

General Meeting

**100 S. San Mateo Drive
San Mateo**

**Hendrickson Aud. / Mills Health Center
Free evening parking in front**

Wednesday, May 22

6:00 Meet with BHRS Director
7:00 Program

Spirituality Enhances Mental Health

William Kruse and Jairo Wilches
Spirituality Initiative Co-Directors

Join us to hear about recent research at UM on Buddhists, Muslims, Jews, Catholics and Protestants, which found that **spirituality profoundly enhances mental health.**

Learn also about the Spirituality Initiative which is part of ODE and SMC BHRS. Bill and Jairo have been working with consumers, family members, clergy and clinicians to find ways to integrate spirituality into the treatment of SMC clients. Maureen Sinnott, NAMI board member, Psychologist and Franciscan nun, will show a brief NAMI DVD on Faith Communities Building Bridges of Hope, which shows ways we can encourage our faith communities to be more supportive of those with mental health issues and their families. We will be hearing from consumers about their faith development and spiritual journeys, sharing how spirituality has given them the motivation and courage to confront stigma and believe in a brighter future. Hear how NAMI and BHRS are working together to help all of us: consumers, families, and providers become more aware of how **SPIRITUALITY GENUINELY ENHANCES MENTAL HEALTH!**

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.

NAMI Walks • Saturday, June 1

Lindley Meadow, Golden Gate Park | Check-in starts at 9:00 am

www.namiwalkSFbay.org / 800-556-2401

This 5K walk includes 9 Bay Area NAMI affiliates. It is an INSPIRING day that helps raise funds and educate the public to eradicate the stigma associated with mental illness.

- Register NOW for the NAMI Walk! Sign yourself up! Sign up your family and friends. Bring kids, the stroller, the dog, the camera, \$ for snacks!
- Build your own team or join one of the teams related to our affiliate:
Never Walk Alone: <http://namiwalks.nami.org/NeverWalkAlone>
Mighty Neurons: <http://namiwalks.nami.org/MightyNeurons>
Nurses for a Better Tomorrow: <http://namiwalks.nami.org/jerry>
TsuNAMIs: <http://namiwalks.nami.org/SanMateoTsunamis>
- If you need a ride, bus transportation will be available on a 1st come-1st serve basis: more details and sign up at: 650-343-8760



Thank You NAMI Walk San Mateo County Sponsors

The NAMI SF Bay Area Walk is fast approaching---June 1, 2013, Lindley Meadow, Golden Gate Park and as this May issue of the newsletter goes to press the following are Walk Sponsors!

Barker Blue	NAMI San Mateo County
Caminar for Mental Health	R & D Technical Services
Collection Bureau of America	Samuel Merritt University
Genentech	Sayler Design
Gosho Financial Group	Schenone Insurance Agency
Green Packing	Sports Authority
Healthnet	Ted's Village Pharmacy
Izmirian Roofing and Sheet Metal	Telecare Corp
Laura Afoa Insurance Services	Teraoka & Partners LLP
MacCorkle Insurance Services	Timpac Inc.
Macy's	United American Bank
Matagrano Inc.	Way Financial
Mills-Peninsula Health Services	

These sponsors are key to a successful walk...and a successful walk is the best way to support the many free programs and presentations that NAMI offers in the community. More sponsors are needed, start at \$250 - call our office for more info: 650-638-0800.

Nothing like a few thousand folks walking in solidarity to decrease stigma and improve awareness about mental health needs!

This year's walk has the potential to be the best walk yet!!! Remember to join the walk as a team captain, team member, volunteer or simply support the walk !!! To register for the walk (at no charge) go to www.namiwalkSFbay.org Steve Way and Jerry Thompson, Walk Steering Committee.

Stand Up for Mental Wellness

Monday, May 6 • 5:30-8:00pm
Foster City Community Center, Wind Room
1000 E. Hillsdale Blvd, Foster City

Mental health is an essential component of overall health and well-being. 1 out of 4 people suffer from some sort of mental or stress related issue, yet 2 out of 3 people don't receive the help they need. Join us for an evening of film and dialogue on what keeps people from reaching out for help. Refreshments will be served. FREE-open to the public.

RSVP: kmacasa@smcgov.org or (650) 573-2541. Please request interpretive services three days prior to the event.

Funded by the Mental Health Services Act. Behavioral Health & Recovery Services, Diversity and Equity Council presents Mental Health Month | May 2013.

Drive On Over and Support Us!

Saturday, May 18
11:00-3:00
3218 Alpine Rd., Portola Valley



Annie's Sparklers, a NAMIWalks team, is holding their 5th annual car wash/raffle fundraiser. Drive up and leave sparkling having supported their enthusiastic team!

NAMI Program Trainings

If you've attended one of our programs, please consider training to present it yourself! Training costs you nothing and requires you present at least twice...and is a highly rewarding experience (and the weekend of training is a productive retreat!). Trainings for NAMI programs are being held throughout California; the following are most local to our area. Please contact our office if you're interested in being trained for one of these programs - glad you're considering it! Call 650-638-0800.

