

Circle of Support

National Alliance on Mental Illness, Boulder County, Colorado

Issue No. 201

- For all those touched by mental illness -

December 2009

Uncovering the cause of difficult-to-diagnose depression

By R.K. Sanderson

Mental illness comes in many shapes and sizes. I grew up with a mother with depression, and mental illness and suicide run deep through my family tree. After I gave birth to my younger son, I suffered with a severe postpartum depression. I have taken medication since and have been able to lead a normal life, in fact, even thrive. But there are some types of mental illness that are more difficult to diagnose and treat. My husband and son have one of those types of depression.

Many studies about mental illness focus on the person who is suffering, but neglect to discuss the impact they have on friends and family. I have spent 15 years with a man who was vacant, indifferent, critical, and at times, just mean. When he sought help, either he was told he should be happy for being so healthy with such low blood pressure and that he didn't need help, or he was put on Prozac or Zoloft. He has been put on diets, taken B12 shots, sipped astragalus teas, taken iodine and vitamin D3 -- the list goes on. Nothing helped with the fatigue and sense of blah, the "anhedonic" behavior.

For years my husband didn't say hello or goodbye to me or to the kids. He barely looked at us, and rarely attended any of the boys' activities because he thought they were boring. More than a year ago he told me that he felt no love for me, mostly because he didn't love or care about anything. I have been lonely and brokenhearted for the past 10 years, even though I live with this man I adore.

Then one day in February, my husband fainted when he stood up after tying his shoes and fell through the sliding glass door in our room. I went into a panic, not knowing where to turn for help, since we were already seeing a bunch of doctors to try and relieve him of his malaise and fatigue. After two weeks and another fainting episode, I insisted he see an endocrinologist again. We had started with that two years before, but he was laughed out of the doctor's office and told to go out with friends more often and to do aerobic exercise.

When we went for his endocrinology appointment, my husband was gray and unresponsive. The endocrinologist was so alarmed, he ordered a series of heart exams to try to discern the cause for his fainting and

dangerously low blood pressure.

The results of the exams that ensued gave us crucial information. My husband was hypovolemic (low blood volume), had a dangerously low pulse, and had orthostatic hypotension (a drop in blood pressure from sitting to standing). My husband was put on Florinef, a cortico-steroid that helps balance the salt and potassium levels in the body and raises blood pressure, was given salt tablets to take daily, and then sent away. Neither the endocrinologist nor the cardiologist knew why my husband suffered with the symptoms he had, they just knew that they could help him manage them with the salt and Florinef.

Meanwhile, my teenage son, who had been sick with chronic fatigue and depression for two years, told us that he sometimes blacked-out when he stood up in the morning. My husband shared that he had been blacking out since he was my son's age. Funny thing. They both blacked out, and they both had fatigue and depression, among other weird symptoms. I started Googling all of their symptoms to see if I could find any connection.

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NAMI BOULDER COUNTY

1333 Iris Avenue, Boulder
303-443-4591
www.namibouldercounty.org

~

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Friends of NAMI

We are most thankful for your past and continuing friendship, but our list has grown too large for this small space. Please know how much you mean to NAMI Boulder County.

~

Office Manager: Sharon Bowyer
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Contributing writers for December:
Nancy Coleman, Phoebe Norton,
Alan Johnson, Reg Saner,
R.K. Sanderson, Elizabeth Kauffman

President's Corner

The holiday season is upon us. With it comes the anticipation of family, communion and celebration. The season is crowded with parties and gatherings, some highly anticipated and others somewhat obligatory. Coupled with the excitement is the added burden of frantic shopping, meal planning and decisions about the guest list.

For those living with mental illness or those related to someone living with mental illness, holiday preparation can lead to thoughts of regret, guilt and depression. With the change of season, shorter periods of daylight, and erratic sleep patterns, it is a blessing we have 10 months each year to recover from the two that cause so much stress for us.

This month in particular, it is important to share information about the wonderful support groups that NAMI has to offer. Support groups are good for the soul; a safe place to express and share our fear, frustration and sadness about the challenges in our lives; a place to joyfully share successes and new ideas. The NAMI community truly understands what we face each day, and the price is right – they are FREE.

