

NAMI Butte County GENERAL MEETING

AGENDA:

- Voting for officers:**
President, Vice-President, Secretary & Treasurer
- MOVIE NIGHT:**
"Canvas", When Mary's mental illness puts herself and her family in jeopardy, her husband and son helplessly watch as she is torn from her family by the police. Forced to raise a boy on his own & cope with his wife's schizophrenia, father & son learn what it is to be truly a family.

DATE: Thur. May 17th

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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NAMI BUTTE COUNTY WALK 2012

Thank you to all who came out and walked with us on Saturday, April 21st. Thank you to the many wonderful volunteers who helped set-up, clean-up and run the Walk and create a fun, friendly and meaningful day. Thanks to the sponsors, the organizations who had informational booths and to those who provided music!

The support enables us to continue our local programs of education, support and advocacy for people with mental illness and their families.

STARTING OVER STRONG

"Empowering people to advocate, access, and achieve social and economic justice."

"**Starting Over Strong (SOS) is a faith-based nonprofit organization** based in Butte and Glenn counties that works to help those who have served time in jail or prison transition back into society, particularly when it comes to finding employment. In addition to working with individuals with felonies and/or misdemeanors on their record, SOS also helps people who are having trouble finding employment because of an arrest that did not result in a conviction.

Sharon Darsey
StartingOverStudents@gmail.com
P.O. Box 2104
Willows, CA 95988

www.startingoverstrong.com

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 p.m.

Dual Diagnosis

Every Friday: 11:00 a.m.

The Iversen Center
109 Parmac, Suite 2, Chico
879-3311

(The Iversen Wellness & Recovery Center and Med Clinic offers a wide variety of activities including arts & crafts, writing groups, as well as many support groups. 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 centers is open to all community members.

The Hub

805 Cedar Street, Paradise, CA 95969
(530) 877-5845

Monday-Friday 8 am - 5 pm

MIOTCRA

Support the Mentally Ill Offender Treatment and Crime Reduction Act

Please add your organization to the [national sign-on letter](#) in support of funding for the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) in FY 2013.

Congress is currently working on appropriations bills that will determine funding for MIOTCRA in fiscal year 2013. As this work progresses, the field must send a strong message to Congress about the importance of this program for people with mental illness involved with the justice system, their families and communities. A letter in support of MIOTCRA is now circulating. **Sign your organization on today and forward the letter to others in your community.**

WHAT YOU CAN DO

1. Contact Jay Nelson at the Council of State Governments Justice Center at jnelson@csg.org to add your organization to the [letter](#).

2. Share this information with others in your state and community and enlist them to do the same

BACKGROUND

MIOTCRA was signed into law in 2004 to improve access to treatment for people with mental illnesses involved in the criminal justice system. The bill received unanimous, bipartisan support in both chambers of Congress and is supported by a broad spectrum of leaders representing the diverse fields of law enforcement, corrections, the courts and mental health. In 2008, Congress

reauthorized the MIOTCRA program for an additional five years. The reauthorization bill expanded training for law enforcement to identify and respond appropriately to individuals with mental illnesses; it also supported the development of law enforcement receiving centers for assessing individuals in custody for mental health and substance abuse treatment needs, as an alternative to jail booking.

ANOSOGNOSIA

IN MENTAL HEALTH MONTH: A CALL FOR AWARENESS OF UNAWARENESS

May is Mental Health Month, alternately called Mental Health Awareness Month, an observance that's been around since 1949 to "raise awareness of mental health conditions and mental wellness for all."

The "mental health awareness" we are promoting during this commemorative month is the one that's tragically missing in people with severe mental illness: awareness of their own mental illness.

A neurological syndrome called "[anosognosia](#)," this "lack of insight" affects an estimated 50 percent of individuals with schizophrenia and 40 percent of those with bipolar disorder. It is the single most common reason people with severe mental illnesses don't take the medications that would stabilize them and a compelling reason that court-ordered interventions like [assisted outpatient treatment](#) (AOT) are necessary to save lives.

Upon this outset of the 62nd observance of Mental Health Awareness Month, the Treatment Advocacy Center introduces a new, four-minute video containing dramatic footage illustrating the condition that renders millions of people unable to choose treatment because they don't believe they are sick.

"Anosognosia" is narrated by Dr. E. Fuller Torrey and contains startling clips of Russell Weston being interviewed after his arrest for the 1998 shooting deaths of two U.S. Capitol police officers. Weston believed he was defending the world from cannibals; he did not believe he suffered a mental illness. Weston has never been tried and remains hospitalized with paranoid schizophrenia.

For more information about lack of awareness into illness, see the recently updated backgrounder, "[Anosognosia: A cause of violent behavior in individuals with severe psychiatric disorders](#)," by Dr. Torrey and visit [our anosognosia page](#).

