



# NAMI Contra Costa

National Alliance On Mental Illness

*Contra Costa's Voice on Mental Illness*    **JANUARY, 2010** '010410

The NAMI Contra Costa Newsletter is available on the website: [www.namicontracosta.org](http://www.namicontracosta.org)  
E mail: [xnamicc@aol.com](mailto:xnamicc@aol.com)

## A GREAT INVESTMENT THE FUND OF LAST RESORT

The confusion, despair and fear that comes with a diagnosis of a mental illness is devastating.

One might suppose that there are several institutions in our society that are equipped and are willing to assist in such a case. That is not the case.

The one organization that has been helping the families of the mentally ill for 30 years in Contra Costa County is NAMI Contra Costa.

There is an addressed envelope in this newsletter to make your dues payment and/or donation easy.

It will be appreciated!

### Board of Directors Monthly Meeting

The NAMI-CC Board meets the 2nd Saturday of each month at the Shellridge Community Church in Walnut Creek at 200 La Casa Via, across from John Muir Hospital.

Hours: 10:00 to 12:00 Noon  
Open To All Members

## FAMILY TO FAMILY **FREE CLASSES ON MENTAL ILLNESS**

It is said many times at NAMI that "you are not born knowing about mental illness."

It gets worse. In American education you can go from kindergarten to receiving a Ph. D. and not learn anything about the subject.

When a family member is diagnosed with a mental illness, it becomes a psychiatric case. Someone must manage that case.

The mental health system will do the best they can, but a great part of the burden remains with the family.

The NAMI Family to Family classes provide the information and material to guide that case to the best conclusion possible. Over 800 family members have graduated from this program and many say it is the most important thing they have ever done. The next classes will begin January 20, 2010 in Pleasant Hill.

If you are going to manage your loved one's case you certainly should take advantage of this resource. Call or E mail:

Thomas Cloney, Director  
510- 223 6873  
510- 705 2608  
[tmclone@gmail.com](mailto:tmclone@gmail.com)

## JANUARY

General Meeting,

Thursday,

January 21, 2010

7:00 PM

Doors open at 6:30 for NAMI information tables and library materials checkout

Speaker:

Demian Rose

M.D., Ph.D.

Medical Director, UCSF

Early Psychosis Clinic

Topic:

Research on Schizophrenia

Dr. Rose will discuss evaluation of individuals, ages 12-35, and evidence based treatments. (See article: Page 4, column 1)

Location

John Muir Medical Center  
(Formerly Mt. Diablo Medical Center)

Concord Campus

2540 East Street, Concord

925- 682 8200

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## **NAMI-CC Care and Support Groups**

### **Central Contra Costa County**

**1st Tuesday of each month**, Now in its 10th year. 7:30-9:00 pm, Hillcrest Congregational Church, 404 Gregory Lane, Pleasant Hill. Contact Peggy Luna, Dave Kahler 925- 676-5771 or E mail: xnamicc@aol.com

**3rd Monday of each month**, 7:15-9:15 pm, John Muir Hospital, 1601 Ygnacio Valley Road, Walnut Creek Campus, downstairs in the Stern Conference Room. The group is facilitated by Gloria Hill. Call: Gloria Hill 925- 957-5146.

### **DUAL RECOVERY ANONYMOUS**

Every Tuesday 5:45 pm to 6:45 pm  
John Muir Center for Recovery Classroom B  
2730 Grant Street, Concord  
Contact: Zula 925- 212 2241

### **BIPOLAR CHILL (CLIENT RUN)**

Manic Depression Support Group  
Wednesday 7:00—8:30 pm  
710 Broadway #3G Walnut Creek  
Contact Lisa or Scott 925-743 1160

### **Lafayette Support Group**

For family members of adults with mental illness.  
Monthly potluck dinner, social sharing.  
Jewish setting and prayer but all faiths welcomed.  
4th Monday of each month: 6:15-8:30 pm  
Temple Isaiah, 3800 Mt. Diablo Boulevard, Lafayette.  
Contact: 925- 945 7272 or karen@mmcohen.com

