



NAMI Westside LA Newsletter

www.namila.org

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

January 2009

NAMI Westside LA Peer-to-Peer Teachers Honored



On November 23, 2008, SHARE the Self Help and Recovery Exchange honored our three Peer-to-Peer teachers, Janet Steinberg, Sanjeet Sihota, and Mark Rudolph with Consumer Care Awards at a lovely dinner attended by nearly 250 people.

Janet was accompanied by her boyfriend, Tony, and her parents, Morrie and Lea Steinberg and Sanjeet came with his parents, Sohan and Daldir Sihota.

Janet was honored for her work as a Peer Advocate with the Department of Mental Health, providing services to consumers such as help with SSI and SSDI, housing, job training, case management, and process groups. She was also honored as a Peer-to-Peer teacher for NAMI Westside LA as well as for her participation in running the NAMI Care Consumer Support Group. Janet is smart, capable, and empathetic in her work with consumers. She has overcome many years of coping with her dual diagnosis and is a full participant in her own recovery. Janet thanked her boyfriend, Tony, and her parents for their ongoing support both before and after her recovery. She is now a woman of possibilities in caring and compassion and has given up despair for good. In addition to a Consumer Care Award, Janet received the James Christopher Award as well as commendations from the California Legislature and the County of Los Angeles.

Sanjeet was honored for his work as a Peer Coach and Mentor, also receiving

the James Christopher Award. Sanjeet has worked closely with Pete Linnett of the Life Adjustment Team and is now working with Dr. Robert Liberman as a Peer Coach in helping consumers through recovery modules. Sanjeet also was honored for his work as a Peer-to-Peer teacher for NAMI Westside LA and for his participation in running the Consumer Care Support Group for NAMI. Sanjeet is a model of recovery and hope for those in despair and still in the throes of their brain illnesses.

Marc Rudolph was also honored for his work as a Peer-to-Peer teacher for NAMI Westside LA.

Both Sanjeet and Janet bring hope and vision to the consumers they are helping. They both carry a vision for recovery for a consumer until the consumer can carry the vision for him- or herself.

When Janet and Sanjeet gave their acceptance speeches, there was not a dry eye in the house as the audience listened to their phenomenal stories of recovery and personal courage.

New Family-to-Family Class Begins on January 13, 2009



If you have a family member or friend with a serious mental illness, join us at the Edelman Mental Health Center

beginning January 13, 2009 for NAMI's free, 12-week course, taught by trained NAMI family members.

The results of a recent evaluation of the effectiveness of this class, conducted by the University of Maryland School of Medicine, showed that participants gained a greater understanding of mental illness, coped much better, worried less, and felt empowered to advocate for better treatment and services for their relative. Many family members describe this course as life-changing.

The course gives you the most current information about major mental illnesses, medications, the biology of brain disorders, and the most effective treatments to promote recovery.

To sign up, contact Eddie Silberman at (310) 889-7200 or email him at eddiesilberman@namila.com. You may also register online at www.namila.org.

Support Groups and Speaker Presentations

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

Family Share & Care Meetings are held every month on the first and third Wednesdays from 8:00-9:30 PM.

Family Support Groups are held every month on the second Monday from 1:00-4:00 PM. A Family Support Group is also held on the first Tuesday of every month from 7:00 PM to 9:00 PM at Step Up on Second, 1328 Second Street in Santa Monica, (310) 394-6889.

Consumer Care Support Groups are held every month on the first and third Wednesdays at 7:00 PM. Contact Janet at (310) 990-1338 for more information.

All of the above events (except where noted) are held at the Ed Edelman Westside Mental Health Center, 11080 W. Olympic Blvd., at the SE Corner of Olympic and Sepulveda in West LA.

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

For more on support groups, refer to Important Contact and Resource Information in this newsletter.

Wednesday, January 7, 2009

“Navigating the Social Security Disability and Supplemental Security Income Claims Process”

Attorneys Cari M. Schwartz and Megan F. DiTolla of West Coast Disability Law Group will demystify the application process and provide crucial tips on winning a claim. Feel free to come with any questions or problems you’ve encountered.

Wednesday, January 21, 2009

“ACT Team (Assertive Community Training)”

Ellie Baidau of the Santa Monica ACT team will discuss the services provided by this community team. The ACT team goes out into the community to work with people with mental illness, getting them wrap-around treatment, including housing, caseworkers, and part-time employment.

Wednesday, February 4, 2009

“Using the Tools in the Serenity Prayer to Aid in Recovery from a Brain Illness”

Dr. Michael DiPaolo is a clinical psychologist in private practice in West LA. He works with individuals, couples, and families in his practice, including a specialty in working with families coping with major mental illness. For more information, visit his website (www.DrMichaelD.com).

Wednesday, February 18, 2009

“New Approach to Brain Health through the Pathways of Brain Myelation”

Dr. George Bartzokis is Clinical Core Director at the Alzheimer Disease Research Center at UCLA. He received his medical degree from the Yale University School of Medicine and went on to complete a Schizophrenia Research Fellowship at the UCLA Neuropsychiatric Hospital. Dr. Bartzokis is board certified in addiction psychiatry.

Need a Computer Expert?

Are you having problems with your computer? Call Dan Zivetz at (424) 208-3828 or email him at danzivetz@ca.rr.com. You can also visit his website at www.pcjourneyworks.com. Dan has been keeping the computers at the NAMI Westside LA office in working order for several years. There is no computer problem Dan cannot solve!

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Are You Still a NAMI Member?

If you have not yet renewed your membership, please fill out and send in 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 in the process of deleting those with lapsed memberships from our membership rolls, so remember that unless you renew your membership, you will no longer be able to receive this newsletter and other valuable information.

The number of NAMI Westside LA members we have determines the amount of other funds we receive to allow us to continue offering free classes to families and consumers.



When Love Is Not Enough

Those of us who are parents, spouses, or siblings of someone struggling with mental illness may find that love is not enough. The erratic behavior, word salad, odd manner of dressing, unannounced disappearances into the bedroom or into the streets of someone with a brain illness can all contribute to the most difficult times. We say to ourselves, "We are reasonable people after all. Look at all the previous successes we have had. We will be able to figure this out." We try cajoling, pleading, coaxing, and even manipulating our relatives to get them into treatment. We even stoop so low as bribes to get them to see a psychiatrist or to take their meds. We plan, we maneuver, we circumvent, we offer financial and other rewards, all to get our ill relatives into treatment. Sometimes this is to no avail – no avail at all. We go to experts and we scour the Internet for information on mental illness, medications, famous brain researchers, brain biology, and recovery. We, after all, are good people and we must be able to find an answer to this dilemma of facing mental illness in our midst.

