NAMI Butte County
National Alliance on Mental Illness

NEWSLETTER June 2012
P.O. BOX 1364 Chico, CA 95927 www.namibutteco.com

NAMI Butte County
GENERAL MEETING

JOIN US

NAMI Butte County's
Potluck Picnic in the Park

When: **Thursday, June 21st**
Time: **6:30pm to 7:30pm**
Where: **Bidwell Park - One Mile (Picnic Area by the Baseball field)**

Paper goods & beverages will be provided

Bring a Favorite Dish

(6-8 servings)

For more information, please contact *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

NAMI BUTTE COUNTY ELECTION RESULTS

President: Cathy Gurney
Vice President: Diane Davis
Secretary: Linda Nelson
Treasurer: Kristina Kaufman

IN THIS ISSUE

NAMI BUTTE COUNTY EDUCATION PROGRAMS

We are happy to announce the addition of the "Parents & Teachers As Allies" education program to our offered courses

NAMI Parents & Teachers As Allies
National Alliance on Mental Illness

NAMI Provider Education

NAMI In Our Own Voice
National Alliance on Mental Illness

NAMI Family-to-Family
National Alliance on Mental Illness

NAMI Peer-to-Peer
National Alliance on Mental Illness

NAMI Basics

ENDING THE SILENCE

Contact
namibuttecosecretary@gmail.com
For information

SUPPORT GROUPS

NAMI BUTTE COUNTY'S
Family & Friends Support Group
First *Tuesday ea. Month 6:30pm*
Conference Room
109 Parmac, Suite 1, Chico
Info: Nancy at 895-8933 or
nancy@nesm.com

BUTTE COUNTY
Behavioral Health
Depression/Bipolar Support Group
Every *Thursday: 2:30 p.m.*
Dual Diagnosis
Every *Friday: 11:00 a.m.*
The Iversen Center
109 Parmac, Suite 2A, Chico
879-3311
(The Iversen Wellness & Recovery Center and Med Clinic offers a wide variety of activities. Pick up their calendar at 109 Parmac, Ste. 2 or call 879-3311. The Med Clinic Phone Line is 879-3974)

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

PARADISE: The Wellness and Recovery Center (WRC) is consumer driven and emphasize recovery oriented activities including peer support, socialization opportunities, life skill groups, reintegration into the community, employment services, and medication support. This center is open to all community members.
The Hub
805 Cedar Street, Paradise, CA 95969
(530) 877-5845
Monday-Friday 8 am - 5 pm

WEBINAR

A FREE SKILL BUILDING WEBINAR FOR PEERS & FAMILY MEMBERS, PAID AND VOLUNTEER STAFF WITH LIVED EXPERIENCE AND THEIR SUPERVISORS

Working Well Together Presents:

"Ah Huh, Uh Uh"

Trust Building Communication Training to Enhance Support and Success in the Workplace

Thursday, June 28, 2012 – 12:00-2:00 p.m.

REGISTER NOW: ron.shaw@namicalifornia.org (To receive webinar link and call-in info)

Overview: This webinar is designed to support Peers/Consumers and Family Members currently employed as paid, volunteer and stipend reimbursed staff in the mental health system. The overall goal is to deconstruct potential communication barriers between employer, prospective/current employees, co-workers, and clients to enhance skills that will help build a supportive network and promote success within a multicultural workplace/service environment.

The mental health workplace can be overwhelming and stressful. In addition, communication requires more effort in a multicultural setting. "Multicultural" here refers not only to cultures associated with racial, ethnic, status, gender identification, and age associations, but also concerns the dynamics of Peers/Consumers and Family Members bringing the value of lived experience into the mental health workforce. Using available resources (environmental & individual) can be helpful in building effective communication to increase successful interactions and reduce stress. This webinar will engage participants in discussion and skill building exercises and help them to:

1. Build trust within the workplace/service environment within this multicultural context.
2. Effectively share self-value and perspectives through responsive communication.
3. Identify and align with workplace mentors, build teams, and identify resources.
4. Use communication to help sustain an environment of wellness.

