February 2013

NAMI San Mateo County

National Alliance on Mental Illness

General Meeting

100 S. San Mateo Drive
San Mateo
Hendrickson Aud. / Mills Health Center
Free evening parking in front

Wednesday, March 27

6:00 Meet the Director: Steve Kaplan
Director, SMC BHRS
7:00 Annual Membership Meeting:
Voting on Board of Directors
7:15-8:30 Program

Standards of Care: The Modified Therapeutic Community at Psynergy

Christopher Zubiate, MSW, ACSW
CEO, Psynergy

Psynergy in Morgan Hill, CA is a mental health treatment center that uses a Modified Therapeutic Community approach to bring people out of locked institutions into successful community living. Founded in 2006, Psynergy offers a new standard of care focused on total health, often at a lower cost than many facilities and programs with far fewer therapeutic services. (See www.Psynergy.org) Says Chris: " I believe that if you create the right environment and the right set of circumstances, people can be successful. For me, there's nothing innovative about treating mentally ill people as people first. I'd like to make this a minimum requirement ... everywhere."

NAMI San Mateo County General Meetings are free and open to the public. We welcome all who support our mission to improve the quality of life for people with mental illnesses and their families.

January General Meeting Notes

By Jerry Thompson, RN, board member

Our January 23rd meeting started with refreshments, social time, and informal gathering of the NAMI community, welcoming those that are new and those that have returned.

Once people settled, Melinda Henning introduced Rod Lee, manager of BART Local Government and Community Relations. Mr. Lee, along with BART officer Forté, explained how BART is attempting to improve their sensitivity to those that have mental illness while assuring BART is serving the public at large. Armando Sandoval, BART CIT Coordinator and Community Outreach Consultant, explained how the BART police are trained to use their discretion to identify symptoms that may indicate mental health issues and to assist the person to get the help they may need (as opposed to arresting them) - over half of their force is CIT trained. Following their short presentation, Rod Lee, Armando Sandoval and Officer Forté took questions from the audience. Crystal Raine from BART wants your questions and concerns: call her at (510) 464 7052 or email to CRaine@bart.gov.

Next was an excellent presentation on housing. Melinda Henning had gathered information about what has happened concerning housing for those in needs in the past, where we are now, and she offered an especially exciting view of what the future can be! Melinda lead a lively discussion on how we can provide more than just housing, we can provide homes that someone would feel proud to live in. Many ideas were discussed about funding and different approaches. The conversation transformed into ideas and actions on how to move forward. This really is working into reality! Be a part of all that is going on. Contact Melinda through our NAMI office if you'd like more information. And come to the next meeting!

See the article from BART on our website version of the newsletter - page 11.

Notice Of Annual Meeting

The March 27, 2013 General Meeting serves as NAMI-SMC's annual meeting for election of 2013 officers and board members. During the business portion of the General Meeting prior to the featured presentation, all members in good standing will be asked to vote on the slate of officers and board members. Please plan ahead to attend this meeting.

Current candidates for the NAMI San Mateo County board are:
Co-Presidents: Steve Robison and Jerry Thompson, RN
Co-Vice Presidents: Sharon Roth; Juliana Fuerbringer; and Maureen Sinnott, PhD
Treasurer: Mike Stimson
Secretary: Ruan Frenette
Board Members: Carol Gosho, Melinda Henning, Stephen Way, Greg Wild
Advisory Board: Margaret Taylor, Pat Way

Considerations and the need for mental illness treatment options are popular topics in the media! Please visit the February newsletter posted on our website which contains more articles than we have space to print here. www.namisanmateo.org

Next to Normal In San Jose

This Pulitzer Prize-winning play is presented by the San Jose Repertory Theatre until February 3. Check show times and tickets at http://www.sjrep.com/plays/1213/nxt2normal/index.php.

NAMI Education Programs

All NAMI classes are FREE. To register contact our office (650-638-0800) or email us at namismc@sbcglobal.net. *Advance registration is required; class size is limited.*

Provider Education Program

February 28-March 28, Thursday mornings 9-12n

We welcome Mental Health and AOD professionals, para-professionals and all others serving individuals with serious mental illnesses and their families to this FREE 5-session class. Pre-registration is required. 15 hours of CMEs pending approval for qualified attendees.

Peer to Peer Education Program

Coming Soon

If you are interested in taking our spring Peer to Peer Class, please call the NAMI Office at 650-638-0800. Thank you.

NAMI Walks
National Alliance on Mental Illness

Saturday, June 1

This 5K walk is held in Golden Gate Park and includes 9 Bay Area NAMI affiliates. It is a very inspiring day that helps raise funds and educate the public to remove the stigma associated with mental illness. Sign up now!

San Mateo County Crisis Center
650-579-0350

1-800 Suicide (1-800-784-2433)

Chat Room for Teens
Open Monday-Thursday, 4:30pm to 9:30pm
www.onyourmind.net

Save The Date

- ***Saturday May 18***
  Car Wash/Raffle for Annie's Sparkler's NAMIWalks Team, 11:00-3:00, 3218 Alpine Rd., Portola Valley
- ***Saturday, June 1***
  NAMI Walk 2013 - Lindley Meadow, Golden Gate Park. Information: 800-556-2401 or visit namiwalkSFbay.org.
- ***June 27-30***
  NAMI National Convention in San Antonio, TX convention@nami.org
- ***August 16-17***
  NAMI California Annual Conference at the Airport Marriott Waterfront, 1800 Old Bayshore Highway, Burlingame. http://www.namicalifornia.org/

Mental Health Care In Our Country

By Chip Huggins, December 18, 2012

Just as they did following the Aurora, Colo. and Virginia Tech shootings, debates on the access to firearms will once again come to the forefront of the national dialogue. Obfuscating the real issue contributing to these tragedies, including the horrific one [in December], can no longer be accepted. We need to deal with the lack of adequate mental health care in our country.