### **Dual Diagnosis Support Group**

Wednesdays: 3:30 pm  
1420 Willow Pass Road. Concord  
2nd Floor Facilitator: Bob McKinnon  
**Bipolar Support Group**  
Tuesdays 1:30 pm 1420 Willow Pass Road, Concord

### **NEW HOPE BIPOLAR SUPPORT GROUP**

For parents of children and adolescents with a mood disorder.  
2nd Monday of each month  
7:00 pm to 9:00 pm  
Lafayette-Orinda Presbyterian Church Room #4  
Contact: Annette 510-733 0577 or Joani 925-962 9952  
www.newhopesupportgroup.com

### **Richmond Support Group**

2nd Wednesday of each month, 6:00-8:00 pm  
Conference Room A1, Building A  
Richmond Medical Center  
901 Nevin Avenue, Richmond  
Contact: Dr. Sumchai 510- 237 9277  
Family2familyrichmond.nami@gmail.com

### **H.E.L.P.**

Hope, Encouragement, Love and Prayer  
Support group for those coping with a mental illness and/or their families and friends.  
Time: 2nd Monday of each month 7:00—9:00 pm  
Where: Christ the King Church, Ministry Chapel  
The meeting will be in the Ministry Chapel  
Except on Feb. 10 and March 10  
On those dates it will meet at the Christ the King School  
199 Brandon Road, Pleasant Hill  
Contact Joe or Pam Appel 925-947 0269

### **FAMILY ADVOCATE HOURS**

Gloria Hill, Contra Costa County  
Mental Health Advocate  
Monday - Friday 9:30 am - 6:00 pm  
925-957 5146  
Thursdays: 2:00 to 6:00 pm  
925-646 5844  
Emergency County Cell Phone:  
925-963 6229

**NAMI-Contra Costa**  
National Alliance on Mental Illness

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Phone: 925- 465 3864

Newsletter Deadline: 20th of Each Month

**PRESIDENT'S  
COLUMN**

By Al Farmer

The consumers' Christmas Party held at the Pleasant Hill Community Center was a phenomenal success. The room was well decorated and there was plenty of food for all 300 attendees.

The group was entertained by a four piece band, accompanied by a guitar and harmonica. After Christmas carols, there were door prizes and bags of gifts for all including Target gift cards. It was a great way to get into the Christmas spirit!

At the last NAMI general meeting, we all congratulated Veronica Vale on being chosen to receive the 2010 California Senior Leader's Award for exceptional senior volunteer leadership. There were 70 applicants for this award statewide.

The award gives Veronica a \$500 honorarium to donate to a cause of her choice, a two day training conference and networking sessions with other senior citizen leaders.

Her leadership as the NAMI *In Our Own Voice* Coordinator has been a very important force in battling stigma by educating the public about mental illness and giving hope to consumers being discharged from hospital.

In 2009, Veronica was a NAMI walk captain and her IOOV group made 80 presentations. Congratulations Veronica and keep up the good work!!!

Happy New Year to all.

**General  
Meeting**

Thursday, February 18, 2010

**Adolescent Services at John Muir Behavioral Health**, Bette Sindzinski, RN, MN, NCACIL. Will give a talk about teen outpatient, inpatient, day treatment, and rapid evaluation and diagnosis. There will be parenting tips. Bette's background includes youth addiction and recovery centers.

Thursday, March 18, 2010

**Celebration: Discovering Recovery, the Power of NAMI, and Moving Beyond Stigma.**

Robert Villanueva; featured in *BP Magazine*; frequent guest speaker, (e.g. Stanford Bipolar Education Day); *In Our Own Voice* National Trainer and State Trainer. Talk will include his bipolar recovery story, NAMI's influence, and research regarding stigma and mental illness.

April 15, & May, 19, 2010—to be announced

Thursday, August 19, 2010

**Writing Your Way Out of Darkness.** Peggy Kennedy, author of the memoir *Approaching Neverland* and NAMI activist, will talk about her family's experience with bipolar disorder, read a bit of her book, and share strategies of therapeutic writing. Research in therapeutic writing to be included.

