



# NAMI Westside LA Newsletter

[www.namila.org](http://www.namila.org)

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

December 2009

## NAMI Westside LA Teams Among the Top NAMIWalks Fundraisers



Nathaniel Ayers and Janet Steinberg

Aided by a beautiful, sunny fall day in Santa Monica, NAMIWalks 2009 was a huge success. So far, we have reached 93% of our goal of raising \$300,000, and are hoping to surpass it by December 2, the cutoff date for accepting donations for this year's NAMIWalks Los Angeles County. To make a donation online, go to [www.nami.org/namiwalks/ca/los](http://www.nami.org/namiwalks/ca/los) or send your donation to NAMIWalks LAC, P.O. Box 741029, Los Angeles, CA, 90004. Please remember to check with your employer to see if they will match your donation!

This year, several of the NAMI Westside LA walk teams ranked among those that brought in the highest number of donations. At this point, there are still donations to be counted, so this ranking

is not final, but NAMI Westside LA wishes to thank everyone who participated in making this walk such a success. We particularly wish to thank our walk liaisons, board members Dori Baron and Mitzi Wright, for their work on behalf of NAMIWalks for NAMI Westside LA.

And we congratulate the following team captains and their teams for the wonderful job they did:

Sharon Dunas, Heal the Brain, who raised \$11,113

Mari Ledergerber, Catch a Falling Star, who raised \$11,025

Dori Baron, Step Up With NAMI, who raised \$8,483

Shelley Hoffman and Jeffrey Ellis, Shelley's Team, who raised \$8,000

Mitzi Wright, The Wright Stuff, who raised \$5,085

Stephanie Steese, Daniel's Place, who raised \$3,136

Carol Flint, Carol Flint's team, who raised \$2,500

Susan Klos, The Chorus, who raised \$2,190

Linda Klopert, Stigma Fighters, who raised \$1,625

Erika Cilengir, Sihhat, who raised \$1,620

Eddie Silberman, NAMI Westside LA Stigma Eradicators, who raised \$1,503

Mary Kate Denny Zeisler, Reveal The Brain, who raised \$825

Lawrence Reyes, Edelman's Elite Fundraisers, who raised \$650

Sunnie Dishman, UCLA for NAMI, who raised \$505

Lou Goldsmith, Louz Lopers, who raised \$410



Sharon Dunas

### No, You Didn't Miss an Issue...

Due to financial constraints, the *NAMI Westside LA Newsletter* will now be printed on a quarterly basis. We'll attempt to get information on upcoming NAMI events in each issue, but you can always check our website, [namila.org](http://namila.org), for the latest news.

# 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.

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:

- ✓ Step Up on Second, 1328 Second Street in Santa Monica, (310) 394-6889, on the first Tuesday of every month from 7:00 PM to 9:00 PM
- ✓ Didi Hirsch Community Mental Health Center, 4760 Sepulveda Blvd in Culver City, every Monday night. For more information, contact Dr. Hirschman at (310) 836-7849 or Tony Packard at (310) 390-6612
- ✓ Counseling and Psychological Services at UCLA's John Wooden Center West, first floor conference room, on Tuesdays at 7:00 PM. For more information, contact Brian Diedrick at [bdiedrick@gmail.com](mailto:bdiedrick@gmail.com) for information

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, December 2, 2009

"Skills for Dealing with Crises: Basics of Somatic Experiencing"

Lee Ann Teaney, MFT, discusses Somatic Experiencing (SE), a mind-and-body form of psychotherapy that can relieve and resolve the symptoms of anxiety, depression, and fear. SE is especially helpful for long-term symptoms that develop when people have dysfunctional families due to mental illness in their midst. Lee Ann Teaney is a trauma specialist and the co-founder of Cutting Edge Counseling ([www.cuttingedgecounseling.com](http://www.cuttingedgecounseling.com)), which uses psychodynamic therapy, SE, EMDR, and EEG Biofeedback.

## Wednesday, December 16, 2009

Annual NAMI Westside LA Holiday Party – see Page 6 for details.

## Wednesday, January 6, 2010

"Shedding the Stigma of the 'Psycho' Straitjacket"

Robert Jaffee, a Los Angeles-based writer whose articles have appeared in the *Los Angeles Times*, the *L.A. Weekly*, and the *Huffington Post*, is a graduate of Yale College and the Yale School of Management. He has recovered from two psychotic breaks, a family history of suicide, and a one-time diagnosis of schizophrenia.

## Wednesday, January 20, 2010

"Update on Mood Disorders"

Dr. Eric Levander is in private practice in Beverly Hills and teaches UCLA physicians in psychiatric residency at the Bipolar Clinic at the West Los Angeles VA. He enjoys collaborating with other professionals in the treatment of patients and has extensive psychotherapy training. In addition, he practices DBT, CBT, and CBASP for chronic depression.

## Wednesday, February 3, 2010

"Mental Health - Past, Present, and Predictions for the Future"

Dr. Deborah Ishida, a NAMI Member, a teacher of both Family-to-Family and Provider Course for Clinicians, and a member of NAMI's speaker's bureau, shares her unique perspective on mental health - where's it's been and where it's going. She is an honors graduate of UCLA Medical School with a specialty in Family Practice and has a son with schizoaffective disorder.

## Wednesday, February 17, 2010

"PLAN of California"

Amy Kasten, CEO of PLAN of California, will speak on what you can do to try and insure your loved one's future with financial planning through PLAN.

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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.



## Comments on NAMI “in the Hands of Drug Companies”

“Drug Makers are Advocacy’s Biggest Donors,” a *New York Times* article by Gardiner Harris, implies that NAMI is in the hands of Big Pharma.

Harris’ October 22, 2009 article is an interpretation of a report by Senator Charles Grassley, from Iowa, who is investigating donors to the National Alliance on Mental Illness.

I am using this forum to respond to Mr. Harris’ comments. Funding NAMI is one of the ways drug companies use their profits for good. NAMI welcomes other sources of funding for the work it does and appreciates its private donors and members. NAMI fills a void and Big Pharma helps it do so.

NAMI Westside LA uses donations from pharmaceutical companies to help fund its many classes for clinicians, family members, people with mental illnesses, and support group leaders. Here are the NAMI Westside LA classes and groups Big Pharma funds help provide:

- \* [Provider Course for Clinicians](#), which teaches clinicians how to use the strengths of families and clients to determine the best treatment plans. Eli Lilly & Co. funds this.
- \* [Family-to-Family Course](#), a 12-week course for the family members of those struggling with a mental illness and the training for volunteers who teach it.
- \* [In Our Own Voice](#), a NAMI program in which individuals with brain illnesses speak to the community about their illness and their recovery.
- \* [Peer-to-Peer Class](#), in which people with a mental illness diagnosis teach coping skills and deliver hope to others with a similar diagnosis.
- \* [NAMI Support Groups](#), which provide the support and encouragement that families need, as well as three-day training for support group leaders.

