



## San Diego

San Diego's Voice on Mental Illness

Formerly San Diego Alliance for the Mentally

Vol. IV, Issue 7/8

### SIBLINGS: FORGOTTEN FAMILY MEMBERS

By  
Diane T. Marsh, Ph.D.

Early onset mental illness has a catastrophic impact on all members of the family. Yet little attention has been paid to the needs of those who have a brother or sister with mental illness. In fact siblings often feel like forgotten family members.

Parents, whose energy may be consumed in meeting the needs of their ill child, may have little sense of the turmoil that exists below the surface among their other children. Professionals are also likely to focus on the child with the illness, neglecting the cascading effects on other members of the family. Thus, it is essential that both parents and professionals become familiar with the experiences and needs of siblings so that they can reduce the negative consequences of the illness for well children.

*... little attention has been paid to those who have a brother or sister with mental illness. In fact, siblings often feel like forgotten family members.*

#### Experiences of siblings

Young family members are especially vulnerable to disruptive or traumatic events, such as the mental illness of a close relative. Compared with adults, children have more limited coping skills and strategies, are more dependent on the other people in their lives, and have fewer psychological defenses.

In addition, early developmental accomplishments provide the foundation for later ones, and delays or disruptions in development may have long-term consequences, including a residue of "unfinished business" that reverberates through future years. In fact, the normal course of development may be disrupted for siblings from the moment that mental illness appears in their family.

During adolescence, for example, teenagers must establish their own sense of identity. The efforts of siblings to define who they are and how they fit into the world are likely to be complicated by concerns about their own mental health and by social stigma and may leave them

(Continued on page 4—Siblings)

#### EDUCATION & ADVOCACY MEETINGS

Thursday, July 6, 2000  
6:30 – 8:30 p.m.

Presentation by the  
Sibling and Adult Children's Group  
Speaker: Monica Astorga

Thursday, August 3, 2000

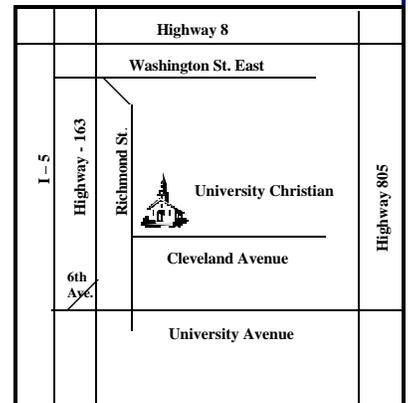
**THERE WILL BE NO EDUCATION & ADVOCACY AND SHARE/CARE MEETINGS AT THE UNIVERSITY CHRISTIAN CHURCH DURING THE MONTH OF AUGUST**

The monthly meeting is open to anyone interested in learning about mental illness. The meetings are held on the first Thursday of the month at the University Christian Church, Friendship Hall, 3900 Cleveland Avenue

San Diego, California  
(see map)

The doors open at 6:30 p.m. with everyone sharing information and welcoming newcomers. At 7:00 p.m. there is a half-hour information session on NAMI San Diego activities, mental health services and related news. The featured program is from 7:30 to 8:30 p.m.

**Additional AMI meetings in the San Diego County area are listed on Page 5.**



## JUNE-AT-A-GLANCE

Bettie Reinhardt, NAMI San Diego Executive Director

### **Turning Promise into Practice**

True to its name, the 2000 NAMI Annual Conference was the outstanding event that it had promised to be. Some of us took the opportunity to sit in on the NAMI California board meeting and to attend conference pre-meetings. I found it very useful to meet with other executive directors from urban affiliates around the country. (Did you know that San Diego is one of two California affiliates that have an executive director?) The plenary sessions were inspiring, the symposia educational, and the workshops useful. Even the Saturday evening outdoor get-together didn't disappoint – the food was great and the company couldn't have been better. The NAMI San Diego table was in one of those spots that would be hard to miss so we saw many members and other friends – and newly made friends -- there (and tried to not get so caught up in talking that we forgot to sell paper weights). We stocked up on handouts and brochures of all kinds and bought books and tapes.

