

General Meeting

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

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

Wednesday, May 28

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

Movie, Popcorn and Discussion

“Call Me Crazy”

Through the five shorts named after each title character -- Lucy, Eddie, Allison, Grace and Maggie – powerful relationships built on hope and triumph raise a new understanding of what happens when a loved one struggles with mental illness. "Call Me Crazy: A Five Film" stars Academy Award® and Golden Globe® winners Jennifer Hudson, Melissa Leo and Octavia Spencer, Sarah Hyland, Sofia Vassilieva, Brittany Snow, Ernie Hudson, Jason Ritter, three-time Emmy Award®-winner Jean Smart, Lea Thompson, Oscar®-nominee Melanie Griffith and Chelsea Handler. Laura Dern, Bryce Dallas Howard, Bonnie Hunt, Ashley Judd and Sharon Maguire direct the anthology.

Join us for this entertaining evening!

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

The NAMIWalk SF Bay Area 10th Anniversary!

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

SIGN UP NOW!

Make your own team or join one of ours: Never Walk Alone, Mighty Neurons or Nurses For A Better Tomorrow

www.namiwalkSFbay.org / 800-556-2401



Walking for Mental Health!

Is the 10th annual NAMI SF Bay Area Walk on Your Mind? (If not, it should be!)

Days are flying by and the 2014 NAMI SF Bay Area Walk is coming up fast on May 31st. There is still plenty of time to register for the walk and make a difference. While registration is free, the money raised by the walk helps fund vital NAMI programs. PLUS the walk is a great community event. You have a chance to be active with friends and family (create a team to spend more time together!). You also have a chance to meet others who are a part of the important effort to de-stigmatize mental illness!

The Walk helps support NAMI San Mateo programs and presentations:

- | | |
|-----------------------------------|--|
| 1. Family to Family | 7. In Our Own Voice |
| 2. Provider Education | 8. Connections Support Group |
| 3. Peer to Peer | 9. Family Support Groups |
| 4. NAMI BASICS | 10. CIT (Crisis Intervention Training in collaboration with BHRS and the Sheriff's office) |
| 5. Parents and Teachers as Allies | |
| 6. Ending the Silence | |

Local San Mateo County Walk sponsors to date:

- | | |
|---------------------------------------|-------------------------------|
| Afoa Insurance Services | R & D Technical Services Inc. |
| Anderson, Yazdi, Hwang, Minton + Horn | Sayler Design |
| Caminar | Samuel Merritt College |
| Gosho Financial Services | Schenone Insurance Services |
| Izmirian Roofing and Sheet Metal | Ted's Village Pharmacy |
| Matagrano Inc. | Telecare |
| Mateo Lodge, Inc. | Teraoka & Partners LLP |
| NAMI San Mateo County | United American Bank |
| Presideo Hearing Instruments/ | Way Financial |
| San Francisco Audiology | |

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

Come to the NAMI Walk! It is a wonderful community gathering - bring the kids and the dog and the neighbors!

General Meeting Notes - March 26th

By Jerry Thompson, Board President

Our March General Meeting started with refreshments & social time. At 7:00 Jerry Thompson called the meeting to order. He briefly described NAMI San Mateo and some of the services they provide to the community. Steve Robison, current NAMI board co-president, led the election of NAMI Board of directors officers.

Following the official NAMI business Jerry introduced our speaker for the evening; Dr. Jong Yoon. Dr. Yoon is a clinician and researcher from Stanford Hospital with extensive experience in psychosis and schizophrenia. He gave us an extensive presentation that supports the concept of mental illness being a disease of the brain. Following his presentation he had a "question and answer" session with a lively discussion on how the treatment of mental health conditions is evolving. It is exciting to hear from a clinician at the forefront of change!

Be sure to be at the next general meeting. When you are not here, you miss a lot!

NAMI Education Programs

Call 650-638-0800 to register

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

- **Family to Family**—For adult relatives with a family member with mental illness. Class meets once a week for 12 weeks, every spring and fall.
- **Peer to Peer**—Better living skills for people with mental health issues taught by people with mental health issues. Starts April 3 for 10 weeks in the afternoon
- **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. Starts April 24 (9am - 11:30) for 6 weeks

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

Board Members Elected

The March 26, 2014 General Meeting served as NAMI-SMC's annual meeting for election of 2014 officers and board members. The slate of NAMI Board Officers and Directors was elected:

OFFICERS:

President: Jerry Thompson
Co-Vice Presidents: Sharon Roth and Juliana Fuerbringer
Secretary: Maureen Sinnott
Treasurer: Mike Stimson

BOARD MEMBERS: Incumbents Carl Engineer, Carol Goshu and Melinda Henning, and a special welcome to our enthusiastic new board members: Christopher Jump, Ann Baker and Bill Kerns.

