 But we haven't stopped.
 We won't stop.

This is the end of the Walk 2006
 But it isn't the end of our journey.
 Have we made a difference?



Have we made people aware?
 Have we erased the stigma?

The nation's voice has spoken.

Thank you for walking
 Thank you for contributing.
 You have made our teams proud
 NAMI Glendale proud
 NAMI LAC proud
 YOU have made a difference.