



NAMI Westside LA Newsletter

www.namila.org

824 Moraga Drive, Los Angeles, CA, 90049, (310) 889-7200

September 2011

Come Out and Walk for Recovery on Saturday, October 1



Los Angeles County's NAMIWalks for the Mind of America, our annual fundraising event, starts off again at the Third Street Promenade in Santa Monica at 9:00 AM on Saturday, October 1. So bring your friends, co-workers, neighbors, and family members to walk to reduce stigma and raise the funds to ensure we can continue offering NAMI's free programs that have changed so many lives in our community!

Our annual 5K fundraising walk is first and foremost to raise money for the NAMI affiliates in Los Angeles County. But it is also to let people know that, with medical treatment and family support, mental illness is both manageable and treatable, and that recovery is not only possible, but probable. We urge you to come out and show your support. This

year, one in four people will be diagnosed with a mental illness. We are not a minority, and we shouldn't act like one. A huge turnout will show that we are here, we are proud, we are hopeful, and we are loud!

When you approach your friends and family as well as the businesses you frequent in your community, give them specific examples of how their donations help those in need:

- ✓ \$25 makes it possible to provide NAMI Basics to one caregiver
- ✓ \$50 covers the cost of materials for one attendee in the Peer-to-Peer class
- ✓ \$100 covers the cost of two *In Our Own Voice* presentations in the community
- ✓ \$1,000 trains five NAMI Basics or Family-to-Family teachers

If you would like to form your own team and recruit walkers, you can do so at nami.org. If, instead, you would like to join an existing team, you are welcome to walk with Heal the Brain, the team created by NAMI Westside LA's own

President Sharon Dunas. Simply go to www.nami.org/namiwalks11/los/healthrain. Donate \$100 and we'll give you a T-shirt too!

If you can't walk with us, you can still donate at the above site, or send a check to NAMI Westside LA, 824 Moraga Drive, Los Angeles, CA, 90049. The funds we raise from NAMIWalks provide our community with free Family-to-Family classes, De Familia a Familia classes, Peer-to-Peer classes, Persona a Persona classes, NAMI Family Support Groups (in English and Spanish), NAMI Cares Support Groups (in English and Spanish), speaker presentations, the annual Pathways to Wellness Mental Health Conference, our warmline, and so much more!

We would love to have you walk with us! And please contribute generously. There is so much hope on the horizon. So many lives are being changed for the better, but there are still so many yet to acquaint with our programs. We have a better tomorrow right in front of us. We just have to keep walking!

NAMI Westside LA is now on Twitter! Follow us at @namiwla.

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Are You Still a NAMI Member?

If you have not yet renewed your membership, please complete the Application for Membership form at the back of this newsletter. As mentioned on the form, send it to NAMI Westside LA, Membership, P.O. Box 491216, Los Angeles, CA, 90049.

We are deleting those with lapsed memberships from our membership rolls, so unless you renew your membership, you will no longer receive this newsletter.

The number of members we have determines the funds we receive, so please join.

Support Groups and Speaker Presentations

All events (except where noted) are held on the first floor of the Ed Edelman Westside Mental Health Center, 11080 W. Olympic Blvd., at the SE Corner of Olympic & Sepulveda in West LA. Entrance is through the garage.

Secure parking is available in the garage in the evenings only; use the Olympic entrance. Call (310) 889-7200 for information.

The **Family Share & Care Support Group** meets every month on the first and third Wednesdays from 8:00-9:30 PM, on the second and fourth Wednesdays from 6:30-8:30 PM, and on the second Monday from 1:00-3:00 PM.

Family Support Groups are also held at:

- ✓ Didi Hirsch Community Mental Health Center, 4760 Sepulveda Blvd in Culver City, every Monday night at 6:30 PM. For more information, contact Dr. Hirschman at (310) 836-7849 or Tony Packard at (310) 390-6612
- ✓ Spanish-Language Family Support Group at the Didi Hirsch Community Mental Health Center, 4760 Sepulveda Blvd in Culver City, on the first and third Tuesdays of the month. For more information, contact Rosina Guzman Ehrlich at (310) 488-6113

The **NAMI Connections Support Group for Consumers** meets every Wednesday at 7:00 PM. Contact Janet at (310) 990-1338 or Sanjeet at (310) 963-0714 for more information.

Speaker Presentations are held every month on the first and third Wednesdays from 7:00-8:00 PM.

Wednesday, September 7, 2011

Cognitive Psychosocial Recovery Models

Dr. Robert Liberman will speak on cognitive psychosocial recovery models and groups that facilitate recovery for those with schizophrenia and other psychotic illnesses. He is the author of *Recovery from Disability* and teaches at UCLA, where he is a Distinguished Professor in the Department of Psychiatry and Bio-behavioral Sciences at the UCLA David Geffen School of Medicine and Director of the UCLA Psychiatric Rehabilitation Program.

Wednesday, September 21, 2011

Effects of Marijuana on the Brain and Laws Regulating Marijuana Use Today

Dr. Karen Miotto is a Clinical Professor in the Department of Psychiatry and Bio-behavioral Sciences at the UCLA David Geffen School of Medicine and Director of the UCLA Alcoholism and Addiction Medicine Service. She is the recipient of a career development award from the National Institute on Drug Abuse to study treatment for GHB withdrawal.

Wednesday, October 5, 2011

Bipolar Survival Guide: What You and Your Family Need to Know

Dr. David Miklowitz, Professor of Psychiatry in the Division of Child and Adolescent Psychiatry at the UCLA Semel Institute and a Senior Clinical Research Fellow in the Department of Psychiatry at Oxford University, will speak on his research and his

bestselling book, *Bipolar Survival Guide: What You and Your Family Need to Know*.

