NAMI WALKS 2012, SANTA MONICA PROMENADE, OCT. 6TH- WE NEED YOU!

NAMI Westside LA relies on NAMI Walks donated funds for 40% of its operating budget. It’s this simple, without significant Walk proceeds our doors close. Now your support is more critical than ever because at the end of this year, our President, Sharon Dunas, will be stepping down as President of NAMI Westside LA. She has performed this role for eight years- the first four years she didn’t receive compensation, the last four years she had a salary of $12,000 each year because she promised she would do whatever was necessary to make NAMI Westside LA a success. More than ever before Sharon needs your help. Help NAMI Westside LA raise enough funds to offer a competitive salary to the new President.

TO REGISTER TO WALK and join Sharon’s team, Heal the Brain, go to: WALK TO HEAL THE BRAIN!

Or perhaps you can be an official sponsor of NAMI Walks?

- **$250**: Kilometer Sponsor receives placement of their name or honoree’s name on a Walk marker
- **$500**: Supporter Sponsor receives placement of their name or honoree’s name on the Walk Website
- **$1000**: Bronze Sponsor receives placement of their name or honoree’s name on Website and Walk t-shirt
- **$2500**: Silver Sponsor receives placement of their name or honoree’s name on Website, stage banner, and Walk t-shirt
- **$7500**: Major Sponsor receives placement of their name or honoree’s name on Website, stage banner, and Walk t-shirt
- **$10,000**: Presenting Sponsor receives significant placement of their name or honoree’s name throughout Walk route

To sponsor contact Wayne.Baldaro@gmail.com

DONATE TO SHARON’S WALK HERE

or

Mail your check payable to NAMI Walks:
NAMI Westside LA, 921 Westwood Blvd. #236 LA, CA 90024
WE WANT YOU BACK!

We will reimburse you the $5 parking fee for the LeConte Ave. public lot between Gayley and Westwood, just bring us your receipt.

SCHEDULE

Sept. 5th: Dr. Carole Lieberman, M.D., M.P.H.

“Forensic Psychiatry: What You Need to Know to Get Your Loved One Help & Out of Trouble”

Dr. Lieberman is a forensic psychiatrist and expert witness on the Clinical Faculty of UCLA’s Neuropsychiatric Institute. She is an award-winning author and TV and radio commentator on such shows as Today, Good Morning America and CNN.

Sept. 19th: Melody Anderson, LCSW

“The Double-Edged Sword: Effective Tools for Those Who Love the Dual-Diagnosed”

This lecture will offer those who love the dually-diagnosed families a clear definition of dually-diagnosis including: epidemiology and etiology; how to identify a dually-diagnosed loved one; spectrum of addiction and mental illness; specific dual populations, i.e., children, spouses, friends, elderly parents; effective strategies for coping with both disorders; developing self-care through the awareness of limitations, creating boundaries; creating responses to relapse; and availability of resources, including bibliography, NAMI’s on-line chat groups and support groups.

October 3rd: Dr. Jeffrey Becker

Topic to be announced

October 17th: Dave Nufer, DBSA Pasadena

“Best Practices for Bipolar Support Groups”

November 7th: Dave Kupper

“Best Treatment Practices for Bipolar Disorder”

November 21st: HOLIDAY, NO SPEAKER

December 5th: Selina Matthews, Ph.D.

“Transformation Through Diagnosis”

Dr. Matthews is a Clinical Psychologist and author with a private practice in Beverly Hills. She addresses Life Transitions and Personal Transformation from a psycho-spiritual approach. Her latest book, Soul Transformation: Engaging the Invisible Actor Within, is a self-help book, that helps people to find the answers to WHO AM I? and WHAT IS MY SOUL PURPOSE? Through her masterful interweaving of personal stories, ancient wisdom, and modern psychology, Dr. Matthews leads us to understand that we are not just our experiences and actions in the world, but we are eternal souls on a miraculous journey of transformation.

December 19th: Annual Holiday Party honoring NAMI Westside donors and volunteers, all are invited! 7pm at Sharon Dunas’ home. Details will be shared.
NAMI WESTSIDE LA

Newsletter, September 2012

FREE CONSUMER AND FAMILY SUPPORT GROUPS

NAMI CONNECTIONS

A SUPPORT GROUP FOR CONSUMERS

FOR THE MONTH OF SEPTEMBER:

1. **Every Wednesday** at 6:30 p.m. at the Ed Edelman Mental Health Community Center, 11080 W. Olympic Blvd., at the SE Corner of Olympic & Sepulveda in West L.A. Access building through garage only, street access locked. Contact Janet at (310) 990-1338 or Sanjeet Sihota at (310) 963-0714 for more information.

2. **1st and 3rd Wednesdays** from 6:30-8:30pm at UCLA Semel Auditorium, 720 Westwood Blvd., Westwood, in Room C8-639, next to auditorium. Park in $5 lot on LeConte, between Gayley and Westwood Blvd.

FROM OCTOBER 1ST-JANUARY 15TH:

NAMI Connections is moving from the Ed Edelman Center due to construction at the center. Two groups will be at two different locations on Wednesday evenings:

1. **Every Wednesday** at 6:30pm at the Didi Hirsch Community Mental Health Center, 4760 Sepulveda Blvd., Culver City. Ample parking is on the street and center is accessible by several bus lines.

2. **1st and 3rd Wednesdays** at 6:30-8:30pm at UCLA Semel Auditorium, 720 Westwood Blvd., Westwood, in Room C8-639, next to auditorium. Park in $5 lot on LeConte, between Gayley and Westwood Blvd.

