



Brain Storm

Newsletter of NAMI Tri -Valley

www.nami-trivalley.org

July 2009

NAMI Tri-Valley Mission Statement

“NAMI Tri-Valley in collaboration with other community agencies and organizations provides information and referrals to resources, education programs and advocacy support to consumers and families.”

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Mental Illness and Stigma

From MayoClinic.com and NAMI.org

You’ve probably heard the words, tossed out loosely, without a care - words like “psycho,” “schizo” and “wacko.” Or you’ve seen the jokes on television about “loony bins” and characters in straightjackets. You might even have read about the government official who quipped that a congressman must be “off his meds and out of therapy.”

But if you or a loved one has a mental illness, you know that these words and gimmicks aren’t just harmless fun. Rather, they perpetuate the stigma attached to mental illness. Stigma is painful and shaming, but you can both cope with it and combat it.

Stigmatizing mental illnesses begins with a label. Stigma is a mark of disgrace or shame. It has four components:

- Labeling someone with a condition
- Stereotyping people with that condition
- Creating a division - a superior “us” group and a devalued “them” group, resulting in loss of status in the community
- Discriminating against someone on the basis of their label

Labels aren’t always negative, though. In health, for instance, a diagnosis is, in essence, a label. A label can offer reassurance that your condition has a medical cause, and it can help steer you toward appropriate treatment.

Labels don’t always trigger stigma. In fact, many illnesses are gaining broad acceptance, with survivors and advocates taking part in fund raising events or proudly wearing ribbons or wristbands to show their support. Breast cancer is a shining example. Survivors are no longer stigmatized, but rather celebrated and honored.

But some illnesses remain on the social fringe — shunned, mocked, disrespected and discredited. For many people, being diagnosed with a mental illness is akin to wearing a scarlet letter, an invitation for scorn and disdain.

“Some mental health advocates propose switching to less stigmatized terms, such as behavioral health or brain disorders or brain illnesses.”

Stigma Fuels Inaccurate Perceptions of Mental Illnesses

Why do mental illnesses continue to be stigmatized? For one thing, the term “mental illness” itself implies a distinction from “physical” illness, although the two are intimately entwined.

In fact, neuroimaging studies show physical changes in the brain associated with mental disorders, suggesting a biological basis. Some mental health advocates propose switching to less stigmatized terms, such as behavioral health or brain disorders or brain illnesses.

To some, “mental” suggests not a legitimate medical condition but rather something that results from your own doing and your own choices. People may blame you and think your condition is “all in your head.” They may think that mental illness is an indication of weakness or laziness. That you’re a “moral failure” or simply “can’t cut it.” That you should just “get over it.”

Some people also believe that if you have a mental illness, you must be dangerous and unpredictable. This perception is often inflamed by media accounts of crime, although statistics don’t bear out a connection between mental illness and violence. Some people also believe that those with mental illness are less competent, unable to work, should be institutionalized or will never get better.

As a result of such stigma, mental illnesses remain the butt of jokes in popular culture. Negative portrayals of people with mental illnesses fuel fear and mistrust and reinforce

Stigma (con’t on page 2)

Stigma (con't from page 1)

distorted perceptions, leading to even more stigma.

Some mental illnesses are more stigmatized than others. Schizophrenia, for instance, is more highly stigmatized than depression is. It's routinely mocked and misrepresented and is less likely to generate compassion. Depression, on the other hand, is less often ridiculed, perhaps because an onslaught of advertising for antidepressant medications has made the disorder more mainstream, thus more acceptable.

Consequences of Stigma

For someone with mental illness, the consequences of stigma can be devastating - in some cases, worse than the illness itself.

Some people with mental illness don't seek treatment for fear of being given a label - a label that's almost impossible to ever shed. They believe that once family and friends find out about their illness, they'll be scorned. They may try to hide their symptoms and not stick to treatment regimens.

Some people with mental illness become socially isolated, locked out of their community by the shame and embarrassment that stigma triggers. Stigma also leads to social distancing, in which

people refuse to rent rooms to someone with a mental illness, don't want them as neighbors or co-workers, and won't befriend them. Some people with mental illness have even been subjected to physical violence and verbal abuse.

People with mental illness face discrimination in the workplace, even though the Americans with Disabilities Act outlaws it. They may lose their job, be the subject of gossip by coworkers and get passed over for promotions.

And in many cases, health insurance coverage of treatment for mental illness is inadequate and far more limited than that of physical illnesses, such as diabetes or high blood pressure.

Celebrities Help Erase the Stigma of Mental Illness

Not all the news is bad, though. Today, the stigma surrounding some mental illnesses is slowly eroding. That's due in part to greater public understanding of mental disorders and the biological basis that many of them have. As causes of mental illnesses and better treatments for them are discovered, stigma may fade even more.

