



nami Southwest Washington

National Alliance on Mental Illness

www.namiswwa.org

Vol. 14.7

July 2014

We have enclosed a donation envelope with the hope you will find it in your hearts to help us continue our programs and services. We can't do it without you!

CONTACT US!

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Resources:

NAMI Warm Line M-F 9am-5pm

(360) 695-2823

Mental Health Ombuds:

(360) 397-8470

(866) 666-5070

Teen Talk: (after 4pm)

(360) 397-2428

Crisis Lines:

(360) 696-9560

(800) 626-8137

Destigmatizing and Decriminalizing Mental Illness

NAMI Washington State Conference is open for registration and will be held at the Red Lion at the Quay on August 15-17
Continuing Education Credits will be given
Registration Fee is \$185 with a discount for NAMI Members
Register at <http://www.brownpapertickets.com/event/726562>
Or call (206) 783-4288

HOW MARIJUANA AFFECTS YOUR BRAIN

After alcohol and nicotine, marijuana is the most commonly used drug in the world. Following the legalization of marijuana in Washington State, there have been many questions raised. Is it really safe to use? How will the effects of marijuana affect our society?

A recent article on cnn.com states that marijuana use is closely linked to schizophrenia. Up to 75% of people with schizophrenia have been exposed to the drug, and close to 50% have used it within the last year. The more marijuana is used, the greater the symptoms.

Every time someone smokes marijuana or ingests it in some other form, THC (delta-9-tetrahydrocannabinol) and other chemicals enter the bloodstream, going quickly to the brain and to the rest of the body. THC is the powerful chemical responsible for the "high" associated with drug. Once in your bloodstream, THC typically reaches the brain in seconds and immediately causes a feeling of relaxation along with haziness and light-headedness. Eyes may dilate, and other senses might be enhanced. Later, the user might have feelings of paranoia and panic.

Here is what happens in the brain:

- Neurons are the cells that process information in the brain.
- Chemicals called neurotransmitters allow neurons to communicate with each other.
- Neurotransmitters fill the gap, or synapse, between two neurons and bind to protein receptors, which allow various functions in the brain to be turned on or off.
- Some neurons have thousands of receptors that are specific to particular neurotransmitters.
- Chemicals, like THC, can mimic or block actions of neurotransmitters and interfere with normal functions.

Our brains have groups of cannabinoid receptors concentrated in several different places. These receptors can affect the following mental and physical activities:

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From the Directors Desk

Dear Members and Friends,

In June, I was fortunate to attend the NAMI Executive Directors Leadership conference that was held this year just across the river in Portland. Meeting other NAMI executive directors from around the nation is always great; we have lots to talk about, compare, and laugh and cry about since our issues are pretty much the same across the United States: not enough money, people, or time to accomplish all that we would like to accomplish. The great thing about NAMI is that many really great people are working together to improve the lives of people living with mental health diagnoses.

In part because of a discussion I was able to have with the Executive Director of the NAMI in Tucson, AZ at the ED conference and in part because our Regional Support Network unexpectedly received more Medicaid funding than they had planned for, NAMI SW WA is going to apply for status as a Medicaid provider. That will enable us to offer more programs than we can currently, because of severe budget restrictions. I will keep you posted on what happens with this.

Our Board of Directors has voted to add several new members to balance out representation of specialties and of geographic areas. Scott Brickley is a new member from Skamania County joining our Board Treasurer Becky Anderson to represent people in Skamania County. We are still looking for a possible third person from that county. Ted Englebrecht is a resident of Clark County and is representing the faith-based community; he teaches international religion at Concordia University. after spending many years in Southeast Asia as a missionary. Both Scott and Ted are recent graduates of our Family to Family program. Adam Herreid is from Cowlitz County and represents the mental health profession; he is a therapist with Lower Columbia Mental Health. He joins Frank Randolph and Adam Pitham, our two other members from Cowlitz County. Joe Tran is a pharmacist (R Ph) in Clark County. One of the Board goals is to increase ethnic representation however Joe will also fill the spot left by Vicki Starr, R Ph, who recently moved south of Portland and who had resigned her board position in May. Vicki will still work with us on special projects. We are pleased to welcome these new members who bring our board membership up to eleven members.