According to the Grassley report, drug companies fund about three-quarters of NAMI’s advocacy efforts for the mentally ill. Michael Fitzpatrick, Executive Director of NAMI National, confirms that

50% of NAMI National’s money does come from Big Pharma, but it does not mean that NAMI is in the hands of the drug companies. Michael Fitzpatrick does understand how NAMI gets incorrectly depicted as being in the hands of drug companies, but emphatically denies that this is the case. Based on my 12 years of experience as a leader in NAMI, I agree entirely.

In fact, the negative light this *New York Times* article casts on NAMI saddens me, as I have first-hand knowledge of the enormous good that NAMI does every day. We have about 900 Family-to-Family graduates and about 150 Peer-to-Peer graduates from NAMI Westside LA alone to prove that NAMI has a positive impact year after year. NAMI members treat those with a mental illness and their families with dignity, respect, warmth, and empathy. And NAMI uses donated funds to support, educate, and advocate for families and people with mental illnesses.

To malign NAMI by focusing on one event without seeing the bigger picture is a grave injustice. NAMI is made up of sincere people in the throes of a nightmare, dealing with the illnesses and circumstances of their mentally ill relatives. Every family member and person with a mental illness that comes to NAMI wants to recover from the trauma of mental illness and improve the quality of life of the person with the illness. They turn to NAMI to find help they cannot find elsewhere.

The *New York Times* article went on to say that drug makers have, over the years, given the mental health alliance (along with millions in donations) direct advice on how to advocate for issues that affect industry profits. For example, in December 2003, AstraZeneca met with and urged the alliance to resist state efforts to limit access to mental health drugs. Mr. Fitzpatrick said that the alliance does receive such requests from pharmaceutical companies, but part of NAMI’s mission is to advocate for drugs for the mentally ill through state funding. Because a drug company advises NAMI how to advocate does not mean NAMI follows that advice. The alliance has, in fact, stated that it appreciates “AstraZeneca’s strong support of NAMI.”

And we do appreciate its financial support of our programs!

According to the *New York Times* article, drug makers are natural allies in NAMI’s pursuit to fight stigma and raise public awareness. After all, cures may come out of these drug makers’ laboratories and the industry’s money can help finance public-service campaigns. Some industry critics have long derided some consumer advocacy organizations as little more than front groups devoted to lobbying on issues that affect industry profits, and few have come under more scrutiny for industry ties than the mental health alliance. NAMI is not a front group for the drug industry!

For years, the alliance has fought against states’ legislative efforts to limit doctors’ freedom to prescribe the most beneficial drugs to treat mental illness in patients who rely on government health care, such as Medicaid, without being limited to low-cost alternatives. Psychiatric medicines routinely top the list of expensive drugs that states buy for their poorest patients. Mr. Fitzpatrick defended these lobbying efforts as one of many that NAMI routinely undertakes for medications that can truly help the mentally ill.

We who work intimately with NAMI know that NAMI is on the side of patients, supporting increased awareness and brain research. As President of NAMI Westside LA, I make sure our members know about drugs for the brain, but also about cognitive behavioral therapy, dialectical behavioral therapy, mindfulness, relaxation, and any other healing techniques that may help those traumatized by mental illness.

I work hard to lessen the trauma of those with a mental illness and their families, who often are their only caregivers. Anyone who has graduated from a NAMI class experiences less trauma due to the education they have received. I would like to meet the Senator from Iowa, Mr. Grassley, and have a conversation with him. Perhaps then he would learn a thing or two about NAMI’s support of mental health and Big Pharma’s contribution to our mission.

## 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](http://www.pcjourneyworks.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 [mglazer@namila.org](mailto:mglazer@namila.org), and we'll put you on our mailing list.



Next time you search the Internet, you can raise money for NAMI Westside LA! Make [www.goodsearch.com](http://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

[www.goodsearch.com](http://www.goodsearch.com).

## Three NAMI Classes Begin in January 2010



If someone you know could benefit from learning about living with a brain illness, or living more peacefully with someone who has one, please encourage them to visit our website, [namila.org](http://namila.org), where they can register for new January classes.

The next Family-to-Family class begins January 4, 2010. This 12-week class teaches participants all about the brain, medications and treatments for brain illnesses, how to communicate with someone with a brain illness, self-care, family care, better utilization of appropriate resources, and how to advocate within the mental health system. Caregivers of those with brain illnesses call this class a "life-changing experience"; they feel more empowered, and less stressed after completing it.

Family Connections is a 12-week class, similar to Family-to-Family, which is for caregivers of those with Borderline Personality Disorder (BPD). This class begins January 6, 2010 at UCLA. The program provides the most current information and research on BPD,

teaches coping skills based on Dialectical Behavior Therapy, and emphasizes the importance of developing a support network. For more information, send an email to [info@bpdla.org](mailto:info@bpdla.org). A second class is planned for March.

Our Peer-to-Peer program, a 10-week course for those with brain illnesses that teaches "living as well as we can with what we have", starts on January 4, 2010 in West Los Angeles. This is a peer-mentor-led class, and teaches mindfulness, triggers to relapse, and "the care and feeding of your psychiatrist". All participants leave with a relapse prevention plan. A light dinner is served in this class for participants.

## A Guide to California's AB 1424

By Carla Jacobs, Randall Hagar, and Chuck Sosebee

On October 4, 2001, Assembly Bill 1424 was signed by the Governor and chaptered into law. The law became effective January 1, 2002. AB 1424 modified the LPS Act (Lanterman-Petris-Short Act), which governed involuntary treatment for people with mental illness in California.

Quoting the legislative intent of the bill:

"The Legislature finds and declares all of the following: Many families of persons with serious mental illness find the Lanterman-Petris-Short Act system difficult to access and not supportive of family information regarding history and symptoms.

Persons with mental illness are best served in a system of care that supports and acknowledges the role of the family, including parents, children, spouses, significant others, and a consumer-identified natural resource system. It is the intent of the Legislature that the Lanterman-Petris-Short Act system procedures be clarified to ensure that families are a part of the system response, subject to the rules of evidence and court procedures."

### **Discussion**

Mental illness does not exist in a vacuum. The severity of an individual's

symptoms wax and wane, sometimes hour by hour or day by day. It is not uncommon for a person with mental illness to "present well" - with minimally displayed psychiatric symptoms and seemingly rational plans for self-care - when in the presence of an evaluator or a law enforcement officer who is considering a "5150", that is, an involuntary hold for treatment and evaluation. Or, the person may have had a few days of medication in the hospital prior to a court hearing and been coached as to how to present "well" prior to a court hearing. Yet, upon release, the person historically has gone off medication, remained unable to care for his or her own psychiatric medical

needs, and drifted into homelessness or repeated hospitalizations. This is especially true of the individual who is paranoid and cautious in disclosing information to strangers.

