



# San Mateo County

## General Meeting



### 100 S. San Mateo Drive San Mateo

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

### Wednesday, March 25

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

Karin Hastik, MD  
Cam Quanbeck, MD

### The Strange but True Story of the Evolution of Psychiatric Diagnosis

The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, offers a common language and standard criteria for the classification of mental disorders. Since the publication of the DSM-I in 1952 there have been four subsequent revisions of the manual. The DSM is now in its fifth edition, DSM-5, published in May of 2013. We will provide an overview of how psychiatric diagnoses have evolved over the last 150 years and discuss the criticism and controversy surrounding the DSM-5.



*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.*

### We Appreciate Your Membership

Thank you for continuing to support NAMI-SMC at the *local* level (which includes state and national publications). If you still need to sign up, see pg 8 or [www.namisanmateo.org](http://www.namisanmateo.org). Thank you!

## 2014 Year End Report and Plans for 2015

With a part-time staff working 28 hours a week, a volunteer corps of 60, a board of 10 and funding from supporters like you, NAMI San Mateo County has made a difference in the lives of 2,000+ individuals and families this past year. We are pleased with our accomplishments, but know there is much work to do in 2015.

In 2014, we:

- Served 885 clients and their family members through our monthly on-going support groups held throughout the county
- Trained 60+ law enforcement personnel in two Crisis Intervention Team (CIT) Academies
- Assisted 887 families through our office Warmline
- Graduated 42 family members from two 12-week Family-to-Family classes
- Graduated 15 individuals from two 10-week Peer-to-Peer classes
- Graduated 22 family members from two 6-week Basics classes
- Graduated 17 mental health professionals from a 5-week Provider Education class
- Offered In Our Own voice presentations to 80 people in hospitals, schools, universities, public meetings and county mental health organizations
- Distributed 5500 copies annually of our newsletter to county libraries, hospitals and clinics, churches and synagogues, universities, food banks, senior centers, and housing groups, etc.
- Were invited to speak at three community forums
- Participated in nine San Mateo County resource fairs
- Raised \$35,201 from the NAMI Walk and \$5,260 from the golf tournament.

In 2015 we:

- Will offer the Family to Family class this spring to 20 family members
- Are determining dates for our spring Peer to Peer class
- Will be increasing our CIT Academies to 3 and training approximately 90 law enforcement officers
- Have two new on-going Board working groups. The first is centered on Laura's Law, our position as an organization and how to bring Laura's Law to San Mateo County. The second is focused around our growth, and how best to make more programs and opportunities available in our community.

*(Continued on page 3)*

## Notice Of Annual Meeting

The March 25, 2015 General Meeting serves as NAMI-SMC's annual meeting for election of 2015 officers and board members. During the business portion of the General Meeting prior to the featured presentation, all members in good standing will be asked to vote on the slate of officers and board members. Please plan ahead to attend this meeting. Current candidates for the NAMI San Mateo County board are:

President: Jerry Thompson, RN

Vice President: Sharon Roth, RN

Secretary: Maureen Sinnott, PhD

Board Members: Ann Baker, Carl Engineer, Carol Gosho, Christopher Jump, Bill Kerns

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## Spirituality 102

Tuesday, February 3 • 8:30am - 12:00pm  
Silicon Valley Conference Center  
1300 S. El Camino Real, Suite 114, San Mateo

Bridging Spirituality in Clinical Care: Emphasizing Clinical Interventions

- Brief history of spirituality in mental health treatment
- Real-life case scenarios for discussion in small groups
- Clinical interventions and how to document for billing
- Digital Stories on spirituality
- Resources for implementing spirituality

Seating is limited and pre-registration is required. Register with Moe Mati at 650-573-2565. For details, visit : [www.smchealth.org/bhrs/ode/spirituality](http://www.smchealth.org/bhrs/ode/spirituality).



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## Art Showcased in SMC



Stigma-Free San Mateo County is looking for individuals with experience living with mental illness and/or substance use challenges and family members of individuals with these challenges to participate in an art exhibit for Mental Health Awareness Month in May 2015. Your artwork will be displayed in San Mateo, Redwood

City, South San Francisco, and/or Half Moon Bay.

If you are interested in sharing artwork, or would like additional information, please contact Marisol Solis, Mental Health Intern at San Mateo's County Office of Equity and Diversity at [msolis@smcgov.org](mailto:msolis@smcgov.org).

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

**650-368-3178 or 650-371-7416 (pager)**  
**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 - FAST for prompt and caring support!

*We Come to You!*

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

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## Spring Bowling League

Thursdays, February 5 - March 26  
2:00 - 5:00pm  
Bel Mateo Bowling Alley  
4330 Olympic Avenue, Belmont



The Games of Hope Spring bowling league begins Thursday, Feb 5th for 8 consecutive Thursdays. Sponsored by Mateo Lodge, the cost is \$15.00 per participant if you can afford it. Sponsorships and donations will cover the balance. Did you know just \$56.00 sponsors a participant for the season?

Now in its fourth year, it is a wonderful way to develop and expand interpersonal interactions within the Mental Health community. It is fun to bring people together, watch them encourage each other, smile at success, develop friendships, be a part of a team, celebrate personal accomplishment and have fun!

To be successful each team needs a team leader to help the team stay focused, call people each week, offer rides or other encouragement, maybe organize sponsorship. Teams may want to have their own name, team t-shirts and incentives.