The NAMI WA conference is just around the corner. We have planned some very good sessions for this conference that focuses on reducing the stigma of mental illness. If you would like to attend the conference you can register online. The registration web listing can be found on the first page of this newsletter. Or call Jenny at our office and she can tell you more. If you cannot afford the \$185 registration fee but would like to help us out by volunteering there we have many jobs that can be done, allowing you to attend many or most of the sessions. Again, call us to let us know that you would like to help. We promise a fun time with lots of great education!

Best regards,

Peggy McCarthy



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Year-end Respite Event

Cindy Falter

Membership

Charla Struys

We would like to fill the following open Volunteer Positions with a Co-Coordinator

Data Management**Development/Fundraising****Public Policy****NamiWalks 2015****Newsletter****Parents and Teachers as Allies****Media/PR Coordinators****Warmline****Support Services****Membership****Year-end-Respite-Event****Education****Marijuana's Effects on the Brain**

HYPOTHALAMUS
Controls appetite, hormonal levels and sexual behavior

BASAL GANGLIA
Involved in motor control and planning, as well as the initiation and termination of action

VENTRAL STRIATUM
Involved in the prediction and feeling of reward

AMYGDALA
Responsible for anxiety, emotion and fear

BRAIN STEM AND SPINAL CORD
Important in the vomiting reflex and the sensation of pain

NEOCORTEX
Responsible for higher cognitive functions and the integration of sensory information

HIPPOCAMPUS
Important for memory and the learning of facts, sequences and places

CEREBELLUM
Center for motor control and coordination

© Alice Y. Chen, 2004. Adapted from *Scientific American*.

When marijuana is smoked, its active ingredient, THC, travels throughout the body, including the brain, to produce its many effects. THC attaches to sites called cannabinoid receptors on nerve cells in the brain, affecting the way those cells work. Cannabinoid receptors are abundant in parts of the brain that regulate movement, coordination, learning and memory, higher cognitive functions such as judgment, and pleasure.

(Continued from page 1)

- Short-term memory
- Coordination
- Learning
- Problem-solving

Medical researchers are becoming increasingly concerned that marijuana use by teens under the age of 16 is a risk factor for later development of psychosis and schizophrenia, even in teens that might not have otherwise developed it.

Marijuana use has also been linked to school failure. Its effects on attention, memory, and learning can last for days and sometimes weeks - especially if used often. Compared to teens who don't smoke marijuana, users tend to get lower grades and are more likely to drop out of high school. Also, longtime marijuana users themselves report being less satisfied with their lives, having memory and relationship problems, poorer mental and physical health, lower salaries, and less career success.

Much research suggests that chronic marijuana use will cause deformed sperm and greatly decrease male fertility. On June 6 of this year, an article in Huffington Post stated, "In addition, men in the abnormal sperm group under the age of

30 were more likely to have used pot than men whose sperm was normal." Abnormal sperm, often characterized by oddly shaped heads or poorly developed tails, may have trouble making their way to a woman's egg, thus reducing the chance that she will be impregnated. More research continues to be done to determine if abnormal sperm can be linked to abnormalities or birth defects in the fetus.

Can marijuana use affect the developing fetus? Doctors advise pregnant women not to use any drugs because they could harm the growing fetus. Studies suggest that children of mothers who used marijuana while pregnant may have subtle brain changes that can cause difficulties with problem-solving skills, memory, and attention. More research is needed because it is hard to say for sure what causes what: for example, pregnant women who use marijuana may also smoke cigarettes or drink alcohol, both of which can also affect the baby's development.

There is a debate over the addictive capacity of marijuana. There are a number of symptoms that show up when marijuana use is stopped. These include restlessness, severe changes in appetite, violent outbursts, interrupted sleep or

(Continued from page 3)

insomnia. Psychological dependence usually develops because a person’s mind craves the high that it gets when using the drug.

Marijuana smokers are susceptible to the same health problems as smokers. Studies are ongoing regarding the relationship of marijuana smoking to the incidence of lung cancer. There does appear to be a dose relationship in that young people who smoke marijuana for a number of years have a greater risk of lung cancer. There is an 8% increase in the risk of lung cancer for every joint year smoked. A joint-year is one joint per day as compared to a pack-year which is 20 tobacco cigarettes per day. Other effects include dry mouth, red eyes, impaired motor skills and impaired concentration. Long-term use of the drug has also been linked to heart attacks.