While nothing in the LPS Act previously precluded a law enforcement officer, hearing officer, or judge from considering the past history of an individual's illness, common interpretation was that they could only consider the person's presentation "at that moment in time", that is, was the person "imminently" dangerous or gravely disabled? Without reasonable consideration of psychiatric history, a person may be inappropriately and prematurely released without treatment and sufficient stabilization.

While some county mental health departments, law enforcement agencies, and court systems may previously have considered psychiatric history to greater or lesser extents, AB 1424 mandates that the historical course SHALL be considered at all steps in the process. Formerly, consideration of psychiatric history was generally considered optional. What counties and courts did previously is of little importance. What is important is what they do now and in the future.

Acknowledging that medical history is critical in making effective treatment and legal decisions concerning mental illness assists law enforcement and judicial officers in making better informed determinations as to whether court-ordered treatment is necessary.

### **Frequently Asked Questions**

#### **Does the consideration of the historical course of a person's illness have any bearing on the initial (5150) detention of the person?**

AB 1424 requires that any person authorized to take someone into custody for involuntary treatment consider available relevant information about the historical course of the person's mental disorder if the information has a reasonable bearing on the determination as to whether the person is a danger to others or self, or is gravely disabled as a result of the mental illness. Therefore, this provision would apply to law enforcement officers as well as professionals so authorized by local mental health directors.

#### **What information should be considered by the law enforcement officer or person designated to effect a 5150 hold in determining historical course?**

The historical course shall include, but is not limited to, evidence presented by persons who have provided, or are providing, mental health or related support services to the patient and/or information presented by one or more members of the family of the person or the person subject to detention.

#### **Is there any penalty for providing false information to the court or detaining officer?**

The law requires that if probable cause for detention is based on a statement other than that of someone authorized to take the person into custody for a 72-hour hold, or a member of the attending staff, or a professional person, the person making the statement shall be liable in a civil action for intentionally giving a false statement. Thus, families may not give false information knowingly without being potentially liable.

#### **Who else must consider the historical course of a person's illness?**

The new law requires that hearing officers, judges, and juries who consider whether a person is to be certified for additional periods of involuntary treatment beyond the initial 72 hours must also consider the historical course. However, the hearing officer, court, or jury shall exclude from consideration evidence that it determines to be irrelevant because of remoteness of time or dissimilarity of circumstances. The court retains the discretion in what it defines as evidentiary and having a direct bearing on the current case.

#### **When shall the court consider the historical course of the person's illness?**

The historical course of a person's mental disorder shall be considered when it has a direct bearing on the determination of whether the person is a danger to others or self, or is gravely disabled as a result of a mental disorder.

#### **For the purpose of court hearings, what should be**

#### **considered in determining the historical course?**

The court should consider:

1. Evidence presented by persons who have provided or are providing mental health or related support services to the patients
2. The patient's medical records as presented to the court, including psychiatric records
3. Evidence voluntarily presented by family members
4. The patient

The patient may also designate an additional person to provide information.

#### **Who is obligated to present evidence provided by the family to the court?**

Facilities providing treatment shall make every reasonable effort to make information provided by the patient's family available to the court. While not required under the law, it is recommended that families present such evidence in writing to the facility so it doesn't get lost or forgotten.

#### **Must anyone consider the medication history of the person as part of the historical course?**

The law requires that the agency or facility providing the treatment acquire the patient's medication history, if possible. While not a requirement of the law, it is highly recommended that the family or patient also provide the facility with a copy of all available treatment and medication records as well as a written summary of past treatment and results in the event the facility is unable to obtain any and all records.

#### **What information can insurers use to determine eligibility for claim reimbursement?**

AB 1424 prohibits any health care service plan, private or public insurer (including Medi-Cal), or disability insurer from utilizing the voluntary or involuntary status of a psychiatric in-patient admission for the purpose of determining eligibility for claim reimbursement. This is important to preclude insurance plans from refusing to pay for any hospitalization solely on the basis of the person's legal status.

## New Cognitive Behavioral Group Is Forming

*"Connectivity is the bond for human experience."* Martin Novell, MFT, MA, MS

Have you been an outpatient or an inpatient at a hospital suffering from anxiety or depression and are you looking for the support that a Cognitive Behavioral Group can offer?

If you answered "Yes", this may be the group for you.

A new group for seven participants is starting soon on the Westside of Los Angeles between Olympic and Santa Monica Blvd. at:

2001 S. Barrington Avenue, Suite 209  
Los Angeles, CA 90025

The group will meet once a week.

To sign up and arrange a consultation with the group leader, Martin Novell, prior to the start of the group, contact Martin at (310) 250-4556 or email him at [Info@martinnovellmft.com](mailto:Info@martinnovellmft.com). You may also visit his website at [Martinnovellmft.com](http://Martinnovellmft.com).

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*"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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## NAMI Westside LA Receives a Grant from Kaiser Foundation Hospital



community mental health services.

NAMI Westside LA recently received a grant from the Kaiser Foundation Hospital for our

Kaiser Foundation Hospital's mission dovetails with that of NAMI Westside LA - to improve the health of the community each serves. The grant was given to NAMI Westside LA in recognition of the positive impact we have had in helping to achieve this goal through our support

and educational programs, as well as the community resources we make available through our website, warm-line, newsletter, and mailings. We thank the Kaiser Foundation Hospital and hope to aid many more in our community through its generous contribution.

## Annual NAMI Westside LA Holiday Party

Join us on Wednesday, December 16, 2009 to kick off the holiday season and share some good cheer with other NAMI folk. Dinner is potluck, so bring something delicious along. This year's party will be held at a convenient location north of UCLA. If you would like to come, RSVP to Mindy Glazer at [mglazer@namila.org](mailto:mglazer@namila.org) for the address.

## NAMI Westside LA Seeks an Angel



NAMI Westside LA could use a working laptop, with PowerPoint installed, and a projector for use

with the laptop. Our volunteer teachers currently carry around large and cumbersome charts from class to class, and if we had a spare laptop and projector, it would allow us to modernize our ways of sharing information. If you

have either or both of these components, and could donate them to NAMI Westside LA, we would be grateful. Please contact Mindy at (310) 889-7200 or [mglazer@namila.org](mailto:mglazer@namila.org).

# 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.

On October 7, 2009, NAMI Member Anne Johnston spoke to the support group on the topic of "Who Will Take Care of My Loved One When I'm Gone?" She prepared the following summary of her presentation for members who could not attend:

Normally in the financial planning process, goals are easier to define, map out, and track. Some common goals are building a cash cushion for emergencies, planning retirement expenses, buying a home, and leaving what's left to children or charities. What can make this process so challenging for us is the necessity to plan for two generations or parties, considering the caregiver and family financial security as well as the family member with mental illness.

One of the main reasons we don't plan is because we are paralyzed by the overwhelming task of identifying goals and quantifying needs, and it becomes difficult to figure out where and how to begin. And, as we all know, there are always major time constraints, as it's hard enough to take care of our family members, let alone plan for them.

