

General Meeting

**100 S. San Mateo Drive
San Mateo**
Hendrickson Aud. / Mills Health Center
Free evening parking in front

Wednesday, March 26

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

Research on Schizophrenia

Dr. Jong Yoon
Clinician and Researcher

Dr. Yoon is a clinician and researcher with extensive experience in the areas of first episode psychosis and the schizophrenia prodrome. He is conducting neuroimaging research at Stanford and the Palo Alto VA in which he is applying novel methods for identifying the neural mechanisms underlying the altered information processing and cognitive deficits in schizophrenia, like working memory and attention span. Dr. Yoon will share what he hopes to find with his research and how it may help in the treatment of mental health conditions. He will also discuss plans underway to start a new clinic at Stanford focused on first episode psychosis and the prodrome.

Please join us for this cutting edge information!

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.

Visit our website!

www.namisanmateo.org

HHS Issues HIPAA Guidance on Sharing Information Related to Mental Health

The U.S. Department of Health and Human Services (HHS) has released new guidance explaining how the HIPAA Privacy Rule operates to protect individuals' privacy rights with respect to their mental health information and in what circumstances the Privacy Rule permits health care providers to communicate with patients' family members and others to enhance treatment and assure safety.

The guidance published today addresses some of the more frequently asked questions about when it is appropriate under the Privacy Rule for a health care provider to share the protected health information of a patient who is being treated for a mental health condition. The HHS Office for Civil Rights clarifies when HIPAA permits health care providers to: communicate with a patient's family members, friends, or others involved in the patient's care, depending on whether the patient is an adult or a minor; and consider the patient's capacity to agree or object to the sharing of their information. In addition, the guidance further clarifies how providers may communicate with family members, law enforcement, or others when the patient presents a serious and imminent threat of harm to themselves or others.

In addition, the guidance provides relevant reminders about related issues, such as the heightened protections afforded to psychotherapy notes by the Privacy Rule, a parent's right to access the protected health information of a minor child as the child's personal representative, the potential applicability of Federal alcohol and drug abuse confidentiality regulations or state laws that may provide more stringent protections for the information than HIPAA, and the intersection of HIPAA and FERPA in a school setting.

The complete guidance is available at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/mhguidance.html>. HIPAA FAQs are available at <http://www.hhs.gov/ocr/privacy/hipaa/faq/index.html>

Notice Of Annual Meeting

The March 26, 2014 General Meeting serves as NAMI-SMC's annual meeting for election of 2014 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

Co-Vice Presidents: Sharon Roth, RN and Juliana Fuerbringer

Treasurer: Mike Stimson

Secretary: Maureen Sinnott, PhD

Board Members: Carl Engineer, Carol Gosho, Melinda Henning, Christopher Jump

Advisory Board: Margaret Taylor, Pat Way

2nd Annual Tools for Change: Freeing our Communities from the Stigma of Mental Illness

Thursday-Saturday, March 6-8
Hilton Union Square
333 O'Farrell St, San Francisco

The Center for Dignity, Recovery, and Empowerment, a project of the Mental Health Association of San Francisco is proud to present its 2nd Annual Tools for Change Conference, now a 2-day international event.

Tools For Change, now in its second year, is the first international conference focused on lived experience and culture change around mental health and mental illness. Tools for Change will unite international thinkers, researchers, consumers, community leaders, advocates and other change agents in three days of learning, partnership, and activism to strengthen our communities to support mental health and recovery. This year Tools For Change brings effective stigma-change strategies into focus with culturally-responsive programs and the power of stigma change for prevention of suicide. Special events/ activities will exemplify and activate select change strategies. For more information visit <http://dignityandrecoverycenter.org/toolsforchange2014/>.



It's The 10th Anniversary!

On Saturday, May 31, 2014
NAMIWalks Bay Area will celebrate
10 years of walking to make a difference.

www.namiwalkSFbay.org / 800-556-2401

Register today to walk with thousands of NAMIwalkers. Together we raise awareness and funds for our free Bay Area mental health programs:

Family & Peer Education & Support / Speaker's Bureau /
Anti-Stigma & Advocacy

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

NAMI Basics Education Program

The NAMI Basics Program is coming to San Mateo! The program focuses on the fundamentals of caring for you, your family and your child with mental illness.

What you should expect:

- Meets for six sessions, 2.5 hours each, free of cost to attendees
- Designed for parents and other family caregivers of children and adolescents living with mental illness
- Taught by a 2 person team of trained teachers
- Provides critical information and strategies related to caregiving.
- Incorporates presentations, discussion and interactive exercises

Why You Should Attend:

- Up-to-date information on a range of mental illnesses and their impact on the brain
- Current research on treatments including evidence-based therapies, medications and side effects
- Preparation for interactions with the mental health care system, school system and juvenile justice system

Recently two of our NAMI-SMC members attended NAMI Basics Teacher Training. Congratulations and thank you Claudia Saggese and Jeanette Neal! Dates for initial course TBD.....more information to follow. Call the NAMI SMC office to be listed on the wait list: 650 638-0800.

