



HOPE ON THE HORIZON

Getting help for mental illness



MENTAL ILLNESS

It affects everyone

Mental illness impacts people of every background, color and age. One in four people suffers from mental illness — it could be your brother, sister, mother, best friend or you. In any given year, approximately 2 million adults, seniors and children in California are affected by some form of a potentially disabling mental illness. Left untreated, a mental illness can drastically change one's quality of life and cause individuals and families suffering and devastation. In 2004, California voters approved Proposition 63, a ballot initiative imposing a 1 percent tax on residents with incomes greater than \$1 million. Prop. 63 is transforming the state's mental health system by becoming an important source of funding and expanding the care and treatment available.



Christine Miranda put her academic career on hold after she was diagnosed with schizophrenia. Christine will begin an addiction studies program this year.

PHOTO BY SALVADOR OCHOA

KNOWING THE SIGNS

Woman shares her experience of living with schizophrenia

BY
CLAUDIA MOSBY

Christine Miranda remembers a happy childhood and ambitious goals for her future. At 16, she won an essay contest and scholarship to the University of Southern California, where she interned in a lab under the mentorship of Dr. Suraiya Rasheed. "I had always wanted to be a pathologist," Christine says.

After graduating from Pacific Palisades High School, she went to Europe for three months before attending California State University, Northridge. Life was on track and the future looked bright — that is, until 1986. "Everything came to a standstill," Christine recalls. "I stopped going to school and stopped working."

"There is stigma about mental illness in the church. ... It's important to let people know it is OK to take their medication and still be healed."

Christine Miranda

Two years earlier, she had married a man 20 years her senior, and the next year she had a child. "My husband was not supportive of me being independent or having a voice in the house," Christine says. "I became a housewife and a cocaine addict."

By age 26, Christine began hearing voices, talking to herself and hallucinating. Her father, a Vietnam veteran, had been discharged from the Air Force after being diagnosed with schizophrenia.

Recognizing the symptoms, Christine's mother took her to a

VA hospital where she was diagnosed with the same illness. More hospitalizations followed in 1992 and 2002, with later diagnoses confirming the initial VA assessment.

According to the National Institute of Mental Health, schizophrenia occurs in 1 percent of the U.S. population, but in 10 percent of people who have a close relative with the illness.

In addition to the auditory and visual hallucinations Christine experienced, symptoms can include delusions, disorganization, nonsensical or illogical thinking and agitated or catatonic body movement. Genetics and environment also play a role in vulnerability to the illness, both factors evident in Christine's case.

On (and off) medication since her first treatment for schizophrenia in 1989, Christine says her faith has given her life meaning. She sees a psychiatrist monthly and uses a combination of drug therapy, church and volunteer activity to remain healthy.

"There is stigma about mental illness in the church," Christine explains. "Many times people feel that Jesus will save you and you don't need medication. That's not true and I always speak against it. It's important to let people know it is OK to take their medication and still be healed."

She has been serving as a volunteer with Protestant Chaplain Services at a local county jail for the past seven years.

Newly remarried and employed full time as a drug and alcohol counselor, Christine will begin an addiction studies program at a private college in Los Angeles this fall. "I'm blessed and happy in my recovery," she says. "Everything is good!"

Keys to Recovery

Multiple hospitalizations and stints in a board and care home did little to test Christine Miranda's ability to live an independent life. Yet in 2003, when she was released onto the streets homeless after another hospitalization, she found unexpected opportunity.

"That was the turning point," recalls Christine, who moved into a motel in East Los Angeles after leaving the hospital. "I had one pair of pants and one shirt, but I had my faith. My pastor would come to the motel and pick me up and take me to church."

During this time, her daughter passed away from illness and she returned to school, earning a certificate as an alcohol and drug counselor. Eventually, she would earn five additional certificates, including one in criminal justice.

In 2005 she was introduced to NAMI, which receives funding in part from California's Proposition 63, and two years later became an In Your Own Voice spokesperson. The same year she started working and also met her husband through church.

