

## General Meeting

100 S. San Mateo Drive  
San Mateo

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

**Wednesday, July 23**

6:30pm Reception  
7:00-8:30 Program

Progress Update On  
MHSA in SMC BHRS

Doris Estremera, MPH

We are fortunate to have as our guest speaker this month Doris Estremera. Doris is the Manager of Strategic Operations of the San Mateo County Behavioral Health & Recovery Services (SMC BHRS) providing oversight to the Mental Health Services Act (MHSA) planning and implementation activities in San Mateo County. At the July general meeting Doris is going to share a progress update on MHSA activities including outcomes and recent evaluation results and provide an opportunity for input into the planning for the next three years of services. Doris will also discuss the findings and recommendations of the FSP (Full Service Partnership) survey. Following the presentation she will be open to taking questions and discussion.

*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.*

This is a two-month issue, see the next newsletter in August!

## Come to the 10th Annual Walk!

**Saturday, May 31, 2014**  
Lindley Meadow, Golden Gate Park  
Distance is 5K (3.5 miles) or shorter

**SIGN UP NOW at [www.namiwalkSFbay.org](http://www.namiwalkSFbay.org) / 800-556-2401**

Create your own team or join one of the teams related to our affiliate:

- **Never Walk Alone:** <http://namiwalks.nami.org/stevevay>
- **Mighty Neurons:** <http://namiwalks.nami.org/MightyNeurons>
- **Nurses for a Better Tomorrow:** <http://namiwalks.nami.org/jerry>
- **Traub Tigers & Trailblazers:** <http://namiwalks.nami.org/traubtigersandtrailblazers>

**Bus transportation** will be available on a 1st come-1st serve basis- more information and sign up at: 650-343-8760



There is still time to register for the walk! While registration is free, the money raised by the walk helps fund vital NAMI programs. PLUS the walk is a great community event. You have a chance to be active with friends and family (create a team to spend more time together!).

*Donations still accepted after the Walk - Online by July 5, mail checks by July 30.*

### THANK YOU Local San Mateo County Walk sponsors to date:

AFOA Insurance Services	NAMI San Mateo County
Anderson, Yazdi, Hwang, Minton + Horn	Presideo Hearing Instruments/ San Francisco Audiology
Barker Blue	R & D Technical Services Inc.
Caminar	Sayler Design
Collection Bureau of America	Samuel Merritt University
Gosho Financial Services	Schenone Insurance Services
Health Net, Inc.	Ted's Village Pharmacy
Heart & Soul, Inc.	Telecare
Izmirian Roofing and Sheet Metal	Teraoka & Partners LLP
MacCorkle Insurance Company	United American Bank
Matagrano Inc.	Way Financial
Mateo Lodge, Inc.	
Mills Peninsula Health Services	

If you would like to sponsor the Walk or know of someone who would, please contact 800-556-2401 for more information.

## Join Us At The NAMI Walk!

### Cedar Street Apartments Wait List Now Open

The Cedar Street Apartments has opened its waitlist for tenancy. Mental Health Association began accepting applications May 27, 2014 and will close the application period June 6, 2014 at 4pm. Only mailed or hand delivered applications will be

*Continued on page 3*

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## Upcoming Changes at the Coastside NAMI Support Group

Thank you to Marie Koerper and MaryEm Wallace for your years of dedicated facilitating! Marie is moving on to other volunteer activities and MaryEm is retiring. Please note that in **July this support group will be rescheduled to the 2nd Tuesday of the month** (vs. 2nd Monday), same time and location with new leadership.

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## "Brain Networks in Schizophrenia and Bipolar Disorder: Targets for Novel Therapies"

**WEBINAR: Tuesday, June 10 • 11am-12pm PT**

Visit <http://bbrfoundation.org/meet-the-scientist-june-2014> for more information and to sign up.

Dr. Carter's clinical interest is in the early diagnosis and treatment of neurodevelopmental disorders. His research focuses on understanding the neural basis of healthy cognition and the pathophysiology of disturbances in higher cognition and emotion in patients with brain and behavior disorders such as schizophrenia, bipolar disorder and autism. He hopes to provide new understanding of the nature and causes of these disorders and, as a result, contribute to the development of therapies that can improve patients' chances of recovering their functioning and improving their quality of life. His work reflects the latest in neuroimaging and electrophysiology technology.

