NAMI Butte County
National Alliance on Mental Illness

NEWSLETTER September/October 2012
P.O. BOX 1364 Chico, CA 95927 www.namibutteco.com

Mental Illness Awareness Week 2012: Oct. 7-13 Changing Attitudes Changing Lives

NAMI Butte County
GENERAL MEETING
NOTE: Change in Meeting Place!

MOVIE NIGHT:
JOIN US! Popcorn & beverages will be provided!
DATE:
Thursday, October 18
TIME:
6:30 p.m.
PLACE:
ASD Conference Room
109 Parmac Rd Ste 1, Chico

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

UPCOMING TRAINING

Parents & Teachers as Allies
Presenter Training
Saturday
October 27th in Chico, CA
8am – 5:30pm

Parents and Teachers as Allies is an in-service mental health education program for school professionals.

SEE ATTACHED FLYER FOR MORE INFORMATION

IN THIS ISSUE

CRISIS SERVICES

CRISIS SERVICES OFFICE MOVED SEPTEMBER 5

The Butte County Behavioral Health Crisis Services offices moved on September 5, 2012 to their new location at **560 Cohasset Road**, North Entrance, sharing the same location as the Crisis Stabilization Unit.

Crisis phone numbers will remain the same, (530)891-2810 or (800)334-6622

Walk-in services for counseling are available Monday through Friday from 8:00 AM to 5:00 PM.

Crisis services are available at the Crisis Stabilization Unit 7 days a week from 8:00 AM to 11:00 PM.

After hours, please call 530-891-2810 for crisis assistance.

For additional information, please contact Lara Wilson at (530) 891-2999, or visit our website at www.buttecountybehavioralhealth.net

Northern Valley Talk Line

Confidential Peer to Peer Support
1-855-582-5554
Daily 4:30 pm – 9:30 pm

Care Hope Compassion

SUPPORT GROUPS

COMING SOON
NAMI "Connection Recovery Support Group",
a 90-minute weekly support group run by persons who live with mental illness for other persons with any diagnosis who also live with mental illness.
Info: Kristina at
programs@NAMIButteCo.com
or (530) 894-6380

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 / 879-3311
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

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)
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

Oroville Drop-in Center
18 County Center Drive, Oroville
(530) 538-7705
Monday-Friday 11 am - 4 pm

LAURA'S LAW EXTENDED

September 25, 2012

Congratulations to all of you!
Among the many bills signed by Governor Brown over the weekend was AB 1569, Assemblymember Michael Allen's bill to extend Laura's Law. This means that the authority in the Laura's Law statute for a county to operate, establish or continue a program of Assisted Outpatient Treatment, which was due under the current law to expire on December 31 of this year, has been extended until December 31, 2017. Thank you to all of you whose actions supported this important legislation.

Now it's up to us to educate our county officials and continue to encourage them to implement Laura's Law. Visit our Laura's Law page for useful tips and information.

Carla Jacobs, Randall Hagar, Chuck Sosebee & Mark Gale
www.treatmentadvocacycenter.org

SILVER RIBBON

Wear a Silver Ribbon...
To show you care about someone with a brain disorder or disability
To help break down the barriers to treatment and support
To help eliminate the stigma against those who suffer
To show you believe there is HOPE through education and research

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To learn more about the Silver Ribbon Campaign for the Brain, please visit **www.silverribbon.org**

ANOSOGNOSIA

The Anatomical Basis of Anosognosia

SUMMARY: Anosognosia, or lack of awareness of illness, is a common symptom of schizophrenia and bipolar disorder with psychotic features. It is one of the most common reasons why individuals with these disorders often refuse to take medication.

To date, 18 studies have been done looking at the relationship between anosognosia and the anatomical structure of the brain; 15 of the studies reported statistically significant correlations and three studies did not. The three negative studies focused on global brain measures, such as total brain or total ventricular volume. The 15 positive studies included many that focused on more specific brain structures. Two of the positive studies were of individuals with first-episode psychosis and included individuals who had never been treated with antipsychotic medications, thus ruling out medications as a cause of the observed brain changes.

Anosognosia, or lack of awareness of illness, thus has an anatomical basis and is caused by damage to the brain by the disease process. It thus should not be confused with denial, a psychological mechanism we all use.

See the full report at:

www.treatmentadvocacycenter.org

CRIMINAL JUSTICE

September 27, 2012

New Approach Proposed to Reduce Recidivism and Improve Recovery among Corrections-Involved Adults with Substance Abuse and Mental Health Disorders

New York—The Council of State Governments (CSG) Justice Center today announced the release of *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*.

