



NAMI San Mateo County

National Alliance on Mental Illness

General Meeting



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

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

Wednesday, March 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.



Let's Walk for NAMI!

May 30

Kickoff Luncheon is
April 8 - see page 2

NAMI San Mateo County Celebrates 40th Anniversary!

By the time you read this you may have already received an invitation, electronically or by U.S. Mail, to take part in celebrating NAMI-SMC's 40th anniversary. As promised in previous newsletters, this is a most unusual event. It is a Phantom Ball and you are invited to participate as a sponsor or contributor and/or make a bid on the online auction.



There are several levels of sponsorship, however, as always, any amount is gratefully accepted. You can be a part of this once in a decade event by participating on paper via U.S. Mail or electronically!

The online auction will be open March 1-31, 2015 and includes fabulous prizes graciously donated by good friends of NAMI San Mateo. To bid, or for a straight donation, go to: 32auctions.com/nami. Auction items are:

1. PGA West La Quinta California Desert home on the golf course with pool and spa: six nights; sleeps six.
2. Family Cabin, Sunriver Oregon. Six nights at this beautiful three bedroom vacation home in the very popular Sunriver Resort. (15 miles south of Bend Oregon.)
3. Beautiful Meeks Bay, Lake Tahoe: Six night stay at this amazing lake front property with private pier and buoy; sleeps 12!

Funds raised will be used to keep NAMI San Mateo moving forward as a vibrant organization...much has been accomplished in the past 40 years, but there is still work to be done...plenty of work!

The event is virtual—The need is real. You are invited, but please don't come.

Special thanks go to: Sasa Puchbauer for designing the beautiful invitations; Gary Stang for professional printing; Curtis Stimson for electronic invitation development/distribution and auction website management; and Nancy Bush for early auction website set up. This event wouldn't be possible without their generous contributions!

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

Treasurer: Carol Gosho

Secretary: Maureen Sinnott, PhD

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

Successful Standoff

The San Mateo Affiliate of the National Alliance on Mental Illness (NAMI) wants to acknowledge the professional and sensitive manner that the San Mateo Police Department's tactical response team handled the situation on Wednesday, February 4th (as covered in the February 5, 2015 issue of The Daily Journal), where an allegedly armed and suicidal man was pacing in front of his house. This was a dangerous situation for all involved. The police were willing to wait as long as necessary to ensure that the situation was resolved without anyone being harmed. It was reported that once the situation was contained the San Mateo police worked with the man's family, county mental health services and related social services to ensure that he gets the help he needs.

We feel proud to be in a community where the police perform their duties proactively and patiently, with a focus on the safety of the public, including those who are in a very vulnerable and dangerous state of mind. NAMI San Mateo County (NAMI SMC) is honored to be a partner with law enforcement with Crisis Intervention Training in this community.

—Jerry Thompson R.N., President, NAMI SMC Board of Directors

911 Script Available on the BHRS Website

Help prepare yourself for a mental health emergency with this comprehensive brochure packed with current local information. Visit the San Mateo County BHRS 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.

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.



The 11th Annual NAMIWalk is Ramping Up!

Saturday, May 30 • Golden Gate Park, San Francisco
>> www.namiwalksfba.org <<

Kickoff Luncheon: Wednesday, April 8

Don't miss the Kickoff Luncheon at the Crow Canyon Country Club in Danville. Details will be coming soon - *Mark Your Calendar Now!*

Sponsorships: Please help us get sponsors involved - contact our office if you know of a business that would like to support our efforts.

Sign Up: Further details at www.namiwalksfba.org, then Register to Walk, Donate to your favorite Walker, or Support Our Walk. (Hint: Walkers from last year, Log In before you Register.)

Questions? To become a member of a Walk Team, start a team of your own, or answer other questions, call the NAMI San Mateo County office (650-638-0800) or email nami@namisanmateo.org, and we'll find a team and answers for you.

Art Showcased in SMC in May



Stigma-Free San Mateo County is looking for individuals with experience in 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.