In determining the appropriate options for you, it is first necessary to clearly assess your situation. After all, making a diagnosis without a check-up is malpractice. It's the same in planning. The first thing you need to do, before seeing a financial planner or an attorney, is get a baseline understanding of your assets, liabilities, income, and expenses. It is not possible to provide security for

other family members if you don't first do so for yourself.

Our clients find it helpful to have a concrete list of steps to follow when beginning the financial planning process. Since it can seem overwhelming, we break it down into manageable pieces:

## Part 1: Identifying Needs and Resources

Step 1. The first step is to quantify the basic needs of the family: food, shelter, and clothing. The most important piece here is to get control of your current spending habits and to ask yourself, "Are my expenses greater than my income? What is the monthly cost to maintain our current lifestyle? How many years until I plan to retire?" As fundamental as this sounds, often the more money a family makes, the more they spend.

Step 2. The second step is to quantify the needs of the special needs family member. The key here is to identify the baseline of security required for your loved one's future. These goals can be very hard to identify and quantify, so we often use basic projections based on current expenses until conditions and needs change.

Step 3. The third step is to identify the governmental benefits and state supports (if eligible) to maximize personal resources.

## Part 2: Identifying Gaps

The next step in the planning process is to integrate the two needs - those of the family and those of the special needs family member - and identify any gaps. In the event that there aren't enough resources to meet the needs of the family and of the special needs person, compromises must be made and potential strategies to bridge the gap must be identified.

## Part 3: Utilizing the Right Financial and Estate Planning Strategies to Address Your Situation

After coming to an understanding of your family's situation, it's a good idea to engage a professional financial planner

and an attorney that specializes in special needs planning to discuss appropriate tools to protect your family.

A special needs trust is one of the most common methods used to protect needs-based governmental benefits, and can be an effective tool to protect from the loss of governmental benefits in certain situations. Avoiding these consequences requires an integration of the family's financial situation and estate plan, while keeping governmental regulations in mind.

Some important questions to ask are:

- How vulnerable is my family and special needs family member to unexpected events? - How prepared will they be should something happen suddenly?
- Is a special needs trust appropriate for us?
- If yes, who will be the trustee?
- How will the trust be funded?
- When is the appropriate time to create the trust?

## Part 4: Implementing a Coordinated Plan Based on Priorities

This step involves making sure the asset ownership is coordinated with whatever legal documents you have drafted. Be sure to review ownership of property, retirement assets, life insurance policies, and annuities to be certain the disposition will not have a negative impact on your relatives.

## Part 5: Periodically Review Your Plan

It's important to revisit and reevaluate your previously identified goals to monitor your progress and to make adjustments if any significant changes have occurred in your family.

While it may be a seemingly difficult task to plan for your family and loved one's financial security, the peace of mind that comes from mapping out a plan is well worth the time and effort.

For more information, you can contact Anne Johnston at 310-859-5495 or [Anne.Johnston@UBS.com](mailto:Anne.Johnston@UBS.com).

## Ralphs & Food4Less Donate to NAMI Westside LA in Your Name

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If you have registered NAMI Westside LA as your charity of choice at Ralphs, you will need to **register again** if you have not done so since September 1, 2009. You can re-register at [www.Ralphs.com](http://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](http://Food4Less.com), using NAMI Westside LA's nonprofit number - 90369.

## Volunteers Needed

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NAMI Westside LA is looking for family members, spouses, or partners of BPD loved ones who have NOT taken the Family Connections class (if you have taken the Family-to-Family class, that is

OK) to participate in a three-hour, paid educational research project in Culver City early next year. Participants will watch a new educational video on BPD funded by the National Institute of

Mental Health. Register now by calling NAMI Westside LA or sending an email to [info@bpdla.com](mailto:info@bpdla.com).

## Venue Sought for our 2010 Pathways to Wellness Conference

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Our annual Pathways to Wellness Conference has grown every year; this past year we had over 800 participants. We're glad to be able to present information to such a broad cross-section of our community, but our great success has presented us with a

problem. For next year's conference, we need a venue that can accommodate up to 500 people in one room for the keynote address and offer four large classrooms (each holding 100+), which would be available on a Sunday morning. If you are a member of a

religious, educational, or social organization that has a facility that might be big enough to hold the conference, or if you know of a facility that might be amenable to hosting us, contact Eddie Silberman at [eddieilberman@namila.org](mailto:eddieilberman@namila.org).

## NAMI California Collaborates with the State Prison System

By Dorothy Hendrickson, Secretary, NAMI California

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After two years of advocacy and with the strong support of numerous prison clinicians, NAMI California has obtained support from the Division of Correctional Health Care Services to place an Inmate Mental Health Information Form (IMHIF) in all California Department of Corrections and Rehabilitation (CDCR) reception centers.

According to Mark Gale, NAMI California's First Vice President and co-author of the document, "The original form was first implemented in the Los

Angeles County Twin Towers Correctional Facility. Since many inmates arrive at CDCR reception centers without medical and psychiatric historical records, information provided to correctional clinicians by family members can be an important link to receiving needed services."

Dr. Greg Hirokawa, Chief Psychologist at North Kern State Prison, is a long-time advocate for persons who are affected by mental illness. Dr. Hirokawa was a participant at the NAMI California Mental Health, Criminal Justice Community Collaborative in Bakersfield when he first heard about the IMHIF, and was quick to ask if the document could be made available throughout California's prison system.

On October 13, 2009, after months of negotiations, Sharon Aungst, Statewide Mental Health Director, and Suzan Hubbard, Director of the Division of Adult Institutions under the CDCR, sent a memo to wardens, chiefs, and managers requesting them to include the IMHIF in all reception centers across California.

NAMI California is pleased to be a part of a grassroots effort that has lobbied


clinicians inside the jails and prisons of California to have access to medical and psychiatric information. The posting of this form on institutional websites will increase awareness, lead to better continuity of care, and facilitate more effective treatment for persons with serious mental illness inside our prisons.

NAMI California would like to thank Greg Hirokawa, M.D., Andrew Swanson, M.D., Catherine Prudhomme, Margaret McAloon, and the CDCR for their strong support of this initiative.

"At last families will be able to provide psychiatric and other medical information to clinicians inside our prisons, enabling them to become part of the treatment team and allowing clinicians to have access to the most recent information regarding their patients", according to Mark Gale.

The revised IMHIF will soon be posted in both English and Spanish on all ten California Prison reception center websites. In addition, the CDCR has agreed to make the forms available in prison visitor areas for families without computers. For a copy of the IMHIF, go to [www.namicalifornia.org](http://www.namicalifornia.org).

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## 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](http://www.familiesanonymous.org).

## 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](mailto:mglazer@namila.org).

## Happy Holidays and Happy New Year from NAMI Westside LA



We hope to see you all at our holiday party on December 16, but for those of you who can't make it, we thought we'd share some of the highlights of this past year. Despite the bad economy, and perhaps because the need has increased, NAMI Westside LA is proud to report that we have managed to increase our

services over a broader geographic area of the Westside, and are planning for more in the future.