The report is written for policymakers, system administrators, and front-line service providers committed to improving outcomes for men and women with behavioral health disorders on probation or returning to the community from prison or jail.

The report outlines the principles and practices of the corrections and behavioral health systems and a structure for state and local agencies to begin building truly collaborative responses. It dispels myths about the link between mental illness and violence, underscores that recovery and rehabilitation are possible, and calls for the reallocation of resources where they will be most efficient and effective.

The full report, FAQ, and other resources are available at www.csgjusticecenter.org

STORY

A Story of Learning to Live – and Laugh – with Obsessive-Compulsive Disorder

June 29, 2012

David spent the first half of his life as a sweet, if somewhat hyper, child who enjoyed drawing. The second half he has spent as a struggling and haunted adult battling obsessive-compulsive disorder (OCD). Now, at 34, he's holding his own, but with keen awareness that he has a tough adversary that he can't ignore. People with OCD are assailed by insistent, unwanted thoughts and the need to repeat ritualistic behaviors. The thoughts may center, for example, on an exaggerated fear of germs; incessant hand washing is a well-known compulsion. An unrelenting, unrealistic drive for perfection can be a manifestation of OCD. As a teenager, David discovered karate. What started as fun became fixation, until it consumed almost all his waking hours when he wasn't in school.

"Everything revolved around karate," says David's mother, Harriet. "Every day was torture because every day he had to start over again, had to do it right. Make a mistake and it didn't 'feel right', which meant his whole day was ruined." Gradually, her good-natured son became "stone-faced" and barely spoke. When older brother, Adam, baffled, asked, "Why are you doing this?," the response was silence.

The need to 'feel right' for karate began to control David's eating. Harriet would despair watching him measure every mouthful, count each strand of spaghetti. When their six-foot, three-inch son's weight plummeted to 120 pounds, his parents panicked. "How he was still walking around," Harriet says, "I don't know." Realizing this was more than adolescent acting out, she and David's father, Joel, were on the verge of hospitalizing him when help came from an unexpected quarter. When David went to a local gym to buy some equipment, a trainer there took one look at him, got out the calipers and measured his body fat.

"Olympians have eight or nine percent body fat," Harriet says. "David had one percent. That's when he, himself, realized things were out of control and he let us take him to a doctor."

Although the doctor they went to misdiagnosed David's condition as anorexia, the drug he prescribed, the antidepressant clomipramine (trade name Anafranil), is often used to treat OCD. It took weeks to ,mnkick in, but then, one day, Harriet heard David "give a little laugh." It was music to her ears.

But the journey was only beginning—the search for the right doctor, the right treatment—for David, whose OCD was compounded by recurrent depression and anxiety. Despite days when he couldn't get out of bed, he managed to complete a bachelor's degree at Brooklyn College not far from the family's home in Queens, New York. But after graduation his condition worsened.

"It's hard enough for any kid getting out of college to be suddenly adrift, but for someone with OCD, when any change is frightening, it's a nightmare," Harriet says.

It took several years before the family found the right psychiatrist, who found the right mix of medications. Clomipramine remains the base, combined with the antidepressant clonazepam (Klonapin) and the antipsychotic aripiprazole (Abilify). Harriet explains that this is why they support the Brain & Behavior Research Foundation. "David benefits from medications that came out of research. Research is clearly the way to better treatments."

Today, after completing training as a court reporter, David is freelancing, taking and transcribing depositions for lawyers. Says Joel, "If you'd told me five years ago that David would be working, I wouldn't have believed it." Harriet explains that David still needs to be vigilant: "OCD is a very opportunistic condition. It grabs you when you're vulnerable, when you're tired or down. It still can be a problem for David to recognize what's valid thinking and what's obsession." David, knowing what his challenge is, and having accumulated success in meeting it, is optimistic.

http://bbrfoundation.org/about

BEST/WORSE THINGS TO SAY

Supporting the Mentally Ill:

Best Things to Say to a Person with a Mental Illness

1. I love you
2. What can I do to help?
3. This must be very hard for you
4. I am there for you, I will always be there for you
5. You are amazing, beautiful and strong and you can get through this
6. Have you seen your doctor/therapist?
7. You never have to apologize for your illness or for feeling this way
8. I'm not scared of you

Why These Are Great Things to Say: These statements show that you recognize that the person is sick; you recognize that they're in pain you don't understand, and that you will be there for them. These are great things no matter what the illness is and really, no matter whom the person is.