It will be interesting to see how marijuana use affects the accident rate in Washington State. Marijuana is the most common illegal drug involved in auto fatalities. It is found in the blood of around 14 percent of drivers who die in accidents, often in combination with alcohol or other drugs. In addition to alertness, concentration, coordination, and reaction time, marijuana also makes it hard to judge distances and react to signals and sounds on the road.

Building Resilience in Children

Resilience is the ability to spring back from life’s challenges and flourish. It allows your child to become more self-assured, to handle everyday frustrations better and to feel less overwhelmed by stressful situations.

Resilience is something that we have to work at throughout our entire lives. Children learn resiliency from watching their parents and how they handle everyday stress.

People who can handle difficulties with resilience are:

- Healthier and live longer
- Happier in their relationships
- More successful in school and work
- Less likely to get depressed.

Things that help children build this resilience are: Having strong outside supports when children or adults are resilient they develop caring relationships, positive role models, and supportive community resources. Inner strengths, including self-control, thinking skills, confidence, a positive outlook, and responsibility and contributing.

WHEN PARENTS...	CHILDREN LEARN TO...	
Show affection & attention	Feel loved and connected	Have a sense of worth
Listen/Understand	Feel understood and accepted	Understand others
Stay calm	Calm themselves	Handle stressful situations
Show patience	Wait	Develop patience
Stop & re-think	Stop and think	Be creative problem-solvers
Show positive outlook	Appreciate the positives in life	Be hopeful and optimistic
View mistakes as OK	See mistakes as part of learning	Try new things
Keep trying	Keep trying	Achieve goals
See strengths	See their own strengths	Feel confident
Take responsibility & be involved	Be responsible and involved	Feel they belong

Family Support Group

Don Greenwood
Teri Robinson
Kay Roberson
Chris Tibbits

Connection Support Group

Eric Johnson

Teen Support Group

Alyssa Rice
Charla Struys

STRivE Support Groups

Angie Corri
Lyn Pattison
Ilse Shuurmans
Peggy McCarthy
Daryn Nelsen

Corrections H-Pod/Workcenter

Tom Cousino
Charla Struys
Eric Johnson
Ilse Shuurmans

Need help finding a therapist?

Go to

therapists.psychologytoday.com

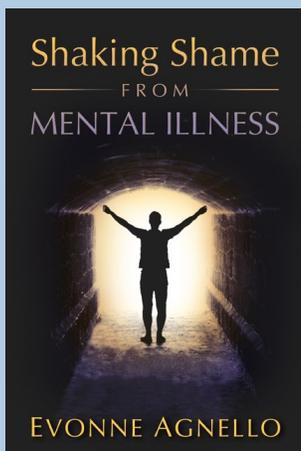
This is a great tool/search engine to help you find a therapist in your area, and narrow the results down by approved insurance, specialization, and other selectors

You must take personal responsibility. You cannot change the circumstances, the seasons, or the wind, but you can change yourself. That is something you have charge of.

Jim Rohn

Reviewed
by Nancy Marsh

*Shaking Shame
from Mental
Illness* by Evonne
Agnello



In Laura's Own Voice

My name is Laura H. I am a survivor. I am a grad student and an avid Winterhawks fan, I have a career that I am passionate about and I love to help others. When I am doing my job, everything is right with the world. I own a home, a Husky who consoles me, have people I trust – a circle of women who I trust and who support me. My inner child is a little girl who wears red cowgirl boots and fairy wings with a tutu. I am that person today. I know I can excel with a dual diagnosis. I am a miracle because I have bi-polar disorder, anxiety disorder, PTSD, alcoholism and an addiction to prescription drugs. Today I have five years in recovery. I am also healing from a childhood of emotional and physical abuse through a program using EMDR therapy (eye movement desensitization and reprocessing). I grew up without my mother in a home where I was neglected, physically beaten and emotionally discarded. I was a victim of favoritism. Essentially I had no voice in anything. These experiences have helped me to know how to help the kids I work

with - when they need space, when they are feeling like they want to lash out at the world around them. I encourage them because I have an “exceptional lens” to empathize and instill hope.