NAMI Connection has come to Broomfield. It is a “peer support group” led by NAMI-trained peer facilitators that meets every Tuesday evening from 7-8:30, at the United Methodist Church located at 545 W. 10th Avenue, Room 203. It offers respect, understanding, encouragement and hope to adults regardless of their diagnosis. It’s a relaxed approach to sharing challenges and successes of coping with mental illness.

Our support group for “family and friends” of people with mental illness is the 1st and 3rd Monday nights, 7-8:30 at the Mental Health Center in Boulder at 1333 Iris Avenue in the Norton Room. It is led by Anne Weiher, a research psychologist, family member and consumer with 25 years experience in support group facilitation.

Take time for yourself during this hectic holiday rush. Do the simple things that bring you pleasure and comfort. Let go of some of the “I should” obligations. If you’re burdened or overwhelmed, feel sad and alone, turn to one of your NAMI support groups for comfort and understanding. Someone there will listen and give encouragement and hope. May you have comfort and peace for the holidays and may 2010 be a wonderful year for us all.

Nancy Coleman

Upcoming events

Dec. 6 - “Blue Christmas” Service,
4:00 p.m. First Congregational
Church. See page 7.

**Dec. 9 - NAMI Boulder County
Holiday Potluck,** 6:00 p.m. at the
San Lazaro clubhouse, Valmont and
55th, Boulder

**Jan. 13 - NAMI Boulder County
Board Meeting,** 6:30 p.m. at the San
Lazaro clubhouse, Valmont and 55th,
Boulder

Jan. 14 - “Minds on the Edge”
6:30 p.m. at Congregation Har
HaShem. See page 5.

**Feb. 14 - NAMI Boulder County
Board Meeting,** 6:30 p.m. at the San
Lazaro clubhouse, Valmont and 55th

Making our voices heard



By Phoebe Norton, co-chair of NAMI Colorado's Public Policy Committee

NAMI members vigilantly watch pending federal

and state legislation and funding proposals to see if/how they will affect people with mental illnesses. NAMI Colorado's Public Policy Committee meets twice a week during the legislative session. We will be watching all budget proposals as well as many bills that will be introduced in this legislative session.

We expect to see one or more bills from the insurance lobby that will try to dismantle the "Parity Law" that requires health insurance companies in Colorado to cover mental health services. We were able to get this bill passed in large part through the contacts NAMI members made with their legislators. *Your voices were very important and will be in the future.* Because we are well organized and can mobilize a lot of our members to contact their legislators when needed, NAMI's collective voice is respected and heard.

We will be notifying you when we need your help. Barbara Connors and I are currently working on building a team of Boulder/Broomfield advocates who will develop an ongoing relationship with their specified legislator so that the legislator will be more informed about NAMI issues. This will help augment and strengthen ongoing contacts from NAMI members.

Contacting Your Representatives

Not sure who your representatives are because the districts are complicated? Go to "Project Vote Smart" at www.votesmart.org. Click on "Officials," enter your zip code and get the answer.

White House

- **President Barack Obama**, White House, 1600 Pennsylvania Ave. NW, Washington D.C. 20500. White House phone: 202-456-1414. Comment line: 202-456-1111. Fax: 202-456-2461. www.whitehouse.gov

U.S. Congress:

- **Sen. Michael Bennet**, 2300 15th St., Suite 450. Denver, CO 80202. Phone: 303-455-7600. Washington office: 702 Hart Senate Office Building, Washington, D.C. 20510. 202-224-5852.
- **Sen. Mark Udall**, 999 18th St. Suite N1525, Denver, CO, 80202. Phone: 303-650-7820. Washington office: 317 Hart Senate Office Building, Washington, D.C. 20510. 202-224-5941.
- **Rep. Jared Polis**, 2nd District. 4770 Baseline Rd. No. 220. Boulder, CO 80303, 303-484-9596. Washington office: 501 Cannon HOB, Washington D.C. 20515. 202-225-2161.
- **Rep. Betsy Markey**, 14th District. 123 College Ave., Suite 220, Ft. Collins, CO 80524. 970-221-7110. Washington office: 1229 Longworth Building, Washington, D.C. 20515. 202-225-4676.