Many celebrities are speaking out about

their experiences with mental illness. Among them are Nobel Prize-winning economist John Forbes Nash Jr. (schizophrenia); actresses Patty Duke (bipolar disorder), Lorraine Bracco (depression) and Brooke Shields (postpartum depression); news-people Jane Pauley (bipolar disorder) and Mike Wallace (depression); athletes Terry Bradshaw (depression) and Muffin Spencer-Devlin (bipolar disorder); writers Kay Redfield Jamison, Ph.D., (bipolar disorder), Art Buchwald (depression) and William Styron (depression); and such public figures as Tipper Gore (depression) and Kitty Dukakis (depression, substance abuse).

Celebrities who openly discuss their mental illnesses or write books about their experiences increase public awareness and help make it easier for others to reveal their struggles with mental illness. The tide is slowly turning.

June 01, 2005

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Coping with Stigma

So what can you do about stigma? If you have a mental illness, you can decide who to tell, if anyone, and how much to tell. You may not be comfortable telling anyone anything at all. If you confide in people you trust, you may find much-needed compassion, support and acceptance.

If you want to actively combat stigma, you may only be comfortable pushing for more awareness within a close circle of family and friends with gentle reminders about the harm in jokes and stereotypes. Or if you're more comfortable tackling bigger challenges and facing bigger risks, you may decide to make your cause more public.

Don't Let Stigma Create Self-doubt and Shame

In the face of insensitive comments or crude advertising gimmicks, it may be difficult to feel good about yourself. Remember that you have a medical condition, and that it's not your fault and that effective treatments are available. Try not to feel shamed, embarrassed or humiliated if someone knowingly or unknowingly ridicules your illness. Therapy may help you gain self-esteem and put less stock into what others think of you.

And if you're comfortable enough to speak up, you may be able to help educate people about the hurt that can result from stigmatizing mental illnesses. The tide is slowly turning.

FAMILY-TO-FAMILY CLASSES BEGIN AUGUST 26

The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of individuals with severe mental illnesses. The classes are taught by trained family members.

Wednesdays, August 26 to November 18 (November 11 is a holiday) from 6:30 p.m. to 9:00 p.m.

Ed Rundstrom Learning Center,
Livermore Adult Education
1401 Almond Ave.
Livermore, CA

Contact Marsha McInnis for registration and further information at: 925-980-5331 or e-mail at marsha@nami-trivalley.org

DID YOU KNOW . . .?

Network of Care

The Alameda County Network of Care website, www.alameda.networkofcare.org, provides a wealth of information and resources, particularly focused on health care, mental health and mental illness. Information is also available in translation in many languages.

NAMI Tri-Valley Speaker's 2009 Schedule

Speakers present at each NAMI General Meeting, which is held the first Monday of each month except for holidays that land on that day and December. Check NAMI Tri-Valley's website for the meeting location and continual updates: www.nami-trivalley.org.

January 5, Rosa Warder,
BHCS Family Relations Manager

February 2, Marye Thomas, M.D.,
BHCS Director

March 2, Beverly Bergmen,
Family Advocate, Mental Health Association Alameda County; Francesca Tenenbaum, Patient Rights Advocate, Mental Health Association Alameda County

April 6, Jim Sondecker, LCSW,
Associate Hospital Administrator, John George Psychiatric Pavilion

May 4, Daniel Kostalnick, M.D.,
Psychiatrist

June 1, Robert Ratner, MPH, MD,
BHCS Director of Housing Services

July 6, Millie Swafford,
Director, Criminal Justice Mental Health & CONREP

August 3, NAMI's In Our Own Voice
Presentation

September — No Meeting

October 5, To Be Announced

November 2, Children's Mental
Health Panel

December — No Meeting

Kid's Corner

What are the Educational Needs of a Child with Bipolar Disorder?

By Suzi Glorioso

A diagnosis of Early Onset Bipolar Disorder in a child usually requires ongoing medical as well as psychiatric management. The disorder and the medications used can greatly affect a child's daily life not only at home but also at school. Some of the challenges at school can include erratic school attendance, alertness and concentration, sensitivity to light, noise and stress, motivation, and the amount of energy available for learning. A bipolar child's functioning can vary greatly at different times throughout the day, season, and school year.

Other factors such as transitions to new teachers and new schools, a return to school from vacations and absences, and changing to new medications can increase symptoms. Medication side effects that may be troublesome at school include increased thirst and urination, excessive sleepiness or agitation, and interference with concentration. Weight gain, fatigue, and a tendency to become easily overheated and dehydrated impact a child's participation in gym and regular classes. These common problems and many other difficulties ebb and flow and can greatly affect the child's ability to learn.