### **New Books:**

*I am Not Sick – I Don't Need Help!*, Xavier Amador – learn what the new research says about why so many do not believe they are ill, why they refuse, and how you can help.

*Breakthroughs in Antipsychotic Medications*, Peter J. Weiden, M.D., et al – a guide for consumers, families, and clinicians.

*The Bipolar Child*, Demetri Papolos, M.D., and Janice Papolos – the definitive and reassuring guide to childhood's most misunderstood disorder.

*Learning about Mental Illness in the Family*, Elizabeth Farrell and James Murphy – published by NAMI West Virginia, the book offers a special way to solve the problems that come up daily as well as about ways to deal with crises.

### **New Tapes:**

**New Research in Schizophrenia**

**Dealing Effectively with Co-occurring Disorders**

**What Is It Like to be Sick and Not Know It**

### **La Jolla NDMDA Group Donates Book**

The La Jolla National Depressive and Manic Depressive Association (NDMDA) support group has donated the just-published book, *The Anti-depressant Survival Program* by Robert J. Hedaya, M.D. This book describes how to beat the side effects and enhance the benefits of your medication. Thank you La Jolla NDMDA. This group meets every Monday at 6 p.m., Room 2011, VA Medical Center.

### **New Budget Approved**

The budget includes some new activities: representative payee services for the Sheriff's Department's new Connections program; a subcontract with NAMI California to train HIV workers to effectively work with persons with mental illness; increased outreach to and education of providers; an open house during Mental Illness Awareness Week; expanded education opportunities for families and consumers; and an annual report. Yes, we WILL be doing fundraising.

### **Other Board Action**

The Board appointed Roberta Flynn, Psy.D. to the PERT, Inc. board. NAMI San Diego now has three representatives on the PERT, Inc. board.

The Board noted with appreciation a gift from the Baldwin Family Fund of the Fidelity Investments Charitable Gift Fund made to the Family to Family and other education programs in memoriam for Kyle V. Baldwin.

### **Living with Schizophrenia and Other Mental Illnesses**

Chuck Sosebee and Kamela helped present a workshop on this education program at the NAMI convention. They will also be presenting at the NAMI California conference in September. Call Chuck at (619) 294-9949 to schedule a presentation to your group.

### **Speaking of . . .**

Make all of your reservations now for the NAMI California conference coming up faster than you think, September 8 and 9, in San Francisco. For more information, see your NAMI California Statement or visit the NAMI California web site or call the AI-

(Continued on page 8--At-a-Glance)

*NAMI San Diego is a nonprofit organization that provides self-help advocacy, education, services, and support for consumers, families, and friends of people with severe mental illnesses and is dedicated to eradication of those mental illnesses and to improvement of quality of life of those affected by these diseases.*

*NAMI San Diego is an affiliate of  
NAMI and  
NAMI California*

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*The Alliance Advocate  
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*Submission of articles must be received  
by the 15th of the month for consideration for  
publication in the following month's newsletter.*

## *President's Corner*

### **Family to Family---What is it?**

We are well into our first series of 12 Family to Family (F-F) classes. This series puts much of what I've known before and some new things into a package that I can get my arms around (almost!).

I have been reading, viewing, and learning as much as I could about mental illness over the past 12 years. If I were just starting my search today I would get myself to a F-F class the first thing. But we are only just starting these classes.

Some of the valuable things I've learned so far are:

Why it is so hard to communicate with other family members including our ill loved ones.

That we must integrate the medical aspects of our relative's illness with the emotional and social consequences of the experience.

It is normal to experience overwhelming stress and anxiety when dealing with the trauma of a major brain disorder striking our family.

Mental illnesses are usually not viewed as other major illnesses (such as cancer, heart disease, or kidney failure) because the symptoms are expressed as complex behaviors that society, we, and the patient think are under his/her control but are not.