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

In Bipolar Disorder, a Chemical Signal of Abnormal Metabolism

By John A. Wemmie, M.D., Ph.D., Brain and Behavior Research Foundation, 2/3/15

It has long been a puzzle what exactly causes the intense highs and lows of bipolar disorder, an illness that pushes people back and forth from periods of intense energy and excitement to periods of deep sadness and hopelessness. But evidence is stacking up that this disorder may involve abnormalities in metabolism, the wide range of chemical reactions that help sustain the body and brain.

Now, a research team has found previously unobserved structural differences in the brains of people with bipolar disorder that may reflect disruptions to metabolism, suggesting those processes may broadly contribute to the illness. Their study was published January 6th in *Molecular Psychiatry*.

Led by John A. Wemmie, M.D., Ph.D., of the University of Iowa—a 2004 and 2007 NARSAD Young Investigator (YI) grantee and 2013 NARSAD Independent Investigator (II) grantee—the team looked at levels in the brain of a signal called T1ρ. This signal has proven sensitive to different brain abnormalities linked to bipolar disorder, including unusual concentrations of metabolites, the chemical reactants and byproducts of the body’s metabolic systems. Using a unique imaging method not typically applied to psychiatric conditions, the team found that T1ρ levels were higher in certain parts of the brain for people with bipolar disorder compared to those who do not have the illness. In particular, T1ρ was high in white matter portions of the cerebral cortex, which contains cells that shape communication within the brain, and also in the cerebellum, which controls motor functions.

Since T1ρ is sensitive to a number of brain features linked with bipolar disorder, the team tested whether the high levels of this signal stemmed from other factors besides metabolism. Their analyses suggested that those other factors

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/Templates.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>

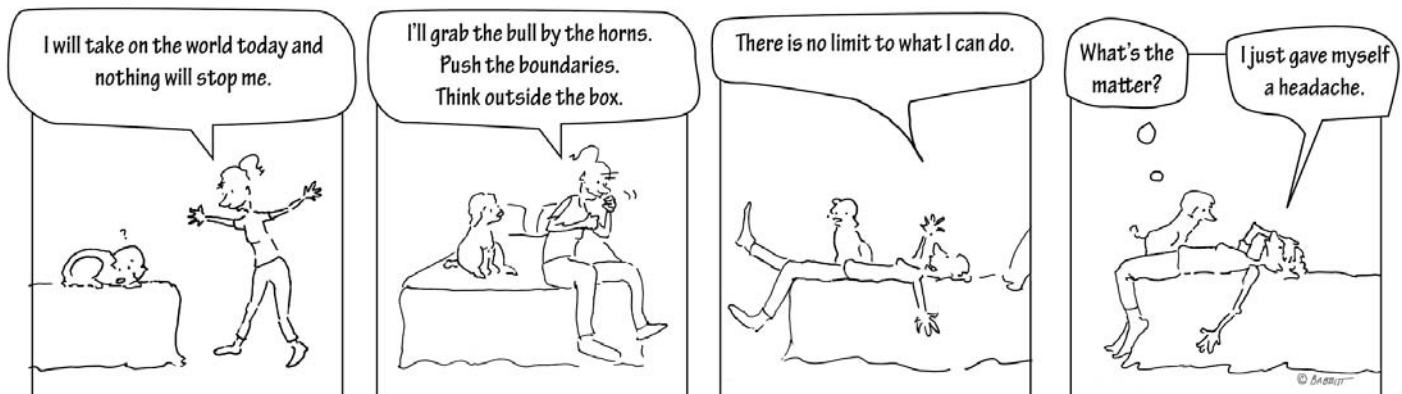
did not affect the findings, pointing to irregular metabolism as the root of the high T1ρ levels. This possibility likely will be more closely studied in the future using other imaging techniques.

Importantly, this study also found that medication affected T1ρ levels. Among people in the study with bipolar disorder, those who were taking the mood regulator lithium had normal T1ρ levels in the cerebellum, compared to elevated levels found in those not taking the drug. Lithium, then, may help specifically to reverse abnormalities in the cerebellum among people with bipolar disorder.

Because this study looked at people with bipolar disorder who were experiencing neither an intense high nor intense low period, it’s not yet known what T1ρ levels look like during those states. It is also an open question whether the observed cerebral white matter and cerebellum abnormalities appear in other conditions that affect mood, including schizophrenia and depression.