(Impaired awareness of illness (anosognosia) is the single largest reason why individuals with schizophrenia and bipolar disorder do not take their medications. It is caused by damage to specific parts of the brain, especially the right hemisphere. It affects approximately 50 percent of individuals with schizophrenia and 40 percent of individuals with bipolar disorder. When taking medications, awareness of illness improves in some patients.)

www.treatmentadvocacycenter.org

PERSONALLY SPEAKING

'I Am a Victim of a Failed System' - personally speaking

(April 27, 2012)

Dear Assemblymember:

I, Reny, am a victim of a failed health care/judicial system that has rendered me a life sentence in a wheelchair. After two brief encounters with the law, it was the third encounter that sealed my fate.

First encounter, I was driving erratically to my parent's house. I was arrested. Second encounter, my undiagnosed paranoid schizophrenia commanded me to cleanse my body by setting it afire. Arrested again, I was 5150 only to be let go after a 10-hour stay which should have been a mandatory 72-hour hold.

Released with roaring voices in my head, I was arrested for the third and final time. On January 6, 2007, I was commanded to sacrifice my girlfriend. Armed with a paring knife, I latched onto her and dragged the knife across her throat. Luckily the knife caused no significant injury. Roaring voices in my head commanded me to strangle my girlfriend three times. Confused by my actions, I resuscitated her back to life.

I then found myself sobbing on the love seat nestled in my parents' modest rural home in the country side. No one to hear her cries for help, I wrestled with my inner demons of terror. As I sat

sobbing, she escaped in a panic. Arrested again I was thrown into jail. Booked for assault on a cohabitant. I manically roamed the cell. Commanded once again, I tore my clothes in a deranged state, drank copious amounts of water trying to cleanse myself, hoping to liquify to escape this nightmare. Enter the guards and police. They proceeded to Taze me eight times and pepper spray me. Crying inside and outside I was thrown into a thinly rubber coated "safety" cell. Delusional, I crashed my head against the wall, rendering me a C5/6 quadriplegic. Laying in agony, I pleaded for help for approximately 10 hours.

Up until then I was your typical American, working to pay the rent, going to college, girlfriend and a one-time homecoming king. Now in the eyes of many, the judicial system, another criminal.

Like many mentally ill people, I have fallen victim to the "revolving door" that is our judicial system. Incarceration and homelessness seem to be the only answer for the mentally ill, causing a financial strain to an already teetering economy. A supervised and mandated outpatient program for the mentally ill is a money-saving option. Nevada County estimates \$1.81 saved for every \$1 invested. It just makes "cents"!

California Assembly Bill 1569 is a vital piece of legislation to our moving forward as a leading state of our great nation. This bill is "preventable health care" for people with severe mental illness who cannot consciously access the help they need. Please

support this vital legislation. I ask you, plead with you, to support Laura's Law in order to prevent any further tragedies.

Sincerely,
RENY

(NOTE: The foregoing letter was submitted to California Assembly members in support of AB 1569, which would extend the state's assisted outpatient treatment [AOT] law known as Laura's Law until 2017. For more information, [visit our Laura's Law page.](#))

www.treatmentadvocacycenter.org

UPDATE: May 5th
From Carla Jacobs, Randall Hagar, Chuck Sosebee & Mark Gale:

The Assembly [overwhelmingly voted in favor of extending Laura's Law](#) (65 to 3) until 2017.

The [assisted outpatient treatment](#) law that AB 1569 seeks to extend is named after Laura Wilcox, who was killed by Scott Thorpe, a man with untreated schizophrenia.

The bill has now moved over to the Senate. We need your help once again. Please reach out to your senators and urge them to support the bill. We will alert you to the times and dates of upcoming hearings.

To learn more about Assembly Bill 1569, please see "[California Must Extend Laura's Law.](#)"

PTSD

Understanding Posttraumatic Stress Disorder and Recovery

NAMI's 14-page brochure on posttraumatic stress disorder (PTSD), its treatment and recovery.

The topics include:

What is Trauma?

Risk Factors for Developing PTSD

Prior History of Trauma

How Trauma Becomes PTSD

Patterns of Trauma Response

The Neurobiology of PTSD

Hypoarousal and Hyperarousal

Diagnosing PTSD

PTSD and Co-Occurring Disorders

PTSD and Suicide

Combat Veterans and Trauma

Culture and PTSD

Trauma during Childhood

Women and PTSD

Sexual Assault and PTSD

Trauma and the Mental Health

System

Family Impact of PTSD

Recovery and Coping

Psychological First Aid

Psychotherapy

Cognitive Behavior Therapy (CBT)

Eye Movement Desensitization

Reprocess (EMDR)

Group Therapy

Service Dogs

Medications

This brochure is available at www.nami.org

HEALTH INSURANCE

Health Insurance for Your Kids

By Jim Lugannani

Did you know you have many choices for health insurance for your children, regardless of pre-existing conditions?

Which program is right?