Individuals who commit spree killings are mentally disturbed, but they also carefully plan their strategy over time — time during which friends, family and colleagues very often note signs of distress, delusion or isolation. Had there been the necessary help available, such tragic occurrences could very well have been avoided. But help, as these individuals and their families have found, is becoming increasingly hard to find and access.

Between 2009 and 2012, $4.35 billion was cut from public mental health spending. Because of these drastic cuts, there are fewer and fewer options available for people with severe mental illness, or their families. This is especially true in situations such as our recent tragedies where mental illness services have been cut.

With proper care and treatment, recovery happens. There is a dire need for funding for programs that can provide the services that can make the difference between recovery and tragedy. As a country, we cannot afford to let one more person fall through the cracks. Grieving parents, families and friends of those innocent victims deserve our efforts.

Let's start by talking about mental health and eliminating the stigma. Stigma makes it too easy to deny this most critical social issue. And let's bring the need for more mental health funding to the forefront of the national dialogue. It's not just about the guns. It's about the health and future of America.

—Chip Huggins, CEO of Caminar, for Mental Health in San Mateo
Source: http://www.smdailyjournal.com/

Volunteer With NAMI!

Thursday, March 14 • 6:30pm
1650 Borel Place, Ste 130, San Mateo
(use entrance on Borel Ave.)

Monthly meetings will begin to alternate Wed/Thurs nights starting on Wednesday, April 10. No meeting in February.

Can you help? Maybe you know someone else who could?

GOAL **"Adopt-a-Site"** We're looking for people who'd like to help blanket San Mateo County with information on the programs and services we offer.

1. Pick a site...find a place that you frequent (i.e., health provider, doctor, recovery center, cafe, grocery store etc.) and ask if they would be willing to display NAMI materials.
2. Stop by the NAMI office and pick up the materials for your adopted site. We'll have packets ready and can arrange pick up times with you.
3. Drop off the materials at your designated site. That's it!

GOAL **General Meetings** We need people to take care of small duties at our general meetings - a popular community builder and a great way to connect with others struggling with mental health issues. Help with contacting speakers, meeting registration, food set up…all needed to create engaging, meaningful meetings, which are held every other month.

GOAL **NAMI Walk** on June 1 - join our NAMI Walk Committee. We are a team working on publicizing the event and seeking sponsors and walkers. We want to hold a dinner at a local restaurant as a special event! Help us do it. Contact the NAMI office at 650- 638-0800 or call Juliana at 650-342-5849.

Questions? Interested? Get on the mailing list!
Call Juliana at 650-342-5849 / julianafuer@gmail.com, or the NAMI office at 650-638-0800/namismc@sbcglobal.net.

Show up and be a part of it all.
No one need do any of this work alone!

NAMI Santa Clara County Has Moved

The NAMI SCC location has moved to 1150 S Bascom Ave, Suite 24, San Jose CA 95128-3509. They will close at 2 P.M. on Wednesday, January 30 and resume normal business hours on Wednesday, February 5 (10-2 P.M).

Newtown Tragedy: NAMI Condemns NRA Position as "Outrageous and Wrong"

ARLINGTON, Va., Dec. 21, 2012 -- Michael J. Fitzpatrick , executive director of the National Alliance on Mental Illness (NAMI) has issued the following statement:

"The National Rifle Association (NRA) response to last week's tragedy in Newtown Connecticut -- in which 20 children and six adults at Sandy Hook Elementary School were killed -- is outrageous and wrong.

The NRA has called for putting more guns in schools and creating a bigger list of people treated for mental illness -- which presumably includes civic leaders, teachers who take prescriptions for anxiety or depression, police, fire fighters and veterans returning home from Afghanistan.

The NRA posed the question 'How many more copycats are waiting…A dozen more killers? A hundred? More? How can we possibly even guess how many, given our nation's refusal to create an active national database of the mentally ill?'

One in four American adults experience a mental health problem in any given year, yet the U.S. Surgeon General determined over a decade ago that 'the overall contribution of mental disorders to the total level of violence in society is exceptionally small.'

Law already exists requiring states to report the names of people 'adjudicated as mentally defective' to the National Instant Background Check System (NICS). It has never been properly implemented because of confusion surrounding the highly stigmatizing term "mentally defective" and the uncertain meaning of 'adjudicated.'

After the Virginia Tech tragedy in 2007, NAMI recommended that Congress clean up existing law by adopting standards consistent with modern medical knowledge and clear legal procedures. We continue to support that approach.

When violence occurs, it is usually because something has gone terribly wrong in the mental health care system.

We must address the fact that less than a third of Americans who have a diagnosable mental illness are able to get treatment. The NRA's proposal to create a bigger "active" national database will only discourage people reaching out for help. Stigma will be imposed. Stigma will be internalized. Stigma will turn into prejudice and discrimination.

NAMI condemns the NRA position. We hope the NRA instead will join others in seeking positive, workable, appropriate solutions. NAMI stands ready to work with the President, Congress and states to accomplish that end."

BHRS contacts: Claudia Saggese, Family Liaison (habla Español) 573-2189 & Suzanne Aubry, Dir. Family Service and Support, 573-2673

Emerging Technologies To Improve Care

By Sarah Christen, NAMI Convention Manager, www.nami.org.

2013 NAMI National Convention
June 27-30, San Antonio, TX

Ken Duckworth and Keris Myrick recently talked to NAMI about the latest on emerging technologies to improve care as well as their own personal experience on online tools to improve self-management of mental illness.
Keris Myrick is the president of the NAMI Board of Directors and the president and CEO at the Project Return Peer Support Network in Los Angeles County, Calif.
Ken Duckworth, M.D., serves as the medical director for NAMI. Dr. Duckworth is double board certified in adult and child and adolescent psychiatry.