NAMI Education Programs

Call 650-638-0800 to register

Sign up for the evidence-based education class that fits your needs. Courses are FREE, comprehensive, and popular. Gain skills and understanding in an interactive, supportive environment. Classes offered in the spring and fall. Call the office and get on the Wait List. Pre-registration is required.

× Family to Family

For parents, spouses, children and other family members of persons with a mental illness.

Class meets once a week for 12 weeks.

× Peer to Peer

Starts April 3 for 10 weeks in the afternoon

Better living skills for people with mental health issues taught by people with mental health issues.

× Provider Course

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.

Clubhouse Program in SMC

A growing group of passionate people is working to open a Clubhouse in San Mateo County in 2014.

Clubhouse will be a place for people with a serious mental illness to go during the day to do meaningful work operating the clubhouse; prepare and eat low-cost, nutritious meals; work on overcoming obstacles to employment, housing, and health; socialize with others; have fun; and develop personal talents and strengths. Membership is voluntary, free, and good for life. Join us! Everyone is welcome to contribute to this worthwhile effort. In fact, we want everyone to help spread the work.

Since holding our first informal meeting last year, we have made tremendous strides: building awareness, meeting with mental health providers throughout the county, creating partnerships with these organizations and developing a plan to launch in 2014.

The momentum is exciting. It is pushing us ahead. We still need to do lots of work to create a strong foundation for a sustainable organization. We can use everyone's help, from ambassadors, to members, to future employers, to Board Members, plus everything in between.

To be informed or offer support, see the website at www.californiaclubhouse.org. Or contact us at info@clubhouse.org or Juliana at julianafuer@gmail.com.

NOTE: NAMI-SMC endorses Clubhouse.

FAST: Family Assertive Support Team

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

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

We Come to You!

See a full article about FAST in our November 2013 web version newsletter: visit www.namisanmateo.org.

SM County Crisis Center: 650-579-0350

800 Suicide: 800-784-2433

Chat Room for Teens:

M-Th, 4:30pm to 9:30pm www.onyourmind.net

NAMI SMC Receives \$8,000 Mills-Peninsula Health Services Community Grant

NAMI-SMC is pleased to be the recipient of an \$8,000 Community Grant from Mills Peninsula Health Services to support education programs and presentations. Mills Peninsula has generously supported NAMI education for many years. As NAMI members know from experience, education is the key to understanding the impact of mental illnesses on families, those with mental illness and those that provide behavioral health services! NAMI-SMC is fortunate to have been selected as a recipient of this prestigious grant!

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

CACITA State Conference

—By Terry Wilcox-Rittgers, BHRS

The Fourth Annual California Crisis Intervention Training Association (CACITA) State Conference was held at the College of San Mateo on January 9-10 and was a huge success. The event drew in close to two hundred people from across the State. There were a variety of relevant topics covered that included: Mental Health in Our Schools; Returning Warriors (Veterans); Homeless Outreach Programs; Provider Stress Reduction; Stigma Reduction; and many others. Our key note speakers were two notable locals, Steve Kaplan and Steve Wagstaffe.

The conference was sponsored by NAMI of San Mateo County, San Mateo County Behavioral Health and Recovery Services, San Mateo County Sheriff's Office and Orange County Behavioral Health Services. A new Board of Directors for CACITA was elected during the conference with some of our local community members selected. These include: **Sharon Roth of NAMI as President**; Terry Wilcox-Rittgers of BHRS as Secretary; and Jim Coffman of our Sheriff's Office as Member at Large.

We have two upcoming events: CIT International Conference Oct. 13-15, 2014 in Monterey and the CACITA 5th Annual Conference, June 2015 in San Diego.

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

Save the Date



- **April 16, 2014**
Walk Luncheon - Crow Canyon Country Club
- **May 31, 2014**
NAMI Walk at Golden Gate Park
- **August 1-2, 2014**
NAMI California Statewide Conference in Newport Beach. www.namicalifornia.org. Register: <https://41339.thankyou4caring.org/sslpage.aspx?pid=300>
- **Late August 2014**
NAMI SMC 40th Anniversary Non-Party
Details coming soon!
- **September 3-6, 2014**
NAMI National Conference in Washington, D.C.
- **October 2, 2014**
Cordilleras / NAMI Golf Benefit

Thank you to Julie Curry for attending the recent NAMI Support Group Training and qualifying as a facilitator trained in the NAMI Model! Welcome!!

Research on Schizophrenia and Related Disorders

We are hoping to recruit participants with psychosis or schizophrenia who can meet with us to complete interviewing, computerized tasks, and brain imaging tasks (e.g., MRI, EEG). In return, we provide monetary compensation as well as a full diagnostic report for those interested. We are working in a research lab at Stanford/Palo Alto VA. In addition to this research, Dr. Yoon is starting a new treatment clinic at Stanford that focuses on the early phases of psychosis and schizophrenia. Please feel free to contact me with any questions: Stephanie Crockett, (650) 497-4987 / scrockett@stanford.edu

NOTE: Dr. Yoon is NAMI-SMC's featured presenter/speaker at the March 26 General Meeting.

