

# NAMI North Coastal San Diego County

*Your Local Voice on Mental Illness*

MAR. 2010



The mission of NAMI North Coastal San Diego County is to:

***Inspire and support those with brain disorders and their families.  
Educate and inform the community. Work to erase the stigma of brain disorders.***

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## NAMI Affiliate Offices

### NAMI North Coastal

P.O. Box 2235 • Carlsbad, CA 92018  
(760) 722 3754 • namincsd@pacbell.net

### NAMI San Diego

4480 30th Street • San Diego, CA 92116  
Helpline: 619 543 1434 • (800) 523 5933  
information@namisandiego.org

### NAMI SIT

Copper Hill Living & Learning Center  
Creative Arts Consortium  
Advocacy Works  
Mixteco Community Gardens  
144 Copper Ave • Vista, CA  
(760) 941-2153 • (858) 481-7069

**phone: (760) 722-3754**

**e-mail: namincsd@pacbell.net**

**website: www.nami-northcoastal.org**

## MARCH EDUCATION MEETING

**Date:** Thursday, March 18, 2010 at 7:00 PM  
**Place:** St. Michael's Episcopal Church Parish Hall  
2775 Carlsbad Boulevard • Carlsbad 92008  
**Speakers:** Linda Yates, BSN RN, Sabah Chammas, MD,  
and Charlene Moore  
**Topic:** Tri City Medical Center Behavioral Health Panel

## About Our Speakers

*Come hear the latest from our local  
Tri City mental health professionals*

Linda Yates is the current Director of the Behavioral Health Unit and has provided leadership in various areas of integrative patient care services as well as physician/medical center relationships. She also was Psychiatric MH Nurse of the Year, San Diego County in 1993.

Sabah Chammas, MD is the current Psychiatrist at the Behavioral Health Unit at TCMC as well as CEO of Psychiatric Centers San Diego. Dr. Chammas will be available to answer any questions you have.

Charlene Moore is the TCMC Behavioral Health Liaison Program Coordinator. Charlene has been involved with Mental Health for about 27 years and continues to have an extraordinary passion for our families and consumers. She also Co-Chairs The TCMC North County Mental Health Forum with Liz Kruidenier.

*Immediately after the presentation, refreshments will be served, followed by a support group meeting for family members at 8:30 PM in the church library conducted by NAMI-trained facilitators.*

## President's Address

by Bob Brooks

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### REMINDER RENEW - RENEW - RENEW Your Membership!

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It is vitally important that all of us renew our membership as soon as possible because we are required to send in our lists to NAMI California and NAMI National in March/April.

It is the time of year to remind you ALSO that Saturday, APRIL 17<sup>th</sup> is NAMI WALK Day in San Diego. We all get together at Balboa Park in San Diego and have a "GREAT BASH." It has been great fun for the past few years. Everyone has a GOOD time, gets some exercise, and even all the children and dogs get along.

This fun day is for a great purpose. It is the main fund raiser for all of the NAMI's in San Diego County. We all get our friends, neighbor's and companies we know to make TAX DEDUCTIBLE donations to NAMI NORTH COASTAL.

We NAMI North Coastal then use that money to teach our various NAMI educational programs. The main one for the Family's of those suffering from a Mental Illness is our FREE 12 week "FAMILY TO FAMILY" course. We currently have a class of 22 that just finished their 5th weeks class, and we are planning on starting the next one on April 14<sup>th</sup> just before the NAMI WALK.

Elsewhere in this issue is information about when, where, what time, how to donate etc. The MAIN THING FROM My Stand Point is that everyone who reads this message needs to make sure that they make a note on their check or e-mail that their donation goes to NAMI NORTH COASTAL. This is very important because there are 3 other NAMI Affiliates in San Diego County.

## Beautiful Minds Can Be Recovered

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The film "A Beautiful Mind," about the Nobel Prize-winning mathematician John F. Nash Jr., portrays his recovery from schizophrenia as hard-won, awe-inspiring and unusual. What most Americans and even many psychiatrists do not realize is that many people with schizophrenia -- perhaps more than half -- do significantly improve or recover. That is, they can function socially, work, relate well to others and live in the larger community. Many can be symptom-free without medication.

