



NAMI Westside LA Newsletter

www.namila.org

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

March 2009

Helping NAMI Westside LA to Serve the Community Better



Please join NAMI Westside LA on Wednesday, March 18, 2009, at 7:00PM for a brainstorming session to explore how we can better serve our community. Make your voices heard and provide the NAMI Westside LA Board with your ideas.

In particular, we want your thoughts on how we are doing:

1. Fighting stigma?
2. Raising public awareness?
3. Advocating for California state funds?

4. With outreach and marketing?
5. Attracting relevant speakers?
6. With our support group meetings?
7. With our education programs?
8. With fundraising?
9. With special events?
10. With NAMIWalks?

So come and make your voices heard!! Let's help NAMI Westside LA fight mental illness as effectively as other organizations fight AIDS and breast cancer!

Family Connections Class Begins in March



NAMI Westside LA is holding a free 12-week class to help those with a relative with borderline personality disorder obtain knowledge and develop skills that will help them cope with their relative and build a support network with other individuals.

The course offers education on the illness, skills training based on Dialectical Behavior Therapy, and advice on developing a support network. It will meet for twelve Mondays in Culver City, thanks to the Social Services Division of the Culver City Department of Recreation. Space is very limited.

If you would like to register, please call the NAMI Westside LA office at (310) 889-7200. For more information on borderline personality disorder, visit bpdla.com.



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

Support Groups and Speaker Presentations

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

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 starting at 1:00 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.

The **Consumer Care Support Group** meets every month on the first and third Wednesdays from 7:00-8:30 PM and on the second and fourth Wednesdays from 6:30-8:30 PM. Contact Janet at (310) 990-1338 for more information.

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

Wednesday, March 4, 2009

“Recovery from Disability and How to Experience Psychiatric Rehabilitation”

Dr. Bob Liberman, a frequent NAMI Westside LA speaker, is a Distinguished Professor in the Department of Psychiatry and Behavioral Sciences at UCLA, and Director of the UCLA Psychiatric Rehabilitation Program.

Wednesday, March 18, 2009

See the story on Page 1.

Wednesday, April 1, 2009

“OCD: It Isn’t Just In Your Head After All”

Michael Jones, LMFT, is a board-certified psychotherapist in Glendale, specializing in anxiety disorders, primarily OCD and its related disorders, including panic disorder and phobias. He is part of the emergency Behavioral Health treatment team at Glendale Adventist Hospital.

Wednesday, April 15, 2009

“How to See the Light and the Role of the Family in Overcoming Denial”

Dr. Marie Lymberis is a psychiatrist, and former head of the Southern California Psychiatric Society. With the aid of Stella March, Dr. Lymberis was responsible for bringing the NAMI Family-to-Family class to California.

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!

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 mgazer@namila.org, and we’ll put you on our mailing list.

Contents

Helping NAMI Westside LA to Serve the Community Better....	Page 1
Family Connections Class Begins in March.....	Page 1
Support Groups and Speakers.....	Page 2
Need a Computer Expert?.....	Page 2
Are You Still a NAMI Member?.....	Page 2
President’s Message.....	Page 3
Grant from Kaiser Community Foundation.....	Page 4
Molly Gaylor Remembers NAMI Westside LA in her Will.....	Page 4
NAMI Westside LA Thanks Its Recent Donors.....	Page 4
Recent NAMI Westside LA Speakers.....	Page 5
NAMI Westside LA Trains New Family-to-Family Teachers	Page 5
Support Group Facilitators Wanted.....	Page 6
Shopping at Ralphs Brings Donations to NAMI.....	Page 6
Siblings of the Mentally Ill Face Their Own Challenges.....	Page 7
Westside Families Anonymous.....	Page 7
Increasing Sponsorships for NAMIWalks 2009.....	Page 7
The Research Corner.....	Page 8
Criticism of Governor’s Plan to Cut Mental Health Funding....	Page 9
Things to Remember.....	Page 10
The NAMI Westside LA Bookshelf.....	Page 10
New Online Dating Sites for Those With Brain Illnesses.....	Page 11
Mental Illness/Dental Illness.....	Page 12
Contact and Resource Information.....	Page 12

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.



Beware of an Unseen Stigma in Hospitals

Time and time again, I hear stories of the mistreatment of parents and family members by hospital staff. It is sad that hospital staff members are so

stressed that they cannot treat parents and families with more dignity.

I know that HIPPA laws stipulate that hospitals may not talk to parents, or anyone, about a psychiatric patient without the patient's written permission. So this law precludes any thoughtful treatment by staff in hospitals. Hospital staff will not even tell you if your son or daughter is in that hospital unless they have permission.