—Source: https://bbrfoundation.org/brain-matters-discoveries/in-bipolar-disorder-a-chemical-signal-of-abnormal-metabolism?utm_source=eNews+List&utm_campaign=c6c1384b8d-eNews_2_10_2015&utm_medium=email&utm_term=0_fb7d503c0e-c6c1384b8d-161816169

Melanfolly by Lisa Babbitt



Volunteer Appreciation Luncheon

On Friday, February 13, we hosted our annual Volunteer Appreciation Luncheon as a THANK YOU to the many members and friends who contributed to our success—with donations and efforts—during the previous year. Predominantly a volunteer and membership driven organization, you make it happen. We couldn't do it without you!



Lisa Babbitt, Diane Warner and Terry Walker

Held at the Poplar Creek Grill, Coyote Point, it was an opportunity for attendees to relax, mingle with old friends, make new ones, and generally enjoy themselves. Participants included family and friends, staff from BHRS, Mateo Lodge, the Mental Health Association, Heart and Soul, support group and program leaders, and many more.

Helene Zimmerman, our office manager, emceed the luncheon, and together with Debi Mechanic (our new office assistant) arranged the beautiful orchid centerpieces. Each table was decorated with chocolate kisses and bags of heart-shaped jellies that were generously donated by Gimbals Fine Candies. The room looked lovely. While 12 lucky raffle winners got to take home orchids, two others received a pair of tickets to performances at the Bing Concert Hall, thanks to the generosity of the Orchestral Studies Department at Stanford University, Dept. of Music.

In between courses everyone introduced themselves, and Laurie Williams urged everyone to start thinking about the NAMI Walk on May 30.

Helene closed the luncheon by proposing a toast to the continuous and improved health and well-being of our loved ones with mental illness for whom we would move heaven and earth to have as easy and enjoyable life as possible, and thanked everyone for all that they do.

NAMI Connection



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.

Grant received from Mills-Peninsula Health Services

We are pleased to announce that Mills-Peninsula Health Services Grants Program has awarded NAMI SMC a \$10,000 grant.

The grant will be used toward our full range of health related education programs in 2015, including: Family to Family, Provider Education, Peer to Peer, In Our Own Voice, Parents and Teachers as Allies, Ending the Silence; and our General Meetings.

We are grateful for Mills-Peninsula Health Services long time support of our many education programs offered free to the community. THANK YOU!



In Loving Memory

Adam Livingston
Maxwell Robert Heffernan
Sabrina Young

NAMI San Mateo County appreciates those who send donations in honor or memory of individuals who have passed. Our heartfelt gratitude, and our condolences to the families who've lost a loved one.

Directing Change Student Film Contest

The Directing Change Student Film Contest might have closed by now, but the films are powerful! Visit the website - www.directingchange.org.



Students throughout California submitted 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. DVDs of the 2014 finalists and promotional flyers are available upon request. Please contact Lauren Hee at lauren@namica.org or 916-567-0163.

See more articles in the **WEB** version of our newsletter at www.namisanmateo.org/

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

- **NAMI Cordilleras MHR Center Family Group**, 1ST Mondays (2ND Monday if 1st 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**, 2ND 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, 2nd 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. 4TH 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. 1st and 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, Carol Metzler & Judy Singer, NAMI facilitators.
- **NAMI South County Support Meeting** for family members, 2nd 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 or 650-299-8880; leave a message.
- **HOPE** (Hope, Offering, Prayer and Education), for those with mental illness and/or in supporting roles. 1st and 3rd 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. 4TH 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. 2ND 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. 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. 2nd 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. 2nd 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. 2ND and 4TH Thursdays, 5:45-7pm, 375 89th 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**: 1ST & 3RD Saturdays, 3:30-5pm. 500 E. 2nd Ave, San Mateo, Heart and Soul. Questions, call NAMI SMC at (650) 638 - 0800.
- **Japanese Education & Support Group**, call (415) 474-7310 for information.
- **Obsessive-Compulsive Foundation of SF Bay Area**, 3RD Saturdays, 1:30-3:30pm, Seton Medical Center, 1900 Sullivan Ave., 2nd Fl. Conf room near cafeteria, Daly City. For more information: 415-273-7273; www.ocd-bayarea.com.
- **Consumer Support Groups**, Heart and Soul, 500 E. 2nd Ave., San Mateo. Call 650-343-8760.