Target Audience: Peers/Consumers and Family Members who are employed in public mental health settings or wish to acquire the basic skills needed to successfully become employed in public mental health or other areas; supervisors, county staff, contractors, volunteers

Training Purpose: To develop Peer/Consumer and Family Member staff, volunteers, and supervisors' aptitude for effective communication essential for successful employment in a diverse setting.

Questions? Contact WWT Technical Assistance Coordinator, Ron Shaw at 916.288.5498 or ron.shaw@namicalifornia.org

DEPRESSION & FOODS

Depression *By Carolyn Brown, MS, RD*

Feeling blue, down in the dumps, really bumming, or completely miserable… any way you put it, many of us have experienced depression at some point in our lives. Of course, depression can range in severity from general blah-ness (not yet an official medical term) to being completely immobilized or self-destructive.

So how do we treat it? If you can recite as many anti-depressant commercials as I can, you know we love to medicate! Jokes aside, medication has been lifesaver for many, myself included, and there's absolutely a place for it. But as my man Hippocrates once wrote "Let thy food be thy medicine and thy medicine be thy food" and research seems to back him up; studies are showing over and over that the foods you put into your body can have a significant impact on depression symptoms, including fatigue, headaches, mood swings, and sleep issues.

If you are ready to take on eating healthier in the name of being happier it's time to do some adding.

Omega 3's from salmon, chia seeds, flax seeds, and walnuts. In addition to those foods it's my one daily(ish) supplement. This fatty acid is a major brain and mood booster; if you are going to add one thing, do this.

Dark chocolate. An ounce a day helps keep the blues away! Hearing chocolate is beneficial really never gets old. Unfortunately it's not just any chocolate – the darker the better, so aim for 60% cacao or higher. If you want the optimum benefits, go for raw cacao (an acquired taste).

Saffron. Spice things up, literally. Researchers at the Tehran University of Medical Sciences found that saffron had an antidepressant effect comparable to Prozac. Other potential anti-depressive spices: sage, cardamom, and chilies.

Whole grains and beans. Carbs are essential but avoid sending your blood sugar and hormones haywire by skipping the white, processed versions. Whole grains and beans contain fiber that keeps your blood sugar and insulin levels stable. Plus, they contain a whole slew of vitamins like folate and B6 which directly turn into mood-related neurotransmitters.

Last but certainly not least is **vitamin D**. Research has repeatedly shown that people with low vitamin D blood levels are more likely to be depressed. But the best source isn't edible: getting out in the sunshine for 10-20 min/day will do the trick, as will a supplement of 1000 IU's daily.

www.treatmentadvocacycenter.org

SCHIZOAFFECTIVE

Schizoaffective Disorder

Schizoaffective disorder is one of the more common, chronic, and disabling mental illnesses. As the name implies, it is characterized by a combination of symptoms of schizophrenia and an affective (mood) disorder. There has been a controversy about whether schizoaffective disorder is a type of schizophrenia or a type of mood disorder. Today, most clinicians and researchers agree that it is primarily a form of schizophrenia. Although its exact prevalence is not clear, it may range from two to five in a thousand people (- i.e., 0.2% to 0.5%). Schizoaffective disorder may account for one-fourth or even one-third of all persons with schizophrenia.

To diagnose schizoaffective disorder, a person needs to have primary symptoms of schizophrenia (such as delusions, hallucinations, disorganized speech, disorganized behavior) along with a period of time when he or she also has symptoms of major depression or a manic episode. (Please see the section on Mood Disorders for a detailed description of symptoms of major depression or manic episode). Accordingly, there may be two subtypes of schizoaffective disorder:

(a) Depressive subtype, characterized by major depressive episodes only, and **(b)** Bipolar subtype, characterized by manic episodes with or without depressive symptoms or depressive episodes.