Prior to assuming a professor position at UC Davis in 2003, Dr. Carter worked at the University of Pittsburgh for 10 years.

### **FAST: Family Assertive Support Team**

**650-368-3178 | 24-hours, 7 days-a-week**

Call FAST when you are concerned about a family member who may be showing signs or symptoms of serious emotional distress (who is not currently or previously a BHRS client) - FAST for prompt and caring support!

**We Come to You!**

*See a full article about FAST in our November 2013 web version newsletter: visit [www.namisanmateo.org](http://www.namisanmateo.org).*

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## Welcome To Holland - Part 2

*By Anonymous c1987 Emily Perl Kingsley. All rights reserved.*

I have been in Holland for over a decade now. It has become home. I have had time to catch my breath, to settle and adjust, to accept something different than I'd planned. I reflect back on those years of past when I had first landed in Holland.

I remember clearly my shock, my fear, my anger—the pain and uncertainty. In those first few years, I tried to get back to Italy as planned, but Holland was where I was to stay. Today, I can say how far I have come on this unexpected journey. I have learned so much more. But, this too has been a journey of time. I worked hard. I bought new guidebooks. I learned a new language and I slowly found my way around this new land. I have met others whose plans had changed like mine, and who could share my experience. We supported one another and some have become very special friends. Some of these fellow travelers had been in Holland longer than I and were seasoned guides, assisting me along the way. Many have encouraged me. Many have taught me to open my eyes to the wonder and gifts to behold in this new land. I have discovered a community of caring. Holland wasn't so bad.

I think that Holland is used to wayward travelers like me and grew to become a land of hospitality, reaching out to welcome, to assist and to support newcomers like me in this new land. Over the years, I've wondered what life would have been like if I'd landed in Italy as planned. Would life have been easier? Would it have been as rewarding? Would I have learned some of the important lessons I hold today?

Sure, this journey has been more challenging and at times I would (and still do) stomp my feet and cry out in frustration and protest. And, yes, Holland is slower paced than Italy and less flashy than Italy, but this too has been an unexpected gift. I have learned to slow down in ways too and look closer at things, with a new appreciation for the remarkable beauty of Holland with its' tulips, windmills and Rembrandts.

I have come to love Holland and call it Home. I have become a world traveler and discovered that it doesn't matter where you land. What's more important is what you make of your journey and how you see and enjoy the very special, the very lovely, things that Holland, or any land, has to offer. Yes, over a decade ago I landed in a place I hadn't planned. Yet I am thankful, for this destination has been richer than I could have imagined!

### **BHRS Family Contacts**

Suzanne Aubry, Dir. Family Service & Support: 650-573-2673  
Claudia Saggese, Family Liaison (habla Español): 573-2189  
Jade Moy, Dir. Chinese Initiative: 573-2952

accepted. Deliver to 2686 Spring Street, Redwood City, CA 94063. DO NOT SEND OR DELIVER APPLICATIONS TO CEDAR STREET APARTMENT LOCATION. For hand delivery, MHA keeps business hours of 9am to 5pm. Faxed or emailed applications will NOT be accepted. Applications will be considered in the order in which they are received and time stamped receipts can be provided, upon request. Incomplete applications will not be accepted and will be returned and their space in the waitlist will not be kept. We do not currently have an opening, so we cannot give a time frame for if or when one will be available. Clients and their case managers can expect to be contacted annually for as long as they remain on the waitlist. Failure to leave a reliable contact information or to contact MHA with a change of contact information will result in removal from the waitlist. Application packet is available on our website [www.mhasmc.org](http://www.mhasmc.org). Questions can be directed to Shane Young, 650-368-3345 ext. 134 or [shaney@mhasmc.org](mailto:shaney@mhasmc.org).

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## California Clubhouse Update

By Diane Warner, NAMI member

Persons identified as patients, only being cared for, fail to realize their potential for helping themselves and others through work. The collaborative work that is modeled by specially trained Clubhouse staff is a means to an end and a framework for recovery. Work is not simply what we do - it is also *what we learn how to do*.

Clubhouse is not an ordinary place of business that organizes tasks to achieve productive ends. Clubhouse is a training experience in the generic aspects of work rather than specific job training. The members sense their participation is needed and they are given the opportunity to contribute something of themselves that is meaningful and valued.