Christine sees a psychiatrist and says her recovery foundation includes medication, church, NAMI and volunteerism. "I'm currently completing a certificate in mental health advocacy," she says. "My goal is to someday own a faith-based recovery home that incorporates mental health services." **CM**

FINDING HER TRUE SELF

*After years of drowning her emotions,
Reba learned how to live with mental illness*

BY
MIKE BLOUNT

Reba Stevens, 50, of Los Angeles says there was a time when she would have done anything to drown out her feelings. Growing up in a household with 12 siblings, she often felt like the black sheep of the family. When she was 13 years old, her father left her mother. Reba says she felt rejected and even more isolated because she never had a relationship with her father like her other siblings had. At age 19, she first discovered alcohol and began drinking heavily.

“When I look back at the drinking, I know now it had everything to do with not wanting to feel the way I felt,” Reba says. “But at some point, you get hooked on it, and it became part of who I was.”

She began experimenting with drugs shortly after, and the dangerous combination of drugs and alcohol sent her on a downward spiral. She began stealing to support her new habits.

In the next few years, Stevens was arrested several times for petty theft. Each time, she received a “slap on the wrist.” But the last time she was arrested, she found out she could be facing up to 4 1/2 years in prison.

Stevens was mandated by a judge to go to a drug treatment facility. Faced with jail time if she didn’t comply, it marked a turning point in her life because she stopped drinking alcohol and using drugs. She never looked back. But the feelings of depression, anxiety and insecurity that used to plague her came right back again.

“I always believed there was something wrong,” Reba says. “Even when I was younger and at play with other kids, I would just suddenly start feeling inadequate. After 15 months sober by way of the court drug treatment facility, I knew I had to deal with it.”

Now that she was clean, Reba was scheduled to see a doctor to talk about her mental issues. When she arrived at the appointment she discovered it was pushed back by three hours, which angered her. Reba says hospital staff addressed her very calmly. But she didn’t realize until much later just how aggressive she was, a symptom of her mental illness.

“I was demanding, frightening even,” Reba says.

Once she was able to finally see a doctor, she immediately broke down crying. The doctor was able to diagnose her during that appointment with depression, post-traumatic stress disorder and borderline personality disorder. For the first time in her life, she was able to put names to the things she was feeling.

“I always believed there was something wrong. Even when I was younger and at play with other kids, I would just suddenly start feeling inadequate.”

Reba Stevens

Borderline personality disorder is a serious mental illness characterized by unstable moods, behavior, and relationships. Reba is now able to be more self-aware through counseling, and the awareness helps her control her thoughts and feelings. Reba’s recovery has been aided by addressing both her substance abuse and mental health problems. For complex reasons, the co-occurrence of drug abuse and mental health problems is common. According to the National Institute on Drug Abuse, six out of 10 people who have a substance use disorder also have another form of mental illness.

“The way we get better is learning how to be present in the moment, and recognizing what is going on around us,” Reba says. “I no longer find it necessary to be an explosive individual, and as I learned more about the recovery process, I became more mentally and emotionally healthy. Getting help gives you permission to be who you really are.”

Reba Stevens learned how to deal with borderline personality disorder through counseling.



PHOTO BY SALVADOR OCHOA

Keys to Recovery

Faced with jail time for stealing, Reba Stevens was mandated by the court to attend a drug treatment facility for addiction. She began her recovery with support from the L.A. County Department of Mental Health, which receives funding from Prop. 63. Once she was clean and sober for 15 months, she realized she finally needed to address her mental illness. It marked a turning point in her life.

Through the Los Angeles program His Sheltering Arms, a program that assists women transitioning into new lives free of alcohol and substance abuse, Reba was able to seek counseling for her borderline personality disorder. This enabled her to understand why she felt the way she felt, and learn how to deal with those emotions in a more positive way.