Wednesday, October 19, 2011

Depression: A Family Matter

Drs. Dennis Lowe and Emily Scott-Lowe will share what they have learned about practical coping and recovery strategies for individuals and families facing depression from both a personal and professional perspective. Dennis Lowe, Ph.D., is a Professor of Psychology at Pepperdine University and Emily Scott-Lowe, Ph.D., LCSW, is an instructor and director of the social work program at Pepperdine.

Wednesday, November 2, 2011

Gambling, Addiction, and the Brain's High from Risk-Taking

Dr. Timothy Fong will talk about when this high is OK and when it is an addiction. Dr. Fong is an Associate Clinical Professor of Psychiatry at the Semel Institute for Neuroscience and Human Behavior at UCLA, Co-Director of the UCLA Gambling Studies Program, and Director of the UCLA Addiction Medicine Clinic. He is an addiction expert working in the cutting-edge field of compulsive gambling.

Wednesday, November 16, 2011

A Panel on Recovery

Presented by those with a psychiatric diagnosis who have learned to live beyond the stigma of a diagnosis and thrive in spite of their brain illnesses, this panel will be moderated by Sanjeet Sihota, MSW, Peer Coach, and Peer-to-Peer teacher.

Moving? Let Us Know!



If you're planning to move, and you receive our newsletter through the mail, please call our office and let us know. It will save us the cost of mailing the newsletter out to your incorrect address, and having it returned to us. Thanks.

"Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."
- Serenity Prayer



What About Stigma? Everyone Knows Someone With a Brain Illness

Stigma is the most pervasive reason that people with brain illnesses do not seek treatment. The National

Institute of Mental Health states that 21% of America's children have a diagnosable mental illness, but only 5% of them ever make their way to a psychiatric evaluation or real treatment. In our universities and colleges, suicide is the leading cause of death - primarily from unrecognized and untreated mental illness. Self-stigma produces so much internal guilt and shame, young people feel reluctant to ask for help from their college counselors. Students may be experiencing depression and anxiety or contemplating suicide, but the fear of being stigmatized prevents them from telling anyone.

The term "stigma" originally referred to an indelible dot or tattoo burned into the skin to mark individuals as blemished or morally polluted - to be shunned, especially in public places. In modern times, "stigma" has come to mean any attribute, trait, or disorder that marks an individual as being unacceptable or different. Today, that tattoo is "the diagnosis."

Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different. Discrimination occurs when people act upon these attitudes and beliefs in ways that deprive others of their civil rights and life opportunities. These attitudes and beliefs make people use labels like "crazy," "weirdo," "freak," "moron," "psycho," "nut," and "lunatic." Most of the approximately 60,000 homeless people in Los Angeles have been denied their basic civil rights because they have been so labeled by the community.

These labels also create self-stigma. People with self-stigma have low self-esteem, despair, shame, anger, self-destructiveness, and feelings of helplessness and hopelessness. They exclude and isolate themselves.

Stigma is also pervasive among family members. How could someone get ill on my watch? They are not ill. They are creative and brilliant and use heroin. So what? Many people believe that persons living with mental health disorders actually deserve their fate, and nothing can be done.

Stigma can even be present among health professionals who sometimes don't recognize mental illness in a client or in a family member. Professionals often focus on family systems, narrative therapy, or psychodynamic models, and do not recognize a brain biology problem.

The Surgeon General's Report on Mental Health officially declared stigma as a barrier to people with mental illness receiving the help they need. The language used in this report says that stigma leads others to avoid living with, socializing with, working with, or renting to people with mental disorders. This reduces patients' access to resources and opportunities such as housing and jobs; leads to low self esteem and hopelessness; deters the public from wanting to pay for care; results in outright discrimination and abuse; deprives people of their dignity; and is inevitably and inaccurately linked to a fear of violence.

NAMI is doing something about this!! We are having NAMIWalks on Saturday, October 1, beginning on the Santa Monica Promenade, to fight stigma and raise public awareness that treatment works and recovery is possible.

NAMI's free Family-to-Family classes, Borderline Personality classes, and Peer-to-Peer classes help families and individuals get past stigma. NAMI's speaker meetings with medical, psychological, and community professionals educate families and those with a brain disorder and encourage them to come out of isolation and hiding. NAMI support group facilitators gently coax people out of the personal guilt and shame of having a relative with a brain diagnosis. It is not your fault that someone in your family has a psychiatric diagnosis!! NAMI teachers and peer coaches guide

individuals to realize fully functioning lives. NAMI teaches individuals how to relate to the community after they have been ill. NAMI teaches families how to navigate the unwieldy mental health system so that their loved ones get the treatment they deserve. NAMI is a guide to get beyond surviving and begin thriving again in the community.

We are so proud of NAMI Westside LA - and every single one of you - fighting stigma in this way!

This poem by Debbie Sesula says it all:

You and Me

If you're overly excited
You're happy
If I'm overly excited
I'm manic
If you imagine the phone ringing
You're stressed out
If I imagine the phone ringing
I'm psychotic
If you're crying and sleeping all day
You're sad and need time out
If I'm crying and sleeping all day
I'm depressed and need to get up
If you're afraid to leave your house at night
You're cautious
If I'm afraid to leave my house at night
I'm paranoid
If you speak your mind and express your opinions
You're assertive
If I speak my mind and express my opinions
I'm aggressive
If you don't like something and mention it
You're being honest
If I don't like something and mention it
I'm being difficult
If you get angry
You're considered upset
If I get angry
I'm considered dangerous
If you over-react to something
You're sensitive
If I over-react to something
I'm out of control
If you don't want to be around others
You're taking care of yourself and relaxing
If I don't want to be around others
I'm isolating myself and avoiding
If you talk to strangers
You're being friendly
If I talk to strangers
I'm being inappropriate
For all of the above you're not told to take a pill or are hospitalized, but I am!

