CLASS 1

CLASS HANDOUTS

Class 1: Handout # 1
What is NAMI?

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

From its inception in 1979, NAMI has been dedicated to improving the lives of individuals and families affected by mental illness. **Financial contributions** allow NAMI to offer an array of programs, initiatives and activities in support of the NAMI mission.

Our promise.

NAMI promises to build better lives for the millions of Americans affected by mental illness.

Our passion.

Because mental illness impacts the lives of at least one in four adults and one in 10 children--or 60 million Americans--NAMI will work every day to save every life.

Our people.

Thousands of members and supporters are the face and voice of the NAMI movement--families, individuals, friends and businesses--who come together to celebrate mental illness recovery, to honor those who have lost their lives to mental illness and to combat stigma, promote awareness and advocate for others.

Our work.

NAMI stays focused on educating America about mental illness. NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs for people living with mental illness and their loved ones. NAMI creates change and works tirelessly to advocate for an American health care system that ensures access to treatment to those in need.

NAMI focuses on support, education, research and advocacy to help individuals and families affected by mental illness. Learn more about **awareness and support**, **NAMI's education programs** and our **advocacy efforts**.

Our success.

NAMI is the largest grassroots mental health organization and is a lifesaver to many, offering help, hope and resources to the millions of people affected by mental illness. NAMI members and leaders are visible and formidable advocates, owning a well-earned reputation for taking on hard battles and winning them, ensuring a national commitment to research as well as access to services and treatment that promote recovery.

Our future.

To accomplish our promise to build better lives, NAMI will continue to provide education, support and advocacy programs and services that benefit individuals and families affected by mental illness in communities across the country.

What are the benefits of NAMI membership?

All NAMI members receive the benefits of membership at all three levels of the organization, including:

- Membership at a NAMI State Organization, a NAMI Affiliate and the NAMI national organization
- Eligibility to vote in all NAMI elections
- A subscription to *The Advocate* NAMI's flagship magazine, as well as access to optional subscriptions to specialty newsletters and information at the national, state and local levels.
- Member discounts on brochures, videos, promotional items and registration at NAMI's Annual Convention and many state and local conferences.
- Access to exclusive members-only material on **www.nami.org**
- **Become a NAMI member**

How can I volunteer with NAMI?

As a grassroots organization, NAMI relies on volunteers at all levels of the organization. Contact the NAMI HelpLine at **info@nami.org** or (800) 950-6264 for opportunities at the national office as well as referral to NAMI State Organizations, NAMI Affiliates and **NAMIWalks** and **NAMIBikes** events in your community.

For more information about NAMI, visit our website at **www.nami.org** .

Class 1: Handout # 2: NAMI Utah

Help Hope Healing

Mission Statement

The mission of NAMI Utah is to ensure dignity and improve the lives of those who suffer from mental illness and their families through education, support and advocacy.

Help

Hope

Healing

Vision Statement

NAMI Utah will lead a collaborative movement to create:

- A society where there is no stigma
- A community of support which offers fairness and compassion to individuals with mental illness
- Conditions in which comprehensive resources are available for all people with mental disorders and their families
- An environment where every individual is important and respected and where people with mental illness can be seen as heroes

Contact NAMI Utah today by calling (801) 323-9900 or toll-free (877) 230-6264.

NAMI Utah
National Alliance on Mental Illness

NAMI Utah
1600 West 2200 South
Suite 202
West Valley City, UT 84119
Phone: 801.323.9900
Toll-free: 877.230.6264
Website: www.namiut.org
Email: education@namiut.org

Class 1: Handout # 3
Bio-Psycho-Social Dimensions of Mental Illness

These 3 bio-psycho-social dimensions are interdependent:

1. **No one dimension can ignore the knowledge base of the other two.**
2. **Focusing on one dimension alone is not sufficient for recovery.**

Biological/Physical

(Medical Dimension)
Science-based knowledge

Course Focus: Medical aspects of Illness

Symptoms; Diagnosis

Future course of illness (prognosis)

Acute care in critical periods

Medications and side effects

Adherence to medication

Scientific advances in medications

Early warning signs of relapse

Impact of mental illness on overall health

Insight into clinical realities of brain disorders

Best medical strategies to maximize recovery

Current research on brain disorders

Classes: 2,3,4,6

Psychological/Emotional

(Personal Dimension)
Psychology-based knowledge

Course Focus: Subjective emotions and feelings

The inner experience of brain disorders

Normative family responses to the stresses of mental illness

Telling our stories; validating family strengths

Coping strategies used to protect self-esteem in mental illness

Empathetic listening and responding skills

Burdens of different relative roles in the family

Handling anger, frustration, and feelings of entrapment

Coming to terms with "shattered dreams"

Self-care skills; keeping our lives going

Value of peer understanding and support

Classes: 1,3,4,7,8,9,10,12

Social/Occupational

(Rehabilitation Dimension)
Recovery-based knowledge

Course Focus:
Self/Renewal
Re-entry into Community

Definition and testimonials of recovery

Principles of rehabilitation

Sources of system/community support

Restoration of social ties

Long-term care

Increased self-determination

Maximum personal fulfillment and quality of life

Problem solving skills (workshop)

Communication skills (workshop)

Advocacy for better services and fair policies

Celebrating our progress

Classes: 4,5,8,10,11,12

Class 1: Handout #4
Predictable Stages of Emotional Responses among Family Members

I. Dealing with the catastrophic event

Crisis/Chaos/Shock: Feeling overwhelmed, confused, lost. Something catastrophic is going on and we do not know how to deal with it. Our sense of emotional intactness is shattered.

Denial: A protective response giving us time to process the painful events that have turned our lives upside down. We decide all this is not really happening and/or there is a perfectly logical explanation for these events and/or it will pass, etc. We "normalize" what is going on.

Hoping against hope: The dawning of recognition and the hope that "this is not what I think it is"— that it is something easier to deal with. Here we assume that if we make a huge effort it will change everything and our lives will go back to normal. This usually does not work; another crisis or relapse dashes our hopes (families call this the "roller-coaster").