Reba says she still uses those techniques she learned every day. “When we become more mentally healthy, we become more emotionally healthy, and as a result, more loving and kind,” Stevens says. **MB**

OVERCOMING STIGMA TO FIND HEALING

Mother of two takes on anxiety, depression and misconceptions

BY
CLAUDIA MOSBY

Jill Williams is now one step closer to her goal of working in the mental health field. In June she graduated from a life skills coach class in the Peer Advocacy program of the San Fernando Valley Community Mental Health Center Inc.

"I really want to be able to give back to people," says Jill, who lives with anxiety and major depression. "There's so much more research out there than when I started this journey."

The journey began as a teenager when Jill experienced panic attacks and insomnia. Her anxiety was misperceived as a symptom of uncertainty at moving from adolescence to the independence of young adulthood. Later, when she began experiencing postpartum depression, others didn't understand what was happening.

"People would say, 'You just had a baby, get over it,'" Jill recalls. "Some saw it as a grab for attention. I even had doctors tell my husband to take me out to do something fun, like go to the beach. I loved the beach but had no interest."

Jill experienced isolation, lack of motivation, sleep disturbance and disinterest in life, which are symptoms of postpartum depression. According to the National Institute of Mental Health, postpartum depression is one of the most commonly unrecognized and undertreated disorders, despite the fact that as many as an estimated 500,000 new mothers experience it each year.

Finally diagnosed, Jill started medication but, feeling better and planning a long-anticipated return to California, she discontinued antidepressants.

Within six months, she was in a new state and new house with family nearby. In spite of having everything she wanted, her depression returned. "It occurs when there are happy events, too," Jill says. She admits taking care of her son was all she could manage when the depression resurfaced. Her mother

encouraged her to seek help and she was again diagnosed with clinical depression at age 31.

Stigma has played a role not only in Jill delaying treatment, but also in her attitude about self-care, she says.

"It's why I always stopped taking medication," Jill says. "I didn't want to think something was wrong with me. I wanted my brain to work right."

The ignorance and cruelty of others has also impeded openness about her illness. She recalls sharing about her depression with another mother she had met for a children's play date when her son was in preschool.

"It's about learning as much as you can so you can have the quality of life you want."

Jill Williams

"The woman told the other moms and teachers at the school," Jill says. "Within a day, they were calling me 'David's mom, the crazy lady.'"

Although one teacher was fired for engaging in malicious gossip, Jill was never again asked to join the social group.

"I was pretty much shunned," she says. "It kept me from telling other people unless it came up as an opening in a conversation where someone else shared first."

Today Jill believes reducing stigma is about educating others, including her children, now ages 21 and 14.

"We're aware and look out for symptoms," she says. "It's about learning as much as you can so you can have the quality of life you want."



Jill Williams is a mother and life skills coach living with anxiety and major depression who wants to battle stigma about mental health issues.

PHOTO BY SALVADOR OCHOA

Keys to Recovery

Jill Williams first experienced symptoms of anxiety in middle school, which turned into panic attacks and insomnia by her late teens.

"I never saw a doctor; there was no known family history," Jill says. "My parents thought it was related to a life event — my having to go to school or get a job after graduation."

After the birth of her first son, she reached a turning point when she sank into postpartum depression. Her father had passed away a year earlier.

"I was living out of state and newly married. I never dealt with his death, never grieved," Jill says. "I just went back home to my life. When I had my son at 28, everything hit me."

Her depression symptoms turned out not to be transitory and Jill received a second diagnosis of major clinical depression a few years later.

"At first I didn't want to be on medication," she says. "Thinking about diabetes or other illnesses helped me think about depression as an illness. I don't have enough dopamine in my brain."

The medication Jill uses alters those levels to help maintain emotional equilibrium.

Her experiences have underscored for her that both physical and mental health contribute to the wellness of the whole person. She now seeks to help others achieve that balance, having completed classes to become a life skills coach with the San Fernando Valley Community Mental Health Center Inc., which is funded in part by Prop. 63. **CM**

TAKING CONTROL

*Patricia Pierce stopped fearing doctors
and got help to understand her illness*

BY
CLAUDIA MOSBY

Patricia Pierce took a bottle of aspirin at 14, but instead of killing her, it made her stomach bleed. At 20, she made a visit to a psychiatrist but did not return because, “When he mentioned mental illness, I didn’t like it,” she says. “There was stigma.”