They improve without fanfare and frequently without much help from the mental health system. Many recover because of sheer persistence at fighting to get better, combined with family or community support. Though some shake off the illness in two to five years, others improve much more slowly. Yet people have recovered even after 30 or 40 years with schizophrenia. The question is, why haven't we set up systems of care that encourage many more people with schizophrenia to reclaim their lives?

We have known what to do and how to do it since the mid-1950's. George Brooks, clinical director of a Vermont hospital, was using Thorazine, then a new drug, to treat patients formerly dismissed as hopeless. He found that for many, the medication was not enough to allow them to leave the hospital. Collaborating with patients, he developed a comprehensive and flexible program of psychosocial rehabilitation. The hospital staff helped patients develop social and work skills, cope with daily living and regain confidence. After a few months in this program, many of the patients who hadn't responded to medication alone were well enough to go back to their communities. The hospital also built a community system to help patients after they were discharged.

These results were lasting. In the 1980's, when the patients who had been through this program in the 50's were contacted for a University of Vermont study, 62 percent to 68 percent were found to be significantly improved from their original condition or to have completely recovered. The most amazing finding was that 45 percent of all those in Dr. Brooks' program no longer had signs or symptoms of any mental illness three decades later.

Today, most of the 2.5 million Americans with schizophrenia do not get the kind of care that worked so well in Vermont. Instead, they are treated in community mental health centers that provide medication -- which works to reduce painful symptoms in about 60 percent of cases -- and little else. There is rarely enough money for truly effective rehabilitation programs that help people manage their lives.

Unfortunately, psychiatrists and others who care for the mentally ill are often trained from textbooks written at the turn of the last century -- the most notable by two European doctors: Emily Kraepelin in Germany and Eugen Bleuler in Switzerland. These books state flatly that improvement and recovery are not to be expected.

Kraepelin worked in back wards that simply warehoused patients, including some in the final stages of syphilis who were wrongly diagnosed with schizophrenia. Bleuler, initially more optimistic, revised his prognoses downward after studying only hospitalized patients -- samples of convenience -- rather than including patients who were ultimately discharged.

The American Psychiatric Association's newest Diagnostic and Statistical Manual -- D.S.M.-IV, published in 1994 -- repeated this old pessimism. Reinforcing this gloomy view are the crowded day rooms and shelters and large public mental-health caseloads.

Also working against effective treatment are destructive social forces like prejudice, discrimination and poverty, as well as overzealous cost containment in public and private insurance coverage. Public dialogue is mostly about ensuring that people take their medication, with little said about providing ways to return to productive lives. We promote a self-fulfilling prophecy of a downward course and then throw up our hands and blame the ill person, or the illness itself, as not remediable.

In addition to the Vermont study, nine other contemporary research studies from across the world have all found that over decades, the number of those improving and even recovering from schizophrenia gets larger and larger. These long-term, in-depth studies followed people for decades, whether or not they remained in treatment, and found that 46 percent to 68 percent showed significant improvement or had

recovered. Earlier research had been short-term and had looked only at patients in treatment.

Although there are many pathways to recovery, several factors stand out. They include a home, a job, friends and integration in the community. They also include hope, relearned optimism and self-sufficiency.

Treatment based on the hope of recovery has had periodic support. In 1961 a report of the American Medical Association, the American Psychiatric Association, the American Academy of Neurology and the Justice Department said, "The fallacies of total insanity, hopelessness and incurability should be attacked and the prospects of recovery and improvement though modern concepts of treatment and rehabilitation emphasized." In 1984, the National Institute of Mental Health recommended community support programs that try to bolster patients' sense of personal dignity and encourage self-determination, peer support and the involvement of families and communities. Now there are renewed calls for recovery-oriented treatment. They should be heeded. We need major shifts in actual practice.

Can all patients make the improvement of a John Nash? No. Schizophrenia is not one disease with one cause and one treatment. But we, as a society, should recognize a moral imperative to listen to what science has told us since 1955 and what patients told us long before. Many mentally ill people have the capacity to lead productive lives in full citizenship. We should have the courage to provide that opportunity for them.

