General Meeting

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

Tuesday, Nov. 13
6:00pm Reception
6:30pm Entertainment
7-8:30pm Program

NAMI Thanksgiving

Please join us for our traditional Thanksgiving celebration, focusing on GRATITUDE. Bring your family and friends to enjoy camaraderie and pie!

Everyone who supports NAMI’s mission is welcome and encouraged to attend. And, as always, it’s free!

RSVP to 650-638-0800 or nami@namisanmateo.org

We want to be sure we have plenty of pie!

(Note this meeting is on the 2nd Tuesday of the month because of the holiday).

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 illness and their families.

Celebrate Resilience & Recovery

On Saturday, September 22 – the day of the NAMIWalk, NAMIWalks Silicon Valley’s 1,483 Walk registrants - a combination of members, friends and employees from corporations from NAMI Santa Clara and NAMI San Mateo stepped out to fight the stigma of mental illness!! It was a beautiful day for a Walk!

The pre-Walk event included photos with Sourdough Sam (49ers mascot) and Amia Nash (Miss Silicon Valley); welcome and introductions from NAMI Santa Clara Walk leadership; a dove release and words by Rev. Cindy McCalmont in memory of Laurie Williams (the initial NAMIWalks Manager) and M. Scott Peyton (BHRS-SMC Clinical Services Manager, Pathways Program) and a keynote address by Dr. Stephen Hinshaw (professor of psychology at UC Berkeley and UC San Francisco).

Keynote: Dr. Hinshaw is an accomplished writer and the author of 12 books including The Mark of Shame: Stigma of Mental Illness and an Agenda for Change, the core book on mental illness stigma – who talked about growing up in a home where his father disappeared for months at a time and Steve and his sister were never given any explanation. It was only when Steve was a freshman in college; that he learned about his Father’s mental health difficulties. This is what led to Steve making a decision to major in psychology and become a psychiatrist.

Walking Route: The 5K (3.2 mile) Walk again meandered through downtown San Jose. There were a lot of things to see along the way—interesting sculptures, architecture, gardens, murals and down-town in general. Overall, there was a lot of walking, eye candy, music and schmoozing, which added up to a great event! Thank you to everyone who participated, fundraised, donated, and volunteered, and to Santa Clara for having us participate.

Fundraising for the Walk is open through Nov. 23!

Supporting NAMI SMC: To those who have already donated and asked your friends, family, colleagues, doctors, dentists and tax preparers to join you in

(Continued on page 2)

Personal Stories of Change & Understanding
By Ruan Frenette

I came to NAMI San Mateo having moved from Minneapolis 18 years ago, looking to continue teaching the Family to Family (FtF) program. Right away I was recruited to teach, as well as work on the newsletter. I also served on the board during nine of these years as Board Secretary and Chair of the Education Committee. NAMI has become a wonderful family of friends - I’ve enjoyed all the roles I participated in and have meet such endearing people. I am grateful for those who can talk mental illness straight up without blinking or pausing; we are trusting in our awareness, advocacy, and sharing our tribulations.

(Continued on page 7)
Sept. 26 General Meeting Review

Special Needs Planning: How to best protect your loved one

The NAMI bi-monthly General Meeting on Sept 26th addressed how we can plan for our loved ones’ lives when we, as parents or guardians, are no longer here to take care of them. Ellen Cookman, JD and Pamela LoCoco, CLPF (California Licensed Professional Fiduciary) talked about the legal, financial, and practical issues we need to consider in order to meet our estate planning goals for our special needs family members. They identified six goals to consider and six tools for good, thorough estate planning for NAMI families.

The GOALS are: 1) to maximize the quality of life; 2) to protect our loved one; 3) to maximize independence; 4) to maximize public benefits; 5) to name “surrogate parents”; 6) to avoid the court system.

The TOOLS to achieve these goals are complicated but important to address and have a plan in place.

Tool #1: Special Needs Trusts (SNTs) are irrevocable trusts that hold the assets for the disabled person’s benefit. They will also protect these benefits from replacing any public benefits they may be receiving. They’re likened to a safety net. Ms Cookman addressed the differences between First Party and Third Party SNTs and Ms. LoCoco spoke about the role and benefits of the professional fiduciary in administering them. A professional fiduciary is usually preferable to a family member or other person to manage the assets of the beneficiary. They have the knowledge, skills and experience to comply with laws and regulations, they work closely with attorneys, CPA’s, and financial planners to create a financial management plan that suits the beneficiary, and they’re heavily regulated.

