

NAMI Butte County GENERAL MEETING

SPEAKERS:

Michelle Curtis SN and
Mira Watkins SN (CSUC School of
Nursing Mental Health
Empowerment)

Presentation: Psychiatric Advance
Directives or PAD (See the "PAD
PRESENTATION" article for more
information)

DATE: Thur. April 19th

TIME: 6:30 p.m.

PLACE: **Butte County Library**
1108 Sherman Ave., Chico
(Corner of East First Ave and
Sherman Ave)

INFO? CALL Cathy: 228-7100
OR e-mail:

namibuttecosecretary@gmail.com

We are open to the public
Everyone is welcome

Meetings are held 3rd Thur. each month

PAD PRESENTATION

The speakers at our NAMI meeting on the 19th will provide education as to what exactly a PAD is, how it can help, and why it is important to have one. A Consumer who has a PAD will be secure in the knowledge that, in the event of a mental health crisis, the Consumer's health care wishes are able to be carried out, and a predetermined surrogate appointed to make decisions while they are unable to.

They will also provide forms, assistance with documenting individual needs or desires, a witness, and notarization. PADs are not legal in all states and have only been legal in California since 2000. This will be a very empowering evening and Consumers and Family are encouraged to attend. This is a rare opportunity to get the knowledge and help to make your own PAD. This is one of the most important events we have put on for you.

You will walk away empowered in knowing that in the event you are unable to make decisions for yourself, they will be made for you with your exact wished and no one can change that except YOU!

Cathy Gurney
NAMI Butte County President

CONNECTING HOMELESS

Project Homeless Connect

Wednesday, April 18th, 10am-3pm

The commercial building at the Silver Dollar Fairgrounds will be transformed into a service center for homeless or people at risk of being homeless. Services will include health screening and care, housing, mental health, domestic violence, food and clothing, haircuts and showers and more. Call or go online for more info.

For more information about this activity, contact

Phone: (530) 895-4474 ext. 208

Website: <http://phcbutte.org>

SUPPORT GROUPS

NAMI BUTTE COUNTY'S

Family & Friends Support Group
First Tuesday ea. Month 6:30pm
Congregational Church
1190 E 1st Ave., Chico
Info: Nancy at 895-8933 or
nancy@nesm.com

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BUTTE COUNTY **Behavioral Health**

Depression/Bipolar Support Group
Every Monday: 3:00-4:30
The Iversen Center
109 Parmac, Suite 2, Chico
879-3311

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DEPRESSION BIPOLAR **SUPPORT ALLIANCE**

Every Tuesday: 6pm to 8pm
First Christian Church
295 E. Washington, Rm. 6, Chico
For more information,
Call Ken (530) 566-4380

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NAMI BUTTE COUNTY WALK **2012**

Saturday, April 21st
9:00 A.M.

Join us!

CHICO CITY PLAZA

Contact Linda at 343-8012 or
namibuttecosecretary@gmail.com

STAMP OUT STIGMA RALLY

**World Renown
Native American
Flutist &
Traditional Storyteller**

KEITH BEAR

**2012 Stamp Out Stigma
Wellness & Recovery Rally
May 11, 2012**

**Colusa County Fairgrounds
Community Building Outdoor
Area**

**Family BBQ - 5:30 pm
Show - 6:30 pm**

Tickets \$6.50 each

Family Pack: Four/\$20 or Eight/\$40

Call Kathy at (530) 458-3704 for
Tickets

Presented by:

Colusa County Behavioral Health
(Cultural Competency Plan)
Health & Human Services
Drug & Alcohol Prevention

SCHIZOPHRENIA ARTICLE

**ON MENTAL ILLNESS: People
with Schizophrenia Lack Impulse
Control, and How to Deal with
This** *By Jack Bragen*

Medical scientists believe that the brain structure is abnormal for persons with a major mental illness such as schizophrenia. Some persons with schizophrenia, perhaps a third, have enlarged ventricles, or empty spaces within the brain, which translates into less overall ability to function, reason, and experience the environment. Other brains of persons with schizophrenia are closer to normal, with structural problems that are more subtle, and more

localized to within only some areas. Because of this theory, it makes sense to believe that a person with schizophrenia will still have problems even while medicated. A lack of control of impulses is frequently one of those problems.