Conversation with Keris Myrick:
What are some of the latest technologies you recommend?
There has been a rise in the number of online tools to help people with mental illness monitor their moods. And of course with the plethora of affordable smart phones-there's an app for that, too. Some apps are even connected to the online tools. The security encrypted online tools also permit the user to "invite" their providers, family, certified peer specialists and others to view their profiles as a means of support.
Have you used some of these tools yourself?
I have used several tools including a daily mood tracker; which is a simple day-to-day mood tracker using a numerical system and optional space for notes. This technology also sends me a daily text reminder to enter my mood rating because, yes, the novelty can wear off, or I can just get busy and forget. When I see my doctor, if I can't recall my mood over a period of time, I can send him an invite to review the graph of my mood ratings over a period of time or just look at it myself as a reminder of the trend in my mood and any notes. It's very handy for those of us who know how we feel at that moment but might have trouble recalling our mood or trigger that occurred prior to our doctor's visit.
What others apps and online tools would you recommend?
I would recommend apps or online tools that have been studied or have research based on their outcomes. Beyond mental health apps, there are apps that assist with monitoring physical health, healthy foods and exercise. All would be beneficial for someone to investigate to see if they help improve self-care and promote wellness.

Conversation with Ken Duckworth, M.D.:
What are some of the latest examples of emerging technologies in treatment of mental illness?
Repetitive Transcranial Magnetic Stimulation (rTMS) is a recent treatment for major depression that has not responded to medications. RTMS is a technology that involves placing a specialized coil over the scalp, and the magnetic field induces electrical activity in the brain, usually in the left side prefrontal cortex. The treatment takes about an hour and requires no anesthesia and does not induce a seizure. A course of rTMS involves 30 treatments, usually five per week with six taper treatments.
What are some of the arguments against the use of this technology?
rTMS does not work to help people with psychosis and has not been studied as a maintenance treatment for depression. People who have metal (aneurism clips, pacemaker, VNS device) near the device may not use the treatment. Another criticism is that there are no long-term studies of this treatment. Few side effects, other than headache and the rare risk of seizures, are usually noted.
Cost certainly must be an issue in many situations. What are some of the ways around that? Does insurance cover some of this treatment?
A criticism of rTMS is that it is expensive and doesn't help most people. Some insurers are covering rTMS for major depression after trials of medications (and in some cases) psychotherapy have been tried.
How would something like rTMS fit with a treatment plan?
As with many new treatments, where exactly new technologies fit into the treatment plan is still being understood. For example, might TMS be used in place of ECT in the treatment of bipolar or depression? Further research needs to be developed to help understand the role of these new technologies.

Dr. Duckworth recently took a two-day course on rTMS at Harvard University, where he sat in the machine and received magnetic stimulation. Many might find it uncomfortable--a kind of metallic ball hitting your head feeling. Like most people who participate in studies, Dr. Duckworth had no ill effects from the magnetic stimulation.

We look forward to the Ken Duckworth, M.D. and Keris Myrick, Ph.D. presentation, "Emerging Technologies to Improve Care," at the NAMI National Convention on Saturday afternoon, June 29.

—Source: nami.org

The NAMI Office Library

The lending library in our office is used by many and several of our books have been borrowed and not returned, especially copies of I Am Not Sick, I Don't Need Help by Xavier Amadour. Please return borrowed books to our office as soon as possible. Thank you!

NAMI-SMC Support Group Meetings *(call 650-638-0800 for more information)*

Cordilleras MHR Center Family Support Meeting, 200 Edmonds Road, Redwood City, 367-1890
1ST MONDAYS, 6:30-8pm (2ND Monday if 1st Monday of the month is a holiday).
Penney Mitchell, NAMI SMC facilitator; Crystal Hutchinson, MSW; Leah Ladounceur, BSW.

Parents of Youth Support Meeting, NAMI SMC, 1650 Borel Pl, Ste 130, San Mateo, 638-0800.
2ND MONDAYS, 7-8:30pm**.** Kristy Manuel and Ginny Traub, facilitators.

San Mateo Medical Center for family members.
1ST & 3RD TUESDAYS, 6:30-8pm. 222 W. 39th Ave. & Edison, Board Room (main entrance elevator to 2nd floor, left to the end of the hall). Terry & Polly Flinn, Juliana Fuerbringer and Rosemary Field, NAMI SMC facilitators; L. Frattaroli, Ed.D.

South County Support Meeting for family members, Mental Health Clinic, 802 Brewster St., Redwood City, 363-4111.
2ND TUESDAYS, 6-7:30pm. Pat Way, NAMI SMC facilitator; Liz Downard RN, MSN.

Coastside Support Meeting for family members**,** Coastside MH Cntr, 225 S. Cabrillo Hwy, #200A, Half Moon Bay, 726-6369**.**
Call for holiday date changes 7-8:30pm. Marie Koerper, NAMI SMC facilitator; Mary Em Wallace, RN, NP, MFT, Ph.D.

Jewish Family & Children's Services, family and friends are welcome. 200 Channing Ave., Palo Alto, 688-3097.
4TH TUESDAYS, 7:00 pm. Sharon & Ron Roth, NAMI SMC facilitators; Laurel Woodard, LMFT.

Spanish-Speaking Support Group for family members. South County BHRS, 802 Brewster Ave, Redwood City.
2ND TUESDAYS, 6-7:30 PM. Contact Claudia Saggese at 573-2189.

Other Meetings

Asian-Language Family Support Groups
THURSDAYS, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas (650) 261-3701 or (650) 573-3686.

Coastside Dual Diagnosis Group, development for clients in all stages of recovery.
THURSDAYS, 4-5pm. 225 S. Cabrillo Hwy #200A, Half Moon Bay. 726-6369 for information.

Consumer Support Groups, Heart and Soul, San Mateo. Call 650-343-8760.

DBSA Mood Disorder Support Group for persons with uni- and bi-polar, depression, or anxiety.
- WEDNESDAYS, promptly 6:30-8:30 pm. Contact: DBSAPaloAlto@gmail.com. Supporters may attend with their consumer. VA Hospital, 3801 Miranda Ave, Hosp Bldg 101, Room A2-200, Palo Alto.
- TUESDAYS, 7-9pm College Heights Church, San Mateo 1150 W. Hillsdale Blvd. Families welcome. Fred Wright, 299-8880.