A fond farewell to three important people leaving the Board of Directors; however, still planning to be involved with NAMI-SMC!

1. **Ruan Frenette** has served on the board since 2002 primarily as education chair, newsletter editor/producer and Board Secretary. Ruan will be greatly missed; however, does plan to continue her work producing the well-regarded newsletter as well as staying firmly involved in the Family to Family Education course coordination.
2. **Steve Robison** has served on the board since 2004 in various capacities including: Co-President; Co-Vice-President; Advocacy Chair; Co-Education Chair; member of the MHSA steering committee and many other things! He and his wife Karen Cutter are long time teachers of the Family to Family Education Course.
3. **Steve Way** has served on the board since 2004 and held several board positions: President; Co-President; Nominating and Membership Chairs, NAMI Walk Steering Committee for SMC; and he has been instrumental in being the affiliate's major fundraiser. Steve will continue on the Walk Steering Committee and other projects.

NAMI California 2014 Conference

August 1 and 2, 2014

Newport Beach Marriott Hotel and Spa

Early Bird registration is open through June 6, 2014 for the NAMI 2014 Annual Conference, "Growing Minds in Changing Times." Early Bird registration adds up to savings on conference fees - register now! For more information visit www.NAMICalifornia.org.

How Do You Make Real Changes in Your Life?

Speak to people who have made real changes in their lives and they'll tell you how difficult it was but how much happier they feel as a result of those changes. Research reveals that long-lasting change is most likely when it's self-motivated and rooted in positive thinking. But still, why does it have to take so long?

That's because change is a process and not an event. It doesn't happen instantly. Let's take a look at the 5 stages of change:

1. Precontemplation: You have no conscious intention of making a change at this point, but you have an awareness of the issue involved. To get past this stage, you have to realize that the unhealthy behavior is negatively affecting your personal goals.

2. Contemplation: You realize the behavior is a problem in your life and you're thinking about taking action to deal with it. At this point, you haven't made any commitment to change. Making a list of the pros and cons of changing your behavior can move you onto the next step.

3. Preparation: You now know that change is important to you and you begin to prepare yourself and put together a plan to make that change.

4. Action: You've made the change and you've begun to experience challenges without reverting back to the old behavior. You're employing positive coping skills to deal with those challenges. To make that change stick, it's important to be clear about your motivation for changing (Write it down, if necessary. Engage in self-talk, get support.).

5. Maintenance: Once the new behavior is part of your routine for six months, you need to maintain it. You work to prevent relapse and to integrate the change into who you are. That may require other changes, especially avoiding situations or triggers associated with the old habit. It can be tough, especially if it means steering clear of certain activities or friends while you work to fully assimilate your new, healthier habit.

The most difficult part of making real change in your life is getting discouraged along the way. As you embark on your journey, keep things in perspective. Real change doesn't happen in a linear fashion. There may be bumps along the way. Keep your goal in mind and remember: The fact that you are even trying is progress. Think about how far you've come from stage 1.

Related Articles Dealing with Real Change at the website noted below:

- When Good Changes Lead to Bad Health
- Change a Thought, Change Anxiety

—www.healthplace.com/other-info/mental-health-newsletter/making-real-change-is-hard/

Medicare Physician Payment Bill Includes Two Mental Health Provisions

On March 30, the U.S. Senate passed HR 4302, the Medicare Sustainable Growth Rate (SGR) extension. The bill passed the U.S. House of Representatives last week and now goes to President Obama for his signature. HR 4302 includes two provisions that are relevant to people living with mental illness and their families.

First, the bill includes the Excellence in Mental Health Act demonstration project. This eight (8) state pilot is critical to modernizing publicly funded mental health services to align with evidence-based practices and to streamline Medicaid funding. The eight states selected will receive planning grants and Medicaid funding to provide comprehensive community-based mental health services and supports, including integrated mental health and primary care treatment. Community mental health programs participating in this program will be required to provide a broad range of services, including 24-hour mobile crisis teams, crisis stabilization services, outpatient mental health and substance use services, peer and family supports, and intensive, community-based services for veterans.