Tool #2: Revocable Living Trusts will hold the parents’ assets while they’re living, can be changed easily, and avoid Probate Court when they pass away. It, importantly, names beneficiaries and successor trustees.

Tool #3: ABLE Act Account. This was signed into Federal law in December, 2014 but is administered by each state as a way to create a savings account for people with earned income who developed a “qualifying disability” before age 26. It allows our loved one to work and contribute earned income up to $15,000/year without interfering with their public benefits. The savings are meant to be used only for “qualified disability expenses”. These accounts are not yet available in California but should be shortly. There may be a Medi-Cal payback provision included.

Tool #4: Conservatorship. There are three types: Regular, Limited and “LPS” or “5150” which involve much more oversight than SNTs and are difficult to get and to manage and are usually needed when the individual needs more oversight and cannot manage their own day-to-day affairs.

Tool #5: Durable Power of Attorney (DPA) in which a child/person gives an agent legal authority to act on his/her behalf and can include many powers.

Tool #6: Advance Health Care Directive (AHCD). All of our adult children should have this as well as those who are living with a mental illness to establish their wishes in the event they become unable to make or convey decisions on medical care.

After hearing this enlightening discussion, the participants came away with a better understanding of the importance of seeking qualified legal and financial advice to learn more about these issues and plan for the future of our loved ones. To contact either of our presenters with your specific concerns call or email them at:

Ellen Cookman, Cookman Law, 650-690-2571; ellen@cookmanlaw.com; www.cookmanlaw.com.
Pam LoCoco Fiduciary Services, 650-529-9600; pam@pamlococo.com; www.pamlococo.com.

Every Monday of the month 7:00-8:30pm NAMI office, 1650 Borel Place, #130, San Mateo

Connection provides persons with mental health conditions a gathering of respect, understanding, encouragement and hope. The group is led by trained individuals who are experienced at living well with mental illness.

No registration is required. Just drop by; we look forward to meeting you. Contact 650-638-0800 or education@namisansmateo.org with any questions.

(Celebrate Resilience & Recovery continued from page 1)

doing so, a big thank you. To those who have not, please set an example for your network, and ask them to support NAMI SMC also. Please let them know that all proceeds go towards funding our affiliate’s education programs and outreach to the community. We’re within 20% of our $50,000 goal, but would love to reach our $75,000 stretch goal!! Let’s see if collectively we can make this happen!

To donate to a San Mateo County Walk team access: www.NAMIWalks.org/siliconvalley then do a Fundraiser Search for your favorite team listed below:

All for 1 and 1 for All | California Clubhouse Cranes | Colma Walks for NAMI | Felicia Harder | Gosho Financial Group | Kathy's Hope | Mermaid Mafia | MP Chen Squad | NAMI Navigators | NEVER WALK ALONE | Nurses for a Better Tomorrow | Peace of Mind | Project Safety Net | RDO Pink Ladies | San Mateo BHRS Health and Hope For All | Visa & the Strong Soles | Walking for Max and John

Your donation enables us to support the growing need for NAMI SMC and the many services we provide. With an increasing demand for our services—the number of calls to our office, additional classes and support groups offered—we need your help to enable us to further flourish and grow!

Thanks to everyone for their support of this fabulous annual event! See online for Walk photos! See you next year!

-NAMISMC-
NAMI-SMC Newsletter Production Changes Hands
by Ruan Frenette

It’s time to work on the NAMI San Mateo County newsletter again, but this is my last issue, my last deadline—bittersweet it is. My life has been incredibly enriched with 17 years of producing this valuable, inviting newsletter to families first and foremost, as well as to peers and providers. I hope my work has enriched our readers - providing them with resources and tools to help them on their difficult journey through the challenges of mental illness. I leave the job in good hands: Ron Dugrenier is a quick study, and the outstanding helpers Gregg Hardin, Kim Nobles, and Pat Way will remain. Thanks to Pat, Kim, and Gregg for your insightful help with the creation of this article!

The newsletter is a thing I'm very proud of. I do layout and a little design at my full-time job, so this project has been familiar and stabilizing for me, although challenging! I will miss it as I move on to other interests, and hope to still participate now and then. Please keep reading the newsletter! Let's see how fresh eyes and ideas spice up the issues!

I hope everyone keeps our newsletter in mind as the ‘face’ of NAMI in the community and beyond. Often folks encountering mental illness in a loved one (or personally) feel so alone in their journey and initially find help from NAMI via a contact with the NAMI-SMC office and the newsletter.