Things to Remember

Questions or Concerns About the Newsletter?

Please send your questions or concerns about this newsletter to Mindy Glazer at mglazer@namila.org.

For frequent updates on NAMI Westside LA, visit our website at www.namila.org.

Following are the *NAMI Westside LA Newsletter* editors:

- ✓ Erika Cilengir
- ✓ Mindy Glazer

For More on Brain Disorders

Visit:

- ✓ www.nami.org
- ✓ www.narsad.org
- ✓ www.mentalhealthjournal.com
- ✓ www.schizophrenia.com

Giving Thanks to our Donors



NAMI Westside LA is grateful to our generous donors, who allow us to continue to bring to the community free classes, programs, and support groups to provide resources and compassionate guidance and to reduce the stigma surrounding mental illness.

Marilyn and Fred Blank, in honor of Sharon Dunas
Fredda K. Evans Trust
Sherry Foley, in memory of Renee Pichon
Diana Guth

Martha Laveille
Dennis Lowe
Karolyn Merson
Lenore Ross, in honor of Sharon Dunas
Tricia Roth
Lucrecia Sachs
Carolyn Veiller Saltzman, in honor of Sharon Dunas
Sidney Stern Memorial Trust
Phyllis and Frank Tell
Frances Tibbets
Nancy and Richard Walch, in honor of Shelley Hoffman

We would also like to thank the Lilly Grant Office for a grant to partially fund our Peer-to-Peer classes.



Janis Frisch and Mitzi Wright present a check to NAMI Westside LA for the funds raised at the recent Fashion Show.

NAMI Westside LA Is Looking for an Accountant Angel

To qualify for several potential grants, NAMI Westside LA needs an audited financial statement produced. If you are

a CPA and would be willing to volunteer to help us with this, please contact

Mindy Glazer in the NAMI Westside LA office at mglazer@namila.org.

Milestones in Recovery from Mental Illness

From www.Stancounty.com/bhrs/pdf/milestones.pdf

I begin to **R**ecognize my inner distress, but may be unable to identify what it is.
Milestone #1 – Begin to be aware of problem(s) within oneself.

I begin to **E**xamine my distress with the help of others.
Milestone #2 – Am willing to discuss my problem and accept help.

I **C**hoose to believe that hope exists.
Milestone #3 – Begin to believe that hope and recovery are possible.

I start **O**vercoming those symptoms that keep me from examining what is important to me in life.
Milestone #4 - Cope with symptoms and examine life circumstances. (Consumer-identified symptoms that interfere with recovery have been sufficiently managed so as to allow one to start to examine life circumstances).

I **V**oluntarily take some action toward recovery.
Milestone #5 - Take action step(s) directed towards recovery.

I start to **E**njoy the benefits of mutual recovery.
Milestone #6 – Actively participate in mutual aid, peer support, and/or treatment. Begin to experience the benefits of recovery.

I am **R**esponsible for my own recovery.
Milestone #7 – Take ownership / responsibility for one's own recovery.

Yes - helping others strengthens my recovery.
Milestone #8 – Be of service to others to strengthen one's own recovery.

NAMI Westside LA Is Looking for a New Office



As anyone who's visited our office knows, we've outgrown our little room and are looking for office space in West Los Angeles. We're

also looking for a real-estate angel who can donate all or a portion of the space to us. Please direct any leads to our Program Director, Lou Goldsmith, at the NAMI Office, (310) 889-7220, or lgoldsmith@namila.org.

Better serving our community begins with a larger office space that can accommodate meetings and house our library and literature.

The Book Shelf



We are proud to inform our NAMI Westside LA community that our member, Teri Cheney, has written a follow-up to her amazing memoir, *Manic: A Memoir*. Teri has led support groups in the community for

those with bipolar disorder and has

spoken at NAMI Westside LA meetings. Her new book, *The Dark Side of Innocence*, has a customer rating on Amazon.com of five stars! What follows is the review from *Publishers Weekly*:

"It wasn't until 1994, when Cheney was 34 years old, that she learned the correct name for what she called the Black Beast, the destructive force that ruled her life. Following her diagnosis of bipolar disorder, Cheney wrote a widely acclaimed account (*Manic: A Memoir*) of her struggle to make a life for herself while coping with the disease. What she had not anticipated were the thousands of emails from parents of bipolar children asking, "What was your childhood like?" This narrative eloquently and intelligently

answers this question. Beginning with the jarring account of her first suicide attempt at seven, Cheney then recounts her chaotic adolescence and troubled family life in California, through her departure for college at Vassar. Intelligent and popular, Cheney struggled daily to keep her life on track and her inner life hidden, in a family which kept plenty of secrets: "I was so different inside from the way I looked, I was practically two separate people." Citing the necessity of early intervention to understanding and controlling the disease, Cheney urges parents to listen, learn, read, and discover all they can about their child's problem. Her story is a sound first step toward understanding your child's pain and finding solutions."

NIMH Recognizes the Importance of the Family-to-Family Class

The following article appeared in NIMH Science News. While there have been several studies showing the effectiveness of NAMI's Family-to-Family class, this one clearly has the NIMH stamp of approval. Family-to-Family has arrived!

Support Program Can Help Caregivers Cope with Relative's Mental Illness

A free, nationally available program can significantly improve a family's ability to cope with an ill relative's mental disorder, according to an NIMH-funded study published June 2011 in *Psychiatric Services*, a journal of the American Psychiatric Association.

Background

The Family-to-Family (FTF) education and support program is a free, 12-week course offered by the National Alliance on Mental Illness (NAMI). FTF is offered throughout the United States, in two Canadian provinces, and in three regions in Mexico. With more than 3,500

volunteer teachers, it is supported by local donations or municipal funds. Since 1991, 250,000 family members have participated in the program. It is the most widely available education and support program for family members of individuals with mental illnesses.