First of all, this lack of success does not mean that you are not a good person or a good parent. Brain illnesses are baffling, cunning, and duplicitous. Another's brain can always be ahead of our brain. So we make space in our family system for the illness. We back off, we retreat, and somewhere deep inside we do know that recovery from a mental illness is an inside job. Someone must want to recover, to come out of the darkness of untreated mental illness, or he or she does not recover. Perhaps sometimes people with a brain illness are afraid to recover. They will be reminded that the world has passed them by. They may run into their friends who are doing age-appropriate things, like holding down a job, marrying, and having children.

Someone with a brain illness may wonder, "What will I think of myself if I wake up and can access the damage my brain illness has caused to my life? Who would I be without this illness limiting my choices and my life? What did everyone say the last time I complied and tried to

recover? What will they say if I again don't succeed?" And so, some choose and prefer the life of a patient instead of the life of recovery.

What can we family members do in this case? The following suggestions may guide your path, but they are not guarantees. You will surely experience uncertainty and anxiety on this path, but it will be a relief to have a path.

Persons with brain disorders can have problems with reality, be fearful, be agitated, use poor judgment, be withdrawn, have little empathy for you, believe their delusions, and have little motivation. It is not easy to navigate the uncertain waters of a brain illness in a loved one.

Here are some tools:

1. Communicate using "I" statements, such as "I feel, I think, I sense, I become, I can do, I am able to do, I feel disappointed, I am successful when, and I feel proud". Speaking with "I" statements allows another person to hear you without feeling attacked or threatened. "I will" and "I won't" are clear; they set boundaries that can be understood by someone with a brain disorder. Stay focused and communicate only about the present event.

2. Be like a video camera in a personal exchange. Mirror back to the person exactly what you heard said to you. Repeat the words.

Examples:

"Ben, I heard you say you can't sleep at night because you think the FBI is coming after you. I know the voices really bother you. They haven't really hurt you in the past and they won't now."

"Son, I heard you say you are not going to take your meds now. You know you deal with stress much better when you are on your meds. Are you sure you want to risk having more stress again?"

"Sara, I am hearing you want to come home from rehab now. You know we didn't do too well when you lived here in the past. I doubt I have the ability to make it much better in the present."

"Tom, I know you believe that you are not ill and there is nothing wrong with your brain. If I were you, I would believe the same thing. It is just that the meds you take do reduce your anxiety and you feel less stress when you take them. I am not sure you should risk increasing your anxiety again by stopping the meds."

To mirror back what you heard satisfies another person's need for attention. If they feel really listened to, they may be able to lessen their difficult or unusual behavior.

3. Back off and make space for the illness to be expressed. If you see your relative being unusually intense with their anger, make space and back off. Ask, "How much room do you need to express these feelings?" Do not take their anger personally. It is the ill brain talking, not the person you know. Do not share your thoughts with the goal of changing your family member. Acknowledge their anger or other feelings; then you can share in "I" statements what you are willing to do or not do about the situation. Do not move forward toward them and do not touch them. They literally need space.
4. The only thing you can control is how you are going to handle the situation. Your ill relative wants limits, as their own lack of impulse control makes it hard for them to set their own limits. No one else will love them enough to help them set limits. If they are unable to adhere to the limits, call for help from the PMRT or SMART teams, or if you feel unsafe, ask your relative to leave the premises. You are their advocate, so keeping yourself safe will help to keep them safe.
5. Let go of needing them to see what you see. People in psychoses often have weird opinions and thoughts. Recognize the "critic" within yourself and the "critic" within them. Usually they are devaluing themselves if they devalue you. They have a right to their opinions, even if you perceive them not assessing reality as you see it. Relatives with brain

disorders may seem really "OFF," compared to your way of thinking. You might say, "I am not experiencing that, but I know that you are experiencing that at this time. It must be awful to have that be your experience." Just let your "inner witness" observe and reflect back.

- Don't take it personally when you feel attacked or blamed; don't defend yourself verbally. The person talking has a lot of psychological issues dealing with his or her illness and mental or physical limitations. Their dialogue may be born out of deep hurt or anger coming from their limitations due to their illness. They may say the anger is about you, but it actually wells up from deep feelings of frustration or disappointment in themselves. Instead of reacting

with hurt or anger, use a wall of calm and make comments such as, "It's really interesting that you feel that way. Let me think about it. I will consider what you have told me. I can see that you are angry. I'm sorry that what I did upset you. I am working on what you have told me about myself."

Using these mirroring responses de-escalates any conflict. People usually calm down when they feel understood. Using these tools, we are more likely to lessen their reactivity and reduce the stress levels for our ill relative. Find others ways to reduce your own stress levels, like speaking with your own therapist or attending a NAMI support group.

It takes time to make these techniques part of yourself. Do you prefer to be right or do you prefer peace of mind?

Give up the idea that you're right and they're wrong. There is a purpose to keeping things simple and staying focused on what is happening in the present moment. It is so we can de-escalate conflict and create a calm environment where our relatives can heal.

Love is not enough, but it certainly helps your ill relative and using these ideas can make the experience more palatable for you and your family. Remember to give yourself credit for all that you do for your relative. Remember also to do for yourself.

"This very moment is the perfect teacher."

- Pema Chodron, author of *When Things Fall Apart: Heart Advice for Difficult Times*

NAMI Westside LA Thanks Its Recent Donors



NAMI wishes to thank its generous donors for the support that makes our programs possible.

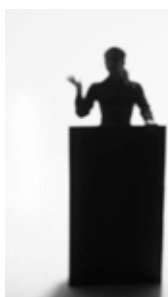
NAMI receives no financial contributions from the national organization, and our donors are our entire financial support. The programs you read about in this newsletter, indeed, the newsletter itself, are all made possible by these generous donations.