State Government

- **Gov. Bill Ritter**, 136 State Capitol Building, 200 E. Colfax Ave., Denver, CO 80203. 303-866-2471.
Mail for the following state Legislators may be sent to State Capitol, 200 E. Colfax Ave., Denver, CO 80203.
- **Sen. Brandon Shaffer**, D-District 17 (Louisville, Lafayette and Longmont). 303-866-5291. brandon@brandonshaffer.com
- **Sen. Rollie Heath**, D-District 18 (Boulder). 303-866-4872. Rollie.heath.senate@state.co.us
- **Sen. Shawn Mitchell**, R-District 23. (Broomfield). 303-866-4876. Shawnmitch@aol.com
- **Rep. Dickey Lee Hullinghorst**, D-District 10 (east and south Boulder). 303-866-2915. dl.hullinghorst.house@state.co.us
- **Rep. Jack Pommer**, D-District 11 (includes north Boulder and part of Longmont). 303-866-2780. jack.pommer.house@state.co.us
- **Rep. Paul Weissmann**, D-District 12 (Louisville, Lafayette, part of Longmont). 303-866-2348. reppaul@aol.com
- **Rep. Claire Levy**, D-District 13 (western Boulder County and other areas). 303-866-2578. claire.levy.house@state.co.us
- **Rep. Dianne Primavera**, D-District 33 (includes Superior, Erie and part of Broomfield). 303-866-4667. dianne.primavera.house@state.co.us

Difficult-to-diagnose depression

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What I discovered was that they both had almost all the symptoms of an autonomic nervous system defect called orthostatic hypotension, dysautonomia, or POTS. It is a malfunction in the nervous system that restricts vasoconstriction upon standing, thus allowing the blood to pool at the feet when the person affected stands up.

Normally, our blood vessels constrict, pushing much-needed blood and oxygen up to the heart and brain when we stand. For my husband and son, this didn't happen.

One important effect of the lack of vasoconstriction is the reduction in neurotransmitter levels.

Vasoconstriction triggers the release of norepinephrine, among other neurotransmitter precursors, so without that trigger occurring, people with dysautonomia tend to also suffer with depression. I don't think many doctors recognize POTS, dysautonomia, or orthostatic intolerance, and virtually none make the connection of depression and mental illness to those syndromes. For patients like my husband, you have to first treat the blood pressure and salt-potassium balance. Then, because the autonomic nervous system isn't functioning properly, you have to use pharmaceuticals for the depression-fatigue piece, since the impulse to release norepinephrine never happens. These patients need serotonin support as well as dopamine, which is why Prozac or Zoloft alone won't work. But we didn't know that and neither did his doctors.

After a few months of taking salt and Florinef, my husband's blood pressure levels normalized, but he was still ornery and fatigued. His endocrinologist, at my urging, put him on Zoloft, but after a month, there was no difference in his moods and energy level. So the doctor added Zyprexa to potentiate

“My heart no longer breaks for my son. I have hope that he can be happy in this life.”

the Zoloft. Although there was a bit of improvement, it was barely noticeable. At that point, we decided to get a second opinion from a psychiatrist in California, where my husband was working for the summer. This doctor was the first to recognize the need to address all of the neurotransmitters, instead of just the serotonin family. She added Wellbutrin to the mix, so my husband's dopamine levels would be addressed as well as the serotonin.

After only a week on the mixture of antidepressants, my husband started to come alive again. He is now kind and loving. He dotes on the boys and is constantly touching and cuddly with me. I not only feel noticed, I feel cherished. He laughs, and can be silly. He is beginning to see job possibilities where there were none. He is gaining some self-confidence and sense of efficacy. He always kisses me goodbye in the morning, and hello in the evening. Sometimes he even holds my hand.

My son has also, at the psychiatrist's urging, started on meds. The doctors here wanted him to just do behavioral cognitive therapy, but we insisted that he start with some meds. He was 14 and without friends, moping, and mean. He has now just upped the dose to 50 mg of Zoloft, and has been going to football games and church retreats, and is beginning to have the strength of character to call kids and try to get together. My heart no longer breaks for him. I have hope that he can be happy in this life.

We are finally on the other side of what felt like a prolonged and hopeless nightmare, thanks to the awareness of one physician of this common, but unrecognized condition of dysautonomia. It is my hope that by sharing our experience, we can help other families to find health and happiness like we have.