Two previous studies suggested that FTF reduces caregivers' stress and helps them gain a sense of empowerment over their situation. For this most recent evaluation of the program, Lisa Dixon, M.D., M.P.H., of the University of Maryland, and colleagues aimed to determine its effectiveness using a randomized controlled trial. Half of the 318 participants were assigned to the program immediately after enrolling in the study, while the other half were waitlisted for the program for at least three months (control condition). Those who were waitlisted were free to seek assistance from other sources.

Participants were interviewed at the beginning of the three-month program and again three months later. They

were asked about their problem-solving and coping skills, their overall distress level, and worries about their ill relative's situation. They were also asked about their sense of empowerment to manage challenges within the family, the mental health system, and the community. They were also tested regarding their factual knowledge about mental illness.

Results of the Study

Compared to the waitlisted control group, FTF participants showed significantly greater improvements in coping with their ill relative's condition by learning more about the illness and gaining a sense of empowerment in the family, service system, and community. FTF participants also showed increased acceptance of their family member's illness as well as improved problem-solving skills, compared to those who were waitlisted. Results also suggested that FTF participants' overall sense of emotional distress eased.

Significance

The researchers concluded that FTF effectively enhances coping skills among families of people with mental illness.

These results echo those found in the previous qualitative studies. The researchers suggest the program can positively influence how family members solve problems and "navigate emotional

difficulties" surrounding their loved one's illness.

What's Next?

Additional research is needed to conclusively determine if the positive effects of FTF can improve the outcomes of the individuals with mental illness for whom the family members were taking the class.

Citation

Dixon LB, Lucksted A, Medoff DR, Burland J, Stewart B, Lehman AF, Fang LJ, Sturm V, Brown C, Murray-Swank A. Outcomes of a randomized study of a peer-taught family-to-family education program for mental illness. *Psychiatric Services*. 2011 June. 62(6):591-597.

Why Art Works

By Dave Leon, Founder and Executive Director of *The Painted Brain*



I am a social worker who created The Painted Brain as a way to bring together young adults with mental illness. This piece is about how making art in group settings can create a sense of safety, community, and self-acceptance, with some ideas about how to make it happen. Verbal communication can be a challenge for people with mental illness and their families. It's counter-intuitive, but being together when talking does not necessarily promote better verbal communication. Art groups do not depend on mental health professionals for leadership and organization. When clinicians are the leaders, my methods are intended to help break down barriers between the helper and the helped.

One of the first things I recognized when I started to work with young adults living with mental illness was the intense conflict between the need for social support and the difficulty managing social interactions. This was especially

true for the adults I met living with schizophrenia and autism, but it was true to some extent for those with any mental illnesses. Having worked with homeless teens before my MSW, I learned that for a lot of young people in distress it was easier to have a conversation when talking was secondary to the interaction. As an example, making lunch for the drop-in center next to a young man off the street was always a good chance to talk. I tried to incorporate that idea into my attempts to bring together young people who were initially just a list of names on my caseload at a Westside county-contract outpatient agency. I have basically been building on this concept ever since.

I often hear from The Painted Brain artists about the comfort they feel in being around others who know about mental illness and / or have a mental illness in spaces where this knowledge is a given. It does not need to be talked about nor does it need to be hidden. This level of unspoken acceptance is engendered by all kinds of creative communal activities and can sometimes get lost when talking or processing is the focus of the group. Making artwork or writing in groups is good for pretty much anyone and I have always advocated that all participants, including purported leaders, participate equally.

The approach is simple. After introductions, it's best to talk about the choice about whether to share our work with the group. I have found it most helpful to do a brief, interactive warm-up

drawing, such as passing around pieces of paper every minute or two as add-on drawings. It's the visual equivalent of writing a sentence and allowing your neighbor to write the next sentence. Once the papers get all the way around the table, each artist can be invited to share the results with the rest of the group. After such an ice-breaker, up to a half hour of open-ended drawing and writing space is best, with ten or so minutes for people to share their work if they feel comfortable doing so.

Sixty to ninety minutes works best in a comfortable space around a table. For years, the art groups I was running just used blank copy paper, pens, and pencils. The materials always seemed immaterial compared to the feeling and the process of the group. Each session of any art group is a unique and valuable experience in and of itself. This is true whether the group is a consistent set of people or always changing. Art groups are an excellent way for people to be together, and the results speak for themselves.

With family members, I always encourage people to think about non-verbal communication and interactions as a way to reach out to loved ones. For the young adults I work with at The Painted Brain, art just happens to be a great medium to accomplish this. I hope this has been helpful and I invite you to contact me with questions and comments at thepaintedbrain@gmail.com.

Are you receiving NAMI Westside LA's political action emails? If you are not receiving our emails about notifying your congressional representative and the governor of your views on mental health funding, please email Mindy at mglaizer@namila.org, and we'll put you on our mailing list.

Recent NAMI Westside LA Speakers



Jourdan Rousse, Bet Tzedek Legal Services attorney ([323] 648-4726), spoke to us about conservatorships. Bet Tzedek Legal Services provides free, compassionate, high-quality legal services to the elderly, indigent, and disabled of Los Angeles County, regardless of ethnic or religious background.

Conservatorship is a legal concept in which an entity or organization is subjected to the legal control of an external entity or organization, known as a conservator. Conservatorship with regards to an individual is established by court order. Family members may choose to go this route when their relative doesn't have the insight to understand he or she is ill, and is not making good treatment choices, or is making choices to avoid treatment altogether.