Volunteers Needed For Research On Young Adults & Their Mothers

Sponsored by: Western Michigan University

The study will examine how young adults handle caring for their mother's ongoing mental health needs. Participation in the online survey will take about 30 minutes. To participate you must be between the ages of 18 and 30, and have a living, biological mother who has a mental health issue ("chronic nervios") that causes problems with the way she thinks and/or behaves, has a mental health issue that gets in the way of life's ordinary demands and routines, has had this issue for at least one year, does not abuse drugs or alcohol. You must provide support of any kind to your mother and you and your mom must have permanent US residency. Complete the survey and be entered to win a \$50 Amazon.com gift card. To access the study, please visit: www.facebook.com/yngadult22 OR <https://survey.wmich.edu/TakeSurvey.aspx?SurveyID=1601182>

Research Studies

For questions regarding your rights as a research subject, call 650-723-5244.

- On **depression in older adults** age 65+, earn \$140, please contact 415-476-7046.
- On **bipolar offspring** - children 9-17 years old with depression or ADHD and mood problems, who also have a parent with BD. Call 725-6760.
- On **families with bipolar disorder**, psychoeducational therapeutic techniques. Call 725-6760.
- On **adults with bipolar to assess the effectiveness of lithium vs. seroquel as part of optimized treatment plan**, call 498-4801 or email skill@stanford.edu.
- On **depressive schizoaffective**, both treatment and non-treatment studies, earn \$100-\$200, 724-0070.
- Lamotrigine (Lamictal) as an add-on treatment for **Bipolar I in children and adolescents**. Call Stanford at 725-6760.
- **Emotions and Thinking in Bipolar** at UC Berkeley for people who have experienced problems as a result of mania. Up to 4 sessions on campus to complete tasks, lasting 1-3 hours. Earn \$15/hour for sessions. Eligibility: history of bipolar disorder, between ages of 18 and 60, fluent in English. Contact at calmprogram@gmail.com or (510) 542-8969 for more information.
- **Schizophrenia** - do computer activities improve thinking skills? Call: Lauren Drag, PhD or David Grimm, BA/BS, (650) 493-5000 x65656.

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.



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

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

Cordilleras MHR Center Family Support Meeting, 200 Edmonds Road, Redwood City, 367-1890
1ST MONDAYS, 6:30-8pm (2ND Monday if 1st Monday of the month is a holiday).

Penney Mitchell, NAMI SMC facilitator; Ellen Myers, ASW; Tacia Burton, LCSW; Arti Mithal, MA; Crystal Hutchinson, MFT.

Parents of Youth Support Meeting, NAMI SMC, 1650 Borel Pl, Ste 130, San Mateo, 638-0800.
2ND MONDAYS, 7-8:30pm. Kristy Manuel and Ginny Traub, facilitators.

San Mateo Medical Center for family members.

1ST & 3RD TUESDAYS, 6:30-8pm. 222 W. 39th Ave. & Edison, Board Room (main entrance elevator to 2nd floor, left to the end of the hall). Terry & Polly Flinn, Juliana Fuerbringer and Rosemary Field, NAMI SMC facilitators.

South County Support Meeting for family members, Mental Health Clinic, 802 Brewster St., Redwood City, 363-4111.
2ND TUESDAYS, 6-7:30pm. Pat Way, NAMI SMC facilitator; Liz Downard RN, MSN.

Coastside Support Meeting for family members, Coastside MH Cntr, 225 S. Cabrillo Hwy, #200A, Half Moon Bay, 726-6369.
2ND MONDAYS, 7-8:30pm. Marie Koerper, NAMI SMC facilitator; Mary Em Wallace, RN, NP, MFT, Ph.D.

Jewish Family & Children's Services, family and friends are welcome. 200 Channing Ave., Palo Alto, 688-3097.
4TH TUESDAYS, 7:00pm. Sharon & Ron Roth, NAMI SMC facilitators; Laurel Woodard, LMFT.

Spanish-Speaking Support Group for family members. South County BHRS, 802 Brewster Ave, Redwood City.
2ND TUESDAYS, 6-7:30pm. Contact Claudia Saggese at 573-2189.

Other Meetings

Asian-Language Family Support Groups

THURSDAYS, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas (650) 261-3701 or (650) 573-3686.

Coastside Dual Diagnosis Group, development for clients in all stages of recovery.

THURSDAYS, 4-5pm. 225 S. Cabrillo Hwy #200A, Half Moon Bay. 726-6369 for information.

Consumer Support Groups, Heart and Soul, San Mateo. Call 650-343-8760.

DBSA Mood Disorder Support Group for persons with uni- and bi-polar disorders, mania, depression, or anxiety.

• WEDNESDAYS, promptly 6:30-8:30 pm. Contact: DBSAPaloAlto@gmail.com. Supporters may attend with their consumer.
VA Hospital, 3801 Miranda Ave, Hosp Bldg 101, Room A2-200, Palo Alto.