Our family support groups now meet 14 times a month, and are available in Santa Monica, Culver City, West Los Angeles, and Westwood. We have trained several new teachers for both

Family-to-Family and Family Connections classes, and hope to increase the number of both of these classes we offer next year so that they are available to everyone who needs them. This past year we also ran several successful Peer-to-Peer classes, and our Provider Class for Clinicians was full to capacity and then some.

We are working on providing more services to one area of the community we haven't yet served – children with brain illnesses and their parents, and children who are affected by the mental illness of another family member. We are also working on creating support groups for kids, as well as bringing the NAMI Basics program to our affiliate. (Basics is similar to Family-to-Family, but for parents of children with diagnosed and undiagnosed brain

illnesses.) We are also hoping to make educational presentations in schools - elementary, middle, and high schools - to help eradicate stigma. If you would like to volunteer for any of these projects, email Mindy Glazer at [mglazer@namila.org](mailto:mglazer@namila.org).

We appreciate the help and support of our membership throughout this challenging year. At the end of the year, some people consider where they will be making their charitable donations. Though we have a wonderful pool of talented and giving volunteers, NAMI Westside LA can always use your help, so that we can be here for you and your family in the coming year.

We wish you a year of health and happiness!

# NAMI Folks Don't Let the "Stigma" of Mental Illness Define Them

By Sharon Dunas

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NAMI members don't let the stigma of mental illness define them. They take the free classes offered by NAMI and then give back to the community by offering to teach classes that are funded by Big Pharma.

By offering its **Provider Course for Clinicians**, NAMI ensures that families are included as part of the solution when mental illness strikes. In no other illness are families left out as they often are when a patient has a mental illness. Can you imagine your child developing cancer and the doctors telling you that they cannot let you know where the tumor is, what kind of cancer it is, what kind of treatment is recommended, and what the prognosis is? This would never happen with illnesses such as cancer, but it happens consistently if your relative is diagnosed with a mental illness.

To counteract this current trend of excluding families whose relatives have a mental illness, NAMI Westside LA teaches the Provider Course at Pepperdine University and the Chicago School of Professional Psychology. This course teaches how the present exclusion of families can be stopped. The classes offer great hope as new clinicians are taught how to utilize the strengths of their clients with brain illnesses, as well as the strengths of their families, in developing the best treatment practices. We teach young clinicians how to deal with HIPPA (privacy) laws so that doctors and counselors can work as a team with their patients and their families.

A five-member panel teaches clinicians what worked for them in treatment and what clients need from them to move the entire family into recovery. The most recent panel included Janet Steinberg, who has bipolar disorder, Sanjeet Sihota, who has schizoaffective disorder, Shelley Hoffman, whose son has schizophrenia, Rosina Ehrlich, whose

son has schizophrenia, Jonee Shady, whose brother has schizoaffective disorder, and me.

Our 12-week **Family-to-Family** course is a free psychobiological education course for families with mental illness in their midst. It is the equivalent of a graduate course in the etiology, prognosis, and treatment of the major mental illnesses. Families come into the class feeling hopeless and despondent and leave full of possibility for their ill relative.

Many NAMI family members have moved from despair to advocacy and now teach this course for us, including Achee Stevenson, Marilyn Sano, Lou Goldsmith, Eddie Silberman, Dr. Janis Frisch, Anne Johnston, Janet Volat, Monika Parks, Shelley Hoffman, Dr. Debbie Ishida, Brian Diedrick, Cecile Benson, Barbara Rothstein, Debbie Schultz, Dr. Lynn Brody, Nic Waite, Linda Klopert, MFT, Krista Martin, Lea Wall, Roberta Howard, Cecile Benson, Bon Von Bargen, Gail Evangelidi, Pat and Gerry Bare, Lynn Gordon, Judy Stouffer Nahman, Tami Tamiguchi, and many more.

In the words of family therapist Virginia Satir, these teachers are not "allowing other people's words about mental illness to define them." They are fully functioning advocates for the mentally ill and they are not victims of anything. They are making sense of their misfortune and giving back to the community. Or in the words of Joseph Campbell, "they have given up the life that they had planned, in order to have the life that had been waiting for them."

**In Our Own Voice** is a NAMI program in which individuals with brain illnesses talk to community groups about their illness and their recovery. In Our Own Voice, run by our own Stella March, is our best stigma-fighting program as it

lets the public know that one can recover from a mental illness.

**Train the Trainers** prepares teachers of the Family-to-Family course. Each training of 25 NAMI members held over a three-day weekend costs NAMI \$4000 to \$5000 for the space, teaching materials, and food. Trainers Sharon Dunas, MFT, Lou Goldsmith, and Eddie Silberman teach, as volunteers, for three days to complete this task of training new teachers.

**NAMI Support Group Leaders** three-day training sessions cost NAMI \$4000 to \$5000. Recent trainings have allowed two new evening support groups, one at UCLA on Tuesdays and one at Didi Hirsch in Culver City on Mondays. The Monday group was started by Brian Diedrick and Ronnie Choe; the Tuesday group by Dr. Jill Hirschman. These facilitators help by normalizing mental illness for those families with newly identified family members with a mental illness. Check out our website ([www.namila.org](http://www.namila.org)) for exact times and locations.

**Peer-to-Peer** classes are the very best thing that NAMI does. Those with a psychiatric diagnosis teach those who have a psychiatric diagnosis new coping skills to allow escape from the nightmare. The students can see recovery first hand by those who truly know what it is like to be ill. As I listen to our teachers Sanjeet Sihota, Mark Rudolph, and Leslie Rothstein share their stories of the "D" words (depression, disability, darkness, and devastation) and how they moved in recovery to the "A" words (attributes, achievements, assets, and autonomy), my heart swells with pride at the courage of these young people who serve as a role models for others.

*"The journey of a thousand miles begins with one small step."*

- Lao Tzu (Chinese philosopher)

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## 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. And if you give us your new address, we'll make sure your mail reaches you in a timely fashion at your new home! Thanks!

## The Research Corner

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**Many children and adolescents who receive antipsychotic medications gain a significant amount of weight and experience**

**metabolic changes**, according to NIMH-funded research published October 28, 2009 in the *Journal of the American Medical Association*. This study was the largest to focus on changes in weight and metabolic factors among children and adolescents who were antipsychotic-naïve and treated under real-world conditions. The authors note that unhealthy weight and metabolic problems in childhood often lead to increased cardiovascular problems in adulthood.

Changes in metabolic factors varied considerably among the medication groups. Those taking olanzapine and quetiapine experienced statistically significant changes in total cholesterol and triglycerides. Those taking risperidone experienced significantly elevated triglyceride levels. Neither the aripiprazole group nor the untreated comparison group experienced significant metabolic changes during the first three months of treatment.