But once we know our relative is in a psychiatric hospital, there seems to be another kind of subtle stigma. I am imagining hospital staff, from psychiatric nurses to social workers to psychiatrists, saying "Oh, I don't want to be bothered with the needs of parents. I just want to see if this medication will work to stabilize my patient and I want to get him out of the hospital." It has come to my attention that hospitals keep records of how long their hospital employees allow their patients to stay in the hospital. Hospital staff members are rewarded for treating a patient and getting him released as quickly as possible. This likely results from insurance companies exerting pressure by refusing to pay for hospital stays if the patient is at all coherent and can walk out the door.

I would like all hospital staffs to take the NAMI Provider Course for Clinicians to learn to treat family members with compassion and thoughtfulness. Parents are not "controlling and intrusive" just because they want to help. Is it that all hospital staff are just too traumatized themselves to offer compassion? I would wish for them breaks where they could sit in a meditation room with beautiful music and experience deep breathing and calming meditation.

Recently, I have been working with a mother, Accountant Mari Ledergerber, whose ill son was hospitalized. Her son was so ill that he believed an evil man's body had invaded his mother's body and this evil man had to be done away with.

These were frightening perceptions for Mari and she felt her son was a danger to her. Yet she wants, more than anything, to help her beloved son get well. Her son, like 50% of all people with a mental illness, lacks insight into the fact that there is anything wrong with his brain.

The attending physician told Mrs. Ledergerber that the prognosis for her son was not good. Why say something like this to a woman whose son is deteriorating before her eyes? A more compassionate message would be something like, "We are trying our best and we don't know the outcome of your son's brain illness."

While her son was in the hospital, Mrs. Ledergerber pursued obtaining a conservatorship for him. Her sole goal was to keep him on antipsychotic medications when he left the hospital to give his brain a chance to heal from the psychosis. She sought a conservatorship over her son's finances and his person so she could keep him in a facility where he would be required to stay on his medications. The attending physician was not at all helpful in the beginning. He never told Mrs. Ledergerber, "I will help you do this, as I can see how ill your son is." Instead, he procrastinated. Another attending physician told Mari's son, "You would have been released from the hospital by now if your mother did not want a conservatorship, which will take away your rights and enable you to be controlled against your will." These remarks increased her son's already extreme paranoia and fear of his own mother. Her son began telling her, "I don't like you and you want to imprison me." Why would a doctor say something like this to someone who is already paranoid and psychotic?

The primary attending physician was very hesitant to help Mrs. Ledergerber get a conservatorship over her son. His response to her request was "We'll see, we'll see." What was his idea for her son? Was it to release him from the hospital while he was unstable and let him go into the streets to become part of the 10,000-strong homeless population on the Westside? At present, there are only 300 beds in Santa Monica to shelter homeless individuals.

Eventually, Mari Ledergerber did get a conservatorship with the doctor's cooperation and her son was released to her care. Even then, the hospital failed to provide a realistic aftercare plan, although the doctor kept pushing the hospital's aftercare program. The ACT team had visited the hospital and Elly Baidoo from ACT had contacted the caseworker there about this case. Yet the hospital staff failed to contact the ACT team that had been working with Mrs. Ledergerber's son, which could have helped devise an appropriate aftercare plan. So, regrettably, one week after her son's discharge, he became a danger to his mother again and had to be re-hospitalized.

The son of Eddie Silberman, another NAMI member, was to be released from the hospital to the care of another patient, who had just talked of committing suicide. Eddie was horrified at this aftercare plan, and was able to intervene to make better arrangements for his son.

I sense there is a subtle discrimination in hospitals against helping parents. This is the unseen-and-not-talked-about stigma in hospitals. Actually, what parents and other family members want to do is save the brains of their ill children and the only way to do that is through early intervention and prevention with antipsychotic medications. When my own child was hospitalized several years ago for one year – in and out – our family received no family therapy and very few discussions with the attending physician. We were left out of the treatment team altogether on the shoals of emotional disintegration to suffer alone and without comfort from anyone on the hospital staff. I cannot tell you how many parents have contacted NAMI complaining that their adult children were released while still psychotic with no aftercare plan whatsoever. What if that released patient really hurt someone while psychotic? Shouldn't the hospitals be held accountable for what happens during the days following the release of a psychotic patient?

I think what we family members have to do is beg, plead with, and cajole hospital staff to help us with our ill relatives. Many family members feel shunned and

left out in the dark. They tell me they feel uncared for by the hospital staff. What happened to the day of compassionate medical doctors with empathy for all those involved with the patient's treatment? What happened to empathy and compassion for psychiatric patients and their families?