• TUESDAYS, 7-9pm College Heights Church, 1150 W. Hillsdale Blvd, San Mateo. Family members welcome. Contact at DBSASanMateo@um.att.com or 650-299-8880; leave a message.

Dual Diagnosis Group for Consumers, no charge.

MONDAYS, 2:30 pm. The Source, 500 A Second Ave., San Mateo. Call 650-343-8760 for more information.

Eating Disorders Support Group for parents and loved ones. Contact: 408-559-5593 or info@edrcsv.org

2ND and 4TH SATURDAYS, 9:30-11am. El Camino Hospital, 2500 Grant Rd, Mountain View, New building, Conf. Rm A

Eating Disorders Support Group for family & friends of loved ones. Visit www.edrcsv.org or call Kira Olson at 408-356-1212.

1ST and 3RD SATURDAYS, 9:30-11am Mills-Peninsula Hosp., Rm 4104, 100 S. San Mateo Drive

Hoarding Education Group for significant distress with clutter. Contact hoarderdoctor@gmail.com or 650-799-3172

1ST and 3RD THURSDAYS, 5:30 - 6:15pm. Mills Health Center, Room 4104, 100 S. San Mateo Dr. \$5 donation requested.

H.E.L.P. for those coping with a mental illness and/or those in a supporting role, Menlo Park Pres., 950 Santa Cruz Ave.

THURSDAYS, 6:00pm optional dinner; 6:30-7:30 program, 7:30-8:30 prayer. Garden Court. Contact Jane at 650-464-9033.

HOPE (Hope, Offering, Prayer and Education), for those with mental illness and/or in supporting roles.

1ST and 3RD TUESDAYS, 6:30pm, First Pres Church, 1500 Easton Dr., Burlingame. Call 355-5352 or 347-9268 for info.

Japanese Education & Support Group, call (415) 474-7310 for information.

Jewish Support Group, for those with mental illness and families and friends, Beit Kehillah, 26790 Arastradero Rd., Los Altos

2ND WEDNESDAYS, 6:15-8:30pm. For info, contact Carol Irwin (408) 858-1372.

Korean Support Group, a family/consumer group. Info: Kyo, 408-253-9733

4TH TUESDAYS, 6:30-8:30pm. Full Gospel Mission Church, 20920 McClellan Rd. (opp. De Anza College), Cupertino

North County Support Group for clients, family and friends.

2ND and 4TH THURSDAYS, 5:45-7pm, 375 89th Street, Community Room, Daly City. More info: 650-301-8650.

Obsessive-Compulsive Foundation of SF Bay Area, information: 415-273-7273; www.ocd-bayarea.com.

3RD SATURDAY, 1:30-3:30pm, Seton Medical Center, 1900 Sullivan Ave., 2nd Fl. Conf room near cafeteria, Daly City.

Telecare, for family and friends of residents. 855 Veterans Blvd, Redwood City, 817-9070.

2ND WEDNESDAYS, 5:30-7pm.

Women Living With Their Own Mental Illness, Redwood City - *sliding scale fees apply for this meeting.*

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

Improving Your Self-Esteem Can Be Challenging

<http://www.healthyplace.com>

Improving your self-esteem takes consciousness and consistent work. You have to be constantly aware of the negative voices in your head that are killing your self-esteem and self-confidence. Then, says Emily Roberts, MA, author of the "Building Self-Esteem" blog, you have to counteract those negative thoughts.

In a recent HealthyPlace Mental Health Newsletter, we discussed 3 ways to raise your self-esteem:

- Recognize and deal with negative thoughts
- Journaling to keep track of negative thinking and mentioning positive things about yourself
- Associating with positive people who are supportive of you

There are other things you can do to improve your self-esteem. One is visual re-enforcement:

- Post some positive affirmations around the house. Use inspirational quotes to build self-esteem too.
- Write down positive things about yourself and carry them to work.

Learn how to soothe and nurture yourself. When feeling overwhelmed or negative about yourself, it's important to know how to calm yourself down and balance those negative thoughts. Meditation can help with that.

Redefine failure. Not everything you do will bring positive results. Not having a positive outcome or multiple positive outcomes doesn't mean you are a "complete failure." It's important to learn to reframe negative experiences. That concept brings to mind this Thomas Edison quote: "I have not failed. I've just found 10,000 ways that won't work."

Improving your self-esteem takes time. It's not something that can be accomplished overnight. If you're just starting out, set small goals (write them down) and take steps to accomplish those goals. Keep track of your progress. As your self-esteem improves, you'll be amazed by how much better you are starting to feel.

(P.S. Check out the "Living A Blissful Life" blog by Dr. Sydney Savion. Each week, Dr. Savion provides concrete steps on how to bring good things into your life.)

Today's Question: When it comes to your mental health, what have you viewed as "impossible," yet you overcame it? We invite you to participate by commenting and sharing your feelings, experiences and knowledge on the HealthyPlace Facebook page.

Doubt kills more dreams than failure ever will.