\* \* \*

**A novel treatment approach that includes medication plus a newly developed type of psychotherapy that targets suicidal thinking and behavior shows promise in treating depressed adolescents who had recently attempted suicide**, according to a study funded by the NIMH. The study was published in the October 2009 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

Youth who attempt suicide are difficult to treat because they often leave treatment prematurely, and no specific interventions exist that reliably reduce suicidal thinking and behavior (suicidality). A novel psychotherapy used in the study - cognitive behavioral therapy for suicide prevention (CBT-SP) - was developed to address the need for

a specific psychotherapy that would reduce the risk for suicide reattempts among teens.

During the six-month treatment, 24 participants experienced a new suicidal event, defined as new onset or worsening of suicidal thinking or a suicide attempt. This rate is lower than what previous studies have found, suggesting that this may be a promising intervention. In addition, more than 70 percent of these teens - a population that is typically difficult to keep in treatment - completed the acute phase of the therapy.

\* \* \*

Psychotic depression is characterized by major depression accompanied by symptoms such as hallucinations, delusions, and breaks with reality. A person with psychotic depression may be unwilling or unable to care for him- or herself and often is admitted to the hospital. Typically, psychotic depression is treated with electroconvulsive therapy (ECT), known to be effective but not always acceptable to patients and their families. It is less commonly treated with an antipsychotic or an antipsychotic plus an antidepressant.

**A combination of an atypical antipsychotic medication and an antidepressant (SSRI) may be more effective in treating psychotic depression than an atypical antipsychotic alone**, according to results from an NIMH study.

In a 12-week trial, participants were randomly assigned to one of two treatments - the atypical antipsychotic olanzapine (Zyprexa) plus the SSRI sertraline (Zoloft) (combination therapy), or olanzapine plus a placebo (monotherapy). Rates of remission were compared. Researchers found that 42 percent of those on the combination therapy remitted compared to 24 percent of those on the monotherapy, with no significant differences in remission rates between age groups.

\* \* \*

**Depression, obesity, and alcohol abuse appear to be interrelated conditions among young women but not their male**

**counterparts**, suggests a study in the September/October issue of *General Hospital Psychiatry*. In a longitudinal, community-based study of young adults, investigators from the University of Washington in Seattle found that among women, depression was associated with later alcohol use disorders and that alcohol use disorders prospectively predicted obesity. Interestingly, obesity predicted depression among women aged 27 to 30 years, but not among men in the same age group.

\* \* \*

**Depression during pregnancy by itself does not increase the risk for schizophrenia in offspring, but it does increase the risk when there is also a family history of psychosis**, according to a study published online October 15 in the *American Journal of Psychiatry*. The study showed that the risk for schizophrenia in offspring is increased more than fourteen-fold when the mother suffers depression during pregnancy and the father has a history of psychosis. To reduce this risk, background factors, including familial risk for psychosis, should be explored thoroughly in pregnant women who are depressed.

\* \* \*

**The maternal use of tobacco while pregnant is associated with an increased risk for psychotic symptoms such as hallucinations and delusions in their children**, according to results from a study published in the October issue of the *British Journal of Psychiatry*. "These findings indicate that the risk factors for development of non-clinical psychotic experiences may operate during early development," write Stanley Zammit, PhD, clinical senior lecturer in psychiatric epidemiology in the Department of Psychological Medicine at Cardiff University in Wales and the University of Bristol in the United Kingdom, and colleagues. "This is the only study to really try and tease out to what extent this association is causal rather than being confounded or explained by other factors," Dr. Zammit told Medscape Psychiatry. "There could still be confounding factors, of course, but this makes us a bit more confident that the association may be due to the

effects of nicotine on the developing brain in the uterus," he added.

\* \* \*

The sunny mental states of the Mediterranean - compared with Northern Europe - might owe as much to the food as to the weather, new research suggests. Results from a study of more than 10,000 initially healthy Spaniards shows that **those who followed the Mediterranean dietary pattern (MDP) - rich in vegetables, fruits, nuts, whole grains, and fish - were less likely to develop depression during the next four years than those who ate more meat, meat products, or whole-fat dairy**. The study, by lead author Almudena Sánchez-Villegas, BPharm, PhD, and colleagues at the University of Las Palmas de Gran Canaria and Clinic of the University of Navarra, Pamplona, Spain, is published in the October issue of the *Archives of General Psychiatry*.

\* \* \*

**Casual substance abuse can significantly reduce the efficacy of antidepressant therapy in adolescents with treatment-resistant major depressive disorder (MDD)** - a finding that suggests clinicians need to screen for - and intervene when they detect - any substance use in this at-risk population. Research presented at the American Academy of Child & Adolescent Psychiatry's 56th Annual Meeting by investigators from the University of

Pittsburgh, Pennsylvania, shows that sub-threshold substance use is common and that low substance scores after 12 weeks of therapy were associated with better response.

\* \* \*

5% to 10% of children and adolescents experience clinically significant anxiety disorders, and, if left untreated, this may have a number of adverse academic, vocational, and social consequences. Cognitive-behavioral therapy (CBT) has been shown to be highly effective in treating child anxiety disorders. Indeed, between 50% and 85% of youth receiving CBT no longer meet criteria for their primary anxiety diagnosis at the end of treatment. Despite the efficacy of CBT, the vast majority of children with anxiety do not receive treatment. This may reflect the family's failure to realize that there is a problem, a lack of knowledge about the availability of treatment, a lack of local mental health services, and constraints on the family in terms of time or finances.

**Researchers, attempting to minimize these considerations, evaluated the efficacy of an Internet-based cognitive-behavioral therapy (CBT) approach to the treatment of child anxiety disorders. At post-treatment assessment, children treated via the Internet showed small but significantly greater reductions in anxiety symptoms and increases in functioning. These improvements were enhanced**

**during the six-month follow-up period, with 75% of the children free of their primary diagnosis.**

\* \* \*

In a study reported in the June 3, 2009 issue of the *Journal of the American Medical Association*, **at-risk teens exposed to a program that teaches them to counteract their unrealistic and overly negative thoughts experienced significantly less depression than their peers who received usual care**, NIMH-funded researchers have found. However, the cognitive behavioral prevention program failed to similarly help adolescents prone to the mood disorder if their parents were currently depressed.

\* \* \*

**Depressed patients gain more depression-free days if they are treated with telephone care management plus telephone psychotherapy than with care management alone**. In research published in the October issue of the *Archives of General Psychiatry*, it was reported that when compared with usual care, the telephone care management program added \$676 to outpatient health care costs for a gain of 29 depression-free days, whereas the telephone care management plus psychotherapy program added \$397 to outpatient costs, but produced an additional 46 depression-free days.

## Major NIMH Research Project to Test Approaches to Altering the Course of Schizophrenia



The National Institute of Mental Health (NIMH) is launching a large-scale research project to explore whether using early and aggressive treatment, individually

targeted and integrating a variety of different therapeutic approaches, will reduce the symptoms and prevent the gradual deterioration of functioning that is characteristic of chronic schizophrenia.