There are two types of conservatorships – limited and general. A limited conservatorship applies to developmentally disabled adults whose disability occurred before the age of 18. General conservatorships can include dementia conservatorships. LPS conservatorships are the type of conservatorships pursued by people for their mentally ill relatives and must be recommended by a professional in a medical facility. The process usually begins with someone being placed on a 5150 hold, as gravely disabled or a danger to him- or herself or others. This is used when a person needs to be in a secure facility. Anyone can petition for an LPS conservatorship for a family member.

If no family member is willing to step in, an LPS conservatorship can be

established through the public guardian's office, and a community agency will oversee the person's well-being.

Hospitals err on the side of civil rights for their patients. They do everything not to aid with conservatorships, which require time on the part of doctors. If a person volunteers to be placed under a conservatorship, a probate attorney will be there for them in court.

Bet Tzedek provides a self-help conservatorship clinic for those who need help in a conservatorship action or with alternatives to conservatorships and elder abuse restraining orders. In partnership with the Los Angeles Superior Court and a grant from the State Bar of California, their Self Help Staff Attorney and volunteers assist litigants who need conservatorships for family members and friends (predominantly developmentally disabled adult children or seniors with mental capacity issues). Volunteers assist in interviewing litigants, preparing cases for filing, and giving out information about the process of obtaining a conservatorship or elder abuse restraining order. The clinic is held at the Central Courthouse in downtown Los Angeles, 111 N. Hill Street, Room 426, on Mondays, Tuesdays, and Thursdays from 9:00 AM to Noon.

NAMI Westside LA has a conservatorship mentoring program, headed by Gail Evenguelidi, who can be reached at gail4dine@gmail.com. There are additional articles on conservatorship on our website at namila.org.

Dr. Robert Kern spoke to us on improving employment outcomes for persons with a severe mental illness through errorless learning and social cognition skills training. Dr. Kern, a UCLA researcher, told us that learning is stronger, and more durable, if it occurs in the absence of errors. In order to facilitate errorless learning, Dr. Kern and his team try to utilize those areas of the brain that are relatively intact to minimize or eliminate the chance of errors in learning a new skill. This is built on by repetition, so that new abilities that are acquired get stamped in. "Like driving home, when you take the same route again and again," Dr. Kern told us, "you go on automatic pilot."

Training begins with the simplest tasks, and participants do a lot better with modeling. Show it, do it, show it, do it. Participants do not do as well with verbal instruction. The level of complexity grows after the simplest tasks are mastered.

People with mental illness have trouble with abstract instructions, so modeling and repetition are more likely to create errorless learning, and hence greater retention of abilities.

Social cognition skills training is designed to improve social functioning among people with schizophrenia, who often have difficulty accurately interpreting the emotions behind the facial expressions around them. Proper training can help patients improve their perception of others' emotional states, thereby increasing their chances of successful interaction. Impaired social cognition prevents them from taking part effectively or at all in social functioning. Improving social cognition and allowing the patient to have positive interaction with other people can have a major impact on mental well-being.

These skills are obviously necessary to enter the workforce.

Detective Gilbert Escontrias, of the Los Angeles Police Department, was our speaker on "Law Enforcement Response to Crisis with the Mentally Ill." Detective Escontrias shared with us that the LAPD offers a course for officers on crisis involvement, but since this is not a required course at the Police Academy, officers do not graduate knowing this information, but must learn it once they are on the job. He told us there is presently a waiting list to get into the course; officers want the information, but perhaps can't get it quickly enough.

He reiterated the purpose of the 5150 hold, allowing police and mental health workers to take a mentally ill person involuntarily to a hospital for a 72-hour hold. In order to qualify for a 5150 hold, a person must appear gravely disabled, or a danger to him- or herself or others. If, after the 72-hour hold, the hospital feel the person needs a longer stay, a hearing is held, after which one can be held up to two more weeks involuntarily. If a person doesn't have insurance, he / she is taken to a county hospital; if he / she do, he / she may be taken to UCLA,

Cedars, or Brotman, depending on where a bed is available.

Detective Escontrias said that when the police are called into a situation, the use of force is based on the behavior they witness. If someone pulls a knife, no one asks for a diagnosis; police react to the behavior.

If you need to call the police because of the behavior of a mentally ill person, the dispatcher will assess the situation. Call 911 for any emergency, and if needed, you will get a first responder. The PMRT is county based, and not a first responder. Nor is the LAPD's SMART Team. Call these teams if you believe your relative fits the criteria for involuntary commitment, but it is not an emergency.

Dr. Steven Marder spoke to us on patient research on managing psychosis and gave an overview on psychosocial and pharmacological treatments. Dr.

Marder shared with us the results of several studies on the risks and benefits of using antipsychotic medications over the long term. People who are treated with antipsychotic medications live longer than those who are not treated. The drug Clozapine has really increased the life span of those with mental illness. However, patients and families have had to deal with metabolic syndrome (weight gain, heart disease, vulnerability to diabetes, high cholesterol); often, if a drug can be changed, the person can lose weight, and reduce such symptoms. New antipsychotics seem to produce less weight gain.

A drug developed with non-compliance in mind is invega, which is long-acting haloperidol. It is given every four weeks, but it's hard to find a physician who will administer it.

For people who are willing to talk about their hallucinations, Cognitive Behavioral Therapy (CBT), which has been used

widely in England, may be helpful. If patients are open to the possibility that they may be misinterpreting the experience of delusions, CBT can help them. Those with CBT tend to do better in school. CBT is also a potential treatment for the negative symptoms of schizophrenia, including restricted motivation, depression, and a lack of joy, but there is no study yet as to its effectiveness.

Transcranial Magnetic Stimulation, or TMS, can help with auditory hallucinations and depression.

Although loss of memory is a result of a psychotic illness, drugs typically given for Alzheimer's, including Aricept and Namenda, did not have any positive effects.