INMI sponsors showing of “Minds on the Edge”

The provocative, educational, and engaging program, “Minds on the Edge: Facing Mental Illness,” will be shown on Thursday, January 14 at 6:30 p.m. It aired on Colorado PBS in early October. This show was produced in cooperation with NAMI, the National Alliance on Mental Illness.

The Interfaith Network on Mental Illness (INMI) is sponsoring a showing to be held at Congregation Har HaShem’s South Building, located at 3950 Baseline, Boulder.

MINDS ON THE EDGE: Facing Mental Illness is a one-hour PBS television program that uses hypothetical scenarios to explore the challenges of severe mental illness and the issues around forcing treatment on someone who doesn’t want it. Scenarios include the case of a college student who develops mental illness while at school and the case of an adult who has coped with his mental illness until his mother dies, and then when he is left without critical support, he ends up in the criminal justice system.

The moderator asks the program panelists to put themselves in the shoes of these hypothetical characters and talk about what they would do if faced with this situation. The distinguished panel includes a US Supreme Court justice, a Noble Prize winning neurologist, attorneys, doctors, legislators and other experts in the field. Watch the video and tell us what you would do in a similar situation.

MINDS ON THE EDGE: Facing Mental Illness

Watch this one-hour PBS television program that uses hypothetical scenarios to explore the challenges of severe mental illness and the issues around forcing treatment on someone who doesn't want it.

Thursday, January 14 at 6:30 p.m.

at Congregation Har HaShem

(3950 Baseline, Boulder)

Then discuss the issues with a panel of experts, consumers and family members who have faced these difficult dilemmas

- Rabbi Deborah Bronstein, Congregation Har HaShem
- A consumer from Chinook Clubhouse
- Joanne Kelly, family member and president of NAMI Colorado
- Dr. Cynthia Dafler, psychiatrist
- Laura Hadaway, lawyer and family member

For more information, contact Alan Johnson,
revalan2004@comcast.net

“Minds on the Edge” connects the dots between personal dilemmas facing individuals and families who are living with mental illness/brain disorder, medical practices that can be obstacles to treatment, and public policies that all too often fall short in providing support that could make a positive difference.

Responding to the program will be a panel that includes Joanne Kelly, president of the board of NAMI Colorado; Rabbi Deborah Bronstein

of Congregation Har HaShem; Dr. Cynthia Dafler, a psychiatrist from Colorado Recovery; Laura Hadaway, an attorney and a co-facilitator of NAMI’s “Family-to-Family” educational program; and a consumer from Chinook Clubhouse. Alan Johnson of the Interfaith Network on Mental Illness will moderate. This program is free. Light refreshments will be served. For more information, email revalan2004@comcast.net.

CIT-trained officers respond with reassurance, assist delusional son to hospital

By Elizabeth Kauffman, former NAMI Boulder board member

It was my son's week of vacation from his job. As a treat, we were taking him to the I-Max Theater in Denver. I had called to remind him to come in time for lunch. He brusquely said "Mother, I'm not going. I'm sick. I'm going back to bed."

Coming from Mark, this was more than a red flag. I called back twice, but he was not answering. My daughter and I went to see if we could talk to him. Mark was delusional and angry and he would not let us in. I knew I had to get some help.

Mark struggles bravely with schizophrenia, and through the years has had to have electro-convulsive therapy. The psychotropic drugs were not enough to keep away the voices, delusion and withdrawal from eating.

He had not needed a shock treatment for more than a year, and we didn't notice the signs of a crash coming on. Mark had just faced a major crisis. He was being transferred from the Boulder Mental Health Center to Kaiser's Mental Health Division at Hidden Lake Clinic in Westminster. He was given one week's notice and sent to the new clinic the next week. With no time to prepare, the move to a

new location, a new doctor, a new counselor, was overwhelming.

I went to the Louisville police station and asked for help to get my son to a hospital. Two officers, Officers Abromowich and Giordanier, followed me immediately. The good news: They had both graduated from Crisis Intervention Training (CIT), a training program for first responders that helps officers better understand individuals experiencing psychiatric illness and how to respond compassionately to a crisis.