The Recovery After an Initial Schizophrenia Episode (RAISE) project is being funded by NIMH with additional support from the American Recovery and Reinvestment Act (ARRA). RAISE is a model of how money from the Recovery Act can accelerate science related to public health problems and potentially benefit those citizens most in need.

"This new initiative will help us determine whether intervention that is started early, incorporates diverse treatment and rehabilitation approaches, and is sustained over time can make it possible for more people with schizophrenia to return successfully to work and school," said NIMH Director Thomas R. Insel, M.D. "Moreover, the interventions being tested will be designed from the outset to be readily adopted in real-world health care settings and quickly put into practice."

Despite the availability of moderately effective treatments, such as antipsychotic medications and various

psychosocial interventions, people with schizophrenia often do not receive treatment until the disease is already well-established, with recurrent episodes of psychosis, resulting in costly multiple hospitalizations and disabilities that can last for decades. Periods of unemployment, homelessness, and incarceration are common, making schizophrenia a costly disease for individuals, their families, and the community at large.

RAISE will test approaches that involve intervening immediately upon first diagnosis, systematically incorporating the range of options that are now available in a more piecemeal fashion to people with schizophrenia. These options include medications, psychosocial treatments, and rehabilitation, including teaching patients and families how to manage the disease. The hope is that such a coordinated approach tailored to each individual and sustained over time may make lasting differences in the acceptability of treatment and overall function.

Agencies and organizations that play a role in providing health care and other

services to people with schizophrenia will have an opportunity to participate in the design of the interventions to be evaluated by RAISE. Federal organizations, including the Substance Abuse and Mental Health Services Administration, the Social Security Administration, the Centers for Medicare and Medicaid Services, the Department of Veterans Affairs, the Walter Reed Army Medical Center, and the National Institute on Drug Abuse, will be involved, along with mental health care consumers and family members, private health care providers, additional scientific experts, and state and local agencies. Other agencies may become involved as the project proceeds. Involving these stakeholders will help ensure that, if successful, this evidence-based approach can be disseminated and adopted rapidly, thus significantly speeding the transition between research findings and their use in real-world practice.

Recovery Act funds will underwrite the initial two phases of the trial, during which the investigators will refine the interventions with input from stakeholders and conduct a feasibility

study to demonstrate that each intervention can be fielded in real-world community treatment settings and be evaluated in a randomized clinical trial design. With long-term funds committed by NIMH to complete these phases plus a full-scale clinical trial, funding for the study is \$40 million.

"Depending on the study's outcome, RAISE could help set the stage for a paradigm shift in the way schizophrenia is treated in the United States. The ultimate goal of the initiative is to eliminate the chronic form of schizophrenia that is so costly and devastating to the individual, family members, and society as a whole," said Robert Heinssen, Ph.D., acting director of the NIMH Division of Services and Intervention Research and project officer for RAISE. "This Recovery Act-supported project will hire and help train many mental health researchers and care providers for a project that is likely to help some of our most vulnerable citizens lead more productive and satisfying lives."

## Economic Downturn Takes a Toll on Americans' Mental Health

By NAMI National

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A new national survey shows the economic downturn is taking a toll on the mental health of Americans. Individuals who are unemployed are four times as likely as those with jobs to report symptoms consistent with severe mental illness. Americans who experienced involuntary changes in their employment status, such as pay cuts or reduced hours, also are twice as likely to have these symptoms, even though they are employed full time.

The survey was conducted for Mental Health America and the National Alliance on Mental Illness in collaboration with the Depression is Real Coalition. The results come from telephone interviews of 1,002 adults nationwide between September 17-20.

"This survey clearly shows that economic difficulties are placing the public's mental health at serious risk and we need affirmative action to address these medical problems," said David L. Shern, Ph.D., president and CEO of Mental Health America. "Individuals confronting these problems should seek

help for their problems – talk to their doctor, trusted friend or advisor or mental health professional."

"Unemployment today stands at almost 10 percent. Nationwide, we face a mental health crisis as well as an economic crisis," said Michael J. Fitzpatrick, M.S.W., executive director of NAMI. "There is no shame in seeking help to overcome unemployment or a medical illness. For the sake of all our loved ones, it's important to learn to recognize symptoms of depression and other mental illnesses. Screening helps. Talk with a doctor about any concerns."

Other key findings of the survey:

- Thirteen percent of unemployed individuals report that they have thought of harming themselves, which is four times more than reported by persons with full-time work.
- People who are unemployed are approximately six times as likely to have difficulty meeting household expenses – 22 percent

report great difficulty paying their utilities and almost half have significant difficulty in obtaining healthcare, further compounding their situation.

- People who are unemployed are also twice as likely to report concern with their mental health or the use of alcohol or drugs within the last six months than individuals working full time.
- Of those who have not spoken to a health professional about these concerns, 42 percent cited cost or lack of insurance coverage as the main reason.
- Nearly 20 percent of the sample reported that they had experienced a forced change (such as pay cuts and reduced hours) in their employment during the last year.
- Although most of these individuals are employed, individuals with a forced change in employment are twice as likely to report symptoms consistent with severe mental illness than would be expected. They are also

five times more likely to report feeling hopeless most or all of the time than individuals who hadn't experienced a forced change.

Major depression is a serious medical illness affecting 15 million American adults, or approximately 5 to 8 percent of the adult population in a given year, whether they are unemployed or not. Depression is also very treatable. In fact,

treatment such as antidepressants and talk therapy is effective over 80 percent of the time. But fewer than half of people confronting this medical illness seek treatment, regardless of economic or employment status.

## Giving Thanks to Those Who Helped NAMI Westside LA in 2009



NAMI thanks all those who volunteered time this past year to help our community deal with brain illnesses.

Thank you to our Family-to-Family teachers, our Family-to-Family Train-the-Trainer teachers, our Peer-to-Peer teachers, our Family Connections teachers, our Support Group facilitators, all those who helped

at our Pathways to Wellness Conference, and all the speakers at our speaker series.

We'd also like to thank all our donors, both individuals and foundations, including The Carl and Roberta Deutsch Foundation, The Kaiser Hospital Foundation, The CAP Foundation, The Rosalinde and Arthur Gilbert Foundation, The Frances Tibbits Trust, The Ruth and Allen Zeigler Foundation, and the Lilly Grant Office.

In addition, we want to thank our newsletter editors – Erika Cilengir, Mindy Glazer, and Frances Tibbits – who do such a great job with our newsletter.

Finally, thank you to the Los Angeles County Department of Mental Health, UCLA, Didi Hirsch Community Mental Health Center, The City of Culver City, and Step Up on Second for providing locations for us to hold our classes and support groups.