Our last bowling session ends with a pizza party and prizes for the most consistent attendance, most improved, as well as for high scores fast and slow bowlers.

Last fall we had six teams, with more wanting to join. Cheerleaders, hanger-on's and family members are encouraged to come as well!

Come join the fun! **RSVP to Denby Adamson at 831-252-0446** to save your spot on the team or make a contribution.

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## 911 Script Available on the BHRIS Website

Help prepare yourself for a mental health emergency with this comprehensive brochure packed with current local information. Visit the San Mateo County BHRIS website to learn:

- What to expect when calling 911
- What to say when calling 911
- How to prepare
- Crisis numbers and resources

Download the brochure "Mental Health Emergency" at [www.smchealth.org/MH911](http://www.smchealth.org/MH911).

Check out *Wellness Matters*, the SMC BHRIS newsletter  
<http://smchealth.org/wm>

Local news also found at MHA of San Mateo County:  
<http://www.mhasmc.org/>

- Hope to add additional classes and programs as volunteers and funds are available

Given our resources, we have accomplished a great deal. With additional volunteers (especially those who have taken some of our classes), members and donations, we could do much more. For those who have renewed your membership and/or made a donation, Thank You. To those who have yet to do so, your continued membership is vital, and contributions - of any size - make a real difference.

Thank you, and wishing everyone a happy, healthy & enjoyable 2015.

Regards,  
Jerry Thompson, R.N.  
President of the Board

Visit NAMI San Mateo County at [www.namisanmateo.org](http://www.namisanmateo.org) to stay in touch, sign up to volunteer and be kept informed about developments and information within your local NAMI, and the Mental Health arena in general.

## Don't Miss These Really Good Articles

When I Stand In Your Shoes: An Open Letter from a Mom to a Teen. Find at <http://blog.nami.org/2015/01/when-i-stand-in-your-shoes-open-letter.html>

Your Are Not Alone: articles by persons with mental illness. Find at <http://notalone.nami.org/>

Ted speaker: Vikram Patel | Mental health care advocate. Find at [http://www.ted.com/speakers/vikram\\_patel](http://www.ted.com/speakers/vikram_patel)

How should we talk about mental health? by Thu-Huong Ha. Find at <http://ideas.ted.com/2013/12/18/how-should-we-talk-about-mental-health/>

A very good article, moving story and a lesson to be learned. Find at: [http://www.washingtonpost.com/national/in-transition-to-independent-living-the-dignity-of-risk-for-the-mentally-ill/2014/12/27/dece1ee-8ad6-11e4-9e8d-0c687bc18da4\\_story.html?hpid=z1](http://www.washingtonpost.com/national/in-transition-to-independent-living-the-dignity-of-risk-for-the-mentally-ill/2014/12/27/dece1ee-8ad6-11e4-9e8d-0c687bc18da4_story.html?hpid=z1)

Clubhouse is awarded Measure A funding: <http://www.smdailyjournal.com/articles/news/2014-12-15/welcome-to-the-club-clubhouse-for-those-with-mental-illness-near-opening/1776425134991.html#.VI9VS513h0U.email>

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/)

## Together Against Stigma Conference

February 17-20 in San Francisco

EACH  
MIND  
MATTERS

The 7th International "Together Against Stigma" Conference will be held February 17-20, 2015 in San Francisco. This conference will be the first to be hosted in the United States and underscores the fact that stigma of mental health challenges is not exclusive to any one country or culture: it is pervasive, encountered at all levels of society, institutions, among families and within the healthcare profession itself. For more information go to: [www.togetheragainststigma.org/](http://www.togetheragainststigma.org/)

## Directing Change Student Film Contest

The Directing Change Student Film Contest has extended the submission deadline to midnight PST February 16!



Students throughout California are invited to Direct Change by submitting 60-second films in two categories: "Suicide Prevention" and "Ending the Silence about Mental Illness". The

winning teams and their associated schools will win prizes, receive mental health or suicide prevention programs for their schools, get to participate in a meeting with state legislators on these topics, and attend the award ceremony at the end of the 2014-15 school year. Visit the campaign website for contest rules and information: [www.directingchange.org](http://www.directingchange.org).

DVDs of the 2014 finalists and promotional flyers are available upon request. Please contact Lauren Hee at [lauren@namica.org](mailto:lauren@namica.org) or 916-567-0163.

Melanfolly by Lisa Babbitt



## Save the Date - 2015



- **May 30** The NAMI SF Bay Area Walk in Golden Gate Park
- **July 6-9** NAMI National Conference at the Hilton San Francisco Union Square. [http://www.nami.org/Template.cfm?Section=register\\_online&template=/security/login.cfm](http://www.nami.org/Template.cfm?Section=register_online&template=/security/login.cfm)
- **August 21-22** NAMI California State Conference in Newport Beach. <http://www.namica.org/annual-conference.php?page=confhome&lang=eng>

## Notes from January 28th General Meeting

We need more chairs! Thanks so many for coming to hear the evening's program. Sharon Roth announced the need for more volunteers to help with projects and in the office - please call us if you're interested in helping.

**Suzanne Aubrey** of BHRS introduced the 911 Script flyer and wallet card - newly developed with the input of many local agencies, including Pat Way of NAMI-SMC who's family perspective aided greatly. See the article on pg 2 of our newsletter for a brief overview. As a reminder, there is no guarantee of CIT trained personnel available to come to the scene, but always ask. The final product will be out soon, please look at the BHRS website if you didn't get a flyer.