Needs: *Support *Comfort *Empathy for confusion *Help finding resources *Crisis intervention *Prognosis *Empathy for pain *NAMI

II. Learning to cope: "Going through the mill"

Anger/Guilt/Resentment: We start to "blame the victim," insisting that the ill person should "snap out of it" or "get back to work." We feel fed up and do not want to handle it; we distance ourselves from the problem. At the same time, we harbor tremendous guilt, fearing that it is really our fault. Then we compensate and get over-involved with the problem. This ambivalence really drains us. We feel rejecting and too solicitous, all at the same time.

Recognition: The fact that a catastrophic illness happened to someone we love becomes a reality for us. It is clear something tragic occurred that has changed our lives together. We begin to mark time as before/or/after the event of illness.

Grief: We mourn the loss of the time before illness struck; we deeply feel the tragedy of what has happened to the person who is ill; we grieve that our future together is uncertain. If our loved ones have attacked or rejected us in their illness, we feel inconsolable. Because these illnesses are either episodic or chronic, our grief does not go away: it is "chronic sorrow."

Needs: *Vent feelings *Keep hope *Education *Self-care *Networking *Skill training *Letting go *Cooperation from system *NAMI

III. Moving into advocacy: "CHARGE!"

Understanding: We begin to gain a solid, empathic sense of what our family members suffer in their illness. With some of our fear behind us, we find we can grasp what the inner experience of illness is for our loved ones. We gain real respect for their courage and fortitude.

Acceptance: Yes, we finally say, bad things do happen to good people. We surely wish this trouble had not come into our lives, but it did, and we can accept our misfortune. It is not our fault; it is not their fault. It is a sad and difficult life experience, but we will hang in there and manage.

Advocacy/Action: With a measure of acceptance, we can now focus our anger and grief and work to confront the system that has often failed us. We are ready to "come out," to fight discrimination and to change the world that shames the mentally ill and their families. We join public advocacy groups, we get involved.

Needs: *Activism *Restoring balance in life *Responsiveness from system *NAMI

Important points to emphasize about the stages:

1. None of these stages are "wrong" or "bad." They are normal reactions everyone experiences when struggling to cope with serious illness and trying to deal with critical disruptions in their lives.
2. This process is ongoing—for most of us it has taken years to navigate. It is not something that you go through once then you are done. The process is also cyclical; we will start it all over again every time our relative has a relapse, or experiences a serious setback.
3. Different family members are often at different places in the cycle, which is why we sometimes have difficulty communicating with each other and agreeing on what to do.
4. This cyclical process is not about expectations. This is a human process that we each do our way. If you know where you are in the process, you can be more gentle with yourself. We believe it offers hope to see that we do progress through pain and grief to acceptance.
5. As you get to know each other better in this class, you will begin to recognize these stages and emotional reactions. In this way, "old-timers" help "newcomers"; we inform each other, we validate our feelings.

Class 1: Handout # 5
Our Belief System and Principles

1. **We will stay on top of the resources you might need**: Throughout the course, information will be made available to you about the community services that you are entitled to. We have asked one of our members to serve as a Resource Person for the duration of the course—to help with your questions and offer support.

   In addition, we consider each of you a valuable resource because of your own experience dealing with mental health providers. We hope that you will share these experiences with the group.

2. **We have no magic formulas:** When times get bad, and we know there is no cure for mental illness, it is natural to look for "magic answers" to our dilemmas. But there aren't any. You have certainly done your very best to deal with the intense and frustrating problems you are presented with. We can try to learn as much as possible about brain disorders, and that's why we're here.

3. **We use empathy as the doorway to understanding**: When we actually can grasp the lived experience of our relative with mental illness, every aspect of communication and problem solving gets easier for us. The classes will give you an understanding of what your family member needs in order to function better in the world—and what can be done to encourage improved functioning. As your insight increases, you will know what you can realistically expect from your family member and yourself.

4. **We emphasize the "universal aspects" of mental illness**: All brain disorders involve a profound disturbance of the brain as well as other parts of the body. Many of these illnesses are functionally related, and many symptoms overlap. It's important for us to be exposed to the "universe" of brain disorders to understand better the range of problems our relative may be dealing with. So, no matter what the diagnosis, we can all learn from each other's experience.

5. **We are vigilant "Guilt-Busters":** The blaming of family members is the single, most devastating event in the lives of families of individuals with mental illness. As Ken Terkelson, a leading psychiatrist, has said, "The thought of having brought harm to a loved family member, intentionally or unintentionally, consciously or unconsciously, causes intolerable guilt"—and, we might add, pain, shame and stigma. Mental illnesses are not caused by lack of character, bad parenting or punishment from God. The lack of information and knowledge about these illnesses, particularly in multicultural communities, results in stigma and misunderstanding. In this course, we will focus on mental illnesses as biological brain disorders. We hope you will adopt, and insist upon, this "no-fault" approach.

6. **You can't know what no one has told you:** Because of the widespread convention of confidentiality in the mental health field, many families are kept in the dark for years about the true nature of their relative's illness. As you learn new facts in this course, you may feel that it is information you "should have known," or "should have gotten on your own." We ask you to remember that you cannot possibly know what no one has told you. None of us knew any of this stuff until someone let us in on it!

7. **YOU are the expert:** We honor the fact that you are the best judge of what will work or will not work for you and your family. No one expects you to become perfect parents, siblings, children, spouses, or partners as a result of taking this course. There will be no pressure to follow suggestions offered in these classes, or for you to share anything against your will. We want you to learn to trust your own instincts and take from this course what you find helpful.

8. **Be our partners in learning:** The NAMI Family-to-Family Education Course is the first national peer program in America. Thousands of family member graduates tell us that family members often know more than the professionals do about coping with mental illness. As family members, we get on-the-job training; all of us have Ph.D.s from the School of Hard Knocks!

   Sometimes we won't know the answers to your questions, but we'll work together and look them up. It's not necessary to know everything: What's important is to know how and where to find the information you need. In this course we want to build a compassionate learning community, where we strengthen one another by being in charge of the learning process.

Class 1: Handout # 6
Understanding Illness Symptoms as a “Double Edged Sword”

We want to introduce the second “basic illness concept” which will be important to us in the course. This one has to do with the way illness symptoms overtake us and undermine us at the same time, striking us from two sides like a “double-edged sword.”

For example, let’s take a physical illness we’ve all had. When we come down with the flu, a host of new, unwanted symptoms (fever, headache, congestion) well up and engulf the healthy self. At the same time, we are drained by symptoms which take away personal resources we’ve always depended upon (energy, will, drive to keep going, etc.).