Volunteer Appreciation Valentine Luncheon

On Wednesday, February 12, we hosted our annual Volunteer Appreciation Valentine Luncheon as a Thank You to the many volunteers who helped in a myriad of ways during the previous year, putting in 3,454 hours! NAMI SMC is predominantly a volunteer organization, you make it happen. We couldn't do it without you!



Held at the Poplar Creek Grill, Coyote Point, it was an opportunity for volunteers to relax, mingle with old friends, make new ones, and generally enjoy themselves - it was wonderful to have so many volunteers gathered. Participants included family and friends, staff from BHRS, Cordilleras, Mateo Lodge and support group and program leaders, teachers, and many more.

Emcee Steve Way spiced up the luncheon by intermittently drawing numbers for the attendees to win a beautiful orchid. He ended by reiterating how much the NAMI SMC board appreciates all that the volunteers do for the organization.

Psychiatric Grand Rounds Programs

Open to the Public

SMC BHRS Division

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

Mar 11 **Wellness, Emotional Intelligence, and Self-Care**

Mar 25 **Wellness, Emotional Intelligence, and Self-Care**

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Mills-Peninsula Health Services

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

Mar 4 **Acute and Post Traumatic Stress Disorders:
Vietnam War**

Mar 18 **The Perinatal Period: Problems and Possibilities**

Check the website for further information:

http://www.co.sanmateo.ca.us/portal/site/SMC/calendar?user=BHRS_Calendar@co.sanmateo.ca.us&date=20131101&template=v7&html=&view=month&xsl=grmonth&calgroup=Internet_Calendar_BHRS

Mental Health / Depression Awareness / Substance Abuse DVD

You may be interested in a 30-minute mental health / depression awareness / substance abuse educational film, "Eternal High," that has won 25 awards and featured on the Voice America Health Channel, MetroBeat Television, NPR, and a feature honoring cognitive psychologist Dr. Aaron Beck. The film was directed by my son Bryce, a student who discusses his true-life experiences with depression, anxiety, self-injury, substance abuse, self-medication and his treatment. If interested in ordering the DVD and discussion guide or if you'd like more information please let me know. Bryce received the National Welcome Back Award for De-Stigmatization (for reducing the stigma of depression) and his film received the SAMSHA Honorable Mention Voice Award (for raising awareness of mental health issues).

Excerpt From Discussion Guide - Note From Director

Last year I learned a valuable lesson. That what you don't know can hurt you. My experience with major depression taught me that lesson. I thought I had the perfect life. I had everything going for me – great grades in school, a great girlfriend, great parents, success in athletics, popular in school, etc. Then one morning I found myself crying uncontrollably at my kitchen table. I cried over and over and felt horrible for several weeks. I felt tremendous pain and along with the crying spells, I felt hopeless and alone only wanting to escape from everything and everyone. How could I be experiencing this when absolutely nothing was wrong with my life? As you will see in the film I made (originally with no intention of showing to anyone), I captured my feelings unaware I was experiencing major depression.

–Tom Mackie / mackietom@comcast.net

PLAN of California

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

San Francisco contact: Baron Miller 415-522-0500
Los Angeles contact: Carla Jacobs 888-574-1258

Social Security Issues?

Call Joe Hennen at 650 802-6578

Membership Time!

From the NAMI office and Steve Way,
our Membership Chair



Please renew your membership with NAMI San Mateo County - we appreciate your support! If you haven't yet joined the 2014 membership, please use the request for membership renewal you receive in the mail, or there's a form on the back page of this newsletter. Or look at our updated website for membership sign-up there! www.namisanmateo.org

By joining *at this local affiliate level* you will receive our monthly newsletter promptly, which highlights local news/general information, advocacy activities, and support meetings. You will also receive the state and national magazines, which will come soon - they are full of the latest research and commentary.

Thank you for continuing to support NAMI-SMC!

MHSARC Meeting - open to the public

Wednesday, Mar 5 • 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 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, Mar 4 • 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>.

Not enough room in 8 printed pages!

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

Please Become a Member of NAMI San Mateo County

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

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

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

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

Name _____

Address _____

City/State _____ Zip _____

Phone (_____) _____ E-mail _____

How did you hear about NAMI? _____

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

Your membership in NAMI San Mateo County is tax deductible to the extent allowed by law. Thank you for your support.

Tools For Change

March 6-8 - see page 2

General Meeting

March 26 - see page 1

The 10th Annual NAMI Walk

Mark Your Calendar!

Luncheon: April 16

The WALK: May 31

Renew Your Membership

Please support NAMI-SMC

Use the form to the left or sign up on our new website!

www.namisanmateo.org

NAMI San Mateo County

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

Board of Directors

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Jerry Thompson, RN - Co-President
Sharon Roth - Co-Vice President
Juliana Fuerbringer - Co-Vice President
Maureen Sinnott - Co-Vice President
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Carl Engineer
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Juliana Fuerbringer, Jerry Thompson

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

RETURN SERVICE REQUESTED

Time Value

Got news? email namismc@sbcglobal.net

County Seeks Space For Mental Health Center: Facility Would Be Alternative To Jail, Hospital

By Michelle Durand / Daily Journal / February 24, 2014
<http://www.smdailyjournal.com/articles/news/2014-02-24/county-seeks-space-for-mental-health-center-facility-would-be-alternative-to-jail-hospital/1776425118670.html>

Individuals in the midst of a significant mental health crisis not posing an immediate danger are better served being stabilized in a smaller home-like setting rather than committed to a psychiatric hospital unit or taking up jail space, according to county officials currently searching for the right location.