**Dr. Saad Shakir**, a lively speaker and long-time fan of NAMI, introduced his specialty for depression treatment, Transcranial Magnetic Stimulation (TMS). He described why depression is so debilitating. "It's the disease of the 21st century," second only to heart disease by 2020; 62% of those with depression are undertreated, underrepresented, and underproductive. Professionals need to be measuring treatment for long-term success, not subjectively. He displayed phases of treatment, noting the full-recovery stage of Remission, which needs attention all through life. System challenges flourish, including many docs stopping treatment after only 70% of recovery has occurred, and side effects can be very discouraging. "Depression is bad for your health," Dr. Shakir said, showing stats on how other illnesses hide depression, so look for it while treating other diseases. Showing diagrams of brain parts, he noted what parts correspond with certain emotions or reactions. Many meds have a shotgun affect, hitting all parts, not just what needs treatment; TMS goes to the affected parts of the brain, and has an 85% success rate. TMS has been FDA approved since 2008, but insurance has only recently shown an interest in covering the option. Check out the STAR\*D Trial Study online. Once up to four antidepressants have been tried, TMS can be considered. Relief can be seen after one session, usually there are 20 or more sessions in a plan. A magnetic device is placed on the skull and a few seconds of electromagnetic current are painlessly pulsed. Cost varies, but is about \$8K-12K for full treatment; not covered by Medicare in CA. This treatment is a "shift in paradigm" - we hope to see it become more available. See more info at [www.siliconvalleyTMS.com](http://www.siliconvalleyTMS.com) or [www.saadshakirmd.com](http://www.saadshakirmd.com).

## Research Studies

- A NAMI member and student in Clinical Psychology at Notre Dame de Namur University in Belmont is doing research for a master's thesis. The study focuses on **couples who have been together at least 10 years, and especially wherein one partner has a diagnosis of Bipolar I or II.** The focus is on Emotional Expression between partners. The goal is to help intimate relationships last a lifetime! If you fit the criteria for the focus, please log onto: <https://www.surveymonkey.com/s/8BHCZLO> and complete the survey. Contact Valerie Barrack, [valerie.barrack@gmail.com](mailto:valerie.barrack@gmail.com) for more information.

- **Project SERVE: Sleep Enhancement for Returning Veterans**, a joint program between Stanford University and VA Palo Alto is actively recruiting volunteers to join the next wave of participants for the program. The program involves non-medication insomnia treatment (4 weekly sessions) at no cost, and is for veterans experiencing insomnia and feeling down or depressed. Financial compensation is provided. Contact [projectserve-email@stanford.edu](mailto:projectserve-email@stanford.edu) or (650) 725-5030.

- **Hoarding Disorder Study.** A 3-year UCSF & MHSF study on hoarding and cluttering begins late January 2015 & goes until late June 2015. You need to commit to 16 groups sessions (2 hours each). Groups are at a site TBD near San Mateo CalTrain Station; clinical assessment at UCSF Parnassus campus. Must be 18 years old or older; have a hoarding disorder, and have not received cognitive-behavioral treatment for Hoarding Disorder in the last 12 months. Payment for participation: \$100.00. Contact: Gillian Howell at 415-763-7489 or [pcorisfstudy@gmail.com](mailto:pcorisfstudy@gmail.com) to initiate the screening process.



## Peninsula Veterans Affairs Center

Are you a vet or know one who's needing help, experiencing PTSD and/or other symptoms? Call 650-299-0672 or visit Peninsula VA Center, 2946 Broadway, Redwood City.

## 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

## SUPPORT GROUP MEETINGS (for information on NAMI Support Groups call 650-638-0800)

- **NAMI Cordilleras MHR Center Family Group**, 1<sup>ST</sup> Mondays (2<sup>ND</sup> Monday if 1<sup>ST</sup> is a holiday), 6:30-8pm, 200 Edmonds Road, Redwood City, 650-367-1890. Penney Mitchell & Julie Curry, NAMI SMC co-facilitators
- **NAMI Parents of Youth**, 2<sup>ND</sup> Mondays, 7-8:30pm. NAMI SMC, 1650 Borel Pl, Ste 130, San Mateo, 638-0800. Kristy Manuel and Ginny Traub, facilitators.
- **Dual Diagnosis Group for Consumers**, Mondays, 2:30pm. The Source, 500 A Second Ave., San Mateo. Info: 650-343-8760