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Recent NAMI Westside LA Speakers



Our speaker series offers the most up-to-date research from highly esteemed clinicians in all areas of mental illness.

Unfortunately, these recaps only

offer you a synopsis of the information attendees learn, so please take note of upcoming speakers of interest, and join

us, so you too can participate in the discussion.

Delivering Recovery-Oriented Treatments for Serious Mental Disorders

On October 1, 2008, Dr. Alex Kopelowicz answered family members' questions on all areas of mental illness. Dr. Kopelowicz is Professor and Vice Chair of the Department of Psychiatry at the David Geffen School of Medicine at UCLA. He is also Medical Director of

the San Fernando Mental Health Center, and Chief of Psychiatry at Olive View-UCLA Medical Center. His interests include psychiatric treatment, psychosocial treatments, and teaching patients the skills they need.

Dr. Kopelowicz talked about how different the art of diagnosis is in psychiatry. Since there are no blood tests or x-rays to rely on, the doctor must base his assumptions on the reporting of patients who may not be clear about

what is happening to them, as well as his own visual assessment.

He believes that just as Alzheimer's has now been classified as a neurological illness, rather than a psychiatric illness, this will probably happen with other mental illnesses as well. When doctors are able to read PET scans and MRIs of the brain better, most psychiatric illnesses will become neurological illnesses. He also looks forward to a time when Full Service Partnerships are more the treatment norm. Full Service Partnerships (FSPs) would assign 10 to 15 cases to each clinician, and the clinician would be available 24/7, rather than one clinician being assigned 80 patients. The idea is a "hospital without walls", enabling the most ill to have treatment when needed, resulting in lower hospitalization rates. When these severely mentally ill people are home, a full-time case manager can manage their illness outside of the hospital.

Responding to the first of many questions, Dr. Kopelowicz suggested that family members do all they can do to maintain open communication, even when talking to a family member who is in psychosis. Do not tell them "It's not real," but instead tell them "I am not having the same experience that you are having. It may be very real to you, but I am not having that experience." If your relative is hearing voices, there are things going on in the auditory part of his brain that are indistinguishable from actually hearing through the ears. They are having the experience of hearing.

Responding to another question, Dr. Kopelowicz indicated that clozaril is the best antipsychotic medication, but it comes with a downside, causing tardive dyskinesia in about 20% of cases. One out of 100 patients develop granulocytosis, a condition where one cannot make white blood cells (one group in which this is more prevalent is Jews of Ashkenazi descent). Patients on this drug must be monitored, but the doctor's results with 150 patients currently on the drug is that they all got better.

On a question about the etiology of brain illnesses, Dr. Kopelowicz noted that brain illnesses are multi-factorial, potentially caused by environmental factors, in-utero viruses, drug use, and sometimes head injuries in childhood. We do now know the gene that is a precursor for schizophrenia. One out of 100 people have schizophrenia around

the world, in every country. If you have a first-degree relative, your rate of developing schizophrenia is 10%, which is the same as the rate for fraternal twins. Identical twins have a 50% chance of both twins developing schizophrenia. If this was a purely genetically transmitted disease, that rate would be expected to be 100%. Forceps used during childbirth can damage a pre-disposed fetus. Marijuana use during adolescence is a terrible risk factor for the development of schizophrenia.

Understanding and Coping with Anxiety Disorders

On September 3, 2008, Dr. Evelyn Goodman spoke about dealing with anxiety disorders. Many studies have shown that those suffering from anxiety disorders have higher intelligence and creativity than others.

The average age for someone to develop an anxiety disorder is in their late 20s. According to Dr. Goodman, the following types of people are more likely to suffer from such disorders:

- Those who suffered from separation anxiety, perhaps in childhood, when left with babysitters, or dealt with a traumatic loss.
- Those with alcoholism in their family. Adult children of alcoholics often have panic attacks.
- Those who heard a lot of criticism growing up.
- Those who heard messages about being crazy from family members in early childhood.
- Those who grew up in families that had many rules, be they religious or cultural, or in families that had a "big secret", someone with a mental illness, alcoholism, or a history of child abuse.
- Those who were cast in the role of parent, in which the child is a helper or confidant for one of the parents.
- Those with a certain naivete responding to bodily feelings, not understanding how one's body works.
- Those who got a lot of awards for achievement, perhaps resulting in not being validated for who they are, but for how they perform.
- Those with strict rules for themselves.
- Those who have a need to be in control. This is particularly relevant for people with panic attacks.

- Those with a high need to be competent, dependable, and responsible.
- Those sensitive to criticism.
- Those who see things in absolute terms; black and white thinking.
- Those with a great fear of rejection.

When a person has a predisposition to an anxiety disorder and has the above conditions or past experiences, they can develop a panic attack, characterized by a racing or pounding heartbeat, chest pains, dizziness, nausea, difficulty breathing, flushes or chills, overwhelming terror, fear of losing control, and even fear of dying.

Stress, Dr. Goodman noted, is the effect of change on your body and your nervous system, and our nervous system can only handle so much change.

Early Warning Signs of a Psychotic Illness and Early Intervention and Prevention: Treatment Recommendations for Young People at Risk

On August 20, 2008, Dr. Sandra De Silva, of the Center for the Assessment and Prevention of Prodromal States (CAPPs) at UCLA, spoke on how early intervention and prevention can mitigate development of a severe mental illness.

Dr. De Silva discussed the various models of etiology of brain illnesses, from genetic vulnerability through environmental triggers, and limited coping skills. The earliest clues to the onset of a brain illness are symptoms exhibited in the prodromal stage of the illness. These are a specific group of symptoms that may precede the onset of a mental illness. Psychosis affects between 1% and 3% of the population, and typically emerges between the ages of 15 and 30. The prodromal phase of psychosis may last anywhere from a couple of days to a couple of years. During this time, individuals experience symptoms of psychosis at mild or moderate levels of intensity, or for short periods of time. Individuals and their families may also notice changes in functioning, such as trouble with school or work and social withdrawal or increased anxiety.