It is important to note that many persons with schizophrenia or other mental illnesses still exhibit brilliant levels of intelligence without being "idiot savants." What you might get is someone with a lot of intellect, but with problems in other areas. Parts of the person's brain are healthy and produce the brilliance, while other, smaller parts that may be responsible for regulating mood or maintaining mental equilibrium could be improperly developed. You then get a person whose higher functions could be intact, but who may have trouble with some basic tasks.

As a man with schizophrenia, I have experienced a deficit in impulse control, and have observed that this is not uncommon for people treated in the mental health system. It is an issue that has harmed my progress in life, and one that I continue to grapple with. Thinking through the possible results of my actions usually works to keep my behavior appropriate. If the results of a problematic behavior appear dire enough, it can help create enough "voltage" in the mind that a specific behavior won't continue.

When dealing with a person with schizophrenia, sometimes you are dealing with someone with good intentions but with

behavior beyond their conscious control. A more recovered person with schizophrenia can learn to regulate their behavior most of the time.

This discussion invites the issue of competence. The idea that we have behavior beyond our conscious control implies incompetence, and this brings legal issues. Persons with mental illness should be taken on an individual basis. Some should be taken as responsible for our actions, while others are too severely ill to be considered responsible. You can't say that, across the board, persons with mental illness are either competent or incompetent. This is sort of a gray area.

The tendency to behave impulsively and furthermore to have actions that are based upon delusional thoughts can be countered and combated with deliberate training. In order to do this, you need to start with someone whose intellect is intact and functioning. This retraining may not solve one hundred percent of the problem, but it will help. By remembering that the illness is the cause of some of the behavior of some persons with schizophrenia, you can stop blaming the individual for actions that were caused by a deficit in brain functioning. It is fine to condemn the actions but don't condemn the person.

THE BERKELEY  DAILY PLANET
Friday March 23, 2012

OMEGA-3

A **2010 groundbreaking study** by Paul Amminger and his team in Vienna, Austria found that fish oil (omega-3 can help prevent psychosis in individuals with schizophrenia. Two years later, researchers and mental health professionals around the world are starting to replicate that study to see if we can help prevent mental illness before it starts.

Today, there is a multi-country study going on in Europe looking at the effects that omega-3 fatty acids (found in fish oil, among other things) have on the brain when it comes to psychosis. Additionally, in the U.S. and Canada, Dr. Barbara Cornblatt (founder of the Recognition and Prevention Program (RAP) and a recipient of the 2003 NAMI Research Award) is collaborating with several other investigators to determine whether omega-3 fatty acids could potentially prevent onset of psychosis and improve clinical symptoms and functional outcome in youth and young adults who are at elevated risk for schizophrenia and other mental illnesses.

Technicalities aside, fish oil looks promising because it can help prevent psychosis from developing in people who are at risk to develop it, while it has no side effects (and even some health benefits) for people who aren't at risk. Essentially, it's a benign preventative measure.

"There are people—30 to 35 percent of at-risk people—who have a higher chance for developing psychosis," Dr. Cornblatt said. "We're looking for a treatment that we can give everyone at risk—a treatment that can prevent psychosis in that 30 percent without harming the 70 percent of at-risk people who won't go on to develop it. Fish oil seems to fit that bill."

In addition to Dr. Cornblatt's team, seven other centers are participating in the study: the University of California (San Diego), Yale University, Emory University, Harvard University, the University of North Carolina, the University of California (Los Angeles) and the University of Calgary in Alberta, Canada.

The hypothesis is that by the end of the study, the rate of conversion to psychosis (the primary outcome) among prodromal patients randomly assigned to receive omega-3 fatty acids will be significantly lower and symptoms, in general, will be improved when compared to youngsters assigned to receive placebo. Results of this trial are expected in about two years.

