

NAMI Butte County
NO GENERAL
MEETING
IN JULY

**The next General Meeting
will be in August!**

DATE: Thur. August 16th

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

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WEBINAR

**WEBINAR: FOSTERING CRIMINAL
JUSTICE/MENTAL HEALTH
COLLABORATION: BUILDING
LASTING PARTNERSHIPS**
*Hosted by the Criminal Justice
Mental Health Consensus Project*

Date: Thursday, July 19th, 2012
Time: 2:00 pm – 3:30 pm EDT
www.consensusproject.org



NAMI Family-to-Family
National Alliance on Mental Illness

NAMI BUTTE COUNTY'S
FALL 2012
Family-to-Family Education Course
CALL NOW TO SIGN UP

343-8012 or 520-0862

The course will be held at the Enloe
Conference Center on Wednesdays
starting

August 22nd - 6:30 pm to 9:00 pm.

A series of 12 weekly classes
structured to help caregivers
understand and support individuals
with serious mental illness while
maintaining their own well-being.
The course is taught by a team of
trained NAMI family member
volunteers who know what it's like
to have a loved one struggling with
one of these brain disorders.



NAMI Peer-to-Peer
National Alliance on Mental Illness

NAMI BUTTE COUNTY'S
FALL 2012
Peer-to-Peer Education Course
CALL NOW TO SIGN UP
894-8551

The course will be held in Paradise on
Tuesdays starting
August 21st - 3:00 pm to 5:00 pm.
Peer-to-Peer is a unique,
experiential learning program for
people with any serious mental
illness who are interested in
establishing and maintaining their
wellness and recovery. This free
course consists of ten two-hour
sessions (one per week) and is
taught by a team of two mentors
who are personally experienced at
living well with mental illness.

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

BUTTE COUNTY

Behavioral Health

Depression/Bipolar Support Group
Every Thursday: 2:30
The Iversen Center
109 Parmac, Suite 2A, Chico
879-3311

**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

YOLO COUNTY

*By Stephanie Corkett, NAMI
communications intern*

When people think about famous
images of sunflowers, one artist
tends to come to mind: Vincent van
Gogh. Although not quite as
famous as van Gogh's paintings
there are an increasing number of
pieces of art devoted to sunflowers
in Yolo County, Calif. Known for the
bright yellow flowers, Yolo County,
home to [NAMI Yolo](#), an affiliate of
the National Alliance on Mental
Illness, chose the sunflower as a
bold symbol of hope for people
living with mental illness. (Those
who have studied van Gogh's life
and art believe that he lived with
[bipolar disorder.](#))

TV SERIES "PERCEPTION"

(July 9, 2012) Dorothy Rabinowitz is a Pulitzer-Prize winning journalist and editorial writer who obviously knows more about psychosis and severe mental illness than the screenwriters for a new TNT series.

Reviewing the series in the Wall Street Journal last week, Rabinowitz described "Perception" as "another of television's creative tributes to the higher powers of the clinically insane" ("[The Wonderful World of Psychosis](#)," July 6).

This is clearly not intended as a compliment.

"At the beginning of the show," she writes, "the hero asks, 'What is reality?' A good question. The reality here is another creative enterprise that romanticizes mental illness" with tales of "peerless gifts and special benefits" from being mentally ill, psychotic and off medications.

Rabinowitz says this overlooks "all the things that make real-world paranoid schizophrenics special," including delusions that the CIA is communicating through their teeth and stabbings committed "to save them from the satanic forces." She concludes that "there's a lot (in the series) that's "worrisome."

If you do, too, let TNT know that depicting psychosis as a blessing is dangerous disinformation that

trivializes a disabling brain disease and urge friends and family to speak out, too.

The network has a website running for its new program (airing at 10 pm) and conveniently included [an open forum for comments](#). A few threads are already running. Join one or start your own.

www.treatmentadvocacycenter.org

COGNITIVE CONNECTION

The cognitive connection

Feeling scatterbrained? Can't remember a thing? It may be "bipolar brain fog"—and you can manage it.

By Jamie Talan

[excerpt]

"I'm the PhD down the hall whose memory fails during critical discussions at the office," says Deb.

Deb, 48, is a behavioral scientist with the Centers for Disease Control and Prevention in Atlanta. She leads research and oversees a team of data analysts in the Division of Violence Prevention.

Before her bipolar diagnosis six years ago, she sometimes had trouble keeping focused. Now recall is a bigger problem, especially if she's expected to dredge up dates or statistics during a meeting or keep track of details after an impromptu encounter.

"I ask people to schedule meetings rather than have these hallway conversations when we need to make decisions," she says.

In meetings, she takes copious notes to jog her memory.

"I scribble as fast as I can ...

sometimes so fast I can't read my own notes," she reports. "I just have to chuckle when, 'This research should move ahead,' turns into, 'This rabbit should go to bed.'"

Psychiatrists and researchers are coming to appreciate that memory lapses and other neurocognitive problems—disorganization, groping for words, difficulty learning new information—can go hand in hand with the more obvious mood and behavioral symptoms that characterize bipolar.

Joseph Goldberg, MD, a psychiatrist and associate clinical professor of psychiatry at the Mount Sinai School of Medicine in New York City, helped put these "thinking" problems on the bipolar map. He's co-editor of *Cognitive Dysfunction in Bipolar Disorder: A Guide for Clinicians*, which came out in 2008.

Goldberg says the book builds on "literally hundreds of studies" analyzing aspects of cognition in patients with bipolar disorder.