Basic illnesses add unwanted symptoms and take away or diminish desirable characteristics. In mental illness the symptoms are behaviors that can deeply alter the person we care about..

How do you deal with your emotions? Have you ever been going along just fine and all of a sudden found yourself crying in the middle of trying to talk? Do you know what your needs are at different emotional stages? Where do you go for help, for comfort, for venting your feelings? How do you keep balance in your life?

My vision is that NAMI San Diego F-F classes will be available to everyone who could benefit from them. That we have many trained teachers and group facilitators, that we can incorporate what we've learned into our ongoing share and care meetings.

My hope is that all of our members will become:

- Advocates for better programs for our loved ones.
- Active in identifying and fighting stigma at all levels, and
- Supportive of research for a cure.

Marjie Joramo

(Continued from page 1—*Siblings*)

feeling somehow “deviant” themselves.

Normal development may also be affected in other ways. For instance, siblings may strive to become “perfect” children who can compensate for their overburdened parents, perhaps denying themselves healthy opportunities for rebellion. They may also experience “survivor’s guilt” for having been spared a similar fate, which may intensify the need to demonstrate their “invulnerability” and competence.

Internalizing the stigma that so often accompanies a diagnosis of mental illness, siblings may join with their entire family in unhealthy defense maneuvers that result in a retreat from their anguish into a façade of normalcy. This denial undermines the family’s ability to confront and resolve the inevitable problems that accompany the illness, thus increasing the amount of “unfinished business” that is carried by siblings into adulthood.

Siblings are likely to experience a range of powerful emotions in response to the mental illness of a brother or sister. Recalling her adolescence, one sibling wrote, “I was emotionally devastated. I felt guilt, anger, hopelessness, overwhelming responsibility.” There is often a sense of loss, as siblings mourn for the family member they knew and loved before the onset of mental illness. They may also mourn for the loss of normal family life and wish for the opportunity to live out a normal adolescence or adulthood.

Frequently, siblings experience intense feelings of anger. The anger may be directed at God or at fate for this unanticipated family tragedy. Sometimes it is directed at parents whose energy is consumed by their efforts to cope with the mental illness. Anger may also be directed at their brother or sister for disrupting family life or for not getting better. And sometimes the anger is turned inward because of their inability to protect and rescue someone they love.

In addition to the emotional burden, siblings face many everyday problems. They must learn to cope with the symptoms of their relative’s illness, possibly including hostile, abusive, or assaultive behavior; mood swings and unpredictability; socially offensive or embarrassing be-

havior; self-destructive behavior; and a lack of human relatedness.

Siblings often live with a high level of illness-related stress. Problems within the family may include household disruption, financial difficulties, and strained family relationships. Siblings may also find their social life restricted because it is sometimes impossible to take their brother or sister out in public—to the mall, a movie, or a restaurant.

If they marry, siblings frequently have additional concerns about their own children in light of the genetic risks associated with mental illness. Throughout their lives, siblings typically struggle to achieve a balance that allows them to fulfill their family responsibilities without sacrificing their own lives. This is easier said than done.

Although the challenges faced by siblings are substantial, it is essential to recognize that siblings usually do manage to prevail over their challenging life circumstances. In my research at the University of Pennsylvania at Greensburg, most adult siblings said they had become better and stronger people as a result of their encounter with mental illness. They described increased empathy and compassion, more tolerance and understanding, healthier attitudes and priorities, and greater appreciation of life.

These positive qualities come at a high price, however, and are usually accompanied by intense feelings of anguish and loss. Although there is no way to protect siblings from this family tragedy, the negative impact of the illness may be diminished if there is open communication within the family and continuous attention to their needs.

### Needs of siblings

At each stage of life, siblings share three central needs with other members of their family. First, they need information about mental illness and its effect on their brother or sister. Even the youngest sibling can understand that this is a real illness, with effective treatments—and that they are not to blame.