The past five years in recovery have helped my body and mind heal from psychosis so severe that I had an episode that lasted six months. It is sometimes still really hard when I get triggered and go into hypomania. Working my recovery program, having supportive sponsors, approachable doctors, and empathetic peers have brought me to where I am today. I am thankful for meds that are non-addictive, the knowledge to eat healthfully, and walks with my dog and Mother nature.

In 2008, I attended with my first NAMI Walk. I will always remember passing through the arch of blue and yellow balloons at the end of the walk and celebrating my freedom while looking forward to a limitless future. As Ralph Waldo Emerson says, “Do not go where the path may lead, go instead where there is no path and leave a trail.” And I would like to add – “frolic all the way.”

THIS MONTH'S BOOK REVIEW:

This very personal story tells of the author's brilliant and successful brother, Curt, who alarms those close to him by suddenly becoming bankrupt and exhibiting a sense of being persecuted. Up to that time he had been a successful political consultant. His concerned family commits him to a psychiatric hospital against his will, where he is diagnosed with the 1970's term: manic depression, now called bipolar disorder. After two weeks he is released. In the following years, he goes through ten years of homelessness followed by years of symptoms where he continues to believe there is a conspiracy against him. He's so convincing that his sister, Evonne, wonders if he's telling the truth or whether his paranoid delusions are speaking. Only after his death is the question resolved for her.

Following the suicide deaths of both her father and Curt, the author has to deal with her reoccurring depression. Part of her recovery is accepting the mental illness label for her state of mind. In the last part of the

book, she relates how she finally, becomes happy and at peace though therapy, support groups, and finally a successful medication.

The book raises some complex questions about finding the right medication, and especially this: How does a family commit someone in denial about their behavior while avoiding trauma and; long-standing resentment?

The book helps its reader's understanding of the bi-polar condition by explaining that if certain circuits in the brain aren't functioning, the resulting loss of judgment creates the inability to objectively see one's own behavior. It mentions that the longer a person is sick, the harder it is to recover. It shows how the loss of an intelligent person such as Curt, who had no productive work during the last twenty years of his life, is a loss to both himself and to society. Our society has a long way to go in resolving some of the many issues presented in this interesting book



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- You can search for us by our name **NAMI** or by our non-profit number **87058**.
- Then, every time you shop and use your Rewards Card, you are helping NAMI earn a donation!
- You still earn your Rewards Points, Fuel Points, and Rebates, just as you do today.
- If you do not have a Rewards Card, they are available at the Customer Service desk of any Fred Meyer store.

For more information, please visit

www.fredmeyer.com/communityrewards

Dis-Ordered Eating

According to the DSM-V, feeding and eating disorders are characterized by a consistent disruption of eating or eating-related behaviors. These behaviors can result in altered consumption or absorption of food and that significantly impair one's physical health or psychosocial functioning. Basically, eating disorders are a group of conditions marked by an unhealthy relationship with food that can be life threatening where the sufferer obsesses about food and body image until their health is at risk.

There are three main types of eating disorders: anorexia nervosa, bulimia nervosa and binge-eating disorder. Each has its own set of unhealthy behaviors that are focused on food and individual control. Eating disorders should be considered a serious medical problem that can have long-term health consequences if left untreated. It's common for people with eating disorders to hide their unhealthy behaviors, so it can be difficult to recognize the signs of an eating disorder.

It is critical that consumers get professional help in gaining control over their life and health. Because these disorders are often signs of another underlying problem, treatment may take a variety of forms. Severe disorders may require

medical care at an inpatient hospital setting. Other types of treatments aim to address both the eating disorder and the underlying issues but on an outpatient basis. Treatment should also include psychiatric care, nutritional counseling, psychological counseling, and group therapy. The key to success lies in part to finding the right practitioner and the right treatment program.

Treatment and care should be carefully coordinated and provided by a health practitioner with expertise and experience in dealing with eating disorders. The exact treatment needs of each consumer will vary. People with eating disorders can achieve a full and long term recovery that opens the way for healthier relationships with food and improved quality of life. However, most consumers will need additional support to manage their relationship with food, concepts about body image and any mental conditions such as depression.

It is important if YOU are struggling with an eating disorder that YOU find a health professional YOU trust to help coordinate and oversee YOUR care. Recovery is a hard and not always a predictable road. Life has its stress. By keeping a positive outlook and working with YOUR treatment team, YOU can succeed. The true keys to success are found in YOU.