When we got to Mark's door, the first officer talked to him slowly and quietly, telling him that I was with them and that they needed to get in. Mark would not answer and kicked the door. The officer gently but firmly said, "Mark, you must help us by opening the door or we will have to break the lock." That got through, and Mark opened the door. The two officers talked to him patiently for about 40 minutes. Mark told me to go away, that I was with the CIA and would turn him in. The first officer finally said (still in a kind, not angry voice) "Now, Mark, I'm coming in. I'm not afraid of you and I don't want you to be afraid of me."

Mark frantically said, "But I haven't done any thing wrong. I don't want to be arrested."

"Right, Mark, you haven't done anything wrong. We are not arresting you." He stopped talking to let Mark think. "We are only helping you get to the hospital. Now, legally, we must put these handcuffs on you to help you get into the ambulance."

Timing was so important in this instance. The officer spoke slowly to let Mark assimilate what was being said.

"They are not tight and will be removed when you get to the hospital. We are only going to help you down the stairs to the ambulance. Your family will be coming to the hospital too."

The training efforts of the CIT program paid off. I mentioned to the officers that in Mark's 40 years of living with schizophrenia, he has had some difficult times with policemen. When mentally ill people are in crisis they are not criminals but very frightened people. Officers Abromowich and Giordanier are to be commended for their knowledge, compassion and training.

Today after nine shock therapy treatments and six weeks in the hospital and our home, Mark is back at work. We are so grateful to those who teach and those who care.

Blue Christmas Service

Dec. 6, 2009, 4:00 p.m.

at

First Congregation Church

(corner of Pine and Broadway, Boulder)

Open to all who are feeling down or
grieving during the Christmas holidays

NAMI Boulder County Holiday Potluck

Dec. 9, 2009, 6:00 p.m.

San Lazaro clubhouse, Valmont & 55th, Boulder

Bring a dish to share

RSVP to blconnors@comcast.net

New rehabilitation services for the Front Range

Blue Pine Recovery is now offering comprehensive services to consumers and their families in Colorado. In July of 2009, Ronny Zarb-Cousin and her partner, Briana Severine, started providing psychiatric rehabilitation services in Colorado. Ronny and Briana both relocated to Colorado after working for the last four years at the Life Adjustment Team in Los Angeles, Calif., where each honed her skills in providing state-of-the-art recovery services. (Visit www.bluepineco.com for more information about Ronny and Briana.)

A success story: Ronny's passion for the field of psychiatric rehabilitation began when her younger brother was diagnosed with schizoaffective disorder in 1998. In a 12-month period, he spent 11 months in residential and in-patient units. Fortunately, he was eventually able to become stable on the correct combination of medications, Ronny's family benefited greatly from NAMI's Family-to-Family Program, and he was able to use the psychiatric rehabilitation program available in

his community. Eleven years later he has not been back to the hospital a single time (in spite of a major medication change 3 years ago), he has been happily married for 1 year and enjoys his apartment, dog (Shadow), and job at Walmart.

At Blue Pine, we know that every person we work with has the potential to live a happy and fulfilled life. With the proper support system, medication, and rehabilitation plan we can achieve recovery!

What we do: We visit people in their homes and their communities, working intensively with them 1:1.

Our goal: Give people the skills they need to manage their illness for optimum stability, activity and productivity. Each person's goals are different – some people want to return to work or school, some people want to be able to get out and be more connected in their community and some people just want to be able to stay out of the hospital. An individualized rehabilitation plan is developed to address each person's needs and goals.

Who we serve: We work with a variety of people who have a variety of levels of functioning and illnesses. Everyone we work with has a mental health diagnosis and they often have co-occurring disorders. (Visit www.bluepineco.com for more information about diagnoses.)

Cost of treatment: At this time, Blue Pine accepts private-pay. We are committed to working with consumers and their families to access their insurance benefits when possible. We offer a sliding fee scale for qualified families and flexible payment options.

Call for more information and to schedule a free consultation:
Ronny 720.854.5959
ronny@bluepineco.com
www.bluepineco.com

NAMI Boulder County does not endorse or recommend individual businesses, treatments or services. This information is provided as a service to our members and is included at the discretion of the newsletter editor.

Pay Psychiatric Patients to Take Meds?

By E. Fuller Torrey, M.D.