"The goal is to prevent hospitalization or incarceration and have a place where the client could go that is very non-institutional, highly supportive and they would receive a menu of services to restabilize and reconnect them," said Steve Kaplan, director of behavioral health and recovery services.

Without an alternative like a respite center, Kaplan said families often have their hands tied getting their loved one into treatment until he or she deteriorates to the point that law enforcement or an ambulance is called. That response can end with the person being placed on a psychiatric hold, arrested or in extreme situations even injured or deceased. The center will be a place of safety and care for the client and simultaneously educate family members who may need guidance navigating the oftentimes daunting arena of mental illness.

Kaplan said the Health System has been meeting with interested groups like family members and NAMI, the National Alliance on Mental Illness in San Mateo, about how to better respond in escalated situations and cut down on the number of mentally ill adults ending up in jail.

The result was a desire for a respite center and the idea moved closer to reality when the Board of Supervisors began doling out Measure A sales tax revenue last year.

In late January, the board gave Behavioral Health and Recovery Services the green light to spend up to \$2 million to buy a property and another \$400,000 to renovate it as needed.

Kaplan said similar centers in other counties run the gamut between clinical and more intimate with some operated by peers and others by professionals. The county is looking for a hybrid model that could accommodate up to 10 adults with an average stay of 10 days. Clients will have not committed serious or violent crimes or pose a danger to themselves or others.

The ideal spot will be residential, said Kaplan, although he concedes a facility catering to the mentally ill can often be a tough sell to neighborhoods.

"I'd be naive and foolish to think we'll be lucky enough to find a place where that won't be happening," Kaplan said.

However, he is optimistic that, with enough outreach and

education and a responsible provider, the neighbors may actually consider the facility a positive addition and support it through acceptance and even volunteering.

"I think we can make this happen even if the road is rocky," Kaplan said. "It's going to be awesome."

The initial timeline was to have a center open in July but that is no longer a possibility since a site is yet to be identified. Once it is purchased, the center still has hurdles like getting licensed by the state. The timeline now is as soon as possible, Kaplan said.

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The Chef's Table

The Chef's Table is a story about the soul of eating food. It is also a story of experience recovering from mental illness. Ben Boone, a writer in Salem, Massachusetts was diagnosed with schizophrenia the day after graduating from College in Boston. His mother, a restaurant critic, and dad, a chef, supported him through nine hospitalizations in nine years with the idea that together as a family they would find some meaning in what had happened that seemed to have no reason.

They thought they could at least learn. Over the course of a decade Ben emerged from schizophrenia. He always remembers coming home from the hospital and being nursed back to health with his dad's cooking. He thought others too should have time to recover from their struggles through the medium of meals, and that fine restaurants might donate gift certificates to those who might not be as fortunate. He had the idea that the medium of food and times around the table could bring people back to society and a realization that life can be positive and the opportunity to make that happen.

The result is his initiative called The Chef's Table, which has received an overwhelming commitment from restaurants throughout Boston and Maine. "This is an opportunity for people to have meals and memories they normally wouldn't have." Ben says. The success of The Chef's Table, and awarding the fine meals, has inspired articles in The Boston Globe-- and The Christian Science Monitor will be covering a story soon in the upcoming months.

The Chef's Table is a continuation of wanting to help others with mental illness. He wrote a book as well about his experiences with schizophrenia titled "Minority of Mind". The book has gone great and now he speaks across the country on the topic of mental health. "Recovery is not only about getting help, but helping yourself and others." Ben says. Included is a list of topics Ben speaks nationally about, as well as a link to a page where you can check out some of his radio interviews and presentations. Feel free to contact him at benbostdorf@comcast.net.

The Effect of Mental Illness on the Family Relationship

Written by Herbert Gravitz | <http://www.healthyplace.com/relationships/mental-illness/the-effect-of-mental-illness-on-the-family-relationship/>

If someone in your family has a mental illness, you may be feeling frustration, anger, resentment and more. What can you do to help yourself, and by doing so your loved one as well?

Mental illness brings doubt, confusion and chaos to a family. But a family can heal when it moves beyond their loved one's illness—not away from their loved one.

When I lean back in my chair and think about the Parker family, I know they have changed. Instead of fear, isolation and shame, there is love, connection and meaning. And most important, hope has replaced dread and despair. Millions of families throughout the country suffer just as the Parkers did, but many aren't as fortunate. These families are ignored at best and blamed at worst by a society that doesn't understand their needs. But the Parker family (not their real name) is an example of what can happen.