The more severe the illness, the more our healthy self is overwhelmed and the more our dependable, resourceful self is diminished. Also, we have no control over the severity of symptoms that attack us, and during the period we are ill, it’s almost impossible to summon up our dependable responses.

Mental illnesses are no different. Except that, because they are disorders of the brain, many symptoms of mental illness are expressed as complex behaviors. When our loved ones have a brain disorder, a host of unfamiliar, unwanted behaviors appear that were never part of their personality; at the same time, many of the resourceful attributes we have always counted on them to have are taken away.

We want to introduce this concept tonight because, next week, we will look at the symptoms of 3 major mental illnesses, which can deeply alter the people we care about. One of the most important insights for family members to gain is to know which added behaviors and diminished responses occur in their relative’s illness, which may look to be under his/her control, but are not. This will help us to separate the person from the illness.

By the end of the course, you will be able to define very clearly how the “double-edged sword” of illness symptoms pertains to your relative’s illness. Let’s see if we can picture this basic illness concept, looking at some symptoms which are common “early warning” signals of brain disorders.

Class 1: Handout #7
Understanding Illness Symptoms as a "Double Edged Sword"

Behaviors you never saw before, which may be added to the person who is ill	**Behaviors you always counted on, which may be taken away from the person who is ill**
Constant tension and nervousness	Ability to focus and concentrate
Irritability, criticalness, even abusiveness	Insight about what is happening
Unpredictable over-reaction to things	Pride in appearance and personal hygiene
Indifference, inflexible obstinacy	Capacity for intimacy
Irrational statements and responses	Ability to cope with minor problems
Obsession with own activities and pursuits; Inflated self-concept	Enjoyment of family, friends, work
Forgetfulness and losing things	Ability to exercise self-control
Uncontrollable sadness or crying	Optimism, faith, belief in the future
Rudeness and hostility	Warmth and thoughtfulness in relationships
Fearfulness and hyper-vigilance	Ability to appreciate people and accept their help
Devastated by peer disapproval	Pride in taking responsibility
Disinterest in sex, or hypersexuality	Ability to express joy
Indecisiveness	Capacity to see another point of view
Inappropriate and bizarre behaviors	Emotional resiliency
Withdrawn and isolated	Willingness to follow a treatment plan when symptomatic
Distressing changes in a person due to symptoms of brain disorders (mental illnesses)	**Distressing losses in a person due to symptoms of brain disorders (mental illnesses)**

Class 1: Handout # 8
Organizational Resources for Families

Abraham Low Self-Help Systems
Self-help groups using cognitive-behavioral techniques to cope with symptoms of mental illness.
105 W. Adams Street, Suite 2940,
Chicago, IL 60603
Tel: (866) 221-0302, E-mail: info@lowselfhelpsystems.org, Website: www.lowselfhelpsystems.org

American Association of Suicidology
5221 Wisconsin Avenue, NW,
Washington, DC 20015
Tel: (202) 237-2280, Website: www.suicidology.org, E-mail: online form

American Foundation for Suicide Prevention
120 Wall Street, 29thnd Floor, New York, NY 10005
Tel: (888) 333-AFSP (not a crisis line) or (212) 363-3500, E-mail: inquiry@afsp.org Website: www.afsp.org

American Psychiatric Association
1000 Wilson Blvd., Suite 1825,
Arlington, VA 22209-3901
Tel: (800) 35-PSYCH or (703) 907-7300
E-mail: apa@psych.org, Website: www.psych.org

The Anxiety Disorders Association of America
8730 Georgia Avenue, Suite 600, Silver Spring, MD 20910
Tel: (240) 485-1001, E-mail: online form
Website: www.adaa.org

Bazelon Center for Mental Health Law
1101 15th Street, NW, Suite 1212,
Washington, DC 20005
Tel: (202) 467-5730, E-mail:communications@bazelon.org
Website: www.bazelon.org

Bipolar Disorders Treatment Information Center (BDTIC)
Madison Institute of Medicine
6515 Grand Teton Plaza Suite 100
Madison, WI 53717
Tel: (608) 827-2470 (8:30 a.m. – 5 p.m.)
E-mail: mim@miminc.org
Website: www.miminc.org/aboutbipolarinfoctr.asp

Borderline Personality Disorder Resource Center
BPD referral to resources and treatment.
New York Presbyterian Hospital, Westchester Division: 21 Bloomingdale Road, White Plains, NY 10605 Tel: (888) 694-2273, E-mail: bpdresourcecenter@ntp.org, Website: www.bpdresourcecenter.org

Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE)
University of North Carolina Medical School, Department of Psychiatry, project to evaluate the clinical effectiveness of atypical antipsychotics in the treatment of schizophrenia.
Website: www.catie.unc.edu

Emotions Anonymous International
P.O. Box 4245, St. Paul, MN 55104-0245
Tel: (612) 647-9712, Website: http://emotionsanonymous.org
Email: infodf3498isd@emotionsanonymous.org

International OCD Foundation
PO Box 961029, Boston, MA 02196
Tel: (617) 973-5801, E-mail: info@ocfoundation.org, Website: www.ocfoundation.org/

Measurement & Treatment Research to Improve Cognition in Schizophrenia (MATRICS)
914 Westwood Blvd., #512
Los Angeles, CA 90024
Website: www.matrics.ucla.edu/
E-mail: matricsassessment@gmail.com

Mental Health America
2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311
Tel: (703) 684-7722
Mental Health Information Line: (800) 969-6642
E-mail: info@rementalhealthamerica.net
Website: www.nmha.org

Obsessive Compulsive Information Center
Lithium Information Center
Publishes: *Obsessive Compulsive Disorder: A Guide* and *Lithium and Manic Depression: A Guide*
Madison Institute of Medicine
6515 Grand TETON Plaza, Suite 100
Madison, WI 53717
Tel: (608) 827-2470, E-mail: mim@miminc.org
Website: www.miminc.org

NAMI: The Nation's Voice on Mental Illness
3803 N. Fairfax Drive, Suite 100, Arlington, VA 22203-1701
Tel: (703) 524-7600, Helpline: (800) 950-6264
E-mail: info@nami.org, Website: www.nami.org