*'The reference to "a Vermont hospital" in the original article published by the New York Times in March 2002 was incorrect. The referenced hospital was the only state hospital in Vermont for psychiatric treatment.*

*Courtenay M. Harding is Director of the Center for Rehabilitation and Recovery, The Coalition of Behavioral Health Agencies, Inc. in New York City. Reprinted with author's permission*

*Editor's Note: The information in this article by Dr. Harding is as pertinent today as it was when published 8 years ago. It appears to me that the system continues to rely more on medication and inpatient treatment than on proven rehabilitative programs for mental illness recovery. The commonly heard argument is that rehabilitative programs are too expensive. Many researchers have proven that rehabilitation prevents frequent costly hospitalizations, incarcerations and reduces medication dependency and taxpayer-subsidized care.*

## Attention Members!!

Please renew your membership for 2010 if you have not already. Over half (151) have renewed. Almost half (141) have not. In order to continue funding our mission of education, support and advocacy, we rely heavily on membership dues support. An example of a program that is funded by dues is our newsletter. Although written, constructed, assembled and mailed by volunteers, printing and postage costs are paid from membership dues.

Our dues of \$50 per year include membership in NAMI California and NAMI National. Twenty dollars of your dues payment (\$10 each) is sent to each of these organizations. As always, donations are welcome and gratefully acknowledged.

## North Star ACT Nearly Full

North Star ACT, a Mental Health Services Act program provided by Mental Health Systems, Inc. for the north coastal and inland areas of San Diego County, is nearly full according to Dr. Piedad Garcia, Deputy Director of Adult Systems of Care, Behavioral Health Division of San Diego County Health and Human Services. Of the 85 slots allocated, 79 are currently filled.

The North Star ACT program provides wraparound services to underserved, persistently mentally ill homeless or at-risk-of-homeless individuals who have often recycled in and out of hospitals or other inpatient settings. The goal is to provide "whatever it takes" to prevent further hospitalizations. Clients receive medications and medication management, case management, rehabilitation, therapy, group classes, support with activities of daily living, and some receive program subsidized housing. Eighty percent or more of ACT services are provided in the clients' place of residence.

The services offered through this program include psychiatry, medication management, intensive case management, psychosocial rehabilitation, co-occurring disorder rehabilitation, vocational rehabilitation and housing.

To be eligible, a participant must be homeless or at risk of being homeless, have a diagnosis of severe and persistent mental illness, a significant and demonstrable difficulty with daily functioning, frequent psychiatric hospitalizations in recent history, and referred by the individual's psychiatrist. It is not necessary for clients to be receiving benefits such as private insurance, family assistance, SSI, SSDI, Medicare or MediCal. This program is funded entirely by the Mental Health Services Act. Clients wishing to participate in this program may ask their current psychiatrist for a referral. All that is required from the current treating psychiatrist is the completion of the referral form. Family members or current caregivers may assist by providing transportation to appropriate appointments.

### CONTACT:

**Korey Hendricks**

*The North Star Program Administrator*

**474 W. Vermont Avenue, Ste. 104,  
Escondido, CA 92025**

**P (760) 432-9884 • F (760) 432-9953**

**khendricks@mhsinc.org**



## Grupos De Informacion Sobre Recursos

**Quien:** Cualquier persona que necesita ayuda para encontrar apoyo o recursos en la comunidad.

**Cuando:** Jueves a las 1:30 a 2:30

**Donde:** Exodus Recovery en Vista  
524 W. Vista Way, 92083  
**760-758-1150**

**Porque:** Para compartir informacion sobre recursos disponibles y de como obtenerlos.

Once again NAMI North Coastal will be offering a Teachers Training for the NAMI Family to Family Education Program. This three day training will allow one to teach the F to F 12-week course in North County. We are looking for a few good people to train as teachers, you do not need teaching experience, and you only need to be a member of NAMI to take this training.

This year the NAMI Family to Family Teacher Training (F2F) Weekend will be held on April 9, 10, 11, 2010. It starts at 10:00 am on Friday in the morning and lasts until Sunday afternoon. It will be held at Mission San Luis Rey Retreat Center in Oceanside. Lodging (shared), materials, and meals are provided.

NAMI North Coastal has coordinated, planned, and created this training with the help of Lynn Cathy, Director of F to F for NAMI California and NAMI San Diego.

**PLEASE NOTE:**

**Pre-registration is mandatory!**

**TRAINERS:**

**Fran MacNeel Marie Revere**

**TRAINING:**

**When: April 9, 10, 11, 2010**

**Where: Mission San Luis Rey • Oceanside**

**TO REGISTER CONTACT:**

**Bob or Kathy Smith-Brooks  
760 434-3420 or 760 722-3754**

**NAMI—In Our Own Voice**

**What is NAMI's IOOV?**

It is a presentation by consumers that creates awareness about what is involved in recovery from mental illness. Hear from people who have struggled with disorders such as depression, schizophrenia, bipolar disorder, and other severe mental illness. IOOV is a powerful anti-stigma tool to change hearts, minds, and attitudes about mental illness.