SATURDAY

Cluttering & Hoarding Support Groups, Workshops, and Private Consultations - Groups/programs change, contact Emily Farber, MSW, 650.289.5417, efarber@avenidas.org

MHSARC Meetings - open to the public

Wednesday, March 4 • 3:00 - 5:00pm

(first Wednesday of every month)

Time/locations vary, please check with 650-573-2544

or www.smchealth.org/MHSARC

Health Services Building Room 100

225 W. 37th Ave., San Mateo

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)

Board of Supervisors Meeting

Tuesday, March 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>.

Peninsula Veterans Affairs Center

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

Social Security Issues?

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

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.
- **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/ 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.



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 or (916) 567-0167.

The 2015 NAMI National Convention Come Find Your Heart in San Francisco

Whether you left your heart in San Francisco or you've never visited this beautiful city by the bay, make plans now to join us for the 2015 NAMI National Convention.

You won't want to miss the outstanding program offerings:

- Top-notch researchers and clinicians providing information and tools to advance and sustain recovery from mental illness
- People living with a mental illness and their families providing their own important perspectives on recovery
- The country's keenest minds and savviest policymakers offering strategies and tactics to effectively advocate for changing the mental health system in our nation
- Abundant networking opportunities so we can learn from each other about how we can improve the lives of all people living with mental illness and their families
- Inspiration, innovation and an exhilarating four days in this wonderful city

For more information about this year's offerings, view the preliminary convention program.

The fastest and easiest way is to register online.
<http://www.nami.org/Get-Involved/The-2015-NAMI-National-Convention/Registration-Information>

Psychiatric Grand Rounds Programs *Open to the Public*

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**

Mar 10 Evidence Based Psychosocial Rehabilitation Models to Reduce ER visits

Mar 24 Vicarious Trauma/Secondary PTSD

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/8BHCZLQ> and complete the survey. Contact Valerie Barrack, 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 (four 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 or (650) 725-5030.
- **Hoarding Disorder Study.** A three-year UCSF & MHSF study on hoarding and cluttering began late January 2015 & goes until late June 2015. You need to commit to 16 groups sessions (two 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 to initiate the screening process.



Please Become a Member of NAMI San Mateo County

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

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

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

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

Name _____

Address _____

City/State _____ Zip _____

Phone (_____) _____ E-mail _____

Pay by: Check Visa MC Credit cards charged to billing address.

Credit Card# _____ Expires _____

Amount \$ _____ Signature _____

How did you hear about NAMI? _____

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

Your membership in NAMI San Mateo County is tax deductible to the extent allowed by law.

Thank you for your support!

NAMI-SMC's 40th Anniversary Celebration!

Month of March - see page 1

General Meeting

March 25 - see page 1

NAMIWalk Kickoff Luncheon

April 18 - see page 2

NAMI San Mateo County
1650 Borel Place, Suite 130
San Mateo, CA 94402
650-638-0800 / FAX: 650-638-1475
nami@namismc.org
www.namisanmateo.org
Office open: 9am-1pm, M-F (or by appt.)

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

RETURN SERVICE REQUESTED

Time Value

Got news? email namismc@sbcglobal.net

New GAO Report on Mental Health Calls for Better Federal Coordination on Serious Mental Illness: NAMI Agrees

The Government Accountability Office (GAO), a non-partisan agency that reviews and provides oversight over federal programs, has issued a report emphasizing lack of coordination at the leadership level in the administration of federal programs for children, youth and adults with serious mental illness. The report was conducted at the request of Representatives Tim Murphy, R-Pa., and Diane DeGette, D-Colo., the Chair and Ranking Member of the Subcommittee on Oversight and Investigations of the House Committee on Energy and Commerce. NAMI is grateful to Representatives Murphy and DeGette for their leadership and commitment to improving the lives of people with serious mental illness and their families.