Second, HR 4302 includes authority for the U.S. Department of Health and Human Services (HHS) to undertake a new pilot program for states to establish and expand "Assisted Outpatient Treatment" (AOT) programs. This program applies to individuals living with serious mental illness who are not participating in treatment and experience serious adverse consequences such as repeated hospitalizations, homelessness or incarceration. States that choose to apply for funding appropriated for this program will be required to gather outcomes data on the effectiveness of the program, including its impact on reducing negative outcomes.

—enews@nami.org

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.

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

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.

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

Accepting Nominations for Tony Hoffman Awards

The San Mateo County Mental Health & Substance Abuse Recovery Commission (MHSARC) is seeking nominees for its annual Tony Hoffman Community Mental Health Service Awards. This honor is made to individuals, professionals, businesses, and the media who have made an extraordinary difference in the lives of people with mental illness and the SMC community. Recognition is given for public education or advocacy to promote mental health awareness and needs or to address stigma; services to persons with mental illness; creation of new and innovative programs or community support activities; recognition of fundraising for mental health activities or long-term financial support to mental health programs; working for new mental health legislation; compassionate treatment of persons with mental illness.

Awards will be presented at the MHSARC meeting on May 1. Deadline for award nominations is April 11.

For more information contact Chantae Rochester at crochester@co.sanmateo.ca.us.

Social Security Issues?

Call Joe Hennen at 650 802-6578

Clubhouse Program in SMC

Persons coping with symptoms of mental illnesses often feel left out and alone. Friendship may not be enough.

Where Can They Belong?

California Clubhouse promises to give individuals with mental illnesses a free membership in return for their contribution of strengths and talents to clubhouse programs and activities.

The International Clubhouse already exists in 330 countries. So far only a few exist in the United States and many more are needed. (www.iccd.org)

Our plan is to build a clubhouse community to provide daily, easily accessible and professionally guided support for confidence building through action and participation.

We have raised \$75,000 toward our goal of \$350,000. To learn more go to californiaclubhouse.org or call 650-342-5849, or contact us at info@clubhouse.org or Juliana at julianafuer@gmail.com.

NOTE: NAMI-SMC endorses Clubhouse.

SM County Crisis Center: 650-579-0350

800 Suicide: 800-784-2433

Chat Room for Teens:

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



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

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

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

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

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

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

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

• TUESDAYS, 7-9pm College Heights Church, 1150 W. Hillsdale Blvd, San Mateo. Family members welcome. Contact at DBSASanMateo@um.att.com 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.

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*

Apr 22 **Improving Practice: Resident Engagement in Quality Improvement in Psychiatry**

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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*

Apr 15 **Bipolar Disorders in Children and Adolescents**

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

The Dark Ages

It is 2064. We try to explain to our children and grand children what it was like 50 years ago dealing with mental illness. It was a painful period for all those who had a mentally ill loved one in their families. We refer back to those times and before as the Dark Ages of mental illness.

Throughout history, we have had mental illness with us. In every society. In every land. In every century. Being “crazy” or “insane” were common descriptions of persons with mental illness. They were the freaks in society. They were burned at the stake. They were placed in shackles and racks in the public square. They incarcerated them in mental institutions where they were left to rot. Or they stuck them in medieval-type prisons where there was no hope. Even back at the turn of this century, the mentally ill were crammed into jails where they received no consideration or treatment and worse, were often brutally mistreated.

In 2014, our mentally ill continued to be in desperate need of help, many too far gone to know they were mentally ill – alone, forgotten and homeless. The fortunate few who were being treated were able to survive and tended to live close to and sometimes productive, normal lives. Even high-functioning (as mentally ill persons on medication were called) individuals would abandon their treatment and disappear from time to time. They often tried to survive without their medication – drugs which, for some, had serious and some times undesirable side effects. Those who

had the insight that they had made the wrong decision, came home. But many did not.

Through the latter part of the last century and during the first decade of the 21st century, we made what appeared to be great strides in understanding and identifying mental disorders, such as depression, bipolar disorder, schizophrenia, and borderline personality disorder. However, even with the advancement in our understanding of these mental illnesses combined with the incredible advancements in drug therapies, psychotherapies and nutritional support, there was still no cure.