To schedule an IOOV presentation, in your location, please call Ann Cummings at **760-722-3754**.



**Become a NAMI-NCSDC Member!**

- Annual Membership Dues \$50** \_\_\_\_\_
- Supporting Membership \$60, \$75** \_\_\_\_\_
- Professional Membership \$100** \_\_\_\_\_
- Sustaining \$100, \$500, \$1000** \_\_\_\_\_
- Scholarship Fund** \_\_\_\_\_
- Any donation is welcome** \_\_\_\_\_

**Mail check to: NAMI-NCSDC  
P.O. Box 2235 • Carlsbad, CA 92018**

**NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_

**PHONE: (W)** \_\_\_\_\_

**PHONE: (C)** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**I have taken the Family-to-Family classes** \_\_\_\_\_

**Please contact me about volunteer opportunities** \_\_\_\_\_

**I am unable to volunteer at this time** \_\_\_\_\_

## Talk to someone who understands someone like you.

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- NAMI Connection Recovery Support Groups are for individuals 18 years and older who are living with mental illness, regardless of their diagnosis.
- These groups provide a place that offers respect, understanding, encouragement, and hope.
- Connection Recovery Support Groups are led by NAMI trained individuals who are also in recovery – people who understand the challenges faced by individuals who live with mental illness.
- Meetings are held in a flexible, casual, and confidential environment.
- There is no registration or enrollment obligation.

### Location of Support Group Meetings

#### Wednesdays 1pm to 2pm

Mariposa Clubhouse  
560 Greenbrier Dr Ste.D • O'side, CA

#### Tuesdays 2:30pm to 4pm

Tri City Outpatient Program  
510 West Vista Way • Vista, CA 92083

For more information, please contact  
NAMI-North Coastal San Diego County  
Oceanside, CA (760) 722-3754

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### An Inside Look at NAMI's Peer-to-Peer Education Program

by Sarah O'Brien  
National Director NAMI Peer-to-Peer Program

February 2010 has seen the launch of the new edition of Peer-to-Peer, a free, 10-week, peer-led, recovery education course open to any person who lives with serious mental illness. The new version is highly interactive, informative and includes additional take-home materials for participants. Peer-to-Peer emphasizes recovery from mental illness as a feasible, supportable goal and challenges the stigma often wrongly associated with mental illness and is currently available through many NAMI affiliates.

Learn more at: [nami.org/peertopeer](http://nami.org/peertopeer)

In a part of Maryland, a Peer-to-Peer course is nearing completion. "Every time I teach the course, it reinforces my

own recovery," says Denise of NAMI Baltimore, a P2P Mentor.

"It is also great to see how the information affects the participants.. If I had this kind of information back in the '80s, I might not have lost so much of my life due to my illness. I might not have been on disability for 12 years; I might not have lost my career as an engineer."

"Peer-to-Peer is an important course because it really does give people living with mental illness the information they don't get when they are first diagnosed," Denise adds. "It allows them to see other peers succeeding, and it also allows them to be with a group of people that are going through the same things they are. The information on brain chemistry is extremely important. I have heard from the participants that it helps them understand this really is an illness, not a defect of character or their fault in some way."

Monique, one of the course participants, agrees with Denise. "Learning about the brain made me realize that there is a biological component to mental illness, that it isn't just me that ran my life off the railroad tracks on my own. I hadn't been shown that before, and it relieves some of the guilt I have experienced." Monique also appreciates that the class is free and peer-led. "The peers are well-trained and well-prepared," she said. "Everyone is friendly and that keeps me coming back too." As for the course structure, Monique says that she benefits from the fact that there is a definite beginning and end to the course. "There are a finite amount of meetings, so I don't want to miss any."

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### Attention NAMI 2010 Walkers!

Your help is needed so that NAMI North Coastal receives its fair share of the April 2010 NAMI Walk donations in a timely manner. Our officers and board are asking all of our member walkers to register under the NAMI North Coastal Beach Walkers team, rather than as individuals or as separate teams. It is difficult for NAMI San Diego to know the origin of all teams and individual walkers. The result is that NAMI North Coastal may not receive its share of the donations from these walkers and teams.