The GAO's report concludes that there has been poor coordination among the eight agencies and 112 federal programs that provide services to people with mental illness. The report also documents shortcomings in the evaluation of programs serving people with serious mental illness, contributing to the overall lack of information about who these programs serve or what outcomes these services achieve.

Lack of Coordination

The report decries the lack of coordination at the leadership level among different federal agencies. It notes that a Federal Executive Steering Committee for Mental Health, established in 2003 to coordinate services across federal agencies, has not met since 2009. The report further states that the Substance Abuse and Mental Health Services Administration (SAMHSA) is charged with promoting coordination across the federal government on mental illness and concludes that such coordination is not effectively occurring. The report does note that SAMHSA coordinates the Behavioral Health Coordinating Committee (BHCC) within the U.S. Department of Health and Human Services (HHS) and the BHCC has recently formed a subcommittee for serious mental illness to better coordinate efforts on serious mental illness within HHS.

The lack of coordination also applies to individual agencies responsible for administering multiple programs. For example, the National Institutes of Health (NIH) has multiple institutes, including the National Institute of Mental Health (NIMH) that conduct research relevant to serious mental illness. According to the report, the NIH categorizes all of its mental health programs under the category "Scientific Research" yet is unable to state how much funding in total goes into research on serious mental illness. Recognizing this as a problem, NIMH is currently developing a method to categorize all research grants related to serious mental illness across all institutes.

Inadequate Evaluations

The GAO's report also reveals that a majority of federal programs targeted for people with serious mental illness have not been evaluated for effectiveness. Only 9 of the 30 programs have completed program evaluations, 7 of them by SAMHSA. Particularly noteworthy is that none of the 8 programs administered by the U.S. Department of Veterans Affairs (VA) have completed program evaluations. This is troubling because without such an evaluation, it is difficult to assess whether the services provided by these programs are effective.

Lack of coordination and lack of accountability in the provision of services to people with serious mental illness are longstanding problems. In 2009, NAMI issued a report assessing the performance of state mental health agencies in providing services to serious mental illness. In that report, we emphasized that many states were unable to provide even basic information about their mental health services. These states did not collect data on specific services provided, who the services were provided to, or what outcomes were achieved through services provided.

In recent years, SAMHSA has worked to improve data reporting by states through its Uniform Reporting System (URS). However, reporting by states is still voluntary, even though all states receive federal funds through the Mental Health Services Block Grant. And, the criteria used by states to report data are not uniform, making it very difficult to compare performance across states or to assess whether public dollars are being spent wisely and appropriately.

Exclusion of Programs Administered by CMS

One limitation of the GAO's report is that it did not examine programs administered by the Centers for Medicare and Medicaid Services (CMS), the agency that administers the Medicare, Medicaid and Children's Health Insurance Program (CHIP) programs. As noted in the GAO's report, Medicaid is the most significant source of funding for mental health services. Medicare is also an important source of funding as is CHIP for children and adolescents with serious mental health conditions.

Medicaid in particular is more than simply a source of payment for services. The structure of the Medicaid program as well as the use of Medicaid options and waivers has much to do with shaping mental health services, particularly in the community. Despite this, it is very difficult to find specific information about what mental health services are paid for through Medicaid and what results are achieved through these services because CMS does not collect this data. NAMI urges additional examination of the Medicaid program with respect to coordination and evaluation to benefit people with serious mental illnesses and their families.

NAMI's Recommendations

At a time in which payment for health care and mental health care services are increasingly being linked to

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performance, services to people with serious mental illness are at risk of lagging even further behind than they are today. This is in no small part due to poor coordination and data collection on services and outcomes. Severe gaps in availability of quality mental health services and supports have devastating consequences for individuals with serious mental illness, their families, and American society. The evidence of this public health crisis can be seen in the growing ranks of youth and adults with mental illness who are dropping out of school, experiencing homelessness, incarcerated in jails and prisons, or spending hours or days in emergency rooms seeking help that is too often not available. We know that we can do better.

NAMI recommends the following steps for improving federal coordination and accountability on services for people with serious mental illness.