Significant trusting relationships formed in the workday structure of the Clubhouse for the most part enable staff and members to handle instances of psychiatric breakdown that outside the Clubhouse normally induce fear and exclusion. After a time, members are encouraged to seek transitional employment in the community. Staff also learn the job, goes with the member the first few days and remains available to assist as needed. Staff makes certain the member has equal pay to other employees.

Members learn they can do the job as well as anyone.

To learn more go to [californiaclubhouse.org](http://californiaclubhouse.org) or call 650-342-5849, or contact us at [info@clubhouse.org](mailto:info@clubhouse.org) or Juliana at [julianafuer@gmail.com](mailto:julianafuer@gmail.com).

NOTE: NAMI-SMC endorses Clubhouse.

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## The Cost Of Untreated Mental Illness? \$1,000 Per Citizen Per Year??

From OPEN MINDS Circle, <[openminds@openminds.com](mailto:openminds@openminds.com)>, 5/15/14

Maybe quantifying the problem will help drive cross-system solutions. That was my reaction to the piece, "Untreated Mental Health - A Factor Behind Health Care 'Superutilizers,'" from Community Radio for Northern Colorado, that found that not treating mental illnesses cost every citizen in Colorado \$1,000.

The analysts took an interesting approach to this analysis, which was based on the following statistics:

- Among Colorado Medicaid enrollees, patients with mental health problems spend eight times more than patients without mental health problems. In Colorado Medicaid, 33% of "superutilizers" of resources have behavioral health claims – and the Medicaid medical expenses associated with mental illness reached an estimated \$2 billion in 2013.
- Workers with mental disorders earn \$16,000 less per person – costing Colorado an estimated \$2.9 billion per year. According to the Social Security Administration, disability pay in Colorado in 2012 was \$425 million.
- There was \$62 million in state education spending for children with emotional disorders.
- The cost of holding inmates with mental illnesses in the seven county jails around Denver cost \$44.7 million per year. Colorado is spending \$28 million per year treating the mental illnesses of state prison inmates.

The grand total? \$5.4 billion per year, or \$1,000 for every Colorado citizen. Taken alone, these costs are like the trees in a very large forest – each is visible but the "big picture" is harder to see. But, this consolidated picture is useful in getting a broader understanding of the complexity of this problem – as illustrated by one of the quotes in the story. Moe Keller, a former Colorado state legislator said, "We're spending an inordinate amount of money...because we're not treating mental health as a physical health issue."

For a deeper drive into the issue of mental health and disability expenses, visit the website: [openminds@openminds.com](mailto:openminds@openminds.com).

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**Not enough room in 8 printed pages!**

See more articles in our online  
version of the newsletter at  
[www.namisanmateo.org/](http://www.namisanmateo.org/)

## Hearing Voices Group in San Francisco

An ongoing weekly support group for those hearing voices has started in **San Francisco from 6-7:30pm at 160 9th St.** The group is co-facilitated by two persons who have lived experience with the mental health system and group facilitation. For more information about the hearing voices network, and how hearing voices groups work, please visit [Hearing Voices USA](#) and [Hearing Voices International](#). Also of interest is Eleanor Longden's TED talk on her experience with voices: <https://www.youtube.com/watch?v=syjEN3peCJw>.

### Save the Date



- **August 1-2, 2014**  
NAMI California Statewide Conference in Newport Beach. [www.namicalifornia.org](http://www.namicalifornia.org). Register: <https://41339.thankyou4caring.org/sslpage.aspx?pid=300>
- **September 3-6, 2014**  
NAMI National Conference in Washington, D.C.
- **October 2, 2014**  
Cordilleras / NAMI Golf Benefit

## NAMI SMC'S Library Books

- If you've borrowed books from our library, please remember to return them for others to borrow.
- If you have a book that has been especially helpful to you, please consider donating it to the library - we appreciate donations! If you have books to donate, please bring them to a meeting, or bring or mail them to the NAMI SMC office.



If you're interested in becoming a facilitator for NAMI Support Groups or the Family to Family Education Program, please contact the NAMI office. Training classes are scheduled regularly. 650-638-0800

## Golf Scramble



Save the date! Mark your calendar for October 2 for the Cordilleras/NAMI-SMC benefit golf scramble at Crystal Springs Golf Course. Details coming soon.