Dual Diagnosis Group for Consumers, no charge.
MONDAYS, 2:30 pm. The Source, 500 A Second Ave., San Mateo. Call 650-343-8760 for more information.

Eating Disorders Support Group for parents and loved ones. Contact: 408-559-5593 or info@edrcsv.org
2ND and 4TH SATURDAYS, 9:30-11am. El Camino Hospital, 2500 Grant Rd, Mountain View, New building, Conf. Rm A

Eating Disorders Support Group for family & friends of loved ones. Visit www.edrcsv.org or call Kira Olson at 408-356-1212.
1ST and 3RD SATURDAYS, 9:30-11am Mills-Peninsula Hosp., Rm 4104, 100 S. San Mateo Drive

Hoarding Education Group for significant distress with clutter. Contact hoarderdoctor@gmail.com or 650-799-3172
1ST and 3RD THURSDAYS**,** 5:30 - 6:15pm. Mills Health Center, Room 4104, 100 S. San Mateo Dr. $5 donation requested.

Hoarders' Support Group for persons with a history of extreme hoarding and chronic disorganization.
2 THURSDAYS a month. To register or to get more information call (650) 343-4380.

H.E.L.P. for those coping with a mental illness and/or those in a supporting role, Menlo Park Pres., 950 Santa Cruz Ave.
THURSDAYS, 6:00pm optional dinner; 6:30-7:30 program, 7:30-8:30 prayer. Garden Court. Contact Jane at 650-464-9033.

HOPE (Hope, Offering, Prayer and Education), for those with mental illness and/or in supporting roles.
1ST and 3RD TUESDAYS**,** 6:30pm, First Pres Church, 1500 Easton Dr., Burlingame. Call 355-5352 or 347-9268 for info.

Japanese Education & Support Group, call (415) 474-7310 for information.

Jewish Support Group, for those with mental illness and families and friends, Beit Kehillah, 26790 Arastradero Rd., Los Altos
2ND WEDNESDAYS**,** 6:15-8:30pm. For info, contact Carol Irwin (408)858-1372.

Korean Support Group, a family/consumer group. Info: Kyo, 408-253-9733
4TH TUESDAYS, 6: 30-8: 30pm. Full Gospel Mission Church, 20920 McClellan Rd. (opp. De Anza College), Cupertino

North County Support Group for clients, family and friends.
2ND and 4TH THURSDAYS, 5:45-7pm, 375 89th Street, Community Room, Daly City. More info: 650-301-8650.

Obsessive-Compuslive Foundation of SF Bay Area, information: 415-273-7273; www.ocd-bayarea.com.
3RD SATURDAY, 1:30-3:30pm, Seton Medical Center, 1900 Sullivan Ave., 2nd Fl. Conf room near cafeteria, Daly City.

Telecare, for family and friends of residents. 855 Veterans Blvd, Redwood City, 817-9070.
2ND WEDNESDAYS, 5:30-7pm.

Women Living With Their Own Mental Illness, Redwood City - *sliding scale fees apply for this meeting.*
MONDAYS, 6:30-8 pm. Contact Deborah at 363-0249, x111.

SUPPORT MEETINGS

Clubhouse International

A Bridge to Recovery Mental Health Model Can We Bring it to San Mateo?

A Clubhouse is a membership-based social/vocational community where people living with persistent mental illness come to rebuild their lives. Most Clubhouses are non-residential, while some include housing.

Participants - called members - share ownership and responsibility for operation success. It's a place to find consistent, long-term support and encouragement for individuals wherever they are living … including at home with family, in a residency program, in their own apartment, or in a shelter. Participation is voluntary, there is no cost to be a member, and no time limit on membership.

Members work and socialize in a unique partnership with a small staff, building on strengths instead of focusing on illness. Recovery is achieved through work and work-mediated relationships. Members feel safe meeting new people, trying out new things, or just sitting … in an environment of acceptance and no judgment.

There are over 300 centers worldwide based on the Clubhouse model. They supplement the public and private services in their community.

You can read about the Clubhouse model at www.iccd.org. To talk about bringing Clubhouse to San Mateo, please contact Juliana at 650-342-5849 (julianafuer@gmail.com) or thru the NAMI office. We are looking for supporters and people to make it happen!

Bowling For LOVE, The Games Of HOPE

The Mateo Lodge bowling league, "Games of Hope," was started last spring. They have 5 teams at present and requests for a 6th. The season starts on February 14 at 2:00 and goes to March 21. Games will be held at Bel Mateo, 4330 Olympic Ave, in San Mateo, behind Molly Stones. Consumers bring $15. There will be a fundraising party in early March.

Please arrive a half-hour early to get shoes and some practice warm ups before the games begin. Please RSVP to 831-420-0134 or email denby@baymoon.com by February 11. Talk to Denby about volunteer opportunities for team cheerleaders. Donations accepted as well! call Denby for details.

Need help with SSI issues?

Call Joe Hennen at 650 802-6578

NAMI ExDir Michael Fitzpatrick To Step Down At End Of 2013

ARLINGTON, Va., Jan. 7, 2013 /PRNewswire-USNewswire/ -- The Board of Directors of the National Alliance on Mental Illness (NAMI) announced today that Executive Director Michael Fitzpatrick chose not to renew his contract which expired in December.

Fitzpatrick will continue his strong and successful tenure until the end of 2013 in order to ensure a smooth leadership transition. "When Michael took over as NAMI's chief executive in 2004, he brought tremendous energy and unique professional perspective to address many challenges," said NAMI Board President Keris Myrick . "As a result, NAMI is a stronger organization today, positioned to lead the fight into the future to improve the lives of millions of Americans affected by mental illness."

"During Michael's tenure, he assembled a skilled team and worked with NAMI State Organizations and NAMI Affiliates and our membership base to expand education and support programs and advocacy at every level. He also has provided a steady hand in maintaining financial stability during a period that included a national economic crisis that affected the non-profit community."

Fitzpatrick's leadership of NAMI has coincided with enactment of mental health insurance parity in 2008 and passage of the Affordable Care Act in 2009.