NAMI CONNECTIONS

EN ESPAÑOL:

2nd & 4th Miércoles por la tarde: 7-8:30
Ubicación: Brotman Hospital
llame al teléfono: Rosina (310) 488-6113

FAMILY SHARE AND CARE SUPPORT GROUPS

FOR THE MONTH OF SEPTEMBER:

**NAMI CONNECTIONS**

**EN ESPAÑOL:**

2nd & 4th Miércoles por la tarde: 7-8:30
Ubicación: Brotman Hospital
llame al teléfono: Rosina (310) 488-6113

FAMILY SHARE AND CARE SUPPORT GROUPS

FOR THE MONTH OF SEPTEMBER:

**Every Monday** at 6:30 p.m. at the Didi Hirsch Community Mental Health Center, 4760 Sepulveda Blvd., Culver City. For more information, contact Dr. Hirschman at (310) 836-7849 or Tony Packard at (310) 390-6612.

1st and 3rd Wednesdays at 8:30-9:45 pm at UCLA Semel Institute, 760 Westwood Blvd., Westwood, in Room CA-177. Support group immediately follows Speaker Series.

2nd, 4th & 5th Wednesdays at 6:30-7:45 pm UCLA Semel Institute, 760 Westwood Blvd., Westwood, in Room CA-177. Park in $5 lot on LeConte, between Gayley and Westwood Blvd.

**FAMILY CARE AND SHARE EN ESPAÑOL**

1st & 3rd Miércoles por la tarde: 7-8:30
Ubicación: Brotman Hospital
llame al teléfono: Rosina (310) 488-6113

NAMI is all about information sharing and what better way is there to share than social media? NAMI Westside LA envisions our Facebook page as a dynamic forum in which we can all discuss and share those topics close to NAMI’s heart. Join in on the discussion.

**Follow us on Facebook!**
FAMILY-TO-FAMILY CLASS

Oct. 2nd- Dec. 11th
Tuesday evenings

This 12-week, 30-hour course is designed for families with loved ones who have a brain illness.

In this course, you will learn about brain illnesses, medication, medication adherence, stress reduction, empathy for your relative, setting boundaries, caring for yourself, communication and problem-solving skills, therapeutic resources, and advocacy.

The time and location will be announced to participants.

Register online. If you have any questions please call Sarah at 310-889-7200 or email Sarah@namila.org.

NAMI BASICS CLASS

Oct. 17th-Nov. 28th
Wednesdays 6-8:30pm

NAMI Basics is the new signature education program for parents and other caregivers of children and adolescents living with mental illnesses. The NAMI Basics course is taught by trained teachers who are the parent or other caregivers of individuals who developed the symptoms of mental illness prior to the age of 13 years.

The course consists of six classes, each lasting for 2 ½ hours. Classes are offered weekly for six consecutive weeks. All instruction materials are FREE to participants.

Location: Didi Hirsch Community Center

To register contact Rosina at 310-488-6113 or Rosina@namila.org.

PERSONA-A-PERSONA

Sept. 25 - Nov. 26
Martes por la tarde 7-8:30 pm
Ubicación: Brotman Hospital

En Persona a Persona se ofrece información sobre: todas las enfermedades mentales severas, las relaciones interpersonales, las técnicas para enfrentar el mundo real, las técnicas de sobre vivencia, el estigma y la espiritualidad. También se introduce a los participantes al “Plan de cuidado avanzado para tomar decisiones de salud mental”; éste, en esencia, es un documento para los familiares y para los proveedores de cuidado de salud que incluye las necesidades médicas de todos los que tienen una enfermedad mental. Este documento es importante especialmente cuando un individuo no puede tomar decisiones.

llame al teléfono: Ana (323) 719-9468

NAMI BASICS CLASS EN ESPAÑOL

Oct. 25 - Dec. 6
Jueves por la tarde 6-8:30 pm
Ubicación: Magnolia Place
llame al teléfono: Rosina (310) 488-6113

PEER-TO-PEER CLASS

October through December;
Monday evenings- dates, time and location to be announced.

Peer-to-Peer is an education class for those with a brain illness. Participants will learn to live well with what they have. It consists of 10 two-hour classes and is taught by a team of 3 trained mentors who have personal experience at living well with a mental illness.
PRESIDENT’S MESSAGE

It saddens me to announce my retirement from President and Executive Director from NAMI Westside LA at the end of this year. It has felt as if I was home for the last 16 years to be a part of NAMI Westside LA.

I was deeply humbled in 1993 when my only child developed an eating disorder, a psychotic depression, and became a self-mutilator. I have never known such a feeling of desperation as I fell down the rabbit hole of mental illness. My child’s risk of death was very high. Just as my child lost her center, her strength, and will, I began to lose mine too.

When we parents cannot protect the children that we love, we go into a trauma state ourselves. We cannot focus on anything else, we get frozen in time, and our brains do neuro-looping over and over on the pain we are witnessing and experiencing. I myself had all the typical symptoms in my struggle with my child’s mental illness - I developed insomnia, panic attacks (was she alive today?), depression, fearfulness, anger, guilt and shame. How could someone get ill on my watch? Why did this have to happen to me? Why was I the only Mom I knew whose child had a mental illness?

When the members made me President in 2005, I was given the NAMI bank account of $2000. I ran Family to Family classes and speaker meetings out of my bedroom for several years. Then we finally got an office the size of a postage stamp on Moraga Drive. We now have a yearly budget of $200,000, which we all need to work to sustain so that NAMI’s free services can continue to be offered to the Westside community. Just recently we moved to a beautiful office on the corner of LeConte and Westwood. We have five professional part-time employees who field the “warm-line” phone calls, provide referrals to those in need, and manage our office, programs, communications and development.