These Are Supportive Things to Say

What you are really saying, or implying:

1. The three best words in the English language. It shows that you care about the person in spite of their illness. We need reminding.
2. This shows that you really want to help in a way that works for the person.
3. You're validating their feelings and illness. As we often get the opposite, this is a gift.
4. You're showing the person that you really are there for them and that you're not going anywhere. Every human has a fear of abandonment and we perhaps more than most as we often see people leave us due to our mental illness.
5. These compliments vary person-to-person but basically our brain is attacking who we are and skewing our self-perception. If you can bring some reality to the table it's appreciated. And honestly, we might not seem to believe you, but it helps to hear it anyway.
6. This is a tricky one but I do think it's important to encourage professional help in whatever form that takes. We get so sick we don't do this and by saying this to us you're reinforcing that we need to do it and you're saying it in a loving way. You could offer to make, drive to or come to an appointment.
7. We feel bad about being sick. Really. Guilty. And guilty and scared about being sick around you. By saying that we don't have to apologize, you're telling us that you accept us and our illness and we don't have to apologize for something outside of our control. (This isn't to suggest that we shouldn't apologize for behaving badly, that everyone should do.)
8. You're reinforcing that you love us and we're not driving you away. Everyone's scared of our illness, including us. We need to know that you're not terrified that we'll suddenly explode like TNT lit by Wile E. Coyote.

It's Hard to Say the Right Thing

I admit, these are hard things to say. They're hard things to say to anyone and they're certainly hard things to say to someone suicidal. I recognize that. Everyone's human. We don't always pick the right box.

So every conversation doesn't contain all eight items. No one could expect it would. If you just feel comfortable saying one, that's perfectly OK. But if the basic ideas of love, acceptance, support, acknowledgment and help can be remembered, the conversations can go better whatever their flow.

And hey, if you've had these things said to you, say thanks. We should all appreciate such kindness.

Worst Things to Say to a Person with a Mental Illness

1. Snap out of it
2. There are a lot of people worse off than you
3. You have so many things to be thankful for, how can you be depressed?
4. You'd feel better if you got off all those pills
5. What doesn't kill us makes us stronger
6. Go out and have some fun
7. I know how you feel

8. So you're depressed, aren't you always?
9. This too shall pass
10. We all have our crosses to bear
11. And as a bonus, my personal favorite: *We create our own reality.*

Why These are Stupid Things to Say: Any of those statements shows that you have no idea what you're talking about. You fundamentally do not understand the concept of an illness if you think any one of these are appropriate. I suggest trying it with other disorders and see how you feel:

Hey, diabetic, snap out of it.
Hey, epileptic, I know how you feel.
Hey, paraplegic, so you can't use your legs, isn't that always the case?
Hey, person with multiple sclerosis, we create our own reality.

You get the idea. No one would think that is reasonable, and it's no more reasonable just because you can't see the illness because it's in my brain.

These Are Hurtful Things to Say

And perhaps worse than showing ignorance, these things even inflict pain on the person you're trying to "help". You are saying that:

1. They could choose not to be sick if they really wanted
2. Their illness is not serious
3. They have no "reason" to be ill
4. Their treatment is wrong
5. They'll be better off from it
6. They would be fine if they would just "go out"
7. Their illness is minimal
8. Their pain doesn't matter
9. They should just wait for the pain to end
10. Their illness is just like anyone else's problem
11. They choose to be sick

Again, I dare you to tell a person with any other illness any of those things.

And lest we forget, the mentally ill person in front of you is already probably feeling very bad about themselves, and you have chosen to go and make it worse.

Let's Not Forget, People Die From Mental Illness

The idea that mental illness is serious isn't something that I made up, **it is a fact**. Estimates are 1 in 5 people with bipolar disorder commit suicide and 1 in 2 people (yes, that's half) attempt it. And of course there are hospitalizations, work absences, destroyed families, having to go on disability, and so on. This is serious stuff people. It is not a runny nose.

Why Do People with Mental Illness Have to Justify Themselves?

Why is it that just because I see a psychiatrist and you see a neurologist your disease is real and mine is not? Why is it you assume I can will my disease away while you can't? Why is it that you can expect me to bring you chicken soup when you get *the flu* but when I get sick I can't even expect that you'll stick around?

I do understand that people don't know they are being hurtful. People are trying to help. I get it. But here's the thing, **my illness is just as real as anyone else's. Please stop forcing me to convince you.**

Posted on September 7, 2010 by Natasha Tracy

HealthyPlace.com is the largest consumer mental health site, providing comprehensive, trusted information on psychological disorders and psychiatric medications from both a consumer and expert point of view.

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