Siblings need effective coping skills, including strategies for coping with illness-related behavior, with questions

from peers, and with their own anxiety and stress. They also need support for themselves through special time with parents or involvement in a support group or personal counseling.

In addition to their needs for age-appropriate information, skills, and support, siblings need encouragement to ask questions and to share their feelings. They may need reassurance about their own mental health. Siblings may need encouragement to participate in satisfying activities and relationships outside the family and to develop constructive long-range plans. Finally, they often need reassurance that their needs matter—and that they are not forgotten family members.

### Resources

Many resources are available for siblings of all ages and for the parents and professionals who want to ease their way. For example, the following pamphlets offer helpful information:

A. B. Hatfield & D. T. Marsh. (1998). *Meeting the Needs of Well Siblings: A Guide for Parents.*

D. T. Marsh & A. B. Hatfield. (1998). *A Guide for Siblings.*

Both are available from Sunrise Publications, NAMI-Prince George’s County, P. O. Box 959, Greenbelt, MD 20768-0959. Contact 301-322-1900 for ordering information.

In addition, the following book lists a wide range of resources:

D. T. Marsh & R. M. Dickens. (1998). *How to Cope with Mental Illness in Your Family: A Guide for Siblings, Offspring, and Parents.* New York: Tarcher/Putnam.

*Diane T. Marsh, Ph.D., is a professor of psychology at the University of Pittsburgh at Greensburg. A long-time NAMI member, Dr. Marsh is the author of numerous books about families and mental illness, including most recently, Serious Mental Illness and the Family: The Practitioner’s Guide.*

(Source: NAMI News—Because Kids Grow Up, Spring 2000)

## Schedule of Meetings

### NAMI SAN DIEGO

1st and 3rd Thursday each month  
 University Christian Church  
 3900 Cleveland Ave., San Diego  
 Call (619)543-1434 or 1-800-523-5933

1st Thursday, 6:30 – 8:30 p.m.  
 Education and Advocacy

**Thursday, July 6 at 6:30 p.m.**  
**Presentation by the**  
**Sibling and Adult Children's Group**  
**Speaker: Monica Astorga**

**Thursday, August 3**  
**NO AUGUST MEETING**

3rd Thursday, 6:45 p.m.  
 Sharing and Caring  
**NO AUGUST MEETING**

**Morning Sharing and Caring:**  
 Third Tuesdays  
 10:00 a.m. to 12:00 a.m.  
 Albright I & R Center, 1094 Cudahy Place,  
 Suite 120, Morena Office Center  
 (West Morena & Buenos Ave.)  
 (619)294-9941 or (619) 543-1434

**Sharp Mesa Vista Hospital**  
**Sharing and Caring**  
 Fourth Thursdays, 6:30 p.m. – 8:30 p.m.  
 Executive Conference Room  
 Sharp Mesa Vista Hospital  
 7850 Vista Hill Avenue  
 (858) 278-4110

**Sibling and Adult Children's Group**  
 Second Wednesdays  
 7:00-9:00 p.m.  
 Scripps Well Being Center  
 Adjacent to the UTC Mall  
 Call Monica Astorga at (858)483-9370

**Clairemont Area Sharing and Caring**  
 Second Mondays  
 7:00-8:30 p.m.  
 St. David's Episcopal Church (Library)  
 5050 Milton St.  
 (619) 276-4567

**La Jolla Sharing & Caring**  
 1st Tuesday each month, 7:15-9:00 p.m.  
 La Jolla Presbyterian Church Lounge  
 7715 Draper Avenue, (858)459-4905  
 (Entrance on Kline St.)

**El Cajon (East County)**

2nd & 4th Wednesday each month  
 6:30–8:00 p.m., 562 E. Main St., El Cajon,  
 Call Donna Hawkins: (619) 401-5500  
 or Forough, Douraghi: (619)401-5440

**South Bay—Spanish**  
 4th Monday each month 6:00-8:00 p.m.  
 Call Luz Fernandez (East County clinic)  
 for location (619)401-5500

**Filipino Family Support Group**  
 UPAC  
 1031 25th St., Broadway & 25th  
 Call (619) 235-4282 for date/time of  
 meetings.