When mental illness strikes a family, the entire family becomes ill. It is as if someone rode a tractor through the family living room and left a wake of emotional decay and destruction. Why

don't hospital staffs utilize the strengths of their ill patients and the strengths of family members in developing the best course of treatment? I have never met a family that did not have tremendous strengths that could be helpful in the recovery of their ill relative. What about looking for these family strengths and complimenting the family for having them and encouraging the family to use them?

I know hospital staffs are good people too. I just ask them to use a little more

compassion toward family members who are processing emotional chaos and devastation themselves as they watch their ill relative disintegrate into odd behavior and dialogue during a psychotic episode.

"We learn wisdom from failure, much more than success. We often discover what will do, by finding out what will not do; and probably he who never made a mistake never made a personal discovery." - *Samuel Smiles*

Grant from Kaiser Community Foundation Aids the Family-to-Family Program



NAMI Westside LA has received a \$2,000 grant from the Kaiser Community Foundation to aid in the expansion of our Family-to-Family Program. Demand for our Family-to-Family class is growing steadily, so much so that when our January class met for the first time, there were twice as many students as there were places for them. Family-to-Family

Coordinator Eddie Silberman tapped additional volunteer teachers, and a second class was formed, now meeting in Culver City. If you are interested in attending a future Family-to-Family class, please contact Eddie at eddiesilberman@namila.org.

Molly Gaylor Remembers NAMI Westside LA in her Will

Molly Gaylor, who died on November 7, 2008, remembered NAMI Westside LA in her will. A nurse and midwife before arriving in the U.S. from her native England, she worked at Santa Monica

Hospital after arriving here. She was also an artist and renowned calligrapher, who studied with local and international teachers, and worked for the County of Los Angeles, The Norton Foundation,

The Getty Trust, and the Los Angeles Master Chorale. Molly left her IRA to NAMI Westside LA. We are grateful for her wish to expand our services for the mentally ill.

NAMI Westside LA Thanks Its Recent Donors



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

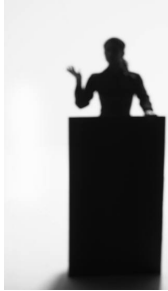
NAMI receives no financial contributions from the national organization, and our donors are our entire financial support. The programs you read about in this newsletter, indeed, the newsletter itself, are all made possible by these generous donations.

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Hugh & Suzanne Wilton
Jon & Gisele Wine

A very special thanks to two Valencia High School students, Jessica James and Susan MacCulloch, who recently formed an on-campus NAMI Club and raised \$125 selling bracelets.

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.

Role of Inpatient Treatment in Major Psychiatric Disorders

On Wednesday, December 3, 2008, Dr. Larry Gross, Director of Inpatient Psychiatry at Cedars, discussed the role of inpatient treatment of major psychiatric disorders. The factor used to determine whether inpatient care is appropriate is the level of impairment, which ranges from danger to oneself and others, to grave disability, to the failure of outpatient treatment. When inpatient care is warranted, the goals of hospitalization are to stabilize the individual and improve symptoms, make sure the diagnosis and medications are appropriate, stabilize his environment,

and improve the coping skills of both the patient and his family.

The role of the family in this situation is to provide additional history, reinforce treatment interventions, and assist in the formulation and implementation of treatment goals and discharge planning.

Dr. Gross also discussed some of the unfortunate trends in inpatient care, which include the shrinking number of hospital beds, the shortened lengths of stays, and short-term stabilization, i.e., dealing with the consumer in terms of crisis management instead of therapy.

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

On Wednesday, January 7, 2009, Attorneys Cari Schwartz and Megan DiTolla of West Coast Disability Law Group spoke about navigating the social security disability and supplemental social security income claims process. They answered questions, and provided information on the initial and appeals processes. They also provided the following suggestions for winning your social security disability claim, most of which center on the importance of good record-keeping, and securing appropriate medical evidence for your claim:

1. If you are unrepresented, keep a copy and get a receipt of any appeal you file.
2. See a doctor regularly and seek out a county facility or free clinic for treatment if you have lost your medical insurance.
3. Keep track of all the medical providers or facilities from which you receive treatment and let your representative know when this information changes.
4. Treat with a medical provider you trust, and who is aware of your disability.
5. If you return to work, let your representative know.
6. Pay attention to the time frame you have to appeal a denial.
7. Get a copy of your medical record following each visit so that the Social Security Administration (SSA) has accurate information regarding your medical condition.
8. Let your representative know if your doctor is not supportive.
9. Fill out all paperwork your representative or the SSA gives you honestly and accurately.
10. If the SSA schedules you for a consultative examination, attend.
11. Ask questions of your representative if you do not understand something.