## "The OC" Sets an Example By Putting AOT to Work -- Expand Laura's Law for People with Severe Mental Illness

*Treatment Advocacy Center, 5/12/14*

*[Editor's Note: This opinion/ editorial comment is very interesting...perhaps it can serve as a reminder that families are, indeed, paying attention and wondering why MHSA money is used for some of the things it has been used for vs. the direct consumer services that seem to be always lacking.]*

A person's lack of insight into his or her own illness is the biggest barrier to treatment, not stigma, Amy Yannello writes in the San Francisco Chronicle ("Support Laura's Law for better mental illness care," May 8).

But events scheduled around this month's Mental Health Awareness Month are still promising to reduce barriers to treatment by "raising awareness."

This week in California, a one-day event with the goal of decreasing stigma promises speeches, stories of empowerment, food, a minor league baseball game – and will cost taxpayers \$137,000. This is in a state where several rural or small counties have no permanent psychiatrist or psychiatric inpatient treatment beds available, according to the California Psychiatric Association.

"Apart from the thousands of lime-green 'awareness ribbons' that ultimately will litter the [state Capitol's] lawn . . . it's difficult to see how this group's state-sponsored extravaganza will do anything to expand treatment options for Californians with severe and persistent mental illness," Yannello writes.

Even worse, Yannello says, is that some from that same group have used taxpayer dollars to lobby against Laura's Law, which would bring court-ordered treatment to a small subset of people with serious mental illness, many of whom lack insight into their illness and refuse voluntary services.

They also have spread false information about the law, Yannello continues, including the incorrect claim that Mental Health Services Act funding cannot be directed toward assisted outpatient treatment.

"By actively lobbying to ensure counties do not implement assisted outpatient treatment (AOT) programs, Laura's Law opponents ensure that only the most high-functioning Californians with mental health issues - the ones who are able to voluntarily voice their need for services, not the most seriously ill - receive help."

As a result of efforts to block Laura's Law and prevent treatment options from getting to those who lack awareness of their illness, "the homeless population continues to grow, as do the number of mentally ill who cycle in and out of our emergency rooms, state hospitals, jails and prisons," Yannello says.

In the meantime, valuable funding nominally geared towards fighting mental illness is instead spent on parties for those who oppose expanding options for the most severely ill Californians.



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

**Connection Consumer Recovery Support Group:** 500 E. 2nd Ave, San Mateo, The Source (Heart and Soul)  
1ST & 3RD Saturdays, 3:30-5pm Questions, call NAMI-SMC 650 638-0800.

**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; Ellen Myers, ASW; Tacia Burton, LCSW; Arti Mithal, MA; Crystal Hutchinson, MFT.

**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.  
June 9, then 2ND TUESDAYS (starting in July), 7-8:30pm.

**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**

LAST THURSDAYS, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas, BHRS main entrance (650) 573-3571.

**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 disorders, mania, 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, 1150 W. Hillsdale Blvd, San Mateo. Family members welcome. Contact at [DBSASanMateo@um.att.com](mailto:DBSASanMateo@um.att.com) or 650-299-8880; leave a message.

**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](mailto: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](http://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](mailto: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.

**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 (open to all denominations),** for those with mental illness and families and friends.

2ND WEDNESDAYS, 6:15-8:30pm. For info, call Carol Irwin 408-858-1372. Beit Kehillah, 26790 Arastradero Rd., Los Altos

**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](http://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.*

TUESDAYS, 1:00- 2:30pm. Contact Deborah at 363-0249, x111.

## Psychiatric Grand Rounds Programs

*Open to the Public*

### SMC BHRS Division

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

Jun 10 **Psychiatry and Story: The healing potential of narrative**

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### Mills-Peninsula Health Services

Saidy Conf. Rm., Ground Floor  
100 South San Mateo Drive, San Mateo / 650-696-5813  
12:15 - 1:45pm *BRING LUNCH*

Jun 3 **Sleep Disorders**

## NAMI National Convention

The 2014 NAMI National Convention is September 3 - 6 at the Marriott Wardman Park Hotel in Washington, D.C. Registration info can be found at [www.nami.org/convention](http://www.nami.org/convention).



*Check out Wellness Matters,  
the San Mateo County BHRS newsletter  
<http://smchealth.org/wm>*

## NAMI California 2014 Conference

August 1 - 2, 2014

Newport Beach Marriott Hotel and Spa

Early Bird registration is open through June 6th for the California Annual Conference, "Growing Minds in Changing Times." For more information and registration visit [www.NAMICalifornia.org](http://www.NAMICalifornia.org).