I learned with all of you that nothing stays the same. In the darkest of days with mental illness recovery happens and next year is brighter than last year. I have learned that families with mentally ill relatives have the stronger character. They have tremendous courage and fortitude as they struggle. They have shown great compassion and love for their ill relatives.

I have learned families are resilient. If one approach doesn’t work they try another and they never give up! I have learned that families are not afraid - they ask questions of psychiatrists, hospitals and treatment centers.

It has been my greatest honor to be of purpose to NAMI and to the Westside community. I know my replacement will provide as I have and will probably do many things better than I have done. I will continue to teach and conduct trainings for NAMI members. I am hoping to run a NAMI Speaker’s Series on occasion.

I hold a place in my heart for all of you and I hope to see you somehow and somewhere. All of my love to an extraordinary community.

Sharon Dunas

NAMI WALKS IS ON OCTOBER 6TH! PLEASE HELP NAMI WESTSIDE LA BY WALKING OR DONATING!

We need to raise enough funds to offer a competitive salary to my replacement, won’t you ensure that NAMI WESTSIDE LA continues to grow?

DONATE TO SHARON: namiwalks.nami.org/15000

OR

JOIN SHARON’S TEAM AND WALK TO RAISE FUNDS: namiwalks.nami.org/10000
Bipolar disorder rarely travels alone. Often other mental and/or physical illnesses accompany it, and as a result, it’s vital to distinguish a primary illness. For example, bipolar symptoms can be the result of several other conditions—from thyroid issues to brain tumors to drug abuse or drug reactions. Likewise, bipolar can make a person more prone to drug abuse or thyroid disease, as well as migraine, heart disease, diabetes, obesity and other diseases. It’s not always clear whether bipolar is the cause or result of some of these other illnesses, but it’s always worth investigating. Why? Because if your bipolar is the result of another underlying illness, you can’t properly treat it without treating that underlying illness. Likewise, if your other illness is the result of your bipolar disorder, then you can’t treat the other illness without treating the bipolar.

Perhaps one of the most common illnesses resulting from bipolar is addiction. Often it’s a matter of self-medicating, but whatever the case, if you have bipolar, you can’t address co-occurring addiction just by attending AA or NA meetings. You must first address the bipolar disorder, as it is the primary illness in such a case and the addiction is simply a maladaptive (though admittedly understandable) means of coping with bipolar. Bipolar disorder can be confused with and/or misdiagnosed as a series of other illnesses when the primary (and perhaps only) illness is bipolar. Often bipolar is misdiagnosed as unipolar depression and sometimes as ADHD or even schizophrenia or schizoaffective disorder. You may think this is only an issue of semantics, but it’s not. Though there’s some overlap, medications used to treat bipolar often differ from those used to treat other mental illnesses. So by all means, get an accurate diagnosis. This may take a while; it may mean visiting a dozen separate doctors; it may mean getting extremely frustrated. But ultimately, it’s well worth it.

Don’t Let Mania Bankrupt You

You’ve heard the stories, maybe you’ve even lived them: Man goes manic, invests his life savings in a goat farm, goes bankrupt. Woman goes manic, buys sixteen pairs of the same Christian Louboutin shoes, drowns in debt up to her new eyelash extensions. Okay, maybe not these exact stories, but the point is that when we go manic, we’re prone to make some seriously unwise financial decisions. The ideal solution is not to go manic in the first place, but mania can’t always be avoided. So I’ve found that the best remedy is preparation. Here are two simple finance tips meant to help you avoid financial ruin should your manic propensities lead you down the wrong path.

- Have both a financial power of attorney and a healthcare power of attorney. A competent lawyer can help you construct documents that allow someone else (a trusted friend, family member or spouse) to cut off your access to your bank accounts if you’re of unsound mind. You can help define what constitutes unsound mind in the aforementioned documents and clarify the exact terms with which you are comfortable.

- Lower your credit card limits. I recently applied for a credit card because of a promotion that granted me free miles when I signed up. I travel a lot, so it made sense. I don’t use the card unless I’m making a large purchase where it would make sense because of the miles it would earn me. And on those rare occasions when I do use it, I pay the balance right away. By that, I mean I write a check to the credit card company the same day I make the purchase. That said, I recently realized that the limit on my card was over $20,000. Upon noticing this, I immediately called the company and lowered it to $2,000. Lower limits mean lower risk.

- Plan your leisure time. First off, never cut out vacations or leisure simply in an effort to save money—just plan for them. These kinds of activities are vital for human happiness and they also tend to encourage productivity at work. So, take time to scout out leisure activities, and if you’re going to spend money (say, on dinner, a play or a trip), plan it. Also, there are likely TONS of fun and free activities you can find in the paper or online, no matter where you live! You can also get some great deals through Groupon, Living Social or Yippit, as well as by “checking in” to places on Facebook, Foursquare or Yelp.

- Budget. Keeping a budget isn’t as hard as it sounds. If you’re not used to it, it may help to work on a cash-only basis for the first several months. Separate out your fixed from your variable expenses, and budget per week (not month). You don’t want to end up short at the end of the month, using credit cards to make up the difference.

- Save. My suggestion: decide on a certain amount you’re comfortable with based on your budget, and set it aside before you even see it. The second you
get your paycheck, transfer it straight to your savings account.

• Plan. Retirement, vacations, large purchases, medical bills, student loans, car expenses, taxes. These ALL require advance planning, so DO IT NOW, and save yourself a lot of grief later.