Family to Family Teacher Training
Elk Grove, CA (Sacramento County) May 31 - June 2

Peer To Peer Training
Campbell - June 22-23

IOOV (In Our Own Voice)
Campbell - May 4-5

Provider Education Teacher Training
Santa Clara - June 22-23

The Mental Health Awareness Project

Saturday, May 11, 2013 • 11:00am – 2:00pm
Menlo Park City Council Chambers
701 Laurel Street, Menlo Park

Theme: Being an Advocate and an Ally

To register for free, visit www.eventbrite.com.

Keynote Speaker:

- **Chip Huggins**, CEO, Caminar For Mental Health with discussion on Stigmatization and a Societal Shift In Perspective.

Speakers:

- **Gary Tsai**, Psychiatrist, family member, and producer of documentary film titled *Voices* about the human aspect of psychotic illness.
- **Mary Cortani**, Founder of Operation Freedom Paws, and one of CNN's Top 10 Heroes.

Upcoming Events Supporting Mental Health

1. Friday May 3: CAMINAR for Mental Health presents: **In Concert With Caminar: Challenging the Stigma.** 6:30pm-9, Fox Theatre, Redwood City. \$50 per person. Info at www.caminar.org.
2. Friday May 17: The Community Service League presents the **33rd Burlingame & Hillsborough Kitchen Tour.** Proceeds benefit the Mental Health Association and Star Vista. \$40 in advance, \$50 day of. Info: www.cslsmc.org or 650 483-6485.

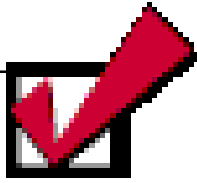
Tony Hoffman Awards Ceremony

Wednesday May 1, 2013 • 4:00-5:00 p.m.
Health Services Building
225 37th Avenue Room 100, San Mateo

Please join us in celebrating the awardees, including our own **Pat Way**, for this time-honored acknowledgement of individuals, businesses and professionals that have made an extraordinary difference in the lives of people with and around mental illness.

The event will follow the Mental Health & Substance Abuse Recovery Commission Meeting from 3:00-4:00 p.m. We look forward to seeing you there. Contact Chantae Rochester at (650) 573-2544 for more information.

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/>

Volunteer With NAMI!



Wednesday, May 8 • 6:30pm

Meetings alternate Wednesday and Thursday evenings, (almost) monthly

1650 Borel Place, Ste 130, San Mateo

(use entrance on Borel Ave.)



New Website Research and Writing Join the website team creating a new website for NAMI SMC. We need people who can work on developing content. 1-2 people to research and update our community resources lists; 1-2 people to write and edit content describing our services and information. This is a project you can put on your resume.



General Meetings We need people to take care of small duties at our Wednesday night general meetings - a popular community builder and 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.



NAMI Walk on June 1 - join our NAMI Walk Committee. We are a team working on publicizing the event and recruiting 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!**

Senate Health Committee Votes to Remove Barriers to Laura's Law

TO: California Treatment Advocacy Coalition
FROM: Carla Jacobs, Randall Hagar, Chuck Sosebee & Mark Gale
Treatment Advocacy Center, April 25, 2013

Thanks to all the passionate advocates who have expressed their support for life-saving assisted outpatient treatment (AOT), the Senate Committee on Health yesterday voted to make local implementation of Laura's Law easier. The committee vote was 7 to 2 in favor of SB 664 and 9 to 0 favor of SB 585.

- SB 664, sponsored by Senators Yee and Wolk removes the requirement that each county board of supervisors must pass a specific resolution with a finding that no voluntary program shall be reduced in order to implement AOT. It also clarifies that counties can cap the number of people in an AOT program according to their resources.
- SB 585, sponsored by Senators Steinberg, Correa and Wolk, makes critical changes to clarify that Mental Health Services Act (MHSA) - and other funds within the mental health system - may indeed be used for AOT ("Laura's Law").

SB 664 will move straight to the Senate floor and SB 585 will move to the Senate Appropriations Committee.

Our work is not yet done! Please help!!

Please continue to reach out to your senators and urge them to support these bills. We will alert you to the times and dates of upcoming Appropriations hearings and Senate floor votes. Then the bills will move to the Assembly for a similar committee process.

Continue to advocate with your Board of Supervisors to implement Laura's Law now. We need it in our communities to save lives and help people with severe mental illness recover and stay well.

—www.treatmentadvocacycenter.org

San Mateo County Crisis Center

650-579-0350

800 Suicide (800-784-2433)

Chat Room for Teens

Open Monday-Thursday, 4:30pm to 9:30pm

www.onyourmind.net



In Condolence

Bernard Kushman

In loving memory of Bernard Kushman, long time NAMI member. Bernard is survived by family members, including his wife Eunice, a former president of NAMI SMC. Our condolences to Eunice and family. Services were held on April 28. Donations in memory of Bernard can be sent to Caminar.

Amazing Results From Pacemaker Electrodes Implanted In Patients With Major Depression

Article Date: 10 Apr 2013

Researchers from the Bonn University Hospital implanted pacemaker electrodes into the medial forebrain bundle in the brains of patients suffering from major depression with amazing results: In six out of seven patients, symptoms improved both considerably and rapidly. The method of Deep Brain Stimulation had already been tested on various structures within the brain, but with clearly lesser effect. The results of this new study have now been published in the renowned international journal Biological Psychiatry. ...