NAMI Support, Technical Assistance, and Resource Center (STAR)
3803 N. Fairfax Dr., Ste. 100, Arlington, VA 22203-1701
Phone: (866) 537-STAR (7827) or (703) 600-1114
E-mail: star@nami.org, Website: www.consumerstar.org

Brain and Behavior Research Foundation
Research Quarterly Newsletter (free)
60 Cutter Mill Road, Suite 404, Great Neck, NY 11021
Tel: (800) 829-8289 or (516) 829-0091
E-mail: info@narsad.org, Website: www.narsad.org

National Education Alliance for Borderline Personality Disorder (NEA-BPD)
PO Box 974, Rye, NY 10580
Tel: (914) 835-9011, E-mail: info@neabpd.com
Website: www.borderlinepersonalitydisorder.com

National Institute of Mental Health
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
Tel: (866) 615-6464 or (301) 443-4513
E-mail: nimhinfo@nih.gov, Website: www.nimh.nih.gov

National Mental Health Consumers' Self-Help Clearinghouse
Publishes The Key Assistance Report (quarterly)
1211 Chestnut Street, Suite 1207, Philadelphia, PA 19107
Toll-free: (800) 553-4539, E-mail: info@mhselfhelp.org, Website: www.mhselfhelp.org

Physicians Postgraduate Press, Inc.
The Expert Consensus Guideline Series: Treatment of Schizophrenia
P.O. Box 752870, Memphis, TN 38175-2870
Tel: (901) 751-3800, Website: www.psychguides.com

Psychopharmacology Algorithm Project
(Harvard Medical School Department of Psychiatry)
Algorithms to guide medication treatment of schizophrenia, depression and other illnesses
Website: www.mhc.com/Algorithm

The Stanley Foundation Research Programs
Publishes: Bipolar Network News (free)
8401 Connecticut Avenue, Suite 200, Chevy Chase, MD 20815
Tel: (301) 571-0760, E-mail: info@stanleyresearch.org, Website: www.stanleyresearch.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
P.O. Box 2345, Rockville, MD 20847-2345
Tel: (877) 726-4727, E-mail: samhsa@samhsa.hhs.gov, Website: www.samhsa.gov/shin

Suicide Prevention Action Network (SPAN)
1025 Vermont Avenue, NW, Suite 1066, Washington, DC 20005
Tel: (202) 449-3600, Website: www.spanusa.org

Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD)
Toll-free: (866) 240-3250, Tel: (617) 724-6058
E-mail: Stepbd@mailcity.com, Website: www.stepbd.org

Texas Medication Algorithm Project (TMAP) Website: www.dshs.state.tx.us/mhprograms/TMAPover.shtm

Treatment and Research Advancements
National Association for Personality Disorder (TARA NAPD)
Publishes: Understanding Borderline Personality
Disorder (free)
23 Greene Street, New York, NY 10013
Tel: (212) 966-6514, E-mail: online form, Website: www.tara4bpd.org

Special Resources for Families of Relatives with Co-Occurring Brain Disorders and Addictive Disorders

Adult Children of Alcoholics World Service
Organization, Inc. (ACA WSO)
P.O. Box 3216
Torrance, CA 90510
Tel: (310) 534-1815 (message only)
E-mail: Online Form
Website: www.adultchildren.org

Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
Tel: (757) 563-1600
For meeting info: (888) 4AL-ANON
E-mail: wso@al-anon.org
Website: www.al-anon.org

Alcoholics Anonymous World Services, Inc.
Grand Central Station
P.O. Box 459
New York, NY 10163
Tel: (212) 870-3400
Website: www.alcoholicsanonymous.org

American Academy of Addiction Psychiatry
345 Blackstone Blvd, 1st Floor - Weld
Providence, RI 02906
Phone: (401) 524-3076
Fax: (401) 272-0922
E-mail: information@aaap.org
Website: www.aaap.org

Hazelden Foundation
P.O. Box 11
Center City, MN 55012-0011
Tel: (800) 257-7810
Website: www.hazelden.org

Narcotics Anonymous World Service Office
P.O. Box 9999
Van Nuys, CA 91409
Tel: (818) 773-9999
Website: www.na.org

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
Tel: (800) 729-6686
Website: www.ncadi.samhsa.gov

Fetal Alcohol and Drug Unit
Department of Psychiatry and Behavioral Sciences; The University of Washington (Seattle) School of Medicine
180 Nickerson Street, Suite 309
Seattle, WA 98109
Tel: (206) 543-7155
Website:
www.depts.washington.edu/fadu

Web Site Resources

Medical / Psychiatric News

Information and videos on psychiatric illnesses
- www.webmd.com

Prescription drug information
- www.rxlist.com

NAMI information on psychiatric medications
- www.nami.org/template.cfm?section=About_Medications

General Health and Wellness
- www.revolutionhealth.com

Information from the US National Library of Medicine and the National Institutes of Health
- www.medlineplus.gov/

The Internet's largest and oldest independent mental health network
- www.psychcentral.com/

Mental health resources from the Substance Abuse and Mental Health Services Administration
- www.store.samhsa.gov/home

Quick, useful drug information
- www.drugs.com

Bipolar Disorder and Major Depression

Depression and Bipolar Support Alliance
- www.dbsalliance.org

Dr. Ivan Goldberg's Depression Central
- www.psycom.net/depression.central.html

Depression and Bipolar Web
- www.mcmanweb.com

Bipolar Person's Significant Others
- www.bpso.org

MedLine Plus, the Patient Education Institute

- www.nlm.nih.gov/medlineplus/tutorials/depression/htm/_no_50_no_0.htm

Medscape Bipolar Research Center

- www.medscape.com/resource/bipolardisorder

A detailed booklet that describes Bipolar Disorder symptoms, causes, and treatments, with information on getting help and coping

- www.nimh.nih.gov/health/publications/bipolar-disorder/index.shtml

Understanding Bipolar Disorder and Recovery (NAMI)

- www.nami.org/content/contentgroups/Helpline1/NAMI_Bipolar_Disorder_Aug08.pdf

Understanding Major Depression and Recovery (NAMI)

- www.nami.org/content/contentgroups/Helpline1/MajorDepression.pdf

Women and Depression (NAMI)

- www.nami.org/Content/ContentGroups/Helpline1/FINALWomensDepressionBrochure.pdf

Anxiety / OCD / PTSD

The Anxiety Disorders Association of America

- www.adaa.org

International Obsessive Compulsive Foundation, Inc.