BOOK REVIEW - BARRY GHABAEI’S MEMOIR, “BONokers”

by Sarah Jakle, NAMI Westside LA program director

Barry Ghabei’s memoir, Bonkers, is a raw, unfiltered look at one man’s battle with mental illness, a battle over which he ultimately triumphs. Yet Barry himself might disagree with this assessment of him as mentally ill, as he argues that he is not “exactly mentally ill”, but “bonkers”. In doing so, he co-opts this typically stigmatizing slur to mean instead someone “just silly” and “harmless”, someone who doesn’t belong in a jail or hospital; someone who is “just a little bit off, but most of all…innocent”.

Barry commits acts in his memoir that the average person might have trouble swallowing as “innocent” of hospitalization or jail, but looking deeper, Barry’s point strikes home. He is, indeed, innocent of the voice of “Mr. Moneypenny” clamoring in his brain, as well as the rages that tear through his body. He is innocent of his symptoms that destroy his dreams to be a doctor. In other words, Barry is, in fact, blameless; it is his illness that is dripping with guilt.

In addition, Barry is surrounded by menace, with rare exceptions. For example, it is no coincidence that Barry’s therapist is named Dr. Pacman. Barry makes a point to explain how the video character Pacman “only eats the bigger number”; as tormented client Barry is clearly not a “bigger number” than Dr. Pacman, with him, he is safe. But he is not safe anywhere else: he is in danger of being “eaten” by his radically dysfunctional family, his unsupportive, abusive friends, the larger ominous legal and medical structures—and yet, Barry consciously defies all expectations. By the end, Barry has survived the nightmarish trauma of his severe brain illness and given up his state of “bonkers” for the final two words of his story: “well now”. Ultimately, as you read the book, you cannot help but be moved, for you are literally holding in your hands his triumphant and extraordinary recovery.

MEET YOUR NEW NAMI WESTSIDE STAFF

Sarah Jakle, Program Director

I come to NAMI as a consumer myself, with Bipolar Disorder, having volunteered and worked at Step Up On Second (a day treatment program for primarily homeless mentally ill individuals) for 10 years. During my illness, I received a Master in Public Policy from UCLA and a Master in Social Work from USC, combining my passions for advocacy and counseling. I speak on recovery, a great joy, and am getting married in September (also a great joy!). I am thrilled to be working at NAMI Westside LA, and look forward to any questions you may have about our programs, support groups, or volunteering. Contact me at Sarah@namila.org or 310-889-7200, I’m in the office on Mondays and Wednesdays, thanks!

Heather Rowe, Director of Communications and Development

I am so pleased to be a part of the NAMI Westside LA family. I have a degree in Integrative Biology from UC Berkeley, with an emphasis on human health. I have always been interested in advocating for marginalized populations within health care and society-at-large. My education and personal interest led me to work as an advocate for non-violent, dual-diagnosed drug offenders within Superior Court of California, and as a community liaison for a non-profit substance abuse treatment provider. I left criminal justice and the non-profit world to work in public affairs for the state’s largest public works project. It was there that I honed my community outreach and communications skills. I am thrilled to be back where my passion lies—NAMI is a perfect fit for me. I am always looking for ways to promote NAMI Westside LA, so if you have ideas contact me at Heather@namila.org, or you can call me at 310-889-7200, I’m in the office on Tuesdays and Thursdays. Thanks!

UPDATE ON NAMI IN THE LOBBY!

Our first training at Gateways Hospital was a great success. We can now provide specifically trained volunteers to be available during visiting hours in the lobbies of Psychiatric Units of hospitals, emergency rooms and crisis centers throughout Los Angeles County. This way we can make sure that families of loved ones with an acute mental illness receive NAMI support and resources at the time they need it the most. Your donations make these programs possible! Contact Jackie Gorman for more information, Jackie@namila.org or 310-683-9188
“I AM NOT SICK, I DON'T NEED HELP”

This is a summary of the communication tools families can use with their loved ones, from Dr. Xavier Amador's LEAP Conference:

Four steps for creating a treatment agreement (L.E.A.P.):
1. Listen
2. Empathize
3. Agree
4. Partnership

Guidelines for Effective Listening:
1. Set aside time.
2. Agree on an agenda.
3. Listen for beliefs about the self or the illness.
4. Do not react with anger or sorrow - Expressing negative feelings to someone with a serious mental illness can make them feel like you are shouting in their ear with a megaphone, due to their hypersensitivity to the feelings of others.
5. Let chaos be.
6. Echo what you have heard - Be a mirror or a video camera.
7. Write down what your MIR has to say for future reference. The choice to take meds or continue treatment is really theirs.
8. Show Empathy - Being empathetic opens a window of opportunity for change by lowering defenses and communicating respect.

Show Empathy for:
1. Frustrations - about pressure from others to take meds or about personal goals that have not yet been met.
2. Fears about taking medication, being stigmatized, and failing.
3. Discomfort from meds - gaining weight or becoming groggy or less creative.
4. Desires - get married, have children, return to work.

Guidelines for Agreeing:
1. Normalize the experience - "I would feel the same if I were in your shoes."
2. Discuss only perceived problems and symptoms. Stop labeling!
3. Review perceived advantages and disadvantages (whether rational or irrational):
   "What are the advantages/disadvantages of taking your meds?"
4. Correct misconceptions: Antipsychotic meds are not addictive; Serious mental illness is not caused by one's upbringing, etc.; You do not become mentally ill from taking your meds.
5. Reflect back and highlight perceived benefits: "So do I have it right? When you stay on your meds, you sleep better and fight less with your family."

Your focus needs to be on making observations together with your relative. Agree to disagree, whenever areas of disagreement are brought to the surface:
1. "Wow, he thinks that you are a psycho? That's a pretty serious charge to throw at you. Did he really say that? Or do you just think that he said that?"