Individuals who experience brief psychotic and/or attenuated positive symptoms may qualify for inclusion in CAPPs as they may be at increased risk for developing schizophrenia or other thought disorders. Symptoms that meet

inclusion criteria include unusual thoughts, suspiciousness, perceptual changes/unusual perceptual experiences, grandiosity, and disorganized communication. Other criteria include being between the ages of 12 and 35, and one of the following: a family history of schizophrenia or a related psychotic disorder plus a recent significant decline in functioning; attenuated/sub-psychotic symptoms (listed above) that have started or worsened with the past year; or hallucinations, delusions, and/or formal thought disorders that have been present briefly and for less than a month.

Best Treatment Practices for Schizophrenia Today

While most of Dr. David Taylor's talk on June 4, 2008 centered on answering questions from the audience, it also underscored how our perceptions and categorization of a disease lead to treatment and cure. He believes that if schizophrenia was defined as a disease of "cognitive decline" instead of as a disease of "positive and negative symptoms from excessive dopamine", a whole new set of drugs could be designed to avert it.

Dr. Taylor pointed out that medications that block the dopamine D2 receptor improve the symptoms of schizophrenia. Medication potency is proportional to dopamine receptor binding.

Antipsychotic medications are important to administer early, as symptoms are progressive. Early intervention with medications can help to stave off the cognitive decline so often seen in schizophrenia.

Volunteers Needed for Parents and Teachers as Allies Program



Parents and Teachers as Allies is a NAMI mental health educational program focusing on recognizing early-

onset mental illness in children and adolescents and facilitating early intervention and swift connection to appropriate services.

The program is designed to educate school professionals, through dialogue with consumers and trained family members, to better understand the early signs of mental illness in children and adolescents.

NAMI Westside LA would like to add this program to our roster of community services. We are looking for parents of

children with mental illness as well as consumers whose symptoms began when they were in school who can devote four hours a month to visiting local schools. Educators are particularly welcome.

Each team must include at least one consumer.

If you are interested in volunteering, please contact the NAMI Westside LA office at (310) 889-7200 or email Ed Silberman at eddiesilberman@namila.org.

Shopping at Ralphs Brings Donations to NAMI



NAMI Westside LA has been participating in Ralphs Community Contribution for the past several months. We have several hundred members and supporters, so if you haven't yet linked your Ralphs Rewards Card to benefit NAMI Westside LA, please do so today. It only takes a few minutes, and once you've linked your card, Ralphs will make a donation to NAMI for every dollar you spend there.

To make sure your purchases benefit NAMI Westside LA, do the following:

If you have not registered:

1. Log in to www.ralphs.com.
2. Click on Sign In/Register.
3. Click on New Customer? and then on Sign up today!

4. Enter your zip code and click on find.
5. Click on Select next to the store at which you primarily shop.
6. Enter your email address and a password (please note the rules next to this field) twice.
7. Subscribe or unsubscribe to email subscription by leaving the check marks or removing them.
8. Click on Confirm.
9. Click on Agree to Terms and Conditions.
10. Click on Confirm.
11. Click on Edit Community Contribution Program Information.
12. Enter the card number as shown on your Ralphs Rewards Card.
13. Click on Save Changes.
14. Confirm or enter any corrections and click on Save Changes.
15. Enter "90369", which is NAMI Westside LA's five-digit NPO number and click on Search.

16. In the Select Your Organization section, click on the bubble next to NAMI Westside LA.
17. Click on Save Changes. Your organization selection will appear on the right side of the screen. You have now completed your Online rewards card registration AND your Community Contributions registration.
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If you have registered:

1. Log in to www.ralphs.com.
2. Click on Sign In/Register.
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4. Click on sign in.
5. Click on My Account (in the top right-hand corner of the screen).
6. View all your information and edit as necessary.
7. Click on Logout.

Support Group Facilitators Wanted!



Our current support groups meet twice a month in the evenings at the Edelman Mental Health Center, and once a month during daytime hours. We would like to increase the number of support groups, and hold them at additional locations throughout the Westside, so we are looking for some compassionate family members who would like to participate in the NAMI Support Group Facilitator

Training. If you have a few hours a month in the evenings to donate to facilitating a support group (generally 7:00 to 9:00 PM), this is a great way to give back to others. Please call the NAMI office at (310) 889-7200, or email Mindy at mglazer@namila.org, and we will let you know when the training is held.

Battling Obstacles: Anosognosia

(From *Restoring Reason to Treating Mental Illness* by the Treatment Advocacy Center)

Families of relatives dealing with a severe mental illness are all too familiar with the struggle involved in caring for a person who very well may not even realize they are sick. This lack of knowledge that they are ill is a medical condition known as anosognosia.

Anosognosia is a major problem because it is the single biggest reason

why individuals with schizophrenia and bipolar disorder do not take their medications. It is caused by damage to specific parts of the brain, especially the right hemisphere. It affects approximately 50 percent of individuals with schizophrenia and 40 percent of individuals with bipolar disorder. When taking medications, awareness of illness improves in some patients.

Impaired awareness of an illness is very difficult for other people to comprehend. To other people, a person's psychiatric symptoms seem so obvious that it's hard to believe the person is not aware he/she is ill. Yet it is not only difficult, it is impossible for patients with certain right-hemisphere syndromes to know their own problems.

CATIE Findings Reconfirmed



A meta-analysis examining the efficacy of second-generation antipsychotics in the treatment of schizophrenia shows that there are small differences, a finding that suggests other factors, including adverse effects and cost, should be considered in treatment choice. The study is published online in the November 17, 2008 issue of the *American Journal of Psychiatry*.

Second-generation antipsychotics have become the most frequently prescribed antipsychotics for schizophrenia in the United States, and the question of

whether there are efficacy differences between these drugs is vital. According to the investigators, the stakes are high for patients, because the four second-generation antipsychotics that have been shown to be more efficacious than first-generation antipsychotics carry significant adverse effects, including substantial weight gain (clozapine and olanzapine), or substantially increased prolactin levels (amisulpride and risperidone).

While adverse effects are important, the researchers note that because schizophrenia is a lifelong illness, even a small increase in efficacy could increase the chances of living a more normal life.