### NAMI Education Programs

Call 650-638-0800 to register

*Sign up for the evidence-based education class that fits your needs (see page 5 for Support Groups). Courses are FREE, comprehensive, and popular. Gain skills and understanding in an interactive, supportive environment. Pre-registration is required.*

*Call the office to get on the Wait List.*

- **Family to Family**—For adult relatives with a family member with mental illness. Class meets once a week for 12 weeks, every spring and fall.
- **Peer to Peer**—Better living skills for people with mental health issues taught by people with mental health issues.
- **Provider**—An overview program for Mental Health and AOD professionals, para-professionals and all others serving individuals with serious mental illnesses and their families. CMEs pending approval for qualified attendees.
- **Basics**—Focuses on the fundamentals of caring for you, your family and your **child** with mental illness.

## San Mateo County Mental Health Emergency Numbers

### Police: Dial 911

*Let the dispatcher know you are calling regarding a person who has a mental illness. Request a CIT (Crisis Intervention Training) trained officer and/or someone who has experience in dealing with the mentally ill. For non-emergency situations, call your local police department.*

### 24 Hour Crisis Line & Support Help: 650-579-0350 / 800-784-2433

*Calling the local number will get you someone in San Mateo County. Calling the 800 number will get you the first person available. This person may not be in San Mateo County.*

**Psych Emergency:** San Mateo Medical Center: 650-573-2662      Seton Medical Center: 650-696-5912  
South San Francisco Emergency: 650-742-2511      Mills Peninsula Hospital: 650-696-5915  
Kaiser Permanente Emergency - Redwood City: 650-991-6455  
S. San Francisco: 650-299-2140

### FAST: 650-368-3178

*Family Assertive Support Team - When you fear for your life, or that of your loved one. They are available 24x7.*

For additional non-emergency numbers relating to Mental Health issues, access [www.namisanmateo.org](http://www.namisanmateo.org).

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## Asylum Founded in 1817

It was on this day in 1817 that the Asylum for the Relief of Persons Deprived of the Use of Their Reason was founded in Philadelphia. It was the first private mental health hospital in the United States. The Asylum was founded by a group of Quakers, the Philadelphia Yearly Meeting of Friends, who built the institution on a 52-acre farm. It is still around today, but goes by the name Friends Hospital.

At the time that Friends Hospital was founded, mental illness was widely misunderstood and treated as criminal behavior. Mentally ill people were tied up, put in chains, isolated, or beaten. The Quakers wanted to model a new type of care. They wrote out their philosophy in a mission statement for the hospital: "To provide for the suitable accommodation of persons who are or may be deprived of the use of their reason, and the maintenance of an asylum for their reception, which is intended to furnish, besides requisite medical aid, such tender, sympathetic attention as may soothe their agitated minds, and under the Divine Blessing, facilitate their recovery."

The group purchased the 52-acre farm for less than \$7,000, and tried to create a beautiful place with gardens and lots of outdoor space. These days, the hospital occupies 100 acres, which include flower gardens and about 200 varieties of trees. Much of this was the work of one man who started out at the hospital as a bookkeeper in 1875 and ended up working there and managing the grounds until his death in 1947. One day, he found an azalea that a family member had brought for a patient and tossed out. He tended it in the greenhouse until it was healthy again, took cuttings, and planted those, and from that one plant more than 20 acres of the Friends Hospital are now planted in azaleas.

—Source: *The Writer's Almanac*, May 15, 2014  
[newsletter@americanpublicmedia.org](mailto:newsletter@americanpublicmedia.org)

### 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

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## MHSARC Meeting - open to the public

Wednesday, June 4 • 3:00 - 5:00pm  
(first Wednesday of every month)

Time/locations vary, please check with 650-573-2544  
or [www.smchealth.org/MHSARC](http://www.smchealth.org/MHSARC)  
Health Services Building Room 100  
225 W. 37th Ave., San Mateo

### AGED-FOCUSED COMMITTEES:

225 W. 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)

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## Board of Supervisors Meeting

Tuesday, June 3 • 9:00 a.m.

Board Chambers  
400 County Center, First Floor, Redwood City

Board of Supervisors agendas are found at  
<http://www.co.sanmateo.ca.us/portal/site/bos>.