Growing up, Patricia felt different and had difficulty fitting in. She recalls that people would tell her boyfriend that she was “a little weird” and ask not to hang out with her.

“I just accepted those comments for the longest time,” she says.

After high school, she married and had three children before divorcing and having a fourth child with another man, one she put up for adoption. “People could take a normal route to get someplace but it seemed I had to go over a mountain to end up in the same place,” she says. “I didn’t like the thoughts that went through my head and just wanted to go to sleep and not wake up.”

Her mental illness and desire for a permanent sleep led to multiple suicide attempts. Because of her distrust of the health-care system, there were many stops and starts in her care, with 58 hospitalizations and services from seven different health centers.

She was dually diagnosed with schizoaffective disorder and substance abuse problems. Symptoms of schizoaffective disorder mirror both schizophrenia (delusions, hallucinations) and bipolar disorder (depression or increased energy, impulsivity). According to the National Alliance on Mental Illness (NAMI), schizoaffective disorder affects one in every 100 people. Patricia says the key to her recovery was being properly diagnosed, something that was difficult because of her fear of doctors and inability to stay in one place for treatment.

“I’ve learned you can’t be your own doctor.”

Patricia Pierce

Today Patricia advocates on her own behalf when it comes to medical treatment and says, “I’m a strong believer in taking medication but I’m not going to take something just because someone tells me to. If it’s not working, it’s not working. I’m also not going to just stop taking something without telling the doctor. I’ve learned you can’t be your own doctor.”

Self-education has been a key to her recovery. “People are told they have a mental illness and what it is, but how do they know what they’re being told is true?” she says. “I started looking up the medications they were giving me and researching the disorder.”

No stranger to stigma, Patricia has encountered bias in both the workplace and in 12-step recovery. Of the latter she says, “Some may consider you not sober if you are taking meds.” Dual Recovery Anonymous, which she discovered online, is a place she can talk about both of her illnesses.

“Just because you have a diagnosis doesn’t mean you have to walk around and be that diagnosis,” Patricia says. “I have good days and I have a few bad days, but I know there’s going to be another good day after that. I’ve stopped calling myself a freak and a ‘loo-loo.’ I’m happy and I never thought I would be happy.”



Patricia Pierce didn’t trust doctors and had undiagnosed schizoaffective disorder and substance abuse issues for years. Once she was diagnosed, she was able to take control of her recovery.

PHOTO BY SALVADOR OCHOA

Keys to Recovery

In 1997 Patricia Pierce heard about a clinic offering free treatment. While receiving services at the facility, she met a therapist who planted a seed that Patricia could help others through peer advocacy.

“I was scared to do it,” she says. “I knew what failure was but not success, so I went back out [to drugs] but secretly held onto that dream about being a peer advocate.”

By 2008 she received what she calls “a nudge from a judge” — which got her back into recovery and mental health treatment through the San Fernando Valley Community Mental Health Center Inc., a facility that is funded in part by

Prop. 63. In June she graduated from the center’s Peer Advocate program and now co-facilitates a group she developed called “What’s in Your Toolbox?”

“I never got the connection that I had to put my [substance abuse] recovery together with my mental health,” she says. “I didn’t know why I couldn’t get it. I just labeled myself as a failure.”

Patricia hopes one day to engage in outreach for people unaware of solutions to mental illness. “There’s nothing worse than sitting there wondering what’s wrong with you, wondering if there’s help,” she says. **CM**

'I LOST EVERYTHING'

Man shares his story of living with major depression

BY
CLAUDIA MOSBY

Gary F. was living what many would consider the good life. He had many friends and an active social life, traveled extensively, possessed a sizable bank account and drove a brand new luxury car. But when a health crisis arising from his type II diabetes took everything away in rapid succession, he descended into major depression and was diagnosed with mental illness.