Partnership -- Family Treatment Plan
1. Always ask their permission to share your ideas or suggestions before you do this, partnerships are built upon trust, so you must get their trust by moving forward with their permission.
2. Form a partnership and treatment agreement with your ill relative: "I will give your case worker $5 a day to give to you if you will spend 5 minutes talking to him."

Statements such as "I can't sleep at night because I am constantly on guard. I am so afraid someone will come and hurt me." These describe symptoms of paranoia and insomnia and delusion. These words need not be used in your discussion with your relative. You can discuss the symptoms with your relative without giving him or her a negative label.

Say things like:
• "These may be symptoms of your brain having trouble and you know you sleep better when you take your meds." Give up trying to convince your MIR he is ill.
• "It must be difficult for you when you can't sleep at night. You seemed to sleep better when you were on your meds."
• "I am frightened of you when you don't take your medication." "I feel much safer around you when you are on your meds."
• "It does seem that you get to stay out of the hospital if you take your meds."

While talking with your MIR, avoid threatening them, labeling them, and chastising them because they believe they are not ill. It is important you agree with their point of view and then try to arrange a partnering with them, always taking into consideration their point of view!

They have to begin making their own choices, based upon their own perceptions and beliefs as to what will help them. Research shows us that forcing treatment very often can lead to relapse as there was no agreement from the patient that treatment would be helpful.” Give up talking to them about how ill they are!
GOT 5 MINUTES TO FEEL BETTER? GET OUTDOORS.

By Heather Rowe, Director of Communications and Development

We have all experienced the calming effect of the ocean surf, or a walk under a canopy of trees or the peace from tending a garden, but why the improvement in mood after just 5 minutes in the great outdoors?

In his book, Escape from Freedom, the term “biophilia” was used by psychologist Erich Fromm to describe an innate psychological orientation to being attracted to all that is living and vital. And E. O. Wilson in his book Biophilia, suggested that biophilia describes “the connections that human beings subconsciously seek with the rest of life”.

Being outdoors amongst nature and away from the artificial landscapes that surround us, returns our psyche to our origins, to our place as animals in the natural order of life. No wonder our moods improve after just 5 minutes in the natural world- we belong there.

Add exercise in an outdoor setting- even just a walk- and your mental health is boosted even more. It is well-established that exercise increases our well-being, both physically and emotionally. It is why we should incorporate “green exercise” into our self-care regimens.

Self-care during times of depression, stress or anxiety can often determine our response to, and recovery from, these stressors. We all would benefit from developing a self-care regimen that will bolster us through these stressors. Does yours include some “green exercise”?

Getting outdoors while being mindful of the surrounding natural world can be as simple as starting a small garden at home. As you plant, or weed, attend to the soil between your fingers- what does it smell like? Is it cool to the touch? What colors are the grains that make up the soil? As you find them, marvel at the small creatures that are partnering with you to make your garden soil fertile and rich.

Perhaps you prefer a walk under trees in a quiet setting? Observe the animals and birds that share the space with you. Are there patterns in the tree branches above you? How do leaves move with the air that flows past them? Which insect, animal or bird is making the sound that you hear?

Do you enjoy a hike down a state park trail? Visiting the beach? A drive to the mountains? How about an afternoon in the Descanso Gardens of Pasadena?

Outdoor spaces in Westside Los Angeles are easily accessed so that you can readily incorporate them into your self-care regimen. Pack some sunscreen, bring some water, and enjoy!

Santa Monica Mountains [website]

Temescal Gateway Park 15601 Sunset Blvd., Pacific Palisades, (310) 454-1395 [website]

Santa Monica State Beach [website]

For LA walks or hikes check out the Los Angeles Hiking Group: [website]

HELP RALPH’S HELP US!

If you shop at Ralph’s, you can ensure that a portion of your total bill is donated to NAMI Westside LA. Simply go to [website], click on the “Services” tab on the red toolbar, click on “Community Contribution” from the drop-down menu, find the heading “Participant” and then click on the enroll button. You will need your Ralph’s Club barcode number and NAMI Westside LA’s nonprofit number, 90369 *Note: If you already registered with Ralph’s and selected NAMI Westside LA as your charity, you must re-register starting 9/1/12, follow the instructions above.
Cardiovascular disease, rather than suicide is the major factor for early death among individuals with mental illness. Sadly, although the mortality from cardiovascular disease has declined in the United States over the past several decades, patients with severe psychiatric illness are not enjoying the benefits of that progress.

Health statistics show that those with illnesses such as schizophrenia, bipolar disorder and major depression lose 25 to 30 years of life expectancy compared to the general population.

Experts believe improved medical and lifestyle management of the mentally ill can be accomplished with improved communication, as well as advancement of a holistic care approach, by psychiatrists and primary care practitioners.

In a commentary article found in the Journal of the American Medical Association (JAMA), John W. Newcomer, a psychiatrist at Washington University School of Medicine in St. Louis M.D. discusses the complexity and gaps in current mental and medical management of the mentally ill.

And although suicide does claim the lives of many psychiatric patients, most of those premature deaths are due to cardiovascular disease. “This is really a double hit,” Newcomer says.

“Not only are these patients dealing with the serious burden that accompanies their psychiatric disorder, but they also have an increased risk and an increased burden from major medical conditions like diabetes, heart disease and stroke.

Ultimately, it is the unrecognized risk factors and the under-diagnosed and under-treated conditions that significantly shorten the lifespan.”

Newcomer says several factors conspire to elevate risk including reduced access to appropriate medical care. Major mental disorders significantly impair a person’s ability to work and learn, so patients tend to have lower incomes and poorer dietary habits, often relying instead on fast food.