Considerable amelioration of depression within days

Prof. Dr. Volker Arnd Coenen, neurosurgeon at the Department of Neurosurgery (Klinik und Poliklinik für Neurochirurgie), implanted electrodes into the medial forebrain bundles in the brains of subjects suffering from major depression with the electrodes being connected to a brain pacemaker. The nerve cells were then stimulated by means of a weak electrical current, a method called Deep Brain Stimulation. In a matter of days, in six out of seven patients, symptoms such as anxiety, despondence, listlessness and joylessness had improved considerably. "Such sensational success both in terms of the strength of the effects, as well as the speed of the response has so far not been achieved with any other method," says Prof. Dr. Thomas E. Schläpfer from the Bonn University Hospital Department of Psychiatry und Psychotherapy (Bonner Uniklinik für Psychiatrie und Psychotherapie).

Central part of the reward circuit

The medial forebrain bundle is a bundle of nerve fibers running from the deep-seated limbic system to the prefrontal cortex. In a certain place, the bundle is particularly narrow because the individual nerve fibers lie close together. "This is exactly the location in which we can have maximum effect using a minimum of current," explains Prof. Coenen, who is now the new head of the Freiburg University Hospital's

Department of Stereotactic and Functional Neurosurgery (Abteilung Stereotaktische und Funktionelle Neurochirurgie am Universitätsklinikum Freiburg). The medial forebrain bundle is a central part of a euphoria circuit belonging to the brain's reward system. What kind of effect stimulation exactly has on nerve cells is not yet known. But it obviously changes metabolic activity in the different brain centers.

Success clearly increased over that of earlier studies

The researchers have already shown in several studies that deep brain stimulation shows an amazing and - given the severity of the symptoms - unexpected degree of amelioration of symptoms in major depression. In those studies, however, the physicians had not implanted the electrodes into the medial forebrain bundle but instead into the nucleus accumbens, another part of the brain's reward system. This had resulted in clear and sustainable improvements in about 50 percent of subjects. "But in this new study, our results were even much better," says Prof. Schläpfer. A clear improvement in complaints was found in 85 percent of patients, instead of the earlier 50 percent. In addition, stimulation was performed with lower current levels, and the effects showed within a few days, instead of after weeks.

Method's long-term success proven

"Obviously, we have now come closer to a critical structure within the brain that is responsible for major depression," says the psychiatrist from the Bonn University Hospital. Another cause for optimism among the group of physicians is that, since the study's completion, an eighth patient has also been treated successfully. The patients have been observed for a period of up to 18 month after the intervention. Prof. Schläpfer reports, "The anti-depressive effect of deep brain stimulation within the medial forebrain bundle has not decreased during this period." This clearly indicates that the effects are not temporary. This method gives those who suffer from major depression reason to hope. However, it will take quite a bit of time for the new procedure to become part of standard therapy.

—Source: <http://www.medicalnewstoday.com/releases/258893.php>

Need a WRAP Group?

There are many locations of WRAP (Wellness Recovery Action Plan) groups currently in San Mateo County. So you can be connected to one, please contact the Office of Consumer and Family Affairs at 650-573-2224. Please call if you would like to develop a new WRAP Group.

.....
• **Need help with SSI issues?** •
• Call Joe Hennen at 650 802-6578 •
.....

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, MFT; Leah Ladouceur, 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.

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.

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, 7:00pm. 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, 6-7:30pm. 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.

Burlingame Support Group for family members and people living with a mental illness. Info: Maureen 415-420-5097

THURSDAYS through May 9, 7-9pm, Peninsula Temple Shalom, 1655 Sebastian Drive, Room 11, Burlingame

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-Compulsive 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.

The Problem With How We Treat Bipolar Disorder

By Linda Logan, NYT

[This is a longer article, very engaging. Please see the article on the web version of this newsletter at www.namisanmateo.org or visit the site below.]



The doctors could address my symptoms. But they didn't much care about my vanishing sense of self.

<http://www.nytimes.com/2013/04/28/magazine/the-problem-with-how-we-treat-bipolar-disorder.html?emc=tnt&tntemail1=y&r=0>

READ THIS!

This is one of the best descriptions of the impact of bipolar on someone's sense of self that I have read in a long time. The 70+ comments from readers are also worth reading because many call out how fortunate this woman is to have the funds, the medical care, the family support, and the willingness to seek treatment for her bipolar disorder.

—Carol Lamont, NAMI SMC member

MHSARC Meetings

Wednesday, May 1 • 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 - 12:00

Adult Services Committee • 1:30pm - 3:00

Children and Youth Services Committee • 4pm - 5:00
(2000 Alameda De Las Pulgas., Room 209)

To sign up for Board of Supervisors agendas:

Go to <http://www.co.sanmateo.ca.us/portal/site/bos>. Then click on "Board Agendas" from the column on the left hand side of the page. At the upper right hand side of the "Board Agenda" page will be a line with a red box that says, "Sign up to receive email updates for this page." Click on that box/line and follow the prompts to add your email address to the list.