In 2006 and 2009, NAMI published landmark Grading the States reports to set a baseline for reform of the public mental health care system; these were followed in 2011 with reports on state budget cuts in mental health services. NAMI also became a leader in the effort to protect and strengthen Medicaid benefits for people living with mental illness.

Fitzpatrick has helped NAMI build a foundation for the future through new charters for NAMI State Organizations and NAMI Affiliates, expansion of education and support programs, state-of the art technology, and strengthened commitment to diversity and youth through NAMI's Multicultural Action Center and Child and Adolescent Child and Adolescent Action Center. NAMIWalks also have blossomed into the nation's premier public community based mental health event.

"I look forward in 2013 to continuing NAMI's commitment to organizational health as we work in communities across America to grow NAMI's visibility and capacity to reach all in need," Fitzpatrick said. "In these challenging times of dramatic change in our health care system, NAMI's collective advocacy is needed more than ever. Michael's record is a challenge to build on," Myrick said. "We are grateful he has committed to seeing us through a transition year and ensuring that NAMI's future stays strong and vibrant. We also are confident that NAMI will find and engage a new leader by the end of the year."

Jail Chaplain

Spiritual counseling for incarcerated persons - Marty at St. Vincent de Paul Society - 650-366-9847.

Mental Illness Must Be Confronted

Published Dec. 30, 2012, Sacramento Bee Editorial

As they confront a scourge of mass shootings, politicians should toughen gun restrictions. Parents ought to limit the time their kids play violent video games. But the fundamental issue that must be confronted is how this nation treats seriously mentally ill individuals.

Law enforcement officials have not yet ascribed a motive to Adam Lanza's rampage that left 20 children and six educators dead at Sandy Hook Elementary School in Newtown, Conn., plus his mother. Yet there is little doubt that mental illness played some kind of role, as it did among individuals who carried out mass shootings in Tucson, Ariz., at Virginia Tech, and in many other locales.

Lawmakers in California, in other states and in Washington, D.C., should focus on the issue in the coming year. The nation must show the compassion and the fortitude to intervene before seriously mentally ill individuals lash out.

Writing in the National Review, D.J. Jaffe, executive director of Mental Illness Policy Org., a New York nonprofit that focuses on mental illness, rightly called for the expansion of laws in New York and California by which authorities can order outpatient treatment for the most mentally ill individuals.

In California, Laura's Law, named for a young college woman who was shot and killed by a mentally ill man in Nevada City on Jan. 10, 2001, exists in a real way in only one county, Nevada County. Its use should be expanded - and funded - throughout the state.

Some civil libertarians and mental health practitioners have the misguided notion that individuals, who are too sick to know how ill they are, retain the right to refuse treatment, even if it means they may harm themselves or others.

"In our concern for the rights of people with mental illness, we have come to neglect the rights of ordinary Americans to be safe from the fear of being shot - at home and at schools, in movie theaters, houses of worship and shopping malls," psychiatrist Paul Steinberg wrote in the New York Times last week.

Professor Steven P. Segal of UC Berkeley's school of social welfare published a study last year showing that states with greater numbers of inpatient psychiatric beds had lower homicide rates. In other studies, Segal has shown that the longer patients stay in hospitals, the greater the chance those individuals will be able to function on the outside when they are released. Such findings ought to inform policymakers' decisions.

The first line of help always is the family, and families need a hand. Parents and siblings of mentally ill individuals must contend with rigid privacy laws that deny them access to basic information about their loved ones once they turn 18.

In California, family members with the desire and ability to help must contend with a conservatorship law that makes it all but impossible to assert control over an adult who is severely mentally ill and resists care.

Senate President Pro Tem Darrell Steinberg is pressing the federal government to create a national program akin to Proposition 63, the 2004 initiative that he sponsored that provides $1 billion a year for mental health care.

Democrats and Republicans in the California congressional delegation ought to embrace that idea. Without a doubt, Proposition 63 money has helped care for people who otherwise would not have received it.

However, an incongruity remains. The $1 billion is spent on new programs. In some counties, Sacramento among them, officials have shut centers that provide crisis care because Proposition 63 funds cannot be spent for such programs.

Nor can Proposition 63 money be spent to fund mental health courts, in which judges, prosecutors and defense attorneys seek to help mentally ill offenders, instead of merely warehousing them in county jails for a few weeks or months. Steinberg should work to adjust the law so more money can be directed to such efforts.

The mental health care policy discussion should not be partisan.

Severe mental illness does not discriminate based on the political views or social standing of afflicted individuals and their families.

But as we've seen, the impact of untreated mental illness can affect any one of us.

—Shakeel A. Khan, MD, Chief of Staff

Visit http://www.namicalifornia.org/ to get the latest on legislative activity.
We appreciate your interest in advocacy!

MHSARC Meetings

Wednesday, February 6 • 3:00 - 5:00pm
(first Wednesday of every month)
Time/locations vary, please check with
650-573-2544 or www.smchealth.org/MHSARC
Health Services Building Room 100
225 W. 37th Ave., San Mateo

All meetings are open to the public

AGED-FOCUSED COMMITTEES:
225 37th Ave., Diamond Room, San Mateo

Older Adult Services Committee • 10:30am to 12:00

Adult Services Committee • 1:30pm - 3

Children and Youth Services Committee • 4pm - 5
(2000 Alameda De Las Pulgas., Room 209)

Please Become a Member of NAMI San Mateo County

1650 Borel Place, Suite 130, San Mateo, CA 94402

☐ Regular Member ($35 to $99)*
☐ Sustaining Member ($100 to $499)*
☐ Patron Member ($500 to $999)*
☐ Benefactor Member ($1,000 or more)*
☐ Mental Health Consumer ($10)
☐ Renewal or ☐ New Membership Amount Enclosed: $_____

☐ Change Address (print new address below, include bottom half of page with old address)

* A portion of your membership donation is sent to National NAMI and to NAMI California

Name_____

Address _____

City/State _____ Zip _____

Phone (_____) _____E-mail_____

How did you hear about NAMI?_____

Please check all that apply: I/we am/are ☐ Family ☐ Consumer
☐ MH Professional ☐ Business or Agency ☐ Friend

Your membership in NAMI San Mateo County is tax deductible to the extent allowed by law. Thank you for your support.