1. Create a high level position within the federal government responsible for coordinating federal programs serving people with serious mental illness, developing evaluation criteria and outcome measures, and holding relevant federal agencies responsible for achieving relevant outcomes. More effective coordination between programs responsible for research, services, and financing mental health services is particularly important. Coordination must be directed at achieving outcomes.
2. Identify as a priority for federal funding people with serious mental illness whose lives have been significantly impacted by their illness and the families of such individuals. Federal policies should prioritize both services to prevent adverse outcomes associated with serious mental illness such as homelessness and criminal justice involvement and services designed to facilitate the early identification of psychosis, recovery, education and employment.
3. Conduct a thorough review of the Medicaid and Medicare programs to determine what resources are spent on serious mental illness and whether these programs are measuring and achieving positive outcomes for those being served. •

Mayo Clinic Experience Integrating Behavioral Healthcare

2/2015

The Mayo Clinic, in Rochester, Minnesota, is widely known as a world-class healthcare destination for patients with rare, difficult-to-treat conditions. Less well-known is the fact that Mayo has an extensive primary care system, with a diverse patient population of over 140,000, some including employees and their families, as well as those patients living in Olmsted County, Minnesota who choose Mayo for their primary care. NHMH recently asked a leading Mayo physician about efforts at Mayo to integrate the care of mental health issues into primary care.

Dr. Mark Williams is a Mayo physician with a specialty in psychiatry who was closely involved in bringing the collaborative care model to Mayo's primary care system. After training at Mayo in Psychiatry, he spent nine years working in a variety of psychiatric settings before returning to Mayo to practice his specialty

"Mayo has always been good at forming teams," he says explaining why he chose to return to treat primary care based patients. Shortly after coming to Mayo, Dr. Williams had the opportunity to help lead a Mayo team to attempt to integrate a collaborative care model for adult depression into one of several primary care clinics at Mayo. This project, led by the Institute for Healthcare Improvement (IHI), was attempting to see if teams could use concepts from Dr. Ed Wagner's chronic care model to address the chronic illnesses of depression and asthma in primary care clinics around the country. The details of the model were very similar to the IMPACT (Improving Mood: Providing Access to Collaborative Treatment) collaborative care model designed by Jurgen Unutzer, M.D. and others at the University of Washington.

Despite showing improved patient outcomes from this project, the program failed to continue in the primary care clinic involved. "This was a good lesson" says Williams because it illustrates how hard it is to sustain good improvements in the complex world of clinical care. Some of the barriers included a need to reorganize the IT support, a need to have more consistent psychiatric availability, a need for a standard tool across the practice to measure outcomes for depression, and the need to develop the role of a care coordinator for nursing. It was clear true integration meant more than sharing space.

In the years following IHI's project at Mayo, broader changes began occurring: disease management developed, Mayo merged its three primary care groups, community pediatrics, internal medicine and family medicine, into one entity. Also, the cost of high-use patients, especially those with untreated behavioral conditions and co-occurring medical conditions, became more obvious, with concerns that disease management techniques were not necessarily focused on this group. The PHQ-9 (patient questionnaire on depression symptoms) became the go-to tool for screening patients for behavioral issues in both primary and specialty medical care.

Phase Two in Mayo's integration arc commenced in 2007 with development and implementation of the DIAMOND program
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(Depression Improvement Across Minnesota, Offering a New Direction) aimed at adult depression in primary care. DIAMOND was again based on a caremodel created by Wayne Katon, M.D. and tested as IMPACT in a randomized controlled trial by Dr. Unutzer. DIAMOND's key features were use of the PHQ-9 for screening and ongoing management of depression symptoms; a registry to track patients' progress; stepped-care approach for treatment modification if patient not improving; a relapse program; a care manager to support and coordinate care and facilitate inter-team communication; and a psychiatric consultant engaged with care manager and PCP in weekly patient caseload review. Fidelity to these components was essential.

Showing success, by 2010 Mayo had spread the DIAMOND program to all its primary care clinics. The results were even better than earlier attempts. Now sustainable good outcomes were happening and there was increased interest in integrating behavioral health on a permanent basis. Mayo formed its first Integrated Behavioral Health (IBH) group under David Katelnick, M.D. as chair of IBH for all its clinics.