A team at Queen Mary Hospital in London has begun a study of the effectiveness of paying individuals with schizophrenia and bipolar disorder to take their medication.[1] The study will include 136 patients who "have a very poor track record for taking their medication" and who are all on long-acting antipsychotics, which they receive by injection every two weeks or so. Half of them will be paid £15 (about \$24) each time they come in for their injection, and half will receive no money and will thus be controls. Both groups will then be followed to see whether the payments make a difference in preventing relapses and rehospitalizations.

Paying patients to take their prescribed medication or to otherwise follow up their medical care, immunizations, etc., is not a new idea but has been little used in psychiatry. A 1997 article in the *British Medical Journal* analyzed 11 such studies published between 1976 and 1996; in 10 of the 11 studies, the individuals who received payments did significantly better than those who did not.[2] For example, in a study of hypertension, patients were paid on a sliding scale from \$4 to \$16 depending on how close their blood pressure was to the target number. Payments have also

been demonstrated to be effective in patients with tuberculosis, thus reducing rehospitalizations.

Objections to such studies have focused mostly on ethical issues such as, is it coercive? MIND, a politically correct British mental health charity, opposes the Queen Mary Hospital program because they claim "it runs counter to informed decision making." Most patients involved in the study are in it, of course, because they have anosognosia and do not know they are sick; thus, they are anatomically unable to carry out "informed decision making." But groups like MIND do not pay attention to such issues. Arguments in favor of payment programs include the fact that patients in such programs are likely to lead much better-quality lives and spend less time homeless, incarcerated, or rehospitalized. It is thought that the modest cost of such programs will be more than offset by savings in decreased rehospitalization alone.

We need more data on such programs for individuals with severe psychiatric disorders. Theoretically, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) should

be supporting such demonstration projects, but this is a hopelessly politically correct agency and is unlikely to do so. We will have to wait for the braver Brits to show us the way.

[1] Roberts M, *Psychiatric jabs for cash tested*, BBC News, October 6, 2009, <http://news.bbc.co.uk/2/hi/health/8290295.stm>, last accessed October 19, 2009.

[2] Giuffrida A, Torgerson DJ, *Should we pay the patient? Review of financial incentives to enhance patient compliance*, *Br Med J* 1997;315:703-707.

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Plans for 2010 Walk underway; Mark your calendar now

DATE: May 15, 2010

LOCATION: Sloan's Lake Park,
Denver

CHECK-IN TIME: 8:00 a.m.

OFFICIAL START TIME: 9:30 a.m.

DISTANCE: 5 kilometers

NAMIWalks is a nationwide fundraising and mental health awareness program that is being held in more than 80 communities around the country in 2010, including right here in Colorado. These walks are expected to raise approximately \$9 million in 2010 so NAMI can offer more support and services to the hundreds of thousands of individuals and families across the country affected by serious mental illness.

Last year's NAMIWalk in Colorado, raised approximately \$128,000, which helped fund a variety of programs for consumers

and family members. NAMI Boulder County ended up with more than \$6,000 of those funds, which it is using for local NAMI programs and to support other efforts in Boulder and Broomfield to provide services for people with mental illnesses.

There is no walker registration fee for the Walk. All participants are encouraged to collect donations from family members, friends, co-workers and business associates in support of their participation in the Walk.

All the funds collected by walkers will be used to fund NAMI's programs here in Colorado. These programs include support, education, and advocacy involving schizophrenia, bipolar disorder (manic depression), major depression, obsessive-

compulsive disorder and severe anxiety disorders.

All walkers raising \$100 or more will receive a NAMIWalks event T-shirt. Companies, organizations and families are encouraged to organize teams of walkers made up of employees, organization members, relatives and friends to take part in the Walk.

Team-building and fundraising materials will be given out to team captains at a special kickoff event that will be held approximately 8 weeks before the Walk.

NAMIWalks is a rain or shine event.

For more information, contact Anne Weiher at 303-442-9209 or Tammy Snow at the NAMI Colorado office at 303 321-3104.



Help us recruit sponsors for Colorado's 2010 walk!

Many Walk sponsorship opportunities are available to local companies and businesses. Please help us identify local companies, businesses and other organizations that might be willing to step up and become a sponsor. Consider your employer, your dentist, your insurance agent and the retail stores where you do business. You don't have to make the sponsorship request yourself -- just introduce us to the decision makers and we'll take it from there. Call Greg Coleman, 303-409-6045, with your list of possible sponsors so he can coordinate the requests.