NAMI Westside LA Trains New Family-to-Family Teachers



NAMI Westside LA's Sharon Dunas and Lou Goldsmith facilitated the recent NAMI Family-to-Family training at the beautiful Serra Retreat in Malibu. These two skilled state trainers, both in NAMI's Family-to-Family Hall of Fame, trained a group of new teachers over a three-day weekend last month. This is the fifth time Sharon and Lou have facilitated this training.

Students in the class came from NAMI affiliates all over the county, with NAMI Westside LA having the lion's share of potential new teachers. This class featured an unusually large number of young people with ill siblings. Being a sibling can create concerns about doing well when your sibling with a brain illness is not, and can produce life-long feelings of survival guilt and sadness.

The siblings who took the training from the Westside LA affiliate included Brian Diedrick, Anne Johnston, Krista Martin, and Chris Perez. The children of a mother with a mental illness who took the training from the Westside LA affiliate were Stephanie Cagampan and John Fruttero.

Others from the Westside LA affiliate who took the training were Joni Fox, Linda Diamond/Klopert, Christa Anderson, Linda Lagasse, and Tami Taminich. The Urban LA affiliate sent Harold Turner and Jewel Thompkins. Cathy Tempkin and Sylvia Acosta represented the Glendale affiliate and the San Fernando Valley affiliate sent Kiene Landry. Magadelena and Indalecio Ortega came from the Long Beach affiliate, Maria and Benito Valenzuela came from the Patton affiliate, and John Hall came from the Moreno Valley affiliate.

Both Sharon and Lou believe that these graduates will make wonderful future Family-to-Family teachers, and were honored to teach them so that they can teach others.

Support Group Facilitators Wanted!



NAMI Westside LA is looking to increase the number of support groups it offers, and hold them at additional locations throughout the Westside. Therefore, 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, 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.

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.
18. Click on Logout.

If you have registered:

1. Log in to www.ralphs.com.
2. Click on Sign In/Register.
3. Enter your email address and password.
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.

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.

"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

Siblings of the Mentally Ill Face Their Own Lifelong Challenges

(From the *American Psychological Association*)

People who have a sibling with a mental illness are more likely to suffer episodes of depression at some point in their lives, say researchers who analyzed four decades of data.

The findings were reported in the December issue of the *Journal of Family Psychology*, published by the American Psychological Association.

“So little is known about the impact that a person with mental illness has on the psychological and social development of his or her siblings, especially beyond childhood,” said the study’s lead author, Julie Lounds Taylor, PhD. “Our findings highlight the need for families of the mentally ill, specifically siblings, to be more aware of their own mental health needs throughout their lifetimes.”


The researchers found people who had siblings with mental illnesses were 63 percent more likely to report having a depressive episode during their lifetime. A depressive episode was described as lasting for at least two weeks and could include a variety of symptoms such as feeling lonely, crying, and losing appetite.

The researchers also found those who had a *brother* with a mental illness had lower levels of psychological well-being than those in the comparison group. They did not see this effect when looking at those who had a *sister* with a mental illness. This suggests genetics may not be the only link to poor mental health among siblings of the mentally ill, but the social relationship is also important.

“Our study suggests environmental and social factors also play a role in why these siblings may be at a greater risk for poor mental health,” said Taylor. “The good news is we found having a mentally disabled sibling did not seem to have an effect on whether the person got married or had children.”

The data for this study were obtained from the Wisconsin Longitudinal Study. The study includes approximately 10,000 people who were first surveyed after they graduated from high schools in Wisconsin in the mid-1950s. These men and women were periodically surveyed throughout their lifetimes. The participants were surveyed most recently in 2005 when they were in their mid-60s.

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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.

Increasing Sponsorships for NAMIWalks 2009

We are planning NAMIWalks 2009 now and need your help to increase the number of Walk sponsorships. Sponsorships can be at various levels starting at \$250 and come with certain benefits to the sponsor depending on the amount donated. If you have contacts

through your employer, community groups, businesses, unions, religious affiliations, cultural ties, family, or friends, please let us know. We will contact those you recommend. The Walk is NAMI Westside LA’s largest source of funds and helps provide our

programs for families and consumers free of charge. Please contact Mitzi Wright at (310) 823-1098 or mwright692@aol.com with your suggestions.