General Meeting

March 27 - see page 1
Annual Meeting
Please attend to elect board members

MHSARC Meetings

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Volunteer Meeting

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June 1: NAMI Walk Golden Gate Park
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Time Value

The Tragedy Of Mental-Health Law

Patient protections have become rigid rules excluding families from patient care and exceeding common sense.
OPINION By Lloyd I. Sederer, WSJ, 1/11/13

After Newtown, there is widespread concern that laws regarding mental-health services need reform. Two places to start are the laws governing involuntary hospitalization, and the restrictions placed on communication with a patient's family.

Across the U.S. today, federal and state laws give people with mental illness the right to decide when, where, how, and if they will receive care. Yet some serious mental illnesses (such as schizophrenia or mania) can make it difficult for those affected to assess the reality of their own experiences or their need for treatment.

An individual with a mental illness that interferes with his judgment, self-interest, self-preservation and safety represents a profound challenge for families and clinicians. Doctors have remarked that when patient rights exceed truly necessary protections, individuals with mental illness can "die with their rights on." Sometimes they may harm others along the way.

Many mental-health laws are prohibitive in nature-they describe what cannot be done in certain situations. This is important but comes at a cost. The 1996 federal law known as HIPPA (the Health Insurance Portability and Accountability Act) is meant to protect the medical information of individuals, but it has also come to limit what a doctor can say to a patient's family (with the exception of unemancipated minors).

State laws vary, but all set strict controls regarding involuntary hospitalization, limiting it to circumstances when a person is an imminent danger to himself or others, or likely to become so. State laws also limit involuntary hospital stays to a few days, unless a court orders otherwise based on continued evidence of imminent danger to self or others. Another court order is necessary for doctors to treat hospitalized patients against their will. In other words, we may be able to drag a horse to water but we cannot make him drink unless a judge says so.

Consider the young man in his 20s brought to an emergency room by the police after harassing a bus driver and initially acting aggressively with the officers who arrived on the scene. The young man had never been to this particular ER, so there was no record of any previous treatment he may have received or any medical or mental conditions he may have had. In the presence of the police and hospital security, he appeared quiet and cooperative, even saying he regretted losing his temper.

But his disheveled and fearful look prompted a nurse to call for a psychiatric consult. The consultation revealed that while he lived with his parents, he didn't want the hospital to contact them. He said he'd never had any such outbursts before, and that he had never received mental-health care. The psychiatrist continued to request permission to call his family, but he continued to refuse adamantly.

Had the call been made, the young man's parents would have volunteered that this was their son's third emergency-room visit in four weeks, and that he had been involuntarily hospitalized six months earlier after hitting a stranger in a supermarket during an acute episode of psychotic illness.

In another instance, a middle-aged woman with a serious mental illness was involuntarily hospitalized after a very high-risk suicide attempt was accidentally discovered in time. She was diagnosed with a major depression and offered medication and therapy, which she refused.

She could not leave the hospital (for days initially, then for a few weeks after a court order), but she had the right to refuse treatment. In response, the treating psychiatrist had to go to court to obtain a judge's order for "treatment over objection." This resulted in several weeks of delay, but after the order came down the patient agreed to accept treatment the next day.

The law arguably plays a more prominent role in psychiatry than in any other field of medicine. Issues of personal and public safety, civil rights, accountability, privacy, confidentiality and competency are woven throughout the practice of psychiatry. But today's laws were mostly written decades ago, in response to an era when doctors and hospitals had almost unbridled control over patients and their treatments.

What began as patient protections have in many instances become rigid rules and procedures that seem to exceed patient needs and even common sense. Good intentions spawned these laws, but in practice they can interfere with or delay the delivery of necessary care and crucial communication between caregivers and families-as families of people with serious mental illnesses can attest in often heartbreaking detail.

Families are-or can be-our early-warning system: They see the fuse burning months before the bomb goes off. Yet when mental illness produces troubled behavior, families are too frequently sidelined by the refusal of their ill relative to involve them in the considerations about treatment.

No one thing can completely eliminate the risk of tragic events such as those we have witnessed in Newtown, Aurora, Columbine and elsewhere, or the risk of the suicides and violent acts that occur by the tens of thousands nationwide each year. But we can reduce risk through early identification and intervention if families are equipped to highlight problems and mental-health professionals are permitted to do the tough work of responding to those whose serious mental disorders have them refuse help that can be lifesaving.

Many successful industries employ "user-driven design," and laws are made to serve the people. Let's ask the families of people with serious mental illnesses what changes in law and clinical practices could better help their family members.

Dr. Sederer, the medical director of the New York State Office of Mental Health and an adjunct professor at Columbia University's Mailman School of Public Health, is author of "The Family Guide to Mental Health Care," forthcoming in March from W.W. Norton. The views expressed here are his own. A version of this article appeared January 12, 2013, on page A13 in the U.S. edition of The Wall Street Journal, with the headline: The Tragedy of Mental-Health Law.
Source: http://online.wsj.com/article/SB10001424127887324081704578234002322233718.html

Successful And Schizophrenic

By Elyn R. Saks, The New York Times, 1/25/13

THIRTY years ago, I was given a diagnosis of schizophrenia. My prognosis was "grave": I would never live independently, hold a job, find a loving partner, get married. My home would be a board-and-care facility, my days spent watching TV in a day room with other people debilitated by mental illness. I would work at menial jobs when my symptoms were quiet. Following my last psychiatric hospitalization at the age of 28, I was encouraged by a doctor to work as a cashier making change. If I could handle that, I was told, we would reassess my ability to hold a more demanding position, perhaps even something full-time.

Then I made a decision. I would write the narrative of my life. Today I am a chaired professor at the University of Southern California Gould School of Law. I have an adjunct appointment in the department of psychiatry at the medical school of the University of California, San Diego, and am on the faculty of the New Center for Psychoanalysis. The MacArthur Foundation gave me a genius grant.