"When you share that you have a mental illness, people assume you're crazy," says Gary, who requested anonymity for this article due to concerns about stigma. "It's not as easy to date someone or apply for a job."

He is not alone. The National Institute of Mental Health estimates major depression affects nearly 7 percent of U.S. adults annually, or approximately 25 million people, with many cases going unreported due to stigma. Chronic illness, such as diabetes, is commonly related to increased symptoms of depression, which can in turn have a negative effect on a person's ability to lead a healthy lifestyle. Studies show the co-occurrence of depression and chronic illness can lead to higher medical care costs, increased absence from work, and higher risk of mortality.

Symptoms of depression can include persistent sadness, loss of interest in activities, hopelessness and irritability — all symptoms Gary experienced.

Depression can occur with or without an obvious trigger, and in Gary's case, trauma and stress precipitated its onset. "I lost everything," he says, "employment, permanent housing, material possessions and my family. The existence of my first 50 years was eliminated seemingly overnight."

Embarrassed by his circumstances, he distanced himself from many of his former friends and others, uncomfortable with his illness, began to disappear. "I had one friend of thirty years who was like a sister who repeatedly did not show up when she promised," he recalls. Gary found himself living on the streets and feeling increasingly alone.

"I went from a good lifestyle to one where I was under submission to drug addicts, bullies and prostitutes — the criminal element, which wasn't my upbringing — and trying to make the best of a bad situation," he says. "I was isolated and had a lack of interest in the things I used to do."

Some of Gary's remaining friends contacted a social worker on Gary's behalf and he received help from an agency of the San Fernando Valley Community Mental Health Center, Inc., where he was diagnosed with major depression and prescribed medication. Meeting with a case manager and a psychiatrist to talk about grief, he says, has been instrumental in helping him move through his successive losses.

"I went from a good lifestyle to one where I was under submission to drug addicts, bullies and prostitutes — the criminal element, which wasn't my upbringing — and trying to make the best of a bad situation."

Gary F.

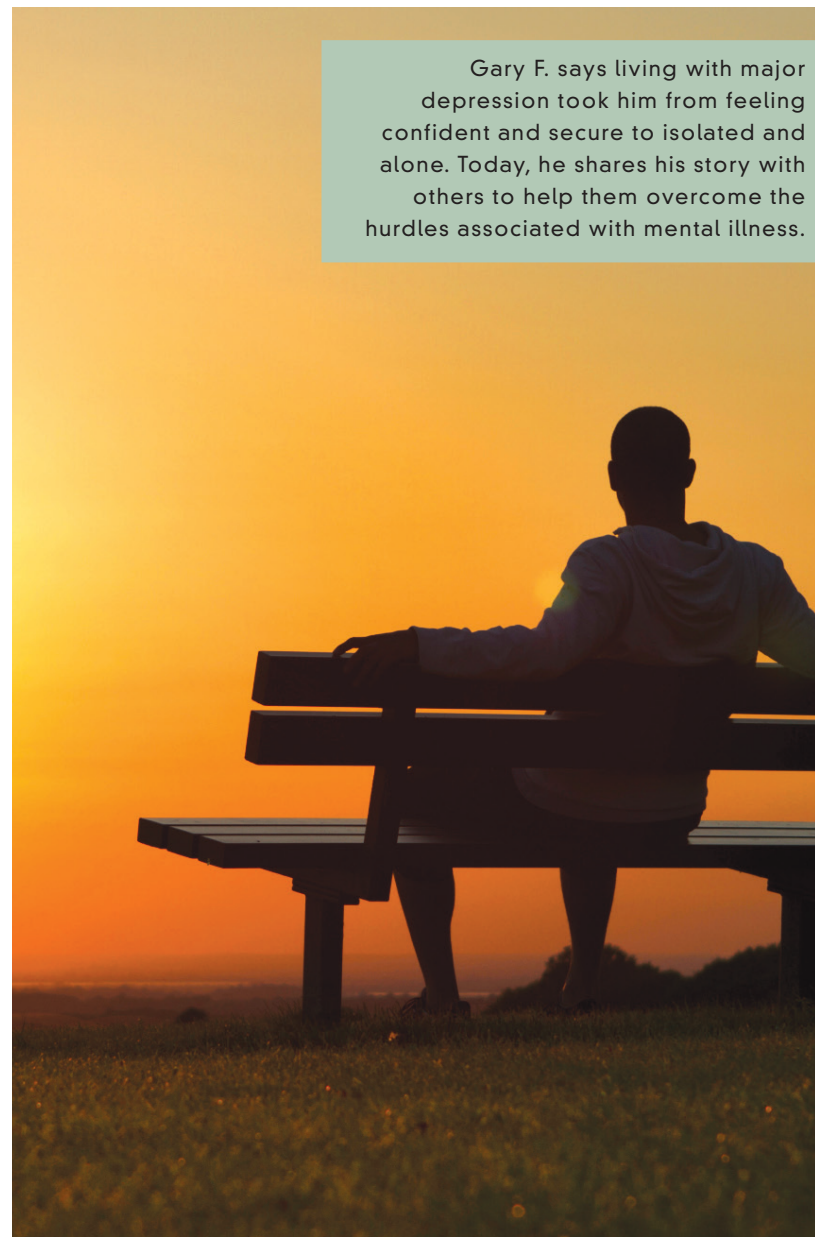
Recovery has reawakened Gary's interests, particularly a lifelong love of music. Although he did not attend many groups at the recovery center due to his debilitating physical ailments, he did become involved in a music appreciation group.