Generally speaking, it depends on family income. And you may be surprised how much

income you can earn to qualify for some kind of assistance:

Medi-Cal: Pays for medical services for children and adults with limited income. www.medi-cal.ca.gov

Healthy Families: Low cost health, dental and vision coverage for children and teens whose family income does not qualify for free Medi-Cal.

www.healthyfamilies.ca.gov

MRMIP: Provides subsidized group health coverage for Californians unable to obtain coverage because of preexisting conditions. Premiums are higher than other programs; it may be helpful for children no longer covered on a parent's plan.

www.mrmib.ca.gov

PCIP: A new high risk pool for medically uninsurable people who have been without coverage for more than six months.

www.pcip.ca.gov

Access for Infants and Mothers

(AIM): A helping hand to cover the costs of pregnancy, even if you have private insurance.

www.aim.ca.gov

Private Coverage: The Affordable Care Act requires

that group coverage extend to dependent children up to 26 years old, and expands parity coverage for mental health. In addition, the California Legislature has mandated (AB 2244) that private insurers provide kids-only coverage with open enrollments (i.e. no pre-existing conditions).

Need more help? Call the California Uninsured Helpline 800-234-1317 or

<http://finder.healthcare.gov>.

Denied coverage? Call California's DMHC Help Center 888-466-2219.

James Lugannani is a Financial Advisor at UBS Financial Services and a Board Member of NAMI Contra Costa. He can be reached at 415-954-5956 or james.lugannani@ubs.com

DSM CHANGES

(Editor's note: The following are excerpts from an article by Julie Steenhuysen – the full article is available at:

<http://www.reuters.com/article/2012/05/09/us-usa-psychiatry-manual-idUSBRE8481BN20120509>

(Reuters) - Two proposed psychiatric diagnoses failed to make the last round of cuts in the laborious process of revising the Diagnostic and Statistical Manual of Mental Disorders -- an exhaustive catalog of symptoms used by doctors to diagnose psychiatric illness.

Gone from the latest revision are "attenuated psychosis syndrome," intended to help identify individuals at risk of full-blown psychosis, and "mixed anxiety depressive disorder", a blend of

anxiety and depression symptoms. Both performed badly on field tests and in public comments gathered by the group in its march toward the May 2013 publication deadline.

Both have been tucked into Section III of the manual -- the place reserved for ideas that do not yet have enough evidence to make the cut as a full-blown diagnosis.

What has survived, despite fierce public outcry, is a change in the diagnosis of autism, which eliminates the milder diagnosis of Asperger syndrome in favor of the umbrella diagnosis of autism spectrum disorder.

But that, too, could still be altered before the final manual is published, the group says. The APA opened the final comment period for its fifth diagnostic manual known as DSM-V on May 2, and it will accumulate comments through June 15.

Dr. David Kupfer, who chairs the DSM-5 Task Force, said in a statement that the changes reflect the latest research and input from the public.

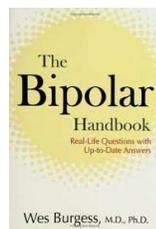
Dr. Emil Coccaro, chairman of the Department of Psychiatry and Behavioral Neuroscience at the University of Chicago Medicine, said typically changes in the DSM occur because of new data.

Coccaro, who is contributing to the new section in the DSM-5 on Intermittent Explosive Disorder, said there is no question that many people aren't convinced that some of the diagnoses need to be changed, or that there need to be new ones added.

"This also happened the last time when they did DSM-4," he said, but that was nearly 20 years ago. "You can keep waiting but at certain point you have to fish or cut bait and actually come out with a new edition. That is what is happening now," he said.

Comments to the manual can be submitted at www.DSM5.org

BOOK CORNER



The Bipolar Handbook: Real-Life Questions with Up-to-Date Answers

[Wes Burgess](#) (Author)

For Dr. Wes Burgess, the diagnosis of bipolar disorder means hope-hope for the estimated ten million people who will develop the disorder during their lifetimes, and hope for the families and friends of people who suffer from it. Drawing upon the real questions asked by patients and families during his nearly twenty years as a bipolar specialist, **The Bipolar Handbook** comprehensively tackles every area of the disorder, from its causes to medical treatment and psychotherapy, to strategies for creating a healthy lifestyle, to the prevention of, coping with, and treatment of

bipolar episodes. From the more than five hundred questions and answers, you'll learn:

- what to expect when pursuing a diagnosis
- how to choose the right doctor or specialist
- how to get the disorder under control
- what treatments and medication protocols are best for you
- how to reduce stress to prevent manic and depressive episodes
- what family members and friends can do to support you, and more

Dr. Burgess also addresses unique lifestyle concerns facing bipolar individuals. Special chapters on practical strategies for career success, building healthy relationships, issues that specifically affect bipolar women, and coping techniques for families and friends further explore the impact of the disorder on daily life.

The Bipolar Handbook's easy-to-access format and full chapter of resources, as well as diagnostic criteria from the American Psychiatric Association and the National Institute for Mental Health, make this a versatile guide-perfect for quick reference and in-depth discovery.

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



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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333 W. 12TH AVE.
CHICO, CA 95926**