**Alpine Special Treatment Center**  
**Sharing & Caring**  
 For information on date/time/place  
 call (619) 445-2644, ext. 20  
**El Centro Sharing and Caring**  
 2nd and 4th Wednesdays at 6:30 p.m.  
 St. Peter & Paul Episcopal Church  
 5th & Orange, El Centro  
 (parking by Holt Street)  
 Contact: Vicki (760) 359-3323

**NAMI SAN DIEGO COUNTY**  
**NORTH INLAND**  
 P. O. Box 300386  
 Escondido, CA 92030-0386  
 (760)745-8381

1st, 2nd, 4th & 5th Tuesday  
 4:00-5:30 p.m., Share & Care  
 210 Park (Senior Center), Escondido  
 Call (760)745-8381

3rd Tuesday, 7:00 p.m.  
 Education Meeting  
 Bradley Center (Kinesis North)  
 474 W. Vermont Ave, Escondido  
 (760)745-8381 or 1-800-523-5933

**Tuesday, July 18**  
**7:00 p.m.**  
**Annual Family Picnic**  
**Call Lois Anderson for details**  
**(760) 745-8381**

**Tuesday, August 15**  
**To Be Announced**  
**Call (760) 745-8381**

All meetings are followed by refreshments

and Share & Care for family members

### NAMI NORTH COASTAL SAN DIEGO COUNTY

P. O. Box 2235  
 Carlsbad, CA 92018  
 (760)722-3754

St. Michael's by the Sea Episcopal Church  
 Parish Hall  
 2775 Carlsbad Blvd., Carlsbad  
 (760) 722-3754 or (800) 523-5933  
 3rd Wednesday at 7:00 p.m.  
 Education Meeting  
 followed by Share & Care at 8:40 p.m.

**Wednesday July 19 at 7:00 p.m.**  
**Speakers: Bob Morris &**  
**Jonathan Hunter**  
**Episcopalian Community Services**  
**Topic: Safe Haven & Homeless**

**Wednesday, August 16 at 7:00 p.m.**  
**Speaker: James Lohr, M.D.**  
**Psychiatrist, VA Hospital**  
**Relationships with**  
**Schizophrenia and Bipolar**

4th Tuesday - 5:00-6:30 p.m..  
 Share & Care  
 North Coastal Mental Health Center  
 1701 Mission Avenue #A, Oceanside  
 (760)967-4475 or (760)722-3754

2nd Thursday at 6:00 - 7:00 p.m.  
 Share and Care  
 Tri-City Medical Center, Mental Health  
 Unit (760)722-3754

**Pastoral Share & Care**  
 4th Thursday - 7:30 p.m.  
 2807 Ocean St., Apt. 301, Carlsbad  
 Jane or Tim Hird, (760)435-2536  
 Call first for security reasons.

**PATTON AMI**  
 c/o Patton State Hospital  
 3102 E. Highland Avenue  
 Patton, CA 92369  
 Fax: (714) 963-9961

3rd Sunday of each month  
 Administrative Meeting Room  
 11:45 a.m. -1:15 p.m.  
 3102 East Highland Avenue

## CLIENT CORNER

### SCHOLARSHIP FUNDS AVAILABLE



Mental health clients may apply to SDAMI for scholarship funds for course-related expenses such as tuition, fees, books, and supplies. To apply, call the Albright Center at (619) 543-1434 and request an application.

Applications up to \$500.00 will be considered.

The scholarships are made possible by a donation made fifteen years ago and are limited to the income from the scholarship fund.

### Living with Schizophrenia And Other Mental Illnesses

A recovery-education program presented by trained consumer presenters/facilitators to other consumers, families, friends and professionals .