The IBH then went on to further develop the EMERALD (Evidence-Based Recognition of Adolescents Living with Depression) program for teens with depression in primary care; the CALM (Coordinated Anxiety Learning and Management) program for adults with anxiety disorders in primary care, and models for collaborative care for primary care patients with co-existing depression and cardiovascular or diabetes disease.

Mayo's Phase Three began in 2012 when the Centers for Medicare and Medicaid Services (CMS) awarded \$18 million to a national consortium led by the Institute for Clinical Systems Improvement (ICSI). The consortium, comprised of ten healthcare organizations, including the Mayo Clinic, is implementing the COMPASS (Care of Mental, Physical and Substance-Use Syndromes) collaborative care management (team-based) model to manage patients with depression and diabetes and/ or CVD in almost 200 primary care clinics in eight states. The project's results are due in June 2015.

COMPASS is based on the TEAMcare model developed at the University of Washington, now considered the gold standard of integrated programs. Two and one-half years into the project, results are comparable to earlier TEAMcare outcomes. The COMPASS team is hopeful that the learnings from this project will help inform Medicare and Medicaid services delivery in the future, and the way those services are reimbursed, in order to support integrated care.

Dr. Williams indicates real challenges lie ahead in figuring out how to proceed in bringing quality, cost effective behavioral care into the PC setting after COMPASS. What will be the right patient population to apply this intervention? How to ensure the right resources are in place? How to measure change? So far we have seen that most health outcomes changes occur early on, while financial changes usually lag, yet timelines for decision-making come early and the pressure to save money is persistent.

NHMH asked Dr. Williams to sum up Mayo's experience with behavioral health integration so far:

- Use proven models (e.g. TEAMcare, IMPACT etc)
- It is helpful to have an external group involved (in their case, IHI or ICSI)
- Sustainability is a real challenge: practice change in primary care is more than just outcomes, it is a lot of cultural change, and those changes can be disruptive, affecting every aspect of how a clinic functions
- Patient active engagement in treatment and understanding their role is critical
- You don't always need payment reform to be in place before beginning practice change, it is possible to improve patient care before funding comes, it may be hard, but it is important to not always wait
- Integrated care is not always needed by all patients for every problem but when patients have needs that go beyond usual primary care, integrated care gets better outcomes
- Mental health conditions are chronic. The delay in receiving care can lead to significant functional disruption. With an average wait to see a psychiatrist of months, how many employers are willing to have their employees missing work or functioning at a lower capacity while waiting on a psychiatric visit? If a person starts to develop a serious mental health problem and loses their job and thus their insurance, their recovery is all the more difficult
- It is a mistake to think only mild, common mental disorders are seen in primary care; rather, many patients with serious mental disorders will not go to mental health clinics preferring their primary clinic, hence many cases of mental disorders in primary care;
- We need to intervene earlier in behavioral disorders trajectory which means catching early signs in primary care, with increasing screens and treatment for children and teens
- There are a lot more mental health conditions than we have capacity to handle, and applying team-based collaborative care is effective and cost efficient; it should be a care priority.
- Integrating medical care into behavioral health clinics is also very important -- we need to do both, not one or the other. By investing in primary care integration, we may have a chance to reduce the complexity of patients needing to be treated in overloaded mental health community clinics.

Dr. Williams' final thoughts: "If you have doubts about the efficacy of offering collaborative care in primary care setting, just ask a PCP who has been exposed to this efficient consultative support, and ask patients who have seen both their physical and behavioral issues addressed in one place in a coordinated fashion - and see what response you get!

—Source: Mark Williams, M.D., Mayo Clinic, Wayne Katon, M.D., AIMS Center at University of Washington

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The Modern Asylum

By Christine Montross, 2/18/2015

LAST month, three ethicists from the University of Pennsylvania argued in the *Journal of the American Medical Association* that the movement to deinstitutionalize the mentally ill has been a failure. Deinstitutionalization, they wrote, has in truth been “transinstitutionalization.” As a hospital psychiatrist, I see this every day. Patients with chronic, severe mental illnesses are still in facilities — only now they are in medical hospitals, nursing homes and, increasingly, jails and prisons, places that are less appropriate and more expensive than long-term psychiatric institutions.