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## Few Americans Aware of Their Rights for Mental Health Coverage

The Mental Health Parity and Addiction Equity Act was passed in 2008, but only 4 percent of Americans say they are aware of the law, according to the survey, which was commissioned by APA and conducted online between March 7 and 24, 2014, among more than 1,000 adult Americans by Harris Poll. Despite increased national attention on mental health and access to services, in particular with the ongoing National Dialogue on Mental Health led by the White House, awareness of the law has not increased since APA last surveyed on this issue in 2010.

“More access to mental health care is the rallying cry, but the simple fact is many people may already have coverage and not know it or not understand how to use it,” said Katherine C. Nordal PhD, APA’s executive director for professional practice. “The mental health parity law, together with the Affordable Care Act, has expanded mental health treatment opportunities to many Americans in need who may otherwise have gone untreated. But laws don’t have the intended effect when people don’t know that they exist.”

Full press release, survey report, a new consumer guide and video are available at [on.apa.org/parity-law](http://on.apa.org/parity-law).

**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

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# NHMH - A Behavioral Health House Divided, Cannot Stand

May 2014

In 1858 Abraham Lincoln warned the nation: “A house divided against itself cannot stand.”

As we confront a mental health crisis in this country, it is time to remind ourselves of those words.

In the behavioral health (mental health/substance use) field, we now have a seriously divided “house.”

In 2014, we are in the throes of an unresolved national crisis of untreated or poor quality mental health/substance use care. 60% of patients with BH conditions receive no care at all. Of those minority who do receive care, only 1 in 9 receive evidence-based care. As a nation, we have experienced a series of horrific national tragedies with most linked to untreated mental illness. The latest evidence of the behavioral health divisions that mar our progress is the dueling mental health legislative bills introduced in the U.S. House of Representatives in 2013 and 2014, both ostensibly meant to respond to Newtown and other tragic violence by individuals with untreated mental illness, but both bills influenced and burdened by the basic divide in the BH field, and shaped to some degree by partisan politics. When what we need is a bipartisan approach, with patients coming first.

In broad terms, the split in the BH field is between the Recovery/Resilience Model and the Medical Model. Patients, families, advocacy organizations, clinicians, elected officials, government agencies responsible for behavioral care at both federal and state/county level, are all caught up in the split. Instead of moving the mental health quality care agenda forward, we're engaged in internecine fights.

The recovery model puts first and foremost patient hopes and aspirations for recovery where possible and resilience to lead as fulfilled a life as possible despite their behavioral condition. It stresses the role of “peers” or other patients with lived experience of behavioral conditions, and is generally aligned with an important new social movement on patient engagement and empowerment. However, this view often perceives the medical model as focusing exclusively on pathology, causes and effects of disease, and treating pathology, while they view themselves as reinforcing positive aspects of patients and moving toward recovery.

The medical model prioritizes treatment first, rightly pointing out that 60% of patients with BH conditions in the U.S. receive no treatment at all. If a patient with a serious mental illness is hearing voices and feeling paranoid, it will be difficult, especially without treatment, to build on positive aspects of their personality and move towards recovery.

There are elements of truth in both models, and our challenge now is to create a balanced approach to behavioral health care that includes the best parts of the recovery model and of the medical model.

In order to achieve a balanced, inclusive approach, we can:

1. Come together in an effort to listen non-judgmentally, and develop the capacity to see the merits in the others views;

2. Begin to undertake an active search for common ground. What is it in the other side's position that can be agreed to and built on? Can we draw on data and documented outcomes and lived experience to find approaches that work;
3. Accept that if we do not find a balanced approach, we may lose this time-limited window of opportunity to reform and improve the mental health system, and this possibility of failure should be uppermost in our minds and drive our efforts.

The undersigned speaks with some degree of experience and insight as I have had two siblings with serious mental illness and lived with them, or been their caregiver over most of my adult life. I have also been, and am now, an active advocate for quality, coordinated, cross-disciplinary medical-behavioral treatment and care. Our family put the best interests of our loved ones first, so often that did indeed focus on a search for the best available treatment. We came to learn that a good psychiatrist, knowledgeable, experienced, caring, sensitive to patients and open to trying new approaches is worth their weight in gold. We need to clone the good ones, not minimize all of them.