It is for anyone who needs to know how people with schizophrenia and other serious mental illnesses cope with the realities of their disorder while recovering and reclaiming productive lives with meaning and dignity.

If you are interested in training as a presenter or attending a presentation, please call:



**Chuck Sosebee at  
(619) 294-9949**

#### **The Consumer Center for Health Education and Advocacy**

If you need help getting mental health care services, please call or write us.

We are ready to help you.  
1475 Sixth Ave., 4th Floor  
San Diego CA 92101  
1-877-734-3258 Toll Free

#### **The Meeting Place, Inc.**

4034 Park Blvd., San Diego  
(619) 294-9582  
*Open Tuesday - Saturday  
12 Noon - 4 p.m.*

#### **Corner Clubhouse**

2852 University (at Utah)  
San Diego (North Park) #7 Bus Line  
(619) 683-7423  
*Open Monday  
8:00 a.m. - 12:00 p.m.  
Tuesday - Friday  
8:00 a.m. - 4:00 p.m.*

#### **Friend to Friend**

1009 "G" Street  
San Diego  
(619) 238-2711  
*Open Monday - Friday  
12:00 - 6:00 p.m.*

#### **Mariposa Clubhouse**

560 Greenbrier, Suite .102, Oceanside  
(760)439-6006  
*Open Monday - Friday  
8:00 a.m. - 8:30 p.m.  
Saturday & Sunday  
10:00 a.m. - 5:00 p.m.*

#### **Friends**

144 Copper Ave. Vista  
(760) 941-2153  
*Open Saturdays  
1:00-4:00 p.m.*

#### **East Corner Clubhouse**

562 East Main St., El Cajon  
(between Mollison and Avocado)  
(619)401-6902  
Fax: (619)401-1751  
*Open Mon, Tue, Thur & Fri  
8:00 a.m. - 4:00 p.m.*

*Wed 8:00 a.m. - 6:00 p.m.  
Sat 10 a.m. - 2 p.m.*

#### **Visions @ 5<sup>th</sup> and H**

499 "H" Street, Chula Vista  
(619) 420-8603  
*Open Mon., Wed., Fri., Sat. & Sun.  
Noon - 7:00 p.m.  
Closed Tues. & Thurs.*

#### **Employment Services**

1202 Morena Blvd., Suite 201  
San Diego, (619) 276-8071

#### **The Access Center of San Diego**

1295 University Avenue  
San Diego, (619) 293-3500

#### **The Creative Arts Consortium**

P. O. Box 3053  
San Diego, CA 92163-3053  
Admin—Call Jane (858) 481-7069  
Art—Call Michelle (619) 260-1288  
Literature—Call Jim (619) 299-1753

#### **Job Options**

2727 Camino del Rio South  
San Diego  
(619) 688-1784 (Valorie)  
*Open Monday - Friday  
8:00 a.m. - 5:00 p.m.*

#### **San Diego Parks and Recreation Disabled Services Program:**

Ask for "The Leisure Seekers" group activities and calendar. No formal registration. Simply call ahead of event and say "I want to sign up for the event"  
*(619) 525-8247*

#### **Patient Advocacy Program**

5384 Linda Vista Road, Suite 304  
(619) 543-9998 or 1-800-479-2233  
Mon. – Fri.  
8:00 a.m. – 5:00 p.m.

#### **The Access & Crisis Line**

**1-800-479-3339  
24-hours a day 7 days a week**

## Testing Child Psychotherapy

Researchers have been disappointed by the results of a controlled test of traditional child psychotherapy as commonly practiced in clinics and schools. One hundred thirty-two children at a public school in a poor neighborhood in Nashville, Tenn., participated in the study. Their problems included delinquency, aggression, hyperactivity, depression, and anxiety. Half received psychotherapy and the other half received academic tutoring instead. The therapists — psychologists, social workers and nurses — were hired in the usual way and received no special training or supervision. They used whatever methods they preferred — usually individual therapy with a cognitive psychodynamic, or humanistic orientation. The therapeutic sessions were conducted at the school and continued for two school years.