Our first family meeting took place on a cool November afternoon four years ago in my Santa Barbara office. To my left sat Paul Parker, a young man unable to perform his duties as a bookkeeper. He had lost two jobs in one month. In this time, other self-care behaviors had deteriorated as well, making it hard for him to live independently. He had become so increasingly bizarre that he was a concern and embarrassment to his entire family. To my right sat Paul's parents, Tom and Tina. And next to them were their two younger children, 16-year-old Jim and 23-year-old Emma.

Paul has a neurobiological disorder (NBD) and psychiatric illness caused by a brain dysfunction. NBDs currently include major depression, schizophrenia, bipolar disorder and obsessive-compulsive disorder. Although different types of mental illnesses present different challenges, there are similarities in the way these illnesses impact family members and loved ones.

The session unfolded. "You just don't understand, doctor," Paul's father bursted out. "Nobody listens to us, his family. It's not easy dealing with Paul. I hate to say this, but he can be such a burden. My wife and I can't do anything without considering its effect on Paul—and he is 30 years old. Half the time we feel crazy." Tom added, "Paul seems like a stranger to us. It's as though aliens have taken our son and left an impostor."

Almost mindless of the children, Tom and Tina shared the devastation of Paul's illness on their marriage. They were so drained and so angry with each other that they rarely made love, and they seldom went out together. When they did, they argued about Paul. Tom thought that many of Paul's problems were exaggerated and that he was taking advantage of them. Like many mothers, Tina was more protective and

accommodating of her son, especially during the early years. These differences led to quarrels in front of the children, which the family dreaded almost as much as Paul's strange and peculiar behavior. Both parents had little compassion left for Paul or each other. Even less time was left for Jim and Emma, because they seemed so normal and caused no problems.

Without warning Jim interrupted, "Not again. Why does Paul get all the attention? I never feel important. You always talk about him." Ignoring her own fears, Emma tried to reassure the family that Paul would be okay. "We've handled Paul's problems before," she pleaded. There were many unspoken feelings, such as the overwhelming responsibility Tom and Tina suffered, the resentment that Emma and Jim felt, as well as the family's guilt, exhaustion and demoralization. And there was a half-wish that Paul would just disappear.

Despite everything, the family loved Paul. They each had powerful—even fierce—loyalties toward him. This was evident when Tom explained: "We brought Paul here, we care what happens, we sit in the waiting room while his life is on the line, and we will take care of Paul when everything is said and done." Paul was important to all of them.

Stopping the Hurt

The family had sought help from other mental health professionals. Paul's parents recounted being blamed for his disorder by several professionals, and they reported feeling confused and helpless. Emma and Jim felt like outcasts; they were ignored by their parents and shunned by their friends. Everyone wanted the hurt to stop. At the very least, the family wanted someone to recognize their pain and say, "This must be very hard for all of you."

The Parkers are not rare or unusual. One in five Americans has a psychiatric disorder at any given time, and half will have one at some point in their lifetime.

More than 100 million Americans have a close family member who suffers from a major mental illness. Of the 10 leading causes of disability, half are psychiatric. By the year 2020, the major cause of disability in the world may be major depression. Further, it has been estimated that only 10 to 20% of those requiring care in the United States receive it in institutions; the rest receive their primary care from the family.

Devoted to their ill member, the family may be the best-kept secret in the arsenal of healing. Yet, family members are considered the support team; they are not known as the stressed and the grieving. These tired mothers and fathers, daughters and sons, husbands and wives deserve attention as well.

Mental illness can weave a web of doubt, confusion and chaos around the family. Unwittingly, the person with mental illness can dominate the entire family through control and fear or helplessness and incapacity. Like a bully, the mental illness

bosses the primary sufferer as well as the loved ones. Instability, separation, divorce and abandonment are frequent family outcomes of mental illness.

Under the Influence

I have observed five factors that bind families to the despair of their loved one's illness: stress, trauma, loss, grief and exhaustion. These factors provide a useful framework to understand the underlying structure of the family under the influence.

Stress is at the foundation of the family experience of mental illness. There is constant tension, dread and worry because the illness can strike at any time. It's common for family members "to walk on eggshells." The Parkers liken the atmosphere to a pressure cooker and the possibility of the ill loved one "going off the deep end" looms. Stress accumulates and leads to psychosomatic illness. Tom has high blood pressure, while Tina suffers ulcers.

Trauma also lies at the core of the family's experience. It can erode members' beliefs about control, safety, meaning and their own value. While victims of NBDs rarely assault others physically, they do assault with words, and their words can pull apart the family. Another form of trauma is "witness trauma," where the family watches helplessly as loved ones are tortured by their symptoms. This type of family atmosphere can often induce the development of traumatic symptoms like invasive thoughts, distancing and physical disorders. The result can be traumatic stress or posttraumatic stress disorder. Much of the family's despair results from trying to manage and control what it cannot. Knowing when to intervene is one of most difficult lessons a family must learn.

Loss lies at the very nature of family life. Family members report losses in their personal, social, spiritual and economic lives. They suffer losses in privacy, freedom, security and even dignity. "What we miss most is a normal life," said Mrs. Parker. "We have lost being just an ordinary family." The family may be the only place where we cannot be replaced. So it can be devastating if we cannot have effective family relationships.