WHAT TO DO IF YOUR CHILD TALKS ABOUT SUICIDE OR WANTING TO END THEIR LIFE

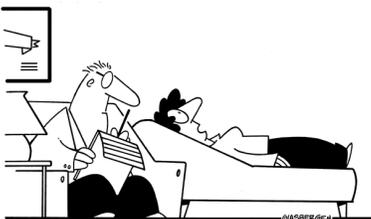
As a parent it's hard to imagine a child getting to this point. As adults we may downplay or dismiss what we see or hear; we may worry that our child is just trying to get attention. Remember that most of the time suicide is not about wanting to die—it's about stopping the pain of living.

First, look for the warning signs

- Current talk about suicide, or making a suicide plan
- Signs of serious depression, moodiness, hopelessness and withdrawal
- Strong wish to die, preoccupation with death, giving away prized possessions
- Increased alcohol and/or drug use
- Recent suicide attempt by a friend or family member
- Impulsiveness and taking unnecessary risks
- Perception that there is no one to talk to

Dedicating some time to meditation is a meaningful expression of caring for yourself that can help you move through the mire of feeling unworthy of recovery. As your mind grows quieter and more spacious, you can begin to see self-defeating thought patterns for what they are, and open up to other, more positive options.

Sharon Salzberg



“All I want to do is lie around all day. This isn't helping.”

Show you care.

Let the child know you really care. Talk about your feelings and ask about his or hers. Listen carefully to what is being said.

Ask the question.

Don't hesitate to ask directly about suicide. Talking with your child about suicide won't put the idea in his/her head. Chances are, if you've observed any of the warning signs, the child is already thinking about it. Be direct in a caring, non-confrontational way.

Get help.

Keep moving forward, together. Call for help. Say, “It's difficult to know what to do, but I know where we can get some help.” If your child has expressed an immediate plan, or has access to a gun or other potentially deadly means:

- Do not leave him or her alone.
- Get help immediately
- Remove potentially deadly means from your home, at least temporarily during

Summer Plans for Teens

In March, NAMI Southwest Washington started the teen support group aimed towards high school students. This group had eight sessions and attendance varied from three to seven teenagers in the group. Due to summer schedules we are holding the group times for a drop in for both high school and middle school aged students during the summer as we build support for resuming the teen groups. Teenagers can still come during these times to receive support, encouragement or help. Be on the lookout for more information later this summer regarding the teen groups. The High School Drop In is Mondays 4pm–5:30 and the Middle School Drop In is Wednesdays 4pm–5:30pm.

Bulletin Board

- 📌 SEE ME will present at the following times and locations in July:

 - Wednesday, 7/9/14 Clark County Marriage License Bureau 8 am–9 am
 - Wednesday, 7/16/14 Auto License Department, 8 am–9 am
 - Wednesday, 7/23/14 Clark County Public Health Department, 1 pm–3pm
 - Friday, 7/25/14, YWCA Mental Health & Domestic Violence, 12:30 am–2:30pm
- 📌 The Family to Family class scheduled to begin June 26th has been postponed. Family to Family is for parents, caregivers, partners, or those who support older teens or other adults who have a mental illness diagnosis. The class is one of the greatest gifts you can give yourself and your loved one because it provides the skills and tools to improve communication and understanding. The next class will begin Thursday, August 21st. The group meets for twelve weeks, from 6:30 to 9:30 PM with all the sessions for this class taking place at the Vancouver office, 8019 NE 13th Avenue. If you would like to participate, please call 360-695-2823 to register.
- 📌 NAMI SW WA held a community discussion with the four candidates for Clark County Sheriff on June 24. This is a very important election for people living with a mental health diagnosis and for their family members and loved ones. Your vote should be carefully considered because far too many people with a mental illness are currently incarcerated in our local jail. The primary election is August 5th. Please vote!!!
- 📌 The STRivE group that has been meeting at our Vancouver office on Friday mornings will meet on Tuesday from 1pm to 2:30 pm beginning July 1st.

NAMI Southwest Washington
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National Alliance on Mental Illness

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- ★ Washington Friday Facts, weekly e-mail by request
- ★ NAMI SW WA Newsletter, monthly
- ★ Member Discounts on NAMI Events & Materials,

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