The children were interviewed and their parents, teachers and classmates were asked about their problems and symptoms. Results were evaluated every six months, at the conclusion of treatment, and in a follow up one year later. The outcome of treatment was judged mainly by its effects on the three problems that the child's parents considered most important.

When all sources of information were taken together, psychotherapy was no more helpful than tutoring. Nor was it especially useful for a particular group of children — older or younger, poorer or richer, more or less seriously disturbed. Forty percent of the children were thought by their therapists to be ready to terminate a successful treatment at the end of two years, but they too showed no more improvement than the controls.

If the only source of information had been the children's own reports, the researchers would have had to conclude that the poorest were better off untreated. If only the responses of classmates were counted, blacks would seem better off with psychotherapy and whites without it. But the authors be-

## Study Finds Consumers Successful at Work

By Jonathan Wolfe,  
NAMI Assistant Editor

Despite the innumerable professional accomplishments made by individuals with serious brain disorders, a pervasive stigma still exists among many employers that mental illness equals inability. Sadly, employers often wrongfully assume that individuals with mental illnesses will be unable to cope with workplace stresses, incapable of maintaining a satisfactory level of productivity, or too demanding of special accommodations. And when those with serious mental illnesses do find work, they are all too often placed into low-paying menial positions. A new study, conducted by researchers at Boston University's Center for Psychiatric Rehabilitation, disproves unfair stereotypes by showing what effective employees people with such brain disorders can be when given the opportunity.

The Center's study, which surveyed nearly 500 professionals and managers, all of whom have or have had a serious mental illness, showed that 73 percent were able to achieve full-time employment in occupations that ranged from semiprofessional to executive and full professional. Additionally, 62 percent of the survey respondents held their

lieve these differences might be statistical coincidences of the kind that sometimes arise when many variables are analyzed.

Weiss B, et al. "The Effectiveness of Traditional Child Psychotherapy." *Journal of Consulting and Clinical Psychology* (1999) Vol. 67, No. 1, pp. 82-94.

(Source: *The Harvard Mental Health Letter*, Vol. 16, No. 12, June 2000)

current positions for more than two years, 60 percent increased their responsibilities since starting their current jobs, and over 20 percent earned more than \$50,000 per year.

The study also found no significant relationship between diagnosis and achievement—the group reported having mental illnesses such as bipolar disorder (manic depression), major depression, schizophrenia, and post-traumatic stress disorder.

In terms of the severity of the participants' condition, 84 percent were taking psychotropic medications at the time of the study, 64 percent had previously been hospitalized at least three or more times, and 34 percent received Social Security benefits for their disability at some time in their lives.

The survey participants reported a range of on-the-job coping mechanisms and supports, and employers' worries about the costs of reasonable accommodations proved unfounded. Sixty-two percent said they took breaks as a way to deal with daily pressures while 49 percent said having the flexibility to modify their daily duty was important. Thirty-three percent fashioned flexible schedules. Medication and spouse or therapist support were also cited as helpful for keeping jobs. And simply getting back to work played a key role in the recovery process for many respondents.

"This research provides more hope for others who are combating personal and societal barriers as well as stereotypes about the impact of serious mental illness on careers," said Zlatka Russinova, Ph.D., senior research associate at the Center and co-director of the study.

*"...simply getting back to work played a key role in the recovery process for many respondents."*

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**LETTER TO THE EDITOR**

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June 8, 2000

Letter to the Editor  
The San Diego Union-Tribune  
P. O. Box 12091  
San Diego CA 92112-0191

**“BLESSED ARE THE MEEK”**

Why doesn't the San Diego Transit Company give their bus drivers and trolley security guards some training in how to relate to mentally ill people?

