



San Mateo County

General Meeting



100 S. San Mateo Drive San Mateo

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

Wednesday, Sep. 30

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

The Challenge Of Recovering From Co-Occurring Disorders Of Mental Illness & Substance Abuse

Philip Kolski, LCSW

Mr. Kolski will discuss: The importance of integrated treatment; How abused substances can mimic or aggravate psychiatric problems; Treatment pitfalls; The self-medication issue; How as a family member do we intervene; Life in recovery.

Philip Kolski is the Outpatient Program Manager at Mills Peninsula Health Services and Assist U, he was formerly the program manager of a chemical dependency program in Des Plaines, IL.

Please Mark your Calendar!



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

NAMI California Convention

Each year, NAMI California holds its own convention, alternating between Northern and Southern California. This year's gathering in Newport Beach, on August 21 -22, was an opportunity for the 67 NAMI affiliate attendees within the state to learn from one another and the presenters, reconnect with old friends and make new ones.

With five conference tracks – Advocacy, Criminal Justice, Consumer & Family Engagement, Affiliate Leadership and Transitional Aged Youth, there were dozens of different workshops to select amongst. It was a good learning and networking opportunity.

Attendees also had the opportunity to view a preview of the new documentary film “Buried Alive Above Ground,” by Ben Selkow. While heart-wrenching, it concluded in a positive manner with participants at varying stages of recovery.

Of special note was the keynote speaker, Patrick Corrigan, PSYD. Pat, as he likes to be called, is a distinguished Professor of Psychology at the Illinois Institute of Technology. His research examines psychiatric disability and the impact of stigma on recovery and rehabilitation. Pat, an individual living well with his mental illness, was a most effective speaker.

NAMI California 2016 convention – August 26 -27 - will be in Burlingame.

Two Major Mental Health Bills Introduced

—Source: <http://www.treatmentadvocacycenter.org/>

August, typically considered a sleepy month on Capitol Hill, turned out to be a watershed moment for assisted outpatient treatment (AOT) and other criminal justice diversion programs. Two bills were introduced earlier this month that included AOT and other proven diversion strategies for treating instead of jailing people with severe mental illness - programs that have been long supported by the Treatment Advocacy Center.

Senator John Cornyn (R-TX) introduced the *Mental Health and Safe Communities Act* which would make additional federal funding opportunities available to expand AOT for the most severely ill before they become entangled in the criminal justice system. The bill also increases training for law enforcement on how to handle people in a psychiatric crisis and supports data collection on the criminalization of mental illness. Read more at <http://www.treatmentadvocacycenter.org/about-us/our-blog/69-no-state/2893>. “Getting arrested should not be the first step in getting treatment,” said Treatment Advocacy Center Executive Director John Snook. “Senator Cornyn’s bill will help ensure people with severe mental illness get help before they deteriorate to the point of crisis.”

Also at the federal level, the bipartisan *Mental Health Reform Act of 2015*, unveiled by Senators Chris Murphy (D-CT) and Bill Cassidy (R-LA), would make it easier for states to implement court-ordered outpatient treatment by providing funding for local programs through a federal grant program. The bill seeks to reform America’s mental health system so that it meets the needs of all patients, the senators said at a press event in August. Read more at <http://www.treatmentadvocacycenter.org/about-us/our-blog/69-no-state/2891-severe-mental-illness-the-focus-of-newly-introduced-senate-mental-health-reform-bill>. “If passed into law, these provisions would expand access to treatment through proven outpatient treatment programs, catalyze important jail diversion programs and bolster the availability of treatment in acute facilities for those in need,” Snook continued.

You can help. Write your US senators today and tell them to support efforts to ensure treatment before incarceration. Include your story about what these bills would mean for you and your family.

NAMI SMC Warm Line Training

Wed. Sept. 9, 2:00 - 4:00pm

Do you want to help others as they learn the steps of how to best help their family member who has (recently) been diagnosed with a mental illness? If so, then becoming a new Warm Line volunteer phone responder is for you!

To sign up for the Warm Line training, or learn more about what is entailed, call 650-638-0800, or email nami@namisanmateo.org. Come join us on the Warm Line team!

Volunteer Help Needed for our Facebook Presence



Are you a Social Media whiz? Would you enjoy helping us develop a Facebook presence? If you answered “yes” to both questions, then you have to contact NAMI-SMC! We would love to speak with you.

As we grow our programs and outreach into the community, we want to interact more, with you, our members and friends. Please help us help the community.