More importantly, treatment was difficult to administer to the sick, if not impossible, and while appropriately applied medication was the most common prescription to restore the mentally ill to a functioning level, many families – and individuals – avoided being diagnosed as “mentally ill” for the stigma was so great.

In these dark times, the stigma – which was prevalent throughout all societies -- prevented many from coming forward, especially in our ethnic communities. They hid in the family closet -- a back-room secret, many for a lifetime. Or worse, the mentally ill wandered aimlessly through our cities, sleeping on the streets, never getting help, treated like criminals or caged like animals.

Fifty years ago, we were “upside down” -- our health system was actually reducing facilities and programs to serve the mentally ill – not expanding to meet the needs. Drug therapies were expensive. Mental illness was not a very popular “disease of the month” like multiple sclerosis, muscular dystrophy, cancer, or heart disease that opened fat wallets and created legislative and financial support. It was challenging to raise funds to support the many small, underfunded organizations whose purpose was to provide education and help to the mentally ill community.

In 2012, one of Los Angeles's most prominent medical centers – Cedars-Sinai Hospital -- actually closed down the best facility in the city (54 beds and a top-notch psychiatric staff) because they wanted to focus their “core services” elsewhere: Treating the mentally ill was one of the hospital's least financially justifiable departments.

In the early part of this century, our police and teachers were mostly insufficiently educated, ill equipped and unaware of the mentally ill in their midst, even though a high percentage of all those arrested were suffering from some mental illness. Newspapers were filled with stories about the mentally ill – many who had sought help from an underfunded, non-responsive system. Nationwide, approximately 50% of jailed inmates in prisons are afflicted with some mental health disorder.

Social and medical remedies had not caught up to the enormity of need even with the abundance of evidence that

Continued on page 7

found one in four families had someone who was mentally ill. Mass murders committed by mentally ill individuals had become common, every-day news 50 years ago. Everyone put the blame on gun violence, giving little attention to the mentally ill perpetrators who pulled the trigger.

One teenager -- whose mother had attempted unsuccessfully to get him help -- first murdered her, then went on a rampage at Sandy Hook Elementary school in Connecticut in 2012 where he killed 20 school children who were but five- and six-years old, seven teachers, and then himself. This tragic event traumatized Americans and shocked the world -- for a time. Beyond sensational headlines throughout the country, little else was done. Television coverage and newspapers continued to be filled with demands for gun control -- but little attention was paid to the unmet need for treatment for the mentally ill. And so it went.

The attempts to deal with the terrible tragedy of mental illness in each of our communities were fee-ble at best. In the mid-1980s, the federal government chose to get out of the mental health business and closed many facilities because mental illness was so unpopular. There was little or no funding at the state level and facilities were meager and far between. Funding was invested instead in our gargantuan correctional system -- jails and prisons that warehoused and abused our mentally ill population. Back then, that was society's "answer" to dealing with this tragic disease.

Gradually, we came to realize that this crisis of the mentally ill could not be ignored.

America, we have a problem

It is now 2064, some 50 years since the Dark Ages of Mental Illness. We have begun to turn our world around in helping the mentally ill and their families. We have witnessed a society that has finally accepted that "America, we have a problem." And that problem was our lack of response to mental illness.

Resources at all levels began to flow into the communities and institutions who initiated new treatment programs. A law was finally implemented throughout the United States -- AOT (Assisted Out-patient Treatment), known in California as Laura's Law and in New York, as Kendra's Law -- that gave society the ability to treat the mentally ill with early intervention while safeguarding their human rights -- a law that protects us all.

We saw increased funding for educating law enforcement on how to safely interact with mentally ill persons on the street. Teachers and parents were given 'early-warning' training on how to identify young students who were candidates for serious mental illness in the future. Advanced medical research produced drug treatments that could get to the root cause of mental illness with few and

manageable side effects, and provide a secured future for users. And medical research also was on the path to discovering the genes in our DNA that could possibly be predictors to future mental illness.

And there were proven, non-drug treatments as well that resulted in positive outcomes and enabled those who did not want drugs to overcome their illnesses.

Volunteer groups, such as the National Alliance on Mental Illness (NAMI) expanded into every major community in the country -- conducting in-the-trench training and education programs for families, their loved ones and others in their communities.