The primary outcome was the change in total score on the Positive and Negative Syndrome Scale (PANSS). Secondary outcomes included PANSS scores for positive symptoms such as hallucinations and delusions, PANSS

scores for negative symptoms such as loss of pleasure and energy, and the rate of dropout due to insufficient efficacy. The PANSS total scores showed that olanzapine was more efficacious than aripiprazole, quetiapine, risperidone, and ziprasidone, and its efficacy was similar to that of amisulpride and clozapine. Risperidone was less efficacious than olanzapine, but more efficacious than quetiapine and ziprasidone. Clozapine was superior to zotepine, and in doses greater than 400 mg/day, superior to risperidone. These differences were due to improvements in positive symptoms rather than negative symptoms. These efficacy findings are similar to those in Phase 1 of the Clinical Antipsychotic Trials in Intervention Effectiveness (CATIE), which found that olanzapine was more efficacious than risperidone, quetiapine, or ziprasidone.

Your Internet Searches Can Benefit NAMI Westside LA



Do you search the Internet? Now, each time you do, you can raise money for NAMI Westside LA! Just make www.goodsearch.com your search engine of choice. The first time

you sign on, choose NAMI LA as the charity that will be paid each time you use the search engine. 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 be thorough and 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. So thanks in advance for using www.goodsearch.com!

Get Your Newsletter Via Email



Do you want to receive your *NAMI Westside LA Newsletter* via email? Then email us at ssdunas@namila.org. You will save us some postage and receive your newsletter early!

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 Sharon Dunas at ssdunas@namila.org.

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 mglazer@namila.org, and we'll put you on our mailing list.

"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

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speakers,
and registration!*

CAMFT workshops lend a forum for psychotherapists to learn and share new ideas on topics. It's a place to agree, disagree, contemplate, and perhaps expand your knowledge or points of view—not online, but together with your colleagues in these information-rich workshops presented by individuals who have been chosen for their practicality, enthusiasm, and knowledge.

<i>Northern California</i> October 17-19, 2008 Oakland Marriott City Center	<i>Southern California</i> November 7-9, 2008 Marriott Los Angeles Airport
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CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS
7901 RAYTHEON ROAD • SAN DIEGO, CA 92111 • (858) 292-2638

Westside Families Anonymous

Families Anonymous (FA) is about improving the lives of people who are struggling with a family member who has substance abuse and/or mental health issues. Often the problems concern dual diagnosis, drugs plus mental illness. Members take turns being the leader at the meetings, where the leaders discuss what they have learned from their experiences. There are helpful readings on topics like changing one's attitude, trying not to control everything, accepting what cannot be changed, trying not to be an enabler, and focusing more on one's own needs.

The Culver City/Palms Chapter meets every Tuesday night at 7:30 PM at 3751 Hughes Avenue, half a block north of Venice Boulevard, near Brotman Hospital. The First Lutheran Church is two doors to the north. The meetings of this chapter involve a small group of friendly people sitting around a conference table. Visitors are welcome. There is plenty of time for everyone to talk.

For further information, go to: www.familiesanonymous.org.

The Research Corner



At a meeting of the FDA's Pediatric Advisory Committee, **potential label changes will be considered for Eli Lilly's antipsychotic drug Zyprexa.** The

Committee will evaluate whether new warnings are necessary about the risk of potential Zyprexa side effects for children, such as severe weight gain, hyperglycemia, or other metabolic effects.

In a related story, *The Boston Globe* reported that Dr. Joseph Biederman, a leading Harvard child psychiatrist, is under investigation for courting drug company money by promising that his work at Massachusetts General Hospital would help promote the use of antipsychotic drugs for youngsters diagnosed with bipolar disorder.

Biederman is one of the central figures in the growing legal and political backlash against potential conflicts of interest in psychiatry. He is the country's most prominent advocate of diagnosing bipolar disorder in children, even those under age 6, and using antipsychotic drugs to treat them, even when federal regulators have not approved the drugs for that use. Congressional investigators have accused Biederman of failing to disclose more than \$1 million in payments from drug companies. He is also a key witness in a multistate lawsuit brought on behalf of more than 2,000 patients, including children, who claim to have been injured by atypical antipsychotics, including the Johnson & Johnson drug Risperdal, also known as risperidone.

* * *

A study of 100 patients with a primary diagnosis of major depression or bipolar disorder found that 26% actually had an anxiety disorder, a thought disorder (schizoaffective disorder), or a personality disorder. David J. Muzina, MD, and colleagues examined 100 consecutive patients admitted to the Cleveland Clinic Center for Mood Disorders at Lutheran Hospital, in Ohio, and reported that anxiety

disorders, thought disorders, and other health problems are commonly misdiagnosed as a mood disorder. According to Dr. Muzina, "It is very important for patients, healthcare providers, and society to understand that there are many reasons for emotional distress and depression beyond a diagnosable major mood disorder." He added that other psychiatric conditions may be mistaken as major depression or bipolar disorder, and not every experience of emotional human suffering is a "mental disorder".

* * *

Prazosin, a drug useful in controlling blood pressure and treating enlargement of the prostate, may protect the brain from damage caused by schizophrenia, post-traumatic stress disorder, Alzheimer's disease, and depression.

Researchers from Oregon Health and Science University and Portland Veterans Affairs Medical Center found that the drug appears to block the increase of harmful corticosteroids, associated with atrophy in nerve branches where impulses are transmitted.

* * *

According to *The Harvard Medical Letter*, **people with schizophrenia are more likely than others to have one or more of the major risk factors for heart disease.** They are also less likely to receive good preventative care, in large part because they are more likely to see a psychiatrist than a primary care physician or cardiologist. While heart disease is the leading cause of death in this country, it's about twice as prevalent for people with schizophrenia.

* * *

A recent Spanish study reconfirms that caregiver psycho-education reduces the risk of the symptoms of mental illness, this time in bipolar patients.

Spanish researchers found that when caregivers of people with bipolar disorder attended classes to learn coping skills, and information on the disease, their bipolar relatives experienced significantly reduced manic symptoms and had longer periods

without them. An independent evaluation of NAMI's Family-to-Family Class had similar findings. This class is being offered again this January. Please email eddiesilberman@namila.org to register.

* * *

Migraine sufferers might be at greater risk of developing bipolar disorder, major depressive disorder, panic disorder, and social phobia, according to a study at the University of Calgary. Researchers there found that the prevalence of these mental disorders was more than twice as high for those that suffered with migraines, according to the study, which was published in *Headache: The Journal of Head and Face Pain*.