Grief occurs from this steady diet of loss. Family members can go through protracted grieving, which often goes undiagnosed or untreated. Grieving centers around what life will not be. "It's as if we are in a funeral that never ends," said Tom. Grieving can become compounded because our culture does not sufficiently acknowledge and legitimize the grief of those under the influence of mental illness. A lack of appropriate entitlement can follow. "I really have no right to feel bad. Paul is the one who is ill," said Tom. Therefore, mourning fails to occur, preventing acceptance and integration of loss.

Exhaustion is the natural result of living in such an atmosphere. The family becomes an endless emotional and monetary resource, and must frequently monitor the con-

cerns, issues and problems of the ill loved one. Worry, preoccupation, anxiety and depression can leave the family drained—emotionally, physically, spiritually, economically. Tina summarized it, "There's no rest." Tom added, "We can't even get a good night's sleep; we lie awake wondering what Paul is doing. This is 24 hours a day, 365 days a year."

Leaving It to Fate

Living in an environment of chronic stress, trauma, loss, grief and fatigue can also lead other family members to their own parallel disorder. Parallel disorders of family members are also known as secondary or vicarious traumatization. The family members can develop symptoms including denial, minimization, enabling, high tolerance for inappropriate behavior, confusion and doubt, guilt and depression, and other physical and emotional problems.

Other terms include learned helplessness, which occurs when family members find that their actions are futile; depression fallout, the consequence of living in close proximity to a loved one's despair; and compassion fatigue, burnout that comes from intimate relationships when family members believe they cannot help their loved one and are unable to disengage from the illness long enough to get restored. "I'm just too tired to care," said Tina.

The symptoms of families under the influence of NBDs can be devastating, but they are also very treatable. Research consistently shows that four elements lead to healing: information, coping skills, support and love.

Healing begins with an accurate diagnosis; from there core issues can be confronted. The family moves beyond their loved one's illness—not away from their loved one.

In response to pain, the family can learn to develop a disciplined approach to dealing with their situations. Tina, for example, has embraced spirituality and has learned to ask herself, "What is the lesson that I am supposed to learn in this very moment?" Tom adds, "When I gave up caring about what was supposed to be, I got back my footing and now have something to offer Paul other than my temper."

To create a new life, the Parkers made five key transitions that facilitated healing. Although not every family member made all of these shifts, most family members made enough of them to change their lives. First, to transform the way they thought and felt, they shifted from denial to awareness. When the reality of the illness was confronted and accepted, healing began. The second transition was a shift in focus from the mentally ill person to attention to self. This shift requires the establishment of healthy boundaries. The third transition was moving from isolation to support. Facing the problems of living with mental illness is too difficult to do alone. Family members worked within a framework of love. This makes it easier to relate to the illness with distance and perspective. The fourth change is family members learning to respond to the person instead of the illness itself.

Continued on page 12

The fifth and final shift toward healing occurs when members find personal meaning in their situation. This elevates the personal, private and limited stories of the family to a much larger and more heroic level. This shift doesn't change what happened or even take the hurt away, it just makes people feel less alone and more empowered. It creates choices and new possibilities.

It has been a little over three years since my first encounter with the Parker family. Yesterday, I met with them for the first time in over a year. As they sat in their familiar seats, I reminisced. I remembered the moment the family's denial was broken: when Tina said to her son Paul, "I have your pain and I have my pain—I have both."

When we first met, they were trying to save a past; now they are building a future. The session was punctuated by laughter as the Parkers learned to reduce their expectations to more realistic levels. They also learned to take better care of themselves. Because family members who get help and support demonstrate healthier functioning, Paul has become more responsible for his own recovery.

Change has occurred for many other reasons. Newer medications, for example, have helped Paul significantly. Almost 95% of what we have learned about the brain has occurred in the last 10 years. Initially, family members couldn't talk to one another. Now, they turn to each other and speak openly about their concerns. Tom and Tina have found a new life through their advocacy and support group work. Emma has married. And Jim is studying to be a psychologist and wants to help families.

Healing a family entails discipline. With love and commitment, family members can break the spell of the illness by broadening their sense of meaning. And meaning can be found in such diverse areas as religion, raising children, contributing to charities, forming organizations, developing a 12-step program, writing, running for office, or helping the boy next door who lost his father.

Families like the Parker's are among a growing number of people who are recognizing that they have been impacted by the mental illness of a loved one. They are choosing to acknowledge their plight, grieve their losses, learn new skills and connect with others.

Living under the influence of mental illness calls us to confront the darker as well as deeper sides of life. It can be a terrifying, heart-breaking, lonely and exhausting experience or it can forge the latent, untapped strengths of individuals and families. There is more hope than ever for families. And it is never too late to have a happy family.

Said Tina Parker, "While I don't believe life is a bowl of cherries, it isn't a can of worms anymore either." And Tom adds, "Hardly a day goes by where I am not grateful for my family and being alive. I savor the good days and let the bad ones pass. I have learned to make the most out of every moment."