The Research Corner



Eli Lilly agreed to pay up to \$500 million to settle 18,000 lawsuits from people who claimed they had developed diabetes or other diseases after

taking Zyprexa. Lilly's drug for schizophrenia and bipolar disorder. Including earlier settlements over Zyprexa, Lilly has now agreed to pay at least \$1.2 billion to 28,500 people who said they were injured by the drug. At least 1,200 suits are still pending, the company said. About 20 million people worldwide have taken Zyprexa since its introduction in 1996. The settlement covers cases filed in state and federal courts by law firms or groups of firms for 18,000 clients, Lilly said. The settlement will not affect continuing civil or criminal investigations of Zyprexa by state attorneys general and federal prosecutors.

* * *

In a related story, **Eli Lilly is expected to pay \$1.4 billion to settle criminal and civil charges that it illegally marketed its antipsychotic drug Zyprexa for unauthorized use in patients particularly vulnerable to its risky side effects.** Lilly has been accused of a scheme that has gone on for years, persuading doctors to prescribe Zyprexa to children and the elderly, for whom the drug was not federally approved, and in whom its use was especially risky. In one marketing effort, the company urged geriatricians to use Zyprexa to sedate unruly nursing home patients so as to reduce "nursing time and effort," according to court documents. Like other antipsychotic drugs, Zyprexa increases the risks of sudden death, heart failure, and life-threatening infections like pneumonia in elderly patients with dementia-related psychosis.

* * *

Among insured patients newly prescribed second-generation antipsychotics, monitoring of blood glucose and lipid levels falls far short of the 2004 American Diabetes

Association (ADA) guidelines, researchers report. The guidelines are based on substantial evidence that these drugs can increase the risk for cardiovascular disease by affecting lipid and glucose metabolism and body weight. However, this study showed that by 2006, just over 10% of patients newly prescribed second-generation antipsychotics received lipid monitoring and just over 20% received glucose monitoring.

At a 2004 consensus conference, four key organizations — the ADA, the American Psychiatric Association (APA), the American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity — recommended that all patients receiving second-generation antipsychotics should have fasting blood glucose and lipid levels determined at baseline and after 12 weeks of treatment. Around the same time, the U.S. Food and Drug Administration (FDA) recommended that patients be periodically monitored for symptoms of metabolic adverse effects and that at-risk patients be tested.

Given the growing and expanded use of second-generation antipsychotics, especially in younger patients, and the increase in off-label use of this class of drugs, it becomes even more important to ensure that patients are being monitored for metabolic adverse effects.

* * *

A study in the February issue of *Pediatrics* warns that clinicians, patients, and parents should be aware that **psychotic symptoms or mania arising in children treated with standard, approved drugs for attention-deficit/hyperactivity disorder (ADHD) may constitute an adverse drug reaction and not necessarily an additional psychiatric disorder,** FDA research suggests. An analysis of 49 randomized controlled clinical trials as well as post-marketing surveillance data on ADHD drugs shows some children, including those with no identifiable risk factors, developed drug-related symptoms of psychosis or mania, including hallucinations, at usual doses. "These drugs seem capable of producing this type of adverse

psychiatric reaction. If a child receiving one of these medications were to develop such symptoms, strong consideration should be given to the idea that it could be a reaction to the medication rather than a separate psychiatric disorder in and of itself," said principal investigator Andrew D. Mosholder, MD, from the FDA.

Further, investigators say that the reported incidence in the analysis may represent only the tip of the iceberg. Clinical-trial subjects undergo careful selection to ensure high likelihood of treatment success and a low probability of intolerance to the medications — a situation that does not reflect everyday clinical practice. Therefore, the findings likely underestimate the incidence of such adverse effects in the general population.

* * *

A global study published online in the January issue of *Lancet* shows that **individuals with schizophrenia both experience and expect discrimination.** A cross-sectional survey of individuals with schizophrenia from 27 countries by investigators from King's College London, in the United Kingdom, revealed that 43% to 47% of individuals with schizophrenia experienced discrimination in making or keeping friends or maintaining relationships with family members, while 29% experienced discrimination in finding or keeping a job, and 27% experienced discrimination in their intimate or sexual relationships. The study also revealed two surprising findings. First, discrimination is uniform among diverse countries. Second, about one in three individuals anticipate discrimination in close relationships or job seeking that does not materialize.

Of the 69% of participants who reported anticipating discrimination in finding or keeping work, only 33% had actually experienced this type of discrimination. Similarly, of the 60% of participants who reported anticipating discrimination in intimate relationships, only 26% actually experienced discrimination of this type.