"People would discuss personal memories that came up when hearing music," he recalls. "It's a good tool to encourage wellness." With his interest renewed, Gary performed with other group members at a recovery center graduation. He hopes to organize concerts for his musical friends.

Inspired by these experiences, and by the peer counselors he met, he decided to complete a peer-advocate training program and has begun facilitating Life Skills and "Friends Helping Friends" groups at the recovery center. The latter offers support to those with a variety of mental health diagnoses.

"I listen to people and help them become the hero of their own story, guiding them to resources to find their own solutions," Gary says. "Mental illness is like diabetes. It has symptoms, which may sometimes be a little bizarre. By sharing my story, I hope to help eliminate stereotypes and stigma."

Gary F. says living with major depression took him from feeling confident and secure to isolated and alone. Today, he shares his story with others to help them overcome the hurdles associated with mental illness.



STOCK IMAGE

Keys to Recovery

Gary F. had type II diabetes, but neglected to manage his illness until dizziness and repeated falls hastened a trip to the hospital emergency room. "My blood sugar level was 871; diabetic comas occur at 400," says Gary F.

His severe health crisis was soon followed by the loss of his career, housing and the death of both parents, a series of traumatic events that caused major depression. "I was subsequently diagnosed with mental illness," he says.

The turning point came when friends contacted a social worker on his behalf, the beginning of his "road to recovery," he says. He received treatment and therapy at the San Fernando Valley Community Mental Health Center, Inc., which is supported in part by Prop. 63 funds. Due to his severely debilitating physical illness, Gary lived in a homeless shelter for 2 1/2 years before securing an apartment 18 months ago.

Although physical illness limits his functioning, as he has regained his mental health, his physical health has also improved. He has only 20 more pounds to go to reach his normal weight.

"I'm grateful I'm alive and was able to get out of that depression and take the peer counseling class," he says. "I'm concentrating on appreciating my blessings and not on what I've lost." **CM**

THE CYCLES OF MENTAL ILLNESS

Woman discusses the highs and lows of bipolar disorder

BY
CLAUDIA MOSBY

In 1966 Mary Harpel was testing her freedom and her limits as a college freshman. Like many teens her age, experimentation included drugs. For Mary, however, smoking marijuana brought on more than the munchies. It triggered a manic episode, followed by intense anxiety and crushing depression.