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

Suicide, It's Not Worth It

It was 3:40 AM on a Friday night when the sound of police woke me up. They knocked really hard at my neighbor's door. I wondered immediately why they were there, as she never caused a problem.

An officer said, "Barbara how are you doing? We heard you are there in the bathroom. Can you come to the door? And turn on a light in there so I can see what you are doing." I heard a muffled answer of resistance, and they continued to talk.

"You have to let us in," the officer said.

After about twenty minutes of coaxing, Barbara, an older woman living alone and in chronic pain, opened the door. I heard her say, "I will talk to you, but only through the chain."

"Barbara, move towards the window and away from the door." The officer then proceeded to kick it in.

Unable to sleep, I peek through the blinds and see more paramedics than I do police officers. My heart starts racing and I go into a panic attack, triggered by the sight of a stomach pump hose and people frantically trying to save a life.

If you've ever felt bad enough to think you want to die, I can certainly relate. However if you find yourself having suicidal thoughts, the action that needs to happen is getting some help.

Suicide attempts are often just that, attempts. They somehow fail, and before you know it, your life ends up even worse! Instead, make a safety plan with numbers you can call when things get rough. If you do not have close friends or family members, use mental health hotlines. A well known resource is the National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Even though my neighbor already went too far, she still reached out for help before it was too late. Let's keep her and all people struggling alone with their mental illness in our thoughts and prayers.

—Lanajean Vecchione, San Mateo

PLAN of California

Planned Lifetime Assistance Network offers two Master **Special Needs trust** plans for California families with funds to bequeath (minimums \$150,000 and \$300,000). These trusts provide for contract with PLAN for oversight (both fiduciary and personal support services) without endangering public entitlements.

San Francisco contact: Baron Miller 415-522-0500

Los Angeles contact: Carla Jacobs 888-574-1258

Psychiatric Grand Rounds Programs

Open to the Public

SMC BHRS Division

Health Services Building, Room 100
225 W. 37th Ave., San Mateo / 650-573-2530
12:15 - 1:30 pm **BRING LUNCH**

May 14 **Effects Of Perinatal Maternal Anxiety & Depression On Infant Mental Health**

Allison Scott, M.D., *presenter*
Psychiatry Resident, SMC BHRS, San Mateo

May 28 **Cognitive Remediation In Schizophrenia**

Rachel Lapidus, M.D., *presenter*
Psychiatry Resident, SMC BHRS, San Mateo

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Mills-Peninsula Health Services

Burlingame and San Mateo / 650-696-5813
12:15 - 1:45 pm **BRING LUNCH**

There will be no psychiatry rounds in May or June.
Psychiatry education lectures will resume in September.

2013 NAMI CA Conference

August 16th & 17th
San Francisco Marriott
1800 Old Bayshore Highway, Burlingame



Register by June 24th for the Early Bird Discount. Come join us for an inspiring, educational and enlightening conference! See registration info and details at www.namicalifornia.org.

NAMI National Convention 2013

June 27-30
Grand Hyatt Hotel in San Antonio, Texas

The convention theme, "Together We Can Make a Difference," highlights this year's focus on developing effective programs and resources to increase resiliency and advance recovery. **May 31 is the deadline for early bird registration.** For more information about the convention and registration, go to www.nami.org/convention.

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

Wrong Focus: Mental Health in the Gun Safety Debate

The Judge David L. Bazelon Center for Mental Health Law [April 17] released Wrong Focus: Mental Health in the Gun Safety Debate, an update of a paper originally issued on April 16, 2013. Highlighting key research, the paper explains why the gun safety debate should not focus on mental health or people with psychiatric disabilities.

"Since the Newtown tragedy last December, too many advocates, journalists, and politicians have put people with psychiatric disabilities in the center of the gun safety debate," stated Director of Programs Jennifer Mathis of the Bazelon Center for Mental Health Law. "This has sparked knee-jerk, myth-based proposals that wrongly target mental health despite the minimal relationship with gun violence," stated Mathis.

"Some have used mental health to divert attention from the real issue at hand: gun regulation. Others have wrongly pushed mental health reforms -- especially mental health record reporting -- as a key solution to prevent gun violence. But both approaches are misguided and neither will improve public safety.

"Studies have shown that mental illness by itself is not statistically related to violence, and that people with serious mental illnesses are far more likely to be the victims of violent crimes than the perpetrators. And yet, despite the facts, many lawmakers and journalists continue to stigmatize people with psychiatric disabilities as the primary concern related to gun violence.

"Lawmakers who are serious about reducing gun violence should focus on the primary causes of gun violence, not people with psychiatric disabilities. It is time to stop scapegoating people with psychiatric disabilities in the rush for easy solutions to the complicated problem of gun violence.

"Though fixing our broken mental health system is an imperative, we should do so separately from the gun debate, as mental health reforms are likely to have little impact on gun violence.

"We know that services such as supportive housing, mobile services, supported employment, and peer support services are extremely effective in enabling people with psychiatric disabilities to succeed. These technologies are also less costly than emergency rooms, psychiatric hospitals, jails, and shelters. But they are unavailable to thousands of Americans who need them.