He mentions an influential Spanish study, published in the *American Journal of Psychiatry* in February 2004. In every phase of the illness (depression, mania and remission), researchers found marked deficits in verbal memory and what's known as "frontal executive tasks."

Think of it this way: The brain is organized like a big office with specific departments designated to complex tasks such as decision-making, attention, verbal memory, spatial memory, motor speed and skill, and logical reasoning. The frontal lobes of the brain contain circuitry that acts, in essence, like a hardworking executive secretary. Information comes into the frontal lobe and the secretary notes it, organizes it, and sends out messages to the brain's different departments to get things done.

Faulty processing in this executive center can lead to cognitive deficits that affect awareness, perception, reasoning and judgment, Goldberg says.

The hippocampus, meanwhile, serves as a kind of file clerk for recording new memories and sending them on to permanent storage. Bipolar has been associated with shrinkage of the hippocampus, which may explain difficulties in acquiring and accessing various kinds of data.

Goldberg notes that many aspects of intellectual functioning carry on just fine in people with bipolar—sometimes even better than in the general population. The glitches seem limited to specific areas: verbal memory, executive organization, “processing speed” and attention.

Daily difficulties

Attention—the ability to focus on a task or conversation, tune out distractions, and, ultimately, filter information into working memory—is the gateway to learning, memory and other higher cognitive processes, says Frederick Goodwin, MD, a leading clinical researcher on bipolar disorder who is now based at George Washington University.

All of those functions can go haywire during depression and mania, of course. In fact, manic symptoms can mimic attention deficit hyperactivity disorder (ADHD).

On the other hand, ADHD occurs “at rates substantially greater than the general population” in individuals with bipolar and major depressive disorder, according to researchers with the Canadian Network for Mood and Anxiety

Treatments.

Their treatment recommendations, published in the February 2012 issue of the *Annals of Clinical Psychiatry*, note the importance of accurate diagnosis and careful pharmacotherapy, since some ADHD medications can trigger mania. Mood stabilization should come first, they write, before addressing ADHD symptoms.

But what about scattered attention, memory glitches and other cognitive deficits that practitioners never hear about from their patients with bipolar?

Goodwin notes a change in thinking since *Manic-Depressive Illness*, the now-classic textbook he wrote with Kay Redfield Jamison, came out in 1990. Not more than a decade ago, he says, professionals checked off a host of mood and behavioral symptoms and didn’t pay much mind to cognitive factors.

It didn’t help that the problems can be subtle and unlikely to show up in an office interview—especially when verbal ability remains sharp.

Cognitive deficits can be subtle or severe, but studies show that as many as a third of people with bipolar I have cognitive problems that disrupt their lives.

Bipolar brain fog can complicate everything from succeeding in school to paying the bills. Rick N., of Saskatchewan, is less confident behind the wheel these days because of “near misses and some dents.” He blames poor concentration and slowed motor skills.

“I used to pride myself on being an excellent driver,” says Rick, 62, who crisscrossed the continent during his 25 years as a communications specialist in the Canadian Forces. “I didn’t even get

any tickets.”

Rick says predominantly high moods helped him succeed socially, in sports and in his career. With time, however, he began to notice it was harder to follow a train of thought. Loud talking and other noise made it tough to focus on what he was doing.

His coordination also deteriorated, leaving him with a tendency to lose his balance on a ladder, stumble while walking, or nick himself when working with tools. Escalating mood shifts led to his bipolar II diagnosis a few years ago.

Rick still captains the car on local errands, but it helps to have his spouse on board as navigator, noting where to turn or when to slow down. As a military wife, she managed the family and handled all the relocations; now more than ever, Rick says, she’s “the decision-maker and my assistant.”

In addition to checking in daily with his wife to make sure he hasn’t overlooked any obligations or appointments, Rick follows a routine that includes activities in the morning when he feels most alert, a nap in the afternoon when energy and attention flag, and a strictly regimented bedtime.

“It’s a long journey,” he says of learning how to manage his fluctuating symptoms, “but I believe that hope is the best car to drive in.” ... [end of excerpt]

bp Magazine Summer 2012 “Hope and Harmony for People with Bipolar”
www.bphope.com

EXERCISE & MOOD

Physical exercise has a positive effect on mood; it helps to increase energy levels and feelings of well being. Exercise is a great way to relieve emotional and physical tension. It does not have to be strenuous; start by going for a short walk.

It is common for people with depression to think that nothing will help or work, but it is important to give exercise a try. Depression can sap your energy, but don't wait until you feel energetic to begin exercising. Exercise now and the energy will come.

If you have an existing medical condition, check with your medical

physician before you start exercising. They will advise you on a suitable exercise program.

EXERCISE

In order to feel calm and relaxed, and to keep your tension low, you need to feel physically healthy.

Physical exercise is an important component for maintaining your health and reducing tension. There are many exercises you can do, even in a chair.

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Physical exercise is an important component for maintaining your health and reducing tension. There are many exercises you can do, even in a chair.

TRY THIS EASY EXERCISE

- While sitting on your chair place your hands on your lap.
- Slowly rotate your head clockwise in a large arch so that you gently stretch your neck.
- Repeat this 4 times.
- Then do the same counter-clockwise.
- As you rotate your head, breathe slowly and deeply. If your time permits repeat this exercise.
- As you rotate your head, do not stretch too hard.
- Just stretch enough to feel that the muscles are tight.
- After you finish stretching, relax, breathing slowly and deeply, for another minute or so.

For more information about this newsletter and to submit articles please contact:
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