The ethicists argue that the “way forward includes a return to psychiatric asylums.” And they are right.

Their suggestion was controversial. Critics argued that people should receive treatment in the least restrictive setting possible. The Americans With Disabilities Act demanded this, as has the Supreme Court. The goals of maximizing personal autonomy and civil liberties for the mentally ill are admirable.

But as a result, my patients with chronic psychotic illnesses cycle between emergency hospitalizations and inadequate outpatient care. They are treated by community mental health centers whose overburdened psychiatrists may see even the sickest patients for only 20 minutes every three months. Many patients struggle with homelessness. Many are incarcerated.

A new model of long-term psychiatric institutionalization, as the Penn group suggests, would help them. However, I would go even further. We also need to rethink how we care for another group of vulnerable patients who have been just as disastrously disserved by policies meant to empower and protect them: the severely mentally disabled.

In the wake of deinstitutionalization, group homes for the mentally disabled were established to provide long-term housing while preserving community engagement. Rigorous regulations evolved to ensure patient safety and autonomy. However, many have backfired.

A colleague of mine who treats severely disabled patients on the autism spectrum described a young man who would become agitated in the van on outings with his group home staff. Fearing the man would open a door while the vehicle was moving, staff members told his family that he would no longer be permitted to go. When the parents suggested just locking the van doors, they were told that this infringed on patients’ freedom and was not allowed.

Group homes have undergone devastating budget cuts. Staffs are smaller, wages are lower, and workers are less skilled. Severe cognitive impairment can be accompanied by aggressive or self-injurious impulses. With fewer staff members to provide care, outbursts escalate. Group homes then have no choice but to send violent patients to the psychiatric hospital.

As a result, admission rates of severely mentally disabled patients at my hospital are rising. They join patients who are suicidal, homicidal or paranoid. We have worked to minimize the use of restraint and seclusion on my unit, but have seen the frequency of both skyrocket. Nearly every week staff members are struck or scratched by largely nonverbal patients who have no other way to communicate their distress. Attempting to soothe these patients monopolizes the efforts of a staff whose mission is to treat acute psychiatric emergencies, not chronic neurological conditions. Everyone loses.

The problem is compounded by the fact that group homes often refuse to accept patients back after they are hospitalized. One of my patients with severe autism and a mood disorder is on his 286th day of hospitalization. Another with autism and developmental disability has been on the unit for more than a year. Insurance companies won’t pay for inpatient admission once patients are no longer dangerous, so the cost of treatment is absorbed by the hospital, or paid for by taxpayers through Medicaid.

So institutionalization is already happening, but it is happening in a far less humane way than it could be. The patient with autism who has spent a year in a psychiatric hospital is analogous to the patient with schizophrenia who has spent a year in prison: Both suffer in inappropriate facilities while we pat ourselves on the back for closing the asylums in favor of community care.

Modern asylums would be nothing like the one in “One Flew Over the Cuckoo’s Nest.” They could be modeled on residential facilities for patients with dementia, who would have languished in the asylums of yore, but whose quality of life has improved thanks to neurological and pharmacological advancements.

Asylums for the severely mentally disabled would provide stability and structure. Vocational skills would be incorporated when possible, and each patient would have responsibilities, even if they were carried out with staff assistance. Staff members would be trained to address the needs of minimally verbal adults. Sensory issues often accompany severe intellectual disability, so rooms with weighted blankets, relaxing sounds and objects to squeeze would help patients calm themselves.

Facilities for chronically psychotic patients would have medication regimens and psychoeducation tailored to the needs of those living with mental illness.

Neither my chronically psychotic nor my mentally disabled patients can safely care for themselves on their own. They deserve the relief modern institutionalization would provide. Naysayers cite the expense as prohibitive. But we are spending far more on escalating prison and court costs, and inpatient hospitalizations. More important, we are doing nothing about the chaos and suffering in patients’ lives.

We can’t continue to abandon our most vulnerable citizens in the name of autonomy.

—Source: http://www.nytimes.com/2015/02/18/opinion/the-modern-asylum.html?smid=nytcore-ipad-share&smprod=nytcore-ipad&_r=0