We also came into contact with BH practitioners who, unintentionally or otherwise, stigmatized their BH patients, treating them like children, or seeing them only as “disorders” not human beings. We saw the pernicious effect such negative, devaluing, insensitive approaches have on patients, our loved ones, lowering their sense of self-value, especially over the years, which is the timeframe involved with the most serious mental illness. It was/is very sad to see. And don't think patients don't feel it. They do.

It is understandable that the recovery movement is driven to see patients with BH conditions as human beings first, and to offer them hope, and to give them prospects of being able to function productively in our society, and peer counseling offers one avenue. Plus, such lived experience is an undeniable advantage when trying to reach out to others newly struggling with these disorders. The prospect for work as peer counselors can be hugely important for consumers - at the same time, clinicians who can add value to patients' health outcomes should play their vital role.

However, the recovery model advocates do everyone, including patients, a disservice, when they minimize or try to de-emphasize the role of BH professionals and the need to for treatment's central place. BH practitioners should be trained in how to treat their patients in a way that does not stigmatize or diminish nor reflects insensitivity. It's not an easy profession, oftentimes, BH practitioners need the patience of Job. But the point is recovery advocates make a mistake to minimize their essential role in care. On the contrary, BH professionals are vital to quality evidence-based care.

Both the recovery model and medical model are important; let's work towards a balanced approach.

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# 5 Ways To Power Down A Busy Mind

By Terri Trespicio

You know you should sleep more (which could happen), walk more (which should happen), and turn off your phone (that's not happening). Here are a few surprising ways to quiet your brain at different times of day -- without going off the grid.

## 1. Do Some Heavy (Mental) Lifting

A counterintuitive way to calm a frazzled, wandering mind is to take on a more demanding task. In a 2007 study published in the Association for Psychological Science journal, Professor Nilli Lavie of University College London measured the response time of 61 subjects performing tasks on a computer while being distracted by flashing letters. Turns out the more demanding the task, the less distracted the subjects were.

- How to do it: When you feel yourself darting out in a thousand different directions, rather than play Whac-A-Mole with your email, immerse yourself in one of your most challenging projects, one that will require your full attention.
- Try it when: Your energy is high (as in, not at bedtime), but you're feeling stressed because you have your hands in a bunch of different half-done tasks.

## 2. Don't Spend More Than Six Hours Alone

While there's growing evidence that working from home can reduce stress and increase productivity, there's reason to believe that spending too much time alone is a recipe for anxiety. Psychiatrist Edward Hallowell, M.D., leading authority on ADHD and author of *CrazyBusy*, says that face time with another person can have a grounding and calming effect, and you should do it every four to six hours. A study done at the University of Illinois at Chicago College of Medicine (and reported in the Proceedings of the National Academy of Sciences) suggests that a change in brain hormones due to social isolation was responsible for aggression and anxiety in mice. "Research is beginning to show what has been a largely unrecognized importance of human connection," says Hallowell.

- How to do it: Commit to regular daily doses of human moments, says Hallowell. Whether that's coffee with a friend or a hair appointment—interact with a real person in the flesh, not on your phone.
- Try it when: You don't remember when you last spoke a word out loud to another person.

## 3. Balance on One Leg

A powerful way to calm the mind is to redirect attention to the body. Somatosensory activities, which are simply exercises designed to help you sense your own body, can help sharpen cognitive and physical performance. Hallowell uses them in his Learning Breakthrough program to help with balance, attention and focus issues in children and adults, and you can use them to quiet the mental chatter.

- How to do it: Try standing on one leg with your eyes closed (better yet, try it on a wobble board). Change your clothes or put on your shoes without sitting down or holding onto anything. Challenging your proprioception (awareness of where your body is in space) has a way of zapping nagging thoughts.
- Try it when: Your brain is about to explode.

## 4. Put Up Stop Signs

You weren't born knowing that a red light means hit the brakes. But you've done a pretty solid job of assimilating that information, as you have other habits, like tying your shoes or driving. And you can do the same for a racing mind—if you turn it into a habit. "Your brain learns by repeated attention to intention," says stress and performance expert Cynthia Ackrill, M.D. "Pairing actions with a calming technique like breathwork can increase those synaptic connections, helping you reduce stress more easily and effectively."