To read more about the NAPLS omega-3 Fatty Acid versus Placebo study, visit <http://www.clinicaltrials.gov>. For more on the RAP Program, visit www.raprogram.org.

AUTISM STUDY

New Study Finds Skyrocketing Increase in Autism

Group says link to environmental factors shown, gov't should regulate toxic chemicals *Common Dreams staff*

A just released [report](#) from the Centers for Disease Control and Prevention (CDC) shows that children diagnosed with Autism spectrum disorders (ASDs) had a skyrocketing increase of 78% compared to results from a decade ago. The CDC report shows that one in 88 children are now diagnosed with the disorder.

Environmental Working Group (EWG) notes that "a burgeoning body of independent scientific research suggests that one factor that may be in play is environmental exposure to [neurotoxic chemicals](#), most notably [mercury](#)," and sees the staggering figures as a call for governmental action to minimize children's exposure to toxic chemicals, especially coal plant caused mercury exposure. "Upending the federal government's approach to regulating toxic chemicals and putting tough emissions standards in place at power plants are two good places to start," said Environmental Working Group President Ken Cook. The CDC conclusion that "ASDs continue to be an important public health concern" would be a challenge under the House Republican budget which would "[cut federal spending on Medicaid — the single largest funding source of funding for autism support — by more than \\$800 billion below current projections over the next 10 years.](#)"

A 2011 Stanford University School of Medicine [study](#) found that 62 percent of autism risk was attributable to environmental factors. <http://med.stanford.edu/ism/2011/july/autism.html>

THE UNEASY GUARDIAN

The Uneasy Guardian – personally speaking

I am one of the lucky ones.



I am my daughter's legal guardian. I leapt the hoops and wrote the checks and endured the wrath entailed in being appointed by a court to make the choices my daughter made for herself when she was 18 years old but had lost the capacity to make by 24 because of untreated severe mental illness.

She's one of the lucky ones, too.

She lives in a state with enlightened involuntary treatment laws enacted with the support of the Treatment Advocacy Center. She's been treated in a state hospital that is humane, progressive and – best yet – patient about her recovery. She responds to medication. When she's stable, she recognizes that my guardianship is a safety net that has broken her falls.

Yet the luck comes with a price.

We're both grateful for the saving grace of effective antipsychotic medication, but whenever I read an article about their adverse health effects – like the study that's the subject of this blog – I feel uneasy. I make tradeoffs for my daughter, and some are profound. Whether it's where she lives or whether she can drive a car

or what medication she takes, I make the choices whose down side she alone experiences. I make them with the best intentions in the world and with the best information I can lay my hands on, but they are still tradeoffs in which I make the trade, and she pays the price.

My daughter wouldn't trade the sanity she has regained through treatment for insanity, and I wouldn't trade having a voice in her care for the voicelessness so many families experience. That makes a lot of things less hard for us. It doesn't change the fact that nothing about living with severe mental illness is ever easy.

Doris A. Fuller

Communications director
Treatment Advocacy Center

BOOK CORNER

Triggered: A Memoir of Obsessive-Compulsive Disorder by *Fletcher Wortman*

Thomas Dunne Books (2012), \$24.99

Review By Doug Bradley, NAMI Information and Referral Associate



There are many books on obsessive-compulsive disorder (OCD), but few have captured the mainly obsessional form of this illness as well as Fletcher Wortman's *Triggered: A Memoir of Obsessive-Compulsive Disorder*. Like many mental illnesses, OCD often strikes during adolescence and early adulthood, a particularly

vulnerable period for most people. As a person who is trying to figure out identity, social interactions, dating and future career paths, the “pure-O” form of OCD casts doubt into every area of one's life. While he has no outward compulsions like hand washing or counting, his form of the disease “will inundate you, incessantly, remorselessly, with...the most repulsive things you are capable of imagining.”