I was on the bus yesterday morning and witnessed the following incident. A young woman, neatly dressed, boarded the bus out of Rosecrans Street, near the County Mental Health Hospital. The driver asked her to put out her cigarette, which she did (outside the bus). She was searching for her money when the driver impatiently said, “You don't have your money ready,” and then said (twice), “GET OFF THE BUS!!” The girl said, “No, I'm going to sit down,” which she did, in a front seat. An older man sitting in the same seat shouted at her, “Get out of her! I don't want you sitting next to me!” The girl moved to another seat. Then the driver, in a loud voice, said twice, “I'm going to call the police.” The girl quietly said, “Yes, you do that.” The driver got more angry, and yelled “GET OFF THE BUS!!” The girl went up front and said, “I'm sorry, I'm sorry. Please don't put me off,” and continued searching for her money. The driver yelled even louder twice, “GET OFF THE BUS!!” The girl said, “All right” and got off. For the next ten minutes, four senior citizens sitting up front entertained themselves by making fun of the girl and talking about “crazies.”

I regretted later that I didn't try to help the girl. My only excuse is that I was on the way to the doctor and didn't feel like confronting an angry bus driver.

Every week there are groups of developmentally disabled young people on the bus. Even when some of them are acting out, nobody questions their right to ride the bus, and God help anyone who makes fun of them. There would be a public outcry if one of them was put off the bus and rightly so.

Why can't mentally ill people, if they are not disruptive, enjoy the same rights? After all, both groups of people are brain-damaged.

Eileen Barrett  
Downtown San Diego

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*Continued from page 2—At-a-Glance*

bright Center.

**Family to Family and Family and Caregiver Education on Schizophrenia Series**

Call the Albright Center to register for either of these courses. We need at least 20 people on the list to begin another Family to Family series and at least 30 people signed up to begin another Schizophrenia series.

**Web Page**

Don't forget to visit our web page [www.namisaniego.org](http://www.namisaniego.org). You can click links to visit NAMI and NAMI California's pages.

**Directions to the Albright Information and Referral Center**

Have you visited the **Albright Center** in its new home yet? The address is **1094 Cudahy Place, Suite 120**. If you take the Morena Boulevard exit from I-5 or I-8, stay in the left lane, which branches into West Morena Boulevard. Turn left on Buenos Avenue. The three-story building called the Morena Office Center will immediately be on your left. If you come down I-5 from the north, exit at Tecelote Road, turn right on Morena Boulevard and right again at the first traffic light. You will be on Buenos. Cross West Morena Boulevard and the office building will immediately be on your left. After all that, if you know where Toys R Us is, you will find it easier to find by looking just one block south of Toys R Us.

To register your opinion on any of these issues, call Bettie Reinhardt at 294-9941 or write to P.O. Box 710761, San Diego, 92171 or fax to (619)543-1498 or email at [exudir@namisaniego.org](mailto:exudir@namisaniego.org) or contact any of the people mentioned in the article.

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**2000 MEMBERSHIP APPLICATION**

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Check one: ( ) Individual or Family \$35.00 ( ) Client \$10.00 ( ) Newsletter Only \$15.00

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Check one: ( ) New Member ( ) Renewal Contribution: \$ \_\_\_\_\_

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*Challenges & Opportunities for the 21st Century*

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*For further information:*

*Call NAMI California at (916) 567-0163*

*Email: Califami@aol.com*

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**OCTOBER**

*Mental Illness Awareness Week*

**Meeting of the Minds!**

**Resource Fair/Conference**

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**Thursday, October 19**

**8:30 a.m. – 3:30 p.m.**

**Workshops**

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**Attend NAMI San Diego meetings  
listed in this issue “Schedule of  
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materials to send to your far away  
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# The Alliance Advocate

Vol. IV, Issue 7/8, Summer Edition—July/August 2000

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*June -At-A-Glance*  
*(Update on NAMI San Diego Programs)*

*Siblings: Forgotten Family Members*

*Study Finds Consumers Successful at Work*



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