Contact nami@namisanmateo.org or 650-638-0800 to learn more about this Facebook opportunity and join our team of talented and much appreciated volunteers. We can't do it without you! Please contact us now!

911 Script Available on the BHRS Website

Help prepare yourself for a mental health emergency (calling 911) with this comprehensive brochure packed with current local information. Download “Mental Health Emergency” at www.smchealth.org/MH911. Or visit the blog: <http://smcb-hrsblog.org/2015/03/30/mental-health-emergency-materials-aka-family-script/>.

Visit www.namicalifornia.org/ to get the latest on legislative activity.

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.

NAMI-SMC at Community Events

NAMI SMC shared information at the 14th Annual North Fair Oaks Community Festival, Sunday, Aug. 16. Many thanks to Edna Daga, and her son, Ryan; Diana Casey, Leslie Wambach-Pacalin and Lisa Kenney, who also came out to volunteer in the incredible heat. Together, we make a difference!



Lily Arapeles and her daughter, Eva, also donated their time at the booth.

NAMI Education Classes Starting

Peer-to-Peer

Thursdays, October 8 - December 17

A free 10-week class for people with mental health issues taught by people with mental health issues.

“Learning to Live Well with What We’ve Got”

Family-to-Family

Mondays, September 21 - December 14

A 12-week class for family members of adult persons with mental illness taught by family member volunteers.

No cost for classes - just a commitment to attend each class
Call 650-638-0800 to register (required)

17th Annual Conference on Hoarding and Cluttering

November 5-6

Hilton San Francisco Financial District
750 Kearny Street, San Francisco

The Mental Health Association of San Francisco hosts the International Hoarding and Cluttering Conference in San Francisco. What began as a one-day regional Greater San Francisco Bay Area conference, the Hoarding and Cluttering Conference has transitioned into a two-day international education and learning forum that brings together individuals, service providers, housing providers, and researchers in a single location to address hoarding and cluttering disorders. For more information, contact ichc@mentalhealthsf.org.

8 Biggest Myths About Mental Health

By Katie Waldeck

Nearly a quarter of people experience some form of mental illness in their lifetimes. With rates that high, you might think that there wouldn't be as much stigma attached to it. But so much of what many of us understand about mental illness is clouded by popular perceptions and long-held biases that can be damaging for folks who experience mental health issues. Read on for some of the biggest myths about mental illness.

1. People with Mental Illnesses Can't Hold Jobs.

Mental illness doesn't have to mean that your life has to be over as you know it. People with mental illness, even the most life-altering types like schizophrenia, can live fully productive, normal lives—especially if they get, and continue, treatment. But that doesn't mean they always do—unfortunately, the unemployment rate among people receiving public benefits for their mental illness is extremely high in the United States, averaging about 80 percent nationwide. Though, of course, not everyone with a mental illness receives public benefits. For those that do, this statistic is quite alarming, because having a job is a key step in the process to recovery.

2. Mental Healthcare is Easily Accessible.

Unfortunately, in much of the United States, mental health treatment can be alarmingly difficult to access. Many parts of the country, especially outside of major metropolitan areas, have disproportionately fewer psychiatrists, psychologists and other mental health practitioners than needed. The federal government has designated Mental Health Professional Shortage areas, which you can explore [see website].

And it's not just the number of doctors that can make it difficult to access treatment: federal and state budgets for mental health care have been slashed in recent years, the number of beds at mental health hospitals has dwindled exponentially in the past few decades (currently at its lowest since the mid-19th-century), the cost of treatment has proven to be a barrier for many individuals... The list of hurdles to mental health care treatment goes on and on.

3. Distant Mothers Cause Mental Illness.

It was once thought that anything from schizophrenia to autism was caused by a cold, distant mother. Known as "refrigerator mothers," this theory was popular in the 1950s and 60's and has been discredited for decades, yet it's still a myth that just won't die in popular culture. Though life experiences certainly play a part in the development—or lack thereof—of mental health issues, it's not your mother's cold nature that's to blame for mental health issues.

4. You Can't Help It.

There's plenty you can do to help your own mental illness. Talk therapy and medication are obvious avenues, but mindfulness, getting regular sleep, eating well and exercise can all be used as tools for people with a mental illness.

It's not just the person with the disorder that can play a role in it, though: their friends and loved ones can help, too. Learning about their mental illness is an excellent first step. It'll help identify how, exactly, it is impacting their life, and how their behaviors and thoughts are affected. Another step is to make sure that the person with the mental illness understands that they're loved, supported and cared about. Because mental illness is so stigmatized, many people suffering from these disorders feel alone in their struggles.