* * *

Failure to engage frontostriatal circuits responsible for regulating

behavior may contribute to binge eating and other impulsive behaviors in women with bulimia nervosa (BN), a new imaging study suggests. In the first study of its kind, published in the January issue of *Archives of General Psychiatry*, investigators at Columbia University and the New York State Psychiatric Institute, in New York, compared task performance in women with BN with that of healthy controls while subjects were undergoing functional magnetic resonance imaging (fMRI). They found individuals with BN exhibited greater impulsivity than controls, responding faster and making more errors during task performance. In addition, they found the frontostriatal

circuits of BN subjects did not activate to the same degree as those of healthy women. "One of the major findings of our study is that we observed less frontostriatal activation during task performance and that women with the most severe symptoms made the most errors and had the least activity in these circuits. So we were able to observe a pattern, and this is very exciting because it sheds light on the pathophysiology of bulimia," principal investigator Rachel Marsh, PhD, said.

* * *

New reports indicate the problem of people with severe mental illness in

prison is likely to grow as prison populations continue to swell. The issue leads mental health advocates to question both recent and past progress. A study in the December 2008 issue of the *American Journal of Psychiatry*, which examined the country's largest state prison system, found that the 10 percent of inmates with a severe mental illness were far more likely than those without a mental illness to be imprisoned repeatedly. While previous studies have shown higher rates of mental illness among prison populations, this is the first to detail that **a higher rate of mental illness represented a risk factor for repeat incarcerations.**

Criticism of the Governor's Plan to Cut Mental Health Funding (Excerpted from the online version of the *Contra Costa Times*)



Mental health advocates say that Governor Arnold Schwarzenegger's proposal to divert almost \$227 million from the Mental Health Services Fund for which California voters earmarked it just four years ago is – well, insane.

Schwarzenegger's proposed 2009-10 budget calls for redirecting the money – raised by Proposition 63 of 2004, which enacted a one-percent income tax on incomes of over \$1 million to bankroll a Mental Health Services Fund – to instead fund the state's Mental Health Managed Care program.

Well, it's still going to mental health, right? That's not the point – Schwarzenegger wants to use the money to backfill the state's share of the counties' bill for caring for the Medi-Cal-eligible mentally ill, rather than for creation and expansion of community-

based mental health programs, children's services, preventative measures, and workforce and training services for which Proposition 63 was intended. Net result: Less money for mental health.

The 54 percent of voters who approved that ballot measure "recognized the dire need to address decades of inadequate funding for mental health programs," California Mental Health Directors Association (CMHDA) executive director Patricia Ryan told reporters. Schwarzenegger's proposal would roll back that progress, amounting to "a misguided attack on people living with mental illness who literally have no other option for shelter and healthcare" and causing "immediate harm to the most vulnerable in our state."

Monterey County Mental Health Director Wayne Clark, also the CMHDA Governing Board's president, said the proposal, if enacted, would have "a disastrous effect on county mental health departments and the more than 600,000 clients we serve across the state." Clark said his county has drastically reduced the number of patients requiring institutionalization in state hospitals or other locked institutions in recent years using Proposition 63 funds, but Schwarzenegger's proposal threatens to turn back the clock.

John Buck, CEO of Sacramento-based Turning Point Community Programs,

said his agency is already laying off experienced mental health providers and Schwarzenegger's proposal will only worsen the situation, leading to more expensive hospitalizations, homelessness, and imprisonment for the mentally ill. Former Turning Point client Frank Topping said the agency saved him from a maze of mental illness, substance abuse, and homelessness: "It breaks my heart to think we may return to a system where institutionalization is not just the first choice, it's the only choice."

Schwarzenegger's office insists it's he who's being left without much choice.

"The governor has put out seven budgets this year, and as we move along, as we have said all year, the problem gets worse and the options for solving the problem get worse every time," said spokesman Aaron McLearn. "He understands how difficult this is, but with a \$42 billion deficit, there simply are no good options."

This sort of diversion of Proposition 63's proceeds is explicitly forbidden by the measure itself, and so Schwarzenegger's proposal would require voter approval. Also, Proposition 63 was co-authored by then-Assemblyman and now-state Senate President Pro Tem Darrell Steinberg, D-Sacramento, who has been calling the diversion plan a "non-starter."

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:

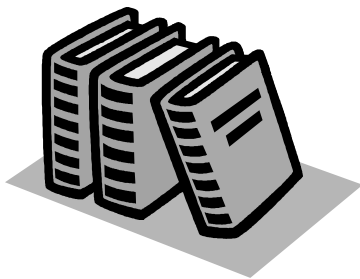
- ✓ Erika Cilengir
- ✓ Mindy Glazer
- ✓ Frances Tibbits

For More Information on Brain Disorders

Visit:

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

The NAMI Westside LA Bookshelf



Manic by Terri Cheney

Terri Cheney thinks she has been bipolar all her life, but has managed to achieve enough during her manic phases, and lay low enough during her depressive phases, for it to go unnoticed. Given ECT in her 30's for depression, she experienced her first, full manic episode, and gives us a window into living with bipolar disorder in this beautifully written, yet harrowing, book.