* * *

Schizophrenia Digest reports that a group of Australian, American, and Swiss researchers have found that the supplement **N-Acetyl cysteine, a supplement taken by bodybuilders and used as a hangover cure, may reduce some of the distressing symptoms of schizophrenia not helped by existing medication, and without side effects.** Though early in its research, the supplement targets different biochemical pathways than antipsychotic medications, and does not seem to have significant side effects.

* * *

Researchers at Johns Hopkins University found that **mice lacking an enzyme that contributes to Alzheimer's disease exhibit a number of schizophrenia-like behaviors.** This enzyme may participate in the development of schizophrenia and related psychiatric disorders, and may prove a new target for developing therapies. The research was reported in the Proceedings of the National Academies of Sciences.

* * *

In yet another study linking mind and body, researchers at Ohio State University have found that, in a study with a median follow-up of 11 years, **breast cancer patients with Stage II**

disease who were taught coping skills and stress management had a significantly lower risk for recurrence and death than patients who did not receive the intervention. The study was published online on November 17, 2008 in *Cancer* and on December 15, 2008 in the print edition of the journal.

* * *

Two new studies show that **patients who have attempted suicide or have been hospitalized for a psychiatric illness are at increased risk for suicide or self-harm.** These findings highlight the importance of effective after-care interventions. In the first study, investigators at the Karolinska Institutet, in Stockholm, Sweden, found that the strongest psychiatric predictors of completed suicide during the 25-year follow-up period were schizophrenia and bipolar and unipolar disorder. In the

second study, researchers at the University of Bristol, in the United Kingdom, found an increased risk for self-harm shortly after a stay in a psychiatric ward. Risk for self-harm was greatest in the four weeks after discharge. Both studies were published online on November 18, 2008 in *BMJ*.

After-care for patients with schizophrenia, depression, or bipolar disorder who have attempted suicide should include education of the immediate family and friends. Studies show that contacting patients by phone one month after treatment for self-poisoning (one of the most common methods of attempted suicide) can reduce the number of repeat episodes.

* * *

In a study published online on November 17, 2008 in the *American Journal of*

Psychiatry, researchers at Howard University found that **a strong sense of purpose may be the single most important factor in determining mental health outcomes following serious trauma.** Among 259 individuals exposed to at least one severe traumatic event, purpose in life was the key predictor of a trauma-exposed individual's ability to maintain a baseline mental health status or recover from a psychiatric illness. "We found that the most important psychosocial factor associated with resilience or recovered status was a sense of higher purpose in life. We also found that mastery, or having a strong sense of control over one's life, was significantly associated with recovered status," said Adriana Feder, MD, Mount Sinai School of Medicine, New York, who, along with Tanya N. Alim, MD, is a principal investigator.

Another Successful Provider Course for Clinicians



Thirty-eight (38) clinicians and interns just completed NAMI Westside LA's Provider Course for Clinicians at Pepperdine University, a course made possible by a grant from Eli Lilly. The course teaches clinicians to work in a collaborative, compassionate manner using the strengths of clients and their families. The course's objective is to model treatment teams that are client driven and family driven. The old model is the clinician as the authority figure in treatment, with families left out of the picture.

The course was coordinated and taught by NAMI Westside LA President Sharon Dunas, MFT, NAMI Glendale President Jonee Shady, NAMI Westside LA Treasurer Shelley Hoffman, and our two NAMI Westside LA Peer-to-Peer

teachers Sanjeet Sihota and Janet Steinberg. Sharon taught from the perspective of being a parent and a child of a relative with mental illness. Jonee Shady taught from the perspective of a sibling and the sole caretaker of her brother, who is now in prison. Shelley Hoffman also taught from the perspective of being a parent. Sanjeet Sihota, who holds an MSW, taught from the perspective of having the diagnosis of schizoaffective disorder. He is very articulate about his recovery and his role as a peer mentor. Janet Steinberg, a consumer peer advocate for the Department of Mental Health, taught from the perspective of the diagnosis of bipolar disorder. She told of years of being dually diagnosed with heroin addiction and bipolar disorder. Now she helps others reach the same level of recovery she happily enjoys.

All five members of the team shared the teaching equally over the ten-week course, modeling that the clinician should be part of a team and should let the client and/or the family set the agenda for treatment. When clients and families are part of the decision-making process in treatment, the rate of success and compliance is much higher.

The highlight of the course was when the team invited four family members to talk about their role in a family dealing with chronic mental illness. Their stories were very moving. One woman shared that even though her mother had fits of explosive rage, she always knew that something was wrong with her mother and that she was not provoking these fits. This daughter used art to survive.

Things to Remember

Have Questions or Concerns About This Newsletter?

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

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

Following are the *NAMI Westside LA Newsletter* editors:

- ✓ Erika Cilengir
- ✓ Mindy Glazer
- ✓ Frances Tibbits

For More Information on Brain Disorders

Visit:

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

When Do I Need to Go to the Hospital?

(From *Bipolar Hope and Harmony*)



You might need to go to the hospital if you:

- ✓ Are seeing or hearing things (hallucinations)
- ✓ Have bizarre or paranoid ideas (delusions)
- ✓ Have thoughts of hurting yourself or others

- ✓ Are thinking or talking too fast, or jumping from topic to topic and not making sense
- ✓ Feel too exhausted or depressed to get out of bed or to take care of yourself or your family
- ✓ Have problems with alcohol or other substances
- ✓ Have not eaten or slept for several days
- ✓ Have tried outpatient treatment (therapy, medication, and support) and still have symptoms that interfere with your life
- ✓ Need to make a major change in your treatment or medication under the close supervision of your doctor

Know which warning signs of depression and mania to look for.