As with any child diagnosed with a chronic condition that can impede learning, parents, special education staff and professionals team up to develop an Individualized Education Program (IEP). The IEP is written to accommodate the child's needs including periods when the child is relatively well (when a less intense level of services may suffice), with a watchful eye on symptoms in the event of relapse. Specific supports need to be reinforced by a letter or phone call from the child's doctor to the director of special education in the school district. Some parents find it necessary to hire a lawyer to obtain the supports and services that federal law requires public schools to provide for children with similar health

issues. During an IEP, the parents, special education staff, and professionals meet as a team to determine the child's best educational needs. An evaluation is conducted by school staff and includes psycho-educational testing, (some families arrange for more extensive private testing). The educational needs of a particular child with bipolar disorder can be very challenging as symptoms vary depending on the frequency, severity and duration of episodes of the illness and can be difficult to predict in an individual case.

Examples of supports helpful to children and adolescents with bipolar disorder include:

- Preschool special education testing and services
- Small class size (and with children at similar learning levels) or a self-contained classroom with other children who have serious emotional disorders (not "behavior disorders") for part or all of the day
- One-on-one or shared special education aide to assist child in class
- Back-and-forth notebook between home and school to assist communication
- Homework reduced or excused and deadlines extended when energy is low
- Late start to school day if fatigued in morning
- Recorded books as alternative to self-reading when concentration is low
- Designation of a "safe place" at school where child can retreat when overwhelmed
- Designation of a staff member to whom the child can go as needed
- Unlimited access to bathroom
- Unlimited access to drinking water
- Art and music therapy
- Extended time on tests
- Use of calculator for math

IEPs (con't on page 4)

Annual Membership Application NAMI Tri-Valley

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____ E-mail _____

General \$35

Consumer \$15

Professional \$45

\$_____ In Memory Of: _____

\$_____ In Honor Of: _____

Membership dues are tax deductible. Membership entitles you to receive NAMI Tri-Valley Newsletter "Brainstorm", NAMI California publication "The Connection" and NAMI National "The Advocate".

Send this application form
with your check payable to:
NAMI Tri-Valley
P.O. Box 5563
Pleasanton, CA 94566

IEPs (con't from page 3)

- Extra set of books at home
- Use of keyboard or dictation for writing assignments
- Regular sessions with a social worker or school psychologist
- Social skills groups and peer support groups
- Annual in-service training for teachers by child's treatment professionals (sponsored by school)
- Enriched areas of particular strength
- Curriculum that engages creativity and reduces boredom (for highly creative children)
- Tutoring during extended absences
- Goals set each week with rewards for achievement
- Summer services such as day camps and special education summer school
- Placement in a day hospital treatment program for periods of acute illness that can be managed without inpatient hospitalization
- Placement in a therapeutic day school during extended relapses or to provide a period of extra support after hospitalization and before returning to regular school
- Placement in a residential treatment center during extended periods of illness if a therapeutic day school near the family's home is not available or is unable to meet the child's needs

A Turning Point

Learning that one's child has bipolar disorder can be traumatic. Diagnosis usually follows months or years of the child's mood instability, school difficulties, and damaged relationships with family and friends. However, a diagnosis can be a turning point for everyone concerned. Once the illness is identified, energies can be directed towards treatment, education, and developing coping strategies that bring about recovery and resilience.

NAMI Tri-Valley Support Groups

PLEASANTON

Parent Resource and Support Group

A bi-monthly parent support group for parents of children diagnosed with or suspected of having bipolar or other mood disorders

First & third Tuesdays of the month — 7:00 p.m. to 9:00 p.m.

Pathways To Wellness Conference Room
5674 Stoneridge Drive Suite 116, Pleasanton

LIVERMORE

NAMI Tri-Valley Family/Caregiver Support Group

A monthly family group of relatives age 18 and up diagnosed or suspected of having a serious mental illness

Second Monday of the month — 7:15 p.m. to 9:00 p.m.

Livermore Public Library,
1188 So. Livermore Ave., Livermore

PLEASANTON

NAMI Tri-Valley Family/Caregiver Support Group

A monthly family group of relatives age 18 and up diagnosed or suspected of having a serious mental illness

Third Monday of the month — 7:15 p.m. to 9:00 p.m.

Pathways To Wellness Conference Room
5674 Stoneridge Drive Suite 116, Pleasanton



NAMI is a non-profit, grass roots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, schizoaffective

disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, and other severe and persistent mental illnesses that affect the brain.

Brainstorm is published by NAMI Tri-Valley, an affiliate of NAMI National and NAMI California