The drugs risperidone, haloperidol, and invega can increase prolactin, causing some women to lactate.

September is National Recovery Month



National Recovery Month (Recovery Month), a creation of the Substance Abuse and Mental Health Services Administration, is a national observance that educates Americans on the fact that addiction treatment and mental health services can enable those with a substance abuse problem or mental disorder to live a healthy and rewarding life. The observance's main focus is to laud the gains made by those in recovery, just as we would those who are managing other health conditions, such as hypertension, diabetes, asthma, and

heart disease. Recovery Month spreads the positive message that behavioral health is essential to overall health, that prevention works, and that treatment is effective and people can and do recover.

Recovery Month, now in its 22nd year, highlights individuals who have reclaimed their lives and are happy and healthy in long-term recovery. It also honors the treatment and recovery service providers who make recovery possible. Recovery Month promotes the message that recovery in all its forms is possible and also encourages citizens to take action to help expand and improve the availability of effective recovery services for those in need.

Each September, thousands of treatment and recovery programs and services around the country celebrate their successes and share them with their neighbors, friends, and colleagues in an effort to educate the public about

recovery, how it works, for whom, and why. There are millions of Americans whose lives have been transformed through recovery. These successes often go unnoticed by the broader population; Recovery Month provides a vehicle to celebrate these accomplishments.

The 2011 Recovery Month observance aims to educate the public on the positive changes that national health care reform will have on access to needed recovery services for substance abuse and mental disorders. Recovery Month, officially celebrated each September, has become a year-round initiative that supports educational outreach and celebratory events throughout the year. For more information, call SAMHSA's National Helpline - 1-800-662-HELP (4357), or visit their website, <http://www.samhsa.gov/>. There are events planned all over the country to celebrate.

Need Help with your Computer?

Are you having problems with your computer? NAMI Westside LA's computer guru, Dan Zivetz, can help you with your computer problems. He solves all of ours! His website is www.pcjourneyworks.com.



Next time you search the Internet, you can raise money for NAMI Westside LA! Make www.goodsearch.com your search engine of choice. The first time you sign on, choose NAMI LA as your charity. Then, each time you search for anything online using GoodSearch, NAMI Westside LA will make a little money! GoodSearch is powered by Yahoo, so you know the search will yield the results you're looking for. And it's a painless, easy way to help NAMI Westside LA raise funds for all our programs. Thanks for using

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A Drop in Matching Donations! Help Ralphs and Food4Less Help NAMI Westside LA



If you shop at Ralphs or Food4Less, you can ensure that a portion of your total bill is donated to NAMI Westside LA by signing up on their website.

If you have already registered NAMI Westside LA as your charity of choice, check to be sure you are still registered!

You can re-register at www.Ralphs.com, or by using the scanbar letter at the register. If you shop at Food4Less, you can also benefit NAMI. Register your card at Food4Less.com. Either way, use NAMI Westside LA's nonprofit number - 90369.

Have a Story to Share?

Please send us your personal stories for publication in the *NAMI Westside LA Newsletter*. Your story might help others on the road to recovery. We also welcome book and speaker

reviews. Items should be 250 words or less and may be edited. Email your ideas to Mindy Glazer at mglazer@namila.org.

The Research Corner



According to the *Journal of Psychiatric Research*, extract of the herb **St. John's Wort** and a **standard antidepressant medication both failed to outdo a placebo in relieving**

symptoms of minor depression in a clinical trial comparing the three. The results of this study, consistent with earlier research, do not support the use of medications for mild depression.

* * *

A diet high in monounsaturated fatty acids, fruits, vegetables, whole-grain cereals, and low-fat dairy products, coupled with fish, poultry, nuts, legumes, and a low consumption of red meat - also known as the Mediterranean diet - is associated with a lower prevalence and slower progression of metabolic syndrome. Such a diet was also shown to have favorable effects on individual components of the metabolic syndrome, including waist circumference, high-density lipoprotein (HDL)-cholesterol and triglyceride levels, blood pressure, and glucose metabolism, report

investigators. The findings are reported in the March 15, 2011 issue of the *Journal of the American College of Cardiology*. This is a particularly important finding for those taking anti-psychotic medications, as they are known to promote metabolic syndrome.

* * *

In a related story, **patients experiencing cardiovascular or metabolic side effects while taking an antipsychotic medication may fare better if they switch to a different medication, provided they are closely monitored**, according to an NIMH-funded study, in the *American Journal of Psychiatry*. Antipsychotic medications can effectively treat psychotic symptoms among people with schizophrenia or related disorders. However, the most commonly prescribed medications are associated with serious metabolic side effects that can lead to heart disease or diabetes. Even when patients do experience these side effects, doctors are often reluctant to change a patient's medication regimen if the patient's psychotic symptoms are controlled by the existing medication.

* * *

A study reported in the journal, *Nature*, has found what it believes to be the **mechanism by which the animal tranquilizer ketamine produces its rapid antidepressant response**. The study, done in mice, showed that by deactivating a little-known enzyme, the drug takes the brakes off rapid synthesis of a key growth factor thought to lift depression, say researchers supported by the National Institutes of Health. "Other agents that work through this pathway and block the enzyme may also similarly induce anti-depressant-like effects and hold promise for the development of new treatments," said Lisa Monteggia, Ph.D., of the University of Texas Southwestern Medical Center, Dallas, a grantee of the NIH's National Institute of Mental Health.

Unlike currently available antidepressants that take weeks to work, ketamine can lift mood within hours. Yet adverse side effects of this animal anesthetic and sometime club drug preclude it from becoming a practical treatment. Researchers have been studying its mechanism of action, in hopes of developing safer alternatives that work the same way.