MONDAY

- **NAMI Coastside Support Meeting** for family members, 2<sup>ND</sup> Tuesdays, 7-8:30pm. Coastside MH Cntr, 225 S. Cabrillo Hwy, #200A, Half Moon Bay, 650-726-6369. Karina Marwan, NAMI facilitator
- **NAMI Jewish Family & Children's Services**, family and friends are welcome. 4<sup>TH</sup> Tuesdays, 7:00pm. 200 Channing Ave., Palo Alto, 650-688-3097. Sharon & Ron Roth, NAMI SMC facilitators; John Bisenivs, LCSW.
- **NAMI San Mateo Medical Center** for family members. 1<sup>ST</sup> and 3<sup>RD</sup> Tuesdays, 6:30-8pm. 222 W. 39<sup>TH</sup> Ave. & Edison, Board Room (main entrance elevator to 2<sup>ND</sup> floor, left to the end of the hall). Terry & Polly Flinn, Carol Metzler & Judy Singer, NAMI facilitators.
- **NAMI South County Support Meeting** for family members, 2<sup>ND</sup> Tuesdays, 6-7:30pm. Mental Health Clinic, 802 Brewster, Redwood City, 650-363-4111. Pat Way, NAMI SMC facilitator; Liz Downard RN, MSN. **Park behind building and knock loudly on door.**
- **DBSA Mood Disorder Support Group** for persons with uni- and bi-polar disorders, mania, depression, or anxiety; family members welcome. Tuesdays, 7-9pm, College Heights Church, 1150 W. Hillsdale Blvd, San Mateo. Contact at [DBSASanMateo@um.att.com](mailto:DBSASanMateo@um.att.com) or 650-299-8880; leave a message.
- **HOPE** (Hope, Offering, Prayer and Education), for those with mental illness and/or in supporting roles. 1<sup>ST</sup> and 3<sup>RD</sup> Tuesdays, 6:30pm, First Presbyterian Church, 1500 Easton Dr., Burlingame. Call 355-5352 or 347-9268 for info.
- **Korean Support Group**, a family/consumer group. 4<sup>TH</sup> Tuesdays, 6:30-8:30pm. Full Gospel Mission Church, 20920 McClellan Rd. (opp. De Anza College), Cupertino. Info: Kyo, 408-253-9733.
- **Women Living With Their Own Mental Illness**, Tuesdays, 1-2:30pm. Redwood City - sliding scale fees apply for this meeting. Contact Deborah at 650-363-0249, x111.
- **Spanish-Speaking Support Group** for family members. 2<sup>ND</sup> Tuesdays, 6-7:30pm. South County BHRS, 802 Brewster Ave, Redwood City. Contact Claudia Saggese at 573-2189.

TUESDAY

- **DBSA Mood Disorder Support Group** Wednesdays, promptly 6:30-8:30 pm. Contact: [DBSAPaloAlto@gmail.com](mailto:DBSAPaloAlto@gmail.com). Supporters may attend with their consumer. VA Hospital, 3801 Miranda Ave, Hosp Bldg 101, Room A2-200, Palo Alto.
- **Jewish Support Group** (open to all denominations), for those with mental illness and families and friends. 2<sup>ND</sup> Wednesdays, 6:15-8:30pm. For info, call Carol Irwin 408-858-1372. Beit Kehillah, 26790 Arastradero Rd., Los Altos
- **Telecare** for family and friends of residents. 2<sup>ND</sup> Wednesdays, 5:30-7pm. 855 Veterans Blvd, Redwood City. 650-817-9070

WEDNESDAY

- **Asian-Language Family Support Groups** Last Thursday, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas, BHRS main entrance. Info: 650-573-3571.
- **Coastside Dual Diagnosis Group**, development for clients in all stages of recovery. Thursdays at 4-5pm. 225 S. Cabrillo Hwy #200A, Half Moon Bay. 726-6369 for information.
- **H.E.L.P. for those coping with a mental illness and/or those in a supporting role**, Thursdays, 6:00pm optional dinner; 6:30-7:30 program, 7:30-8:30 prayer. Menlo Park Pres., 950 Santa Cruz Ave. Garden Court. Contact Jane at 650-464-9033
- **North County Support Group** for clients, family and friends. 2<sup>ND</sup> and 4<sup>TH</sup> Thursdays, 5:45-7pm, 375 89<sup>TH</sup> Street, Community Room, Daly City. Co-facilitators: Stu Berger, RN, CNS, & Adam Harrison ASW More info: 650-301-8650.

THURSDAY

- **NAMI Connection - Consumer Recovery Support Group**: 1<sup>ST</sup> & 3<sup>RD</sup> Saturdays, 3:30-5pm. 500 E. 2<sup>ND</sup> Ave, San Mateo, Heart and Soul. Questions, call NAMI SMC at (650) 638 - 0800.
- **Eating Disorders Support Group** 9:30-11am. Mills-Peninsula Hosp., Rm 4104, 100 S. San Mateo Dr. More info: [www.edrcsv.org](http://www.edrcsv.org) or call Kira Olson at 408-356-1212.
  - > for patients only: 1<sup>ST</sup> & 3<sup>RD</sup> Saturdays
  - > for everyone: 2<sup>ND</sup> & 4<sup>TH</sup> Saturdays
- **Japanese Education & Support Group**, call (415) 474-7310 for information.
- **Obsessive-Compulsive Foundation of SF Bay Area**, 3<sup>RD</sup> Saturdays, 1:30-3:30pm, Seton Medical Center, 1900 Sullivan Ave., 2<sup>ND</sup> Fl. Conf room near cafeteria, Daly City. For more information: 415-273-7273; [www.ocd-bayarea.com](http://www.ocd-bayarea.com).
- **Consumer Support Groups**, Heart and Soul, 500 E. 2<sup>ND</sup> Ave., San Mateo. Call 650-343-8760.

SATURDAY

Individuals with mental health conditions are WELCOME to this recovery support group for people living with mental illness. They meet the **1st and 3rd Saturdays** from **3:30-5:00pm** (after the movie), at The Source (Heart and Soul), 500 E. 2nd Ave., San Mateo. Led by trained individuals who are personally experienced at living well with mental illness. No registration required, call NAMI SMC with any questions: 650-638-0800.