(Continued on page 4)



Our Condolences

We are saddened by the news of the sudden death of one of our first Peer-to-Peer mentors, Sheri Reed. Sheri had tremendous compassion in the classroom and in her communities. She was a retired RN who never lost the qualities that made her an exceptionally caring person. We will miss her.

Donations Received

- Joseph A. Braun in memory of Fern Schmitz.
- Amy & Rob McHugh to Debbie and Doug Heffernan and family in loving memory of Max Heffernan.

In Honor

Dale Ikeda gave a generous donation to NAMI SMC in honor of our very own Carol Goshu.

Thank you Carol Goshu for all you do and continue to do for NAMI SMC!

NAMI San Mateo County appreciates those who send donations that honor loved ones.

Our heartfelt gratitude!

Shopping Supports NAMI SMC

Together, shopping through any of these mediums makes a real difference. Last year, NAMI SMC received over \$3,000 in merchant rebates!

The **S.H.A.R.E.S. card** will donate 3% of your grocery purchases to NAMI SMC at all SAVEMART, LUCKY, SMART FOODS & FOODMAXX stores! To request a S.H.A.R.E.S. card please call our office at (650) 638-0800 or email us at education@namisanmateo.org. Tell a friend!



Remember, always start at **smile.amazon.com** and Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases. When you log onto smile.amazon.com please choose NAMI San Mateo County as your charitable organization; from there your shopping purchases will be linked directly to us!



escrip is easy, quick & secure! Let's get started!

Go to www.escrip.com, click on "sign up," follow the instructions to register your grocery cards and your existing credit/debit cards and start earning for NAMI SAN MATEO COUNTY! Tell a friend!



BHRS Family Contacts

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

Volunteer Corner



Heath Fair Outreach

A big thank you to Lily Araples, Diana Casey, Edna Daga & Ryan, Lisa Kenney, Esther Ludena & Leslie Pacalin Wambach who braved the 100 degree heat to help staff the NAMI SMC booth with Helene Zimmerman, at the 14th North Fair Oaks Community Festival.

Web site Updates

We are most thankful to Tracey-Renee Hubbard – our new website guru - for tending to the up-dating of our web site.

Warm line and office support

Our thanks to Cammy Forchione – our first warm line and office volunteer. Thank you for your good council to warm line callers and for your willingness to do whatever comes your way.

Our thanks go out to the many volunteers – including our faithful newsletter assembly and distribution crew – and the many others not listed here, who have – over the months and years – given tirelessly to help NAMI SMC in a myriad of ways.

If you would like to volunteer, please contact Debi at nami@namisanmateo.org, or 650-638-0800 to be added to the volunteer list and to find out more about volunteer opportunities.

**To all our volunteers, thank you.
We couldn't do it without you!**

Psychiatric Grand Rounds Programs *Open to the Public*

Mills-Peninsula Health Services

Hendrickson Auditorium, Ground Floor
100 South San Mateo Drive, San Mateo / 650-696-5813
12:15 – 1:45pm **BRING LUNCH**

Sep 15 Psychiatric Complications Of Seizures

Sep 29 The Prescription Drug Epidemic: Preserving
Compassion For The Drug-Seeking Patient

Silicon Valley Community Foundation - Room 114
1300 South El Camino Real, San Mateo
12:15 – 1:30 P.M.

Sep 8 The Impaired Provider

Mills Health Center – Saidy Conference Room
100 South San Mateo Drive - Basement

Sep 22 Teaching And Mentoring For Professional
Development

(8 Biggest Myths from page 3)

Other ways to help include assisting with basic tasks, making sure to include them in activities and making sure that they're getting the professional help that they need.

5. Mental Illness is Shameful.

Mental illness is not something to be ashamed of, though society certainly makes it seem that way. Mental illness is an illness just like any other. One of the most important steps we as a society can take to help those suffering from mental illness is to de-stigmatize it. Having depression, bipolar disorder, schizophrenia, or whatever, doesn't make you weak, it doesn't make you a loser, it doesn't make you crazy—it merely means you have a brain that works differently.

6. People With Mental Illnesses are Violent.

Much of the perception of the connection between violence and mental health issues can be linked to the media—between the 1950s and the 1990s, people's ideas that the two are connected more than doubled, with over half of the depictions of people with mental illness in the media showing some sort of violent act.