**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](mailto:mglazer@namila.org).

## 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](mailto:mglazer@namila.org).

For updates on NAMI Westside LA between newsletters, visit our website at [www.namila.org](http://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](http://www.nami.org)
- ✓ [www.narsad.org](http://www.narsad.org)
- ✓ [www.mentalhealthjournal.com](http://www.mentalhealthjournal.com)
- ✓ [www.bpdia.com](http://www.bpdia.com)
- ✓ [www.schizophrenia.com](http://www.schizophrenia.com)

## We Are Going Green!

NAMI Westside LA is doing its part to help the environment. In the future, you will receive your newsletter by email. Please call the office at (310) 889-7200

to verify that we have your correct email address. If you are not online, you can continue to receive the newsletter by snail mail if you mail back the enclosed

insert in this newsletter. You can also call the office and request it. Thank you for your continued support of NAMI and the environment.

# Important Contact and Resource Information

**If you have a room to rent in your home or are looking for a roommate and are open to considering a person with a disability, contact the NAMI Westside LA office at (310) 889-7200.**

## **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, (310) 482-3261
- ✓ SMART Team (one police officer and one clinician), provides intervention, referral, and placement for a mentally ill person; to access, call 911 or (213) 485-3300
- ✓ 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) 485-3300
- ✓ 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](http://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
- ✓ Social Security Administration (SSA), Project RSVP, (888) 606-RSVP

## **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](http://www.nami.org/advocacy)
- ✓ Protection and Advocacy, Inc., advocacy information, referrals, and legal help, (916) 488-9955 or [www.pai-ca.org](http://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, and Tuesdays, Noon-1:30 PM, (310) 206-1148; 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, Karron Maidment, 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, (310) 393-4344
- ✓ The Village: Long Beach, (562) 437-6717
- ✓ Exodus Recovery Urgent Care Center in Culver City across from Brotman Medical Center (3828 Hughes Avenue), open 24 hours a day, 7 days a week, (310) 253-9494
- ✓ Matrix Institute on Addictions, (800) 447-4474
- ✓ Brotman Hospital, Culver City, (310) 836-7000
- ✓ UCLA Hospital day treatment programs, (310) 825-7469
- ✓ Del Amo Hospital, Torrance, (626) 290-0650
- ✓ Ed Edelman Center, West Los Angeles, (310) 966-6500
- ✓ Life Adjustment Team, Culver City, (310) 572-7000

## **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

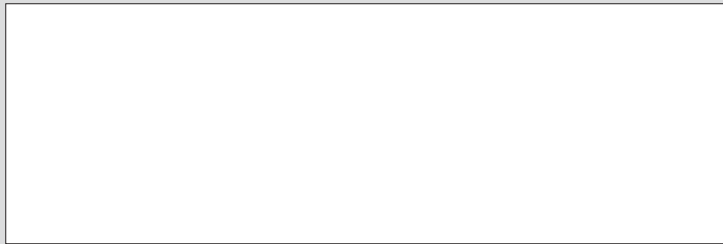
## **Service Area Advisory Councils (SAACS)**

- ✓ 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 Jungheim, 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 [\(www.pathpartners.org/newsletter/\)](http://www.pathpartners.org/newsletter/)
- ✓ Transitional Living Center, Lawndale, (310) 542-4825
- ✓ Turning Point, short-term housing for the homeless, (310) 828-6717
- ✓ Pathfinder Center, adults with addiction, (818) 885-0883
- ✓ Topanga West, housing in Topanga Canyon, (818) 884-8100

- ✓ Twin Towers Treatment Centers, dual diagnosis, (310) 787-1335
  - ✓ Twin Towers in Torrance, (323) 937-4856
  - ✓ Venice Guest Homes, semi-independent housing, (310) 833-4625
  - ✓ Discovery Four, (323) 323-1221
  - ✓ Crestwood Behavioral House, Modesto, CA, (209) 526-8050
  - ✓ Changing Options, dual diagnosis, Ramona, CA, (760) 789-7299
  - ✓ River Community, dual diagnosis, Azusa, CA, (626) 910-1202
  - ✓ Bridges, 10-15 beds, (626) 359-5304, x202
  - ✓ John Henry Foundation, housing for patients with schizophrenia, Santa Ana, (714) 554-8906
  - ✓ Anne Sippi Clinic, (323) 227-5252
  - ✓ Sanctuary, (310) 493-4572; in Malibu, (818) 346-7079
  - ✓ PATH, 90-day transitional housing, (310) 996-0034
  - ✓ Compass House: short-term, (213) 747-8470
  - ✓ La Casa, Long Beach, (562) 634-9534
  - ✓ 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
  - ✓ Las Encinitas Hospital, Pasadena, (626) 795-9901
  - ✓ Beth Tshuvah, dual diagnosis/12-step program, Culver City, (310) 204-5200
  - ✓ Clare Foundation, Santa Monica. (310) 314-6200
  - ✓ Cri-Help, dual diagnosis, San Fernando Valley, (818) 985-8323, x141
  - ✓ Tarzana Treatment Center, day hospital for detox, (818) 996-1051, x1111
  - ✓ Pasadena Recovery Center, dual diagnosis, 30-60-day housing, (626) 345-9992
  - ✓ The Gooden Center, Pasadena, (800) 931-9884
  - ✓ Exodus Chemical Dependency, (310) 840-7020
  - ✓ Insight Treatment Programs, (800) 599-8820
  - ✓ Clearview Treatment Center, (800) 573-0770
  - ✓ New Start, Santa Monica, (310) 586-0059
- 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
  - ✓ Dr. Beatrix Wagner, (310) 995-7427
  - ✓ 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  
Sanjeet Sihota, Peer Mentor, (310) 963-0714
- 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](http://www.pparx.org)
  - ✓ Rx Help for Californians ([www.rxhelpforca.org](http://www.rxhelpforca.org))
- Other Resources**
- ✓ Conservatorship info, (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](mailto:smarch@nami.org)
  - ✓ LA Manic Depressive and Depressive Association, (310) 535-7775
  - ✓ National Alliance for Borderline Personality Disorder, (914) 835-9011, [www.borderlinepersonalitydisorder.com](http://www.borderlinepersonalitydisorder.com)  
[www.bpdresourcecenter.org](http://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](mailto: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](http://www.whatadifference.org))
  - ✓ Substance Abuse and Mental Health Services Administration ([www.samhsa.gov](http://www.samhsa.gov))
  - ✓ Resource Center to Address Discrimination and Stigma ([www.stopstigma.samhsa.gov](http://www.stopstigma.samhsa.gov))
  - ✓ National Institutes of Mental Health ([www.nimh.nih.gov/healthinformation/index.cfm](http://www.nimh.nih.gov/healthinformation/index.cfm))
  - ✓ What to do when a friend is depressed ([www.nimh.nih.gov/publicat/friend.cfm](http://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](http://www.consumerwatchdog.org/complaints) or Washington, D.C.-based Public Citizen at (202) 588-1000 or [www.citizen.org/litigation](http://www.citizen.org/litigation)
  - ✓ Meals on Wheels West, (310) 394-5133 or [www.mealsonwheelswest.org](http://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/hffhome.asp>)



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Membership  
P.O. Box 491216  
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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