Although I fought my diagnosis for many years, I came to accept that I have schizophrenia and will be in treatment the rest of my life. Indeed, excellent psychoanalytic treatment and medication have been critical to my success. What I refused to accept was my prognosis.

Conventional psychiatric thinking and its diagnostic categories say that people like me don't exist. Either I don't have schizophrenia (please tell that to the delusions crowding my mind), or I couldn't have accomplished what I have (please tell that to U.S.C.'s committee on faculty affairs). But I do, and I have. And I have undertaken research with colleagues at U.S.C. and U.C.L.A. to show that I am not alone. There are others with schizophrenia and such active symptoms as delusions and hallucinations who have significant academic and professional achievements.

Over the last few years, my colleagues, including Stephen Marder, Alison Hamilton and Amy Cohen, and I have gathered 20 research subjects with high-functioning schizophrenia in Los Angeles. They suffered from symptoms like mild delusions or hallucinatory behavior. Their average age was 40. Half were male, half female, and more than half were minorities. All had high school diplomas, and a majority either had or were working toward college or graduate degrees. They were graduate students, managers, technicians and professionals, including a doctor, lawyer, psychologist and chief executive of a nonprofit group.

At the same time, most were unmarried and childless, which is consistent with their diagnoses. (My colleagues and I intend to do another study on people with schizophrenia who are high-functioning in terms of their relationships. Marrying in my mid-40s - the best thing that ever happened to me - was against all odds, following almost 18 years of not dating.) More than three-quarters had been hospitalized between two and five times because of their illness, while three had never been admitted.

How had these people with schizophrenia managed to succeed in their studies and at such high-level jobs? We learned that, in addition to medication and therapy, all the participants had developed techniques to keep their schizophrenia at bay. For some, these techniques were cognitive. An educator with a master's degree said he had learned to face his hallucinations and ask, "What's the evidence for that? Or is it just a perception problem?" Another participant said, "I hear derogatory voices all the time. ... You just gotta blow them off."

Part of vigilance about symptoms was "identifying triggers" to "prevent a fuller blown experience of symptoms," said a participant who works as a coordinator at a nonprofit group. For instance, if being with people in close quarters for too long can set off symptoms, build in some alone time when you travel with friends.

Other techniques that our participants cited included controlling sensory inputs. For some, this meant keeping their living space simple (bare walls, no TV, only quiet music), while for others, it meant distracting music. "I'll listen to loud music if I don't want to hear things," said a participant who is a certified nurse's assistant. Still others mentioned exercise, a healthy diet, avoiding alcohol and getting enough sleep. A belief in God and prayer also played a role for some.

One of the most frequently mentioned techniques that helped our research participants manage their symptoms was work. "Work has been an important part of who I am," said an educator in our group. "When you become useful to an organization and feel respected in that organization, there's a certain value in belonging there." This person works on the weekends too because of "the distraction factor." In other words, by engaging in work, the crazy stuff often recedes to the sidelines.

Personally, I reach out to my doctors, friends and family whenever I start slipping, and I get great support from them. I eat comfort food (for me, cereal) and listen to quiet music. I minimize all stimulation. Usually these techniques, combined with more medication and therapy, will make the symptoms pass. But the work piece - using my mind - is my best defense. It keeps me focused, it keeps the demons at bay. My mind, I have come to say, is both my worst enemy and my best friend.

THAT is why it is so distressing when doctors tell their patients not to expect or pursue fulfilling careers. Far too often, the conventional psychiatric approach to mental illness is to see clusters of symptoms that characterize people. Accordingly, many psychiatrists hold the view that treating symptoms with medication is treating mental illness. But this fails to take into account individuals' strengths and capabilities, leading mental health professionals to underestimate what their patients can hope to achieve in the world.

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It's not just schizophrenia: earlier this month, The Journal of Child Psychology and Psychiatry posted a study showing that a small group of people who were given diagnoses of autism, a developmental disorder, later stopped exhibiting symptoms. They seemed to have recovered - though after years of behavioral therapy and treatment. A recent New York Times Magazine article described a new company that hires high-functioning adults with autism, taking advantage of their unusual memory skills and attention to detail.

I don't want to sound like a Pollyanna about schizophrenia; mental illness imposes real limitations, and it's important not to romanticize it. We can't all be Nobel laureates like John Nash of the movie "A Beautiful Mind." But the seeds of creative thinking may sometimes be found in mental illness, and people underestimate the power of the human brain to adapt and to create.

An approach that looks for individual strengths, in addition to considering symptoms, could help dispel the pessimism surrounding mental illness. Finding "the wellness within the illness," as one person with schizophrenia said, should be a therapeutic goal. Doctors should urge their patients to develop relationships and engage in meaningful work. They should encourage patients to find their own repertory of techniques to manage their symptoms and aim for a quality of life as they define it. And they should provide patients with the resources - therapy, medication and support - to make these things happen.

"Every person has a unique gift or unique self to bring to the world," said one of our study's participants. She expressed the reality that those of us who have schizophrenia and other mental illnesses want what everyone wants: in the words of Sigmund Freud, to work and to love.

A law professor at the University of Southern California and the author of the memoir "The Center Cannot Hold: My Journey Through Madness."

—Source: http://www.pbs.org/wnet/need-to-know/opinion/families-and-the-debate-on-mental-health/16125/

News From BART

At NAMI's General Meeting on January 23, BART explained a new law aimed to create a safer, cleaner environment for BART riders and employees then sought public input prior to the implementation of the new authority.

Assembly Bill 716 allows BART to issue a "prohibition order" against anyone who commits certain offenses on BART property, banning them for 30 days to a year, depending on the offense. For infractions such as defacing property or urinating in public, a person must be cited on at least three separate occasions within a period of 90 days to receive a prohibition order. For more serious crimes such as violence against passengers or employees, the ban can take effect after the first instance. One of the primary reasons BART sought inclusion in the law was concern over an increasing number of violent attacks on BART frontline workers who help the public day in and day out.