"We should afford Americans with psychiatric disabilities the services they need because it will improve people's lives and save money. Not because it is a distraction from the primary causes of gun violence," stated Mathis.

—The Bazelon Center for Mental Health Law (www.bazelon.org) is the leading national legal-advocacy organization representing people with mental disabilities. It promotes laws and policies that enable people with psychiatric or intellectual disabilities to exercise their life choices and access the resources they need to participate fully in their communities.

For media inquiries, please contact Dominic Holt at [Dominic @ bazelon.org](mailto:dominic@bazelon.org) or 202.467.5730, ext. 311.

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.

Tony Hoffman Awards

May 1 - see page 2

Concert With Caminar

May 1 - see page 2

Stand Up for Mental Wellness

May 6 - see page 2

Volunteer Meeting

May 8 - see page 3

The MH Awareness Project

May 11 - see page 2

33rd Burlingame & Hillsborough Kitchen Tour

May 17 - see page 2

Annie's Sparklers Car Wash

May 18 - see page 2

General Meeting

May 22 - see page 1

NAMI Walk - Golden Gate Park

June 1 - see page 1

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The New York Times

April 26, 2013

The Problem With How We Treat Bipolar Disorder

By LINDA LOGAN

The last time I saw my old self, I was 27 years old and living in Boston. I was doing well in graduate school, had a tight circle of friends and was a prolific creative writer. Married to my high-school sweetheart, I had just had my first child. Back then, my best times were twirling my baby girl under the gloaming sky on a Florida beach and flopping on the bed with my husband — feet propped against the wall — and talking. The future seemed wide open.

I don't think there is a particular point at which I can say I became depressed. My illness was insidious, gradual and inexorable. I had a preview of depression in high school, when I spent a couple of years wearing all black, rimming my eyes in kohl and sliding against the walls in the hallways, hoping that no one would notice me. But back then I didn't think it was a very serious problem.

The hormonal chaos of having three children in five years, the pressure of working on a Ph.D. dissertation and a genetic predisposition for a mood disorder took me to a place of darkness I hadn't experienced before. Of course, I didn't recognize that right away. Denial is a gauze; willful denial, an opiate. Everyone seemed in league with my delusion. I was just overwhelmed, my family would say. I should get more help with the kids, put off my Ph.D.

When I told other young mothers about my bone-wearying fatigue, they rolled their eyes knowingly and mumbled, "Right." But what they didn't realize was that I could scarcely push the stroller to the park, barely summon the breath to ask the store clerk, "Where are the Pampers?" I went from doctor to doctor, looking for the cause. Lab tests for anemia, low blood sugar and hypothyroidism were all negative.

Any joy I derived from my children was now conjoined with grief. I couldn't breathe the perfume of their freshly shampooed hair without being seized by the realization that they would not always be under my roof. While stroking their backs, I would mentally fast-forward their lives — noses elongating, tongues sharpening — until I came to their leave-taking, until I reached my death and, ultimately, theirs.

I lost my sense of competence. If a colleague remarked on my intelligence, I mentally derided him as being too stupid to know how dumb I was. If someone asked what I did for a

living, I would say, “Nothing” — a remarkably effective conversation stopper. I couldn’t bear the thought of socializing; one night I jumped out of the car as my husband and I were driving to a party.

Despite having these feelings in my mid-30s, when my kids were 8, 5 and 3, I was thriving professionally: I had recently completed my Ph.D. in geography, had just finished co-teaching a semester at M.I.T. as a lecturer and was revising my dissertation on spec for a respected university press. Yet several nights a week, I drove to the reservoir near my home, sat under a tree and, as joggers and their dogs ran past, thought about ending it all. There was a gun shop on the way to my poetry group; I knew exactly where to go when the time came.

My day, once broken by naps, gradually turned into lengthy stretches of sleep, punctuated by moments of wakefulness. My husband and I didn’t explain to the kids that I was depressed. “Mommy’s a little tired today,” we would say. A year or so earlier, a therapist told us to tell the children. “But they’re just kids,” we said. “What do they know?” “They know,” she said. When we eventually spoke to them, my oldest daughter came to me and asked: “Why did you keep it a secret? I thought all mothers were like you.”

After a few weeks of stopping at the reservoir, as suicide eclipsed all other thoughts, I finally told my husband about my worsening psychic pain. The next day I was hospitalized. It was June 1989. Even though we were living in Boston, we decided I should go to Chicago to work with the psychopharmacologist who, 15 years earlier, restored the health of my father, who had also been hospitalized for depression. As the cab pulled away from our house, I turned and saw three children’s hands pressed against the screen of an upstairs window. This is the way the world breaks.