**Social Security Issues?**

Call Joe Hennen at Vocation Rehab Services: 650-802-6578

**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**

Feb 10 Cognitive Behavioral Therapy for Psychosis

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**Mills-Peninsula Health Services**

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

Feb 3 Growing Up in the Era of Social Media: The Impact of Technology on Today's Children and Youth

**NAMI Education Programs**

Call 650-638-0800 to register

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

- **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.

If you're interested in becoming a facilitator for NAMI Support Groups or any of our education programs, please contact the NAMI office: 650-638-0800. Training classes are scheduled throughout the year.

Visit [www.namicalifornia.org/](http://www.namicalifornia.org/) to get the latest on legislative activity. We appreciate your participation in advocacy!

**San Mateo County Mental Health Emergency Numbers**

**Police: 911**

Tell the dispatcher you are calling regarding a person who has a mental illness. Request a CIT (Crisis Intervention Team) 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  
Mills Peninsula Hospital: 650-696-5915

Kaiser South San Francisco: 650-742-2511  
Kaiser Permanente SMC: 650-991-6455

**FAST: 650-368-3178 | 650-371-7416 (pager)**

Family Assertive Support Team - When your loved one is in emotional distress. Available 24x7.

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

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## A New Act Will Help Those Affected by Mental Illness Save Money

By Andrew Sperling, NAMI Director of Federal Legislative Advocacy  
Friday, January 9, 2015

The Achieving a Better Life Experience, or ABLE Act, was signed by President Barack Obama on Dec. 19. This new law allows some families and individuals to establish tax-free savings accounts for the qualified expenses of people with blindness, physical or mental disabilities without the fear of losing government benefits.

Under the ABLE Act, people living with disabilities will be able to deposit up to \$14,000 annually in a qualified savings account and save up to \$100,000 without losing eligibility for Supplemental Security Income (SSI). Setting up an account will not affect eligibility for Medicaid. The law also allows the account to earn tax-free interest. Funds in ABLE accounts can be used to pay for health care, education, and other expenses, including housing.

However, in the final stages of the legislative process an important restriction was included on ABLE accounts: only people whose onset of disability occurred before age 26 will be eligible. This means that many adults living with serious mental illness will not be eligible for these accounts. It is important to note that the age of 26 is not related to the onset of illness, but rather the point at which the Social Security Administration (SSA) deemed an individual to be so disabled that they became eligible for benefits under SSI. For many adults with serious mental illness this is long after their initial diagnosis.

Why was this restriction put in the ABLE Act? The cost. Earlier versions of the ABLE Act did not include this restriction on eligibility. However, the Congressional Budget Office (CBO) projected that the cost would exceed more than \$20 billion over the coming decade. With this age 26 eligibility requirement in place, the projected 10 year costs were lowered to \$2 billion. This forced the bill's sponsors to accept this restriction in order to pass the bill.

NAMI will continue to work with ABLE sponsors in 2015, including Senators Bob Casey (R-Pa.) and Richard Burr (R-N.C.) and Representative Ander Crenshaw (R-Fla.), to remove this restriction.

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## Bringing Communities Together

NAMI California Annual Conference

Friday and Saturday, August 21 - 22  
Newport Beach



Early Bird Savings! Go to <http://www.namica.org/annual-conference.php?page=register&lang=eng>. If you sign-up for our Super Early Bird discount now, you will save a lot of money on your tickets for the conference! Or contact Eugenia Cervantes at [eugenia@namica.org](mailto:eugenia@namica.org) or (916) 567-0167.

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## Support for PTSD

Along with information found at [namisanmateo.org/post-traumatic-stress-disorder-ptsd/](http://namisanmateo.org/post-traumatic-stress-disorder-ptsd/), a newly launched nursing project, [RNtoBSN.org](http://RNtoBSN.org), offers more about increasing public awareness of post-traumatic stress disorder.

Led by the White House, this non-partisan national initiative known as Joining Forces, calls on nurses and communities to educate themselves on the needs of PTSD patients and to dedicate themselves to providing the highest quality care to these patients. In the spirit of this initiative, they have created a resource to help not only nurses, but anyone -- family members, friends, co-workers -- better understand and recognize PTSD; steps that are critical to ensuring patients receive appropriate care and support.

The resource can be found at: <http://www.rntobsn.org/resources/ptsd/>. While it focuses primarily on PTSD as it affects servicemembers, much of the information is still important and relevant to non-servicemembers struggling with PTSD.

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## Jail Chaplain

Spiritual counseling for incarcerated persons - Marty at St. Vincent de Paul Society: 650-796-0767.

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## MHSARC Meetings - open to the public

**Wednesday, Feb 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, Feb 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>.

## Please Become a Member of NAMI San Mateo County

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

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1650 Borel Place, Suite 130  
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650-638-0800 / FAX: 650-638-1475  
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## Spirituality 201

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February 5 - see page 2

## Film Contest Extended

'til February 16 - see page 3

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February 17-20 - see page 3

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Photo Roman Muradov

## Redefining Mental Illness

New York Times | SundayReview | Contributing Op-Ed Writer  
By T. M. Luhrmann

TWO months ago, the British Psychological Society released a remarkable document entitled “Understanding Psychosis and Schizophrenia.” Its authors say that hearing voices and feeling paranoid are common experiences, and are often a reaction to trauma, abuse or deprivation: “Calling them symptoms of mental illness, psychosis or schizophrenia is only one way of thinking about them, with advantages and disadvantages.”

The report says that there is no strict dividing line between psychosis and normal experience: “Some people find it useful to think of themselves as having an illness. Others prefer to think of their problems as, for example, an aspect of their personality which sometimes gets them into trouble but which they would not want to be without.”