BART joins two other transit districts, Sacramento Regional Transit District and Fresno Area Express, that already have implemented the law. "This program has been successful for the Sacramento and Fresno transit systems," said Assemblymember Roger Dickinson, D-Sacramento, the author of AB716. "With this new authority to keep serious and repeat offenders out of the BART system, now the riders and employees of BART will have the same opportunity for safer public transportation."

The new law has numerous safeguards to address any concerns that the authority it grants could be misused. Anyone receiving a prohibition order can request an administrative hearing. The hearing officer can overturn the order if he or she determines the person "did not understand the nature and extent of his or her actions or did not have the ability to control his or her actions," the law states. If the person is dependent upon transit for "trips of necessity," including travel to or from medical or legal appointments, school, work, or to obtain food and clothing, the order must be modified to allow for those trips. If the person is not satisfied with the hearing officer's decision he or she may seek judicial review.

For more information, visit the BART website at www.bart.gov. To submit a question or comment, contact Crystal Raine, BART Police Department, (510) 464-7052, craine@bart.gov

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Families And The Debate On Mental Health

It's rare that an entire nation debates mental health care.

I'm a mental health nurse, researcher, and professor. Through years as a nurse for inpatient psychiatric units, through my research about mental health and illness, and teaching about the research and policy mental health, I've long tried to bring awareness and concern about individuals and families with mental illness, to a society that often discriminates against them. Prior to the Newtown tragedy and ensuing national debate, I felt virtually alone.

Mental health activists have made strides in the U.S., but the gains are relatively small and have been slow to obtain. Now, the general public is talking; at last, the Newtown tragedy has brought mental illness into the spotlight.

The national debate this past week included President Obama's call for more funding and training for mental heath services and national organizations, such as the National Council for Behavioral Health and the National Alliance on Mental Illness, have also weighed in.

I encourage the national debate, yet I have a few concerns.

For one, this new spotlight is based, in part, on fear. People fear for their own safety. They are afraid of being the victim of violence perpetrated by some "crazy person" with a mental illness. However, the majority of those who are mentally ill are neither violent nor dangerous. I'm concerned the national discussion of mental illness may further stigmatize (putting it "nicely") or further discriminate (more likely), its sufferers.

Secondly, what's missing from the debate thus far is a discussion of the challenges faced by families of the mentally ill. We are currently missing those recommendations of support for them.

As a mental health nurse, I've seen families struggle with mentally ill children and seen adults struggle with their mentally ill parents. The Newtown tragedy and the subsequent national debate highlights the dramatic impact that under or untreated or inadequately treated severe emotional disturbance or mental illness has on families (and society)-and the lack of family support services. By all accounts, Adam Lanza was a gifted kid from a wealthy family living a privileged life. Mental illness is not selective; it's a public health problem that touches many of us, in one way or another.

The family of the Newtown shooter, like all families struggling with mental illness, lives in a country with a mental health care system that is far from perfect. In the 1900s, individuals could simply be taken to an asylum because their family did not want to cope with them. Women who refused to comply with their husband's demands (for something as banal as not washing the dishes) could also be locked away in an asylum. Thankfully this is no longer the case. This doesn't mean, though, that we're in an altogether better place.

Today, laws meant to protect the human rights of individuals with mental illness make it very difficult to involuntarily commit someone for psychiatric treatment. A person has to have thoughts and intentions to kill themselves or others, but this is often hard to determine, until it is too late.

State laws vary but physicians or judges often make [legally involuntarily placement] determinations. Often those with emotional disturbance are not committed because the reasons for commitment are so narrow, leaving a huge gap. Many people could benefit from treatment but because they are not "sick enough," they don't get it. This is particularly true for "school shooters." A recent study published in the Journal of Police Crisis Negotiations in a special issue on school violence reported that few school shooters had received mental health services in the past. Despite this, of the school shooters that were profiled, 78% had attempted suicide and 61% had a history of depression. According to the authors, "the picture [of school shooters] emerges of a mentally disturbed person who has not received adequate services and who is depressed and/or suicidal."

Too often, families are left to try to care for the person who is mentally ill alone. This is not easy. A mentally ill individual places stresses and strains on families who have few places to turn to for help, particularly if the person with mental illness is an adult who refuses treatment, which is often the case. I've talked to countless mothers who have not known what to do for their mentally ill, adult children, often who were emotionally distressed and using, abusing or dependent on substances.

We no longer place adults in asylums when their behavior doesn't fit societal norms and I'm not advocating that we change the commitment laws. Rather, we need more support services, more family care, and an examination of the wide gap in mental health services for those who are seriously mentally ill. The Mental Health Parity and Addiction Equity Act of 2008 may have positively impacted funding for mental health care and we hope the Patient Protection and Affordable Care Act will help,. This week, new legislation introduced by Rep. Ron Barber (D-AZ) and Senator Mark Begich (D-AK) would authorize grants for Mental Health First Aid programs. The legislation sounds good, but we need so much more.

To be sure, this is not the first time we have heard a presidential call for mental health reform. Ten years ago, the New Freedom Commission on Mental Health (established by George W. Bush), made several recommendations, many of which have not been realized.

We owe it to the families of the mentally ill to provide greater access, availability and funding for mental health services and family care. It goes without saying that we also need a system that provides more services for families in need: more supportive housing, more respite care, and more crisis intervention programs.

Several weeks later, our thoughts remain, rightly, with the victims of the Newtown shooting as well as their families. Care, concern, and our deepest condolences are with those who lost loved ones, with their families and friends, with the whole community of Newtown, CT. As a mental health professional, my thoughts remain with the killer and his family, too. Somewhere, somehow, the Newtown shooter, like those before him, fell through the cracks. I can only hope that the current public debate will result in more and better care for all.

Mona Shattell, PhD, RN is a Public Voices Fellow with The OpEd Project and a professor of nursing at DePaul University in Chicago.

—Source: http://www.pbs.org/wnet/need-to-know/opinion/families-and-the-debate-on-mental-health/16125/