The moment the psych-unit doors locked behind me, I was stripped of my identity as wife, mother, teacher and writer and transformed into patient, room number and diagnosis. I couldn’t open a refrigerator without permission. If I were on suicide watch, I had to ask before going to the bathroom. I was told when to sleep and when to wake, when to eat and when to go to group. My routine, which at home had cleaved so closely to my children’s, now revolved around the clattering sounds of the food trays being brought three times each day from the service elevators into our unit. With my husband and children nearly 1,000 miles away, I was severed from my fixed stars. I missed my children’s smells, the way they used to wrap their bodies around my legs when I was on the phone. I brought my son’s comforter to the hospital for my bed. I remembered him with one leg thrown across the covers, a small foot peeking out from his pajamas.

When my children visited, I had to resuscitate my maternal self, if only for an hour. I dragged myself to the shower, pulled on a pair of clean sweat pants and a fresh T-shirt and ran a streak of lipstick across my lips, hoping to look like a reasonable facsimile of a mother.

My doctor used my first hospitalization as a so-called washout, a period during which he planned to take me off the medication I was on and introduce several drugs in several different combinations. The prospect of polypharmacy — taking many drugs at once — seemed foreboding. I read about Prozac's giving some people entirely new personalities: happier, lighter, even buoyant. "Who are you going to turn me into?" I asked my doctor.

"I'm not turning you into anyone," he said. "You'll be yourself, only happier."

"I don't think I even have a self anymore."

"We'll find your self."

I was wary. "Just don't turn me into Sandy Duncan."

How much insult to the self is done by the symptoms of the disorder and how much by the drugs used to treat it? Paradoxically, psychotropic drugs can induce anxiety, nervousness, impaired judgment, mania, hypomania, hallucinations, feelings of depersonalization, psychosis and suicidal thoughts, while being used to treat the same symptoms. Before getting to the hospital, my daily moods ranged from bad to worse, each state accompanied by a profound depth of feeling. The first drug I was given was amitriptyline (Elavil), which, in the process of reducing my despair, blunted all my other emotions. I no longer felt anything. It was like going from satellite TV to one lousy channel.

While some medications affected my mood, others — especially mood stabilizers — turned my formerly agile mind into mush, leaving me so stupefied that if my brain could have drooled, it would have. Word retrieval was difficult and slow. It was as if the door to whatever part of the brain that housed creativity had locked. Clarity of thought, memory and concentration had all left me. I was slowly fading away.

I would try to talk to my doctors about my vanishing self, but they didn't have much to say on the subject. Instead they focused on whether I could make eye contact or how much expression I showed in my face. They monitored my lithium and cortisol levels; they took an M.R.I. of my head. I received an EKG, was exposed to full-spectrum lighting and kept awake all night for sleep-deprivation therapy. Nurses jotted down their observations; my scribbled lines in art therapy were inspected. Everything was scrutinized — except the transformation of my self and my experience of its loss.

My current psychiatrist, William Scheftner at Rush University Medical Center, says this is typical when treating patients with acute mental disorders. The primary goal at the height of a mental-health crisis is symptom reduction. That means monitoring patients' sleep patterns, appetites and responses to medications — not worrying about philosophical questions like who they are and who they will become. “The issue of self just isn't there,” he told me, “because you're so preoccupied with whether someone is actually improving or not.”

By August 1989, I was back in Boston with my husband and kids, having been discharged from the hospital almost three months after I was admitted. My children, like many people, mistook “discharge” for “recovery.” “Why did they let you out if you're not better?” my daughter asked. I didn't know how to explain the welter of factors that go into discharge: poses no threat to self or others; is functioning at a high-enough level to participate — however minimally — in the tasks of daily living. Recovery was not an end, I told her, but a process.

The trees were starting to change colors. Acorns dropped and exploded like tiny bombs. My car was in the driveway; my clothes were in my closet. But things felt ill fitting and unfamiliar. “Whose kids are these?” I wondered. “And when is their mother coming to pick them up?” Nowhere was my otherness more keenly experienced than at the driveway at the grammar school. Everyone knew that I had been “away,” and why. I tried to imitate the other mothers, their relaxed camaraderie, their confidence, the way they threw their heads back when they laughed.

Around Halloween, as our neighbors made wild-eyed pumpkins with crooked teeth, my children noticed that there were frightening things in our house, too. I had my first hypomanic episode. This was how my doctors confirmed that my depression wasn't just depression — I had bipolar II disorder, like my father. With bipolar II, unlike bipolar I, the upward swing from depression stops at hypomania, not mania. Mania is having five grand pianos delivered to your house; trying to buy the Sears company; sleeping with the local baseball team. Hypomania is mania with a tether, and, while it might avert some of the financial and interpersonal disasters that unchecked mania may engender, it can still feel like a runaway train.

By that point my vestigial self had grown used to my depressed self, with her somber mood and tenuous hold on life. Now a newcomer arrived. I seemed to have split into three: my shellshocked self, my depressed self and a brazen hypomanic self. We could practically hear the new girl sizing us up, cackling. Under her reign, we slept two hours a night. We ate half a sandwich and two potato chips a day. We packed the children's lunchboxes at 3 a.m. We began to study for the MCATs (the fact that we had never taken a biology or chem class

seemed irrelevant). We telephoned long-lost friends. The hypomanic self's activities, from relentless lunch dates and impulsive spending sprees, left my tattered and depressed selves saying, "That's not us" and "We don't do that."