If you have not registered, please do so online as soon as possible. It will help Walk volunteers eliminate the confusion and delay of having to manage a large crowd of registrants before the Walk begins at 8 AM.

Participants who raise \$100 or more will receive a free Walk T-shirt. Prizes will be raffled to participants who raise \$100 or more. There are refreshments, music, entertainment and a health and resource fair. For those who cannot walk, there is a Sit-a-Thon.

Register on-line at: [www.NamiWalkSanDiego.org](http://www.NamiWalkSanDiego.org)

# Meetings, Treatment and Support Group Resources

## 24-Hour Domestic Violence Hotline

**1-888-DVLINKS (385-4657)**

Posters and safe cards advertising this number are available for distribution. Please contact Aneesha Bharwani at (858) 272-5777

or abharwani@ccssd.org.

**CRISIS TEAM 800-479-3339  
SUICIDE PREVENTION  
(888) 784-2433**

**Warm Line (Consumer Support)  
(800) 930-9276**

5 PM • 11 PM daily  
Staffed by consumer volunteers

**SSI Consumer Advocates**

Fatemah Abtani is available at the Mariposa Clubhouse to answer SSI questions or help fill out and file SSI applications. Call (760) 439-2785

## Support Groups – North County

Tuesdays from 4-6 PM

**NAMI North Inland Support Group**  
Joslyn Senior Center  
210 E. Park / Escondido

### **Other Support Groups**

Tuesday, 7-8:30

**Emotions Anonymous**  
Poway Weigarten Senior Center  
1304 Civic Center • Poway  
Annmarie (760) 207-2944

Every Thursday 1:30-2:00 PM

**Dual Recovery Anonymous Meeting**  
North County Mental Health Clinic  
1701 Mission Avenue / Oceanside  
Contact Jon at (760) 967-4493

Tuesday, Thursday & Friday • 10:15 AM - 1:45 PM

Dual Diagnosis Program at Tri-City Medical Center Outpatient Behavioral Health Unit, 510 West Vista Way / Vista • 760-940-5050 (Melrose Plaza)

First & Second Wednesdays • 7 PM

**Adult, Children & Siblings Support Group**  
Scripps-Mende Wellbeing, UTC Mall.  
Contact Michelle at (858) 756-3140

### **NAMI Connection Support Groups**

Wednesdays from 1-2:30 PM  
Mariposa Clubhouse

560 Greenbrier Rd. / Oceanside • (760) 439-2785

## **Depression & Bipolar Support Alliance Support Group**

**Monday & Thursday • 6 PM**

3350 La Jolla Village Dr. Rm 2011  
La Jolla • (888) 274-3637  
www.dbsasandiego.org

**Wednesday • 3-4:30 PM**

510 W. Vista Way • Vista  
Kathy Bevilacqua (760) 806-2746  
Bobbie Hamilton (760) 439-3500

## **TARA Borderline Personality Disorder Support Groups**

1<sup>st</sup> Thursdays 6:30-9:00 PM Gifford Clinic,  
UCSD Outpatient Psychiatric Services,  
140 Arbor Dr. San Diego, 2<sup>nd</sup> Floor,  
Room 247 • (760) 729-5748

3<sup>rd</sup> Wednesdays, 6:30-9:00 PM

Tri-City Medical Center  
4002 Vista Way, Oceanside • (760) 729-5748

### **Bipolar Support Groups**

1<sup>st</sup> Tuesdays 6-8 PM • Carmel Valley  
2<sup>nd</sup> Thursdays 10 AM - Noon • Poway  
3<sup>rd</sup> Wednesdays 10 AM - Noon • Rancho Santa Fe