- www.ocfoundation.org

Obsessive Compulsive Information Center

- www.miminc.org

Medline Plus: PTSD

- www.nlm.nih.gov/medlineplus/tutorials/ptsd/htm/_no_50_no_0.htm

Veteran's Administration, National Center for PTSD

- www.ptsd.va.gov

Anxiety Disorders (Updated in 2009): A detailed booklet that describes the symptoms, causes, and treatments of the major anxiety disorders, with information on getting help and coping

- www.nimh.nih.gov/health/publications/anxiety-disorders/index.shtml

Schizophrenia

A detailed booklet that describes symptoms, causes, and treatments, with information on getting help and coping

- www.nimh.nih.gov/health/publications/schizophrenia/index.shtml

Reports on current schizophrenia research

- www.schizophreniaforum.org

A non-profit community providing in-depth information, support and education related to schizophrenia

- www.schizophrenia.com

Basic information on schizophrenia diagnosis, treatment, and care

- www.schizophreniaconnection.com

A survey on attitudes and awareness among the general adult public, as well as among caregivers and individuals living with Schizophrenia

- www.nami.org/sstemplate.cfm?section=SchizophreniaSurvey

Borderline Personality Disorder

National Alliance for BPD

- www.borderlinepersonality.com

Borderline personality disorder demystified

- www.BPDdemystified.com

Co-occurring Disorders

Dual Diagnosis Website

- www.doubletroubleinrecovery.org

Dual Diagnosis Website

- www.draonline.org

Spanish Language Web Resources

Mental Health Resources

- www.nlm.nih.gov/medlineplus/spanish/mentalhealth.html#cat3

NAMI Spanish Language Fact Sheets

- www.nami.org/espanol

The National Institute of Mental Health's publication in Spanish

- www.nimh.nih.gov/health/publications/espanol/index.shtml

CLASS 1

ADDITIONAL RESOURCES

My Journey in Family Education; or, You Bet Knowledge is Strength!

by Joyce Burland, Ph.D.,
Author of NAMI's Family-to-Family Education Program

One of my first duties, as a brand new NAMI-VT board member, in 1990, was to accompany president Nancy Lanoue to a weekend NAMI training seminar on family education in Washington, D.C. There we assembled with NAMI members selected from 24 other states to become certified as family education specialists and to discuss plans for starting family education programs in our own home states.

By the end of the first session, I was pinching myself. Was it really possible that we had come this far? Could we, as stigmatized family members, actually seize the initiative and teach what we knew to be true about mental illness? Yes, indeed, we could! There was the venerable Dr. Agnes Hatfield from the University of Maryland, mother of a mentally ill person herself, teaching the seminar and giving us the tools for this bold mission.

Then I looked around the room at all the dedicated family members, eagerly taking notes. Yes indeed, I thought, every last one of us is uniquely qualified to take on this new role. We have earned our advanced degree of legitimacy through our own raw experience; we have all graduated, summa cum laude, from the school of hard knocks. At that moment I felt enormous pride for every NAMI family in the world!

The excitement and promise of that weekend started me thinking about my own journey over the past 30 years as a family member. Because this passage from ignorance to enlightenment is so large a part of my own education I want to tell you about it. I'm sure its twists and turns will be familiar to you.

My family has struggled with mental illness for two generations. My older sister became ill with paranoid schizophrenia in 1960, a time some of us recall, when the world of mental illness was thought to be flat and people who ventured too far were expected to fall off. My dear and extraordinary sister, the sturdy mother of five, was hustled off to psychoanalysis, a remedy which served only to intensify her psychosis and fortify her delusions. Determined to help her, my parents encountered immediate and degrading resistance. Blamed and reproached, they were summarily dismissed as pathogenic. They have never fully recovered from this assault upon their good will.

Twenty years later my own daughter, approaching the prime of her career as a dancer, was stricken with the same illness. Surely, I thought, things have changed. Certainly, as the person primarily responsible for her wellbeing, I will not be blamed and rejected as my parents were. But, it was as if the world had stood still. The treatment team viewed me with icy disdain, refusing to answer my questions. No one came forward to inform, to counsel, or to comfort me as I tried to cope with the catastrophe of psychotic illness.

I was instead remanded to a psychiatrist who explained, impassively, that my daughter's "infant psychosis" (due to maternal indifference), was breaking through again. I was also mandated to attend a family therapy session with my daughter and my ex-husband of 15 years. Here we were assured that she wasn't really sick at all. Once we stopped "using her symptoms" as a cover-up for our own marital failure, she would be fine!

I think that any family member who has ever watched the firestorm of mental illness consume the life of someone they love knows the utter irrelevancy of these professional responses. Our deliverance from this sort of badgering seems to occur in a flash of insight—when we at last rebel and throw out all this nonsense. You would think that the workouts with the psychiatrist and family therapist would have done it for me. But I was still dazed, still reeling from the impact this terrible illness was having, again, on our lives.

No, my moment came later, in a relatively minor collision with the system. I had returned home, at 2 a.m., from hospitalizing my child after a particularly harrowing psychotic break. Exhausted, I fell into bed. I was barely asleep when the phone rang. A man was calling from the hospital. He said he was very sorry to inform me that my daughter had eloped. "Eloped," I cried, struggling up from sleep, "What do you mean eloped? My daughter doesn't even have a boyfriend!" No, he explained, what he meant was that she had run away from the hospital. Snap! "Then why don't you say so!" I shouted, "Why in blazes are you using that idiotic word! Why don't you just admit that you let my daughter get out of your locked ward?"

What had finally set me off was my first close encounter with the bland, goofy euphemisms of the "mental health" profession. In that moment, I vowed I would never be stymied, bullied or blind- sided again. If it took the rest of my days, I was going to get to the bottom of this illness. I was going to learn everything I could get my hands on. In that instant of fierce determination, I remember feeling better, more in control of the total chaos around me. I rolled up my sleeves and went to work.

At first, I thought I might have a leg up on the task. A year before my daughter became ill, I had started a Ph.D. program in clinical psychology. I naively assumed that my courses and training would make my job easier. To my dismay I discovered that the psychoanalytic and family-system interpretation of mental illness still held sway, unchallenged. Nevertheless, I waded through the literature, from the classic monographs on schizophrenogenic mothers (mom's the culprit) to the modern psychology of tough-love (throw 'em out, let 'em hit bottom, they'll come to their senses). In the light of my own experience, none of this made a grain of sense.