The report adds that antipsychotic medications are sometimes helpful, but that “there is no evidence that it corrects an underlying biological abnormality.” It then warns about the risk of taking these drugs for years.

And the report says that it is “vital” that those who suffer with distressing symptoms be given an opportunity to “talk in detail about their experiences and to make sense of what has happened to them” — and points out that mental health services rarely make such opportunities available.

This is a radically different vision of severe mental illness from the one held by most Americans, and indeed many American psychiatrists. Americans think of schizophrenia as a brain disorder that can be treated only with medication. Yet there is plenty of scientific evidence for the report’s claims.

Moreover, the perspective is surprisingly consonant — in some ways — with the new approach by our own National Institute of Mental Health, which funds much of the research on mental illness in this country. For decades, American psychiatric science took diagnosis to be fundamental. These categories — depression, schizophrenia, post-traumatic stress disorder — were assumed to represent biologically distinct diseases, and the goal of the research was to figure out the biology of the disease.

That didn’t pan out. In 2013, the institute’s director, Thomas R. Insel, announced that psychiatric science had failed to find unique biological mechanisms associated with

specific diagnoses. What genetic underpinnings or neural circuits they had identified were mostly common across diagnostic groups. Diagnoses were neither particularly useful nor accurate for understanding the brain, and would no longer be used to guide research.

And so the institute has begun one of the most interesting and radical experiments in scientific research in years. It jettisoned a decades-long tradition of diagnosis-driven research, in which a scientist became, for example, a schizophrenia researcher. Under a program called Research Domain Criteria, all research must begin from a matrix of neuroscientific structures (genes, cells, circuits) that cut across behavioral, cognitive and social domains (acute fear, loss, arousal). To use an example from the program’s website, psychiatric researchers will no longer study people with anxiety; they will study fear circuitry.

Our current diagnostic system — the main achievement of the biomedical revolution in psychiatry — drew a sharp, clear line between those who were sick and those who were well, and that line was determined by science. The system started with the behavior of persons, and sorted them into types. That approach sank deep roots into our culture, possibly because sorting ourselves into different kinds of people comes naturally to us.

The institute is rejecting this system because it does not lead to useful research. It is starting afresh, with a focus on how the brain and its trillions of synaptic connections work. The British Psychological Society rejects the centrality of diagnosis for seemingly quite different reasons — among them, because defining people by a devastating label may not help them.

Both approaches recognize that mental illnesses are complex individual responses — less like hypothyroidism, in which you fall ill because your body does not secrete enough thyroid hormone, and more like metabolic syndrome, in which a collection of unrelated risk factors (high blood pressure, body fat around the waist) increases your chance of heart disease.

The implications are that social experience plays a significant role in who becomes mentally ill, when they fall ill and how their illness unfolds. We should view illness as caused not only by brain deficits but also by abuse, deprivation and inequality, which alter the way brains behave. Illness thus requires social interventions, not just pharmacological ones.

ONE outcome of this rethinking could be that talk therapy will regain some of the importance it lost when the new diagnostic system was young. And we know how to do talk therapy. That doesn’t rule out medication: while there may be problems with the long-term use of antipsychotics, many people find them useful when their symptoms are severe.

The rethinking comes at a time of disconcerting awareness that mental health problems are far more pervasive than we might have imagined. The World Health Organization estimates that one in four people will have an episode of mental

*(Continued on page 10)*

illness in their lifetime. Mental and behavioral problems are the biggest single cause of disability on the planet. But in low- and middle-income countries, about four of five of those disabled by the illnesses do not receive treatment for them.

When the United Nations sets its new Sustainable Development Goals this spring, it should include mental illness, along with diseases like AIDS and malaria, as scourges to be combated. There is much we still do not know about mental illness, and much we can do to improve its care. But we know enough to do something, and to accept that knowing more and doing more should be a fundamental commitment.

Correction: January 18, 2015

An earlier version of this article incorrectly referred to a group that recently issued a report on schizophrenia. It is the British Psychological Society, not the British Psychological Association.

Source: <http://www.nytimes.com/2015/01/18/opinion/sunday/t-m-luhrmann-redefining-mental-illness.html>

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## **Dealing with Mental Illness in the Workplace**

by Angela Rodriguez Prilliman Dec 12, 2015

Imagine a large, oddly shaped box with the weight unevenly distributed. You can carry it on your side with the help of your hip for a while, but eventually it gets uncomfortable. So you switch it to the other side, hold it over your shoulder for a bit, then put it on your head and drag it on the floor, trying out every position possible. It's super annoying, but you can carry it around with you if you had to.

That's what living with constant anxiety feels like. Especially when you're in an office setting where you have ongoing tasks to complete, meetings to hold, and people whose job it is to ensure you're hitting quarterly goals and owning your projects.

I've been on various medications to help me function as a "normal" human being since my freshman year of college. Lexapro made me numb to the world, Strattera made me constantly nauseous, Effexor killed my sex drive (which wasn't exactly ideal for a newlywed). By the time I tried Wellbutrin, I was just hoping it would wake up my lady parts while still keeping my anxiety at bay. After a month I started to feel more anxious than usual and I became convinced it wasn't working.

So without asking my doctor, I just stopped taking my meds. I optimistically, and stupidly, thought, "I don't need these. I'm smart. Experienced. A top performer at work. I can manage this. I don't need help."