On behalf of NAMI San Mateo County, the NAMI Board of Directors thanks super volunteer, Ruan Frenette, for her 17 years of service producing the NAMI San Mateo newsletter. Ruan’s selfless generosity of time, expertise and effort are greatly appreciated by all!

Individuals with Schizophrenia Wanted for VA-Stanford Research Study

We are looking for individuals between the ages of 18 and 55 to participate in a study seeking to discover the brain changes associated with schizophrenia. Participation will entail interviews, computer testing, and magnetic resonance imaging (fMRI/MRS). A confidential phone screen will be conducted to determine initial eligibility. Research participants will be compensated up to $135. For more information, please visit http://med.stanford.edu/yoonlab/

Interested? Call the Yoon Lab at (650) 849-1930 or email brain-research@stanford.edu. Principal Investigator: Jong Yoon, M.D.

For general information about participant rights, contact 1-866-680-2906.

Caminar 8th Annual In Concert

Saturday, October 27 • 5:30-9:30pm
SFJAZZ Center, 201 Franklin Street, San Francisco

Featuring: En Vogue!

An evening not to be missed, the concert will feature En Vogue, one of the top five highest-selling American female music groups in history, and Cuban jazz sensation Maikel Garcia and M Project.

Our evening’s special host will be former San Francisco 49er, NFL Hall of Famer, and Bay Area philanthropist and legend, Ronnie Lott. In addition to live music, enjoy art and heavy hors d’oeuvres.

RSVP by October 12 • Cocktail attire • Valet parking

For more information and to purchase tickets, go to https://501auctions.com/inconcertwithcaminar2018 or call 650-513-1509

Virtual Reality Technology Treatment for MI

Thursday, November 1 7:00-8:30pm
Stanford Health Library, Hoover Pavilion, Suite 201, 211 Quarry Rd., Palo Alto, CA 94304

Virtual Reality (VR) has been used for two decades to treat a variety of mental illnesses effectively. Recent technological developments in VR are offering even more potential. Embodied and immersive VR is being explored to treat body image disorders and psychosomatic illnesses. It also has potential to rewire implicit and unconscious beliefs and cognition that are especially important in mood and psychotic disorders. We will review the theory, evidence, application, and potential for psychiatry.

Speaker: Kim Bullock, MD Director, Virtual Reality-Immersive Technology (VR-IT) Clinic & Laboratory; Stanford School of Medicine

Admission: No Fee. Register: call 650-498-7826
Sponsored by: Stanford Health Library
Visit: https://events.stanford.edu/events/793/79339/

Facilitators Needed

We're looking for persons to facilitate our programs. We especially need family support group leaders, now! Training is provided to lead our education programs, presentations and support groups - please contact the NAMI office at 650-638-0800 for details.

We are also looking for individuals with lived experience who are interested in telling their story for In Our Own Voice presentations.
Third Advocacy Forum

Thursday, November 1
5:30-7:30pm
Silicon Valley Community Foundation
1300 El Camino Real, San Mateo

Do you or a loved one deal with serious mental health challenges? Do you want to have your voice heard, and help advocate for services? Then please join NAMI San Mateo & Caminar for snacks and conversation! The main topic at this evening’s forum:

Action Steps: How we take this advocacy for improved supported housing to the next level.

A survey monkey of the types of support needs in a permanent housing situation will be coming in October. Please watch for it and respond!

For more information: contact Helene Zimmerman at NAMI SMC 650-638-0800, nami@namisanmateo.org ; Leanna Harper at Caminar 650-393-8976, leannah@caminar.org or Carolyn Shepard at j092048@aol.com

The Advocacy Forum will meet on a quarterly basis.

Lawsuit Against Insurance Plans

On September 14, NAMI National joined a lawsuit in the U.S. District Court for the District of Columbia to overturn the Administration’s recently-issued rule on short-term, limited-duration (STLD) insurance plans.

The new STLD rule dealt a blow to mental health parity by allowing for an expansion of health insurance plans that are not required to cover people with pre-existing conditions or provide coverage for mental health services. These plans are permitted to:

- Deny coverage for any pre-existing condition like mental illness;
- Charge higher premiums for people with a history of mental health conditions; and
- Not cover mental health and substance use disorder treatment.