Just like the general population, most people with a mental illness are non-violent. In fact, people with mental illnesses are far MORE likely to be the victims of crimes than those without a mental health issue, and are statistically less likely to commit crimes than you might think. Though people with schizophrenia or bipolar disorder commit crimes at slightly higher rates than those without, when comparing people with these disorders to their siblings without them, the rates are negligible at best. So what does that mean? Well, people with schizophrenia and bipolar disorder aren't necessarily committing crimes at higher rates, it's the socioeconomic factors, stress and other things—not necessarily the mental illness on its own.

7. Don't Have Kids if You Have Mental Health Issues.

It's true that mental health issues can be genetic. But that doesn't mean that simply having genes that cause mental health issues will automatically mean you'll develop a disorder. It's important to remember that just because you carry a gene doesn't necessarily mean that you'll develop a disorder from it. Think of it this way: your grandmother has red hair, you have blond and your daughter has red. She got that gene for red hair from you, even though you yourself have blond hair.

Though scientists haven't pinned down a particular gene that increases an individual's risk for depression, research has shown that depression runs in families. But other factors play a role in developing a mental illness, too, LIKELY even more than your genes alone.

So what does that mean? Well, if you and/or your partner have a family history of mental illness, that doesn't mean that your children will, too. Don't let that history prevent you from having biological children.

8. Children Can't Have Mental Illness.

Unfortunately, children can develop a mental illness much like adults. Though more difficult mental health disorders like schizophrenia and bipolar disorder are far less common in children than in adults, they can still happen. Disorders like depression, post-traumatic stress disorder, and obsessive compulsive disorder are certainly found in children, as well. And, no, it's not always "just" a phase.

Read more: <http://www.care2.com/greenliving/8-biggest-myths-about-mental-health.html#ixzz3iQGGWPhf>

—Source: http://www.care2.com/greenliving/8-biggest-myths-about-mental-health.html?cid=email_na

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

<ul style="list-style-type: none"> • 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 & Young Adults (ages 6 – 26), 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
<ul style="list-style-type: none"> • NAMI 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. • 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. September group cancelled. 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, San Mateo. 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. 	TUESDAY
<ul style="list-style-type: none"> • NAMI Stanford for family & friends. 2nd Wednesdays, 7:00 -8:30pm. 401 Quarry Road #1206, Stanford. Dept. of Psychiatry & Behavioral Sciences (parking is between Vineyard & Quarry). Info: 650-862-2886 or pamelapolos@comcast.net • 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
<ul style="list-style-type: none"> • Asian-Language Family Support Groups Last Thursday, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas, San Mateo. 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. • Body Image & Eating Disorders, Thursdays, 6:30-8pm, 1225 Crane St, Ste 205, Menlo Park. Open to family and friends. <i>RSVP required:</i> emlycaruthersmft@gmail.com. More info: 408-356-1212 or e-mail: info@edrcsv.org. • 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-facilitator: Adam Harrison LCSW More info: 650-301-8650. 	THURSDAY
<ul style="list-style-type: none"> • NAMI Connection - Consumer Recovery Support Group: August: No meeting; September: call NAMI SMC 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, Sep. 2 • 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, Sep. 1 • 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.

Jail Chaplain

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

NAMI Education Programs

Call to be added to the Wait List - 650-638-0800

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. Pre-registration is required.

➤ **Family to Family**—For relatives of an adult family member with mental illness. Class meets once a week for 12 weeks.

>>A second fall class is starting Sept 21st, please call to register or be added to the waiting list.

➤ **Peer to Peer**—Better living skills for people with mental health issues taught by people with mental health issues.

>>Class offered Thursdays, Oct 8 - Dec 17

➤ **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.

>>Please call to set up an in-house program for your organization

Trainers/Facilitators Needed

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.

We are also looking for individuals with lived experience who are interested in telling their story, as part of our In Our Own Voice presentations.

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.

New Developments re Depression Tx in Primary Care – What Peers Need to Know

As the American College of Physicians, representing 143,000 PCPs around the country, has pointed out, most patients with behavioral health needs use the primary care office/clinic as their main source of care. And given the shortage of behavioral health professionals, primary care may be the only setting in which common, mild behavioral health problems can be broadly recognized and treated.*

Primary care clinic/offices run the gamut across the country from big, urban/suburban, multi-doctor practices, to medium-sized medical groups, to one to three doctor small rural/frontier operations. How they deliver care depends on many variables: who the doctors are; their training/expertise; the location; the patient population, the source of payment (e.g. government or commercial insurer), to name a few. It is a very mixed bag: there is no one template for how medical care is delivered or to be expected in medical practices!