In the early stages of coping with another's delusions, perhaps the moment

closest to despair occurs in realizing that our most powerful tool – reason – is utterly useless.

As, for example, in the case of a longtime friend I'll call Jim.

Jim, who lives with schizoaffective disorder, has for years been bedeviled by the fact that every pilot of every plane flying over his house has it in for him. My gently urged opinions to the contrary didn't budge him, though on one occasion he briefly agreed with me: "You're right, it makes no sense at all." Then, on reflection, added a sincere, "So why do they do it?"

Still frightened by those flyovers, he remained unshakably convinced that their pilots – in some ominous way he either couldn't or wouldn't explain – meant "to teach me a lesson!" Meanwhile, his mental state worsened alarmingly.

As his agitation at the drone of aerial traffic grew, his depression deepened. What's more, the delusion

Like a Natural Miracle

by Reg Saner, Former Board Member

now included cars cruising past his house. Like those pilots overhead, each driver was in cahoots, and meant to hospitalize him – a prospect which he, after many hospitalizations, found so threatening that his anguish recently burst into tears of despair.

Till the evening I saw my dear friend – a muscular guy with a rock-climber's physical courage – break down and sob like a child, I never knew the true meaning of paranoia.

Happily, however, the story doesn't end there. Against all expectation, and owing to a sort of accidental, do-it-yourself, cognitive behavioral therapy, he seems to have reasoned away the airplane delusion. The breakthrough came via his laptop, a pipedream, and a web site.

Jim's favorite fantasy is European travel. Over the years his living space has become crammed with guide books and luggage. Yet, to use the lingo of therapists, he's "high-functioning" enough to know – what with his meager funds and his many health issues – any voyaging over the rainbow to England, France, Switzerland, and Italy is most unlikely.

Nonetheless, in plying web site after web site for tourist info, he chanced upon one which tracks airline itineraries – and became captivated. He could now graphically view every flight of every major carrier; could read at a glance each plane's strictly controlled location, altitude, air speed, line of flight, and mandatory landing pattern. The cumulative result was a eureka moment: "These pilots can't fly just anywhere they please! Besides, they're so busy reacting, they've got no time for spooking people." As if I hadn't been telling him that for years.

So, incredible as it seems, a web site freed Jim from his airplane bugaboo. But why should his long-standing torment have yielded to mere days of Internet gazing? I do not know, yet as a teacher I do know the most effective education is self-education. Does some aspect of that truth hold the answer? Maybe yes, maybe no. For now, though, it simply feels like a natural miracle.

Education and Support Groups

Details on many of the listings below are available at www.namibouldercounty.org

NAMI CLASSES IN BOULDER COUNTY

Ongoing free education and support classes offering information on brain disorders, how to cope, and how to advocate. We keep an ongoing list for these classes. For information or to reserve a place, call us at 303-443-4591.

- ▶ **Family-to-Family Class** – A free 12-week program for family members, friends or caregivers who have a loved one with a brain disorder.
- ▶ **Colorado Visions** (formerly Visions for Tomorrow) – A free multi-week program consisting of workshops for caregivers of children and adolescents with brain disorders.

NAMI SUPPORT GROUPS

- ▶ **Support group for family members of people with mental illness** - 1st and 3rd Monday nights, 7-8:30 at the Boulder Mental Health Center (1333 Iris, Boulder). Call Anne Weiher at 720 839-4139.
- ▶ **NAMI Connection peer support group**, Broomfield, Tuesdays 7-8:30 p.m., United Methodist Church, 545 W. 10th Ave, Room 203. Email mbgwells@aol.com or savarstevie@aim.com