- How to do it: Get yourself a packet of tiny dot-shaped stickers, and put them in select places where you'll come across them regularly: On the back of your phone, on the fridge, the bathroom mirror, the steering wheel. Every time you see one, take three deep, grounding breaths. A study published in the Journal of Alternative and Complementary Medicine found yogic breathing to be a beneficial adjunct treatment for those suffering from anxiety and stress disorders—even those with post-traumatic stress disorder (PTSD). Don't have stickers handy? Train yourself to pair breathing with actions you do every day; for instance, every time you walk through a doorway or open the fridge.
- Try it when: Your thoughts are racing so fast you can't keep up.

## 5. Take a Micro-Rest

When your brain is scattered, you can slow it down in seconds—if you make those seconds count. Jim Loehr, founder of the Human Performance Institute and author of *The Only Way to Win*, spent years studying world-class athletes and coaching them to optimal performance. What he discovered using EKG telemetry was that top tennis players (as well as other athletes) strategically used the downtime between points to recover in as little as 16 seconds (poor competitors did not leverage this recovery time). Based on this groundbreaking research, Loehr developed The 16 Second Cure training program for coaches and athletes.

- How to do it: Set a timer for one minute and breathe from the diaphragm (also known as abdominal breathing, in which you allow the belly to expand on the inhale). Make your exhales twice as long as your inhales; this can stimulate your mental recovery.
- Try it when: You're between meetings or you have a big presentation where you've got to be at the top of your game and want to quiet your mental chatter.

Source: [www.huffingtonpost.com/2014/05/13/quiet-your-mind-right-now\\_n\\_5275529.html](http://www.huffingtonpost.com/2014/05/13/quiet-your-mind-right-now_n_5275529.html)

## USA Today Investigates Mental Illness Neglect

(May 13, 2014) USA Today has launched a series of articles of the “man-made disaster” created by “a mental health system drowning from neglect,” and it’s a don’t-miss.

“The cost of not caring: Nowhere to go” tells the story of “the financial and human toll for neglecting the mentally ill” with personal narrative, video and graphics.



“This is a disease, just like cancer,” Colorado family member Candie Dalton tells reporter Liz Szabo. “It’s just as devastating. But you don’t get the support. You don’t get people saying, ‘Oh, your child is in the hospital. Can I come over with a casserole?’”

“We have replaced the hospital bed with the jail cell, the homeless shelter and the coffin,” Rep. Tim Murphy, author of the Helping Families in Mental Health Crisis Act, tells Szabo. “How is that compassionate?”

Coverage like this in the third most widely circulated newspaper in America will significantly raise awareness of the need to reform mental health policies and remove obstacles to treatment – and provide an easy way for you to familiarize your community and elected leaders with the consequences of non-treatment.

Visit <http://www.treatmentadvocacycenter.org/about-us/our-blog/69-no-state/2550-usa-today-investigates-mental-illness-neglect> for connections to respond.

## Two New Publications From Hot Topics and Disability News

[www.disabilityrightsca.org](http://www.disabilityrightsca.org)

Two new Mental Health Stigma & Discrimination Reduction project publications are now available for distribution:

**Maintaining an Assigned Bed at a State Hospital While Appearing at a Court Proceeding, Pub #CM43.01** - Adults court ordered to a State Hospital often desire to appear in person at their state court proceedings but are unfortunately at risk of losing their bed assignment upon return to the hospital after the proceeding. Upon return to the state hospital, the individual may be assigned to a new bed on a different unit. This could result in modifications to treatment plans while the individual is becoming familiar to new clinical staff, the unit milieu and new roommates. In the state hospital setting, treatment teams are assigned through units in the hospital so an individual who is assigned to a new unit may have a new treatment team. The treatment team will help to develop the treatment plan which will likely include therapy programs. The team may or may not adopt a previous team’s treatment plan possibly resulting in continuity of care concerns. The purpose of this Question and Answer sheet is to begin to inform interested parties about the complexity of the problem.

**How does AB 109 affect reduction of charges from felony misdemeanor and expungement?, Pub #CM44.01** - This informative 5 page fact sheet helps answers some commonly asked questions like: does prison realignment change where a sentence is served, is there a way to change a felony into a misdemeanor, is there a benefit of having a misdemeanor instead of a felony, how can a misdemeanor be expunged, does the court have to expunge a conviction, what is the benefit of expungement, and much more. Both will also be available in additional languages soon.

Read more: <http://disabilityrightsca.us1.list-manage.com/track/click?u=1f98bfe53ca954d7d9132a354&id=59564b1e36&e=c053dd19ee>. Call toll free: 800.776.5746