I no longer went to bed with my husband. Instead I stayed awake, scribbling in my notebooks. My wakefulness worried my son. "I had a bad dream," he said. "You were downstairs working in the middle of the night. And while everyone else in the house was sleeping, the whole house fell down on you."

"Oh," I said, pulling him close. "That is a bad dream. Did anybody get hurt?"

"No, but the cats almost died."

Every few weeks, I needed to buy smaller clothes. "What's happening to you, Mommy?" my daughter asked. "You're shrinking."

Hypomania was consuming me. My doctor, in an effort to quash the hypomania, upped my lithium dose and catapulted me back into depression, back to Chicago, back to a locked psych unit, after New Year's Day in 1990. A few weeks later, my kids came to visit. I met them in the lobby. The chair I was sitting in felt insubstantial; the walls seemed to bend. My son was excited. "I made a scientific discovery!" he said. "There can't be a shadow in the darkness." He understood depression better than my doctors, I thought. "Mommy?" he said a few moments later. He sounded miles away. I leaned back and fell asleep. I didn't see them again for four months.

My medical records show that by the spring, I thought I was in a Canadian train station and that it was 1976. I lugged a suitcase stuffed with towels around the unit, looking for the departure platform. If my self had been assailed by depression, then psychosis was the final blow. My sense of boundedness — where I stopped and other people or the environment began — was sloppy, like a toddler scribbling outside the lines. I didn't envision myself as human; I pictured myself as black vermicelli on an asphalt driveway. For a brief time, I could neither write nor speak. My journals show a perseverating pencil — a long string of Ts or entries in hypergraphic writing, alternating between conventional and unconventional language: "They will have a stronstrazzly negative reaction to them. I need held . . . In stortingitoat — plus, the idea of [X] a new set of residential pleomorph — exoskeleton weitropstite jejoined to be betters. blep."

I hallucinated. The world was suddenly up for grabs; reality, an option. Rectangular rainbows streamed through the day-room windows. Nonexistent organ music pealed

through the neighborhood on a Sunday morning. Peasants from a Jean-François Millet poster walked out of the frame and marched across the wall.

Some researchers say that in psychosis, the self persists, however tenuously. Sue Estroff, a professor of social medicine at the University of North Carolina, described it as “more of a foreground, background thing. During psychosis, the self recedes.” But, she told me, “you’re still in there.” I don’t think so. If I had been allowed outside, I would have doubted the reality of my shadow.

By early summer, the psychosis had run its course, and I returned to lucidity. The kids came to visit. They dragged me off the sofa and onto the carpet. We were laughing and crying simultaneously. I felt the surge of something primal.

Later that summer, after I became well enough to be discharged once again, we decided to move to the Chicago area so that I could continue working with my father’s doctor, whom I trusted, and be near our families. But seven months after moving into our new house, I was back in the hospital. I would be readmitted and discharged two more times over the next half-year. When I left the hospital for the last time in August 1991, I was 38, and while no longer intent on self-destruction, I was more accurately rescued, not restored.

Taking care of children and running a household seemed like a herculean task. My husband and I realized we needed a full-time housekeeper. We found a wonderful woman who knew just what needed to be done: cook, clean and be a surrogate mother. While appreciative of her help, I felt as if my role had been usurped.

I continued to see my doctor every week as an outpatient. But I was demoralized and failed to see much of a change. I asked him how he healed my father, maintaining him on only three lithium tablets a day, whereas I had experimented with about 100 different combinations and dosages of medications (including antidepressants like monoamine oxidase inhibitors, tricyclics and, later, S.S.R.I.’s). “Because,” he said, “your dad was a Ford. You are a Ferrari.” I didn’t know if this was a compliment or an insult.

The first few years after my last hospitalization, I spent a lot of time on the shore of Lake Michigan, near my home. I collected hundreds of beach stones and organized them by size, color, shape and heft. Soon I had dozens of shoe boxes full of them. Sometimes I talked to the Russian fishermen looking for smelt on the pier; other times I walked alongside older women and helped them look for sea glass. I took three-hour naps every afternoon, trying to remember to set the alarm clock, so I would be awake when the kids came home from school. Many times they met a closed bedroom door.

By 1995, I started to feel small changes. The medications were the same. I was still seeing my father's doctor. I had the same support from my family and from my husband, who once, when I came home on a day pass, had pansies — my favorite flowers — planted along the path from the driveway to the house. The protective cocoon he made for me, along with time, allowed my self to regrow. I could feel my self filling in.

Gradually, I was able to fulfill more of my maternal role: helping with homework, driving to piano lessons, making the worst Rice Krispies Treats in the school. Our housekeeper, while still a tremendous support, was becoming more of a safety net than a primary caregiver. One of my favorite things was driving in the car with the kids, singing along to oldies, trying to answer their questions: "Is the sun going to fall on the earth?" "Where is the first car?" "Why are some books called a 'turn-pager'?" I had lunch with family members and the occasional friend. With confidence easing its way back to my self, I volunteered at an anorexia foundation near my house. I lined the edges of my desk with stones. Writing was getting easier, words were unlocking. One day I was on the porch with the two younger kids, who were doodling with crayons, when I wrote down the word "pain." Without thinking, I picked up a crayon and added the letter T to the end of the word. A half-hour later, we were at an art-supply store, buying brushes, tubes of paint and a canvas. We converted the unused third floor of our house into a cavernous studio. Passion had returned and, along with it, creativity.