While Wortmann is now still relatively young, he is in his twenties, he describes his experience vividly and knowledgably. This memoir is presented in a conversational, chronological fashion so the reader can easily trace how the illness, and treatment for it, affects the author throughout his life. From childhood, where he showed some symptoms of OCD, to college, where the obsessions became overwhelming, the author tells how the “doubting disease” came to dominate his life.

Two things especially impressed me about this book. Firstly, most books on this subject only allude to the most terrible intrusive thoughts suffered by people with OCD. Wortmann, while admitting that doing so is difficult for him, shares his worst obsessions involving, among other things, sex, violence, family members and children. (Some of the language in this book is coarse but necessary to describe what he has gone through). This stark revealing of his darkest, most tortured mental images shows how bad the involuntary thoughts and their accompanying terror can be. While he knows he would never commit any of the acts he imagines, the fact that can't “control his own mind brings horror.”

The other notable feature was that the author is brutally honest about his treatment. He is very thankful for his medication, exposure therapy, counseling, and

hospitalization for helping him improve. However, he knows that there is not a cure for OCD. Despite modern “evidence based” treatment, his recovery was difficult and filled with setbacks. He was fortunate in having an emotionally supportive family which had the financial means to get him excellent treatment. Nonetheless, finding the right combination of therapies and coming to terms with the illness, even in its controlled state, takes him some time.

Family members and people with other types of mental illness will also identify with the author’s experience. His initial feelings that something is not right (although he can’t quite identify what it is), the awkwardness of having a romantic relationship while having a mental illness, having to leave college, inventing a cover story to explain his absence to his peers, and working a stressful entry-level job are all phases in life that readers will recognize.

Wortmann also has the awareness that recovering from a mental illness does by itself not bring maturity. Throughout *Triggered* he acknowledges the confusion of distinguishing problems due to the illness from problems due to growing up. However, with help from his family, his doctors and even his pets, he is able to navigate these turbulent years and thrive.

STOP A SUICIDE TODAY

ACT: ACKNOWLEDGE, CARE AND GET TREATMENT

Your friend may have told you that he or she is considering suicide, or you may have recognized the signs and symptoms on your own. Either way, it is important that you take these warning signs seriously, and tell your friend that you care about him or her, and that you are concerned. Because suicide is so often linked with mental illness, your friend may not be able to get the help he or she needs without you. Here's how to ACT to help a friend, co-worker or loved one that you are concerned about.

1. Acknowledge

***Do take it seriously.** 70% of all people who commit suicide give some warning of their intentions to a friend or family member.

***Do be willing to listen.** Even if professional help is needed, your loved one will be more willing to seek help if you have listened to him or her.

2. Care

***Do voice your concern.** Take the initiative to ask what is troubling your loved one, and attempt to overcome any reluctance on their part to talk about it.

***Let the person know you care and understand.** Reassure them

that they are not alone. Explain that even if it seems hard to believe right now, suicidal feelings - although powerful - are only temporary, and that the usual cause (depression) can be treated.

***Ask if the person has a specific plan.** Ask if a suicide plan exists, and if so, how far has he or she gone in carrying it out? (Please note: asking about suicide does not cause a person to think about - or commit - suicide. This is a myth!)

3. Treatment

***Do get professional help immediately.**

***If the person seems unwilling to accept treatment...**

Call 1-800-273-TALK (1-800-273-8255) or a local emergency room for resources and advice.

***If the person seems willing to accept treatment, do one of the following...**

**Bring him or her to a local emergency room or community mental health center. Your friend will be more likely to seek help if you accompany him or her.*

**Contact his or her primary care physician or mental health provider.*

And if all else fails..call 9-1-1.

www.stopasuicidetoday.org

For more information about this newsletter and to submit articles please contact:
Colleen Phipps, Newsletter Editor 530-894-8551 / cmphipps@csuchico.edu

NAMIBUTTE NEWSLETTER
333 W. 12TH AVE.
CHICO, CA 95926