So, I doubled back and took the same path every other exasperated family member has taken before me. I joined NAMI and a local support group. I talked to other families and poured out my heart. They told me their stories and I began to find many of the missing pieces to the puzzling illness in my own family. Together we unearthed the precious texts of the family movement and, like early Christians, passed them around and proselytized. I found family member professionals that I could use as models for my own development as a clinician. I toiled with the complexities of brain biochemistry. Gradually I realized I was gaining ground. Glory be! I was getting a substantial, specialized education about mental illness.

But something else was happening that was even more rewarding. I was changing in ways that I could directly relate to this process of learning. I realized I had stopped blaming myself and feeling guilty. I began to express my grief and to gentle myself through the inevitable cycles of hope and disappointment. I started to educate my family and saw us come closer together. I found I could get angry and confront the system that had failed us so badly. I began to trust my own judgment and my own sense of direction. And once all this was happening, once I could no longer be shamed or intimidated, I was able at last to act and to become an advocate for people with brain disorders that cause mental illness.

You bet knowledge is strength! Educating ourselves about mental illness “our way” spells relief. It lightens our load and gives us the stamina to buck the system. It keeps us in touch with each other. This is fundamentally what family education is all about. Every single one of us has made a courageous journey and has something of value to teach. And, every one of us has something new to learn about the expanding frontiers of research, treatment and rehabilitation.

This is why NAMI wants to bring family education to every hamlet in America and why, each year, NAMI-VT will offer a family education course in every affiliate. We want you to be there! There is no better way to take care of yourself and to help the ones you love.

Family-to-Family: A Father's Perspective
By Frank Ryan

Guys, for some strange reason, historically let the gals do the heavy-duty learning when mental illness strikes the family. And that's got to end. It's past time for the fellas to get involved.

I wish someone would have wised me up a decade ago while I was regaling one of our sons who has mental illness with all sorts of stupid advice. I wrote about it in the Iris a few years ago as a sort of personal confession and as an awakening—an epiphany brought on by Family-to-Family.

While our son was trapped in the abyss, as an act of despondency and desperation, I took the Family-to-Family Course. It was one of the wisest moves I ever made. And that's no exaggeration.

In Family-to-Family I learned about mental illness—no-fault mental illness—and the pain that people like my son were going through. I learned that I oversimplified his situation. I learned to appreciate his courage. I learned to deal with stigma in a healthy way. And that learning process helped save my marriage and relations with our other children.

Things have changed dramatically since the experience with Family-to-Family . . . taught by my wife Claire, by the way.

Claire and I stopped arguing about the illness and its effects. We promised our son that we would never abandon him, no matter what. Our other children came together on the situation and offered major support. We all helped.

Today, nearly 20 years after his first diagnosis of schizophrenia, and after years of painful difficulty, the miracle has happened.

With the right medication and with amazing support from case managers, psychiatrists, and his Consumer Support Program, our son is doing great. He's back in college---even made the Dean's List. He works part-time, participates in sports, watches his diet, doesn't drink alcohol, doesn't take illicit drugs, and is active in volunteer work, including participation on NAMI's Consumer Council.

Family-to-Family: A Son's Perspective

By Terry Ryan

It's a course I never took, but it saved me—and my relationship with my family. This is no exaggeration. My mom's participation in NAMI's Family-to-Family course for years was sometimes the only source of support I had.

For so long I thought that nobody understood me, that I was a loser, a failure. I had so many questions about what was happening to me.

My mother, and later my dad, became a huge source of support when I desperately needed it. They explained what was going on with me by drawing on what they had learned in the Family-to- Family.

My mother eventually became very involved in teaching the course. When I would start to get down on myself too much, I would remember all the time and effort she was putting into learning, and later teaching people how to be a healthy source of support and positive influence on their loved ones.

I was being educated and I didn't even realize it. I asked questions about symptoms, about my experiences, my future—and more often than not, she had the answer. Many times I wondered what would've become of me if my parents hadn't become involved with Family-to-Family, and eventually more involved with NAMI.

My father became educated and accepted my illness about 5 or 10 years after my illness was apparent. His involvement with NAMI as a board member and state president also helped me along the way. His encouragement for me to accept my illness eventually gave me the courage to become involved with the NAMI Wisconsin consumer council and (this might sound corny) to embrace my mental illness and not judge or stigmatize myself.

I am very thankful for NAMI and the people who work to keep it going.

The NAMI Education, Training and Peer Support Center

Because of NAMI's leading role in the creation of outstanding peer-directed programs in education and support, NAMI maintains the NAMI Education, Training and Peer Support Center. This department is responsible for coordinating and expanding eight national programs, involving over 8,000 trained NAMI volunteers who bring these programs at no cost to families, individuals living with mental illness, mental health and school professionals. NAMI is unique among organizations advocating for individuals with serious and persistent mental illness for its commitment to family and individual peer education programs which are now successfully directed by NAMI members in a wide number of community settings. These programs are described below:

The Family-to-Family Education Program is a free 12-session course for families, partners and friends of individuals with mental illness, taught by 3,500 trained NAMI family members and family-member consumers. Since 1991, it has graduated over 300,000 people in 49 states, Canada, Mexico and Italy, and has been translated into Spanish, French, Italian, Vietnamese, Mandarin and Arabic. The program is offered to veteran families in VA facilities across the country. Scientific evaluations demonstrate that course participants gain a greater understanding of mental illness, cope better with the strains of illness, worry less, and feel greatly empowered to navigate the health care and political systems to get better treatment and services.

The course dwells on the emotional responses families have to the trauma of mental illness; many family members describe their experience in the program as life-changing.

NAMI Basics is specifically for parents and other caregivers of children and adolescents who have either been diagnosed with a mental illness/serious emotional disturbance, or who are experiencing symptoms but have not yet been diagnosed. This course contains six 2.5 hour classes.

The NAMI Provider Education Program offers 15 hours of in-service training to line staff at publicmental health agencies, taught by a trained 5-member team of family members, individuals living with mental illness and a mental health provider who is either a family member or also living with a mental illness. The course emphasizes the lived experience of mental illness, expands compassion for the daily realities of dealing with a brain disorder, and prepares staff members to practice a collaborative model of treatment.