* * *

For the first time, **scientists have switched anxiety on and off in active animals by shining light at a brain pathway.** Instinctively reclusive mice suddenly began exploring normally forbidding open spaces when a blue laser activated the pathway – and retreated into a protected area when it dimmed. By contrast, anxiety-like behaviors increased when an amber laser inhibited the same pathway. These findings, they hope, have “pinpointed an anxiety-quelling pathway and demonstrated a way to control it that may hold promise for new types of anti-anxiety treatments,” according to Dr. Karl Deisseroth, of Stanford University, a practicing psychiatrist as well as a neuroscientist. Findings were reported in the journal, *Nature*.

* * *

Again from the journal, *Nature*, scientists are **eyeing a rare genetic glitch for clues to improved treatments for some people with schizophrenia**, even though they found the mutation in only one third of 1 percent of patients. In the study, funded in part by the National Institutes of Health, schizophrenia patients were 14 times more likely than controls to harbor multiple copies of a gene on Chromosome 7. The mutations were in the gene for VIPR2, the receptor for vasoactive intestinal peptide (VIP) — a chemical messenger known to play a role in brain development. An examination of patients' blood confirmed that they had overactive VIP activity. Discovery of the same genetic abnormality in even a small group of patients buoys hopes for progress in a field humbled by daunting complexity in recent years. The researchers' previous studies had suggested that the brain disorder that affects about 1 percent of adults might, in many cases, be rooted in different genetic causes in each affected individual, complicating prospects for cures.

"Genetic testing for duplications of the VIP receptor could enable early detection of a subtype of patients with

schizophrenia, and the receptor could also potentially become a target for development of new treatments," explained Jonathan Sebat, Ph.D., of the University of California, San Diego, who led the research team. "The growing number of such rare duplications and deletions found in schizophrenia suggests that what we have been calling a single disorder may turn out, in part, to be a constellation of multiple rare diseases."

* * *

During roughly the last 10 years, acute care psychiatric hospitalization rates and total number of in-patient days increased substantially in children and adolescents, increased modestly in adults, and decreased sharply in elderly individuals, new research shows. The study also shows that private health insurance is paying for a smaller proportion of in-patient days among children, adolescents, and adults. These are "significant developments in mental health treatment in the United States with potentially strong ramifications for quality of care and service financing," concludes Joseph C. Blader, PhD, from the State University of New York in Stony Brook, who performed the analysis. The study was published online in the *Archives of General Psychiatry*.

* * *

Panic attacks do not come "out of the blue," but are preceded by physiological changes similar to those that precede seizures, stroke, and even manic episodes, a new study suggests. It is posited that waves of physiological instability occur for a substantial period of time before the attack is actually reported, according to a study from the Department of Psychology, Southern Methodist University, in Dallas, Texas. The finding may have relevance for other medical disorders where symptoms seemingly happen "out of the blue," such as

seizures, strokes, and even manic episodes, the researchers note.

* * *

Latuda, a newer antipsychotic, is "metabolically superior" to older antipsychotics after one year on the market, according to a report at the recent meeting of the American Psychiatric Association in Hawaii. Significantly more patients on the older antipsychotics gained 7% of their body weight or more, which did not happen with Latuda. It is still a relatively new drug, however, and unknown adverse effects are still possible.

* * *

About 3 percent of U.S. adolescents are affected by an eating disorder, but most do not receive treatment for their specific eating condition, according to a study in the *Archives of General Psychiatry*. According to the data, 0.3 percent of youth have been affected by anorexia, 0.9 percent by bulimia, and 1.6 percent by a binge-eating disorder. The researchers also tracked the rates of some forms of eating disorders not otherwise specified (ED-NOS), a catch-all category of symptoms that do not meet full criteria for specific disorders, but still impact a person's life. ED-NOS is the most common eating disorder diagnosis. Overall, another 0.8 percent had sub-threshold anorexia, and another 2.5 percent had symptoms of sub-threshold binge-eating disorder.

In addition,

- Hispanics reported the highest rates of bulimia, while Whites reported the highest rates of anorexia.
- The majority who had an eating disorder also met criteria for at least one other psychiatric disorder, such as depression.
- Each eating disorder was associated with higher levels of suicidal thinking compared to those without an eating disorder.



Are you at a loss as to what to get someone for that special birthday or anniversary? Do you want to honor someone or commemorate an occasion?

Consider making a donation to NAMI Westside LA in any amount. We will be happy to send a lovely card to the recipient informing them of your donation. For more information, contact Mindy at (310) 889-7200 or mglazer@namila.org.

Hola todos! / Hello all!

By Rosina Guzmán-Ehrlich

En el último boletín hice la pregunta sobre qué podemos hacer para ayudar a nuestra causa de abogar para la salud mental, como podemos borrar la estigma que cubre a las enfermedades del cerebro? Que podemos hacer sobre las relaciones interpersonales, las técnicas para enfrentar el mundo real, las técnicas de sobre vivencia, el estigma y la espiritualidad?

Bueno, les diré que cuando yo encontré a NAMI Westside LA en 2003, cuando estaba en el momento más difícil de mi vida y, me metí de pie a cabeza con NAMI. Les diré que hoy en día estoy más fuerte para enfrentar la vida con la realización que aunque es diferente, mi familia y yo tenemos una vida llena. No

solo de alegría, pero somos más juntos que nunca.

Todos sabemos que si uno le cuenta a un amigo que nuestro hijo, hermana, o padre sufre de cáncer, la respuesta es "Que tristeza," y quieren apoyarnos de cualquier manera; si le decimos que ellos sufren de cualquiera de las enfermedades severas del cerebro, más seguro que se alejan de nosotros por miedo de que estamos contagiosos...la ignorancia sobre la salud mental es increíble. Pero tenemos una manera para todos Uds. Los que leen esto hoy, pueden ayudar a bajar esas barreras de ignorancia; vengán a caminar con nosotros el 1 de Octubre!