Differentiating schizoaffective disorder from schizophrenia and from mood disorder can be difficult. The mood symptoms in schizoaffective disorder are more prominent, and last for a substantially longer time than those in schizophrenia. Schizoaffective disorder may be distinguished from a mood disorder by the fact that delusions or hallucinations must be present in persons with schizoaffective disorder for at least two weeks in the absence of prominent mood symptoms. The diagnosis of a person with schizophrenia or mood disorder may change later to that of schizoaffective disorder, or *vice versa*.

The most effective treatment for schizoaffective disorder is a combination of drug

treatment and psychosocial interventions. The medications include antipsychotics along with antidepressants or mood stabilizers. The newer atypical antipsychotics such as clozapine, risperidone, olanzapine, quetiapine, ziprasidone, and aripiprazole are safer than the older typical or conventional antipsychotics such as haloperidol and fluphenazine in terms of parkinsonism and tardive dyskinesia. The newer drugs may also have better effects on mood symptoms. Nonetheless, these medications do have some side effects, especially at higher doses. The side effects may include excessive sleepiness, weight gain, and sometimes diabetes. Different antipsychotic drugs have somewhat different side effect profiles. Changing from one antipsychotic to another one may help if a person with schizoaffective disorder does not respond well or develops distressing side effects with the first medication. The same principle applies to the use of antidepressants or mood stablilizers (- please see the section on Mood Disorders for details).

There has been much less research on psychosocial treatments for schizoaffective disorder than there has been in schizophrenia or depression. However, the available evidence suggests that cognitive behavior therapy, brief psychotherapy, and social skills training are likely to have a beneficial effect. Most people with schizoaffective disorder require long-term therapy with a combination of medications and psychosocial interventions in order to avoid relapses, and maintain an appropriate level of functioning and quality of life. *Reviewed by Dilip Jeste, MD November 2003* *www.nami.org*

BREAKING THE SILENCE

The Crucial Need for Brain Research

June 08, 2012 **A Leader at NAMI Discusses Her Unwavering 25-Year Support of the Brain & Behavior Research Foundation**

Like many donors to the **Brain & Behavior Research Foundation**, Janet and Myron Susin of Long Island, New York, have a compelling personal reason for lending their support. Twenty-five years ago, around the time the Foundation originally known as NARSAD was getting started, the Susin's younger son, age 16, had a breakdown. What followed was a sadly familiar story of hospitalization, misdiagnosis, more hospitalizations and a family's life turned upside down. At the time, Janet was a teacher in the school her son attended. She remembers that during his first hospitalization, when his classmates began asking her where he was and what was wrong with him, she had wanted to come up with a calm, teacher-like response ("he's being treated for a mental illness. I'm sure he'll be better soon."), but, she confesses, "mostly I just burst into tears."

And there were other shocks to come. Brought up short by the dismaying environment surrounding **mental illness**—the stigma, the furtive silence, the inadequacies of information and treatment—her anguish turned to anger.

She dried her eyes and rolled up her sleeves, determined to change that environment. Today, as president of the **Queens/Nassau chapter of NAMI**, the National Alliance on Mental Illness, Janet Susin oversees a large and diverse array of programs that support, educate and advocate for hundreds of families living with the uncertainties and anxiety of mental illness.

Ever the teacher, Janet's most lasting contribution from her work with NAMI may turn out to be a series of educational packages for the classroom use called "Breaking the Silence: Teaching the Next Generation About Mental Illness." Whether out of ignorance or fear or uninformed elders, kids can be lethally cruel. The words "psycho" or "crazy" hurled at a child trying to cope with a mental illness can be devastating, and can lead to suicide.