The NAMI Peer-to-Peer Recovery Education Course, developed in 2001, is a free 10- session education program about the recovery process for individuals living with mental illness who seek to manage their illness successfully and maintain wellness. The curriculum uses a combination of lectures, interactive exercises, and structured discussions drawing on the group's diverse experiences. The course also contains sessions on individual relapse prevention, and offers guidance on making an advance directive for psychiatric care. Each class is taught by 2 trained peer mentors.

NAMI In Our Own Voice: Living with Mental Illness is a unique public education presentation that offers insight into the hope and recovery now possible for people with severe mental illness. Trained individuals lead a brief yet comprehensive and interactive presentation about mental illness. The presentation includes a video, personal testimony, and discussion between the presenter and the audience. The testimonies put a face on mental illness while informing the audience of how people with mental illness recover and reclaim productive lives.

The NAMI Connection Recovery Support Group program is a weekly 90-minute support group for people living with mental illness in which people learn from each other's experiences, share coping strategies, and offer each other encouragement and understanding. NAMI Connection is run by persons who live with mental illness for other persons with any diagnosis who also live with mental illness. NAMI Connection program is a national initiative to implement mutual support groups in communities across the country.

The NAMI Family Support Groups are held at least once per month in local communities and are sponsored by the NAMI Affiliate in the area. The support groups are for family members of individuals living with mental illness and provide an opportunity to learn from the experience of others and receive encouragement and support from others. NAMI Family Support Groups are run by family members who have been trained as support group facilitators.

NAMI Parents and Teachers as Allies is a 2-hour in-service program for school personnel helping them to recognize and identify early-onset mental illness in children and adolescents. The presentation is conducted by parents and young adults living with mental illness who have had to negotiate mental illness within the school system.

NAMI Homefront is a free six-session adaptation of the Evidence-Based NAMI Family-to-Family course. The new program, launching in 2014, focuses exclusively on the families of Service Members and Veterans who are living with the symptoms of mental illness. The course is taught by and for military families and content addresses issues common to all families of individuals living with mental illness, such as communication skills and managing crises as well as those specific to Military Service Members and Veterans families, including, the challenges of deployment, reintegrating back home, separation from the military, and the impact of trauma, including details about PTSD.

NAMI Ending the Silence is a 50-minute presentation program for high school audiences developed for freshman/sophomore health, science or psychology classes. The presentation is made by a NAMI program lead presenter and a young adult with mental illness who is living in recovery.

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For further information, visit the Education, Training and Support Center website at www.nami.org/programs

A Few Facts from NAMI

Mental illnesses Are:

- Biological brain disorders that interfere with normal brain chemistry. Genetic factors may create a predisposition in some people, and life stresses may trigger the onset of symptoms.

- Very common. In one year approximately 57.7 million Americans experience a mental health disorder in a given year. One in 17 lives with a mental illness such as schizophrenia, major depression or bipolar disorder and about 1 in 10 children live with a serious mental or emotional disorder.

- Equal opportunity diseases, striking families from all walks of life, regardless of age, race, income, religion, or education.

- Devastating to ill persons and their families. One's thinking, feeling, and relating are disrupted, seriously reducing the ability to live a normal life. All family members are affected.

- Treatable! Appropriate medical care and rehabilitation enable many people to recover enough to live productive lives.

Mental illnesses Are Not:

- Anybody's fault. They are not caused by poor parenting or weak character.

- Preventable or curable at this time. Great advances have been made in understanding brain functioning, but not enough is known yet to prevent or cure serious brain disorders (mental illnesses).

- Hopeless! These illnesses present difficult challenges, but help is available. Support, education, and a community of friends who understand can make family life satisfying and meaningful again.

Finding a Mental Health Professional

The most important step in treating a mental health condition sometimes feels like a daunting one: finding a mental health professional. A trustworthy and knowledgeable mental health professional will be a valuable ally. It may take a little time and persistence to locate this ally or assemble a team of allies. Following the plan below can increase the chance of finding someone who you feel comfortable working with.

Step 1: Think About Who You're Looking For

There are many different reasons to consult a mental health professional. Are you looking for someone who is licensed to prescribe medication? Or are you looking primarily for someone to talk to?

Most people treating a mental health condition have at least two separate professionals, one focusing on medication (the biological side) and the other focusing on emotional or behavioral therapies (the mind side). Here are some things to think about:

- If you haven't talked to a physician yet, you should see one for a physical exam. Many illnesses can cause symptoms similar to mental illness. Even if you don't think your condition *will require medical* treatment, tell a doctor about your symptoms and get a diagnosis.
- If you have a mental health condition that may benefit from medication, you should probably consult a mental health specialist, such as a psychiatrist, rather than relying on a primary care doctor. Primary care doctors are important allies in managing your "big picture" health, but a specialist has had more experience treating conditions like yours.
- If you're seeking help with emotions, behaviors and thinking patterns you should locate a therapist or counselor. *Like doctors, therapists and counselors have specialties, so you can* find one with knowledge of your specific condition.
- If you have to wait for an appointment, there are other support resources you can start using in the meantime. Peer support groups, such as those sponsored by NAMI, are available for free. Your local mental health authority may also be able to connect you with licensed peer specialists in your state.
- If you need assistance with housing and employment, or have multiple health challenges or difficulties affording treatment, would you benefit from having a social worker on your treatment team?

Step 2: Gather Referrals

If you have health insurance, start with a call to your insurer's information number. Ask for phone numbers of professionals in your area who *accept your insurance plan*. It would be wise to get at least three names and numbers, just in case. This is also a good time to ask for clarification of your insurance benefits. Questions you might ask include:

- Can you make a direct appointment with a psychiatrist or do you need to see a primary care doctor first for a referral?
- How does your plan cover visits to therapists? Therapy coverage can vary greatly between insurance plans.
- If you need help with a specific condition such as addiction or an eating disorder, ask for doctors with the subspecialty you need.
- If you would prefer to see a provider of certain sex, faith, etc., see if someone on your insurance plan meets your criteria. If not, ask what the procedure is for seeing a provider who is not covered by your insurance plan.
- Ask if it's possible to schedule a brief (10-15 minute) consultation session to see if you "click" with the professional. Be sure to ask if you will be charged for this consultation.