In addition, patients with serious psychiatric illness are much more likely to smoke — between 50 percent and 80 percent smoke cigarettes — and although the severely mentally ill make up only between 5 percent and 10 percent of the population, they consume a disproportionate amount of all cigarettes smoked in the United States.

Many psychiatric medications also tend to contribute to weight gain, in part by making people less active and sometimes by stimulating appetite, and weight gain can be a prominent side effect of some antipsychotic drugs in particular.

“All of this adds up,” Newcomer says. “They are more likely to eat more high-fat food and to burn fewer calories, so it’s not surprising that this population also tends to have higher rates of overweight and obesity.”

But that’s not the whole story. Newcomer also reports that patients with severe mental illness are significantly less likely to receive therapies of proven benefit for problems with cholesterol, diabetes, hypertension or heart disease.

Those who have survived a heart attack are less likely to receive appropriate medications, cardiac catheterization procedures or bypass surgery than heart-attack patients without mental illness.

Regarding preventive care, Newcomer cites data from a national study of 1,500 patients with chronic schizophrenia. They participated in the National Institute of Mental Health-funded Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study.

The CATIE study found that 88 percent of patients entering the study with high cholesterol did not take lipid-lowering drugs. Another 30 percent with diabetes at the start of the study received no anti-diabetes medications, and 62 percent of those with high blood pressure were not taking any antihypertensive medication.

Those with severe psychiatric illness also are less likely to be screened for high cholesterol, high blood pressure or diabetes despite the evidence of increased risk in general and specific evidence that some antipsychotic drugs can have adverse effects on body weight, glucose metabolism and lipid levels.

A solution, Newcomer argues, will emerge only if psychiatrists and primary-care providers can work together.

“This requires coordination,” he says.

“And coordination between psychiatric professionals and primary-care providers is not easy when they often are physically located in different places. There are transportation issues and scheduling issues. For healthy people, the need to make an extra appointment lowers the probability that it will actually happen, and research further indicates that when patients with severe mental disorders have to go across the hall, it reduces the probability they will get care. If they have
to cross the street, the probability gets even lower. If it’s across town … well, without case managers and others working closely with these patients, in general those follow-ups won’t happen.”

Newcomer says another problem is that lifestyle interventions that encourage healthy eating, smoking cessation and exercise can be difficult enough in the general population, but they are even more difficult when patients with schizophrenia or other mental disorders are involved.

He says such behavioral interventions have been shown to work even in those with severe psychiatric illness, but achieving success requires extra commitment and resources from the health-care community.

Getting psychiatrists to change their routine is important. Newcomer says that to lower risk of cardiovascular complications, psychiatrists may need to regularly weigh their patients, take blood pressure and screen appropriately for blood glucose, cholesterol and triglycerides.

“We’re not saying psychiatrists should start prescribing lipid-lowering agents or diabetes drugs, but they are on the ‘front lines,’ seeing psychiatric patients much more than primary-care providers,” Newcomer says.

“It’s important that psychiatrists begin to employ some of these basic screening techniques.”

He also says that it’s vital that patients with severe mental disorders receive needed psychiatric medications, even though some of those drugs may contribute to weight gain, abnormal lipid levels and risk for cardiovascular disease and diabetes.

“If you have a serious psychiatric condition like schizophrenia, you really need to take medication,” Newcomer says.

“Clearly we don’t want people to stop taking their medicine, but in some cases, there may be alternative drugs that have fewer effects on risk for obesity or diabetes. Combinations of diet, exercise and selected medication are being studied to lower these risks without losing the benefits that antipsychotic drugs provide for these patients with severe psychiatric illness.”

And Newcomer believes if such strategies can be developed and implemented, it is possible to quickly lower rates of cardiovascular disease and increase life expectancy in this population.

“I think there’s some ‘low-hanging fruit’ here,” he says.

“Just getting psychiatrists engaged in this type of general health monitoring should help. Most of these patients already are seeing a physician, and if that physician and medical team can screen for cardiovascular risk factors, we may be able to intervene and find ways to lower that risk significantly.”

If you need help finding treatment services, you can call NAMI Westside LA at 310-889-7200 or go to www.namila.org

Follow us on Twitter and see what the mental health community is sharing with each other!

NAMI Westside LA tweets! Not sure what Twitter or tweeting is? Or how it can provide you with the latest information about mental health and other interests you have?

Go to www.twitter.com/namiwla and you can see our Twitter feed. Sign up and then follow us!

You’ll see NAMI Westside LA sharing valuable research, articles, and ideas from the mental health community- in real time. No more waiting for quarterly newsletters or those biweekly NAMI Westside LA Newsflashes!

It is the best way to stay informed up to the minute!

From Twitter.com:

Twitter is a real-time information network that connects you to the latest stories, ideas, opinions and news about what you find interesting. Simply find the accounts you find most compelling and follow the conversations.

At the heart of Twitter are small bursts of information called Tweets. Each Tweet is 140 characters long, but don't let the small size fool you-you can discover a lot in a little space.
Getting through stressful economic times

From www.NIMH.org:

Possible Health Risks

Economic turmoil (e.g., increased unemployment, foreclosures, loss of investments and other financial distress) can result in a whole host of negative health effects - both physical and mental. It can be particularly devastating to your emotional and mental well-being. Although each of us is affected differently by economic troubles, these problems can add tremendous stress, which in turn can substantially increase the risk for developing such problems as: depression, anxiety, compulsive behaviors (overeating, excessive gambling, spending, etc.), and substance abuse.