Two weeks later, as the medication's effects increasingly dwindled, a wave of panic, exhaustion, racing thoughts, and sleepless nights overtook me.

At work, I physically couldn't sit at my desk for more than two minutes at a time. My normal multitasking

capabilities had completely disappeared. The tasks, projects, and deadlines in front of me raced through my head at a million miles an hour, too fast for me to even sort through them in my head. I felt dizzy. I became tense and increasingly edgy and would snap at my coworkers. I would notice my shortness, adjust, and try to carry myself more mindfully at my next meeting. Later, I would stare at my list of tasks, feel the weight getting uncomfortable again, and go for a walk.

The anxiety kept building, despite my various attempts to calm myself. I paced back and forth from the kitchen to my desk, to the bathroom, to a conference room, back to my desk, then up again for a talk to my coworker, hoping that discussing pointless things would help. The weight kept getting heavier as I walked back to the bathroom, trying to keep the tears from coming, taking a few deep breaths. Finally I escaped to the second floor bathroom and head in hands, I silently cried.

An anxiety attack this powerful doesn't exactly make for a glamorous LinkedIn headshot.

Human psychology is a weird thing. The issue is not whether you have a mental disorder, it's where you lie on a spectrum. Or so my shrink tells me. Anxiety, ADHD, bipolar. I have different levels of all these disorders. And trying to explain what specifically I'm struggling with and how it affects my job is complicated. I try to prevent potential distractions as much as possible. I make lists, calendar everything, and keep my belongings in specific places since I tend to forget things easily. I bought a discrete pill case so that I don't look like Cheri Oteri's Collette Reardon when digging through my purse for my medication.

None of these things make it seem like I'm doing anything different than anyone else, but that's because I am back on medication. The drug cocktails I take do the bulk of the work to stabilize the highs and lows, allowing me to focus and complete more cumbersome tasks, and they also prevent the anxiety attacks.

I'm sure I'm not the only person in the office who has the occasional meltdown in the bathroom, but I often wonder who else is hiding with me without my knowing it. The meritocratic workplace only allows for the occasional conversation about anxiety (the only "socially acceptable" mental disorder to have), and discussions about the issue are usually just humble brags about how important and busy someone is and not really about dealing with ongoing mental health issues.

You can't casually say, "Man, I'm just really hypomanic this week" or "ADHD is just kicking my ass today, I'm forgetting almost everything." No one wants to be a Debbie Downer and get demoted. Those comfy enough to talk about their various disorders, including me, usually keep it at surface level. We minimize and talk about it from a mostly conquered place. No one wants to be that guy/girl who has conversations prefaced with "Oh, it's because I have (insert mental disorder here)." And you would never, ever, mention these kinds of mental health struggles to superiors or influencers at work.

*(Continued on page 11)*

*(Dealing with Workplace from page 10)*

However, some things fell through the cracks during my monthlong medication hiatus. I grew increasingly anxious about my work performance and convinced myself that I was letting everyone in the company down. Maybe I was being dramatic, but the sickly feeling in my stomach was telling me that I was on the verge of getting fired. I was sure my superiors thought my performance was declining in general, instead of it being a temporary issue.

A week later, I impulsively asked my boss if I could talk to him. In typical ADHD fashion, the idea of coming clean to him about my anxieties came to me in a moment. I immediately fixated on it, and quickly decided this was the best and only plan for action to prevent him from firing me. Yes, explaining your mental health issues to your boss without it affecting their respect for and perception of you is probably something you should think through. But I was feeling classic impulsiveness.

“I have anxiety,” I explained. “Well, anxiety-related issues I’m working through. I just wanted to let you know because you’ve probably noticed that I’ve dropped the ball. More specifically, I’ve forgotten a couple things I was supposed to do these past few weeks, but I’m in between different medications, and I’m working on it. So this is only temporary, but I’m letting you know because I know evaluations are coming up.”

I don’t remember much else of what I said, I just know it probably didn’t make a ton of sense and was hard to understand since I was talking a million miles an hour. Luckily, I have a great boss who is understanding, supportive, and hasn’t changed how he works with me or removed me from important projects. I know not everyone is as fortunate.

Not much changed at work after I spilled the beans to my boss, which is a good thing. I feel a little better now that I’m not hiding what’s going on with me, but I still notice that people flinch when they hear words like bipolar and OCD, so I carefully navigate professional conversations, hoping to mask any signs of weakness or incompetence. Mostly, I just make light of my disorders like they aren’t a big deal. Which is half true. They’re more of a midsized deal, but I try not to let them define how I see my career self or rule out what opportunities I can and can’t take. Thankfully, more and more well-known people – Lena Dunham, for instance — have come forward to talk openly about mental illness, helping to remove the stigma that people like me can’t have a successful and stable career.

I really wish I could tell you that I’ve found the best medication balance, worked through and cured my anxiety, ADHD, and mild bipolar disorders, and that I now live a completely balanced, stable professional life.

But, in the process of writing just that one paragraph, I have gotten up three times. Once to go to the bathroom, then another to grab a Q-tip to clean my ears, and then another to grab some Häagen-Dazs out of the fridge. On top of that, I’ve changed the Spotify playlist I was listening to twice, and I watched three TED talks. OK, maybe it was five TED talks.

Some of them were mental disorder related, so technically they were research for this essay.