If you do not have health insurance, your first stop should be your community mental health center. You can find the phone number in a phone book or at a public library, or by calling NAMI Utah at 801-323-9900.

Step 3: Make the Call

If you find you're reluctant to call, ask a friend or family member to call for you. Make an appointment. If it's your first time seeking a diagnosis, tell the person on the phone so that they can block out enough time for a good conversation.

If you're told that new patients have to wait many months for an appointment, it would be wise to make an appointment anyway. Then call the second and third numbers on your list. You can always cancel your first appointment if you find someone who can help you sooner.

Another way to get an appointment sooner is to join the waiting list for cancellations. If another patient cancels at the last minute, you may get an appointment earlier than you expected.

Adapted from "Finding a Mental Health Professional," www.nami.org

National Alliance on Mental Illness in Utah
Free education, support & advocacy
801-323-9900 or 1-877-230-6264
www.namiut.org
NAMI
UTAH

NAMI
National Alliance on Mental Illness
page printed from **http://www.nami.org/**
1-800-950-NAMI; info@nami.org

Schizoaffective Disorder

Schizoaffective disorder is one of the more common, chronic, and disabling mental illnesses. As the name implies, it is characterized by a combination of symptoms of schizophrenia and an affective (mood) disorder. There has been a controversy about whether schizoaffective disorder is a type of schizophrenia or a type of mood disorder. Today, most clinicians and researchers agree that it is primarily a form of schizophrenia. Although its exact prevalence is not clear, it may range from two to five in a thousand people (- i.e., 0.2% to 0.5%). Schizoaffective disorder may account for one-fourth or even one-third of all persons with schizophrenia.

To diagnose schizoaffective disorder, a person needs to have primary symptoms of schizophrenia (such as delusions, hallucinations, disorganized speech, disorganized behavior) along with a period of time when he or she also has symptoms of major depression or a manic episode. (Please see the *section on Mood Disorders for a detailed description of symptoms of major depression or manic* episode). Accordingly, there may be two subtypes of schizoaffective disorder:

(a) Depressive subtype, characterized by major depressive episodes only, and

(b) Bipolar subtype, characterized by manic episodes with or without depressive symptoms or depressive episodes.

Differentiating schizoaffective disorder from schizophrenia and from mood disorder can be difficult. The mood symptoms in schizoaffective disorder are more prominent, and last for a substantially longer time than those in schizophrenia. Schizoaffective disorder may be distinguished from a mood disorder by the fact that delusions or hallucinations must be present in persons with schizoaffective disorder for at least two weeks in the absence of prominent mood symptoms. The diagnosis of a person with schizophrenia or mood disorder may change later to that of schizoaffective disorder, or *vice versa*.

The most effective treatment for schizoaffective disorder is a combination of drug treatment and psychosocial interventions. The medications include antipsychotics along with antidepressants or mood stabilizers. The newer atypical antipsychotics such as clozapine, risperidone, olanzapine, quetiapine, ziprasidone, and aripiprazole are safer than the older typical or conventional antipsychotics such as haloperidol and fluphenazine in terms of parkinsonism and tardive dyskinesia. The newer drugs may also have better effects on mood symptoms. Nonetheless, these medications do have some side effects, especially at higher doses. The side effects may include excessive sleepiness, weight gain, and sometimes diabetes. Different antipsychotic drugs have somewhat different side effect profiles. Changing from one antipsychotic to another one may help if a person with schizoaffective disorder does not respond well or develops distressing side effects with the first medication. The same principle applies to the use of antidepressants or mood stablilizers (- please see the section on Mood Disorders for details).

There has been much less research on psychosocial treatments for schizoaffective disorder than there has been in schizophrenia or depression. However, the available evidence suggests that cognitive behavior therapy, brief psychotherapy, and social skills training are likely to have a beneficial effect. Most people with schizoaffective disorder require long-term therapy with a combination of medications and psychosocial interventions in order to avoid relapses, and maintain an appropriate level of functioning and quality of life.

Reviewed by Dilip Jeste, MD November 2003

Related Resources

About Medications
Information about medications used in the treatment of serious mental illnesses

Find Support
Learn more about the full spectrum of programs and services that NAMI provides across the country for people living with mental illnesses, and their families and loved ones.

Online Discussion

Living with Schizoaffective Disorder
Find support, share knowledge, ask questions and meet people who've been there.

Mental Illness Discussion Groups
Dozens of online groups for consumers, parents, spouses, siblings, teens and more. Get connected and find support.

Related Links

ClinicalTrials.gov
A listing of ongoing recruiting research studies investigating schizoaffective disorder.

Facts About Schizoaffective Disorder
Information about schizoaffective disorder from UCLA's Family Social Support Project

PubMed
A listing of published research on schizoaffective disorder.

TITLE	AUTHOR	ISBN	SUBJECT
An Unquiet Mind	Kay Redfield Jamison	0-679-76330-9	Bi-Polar Disorder Memoir
Borderline Personality Disorder Demystified	Robert O. Friedel	978-1-56924-456-	Borderline Personality
Crazy	Pete Earley	978-0-425-21389-	A Fathers Search into the Mental Health Sys.
I Know This Much is True	Walley Lamb	0-06-098756-1	Novel
I'm Am Not Sick, I Don't Need Help! 2nd Ed	Xavier Amador	0-9677189-2-9	Help Accept Mental Health Treatment
Manic	Terri Cheney	978-0-06-143027-	Bi-Polar Disorder Memoir
Stop Walking on Eggshells, 2nd Ed	Paul T. Mason, Randy Kreg	978-1-57224-690-	Borderline Personality
Surviving Schizophrenia, 4th Ed	E. Fuller Torrey	0-06-095919-3	Manual for Family, Friends, Caregivers
The Center Cannot Hold	Elyn R. Saks	978-1-4013-0138-	Story of Schizophrenia
The Insanity Offense	E. Fuller Torrey	978-0-393-06658-	How America has failed to Treat Mentally Ill
The Soloist	Steve Lopez	978-0-425-22600-	Story of Schizophrenia
Voluntary Madness	Norah Vincent	978-0-670-01971-	Inside View of Psychiatric Institutions
When Somone You Love Has A Mental Illness	Rebecca Woolis	0-87477-695-3	Handbook for Family, Friends, Caregivers
Divided Minds	Wagner and Spiro		Twin sisters, one with schizophrenia
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