Si todavía no han oído de que tenemos este gran evento anual, llámeme o escribanme. Si ya se han registrado bajo un equipo, nos veremos en Octubre! Pero si no se han unido a un equipo, por favor registrense al mío: "Catch a Falling Star"

Abrazos a todos,
Rosina

Para más información sobre la caminata llame o escriba a:
Rosina Guzmán-Ehrlich 310.488.6113
Email: Rosina@namilacc.org

Opinion: Who Does Hospitalization Benefit?

By Mindy Glazer, Editor



Many of us have been in the position of knowing our mentally ill relative needs to be hospitalized. When someone doesn't believe he / she is ill, it's a struggle to get that person hospitalized so that treatment can begin. We call the PET team or the SMRT team, sometimes repeatedly, until finally, our relative is hospitalized. We are hopeful. Sometimes they improve, sometimes stabilize, but sometimes we see no

improvement at all, and yet we are told - three, four, or five days after our relative has entered the hospital - that he / she is now fine and ready for release.

As someone who answers NAMI Westside LA's warm line, I have heard this scenario more times than I can count. People only call when their relatives aren't fine, aren't ready for release, and are, in fact, in the throes of a psychotic episode. They call in a panic. They can't get a doctor on the phone. Their doctor is too busy.

So what happens? Too often the relative returns home, and the cycle begins again. The person is clearly disabled, or a danger to himself or others - the criteria for involuntary hospitalization in California. He fit these criteria when he left the hospital and yet they discharged him. We call the teams again. We hope for a better hospital experience. Sometimes it happens.

Sometimes, again, the ill person is released too soon.

In these instances, who was actually served? Clearly not the patient, who is released from the hospital only to return.

Clearly this situation serves someone; otherwise, it wouldn't occur again and again. The frequency of this scenario made me wonder if hospitals are reimbursed at a lower rate once someone has been a patient for a certain number of days. Or whether they were reimbursed a certain amount for each diagnosis, whether the patient stays a day or a week. Is it to the hospital's financial advantage to turn a bed over?

This led me to examine my beliefs about hospitals, and doctors, to try to separate myth from reality. My myth had been that doctors knew what they were doing, and that their primary motivation was to help the sick. Having worked at NAMI

for some years, I no longer believe the first myth. When my mentally ill relative went into the hospital for a physical problem, and his psychiatric medication was ignored, I was told a host of things I knew to be untrue by the hospital's consulting psychiatrists: his medication would stay in his system for two weeks, so he didn't need any (in actuality, it would dissipate in 48 hours); he didn't need medication for tardive dyskinesia (TD) either because he didn't have TD. In actuality, he had been a research subject in a TD study at the same hospital, where the experts said he presented with a textbook case. Had I not known otherwise, I would have believed them. I would have allowed them to ignore his psychiatric medications, and then, after his physical illness was addressed, he would have had to be transferred to the psych ward.

But I did know. And I argued. And I got him the appropriate medication.

I learned that when a relative has a chronic illness, the family member may well know more about it than the doctor. And I acted accordingly.

Now let's examine the second myth. I still believe that doctors do attempt to heal. I no longer believe, however, that that is the policy of - and certainly not the economics of - the modern hospital. The fact that there is such a revolving door with psychiatric patients speaks to the new ethos of the psych ward - a bed is

worth more with a new patient in it. Turnover appears to be good for the hospital.

It sounds cynical, but it is something you should be aware of if and when your relative goes into one.

A doctor may, due to financial pressures, want to release your relative when he or she still meets the criteria for involuntary treatment. Do not assume you and the doctor are on the same team.

This has also been seen by many NAMI members who have tried to get conservatorship over their ill children, to forestall them being stuck in the revolving door of treatment / release / relapse / re-hospitalization. Many doctors refuse to participate in the conservatorship process. One family member was told that the doctor did not have time to fill out the paperwork. I am not accusing doctors of being cavalier. Many devote huge amounts of time to their work, and adding another burden is ... burdensome. But it is also part of getting the best possible treatment for some people.

Lesson: Don't count on the doctor to be on your side, or on the side of the best treatment for your relative.

When your relative is released from the hospital, who is supposed to provide an appropriate out-placement for him? Part of the social worker's job is placement

after hospitalization, but this job has been foisted on family members as well, shockingly often with an ultimatum that goes something like this: "You can either take him home, or find a place for him. Or we can drop him off at a homeless shelter." It is within your rights to ask that the social worker do his or her job, and help locate an appropriate next residence if your family member is not coming home.

So what can you do? Strategies family members have shared with me include threatening hospitals with lawsuits if they release a psychotic family member, should that person subsequently harm himself or anyone else. It can also be effective, I have been told, to call the head of the hospital. Many have called their congressman or county supervisor. Most have recited the California guidelines for involuntary commitment (danger to self or others, grave disability).

Since NAMI was founded on family members empowering each other with information when the medical establishment would provide none, let's continue the tradition. If you have used a strategy that proved effective in getting better care for your family member, please email me at mglazer@namila.org, and we will continue this discussion.

Just remember, in hospitalization, it is apparently caveat emptor.

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You may also donate online by going to www.namila.org. Your generosity is something we depend on! Thank you so much. You will be remembered by all of those who receive a free education on "how to deal with mental illness in your midst" resulting from your gift.

If you would like to become a sponsor and have your name on our website or on the walk banners the day of the Walk, please call (310) 889-7200 or email Wayne Baldero for a sponsorship packet at wbaldero@nami.org. We would be honored to have you as a Walk sponsor. All donations will receive a donor letter for tax purposes.



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