A former L.A. entertainment lawyer (a great place, she points out, for bipolar disorder to go unnoticed), Cheney conjures life at the mercy of a brain chemistry that yanks her from soul-starving despair to raucous exuberance, impetuous pursuits to paralyzing lethargy. She caroms from seductions to suicide attempts while flirting recklessly with danger and death, only to find more hazards in the drastic side effects of treatment. The memoir draws strength from salient observations that expose the frustrations of bipolar disorder, from its brutal sabotage of romance and friendship to the challenge it poses to the simplest emotions, such as the terrors of being happy that augur mania's onset. Though she sustains an ominous mood and relays horrifying incidents with icy candor, Cheney lightens up at times, as when she

marvels at the ease of masking her condition at an office that brings out everyone's manic side.

Terri Cheney is currently a facilitator at the UCLA Dual Diagnosis support group. Consumers with any diagnosis are invited to attend.

I'm Right, You're Wrong, Now What? by Xavier Amador

In *I'm Right, You're Wrong, Now What?*, Dr. Xavier Amador, a Columbia University professor and clinical psychologist applies his LISTEN-EMPATHIZE-AGREE-PARTNER (LEAP) method to any disagreement. A highly successful program that has been taught to tens of thousands of people in seminars around the U.S. and overseas, LEAP teaches you how to turn even toxic arguments into healthy disagreements that end with you getting what you need.

LEAP teaches you how to convince the other person to help you, while increasing mutual respect and trust. Perhaps most importantly, it will help you make that all-important distinction between what you want and what you need. It includes techniques to:

- ✓ Diffuse anger and lower defenses.
- ✓ Get past stubbornness and denial.
- ✓ Make your opponent ask for your opinion, instead of rail against it.
- ✓ Turn adversaries into allies.
- ✓ Create positive and productive relationships.

At home, at work, and in life, LEAP demonstrates how winning is not about hearing the other person say "You're right," it's about getting him to give you

what you need—even when he doesn't agree with you.

Orthomolecular Treatment for Schizophrenia: Megavitamin Supplements and Nutritional Strategies for Healing and Recovery (Good Health Guides) by Abram Hoffer

Schizophrenia is a syndrome with biochemical origins that has the hallmarks of debilitating perceptual disorders and thought disturbances, according to Abram Hoffer. Orthomolecular psychiatry, a treatment strategy that uses megadoses of vitamins B-3 and C in conjunction with correct nutrition, yields a 90 percent recovery rate in acute cases and up to 50 percent in chronic patients. This guide by the cofounder of orthomolecular therapy offers a step-by-step approach so that patients and their families will get the maximum benefits from treatment.

Natural Healing for Schizophrenia and Other Common Mental Disorders by Eva Edelman

An outstanding and extensive discussion of the known medical causes of "schizophrenia" and other mental ailments, it discusses in detail the nutritional therapies pioneered by the orthomolecular approach ("ortho" = right or correct). It also covers many medical ailments that can cause severe mental symptoms, thus creating apparent "psychiatric illness." Included are full treatment plans, medical tests needed, symptoms, and extensive scientific citations.

New Online Dating Sites for Those With Brain Illnesses



Everybody's doing it. From match.com to eharmony.com, from jdate.com to progressivesingles.com, your computer is the single's bar of the twenty-first century. Now two new websites have filled the niche for those with brain illnesses to find others who not only understand what they're going through, but are going through it themselves.

Sites like "No Longer Lonely" (www.nolongerlonely.com) and "True Acceptance" (www.trueacceptance.com) post notes from successful couples as well as from parents who are thankful that their daughter met someone who is not afraid of her illness. "She really is no longer lonely... Thank you! You've done a really good thing," the parent says. And there's a note from a couple that just got engaged, a note from a couple that just got married, and yet another from a couple that just had triplets. The site calls itself "an online social community for adults with mental illness" and reports many successful unions.

Corresponding with others who also have a mental illness has, for one thing, eliminated the problem of breaking the news to someone about one's diagnosis. It also eliminates stigma. True

Acceptance was launched by Isabel Baroque, a social worker in New Mexico, who conceived of the idea with a colleague. She worked at a psychiatric primary care clinic treating mostly people who had schizophrenia, schizoaffective disorder, or bipolar disorder. As Baroque got to know her clients, she believed they could lead fuller and more stable lives if they had significant others or groups of good friends.