Managing stress

If you or someone you care about is experiencing these symptoms, you are not alone. These are common reactions to stress, and there are coping techniques that you can use to help manage it. They include:

- Trying to keep things in perspective - recognize the good aspects of life and retain hope for the future.
- Strengthening connections with family and friends who can provide important emotional support.
- Engaging in activities such as physical exercise, sports or hobbies that can relieve stress and anxiety.
- Developing new employment skills that can provide a practical and highly effective means of coping and directly address financial difficulties.

Getting Help

Even with these coping techniques, however, sometimes these problems can seem overwhelming and you may need additional help to get through "rough patches." Fortunately, there are many people and services that can provide help. These include your:

- Healthcare provider
- Spiritual leader
- School counselor
- Community health clinic

Specific help online for financial hardship is also available, on issues such as:

Making Home Affordable
www.makinghomeaffordable.gov/pages/default.aspx

Foreclosure
www.makinghomeaffordable.gov/pages/default.aspx

Reemployment
www.careeronestop.org/ReEmployment/Default.aspx

Financial assistance
www.usa.gov/Citizen/Topics/Benefits.shtml

These financial factors can cause strong feelings such as humiliation and despair, which can precipitate suicidal thoughts or actions among those who may already be vulnerable to having these feelings because of life-experiences or underlying mental or emotional conditions (e.g., depression, bi-polar disorder) that place them at greater risk of suicide.

- If you need help finding treatment services you can call NAMI Westside LA at 310-889-7200 for information and mental health resources near you.
- Westside LA mental health and crisis service providers:
  - Exodus Recovery, Inc (no insurance ok), 310-253-9494
  - Step Up On Second, 310 394-6889
  - Didi Hirsch, 310 390-8896
  - Hollywood Mental Health Center, 323-769-6100
- LA County Hospitals:
  - U.C.L.A. Neuropsychiatric, 1-800-825-9989
  - Brotman Mental Health, 310-836-7000
  - Del Amo Psychiatric Services & Hospital, 310-530-1151
  - Daniel Freeman Mental Health, Marina Del Rey, 310-823-8911
  - Santa Monica U.C.L.A. Hospital, 310-319-4000

September is Worldwide Suicide Prevention Month

Suicide is the eleventh most common cause of death in the United States. People may consider suicide when they are hopeless and can’t see any other solution to their problems. Often it’s related to serious depression, alcohol or substance abuse, or a major stressful event. Therapy and medicines can help most people who have suicidal thoughts. Treating mental illnesses and substance abuse can reduce the risk of suicide.

NIH: National Institute of Mental Health
SUICIDE AND COLLEGE STUDENTS

From www.AFSP.org

- Suicide is estimated to be the second leading cause of death among college students.
- An estimated 15 percent of students suffer from depression and other mental disorders that put them at risk for suicide.
- Each year 10 percent of students report that they have seriously considered suicide.

Did you know all University of California schools now use an American Foundation of Suicide Prevention screening tool to identify at-risk students? Read the LA Times article here: UC reaching out to depressed students online

Youth Suicidal Behavior- Fact Sheet, www.suicidology.org

YOUNG PEOPLE AND SUICIDE- THE COLLEGE SCENE

From American Association of Suicidology:
College students share many of the risk factors and warning signs for suicide seen among the general population. Some facts about today’s college students are worrisome:

- 30 percent of college freshmen surveyed on mental health issues feel overwhelmed a great deal of the time; 38 percent of all college women feel the same way.
- A leading national suicide-prevention organization estimates that one in 10 college students has considered suicide.

Until recently, most colleges took the approach that student mental health challenges and inappropriate behaviors were best handled by parents, health centers, and the students themselves.

All that is changing rapidly, says Jane L. Pearson, Ph.D., Associate Director for Preventive Interventions at the National Institute of Mental Health (NIMH). Colleges are working with researchers, students, and parents to build support and outreach programs.

“We now recognize that college students are not privileged kids at low risk for mental health problems,” she says. “That is one reason why NIMH has been funding research on preventing suicide, depression, and other disorders among college students.” Dr. Pearson also chairs the NIMH Suicide Research Consortium, made up of several different NIH and partner organizations.

Stress among college students stems from a variety of related areas:
- Academic demands
- Alcohol and drug abuse
- Financial responsibilities
- Pre-existing mood disorders (bipolar, obsessive-compulsive, depression, etc.)
- New social relationships
- Physical health problems
- Sexual identity and behavior issues
- Life-after-graduation anxieties

TO FIND OUT MORE

For more about preventing suicide among college students, the following resources should be of help:

MedlinePlus: www.medlineplus.gov
(Type "suicide" in the Search box)


University of Michigan’s Depression Center: www.depressioncenter.org

The Jed Foundation: (a leading organization working to reduce emotional distress and prevent suicide among college students) www.jedfoundation.org

WAYS TO HELP A SUICIDAL OR DEPRESSED FRIEND

From: www.youmatter.suicidepreventionlifeline.org

Please encourage your friend to call 1-800-273-TALK (8255). All calls are routed to the Lifeline center closest to the caller’s area code. The local crisis center may have resources such as counseling or in-patient treatment centers.

If your friend has posted a suicidal comment on Facebook, you can report it here, and Facebook will send them a message with the option to chat directly with a counselor.

- Be willing to listen. Show interest in what your friend is saying even if it seems depressing.
- Don’t be afraid to talk matter-of-factly about suicide.
- Feel free to call 1-800-273-TALK (8255) yourself so that you can get advice specific to your city or state and find out what resources are available in your area.
- Be proactive and remove guns or stockpiled pills.
- Try not to be judgmental. This is not the time to debate the value of life.
- Call 911 if you feel your friend is in immediate danger of harming themselves.
- Don’t be sworn to secrecy. Suicidal thoughts should not be kept secret.
- Offer hope and encouragement that these feelings will go away if your friend seeks help.