One day, about eight years ago, it struck me that bipolar disorder was the hand I was dealt. I remembered what my father said to me when I moved from Boston: "Don't look at what your disorder has taken away from you, try to find what it has given you." I began speaking to family-education classes of the local chapter of a mental-health organization. I presented a paper at a conference. The more often I spoke, the less traumatic my experience seemed, the less sad, the less painful and, somehow, the less personal.

Over the years, I've talked to clinicians about why the self is rarely mentioned in treating patients who suffer from mental illnesses that damage their sense of who they are. If anything, it seems that psychiatry is moving away from a model in which the self could be discussed. For many psychiatrists, mental disorders are medical problems to be treated with medications, and a patient's crisis of self is not very likely to come up in a 15-minute session with a psychopharmacologist.

Philip Yanos, an associate professor of psychology at John Jay College of Criminal Justice, in New York, studies the ways that a sense of self is affected by mental illness. He told me that when his work was under grant review, it was initially met with skepticism. Some thought that what he calls "illness identity," which manifests in some patients as overidentifying with

their mental disorder, was a topic of lesser importance in the face of other serious symptoms that patients experience, like cognitive impairment and thoughts of suicide.

Yanos told me that reshaping your identity from “patient” to “person” takes time. For me, going from patient to person wasn’t so arduous. Once I understood I was not vermicelli, part of my personhood was restored. But reconstructing my self took longer.

One reason that may have been the case, as Amy Barnhorst, a psychiatrist at the University of California, Davis, told me, is the unique set of challenges facing people who have experienced mania and hypomania. “The parts of the selves that may come out” in mania and hypomania, which can be horrifying, “are very real,” she said, making it difficult for patients “to reconcile those behaviors with their self as they have come to know it.” In mania and hypomania, the sick self has no accountability; the improved self has a lot of explaining, and often apologizing, to do.

For many people with mental disorders, the transformation of the self is one of the most disturbing things about being ill. And their despair is heightened when doctors don’t engage with the issue, don’t ask about what parts of the self have vanished and don’t help figure out strategies to deal with that loss.

Some in the mental-health field are beginning to recognize this need. Janina Fisher, a psychologist and the assistant director of the Sensorimotor Psychotherapy Institute in Broomfield, Colo., told me that there has been a “sea change” in the role the self plays in the therapeutic dialogue since the decades when I was sick. New therapies and treatment philosophies, founded mostly by clinical psychologists and other practitioners who are not medical doctors, recognize the role of the self in people with mental illness. Patients tell her, “I just want to be that person I used to be.” Fisher encourages her patients to recognize that their mental trauma is a part of their life, but shouldn’t dominate it.

In my own experience with Scheftner, whom I began seeing after my father’s doctor moved away, we talk about the self but only when I bring it up. That’s why I have enjoyed helping to run a support group for people with mental disorders, something I’ve been doing for the last three years. There are usually 8 of us, sometimes 12. We sit in the basement of a local library every Wednesday afternoon. Though we know one another’s innermost thoughts, we are intimate strangers, not friends. Like A.A. and other self-help groups, we’re peer-led: run by and for people with mental disorders. We talk one by one about the past week — small achievements, setbacks, doctor appointments, family conflicts. While the self is not always an explicit topic, the loss of self — or for those doing better, the reconstruction of the self — is a hovering presence in the group.

One day, not long ago, a middle-aged man came to our group. He told us that he spent the past year attending different grief groups, but none of them were right. “Why not?” someone asked. The man said: “Because everyone there was grieving over the loss of another person. I was grieving for myself. For who I used to be before I got sick and who I am now.”

During the 20-odd years since my hospitalizations, many parts of my old self have been straggling home. But not everything made the return trip. While I no longer jump from moving cars on the way to parties, I still find social events uncomfortable. And, although I don’t have to battle to stay awake during the day, I still don’t have full days — I’m only functional mornings to midafternoons. I haven’t been able to return to teaching. How many employers would welcome a request for a cot, a soft pillow and half the day off?

One morning, about five years ago, my husband and I were talking on the family-room sofa. I was still wearing my pajamas and had wool hiking socks on. As he rubbed my feet, he told me he was leaving. It was, at once, a scene of tenderness and savagery. A little later, he threw some clothes into a suitcase and moved out. But my self — devastated, grieving, angry — remained intact.

Today, my mind is nimble. Creative writing has crept back into my life. I’ve made a couple of close friends in Chicago. My greatest pleasure is still my children — they’re starting careers, marrying, on the brinks of their lives. I’m looking forward to grandchildren, to singing the 1950s favorite “Life Is but a Dream” while spinning those babies under the stars of a falling night on a Florida beach. This June, I’m turning 60. I’m having a small party to celebrate my ingathering of selves. My old self was first to R.S.V.P.

Linda Logan lives near Chicago. This is her first article for the magazine.

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