*RSVP to : tkkrkelly@yahoo.com  
for attendance and directions.*

## Day Treatment Programs

Monday-Friday 9:00 AM - 3:00 PM

**Aurora Behavioral Health**  
11878 Ave. of Industry / San Diego  
(858) 675- 4285

Monday - Friday • 8:30AM - 4:00 PM

**Tri City Medical Center**

**Outpatient Behavioral Health**

510 West Vista Way, Vista, CA • (760) 940-5050

### **Palomar Outpatient Behavioral Health Program**

125 Vallecitos del Oro, Ste 125 / San Marcos  
(760) 739-2988 or (760) 510-8352

Monday-Friday • 8 - 4 PM

**Kinesis North/Inland BPSR Center**  
474 West Vermont, Escondido, CA  
760-480-2255

## Recovery Classes

Mondays 2-4 PM

**RICA W.E.L.L. Class**  
510 W. Vista Way / Vista • (619) 542-1660

## Board Meetings

2<sup>nd</sup> Thursday • 6:30 PM

**NAMI North Coastal**  
**St. Michael's Episcopal Church**  
2775 Carlsbad Blvd. (library)  
Carlsbad • (760) 722-3754

1<sup>st</sup> Wednesday, • 12:00 NOON

**NAMI SIT. Board of Directors**  
144 Copper Avenue / Vista • (858)481-7069

### **Meetings (Public Invited)**

3<sup>rd</sup> Thursday • 7:00 -8:30 PM

**NAMI North Coastal**  
St. Michael's Episcopal Church  
2775 Carlsbad Blvd. / Carlsbad • (760) 722-3754

2<sup>nd</sup> Thursday at 12:30 PM

**North County Forum for Mental Health**  
Tri City Medical Center, Room #6  
4002 West Vista Way / Vista • (760) 940-5050

1<sup>st</sup> Thursday 6:30-9:30 PM

**NAMI San Diego Meeting**  
**Universal Christian Church**  
3900 Cleveland / San Diego • (619) 543-1434

## Socialization Centers

Monday-Friday • 8:00 AM to 4:30 PM

1<sup>st</sup> Saturday, 10:00 AM - 2:00 PM  
**Escondido Clubhouse**  
474 West Vermont / Escondido  
(760)737-7125 • Fax (760) 737-8348  
Program Coordinator: Kim Feinberg

**Friends. Copper Hill**

144 Copper Avenue. / Vista  
Contact Dolores or Mike at (760) 631-2206

Monday-Friday • 8:00 AM - 4:30 PM

Mariposa Clubhouse 560 Greenbrier Dr., Suite D  
Oceanside • (760) 439-2785  
Contact Ardith Young, *Director*

## Out Patient Treatment

Monday-Friday • 8 AM - 5 PM

**Pegasus West - Dual Diagnosis**  
1701 Mission Avenue, Suite A / Oceanside  
760-967-4475 • 760-966-3827 (fax)

Monday-Friday • 12 NOON- 8PM

**Walk-In Assessment Center**  
524 West Vista Way / Vista • (760) 758-1150

Monday-Friday • 12 NOON-7 PM

**Walk-In Assessment Center**  
600 East Grand Ave. / Escondido • (760) 796-7760



NAMI-NCSDC  
P.O. Box 2235  
Carlsbad, CA 92018

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Carlsbad, CA

*"It is by acts and not by ideas that people live."*  
-Anatole France

ADDRESS SERVICE REQUESTED

**Volume 10 No.3 • March 2010**

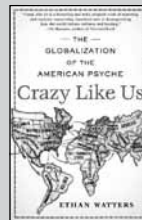
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**editornamincsd@pacbell.net**

**NAMI-NCSDC**

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phone/fax: (760) 722-3754  
e-mail: namincsd@pacbell.net  
www.nami-northcoastal.org

Incorporated as a 501(c)(3) nonprofit corporation in 1983



**Recommended Reading**

**Crazy Like Us:**  
The Globalization of the American Psych  
By Ethan Watters  
Free Press, 2010

This book has just recently been published, and NPR did a segment discussing the pros and cons during the second week of February. The New York Times Magazine also did a very, lengthy write up the end of January. So, it seems to be a worthwhile read with keen insights into Western ideas of mental illness, culture, as well as definitions of wellness. The author's main premise is that mental illnesses are different in different cultures and in different times as well as that Western medicine for mental illness does not work well in other cultures. Some of how these illnesses are expressed may be different as well as different variants; however, over the ages the reports are of clearly identifiable symptoms that have been clustered into disorders. The question posed is "What is America's role in homogenizing how the world defines wellness and healing...? Very thought provoking, perhaps controversial! Indeed, there may be many different cultures on the earth, but we all have human brains! The bottom line is whatever the type of care is available, it's the quality of the human relationships that count! Worth your time and effort!

\*\* available on [www.amazon.com](http://www.amazon.com)\*\*