Raised in a well-heeled Connecticut family, her parents sent her to a psychiatrist. The doctor handed her a pamphlet that seemed to dismiss her symptoms, Mary recalls. “I was terrified there was nothing I could do. Two weeks later, I attempted suicide.”

Mary spent 3 1/2 of the next five years in and out of hospitals after repeated suicide attempts for debilitating depression, each preceded by manic “highs” that led her to hitchhike across the country and have several sexual encounters with men.

“Our family never communicated about the truth of my illness,” says Mary, who was diagnosed with bipolar disorder and introduced to lithium in 1971. “No one ever said the word ‘bipolar.’ They thought it was my fault.”

According to the National Institute of Mental Health, bipolar disorder affects 2.6 percent of the U.S. population, or 5.7 million people annually. Characterized by the alternating “high” mania and “low” depressive cycles experienced by Mary, the illness includes several subtypes.

The euphoric state can produce erratic or risky behavior, as evidenced by Mary’s hitchhiking and casual sexual encounters. Key depressive symptoms can include deep sadness, forgetfulness, trouble concentrating and contemplating suicide.

Lithium provided her with stability, enabling her to maintain steady employment for more than two decades. “I never thought about [the bipolar disorder],” she says. “I just took my medicine.”

She met her husband in 1989, and he encouraged her to return to school. After earning an MSW in gerontology, she worked as a social worker for several years, but had difficulty concentrating and organizing her paperwork. Finally overwhelmed, she resigned.

When a co-worker discovered her departure was due to depression, Mary was advised not to tell human resources the reason. “The atmosphere was filled with stigma,” she remembers.

In 2005 her husband died suddenly, triggering her worst symptoms to date. “I was running around screaming,” Mary remembers. “It wasn’t just depression, it was a psychotic episode. Ten months later, I attempted suicide for the first time in 35 years.”

“Our family never communicated about the truth of my illness. No one ever said the word ‘bipolar.’ They thought it was my fault.”

Mary Harpel

Intensive treatment helped her recover and return home.

Today at 65, as most people are retiring, Mary rises to new beginnings. In July she graduated as a certified peer-counselor advocate through a training program of the San Fernando Valley Community Mental Health Center Inc. She volunteers with Project Return, a program of Mental Health America of Los Angeles, and serves as co-chair of advocacy on the board of the National Alliance on Mental Illness.

“Socializing with peers is critical,” Mary says. “Helping is part of my recovery.”



Mary Harpel experienced high euphoric states and low depressive states from bipolar disorder. She helps others as a peer-counselor advocate at Project Return, a program of Mental Health America of Los Angeles, and serves as co-chair of advocacy on the board of the National Alliance on Mental Illness.

PHOTO BY SALVADOR OCHOA

Keys to Recovery

A suicide attempt and extended hospitalization in 2006 proved to be a significant turning point in Mary Harpel’s recovery from bipolar disorder. Although already in long-term recovery, the sudden death of her husband triggered a crisis that ushered in a deeper understanding of her life and mental illness.

“I came home from the hospital this time and knew the illness was about more than just medication,” Mary says. “It really changed my life in terms of gaining knowledge — about myself, my family and how to move forward. I learned that life impacts the illness, and it gave me the impetus to work hard in therapy toward recovery.”

Mary sees both a psychiatrist and a therapist for treatment. “Today, I know I have some control over whether or not I’m going to get sick based on what I do with my life. This [crisis] gave me the control I never knew I had.”

The experience also inspired her involvement with the National Alliance on Mental Illness (NAMI), a grassroots mental health organization dedicated to advocacy, education and support services, which receives funding from Prop. 63.

“I always hid my illness when I was working and going to school,” Mary says. “Today, it’s all about self-awareness and acceptance.” **CM**



WHAT IS MENTAL HEALTH?