The warning signs of mania are:

- ✓ Euphoria
- ✓ Increased energy level

- ✓ Decreased need for sleep
- ✓ Restlessness
- ✓ Anger
- ✓ Increased sexual energy
- ✓ Trouble focusing attention
- ✓ Talking incessantly and quickly
- ✓ Spending a lot of money

The warning signs of depression are:

- ✓ Sad most of the time
- ✓ No longer enjoy activities you once did
- ✓ Don't sleep well; restless
- ✓ Always tired/difficulty getting out of bed
- ✓ Increased appetite or decreased appetite
- ✓ Ongoing aches and pains
- ✓ Little sexual appetite
- ✓ Finding it difficult to focus; forgetful

Important Contact and Resource Information

NAMI Westside LA Board Members (310) 889-7200

- ✓ Sharon Dunas, MFT, President; Family-to-Family Trainer; Provider Course for Clinicians Coordinator and Teacher; Outreach; and Newsletter Editor
- ✓ Dave Wright, First Vice President and Legal Analyst
- ✓ Lou Goldsmith, Second Vice President and Outreach Committee
- ✓ Janis Frisch, PhD, Outreach Committee
- ✓ Dr. Lynn Brody, Fundraising Committee
- ✓ Roberta Howard, Membership Chair
- ✓ Shelley Hoffman, Treasurer
- ✓ Mitzi Wright, Support Person Leader and Walk Representative
- ✓ Dori Baron, Coordinating Secretary and Walk Representative
- ✓ Stella March, Legislative Advocate

- ✓ Daniella Ledesma, Outreach and Internet Advertising

General Questions - NAMI Westside LA

- ✓ Sharon Dunas, MFT, (310) 889-7200
- ✓ Roberta Howard, (310) 889-7200
- ✓ Annette Tarsky, (213) 632-0782 (See Annette for referrals to other NAMI affiliates too.)
- ✓ Lea Wall, (310) 306-9494

Emergency Services and Hotlines

- ✓ Psychiatric Mobile Response Team and access to services information, (800) 854-7771 (CRISIS LINE) or (310) 966-6500

- ✓ SMART Team (one police officer and one clinician), provides intervention, referral, and placement for a mentally ill person; to access, call 911.
- ✓ Mental Evaluation Unit (MEU), its mission is to reduce violence during police contact with mentally ill persons and provide such persons with access to mental health services, (213) 485-3375
- ✓ To report an adverse drug reaction, contact the U.S. Food and Drug Administration (FDA) in Washington, D.C. at (888) INFO-FDA or (888) 463-8332, or MedWatch at www.fda.gov/medwatch/index.html
- ✓ Mental Health Helpline (24 hours), (800) 854-7771
- ✓ Hotlines: Suicide Prevention (877) 727-4747, California Youth Crisis (800) 540-

4000, Child Abuse (800) 540-4000, Domestic Violence/Sexual Assault (800) 978-3600, and Elder Abuse (800) 992-1660

Protection and Advocacy

- ✓ For grievance procedures for any disability, call (800) 776-5746 or (916) 488-9955.
- ✓ NAMI Online Advocacy System at www.nami.org/advocacy
- ✓ Protection and Advocacy, Inc., advocacy information, referrals, and legal help, (916) 488-9955 or www.pai-ca.org

Other Support Groups

- ✓ Daniel's Place, 2701 Ocean Park Blvd, Suite 150A, (310) 392-5855; first break for persons ages 18 to 30; support for families and consumers, including a Parents Support Group on the second and fourth Wednesdays of the month
- ✓ Depression & Bipolar Support Alliance for Consumers, (310) 535-7775
- ✓ SHARE, support groups on all emotional issues, (310) 305-8878
- ✓ Family Advocate, John Griffin, MFT, (213) 637-2311 (with DMH)
- ✓ RECOVERY, INC., self-help cognitive behavioral groups, (310) 306-6766
- ✓ Panic Disorder Support Group, (800) 647-2642
- ✓ UCLA Bipolar Support Group, Monday and Wednesday nights at 6:00 PM, (909) 268-4116, O.C.D groups, (310) 794-7305
- ✓ UCLA Dual Diagnosis Group, Saturday night at 5:00 PM, (310) 206-1148
- ✓ UCLA NPI OCD Group, Last Thursday, 4:30 PM-6:00 PM, Karon Midment, RN, (310) 794-7305

Community Clinics Offering Treatment and Services

- ✓ Westside Mental Health Center, (310) 966-6500
- ✓ Hollywood Mental Health Center, (323) 769-6100
- ✓ Alcott Center for Mental Health, (310) 785-2121
- ✓ Step Up on Second, (310) 394-6889
- ✓ Daniel's Place, (310) 392-5855
- ✓ Didi Hirsch Mental Health Clinic, (310) 390-6612
- ✓ Jump St., Didi Hirsch, (310) 855-0031
- ✓ San Fernando Valley Mental Health Center, (818) 832-2586
- ✓ Daybreak Day Center, 1614 Ocean Avenue, Santa Monica
- ✓ The Village: Long Beach, (562) 437-6717
- ✓ Exodus Recovery Urgent Care Center in Culver City across from Brotman Medical Center, open 24 hours a day, 7 days a week

Jails and Courts

- ✓ Mental Health Advocacy Service, (213) 389-2077
- ✓ Protection & Advocacy, (800) 776-5746
- ✓ Mental Health Court Program, after arrest, ask for a DMH person to be in court, (626) 403-4370

- ✓ County Criminal Justice Committee, (213) 974-8398
- ✓ Locating a person in jail, (213) 974-9083

Service Area Advisory Councils (SAACS)

- ✓ SAAC 4 (Hollywood and West Hollywood); meets at Hollywood Mental Health Center on the third Thursday of each month from 3:00 PM to 5:00 PM, Suzanne Leiss, (323) 851-4709
- ✓ SAAC 5 (Westside, from Beverly Hills to the ocean); meets at different sites on the fourth Tuesday of each month, Celinda Junghelm, Coordinator, (310) 306-6766

Housing

- ✓ Homes for Life Foundation: Tuesday meetings on housing, Dept. of Mental Health, Carol Leiss, (310) 337-7417
- ✓ Community of Friends: Dept. of Mental Health, (213) 480-0809, ext. 221
- ✓ Homeless Assistance: Dept. of Mental Health, (310) 399-6878 or (213) 632-0782 (Annette Tarsky)
- ✓ Affordable Housing Alternatives, Mrs. Darlest Horn, DMH Housing Coordinator, (310) 358-6089
- ✓ Hospital-to-Home housing assistance, one month's rent, Thomas Olzak, (310) 398-9204
- ✓ Santa Monica House, (310) 345-7736
- ✓ Ruth Teague Supportive, (213) 623-4342
- ✓ SHARE, (877) SHARE-49
- ✓ Family Resource Counseling Center, (310) 479-9789
- ✓ Health Care Insurance Counseling and Advocacy, (800) 434-0222
- ✓ Residential Care Advocacy, 550 S. Vermont, Los Angeles, Royceanne Foster, (213) 738-2712
- ✓ Fair Housing Council of San Fernando Valley, 8134 Van Nuys Blvd, #206, Panorama City, Sharon Kinlaw, (818) 373-1185
- ✓ St. Joseph's Homeless and Housing Division, Cathleen McQuade, (213) 251-6567
- ✓ Housing Board Advisory, Reina Turner, (213) 251-6558
- ✓ Housing Rights Center (people with disabilities), (213) 387-8400, ext. 26
- ✓ Front Door Housing Rights, (310) 659-2913
- ✓ Path Partners (www.pathpartners.org/newsletter/)