Yep, I still don’t have it all together. But I will say that through a lot of self-introspection, and with my doctors and support groups, I’ve come to realize that while I may have rough patches throughout my professional career, it’s OK. As comedian Joshua Walters said, “Being diagnosed with a mental illness doesn’t mean you’re crazy. Maybe it just means you’re more sensitive to what most people can’t see or feel. Maybe no one is really crazy, but everyone is just a little bit mad. How much depends on where you are on the spectrum. How much depends on how lucky you are.”

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## **New York City Plans Focus on Mental Health in Justice System**

*By Michael Winerip And Michael Schwartzdec, 12/1/14*

In an effort to reduce the growing number of inmates with mental health and substance abuse problems in New York City’s jails, the administration of Mayor Bill de Blasio announced plans on Monday to significantly expand public health services at almost every step of the criminal justice process.

City officials, who are allocating \$130 million over four years to the project, said their goal was to break the revolving door of arrest, incarceration and release that has trapped many troubled individuals in the system for relatively minor, quality-of-life offenses.

The new plan will shift emphasis from punishment for minor crimes to treatment.

The changes include tripling the size of both pretrial diversion programs and the amount of resources devoted to easing the transition from jail back into society. This would represent a significantly different approach to criminal justice in the city, experts said. But they cautioned that nothing of such scale had been tried by a municipality before, and that putting the plan into effect would be difficult.

“I think this is what criminal justice looks like in the 21st century,” said Elizabeth Glazer, the mayor’s criminal justice coordinator, who was a co-chairwoman of a task force of city officials and community leaders that released a report on Monday detailing the changes. “Preventing crime is about more than the police and more than about prosecutors and defense lawyers and courts.”

The overhaul in New York City comes at a time when police departments across the country have faced scrutiny after several shootings of unarmed individuals, many with mental illnesses.

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In New York, the portion of inmates at the city's jails who are mentally ill has increased to nearly 40 percent in recent years, even as the overall number of people incarcerated has shrunk.

Many of these inmates are so-called frequent fliers, constantly cycling in and out of Rikers Island, the city's main jail complex. The task force report identified more than 400 people who had been jailed at least 18 times in the last five years, accounting for over 10,000 jail admissions during that period. It said that 67 percent of these inmates had "a mental health need"; 21 percent were severely mentally ill, meaning they had diseases like schizophrenia or bipolar disorder; and 99 percent had a substance abuse problem.

The task force's report reads, in some ways, as an effort to moderate the prevailing policing methods of the last two decades, in which large numbers of people, including many who were homeless, were swept off the streets and incarcerated for low-level crimes like fare beating, loitering and trespassing.

Mr. de Blasio, a Democrat, appears to be trying to forge a middle ground, at a time when violent crime is at historic lows.

Twenty years ago, as crime in the city surged to record levels, Mayor Rudolph W. Giuliani, a Republican, initiated a policy, known as broken windows, to aggressively police quality-of-life offenses. More recently, Mayor Michael R. Bloomberg, a political independent, championed the use of stop-and-frisk tactics in neighborhoods where crime persisted.

With this plan, Mr. de Blasio is essentially seeking to continue the aggressive policing of minor crimes, while seeking to keep many of the offenders out of jail. The test will be whether the two approaches are compatible and a low crime rate can be sustained.

Among the many innovations suggested by the task force is the development of community based drop-off centers, where police officers with specialized training could bring people they have taken into custody for minor crimes. The centers would "provide an option for people who need neither to be held for arraignment on low-level charges nor emergency room services," the report said.

Each center would have detox services, beds for short-term stays, and case managers who could make referrals to existing programs in the community. The first such center would be opened in fall 2015 in Manhattan and the second in an unspecified borough in early 2016, the report said.

While Police Commissioner William J. Bratton served on the task force's executive committee, the success of several of

the programs will depend on the attitude of rank-and-file police officers, who would need to buy into such major changes.

The city also hopes to improve mental-health screening before arraignment. At present, an emergency service worker assesses people for serious physical ailments before they appear in court. Under the new plan, a medical worker would screen for serious psychiatric problems and possibly divert people from court to treatment programs.

Also planned is an expansion of supervised pretrial programs for low-level offenders who might otherwise fail to make bail. The amount of people the programs could serve would increase to 3,400 from the current capacity of 1,100.

Each year, the mayor's plan would provide community services for an additional 4,100 inmates with serious mental illnesses who are being discharged from jail. For a decade, the city has been under court order to provide such services, but has repeatedly failed to meet basic standards set by the court, including transportation to a residence or shelter, and referrals for mental health treatment.

In April, Justice Geoffrey D. Wright, of State Supreme Court in Manhattan, extended court oversight for two more years because the city had again not met the basic standards.

Another major problem identified by the task force is the difficulty of immediately restarting Medicaid services for inmates; Medicaid coverage is canceled by the state during incarceration. Without coverage, former inmates cannot fill prescriptions to treat their mental illnesses.

City officials and criminal justice experts said various aspects of the de Blasio administration's plan had been put into effect by other cities, but none of the other programs had been as ambitious.

"I don't know of any other major city that has done something that is so comprehensive," said Jim Parsons, research director of the Vera Institute of Justice.

Of the funds allocated to the project, \$90 million will come from tax revenues, and \$40 million from the Manhattan district attorney's asset forfeiture fund. Whether or not that amount will be sufficient remains to be seen, experts said.

—<http://www.nytimes.com/2014/12/02/nyregion/new-york-city-to-expand-health-services-for-mentally-ill-inmates.html>