WARNING SIGNS OF SUICIDE

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.

**WHAT TO DO IF SOMEONE YOU KNOW EXHIBITS WARNING SIGNS OF SUICIDE**

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

**WESTSIDE LA MENTAL HEALTH AND CRISIS SERVICE PROVIDERS:**

- Exodus Recovery, Inc (no insurance ok), 310-253-9494
- Step Up On Second, 310 394-6889
- Didi Hirsch, 310 390-8896
- Hollywood Mental Health Center, 323-769-6100
- http://www.didihirsch.org/services/emergency/spc

**LA COUNTY HOSPITALS:**

- U.C.L.A. Neuropsychiatric, 1-800-825-9989
- Brotman Mental Health, 310-836-7000
- Del Amo Psychiatric Services & Hospital, 310-530-1151
- Daniel Freeman Mental Health, Marina Del Rey, 310-823-8911
- Santa Monica U.C.L.A. Hospital, 310-319-4000

**OTHER RESOURCES:**

- The American Foundation for Suicide Prevention, LA: [www.afsp.org](http://www.afsp.org)

The National Suicide Prevention Hotline 1-800-273-TALK (8255)- A free, 24/7 service that can provide suicidal persons or those around them with support, information and resources.

**NIMH SUICIDE PREVENTION RESOURCE WEB SITE**

includes brochures, statistics, research items, videos and podcasts about suicide research and prevention.

**SAMHSA Suicide Prevention Resource page:** provides resources and publications designed to help prevent suicide.

**CDC Suicide Prevention page:** includes statistics, consequences of suicide and prevention strategies.

**Suicide Prevention Resource Center:** provides prevention support, training, and resources to help organizations and individuals develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention.

**National Action Alliance for Suicide Prevention:** a nation free from the tragic experience of suicide.

**Recommendations for Reporting on Suicide:** provides best practices for media coverage of suicides.

**Take 5 to Save Lives:** learn how to get involved in the national movement to save lives.
NAMI Westside Los Angeles wishes to thank the following donors for their generosity. Their financial support ensures the continued growth and free services of NAMI Westside LA.

Larry Ackland
Ernestine Anderson
Karen Antholis
Randy & Nathan Becker
Joyce Bubello
Lillian Chen
Joseph Cho
Seoung Choi
Michael & Nancy Close
Joel Crohn
Jim Daly
Zee Dankworth
Gail Evanguelidi
Fredda Evans
Lisa Favia
Carol Flint
Maria Flores
Deborah Gordon
Cathy Goyette
David & Diana Guth
Albert Jacard
Stephen Jones
Ivan & Elaine Kamil
Tina Krause
Elizabeth Libbey
Judy Logue
Richard Lowe
Van Mouradian
Jerry & Natalie Nankin
J. Gordon Nelson
Elizabeth Noone
Megan Panzer
David & Ella Pasternak
Irene Pazirandeh
Agnes Raeder
Arlene Rettig
Leticia Sanchez
Eunsook Seong
Jamshid Siman
Carl & Jennifer Strom
Jeff & Jane Takeyama
Keiko Tsunami
Joan Weinstock
E. J. Winter
David Wright
Patricia Wynne
Richard & Vera Scheef
The Chaney Family

The following office volunteers have generously donated their time and skills! We love them!

Lauren Broidy
Gail Evanguelidi
Miranda Gibson
Maria Gonzalez
Aurora Hoffman
Juanita Mendoza
Miriam Negri
Marshall Safonov
Blair Warner
Research Corner

Yoga Reduces Stress; Now it’s Known Why

Dr. Helen Lavretsky, a UCLA professor of psychiatry and a Cousins Center member, published a study showing that a form of yogic meditation involving chanting also reduced inflammatory gene expression, as well as stress levels, among individuals who care for patients with Alzheimer’s disease.

Meditation Reduces Loneliness

Researchers at UCLA now report that a simple meditation program lasting just eight weeks reduced loneliness in older adults. Researchers report that the two-month program of mindfulness-based stress reduction (MBSR), which teaches the mind to simply be attentive to the present and not dwell in the past or project into the future, successfully reduced the feelings of loneliness.

Spouses of People Suffering a Heart Attack Need Care for Increased Risk of Depression and Suicide

Spouses of people who suffer a sudden heart attack (an acute myocardial infarction) have an increased risk of depression, anxiety, or suicide after the event, even if their partner survives, according to new research published online in the European Heart Journal. They suffer more than spouses of people who die from, or survive, other conditions.

Primary Physicians May Hold Key to Suicide Prevention

People at risk for suicide often are being treated for depression, anxiety or substance misuse. In fact, nearly 45 percent of those dying by suicide saw their primary care physician weeks or days before death. Dr. Timothy Lineberry, an author of the study, discusses his findings in a video.

Training Improves Brain Activation and Behavior in Schizophrenia

"UCSF researcher Dr. Sophia Vinogradov reports that “neuroscience-informed cognitive training can lead to more 'normal' brain-behavior associations in patients with schizophrenia, which in turn predict better social functioning months later; these findings raise the exciting likelihood that the neural impairments in schizophrenia -- and undoubtedly other neuropsychiatric illnesses -- are not immutably fixed, but instead may be amenable to well-designed interventions that target restoration of neural system functioning.”

"Bolded type has a hyperlink embedded into the word(s), click on the bolded type to be taken to the website of the referenced material."