Mental Health Residential Centers

- ✓ Compass House: short-term, (213) 747-8470
- ✓ Twin Tower Treatment Center: North Hollywood, dual diagnosis, (818) 985-0560
- ✓ Alcott Mental Health Center on Robertson: residential and day-care, (310) 785-2121
- ✓ The Manor: residential care and supervision, (310) 450-1748
- ✓ Meadowbrook: locked facility, residential care, (310) 391-8266
- ✓ Vista del Mar: locked facility, counseling, teenagers, (310) 204-1666
- ✓ Portal's House: full range of services, including housing and vocational program, (213) 387-1129
- ✓ Oceanview: Santa Monica housing, board and care, (310) 393-0737

- ✓ Step Up on Second: residential apartments, Santa Monica, (310) 394-6889
- ✓ Jump St.: residential treatment – La Cienega, (310) 855-0031
- ✓ Villa Stanley: at Melrose and Stanley, (323) 937-4856
- ✓ Gateways Residential Center (unlocked facility), Los Angeles
- ✓ Olive Vista (locked), Pomona
- ✓ OPCC Access Center and Safe Haven, 1616 Seventh Street, Santa Monica, (310) 450-4050

Department of Mental Health (DMH) Full Service Partnerships

- ✓ For older adults (ages 60+), contact Matt Wells at (213) 351-5344.
- ✓ For adults (ages 26-59), contact Sandy Mills, (310) 268-2516.
- ✓ For transitional-age youth (ages 16-26), contact Rachel Melvald at (310) 268-2515 or Paula Binner at (213) 738-2507.
- ✓ For children (ages 6-16), contact Rachel Melvald at (310) 268-2515.
- ✓ For other questions, contact Nikki Dorsey, LCSW, at (310) 268-2514.

Psychiatrists and Psychotherapists

- ✓ Southern California Psychiatric Society, (310) 815-3650
- ✓ Cedars-Sinai Referral Service, (800) 233-2771
- ✓ UCLA Access Center, (800) 825-9989
- ✓ MEDI-CAL psychiatrists and psychologists, (213) 632-0782
- ✓ Mark S. Kosins, MD, El Monte. Specialty: OCD and Panic Disorder, (626) 307-8420
- ✓ Psychotherapists for Family Members with Mentally Ill Relatives: Sharon Dunas, MFT, (310) 820-4626
Dr. Michael DiPaolo, (310) 403-7792
Dr. Janis Frisch, (310) 466-6136

Prescription Assistance

- ✓ Eli Lilly and Company's prescription assistance program, (877) 795-4559
- ✓ Partnership for Prescription Assistance program, (888) 477-2669 or www.pparx.org
- ✓ Rx Help for Californians (www.rxhelpforca.org)

Other Resources

- ✓ Conservatorship information, (213) 974-0407
- ✓ PLAN of California, special needs trusts and "proxy parents", Carla Jacobs, (714) 997-3310, (888) 574-1258, or (213) 413-1130
- ✓ Project Return Club for consumers, Jonathan Santos, Westside Regional Aide, (213) 209-0064 (pager); Clubs at Edelman Westside Mental Health Center, Grad House, Alcott Center, and Step Up on Second
- ✓ In Our Own Voice, Stella March, (310) 472-4297 or smarch@nami.org
- ✓ LA Manic Depressive and Depressive Association, (310) 535-7775
- ✓ National Alliance for Borderline Personality Disorder, (914) 835-9011, www.borderlinepersonalitydisorder.com

- ✓ www.bpdresourcecenter.org, (888) 694-2273
- ✓ Obsessive Compulsive Foundation, (203) 878-8889
- ✓ OCD Foundation of California, (818) 990-4830
- ✓ Tourette Syndrome Assn., (800) 639-7462
- ✓ National Education Alliance for Borderline Personality Disorder (NEA BPD), offers a 10-week program called Family Connections for families with children with bipolar or borderline personality disorder, (914) 835-9011 or neabpd@aol.com
- ✓ West Los Angeles Council for the Disabled, (310) 358-6089. Help with SSI and SSDI, medical insurance billings, subsidized housing (HUD), transit IDs, and reduced energy/telephone rates.
- ✓ SAMHSA's National Mental Health Anti-Stigma Campaign (www.whatadifference.org)
- ✓ Substance Abuse and Mental Health Services Administration (www.samhsa.gov)
- ✓ Resource Center to Address Discrimination and Stigma (www.stopstigma.samhsa.gov)
- ✓ National Institutes of Mental Health (www.nimh.nih.gov/healthinformation/index.cfm)
- ✓ What to do when a friend is depressed (www.nimh.nih.gov/publicat/friend.cfm)
- ✓ For information on consumer rights, contact Santa Monica-based Consumer Watchdog at (310) 392-0522 or www.consumerwatchdog.org/complaints or Washington, D.C.-based Public Citizen at (202) 588-1000 or www.citizen.org/litigation
- ✓ Meals on Wheels West, (310) 394-5133 or www.mealsonwheelswest.org
- ✓ Center for the Assessment of Prevention of Prodromal States (CAPPS) at UCLA. Main line: (310) 206-3466. Director Sandra De Silva, PhD: (310) 206-2866 (direct line) and (310) 425-5381 (private practice)
- ✓ Healthy Families (<http://www.healthyfamilies.ca.gov/hfhome.asp>)

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January 2009

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Mail this completed application, along with a check or money order, to:

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Los Angeles, CA 90049

Note that your membership in NAMI Westside LA includes membership in NAMI California and NAMI National.
For more information, call (310) 889-7200.

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