DEPRESSION AND BIPOLAR DISORDER

- ▶ **Depression and Bipolar Support Alliance (DBSA) Longmont**, Mondays, 7:00-9:00 p.m., contact Marc at 970-482-2605, twinpeaksdbsa@hotmail.com
- ▶ **Depression and Bipolar Support Alliance (DBSA) Boulder**, 2 peer-only meetings and one friends-and-family meeting per month. Contact Lauren at 303-641-6333 or email boulderdbsa@gmail.com.
- ▶ **CareTogether Support Group** for spouses/partners of people with bipolar disorder and depression, 2nd and 4th Mondays, Lafayette library, 303-507-8533 caretogether@gmail.com
- ▶ **The Robert D. Sutherland Center for the Evaluation and Treatment of Bipolar Disorder** Visit rdsfoundation.org or call 303-492-5680 for information about the Sutherland Seminar Series on bipolar disorder, which is offered twice yearly.
- ▶ **Defeat Depression**, an online group. www.meetup.com/DefeatDepression
- ▶ **Supporting Together**, Thursdays 6:00-8:00 p.m. Longmont, Diane and Candy Dworkin-Wagner 303 682-2911, supportingtogether@hotmail.com
- ▶ **Longspeak Bipolar Support**, Fridays, 3-5 p.m. 303 772-3559, longspeakbipolarsupport@q.com.

CHILDREN AND ADOLESCENTS

Parents Experiencing Challenging Kids Support Group (PECK) - Meets monthly at a local restaurant in Louisville. For time and place, contact Harriet Austin at 303-284-9863 or austinhb@hotmail.com.

OBSESSIVE COMPULSIVE DISORDER

Support group for people with OCD, their families and friends. First and 3rd Wednesdays, 7:00-9:00 p.m. Mental Health Center, 1333 Iris Avenue, Boulder. Call Brent, 303-422-9704 or Ilene, 303-938-1360.

OBSESSIVE COMPULSIVE ANONYMOUS (www.ocdcolorado.com) and **SOCIAL PHOBICS ANONYMOUS** (www.healsocialanxiety.com)

SCHIZOPHRENIA & Related Disorders Support Groups (also for people with other mental illness diagnoses) Call Patrick, 303 413-6233, for details.

1. Tuesdays, 7:00-8:00 p.m. sharp, Mental Health Center, 1333 Iris Ave, Norton Room, entrance on southeast.
2. Fridays, 10:30-11:15 a.m., Maslin House, 1036 University Ave.

DUAL RECOVERY ANONYMOUS

A 12-step organization for people with a dual diagnosis of addiction/alcoholism with a psychiatric illness. Mondays, 2:30 p.m., Longmont. Call Shochet, 303-245-4449.

SUICIDE SURVIVORS

Free support group for family and friends of someone who has died from suicide. Longmont United Hospital, 1st and 3rd Wednesdays, 5:30-7 p.m. Call 303-532-7904 to confirm.

FAITH-BASED SUPPORT GROUPS

Nondenominational Spiritual Support Group for consumers and family members, 2nd and 4th Monday, 6:30-8:00 p.m. at the FAITH Center of the First Congregational Church, 1128 Pine St., Boulder. Email revalan2004@comcast.net or call 720-304-6918.

"SOFT VOICES" DROP-IN CENTER, LONGMONT Resource and friendship center for adults with mental illness. Tuesdays, 10:00-noon; Thursdays and Fridays, 1:00-3:00. 5th & Kimbark. Contact Gil at 303-776-0410.

INTERNET RESOURCES

Visit the NAMI (national) Web site at www.nami.org
Visit the NAMI Boulder County Web site at www.namibouldercounty.org

Many of these support groups/classes/resources are sponsored by groups other than NAMI Boulder County. Please use your own best judgement as to whether they are suitable for you.

Join the National Alliance on Mental Illness (NAMI)

Your dues include membership in NAMI National, NAMI Colorado and NAMI Boulder County. You will get the newsletters published by NAMI National and NAMI Boulder County. If it is more convenient for you, you can join online at www.nami.org using a credit card.

- \$35 per year individual/family membership
- \$3 per year for people with a limited income
- I want to support NAMI Boulder County with a tax-deductible gift of \$ _____

Your membership dues and gifts will help provide support, education and advocacy for Boulder County individuals and families who are coping with serious mental illness.

Does your employer have a matching gifts program?

I am interested in:

- Learning about volunteer opportunities, either ongoing or one-time only
- Arranging for speaker or presentations on mental illness for my club, church, work or other group
- Helping with advocacy efforts by writing letters/making phone calls to my elected representatives

Name _____ Email address _____

Address _____ City _____ State ____ Zip _____

Home phone _____ Alternate phone _____

**Mail this form with your check to: NAMI Boulder County
1333 Iris Avenue, Boulder, CO 80304**