Get updates about the STLD lawsuit on the NAMI Advocacy Twitter account at twitter.com/@NAMIAdvocacy


Peer PALS Program Needs Funding!

Our newest most successful FREE peer program, Peer PALS, needs funds to continue successfully matching Peers and PALS (seeking $40,000). Peer PALS has had a terrific year, helping 50 people through 25 careful and thoughtful matches of 25 Peers and 25 PALS! While we are extremely proud to have grown the program over this past year, additional funding is needed to maintain what we have built and to continue growing.

PEERS: Those who need additional support. This program helps decrease loneliness and isolation, increase comfort in social situations and convey lifestyle habits that promote and maintain recovery.

PALS: Those who are doing well in their own recovery. They provide one-on-one additional support. Please consider signing up to be a PAL and make a difference in someone’s life. To learn more email Rocío at peerpals@namisanmateo.org/

For information contact Helene at hzimmer@namisanmateo.org

New Additions to the Library

A Night In Jail: A story about drugs and mental illness. By H.A. Swan

Inspired by true events. A Night in Jail was written with and about the author’s brother; his experience as a homeless drug addict with schizophrenia who went to jail eighteen times. Busted for smoking pot, suburbanite college-bound Danny is incredulous when forced to spend the night in jail. He’s repulsed by his cellmate, a homeless and mentally ill drug addict who keeps him awake all night with his delusional rants. By morning Danny’s world is completely upended. A Night In Jail is a page-turner with a staggering ending.

Please visit the library at the NAMI SMC office - we have books and videos available to check out! If you have read a book related to Mental Health issues that you believe would benefit others, please email the office with the title and author.

Peninsula Veterans Affairs Center

Are you a vet or know one who needs help, is experiencing PTSD and/or other symptoms? Call 650-617-4300 or visit 345 Middlefield Road, Bldg. 1; Floor 1, Menlo Park
SUPPORT GROUP MEETINGS (for information on NAMI Support groups call 650-638-0800)

- **NAMI Cordilleras MHR Center Family Group.** 1st Mondays (2nd if 1st is a holiday), 6:30-8pm, 200 Edmonds Rd, 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. 222 West 39th Ave & Edison St, Board Room, San Mateo. Park in the large lot on west side of building, off 37th Ave. Enter building through the "Hospital & Clinic West Entrance," follow the NAMI signs to the 2nd floor Board Room W-225. 638-0800. Ginny Traub & Florian Davos, facilitators.
- **Café para Padres** ultimo Martes de cada mes. Clinica Shasta, 727 Shasta St, Redwood City. Para preguntas contacte a Yolanda Ramirez at 650-599-1047.

- **NAMI Spanish-Speaking Support Group** 2nd Tues, 6-7:30pm, 802 Brewer Ave, Redwood City, 650-573-2189.
- **NAMI Jewish Family & Children's Services** family and friends are welcome. 4th Tuesdays, 7:00pm. 200 Channing Ave, Faio Alto. Contact Pamela Polos, pamelapolos@comcast.net.
- **NAMI San Mateo Medical Center** for family members. 1st and 3rd Tuesdays, 6:30-8pm. 222 W. 39th Ave & Edison St, San Mateo. Board Room (main entrance elevator to 2nd floor, left to the end of the hall). Carol Metzler & Judy Singer (1st & 3rd Tues) - NAMI facilitators. Call NAMI SMC at 650-638-0800 for information.
- **NAMI South County Support Meeting** for family members, 2nd Tuesdays, 6-7:30pm. Mental Health Clinic, 802 Brewer Ave, 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 West Hillsdale Blvd, San Mateo. Contact at DBSASanMateo@um.att.com or 650-299-8880; leave a message.
- **Individuals Living With Their Own Mental Illness**, Tuesdays, 1-2:30pm. Redwood City - Sequoia Counseling Services, sliding scale fees apply. Contact Deborah at 650-363-0249, x111.
- **Parent Chat**, for parent/caregivers of kids aged 14-24 with mental health challenges. 2nd & 4th Tuesdays, 7-8:30pm. Orchard Room, Los Altos Library, 13 San Antonio Rd, Info: Trudy 650-208-9116 or Donna at 650-823-0997.