Information on the above and other speakers not listed:

(925) 933-4012

**January Speaker**

**DEMIAN ROSE**

By Kay Derrico

Dr. Demian Rose, Medical Director of UCSF Early Psychosis Clinic, will discuss evaluation for individuals, ages 12-35, who are struggling with the early signs of chronic psychosis or who are at risk for the development of chronic psychotic disorders, such as schizoaffective disorder and schizophrenia.

He will discuss evidence-based treatments, such as conservative medication management, cognitive-behavioral therapy, cognitive training (a reflection of research on brain plasticity, i.e. the ability of the brain to change) and family groups.

Dr. Rose joined the UCSF faculty in 2006, where he quickly became interested in the neurobiology of psychosis and later worked with Dr. Sophia Vinogradov designing novel treatments for the cognitive symptoms associated with schizophrenia.

Dr. Rose studied biology as an undergraduate and then completed his M.D. and Ph.D. in Cell and Structural Biology with thesis work focused on molecules involved in motor neuron targeting.

**NAMI Newsletter**

**EDITORIAL BOARD**

To submit articles or comments to the newsletter, contact:

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seankleen@yahoo.com

David Kahler  
dk122932@aol.com or

**MOVEMENT DISORDERS**

By Dr. David Myers

Antipsychotics work on the parts of your brain that control the way you think and feel. But they also affect the parts of your brain that control the way you move your body.

So, taking these drugs can make you move in an unusual way (doctors call this a **movement disorder**). Standard antipsychotics are more likely to cause movement disorders than newer antipsychotics, although they can happen with any antipsychotic drug.

You may find your arms, legs, hands, feet or the muscles of your face shake (doctors call this **tremor**). You may also find you can only move very slowly. These unusual movements can look a lot like Parkinson's disease. Because of this they are sometimes called **parkinsonian symptoms**.

You might also find that the muscles of your neck twisting it around in a slow, squirming movement. Or you might get an arm or leg stuck in an outstretched posture. Doctors call this **dystonia**.

You may also get a sense of **inner restlessness**, making it hard to sit still or keep a relaxed position. It's an unpleasant feeling. This restless feeling is often why people stop taking their antipsychotic medication. Doctors call it **akathisia**.

Most side effects clear up soon after you stop taking the drug that caused them. However, one type of movement disorder, called **tardive dyskinesia**, may be permanent in some people. Tardive dyskinesia causes uncontrolled movements of your arms or legs, tongue, cheeks, face and jaw. It can make you do things like smack your lips and make wriggling

**PARTICIPATE IN NAMI**

Join the NAMI-CC, twice monthly group e-mail and receive a chronological list of mental health events and announcements.

Lend your energy to NAMI by volunteering.

E-mail Kay at:

[kayderrico@comcast.net](mailto:kayderrico@comcast.net)

to sign up for the group e-mailing or to receive a list of volunteer opportunities.

**Authors Wanted**

Authors are wanted to write articles and to tell their stories in the newsletter. Contact the Editorial Board: [xnamicc@aol.com](mailto:xnamicc@aol.com)

movements with your tongue.

Tardive dyskinesia usually only happens after you've been taking an antipsychotic for many years. If you start to get symptoms of tardive dyskinesia, changing to a different drug straight away can stop the it from becoming permanent.

So, if you're taking a drug that's known to cause tardive dyskinesia, you should have a check-up at least once a year.

References:

Freedman R. Schizophrenia. New England Journal of Medicine. 2003; 349: 1738-1749.  
National Institute of Neurological Disorders.

**DEPRESSION****TRIAL AND ERROR**

By Devon Schuyler

EDITOR'S Note: This article first appeared in the Los Angeles Times.

Although doctors have more than 20 medications to choose from when prescribing a treatment for depression, there's still little way to know which drug will work for a particular person.

Many people need to try two or three drugs or drug combinations before experiencing relief. Some go through six or more. "It's a hit-or-miss, trial-and-error kind of process," said Dr. Richard A. Friedman, a professor of clinical psychiatry at Weill Cornell Medical College.

Patients have finally come to recognize depression as a treatable illness with an underlying biological cause rather than misconstruing it as a sign of weakness. Doctors are able to help more people than ever with depression simply because more people are coming to their offices for treatment. One might expect that this increase in patients would lead to a new sophistication in choosing which drug might work for a particular patient. That's not the case.