Behavioral health is broadly defined to include mental health conditions and substance (alcohol and drugs) abuse conditions. Depression is the most common behavioral health condition. Most pts receive depression care, if at all, in primary care. (This discussion does not touch on other mental disorders such as bipolar and schizophrenia which usually require specialty mental health care, though are also often only treated in primary care).

When it comes to whether pts get Tx for depression in primary care, the answer is there is currently no one fixed rule for all. Some PCPs treat depression in their pts with antidepressants. Others refer the pts to other specialists, usually behavioral health professional consultants. Others don't address depression or behavioral health issues at all.

From the pt's perspective, most don't think about depression Tx in primary care until it becomes an issue for them. Then, their goal is, or should be, to go to a medical care provider who offers depression care, and secondly that it be quality care. Quality care means evidence-based care, which in turn means a Tx that has a great deal of scientific data supporting and proving its effectiveness. So getting evidence-based depression care in primary care should be the pt's goal, when it becomes a problem for them or a loved one. At present, medical care, and how it is delivered in primary care, is in a major state of flux in the country due to new medical research, changing laws and rules, advances in technologies (data analytics) and a drive to focus on improving pt's overall health outcomes, address rising healthcare costs, and having doctors work together better across disciplines.

The way these changes are being advanced is largely by changing the way doctors are paid. In the past, PCPs performed a task like taking pt's Hx, ordering lab test, prescribing meds, doing a scan, etc, and were paid for that particular service. No attention was paid to how the pt's health status was after this Tx occurred, whether they improved, stayed the same, or got worse. That is changing. Now, slowly, we are evolving to an environment where PCPs will be paid according to pt's health outcomes, after Tx. And not just one individual pt. But doctors will be responsible for a defined group of patients they agree to take care of (pt pop), on that population's health outcomes as well. These are major changes for doctors in primary care and we are only in the earliest stages of adaptation.

To start measuring pt's health outcomes, primary care clinics will soon start screening their pts for depression using an accepted standard tool... Pts forms are then scored to determine if depression exists and how severe, and then proposed treatment actions are developed.

While in the past, most primary care clinics have not offered quality evidence-based depression Tx, primary care clinics will soon be required to screen for depression using the PHQ-9.

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool used by more than 90% of American health insurance plans to measure performance on important dimensions of care and service. Insurers, along with the government, are the major payers of medical services. Starting soon, three new HEDIS measures related to depression care will be required to be phased in to primary care clinics. [see full article for Metrics] Currently, the gold standard for receiving quality depression care in primary care, is the collaborative care model.**

If your PCP offers this Tx for depression, you're receiving quality, evidence-based care. It focuses on detecting depression in primary care using a specific validated screening test, then medical Dx of the disorder, followed by tracking those with the illness through a registry, with the use of a measurement-based depression care path that identified needed changes in treatment if a pt does not improve; in addition, there is training of clinical and administrative staff in the medical practice, and educating and activating patients. Depression care is provided by a primary care team, consisting of a PCP, and a care manager, who work in collaboration with a psychiatric consultant, such as a psychiatrist. Care is directed by the primary care team and includes structured care management with regular assessments of the clinical status of the pt using validated tools (e.g. PHQ-9) and modification of Tx as appropriate. The psychiatric consultant, usually a psychiatrist, provides regular consultations to the primary care team to review the clinical status and care of pts and to make recommendations. Collaborative care has enormous scientific data to support its effectiveness in both improving health outcomes and lowering costs over time. That said, other evidence-based models of care for depression in primary care are also likely to appear in the future. Different models may be appropriate for different primary care settings and different pt pop needs.

Depression Tx in primary care is a dynamic area now, and given how widespread depression is, pts need to stay informed. Use a reliable patient advocacy organizations like NHMH - No Health without Mental Health, www.nhmh.org, as an information source to stay abreast of developments so that you are prepared or have answers when the need to know arises. Most of all, seek help from your PCP when you or loved one have a behavioral health issue.

Tx = treatment. Hx = history. Dx = diagnosis. Sx = symptoms. Pt = patient
PCPs = primary care physicians

*Annals of Internal Medicine, June 30, 2015
<http://annals.org/article.aspx?articleid=2362310>
**www.teamcarehealth.org

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NAMI SMC Warm Line Training

Sept 9 - see page 2

Family-to-Family Class

Sept 21 - see pages 2 & 6

General Meeting

Sept 23 - see page 1

Peer-to-Peer Class

Oct 8 - see pages 2 & 6

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