Most, however, found that difficult to achieve. "They were very lonely," says Baroque. "They didn't feel they had places where they could meet people they could relate to—people who might have similar backgrounds and who would understand, for example, what it was like to have mood fluctuations or to experience some of the side effects of psychotropic drugs."

Without a social outlet, she says, many of the people lived isolated lives and didn't have many friends. "So we kept thinking, 'What can we do to help this population socialize more?'"

Client after client told Baroque that meeting someone in a public place was problematic. Rarely would they ever find someone who understood mental illness. Some of her clients tried, but lacked social etiquette, like the man who was always getting kicked out of bars because he didn't understand how to approach a woman in a non-threatening way.

"I believed it was possible for them to find significant others who understood them," she says, "but I thought they were looking in the wrong places."

An online dating site seemed like a logical idea because many of her clients tended to stay at home much of the time. "Many were on the computer all the time," she says. "Not that that's a great thing, but it's an outlet."

If you're going to try online dating, it is important to follow these guidelines:

- Don't reveal personal information. It takes many emails before you have a good sense of the other person. Keep your real email address, phone number, address, financial or credit card information, and where you work to yourself.
- Take your time. Email several times before agreeing to exchange phone numbers or meet in person. If something about the other person's words or behavior seems inappropriate or offensive, don't ignore your instincts.
- Enjoy. There are no guarantees, but you might find it a tremendous relief to be chatting with someone who does not judge you for your mental illness. As long as the other person treats you with respect and you protect your privacy, you might find this a great experience.
- If you're nervous about starting up a conversation, rest assured the other person is probably just as nervous as you are!
- Keep it simple at first. Even if you have three years' worth of interesting thoughts and experiences stored inside you, don't let them out all at once! Avoid the temptation to share too much personal information too quickly, even if you're feeling very comfortable with the person. Take it one step at a time.
- Learn about current events. Read the newspaper now and then, or catch the news on TV or on the radio. That way you'll always have something to talk about. Exercise caution, though, around politics and religion. People can be touchy about these issues, so avoid them until you really get to know the other person.

Communication should be a two-way street. Active listening is as important as having your say. So ask questions to learn as much as you can about the other person and let him/her participate equally in the conversation.

Mental Illness/Dental Illness

In the October 2008 issue of *NAMI Voice*, Lisa Knapp, a dental hygienist who is carrying her message to mental health professionals, pointed out that many medications used to combat brain diseases have side effects that include dry mouth. Saliva is essential in maintaining dental health, and, in its absence, dry mouth can cause cavities, tooth erosion, tooth sensitivity, gingivitis, periodontitis, candida-yeast infections, and bad breath. These diseases can lead to tooth loss, and worse.

Lisa, a practicing dental hygienist for over 30 years in Maryland and Virginia, was a caregiver for her son diagnosed with schizophrenia until his passing. The deterioration of his teeth due to dry mouth caused by his medications and the cycle of his illness led her to pursue creating awareness in this area of health. Currently she works as a Montgomery County Public Health

dental hygienist and is an instructor for the Hygiene Associates Radiology Certificate Program for Maryland State Dental Assistants. She has created an organization called Integrative Healing that broadens the understanding of oral health and general health, with a special focus on linking oral health and mental health. She presents courses to her peers concerning severe mental illness and oral health. Lisa also presents oral health booths for NAMI Conventions to educate mental health professionals, caregivers, and care receivers about the importance of oral health.

She notes that there are practices and products that can aid in maintaining dental health while taking the offending medications. While brushing teeth, flossing twice a day, and dental check-ups twice annually are good for us all, a balanced diet, an increase in drinking water, and a decrease in drinking sugary

liquids (or drinking through a straw) can be helpful to those on these medications. Home fluoride treatments, such as Prevident and Act Fluoride Rinse, can reduce cavities and sensitivities, and are available at most drugstores. Recalcification products, such as fluoride varnishes and GC America MI Paste, are available through a dentist only, but there are chewing gums and toothpastes that are fortified with Recaldent, which may help.

For dry mouth, she recommends Biotene by Laclede mouth rinse, spray, and gum, xylitol gum and mints, Colgate dry mouth spray, Sensodyne Oasis dry mouth rinse, and Xylimelts (available at Rite Aid).

Sensitive tooth products include Crest Pro-Health, Sensodyne toothpaste, Act Fluoride Rinse, and, from your dentist, Prevident and Gel Kam.

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 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 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/)

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 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
- ✓ 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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March 2009

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

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Membership
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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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