A review article in the November, 2008 issue of the *Annals of Internal Medicine* looked at more than 200 studies of 12 second-generation antidepressants -- primarily selective serotonin reuptake inhibitors (SSRIs) such as Prozac and Zoloft and serotonin and norepinephrine reuptake inhibitors (SNRIs) such as Effexor and Cymbalta -- and concluded that no substantial differences existed in how well they worked.

Although a more-recent review in the *Lancet* of the same 12 drugs concluded that certain ones worked better than others, that analysis has been criticized for reading too much into studies that are largely funded by the drugs' manufacturers.

"There's no clear evidence that one antidepressant is more effective than another," said Dr. Ian A. Cook, director of depression research at UCLA's Semel Institute for Neuroscience and Human Behavior. Even if modest differences do exist among antidepressants, he said, patients vary widely in what will work for them.

**Starting Point**

Depression is a common condition, affecting nearly 15 million Americans a year and one in six over their lifetime. The most common treatments are counseling and drugs, with a combination of the two working best.

The most effective way for a doctor to find an antidepressant that works is to look at the patient's history, because someone who has already been treated for depression will often respond to a medication that worked before.

There's also a chance that someone with a family history of depression could benefit from the same drug that helped a parent or sibling.

Beyond these factors, "there is not a good way to know what medication is going to be the best for your patient," said Dr. Raymond J. DePaulo Jr., a professor of psychiatry at the Johns Hopkins University School of Medicine. Cost has become less of a concern now that most antidepressants are available in generic form for less than \$20 a month, so the decision usually comes down to side effects.

Antidepressants are believed to work by blocking the

reuptake of neurotransmitters such as serotonin, norepinephrine and dopamine, increasing the amount available in the synapses.

Doctors generally start by prescribing one of the SSRIs because drugs from this class are less dangerous in overdose and are least likely to cause serious side effects.

Common side effects of SSRIs include nausea, weight gain and impaired sexual function. Other newer drugs include the SNRIs, which have side effects similar to those of SSRIs but may cause weight loss instead of weight gain, and the dopamine reuptake inhibitor Wellbutrin, which is less likely to cause problems with sexual function but may cause seizures.

Older drugs tend to cause more side effects. For example, monoamine oxidase inhibitors (Nardil and Parnate among them) can interact dangerously with other drugs and even some foods, and tricyclics (such as Pamelor) can increase heart rate and cause people to become dizzy when they stand. Tricyclics can also cause drowsiness, dry mouth and constipation.

Another approach is to choose a drug based on the subtype of depression.

For example, practice guidelines from the American Psychiatric Assn. suggest that people with atypical depression -- who might oversleep and overeat instead of staying up at night and losing weight -- tend to do better with SSRIs or MAO inhibitors than with tricyclics. People who have obsessive-compulsive symptoms in addition to depression may benefit from a drug used to treat both conditions, such as an SSRI.

(Continued on page 6, column 2)

# WALK 2010 SATURDAY MAY 22

The third Saturday in May will be a real opportunity to have a family day in San Francisco and help NAMI-CC to support the mentally ill.

The Free picnic after the Walk has become a real NAMI-CC tradition. After which you can take the family to the beach or up to Twin Peaks for the spectacular view of one of the world's most beautiful cities.

Even before leaving Golden Gate Park you could visit the De Young museum.

You could add to your skills portfolio by taking the 20 minute short-course in how to solicit and enlist sponsors for the event. After this short course you will be able to contact prospective sponsors and show them the invaluable works that NAMI provides. The skill you learn will be invaluable in any organization you might be a member of. Contact:

Barbara Scott  
925-689 9380 Cell: 980 6345  
Work: 363 3408  
925- 676 5771

## March Board Meeting

The NAMI-CC Board of Directors meets the 2nd Saturday of each month. The March meeting will be an exception. The March meeting will be on Saturday, March 6.