Someone you know is probably living with mental illness and you may not even know about it, because the shame and stigma that surrounds mental illness prevents many people from talking about it or even seeking help to improve their lives. And if that someone is you, you might be reluctant to tell anyone.

No one is immune from mental illness. According to the National Institute of Mental Health, one in every four adults and one in five children will experience a diagnosable mental disorder during their lifetime. The World Health Organization reported that four of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders. By 2020, major depressive illness will be the leading cause of disability in the world for women and children.

According to the National Institute of Mental Health, one in every four adults and one in five children will experience a diagnosable mental disorder during their lifetime.

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder.

Mental illnesses can affect persons of any age, race, religion or income. Harvard Medical School researcher Ronald Kessler conducted a national mental illness study, which indicated that half of all lifetime mental health disorders start by age 14 and three-fourths start by age 24. Although all ages are susceptible, the young and the old can be most vulnerable. Mental illnesses are not the result of weakness, lack of character or poor upbringing.

Mental illnesses are treatable.

With appropriate and individualized treatment, most people can recover from their mental illness and lead productive, independent lives. Early identification and treatment is crucial, accelerating recovery and minimizing further harm.

But, according to a report by the U.S. Department of Health and Human Services, fewer than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year. Without treatment the consequences of mental illness for the individual and society are staggering, leading to things like unnecessary disability, unemployment, substance abuse, homelessness and suicide. Plus, the economic cost of untreated mental illness is more than \$100 billion each year in the United States, according to the U.S. Department of Health and Human Services.

A large part of this lack of treatment can be traced to the stigma society has developed about mental illness that perpetuates fear in affected individuals. The stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed this stigma to develop, but we cannot allow it to continue. It's time to embrace those who are struggling — and remember that it could be your friend, your coworker, your spouse, your child or even you.

RESOURCES

In Crisis? 24-Hour Crisis Lines

Pain isn't always obvious. Every day in California, friends, family and coworkers struggle with emotional pain. If you are in crisis and would like to talk with a mental health professional, call one of these crisis lines:

Los Angeles County Department of Mental Health

24/7 Emergency and non-emergency ACCESS line: 800-854-7771

Didi Hirsch — Suicide Prevention Hotline: 877-727-4747

Suicide Prevention Crisis Center: 310-391-1253

Other 24-Hour Crisis Lines

Assaults Against Women Hotline: 310-392-8381

Women and Children Crisis Shelter: 562-945-3939

Child Abuse Hotline: 800-540-4000

Rape Treatment Center: 310-319-4000

Alcoholics Anonymous: 213-936-4343

Cocaine Anonymous: 310-216-4444

Narcotics Anonymous: 909-622-4274

California Youth Crisis Line: 800-843-5200

Non-emergency numbers:

211 — LA County info line

311 — City of LA info line

Suicide Prevention

www.suicideispreventable.org

For some people in crisis, it's too difficult to reach out to talk about the pain, thoughts of suicide and the need for help.

Though the warning signs can be subtle, they are there. By recognizing these signs, knowing how to start a conversation and where to turn for help, you have the power to possibly make a difference — the power to possibly save a life.

National Alliance on Mental Illness (NAMI)

www.namicalifornia.org

NAMI, the nation's largest grassroots mental health organization, is 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 raise awareness and build a community for hope for all of those in need. If you are a family member or caregiver of a person with a mental health issue, NAMI can offer education, support and advocacy.

Mental Health America of Los Angeles (MHALA)

562-285-1330 Toll-Free: 1-888-242-2522

www.mhala.org

MHALA is dedicated to promoting mental health recovery and wellness. Their purpose is to help everyone reach healthy lives — whether the need is recovery from mental illness or is occasional and caused by everyday life. Their message is simple — good mental health is fundamental to the health and well-being of everyone in Los Angeles County.

Proposition 63

www.prop63.org

Voter-approved Proposition 63, also known as the Mental Health Services Act (MHSA), provides housing, treatment, recovery and hope to thousands of Californians every day. Find Prop. 63 programs, resources and how you can get involved at www.prop63.org.