"Breaking the Silence" grew out of Janet's early experience with her son's illness. When she couldn't bring herself to talk about her son to his friends, she asked if the school's guidance counselor would talk to them. The guidance counselor declined on the basis of "confidentiality." She then went to the health teacher, who told her she didn't teach about mental illness because of the subject's sensitivity. "But," Janet says, "she left the door open if someone would provide her with some lessons." When Janet learned that no such curriculum existed, she and three other teachers who were fellow NAMI members, "plunged in."
Written on three levels—for upper elementary school, middle school and high school—with age-appropriate stories, games, posters, role-plays and the like, "**Breaking the Silence**" is now used in schools in every state in the country and a number of foreign countries, and has even been translated into Spanish. The lessons give young people information and tools they can use to help fight mental illness stigma in themselves and others, to recognize the warning signs of mental illness in themselves and those around them, and, importantly, to understand that mental illnesses are treatable, just as potentially fatal physical illnesses like diabetes or cardiovascular disease are treatable. "I became an advocate almost immediately," she says.

It was through NAMI, discovered soon after their son became ill, that the Susins learned about NARSAD. They immediately became supporters and their commitment has never lagged. They were keenly aware of the crucial need for brain research as the key to understanding and conquering mental illness. "It's been an article of faith with my husband, Myron, and me," Janet says, "that research is our hope for the future." Their faith was rewarded more quickly than they could have dared hope. When a **powerful drug called clozapine** (trade name Clozaril), was introduced for treatment of schizophrenia, their son turned out to be one of the lucky ones who responded positively to it. "After four hospitalizations between the ages of 16 and 19," Janet says, "he hasn't been in the hospital since he started on Clozapine." The medication that has kept him stabilized and able to live a relatively normal life for the past 22 years was developed for use in treatment-resistant schizophrenia by Herbert Y. Meltzer, M.D., of Vanderbilt University, a founding member of the Brain & Behavior Research Foundation Scientific Council and three-time **NARSAD Distinguished Investigator Grantee**.
Ever the teacher, Janet's most lasting contribution from her work with NAMI may turn out to be a series of educational packages for the classroom use called "Breaking the Silence: Teaching the Next Generation About Mental Illness." Whether out of ignorance or fear or uninformed elders, kids can be lethally cruel. The words "psycho" or "crazy" hurled at a child trying to cope with a mental illness can be devastating, and can lead to suicide.

Janet concludes: "One of the beauties of the Brain & Behavior Research Foundation is that it funds new investigators and research that may be risky. I know it's that out-of-the-box thinking that's going to make the difference in the future. We're just so grateful that it exists. The Foundation and NAMI are joined at the hip in our commitment to a better life for our loved ones." *(Editor's note: This story is an excerpt from the BRAIN & BEHAVIOR RESEARCH FOUNDATION website – for the full story go to* ***http://bbrfoundation.org/stories-of-recovery/the-crucial-need-for-brain-research*** *Also for more information about the educational package "Breaking the Silence: Teaching the Next Generation About Mental Illness" visit www.nami.org – State and Local Programs or/ please visit www.btslessonplans.org.)*

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

NAMI Butte County
National Alliance on Mental Illness

MEMBERSHIP

Mailing information
Name: _____Address: _____

City:_____State:____ Zip:_____Phone: _____e-mail:_____

☐General: $35.00 ☐Open Door (membership for people of limited means): $3.00 ☐Newsletter Only: $15.00

☐ Additional Donation $_____

Total Enclosed: $ _____ Date: _____ Make checks payable to: NAMI Butte County

Mail to: NAMI Butte County, P.O. BOX 1364 Chico, CA 95927

As a Butte County member you become part of NAMI at the national, state, and local levels.

Illness of Concern: _____

Optional -Relationship to consumer: ☐PA (parent of adult) ☐PC (parent of child) ☐AC (adult child)
☐C (consumer) ☐F (friend) ☐P (professional) ☐S (sibling) ☐M (spouse)

Optional-Ethnicity: ☐A (Asian/Pacific Islander) ☐AA (African American) ☐H (Hispanic/Latino)
☐NA (Native American) ☐W (White/Caucasian) ☐O (Other)

Optional-Decade of Birth: ☐1920 ☐1930 ☐1940 ☐1950 ☐1960 ☐1970 ☐1980 ☐1990

05/01/12

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