# TRIAL AND ERROR

(Continued from page 5)

Although these suggestions may help steer doctors in the right direction, Dr. Maurizio Fava, a professor of psychiatry at Harvard Medical School, cautioned against reading too much into the few studies that match subtypes to specific drugs. "At this point, many of the treatment recommendations are oversimplifications," he said.

## Drug Cycles

About 60% of patients get at least some benefit from the first drug they try, with half of those recovering fully. Doctors can add a second treatment or switch to a new one if the first drug doesn't work.

The Sequenced Treatment Alternatives to Relieve Depression trial, a large study funded by the National Institute of Mental Health that was published in 2006, confirmed that a second drug from the same class is just as likely to work as one from a different class. That is, people who don't respond to one SSRI have just as good a chance of responding to a second SSRI as to an SNRI or Wellbutrin.

Although patients become less likely to respond with each new cycle, a significant number still do. STAR\*D, which looked at drugs and psychotherapy, found that 37% of patients went into remission after the first round of treatment, 31% after the second, 14% after the third, and 13% after the fourth. A third of patients in the study continued to struggle with depression after four cycles of treatment.

Compounding the prob-

lem of finding the right drug is the fact that antidepressants take so long to work.

Many people, accustomed to speedy results from drugs such as aspirin, stop taking their antidepressant if they don't feel better after a week or two. STAR\*D showed that it can take as long as eight weeks for a drug to begin working and up to 12 weeks to get the full effect. Doctors don't know why the drugs take so long to work; one theory is that the increase in neurotransmitters allows neurons to adapt, grow and establish new connections over time.

Friedman said that one of the most common reasons patients get incorrectly labeled "treatment-resistant" is that they haven't taken the drug for long enough or in a high-enough dose.

But waiting can be difficult for someone suffering from intense despair. As the weeks and months tick by, people with depression may be struggling with simple tasks like paying bills or getting dressed. Jobs are lost; marriages are strained. Some people kill themselves.

People who don't respond well enough to drugs and counseling still have treatment options.

One is electroshock therapy, which works well but can cause temporary memory loss. A newer alternative, called transcranial magnetic stimulation, doesn't affect memory but may be less effective. This is the treatment that

Porter turned to after his long struggle with depression. He said that he was feeling much better after a month of daily treatments five days a week at UCLA.

"The critical thing for patients is not to get demoralized and give up," said Fava.

**JANUARY DONATIONS**

In Memory of:  
Guy Christmas  
From:  
Richard and Kay Derrico

DONATION  
Chryl Marie Ku, R.N.

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In Memory of:  
Thomas Alvin Chattock  
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Julia Bonacich and  
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Mail to: Treasurer, NAMI-CC  
P.O. Box 21247, Concord, CA. 94521  
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**Use Donation For:**

- Peer to Peer Program
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- IOOV (In Our Own Voice)

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For Support and Information:  
**First Tuesday Support  
 Group**  
 Tuesday, February 2, 2010  
 7:30 pm Hillcrest Church,  
 404 Gregory Lane, Pleasant Hill  
 925- 676 5771  
 See Page 2

Stamp

**NO BETTER INVESTMENT**

There is no group in greater need than the mentally ill.  
 NAMI is the organization that addresses that need everyday throughout the year.  
 If you haven't sent in your dues or made your donation, Please do.  
 The funds go directly to programs for the mentally ill.

**NAMI Contra Costa**

The annual membership dues are \$40. This makes you a member of NAMI National, NAMI California and NAMI Contra Costa. You are automatically a member of all three organizations.

If you are solicited for membership or special donations from the State or National organizations, give generously if you can, but all such donations are voluntary and would be over and above your membership in NAMI Contra Costa.

Dues paid in October, November and December provide membership for the following year.

Send your membership application to:

NAMI Contra Costa  
 P.O. Box 21247  
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 94521  
 E mail: xnamicc@aol.com  
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 Contra Costa

Affiliated with NAMI National and  
 NAMI California

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 Make check payable to NAMI Contra Costa  
 Complete this information cut-out and return it to:  
 Treasurer, NAMI-CC  
 P.O. Box 21247, Concord, CA., 94521  
 E Mail Address: xnamicc@aol.com

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<input type="checkbox"/> Dual Affiliate	20.00
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