It is now 2064, and the mentally ill are still with us. It is ironic that we have actually increased the numbers reported in the last 50 years, because we have lifted -- for the most part -- the severe public stigma of mental illness. We have better, more-accurate assessments of those afflicted with mental illness in our communities. The lost, the forgotten, the home-less, the less fortunate continue to come forward, out of the dark shadows, because they are seeing hope for themselves.

But what about those who have not come in from the cold? They stay inside. They sit in closets, afraid to come out, hiding their sickness. They believe they are not sick. Their families -- who know better -- still try to get needed treatment for them. With society's better understanding of mental illness, combined with the advancement of more humane practices and attitudes, we are able today to coax them into getting help for themselves.

The good news is that no longer are we huddled together in fear of the consequences of our loved ones who face life and death every day. Mental illness is no longer stigmatized like it used to be. It is out in the open. And the mentally ill are getting treated.

Is there a cure? Not as of 2064 -- the mysteries of the mind continue to challenge our best, but they predict that by the end of this century, we'll have one. For the most part, the Dark Ages are behind us.

I hope so.

—© Robert Liljenwall, 2014

From The Journal, NAMI San Gabriel Valley, March 2014

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

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 _____

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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.

The 10th Annual NAMI Walk

Mark Your Calendar!

Luncheon: April 16

The WALK: May 31

General Meeting

May 28 - see page 1

NAMI California Conference

August 1 & 2 - see page 2

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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NAMI Celebrates Victory in Preserving Medicare Part D Access to Psychiatric Medications

ARLINGTON, Va., March 10, 2014 /PRNewswire-USNewswire/

The National Alliance on Mental Illness (NAMI) issued the following statement by NAMI Executive Director Mary Giliberti in response to the announcement by the U.S. Department of Health & Human Services (HHS) that it will not move forward to "finalize" proposed rule changes under Medicare Part D that would have restricted access to antidepressant and antipsychotic medications:

"Less than one full working day since the official comment period on the proposed rule ended and one day before the House of Representatives is set to vote on a bill to block the proposed changes, HHS's Centers for Medicare and Medicaid Services (CMS) has indicated that it has heard the concerns of people living with mental illness and others over the elimination of three protected drug classifications under Medicare Part D.

"In a letter to members of Congress, CMS has recognized 'the complexities of these issues and stakeholder input' and declared that it 'does not plan to finalize the proposal at this time.' The agency has promised not to advance 'some or all of the changes' in the future without first receiving additional stakeholder 'input.'

"For now, for people living with mental illness the crisis has been averted. The threat of restricted access has essentially been stopped—although we will continue to support the pending legislation currently scheduled for a vote on Tuesday, March 11, if House leaders decide to complete that process.

"We thank CMS for responding to the concerns of individuals and families affected by mental illness and both thank and congratulate the thousands of individuals who responded to NAMI's call by submitting official comments or signing NAMI's online petition in opposition to the proposed rule. NAMI will of course continue working to protect access to necessary medications in all health care programs, whether today or in the future."

A Place of My Own: Bazelon Releases New Report on Supported Housing

April 1, 2014 - The Bazelon Center for Mental Health Law has released a report on the ADA and integrated housing opportunities for people with mental illness: *A Place of My Own: How The ADA Is Creating Integrated Housing Opportunities For People With Mental Illnesses*.

A Place of My Own is designed to provide guidance and thoughtful leadership to nationwide stakeholders about how the ADA has been and can be used in the future to create supported housing for individuals with mental illnesses who are needlessly institutionalized or at risk of needless institutionalization.

The report describes what the ADA's integration mandate and the Supreme Court's *Olmstead* decision require, how they have promoted the development of supported housing for individuals with mental illnesses, what supported housing should look like, and how investment in supported housing will help states comply with their legal obligation to administer services to individuals with disabilities in the most integrated setting appropriate to their needs.

The report is available to download on the Bazelon Center's website: [www.bazelon.org/portals/0/Where We Stand/Community Integration/Olmstead/A Place of My Own. Bazelon Center for Mental Health Law.pdf](http://www.bazelon.org/portals/0/Where_We_Stand/Community_Integration/Olmstead/A_Place_of_My_Own_Bazelon_Center_for_Mental_Health_Law.pdf)

The Bazelon Center gratefully acknowledges the essential support for this report provided by JPMorgan Chase & Co.

—The Bazelon Center for Mental Health Law