- **NAMI Stanford** 2nd Wednesdays for families and friends/ 4th Wednesdays for spouses and partners. Both meetings: 7-8:30pm, 401 Quarry Rd, #2213, Stanford Dept. of Psychiatry & Behavioral Sciences (parking is between Vineyard & Quarry). Info: 650-378-2886 or Pamela at pamelapolos@comcast.net / Georgia or georgiavk@gmail.com.
- **Jewish Support Group** (open to all denominations), for those with mental illness and families and friends. 2nd Wednesdays, 6:15-8:30pm, Beit Kehillah, 26790 Arastradero Rd, Los Altos. Facilitators: Karen Pyles LMFT and Valerie Nolan, RN.
- **NAMI North County Support Group** for family members. 2nd and 4th Thursdays, 5:45-7pm, 375 89th St, Daly City, Comm Room. Info: 650-301-8650. Co-facilitators: Karen Pyles LMFT and Valerie Nolan, RN.
- **Coastside Dual Diagnosis Group** development for clients in all stages of recovery. Thursdays at 4-5pm. 225 South 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. RSVP required: emlycaruthersmft@gmail.com. More info: 408-356-1212 or e-mail: info@edrcsv.org.
- **H.E.L.P.** for those with a mental illness and/or supporters, Thursdays, 6:00pm optional dinner; 6:30-7:30 program, 7:30-8:30 prayer. Menlo Church, Garden Court. 950 Santa Cruz Ave, Menlo Park. Info: Jane Clark 650-464-9033.

- **Korean Support Group** For Family Members: Cupertino, 4th Friday: 12:30-2:30pm. Call for location: Kyo, 408-712-1149.
- **Obsessive-Compulsive Foundation** of SF Bay Area, 3rd Saturdays, 1:30-3:30pm, Seton Medical Center, 1900 Sullivan Ave, Daly City, 2nd Fl. Conf. room near cafeteria. Info: 415-273-7273; www.ocdbayarea.org.

- **Chinese Language Family Support Group** Cantonese/Mandarin. Call Alice at 650-573-3571 for information.
- **Consumer Support Groups, Heart and Soul**, call 650-232-7426 for days & addresses, or visit www.heartandsoulinc.org.
- **Cluttering & Hoarding Support Groups, Workshops, and Private Consultations** - Groups/programs change, contact Emily Farber, MSW, 650-289-5417, efarber@avenidas.org.
NAMI Education Programs
To be added to the Wait List, call 650-638-0800 or email us at education@namisannmateo.org

PRE-REGISTRATION IS REQUIRED
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.

- Basics—For parents and caregivers of children and adolescents with mental illness.
- Family to Family—For relatives of an adult family member with mental illness. Class meets once a week for 12 weeks.
- Peer to Peer—Better living skills for people with mental health issues taught by people with mental health issues.
- Provider—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 contact us to set up an in-house program for your organization.

Shopping Supports NAMI SMC
Sign up NOW! Tell a friend!
Always start at https://smile.amazon.com and Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases.
When you log please choose “NAMI San Mateo County” as your charitable organization; from there your shopping purchases will be linked directly to us!

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

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.

HELPFUL: Tips to prepare yourself for a 911 call are available on the BHRS website. Download “Mental Health Emergency” at www.smchealth.org/MH911 or... visit the blog: www.mcbhrsblog.org/2015/03/30/mental-health-emergency-materials-aka-family-script/.

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

FAST: 650-368-3178 | 650-371-7416 (pager)
Family Assertive Support Team - When your loved one is in emotional distress.
For additional non-emergency numbers relating to Mental Health issues, access www.namisannmateo.org.
What brought me to NAMI was my mom, a Sacramento resident who about 25 years ago went into a severe depression following a pulmonary illness. In this initially scary and confusing time, we attended my sister's wedding in Florida, and Mom came back with me to Minneapolis, where she stayed for about 4 years (with a carry-on bag packed with Florida wedding clothes!) It was a struggle: she seemed comatose for so long, my boyfriend moved out, I got a dog that I cherished but did nothing for Mom, neither did anything else no matter how we all tried. But during this time Mom received excellent care from Hennepin County—although she says it was just the wild van rides that kept her going. She has probably been bipolar since childhood, but not diagnosed until this major depression hit. Looking back, we had what some would consider an unstable childhood, moving frequently, changing schools each year, Mom was in and out of marriages and relationships. Mom always cared well for us three kids; we had a strong sense of love, family and home, and our extended family helped greatly. In Minneapolis it was difficult to get Mom to care for herself, I’d take her to buy cigarettes only if she'd brush her teeth or take a shower. I couldn't believe I was doing this with my mother, a one-time dental assistant and most recently an operating room technician...who raised us with hygiene habits straight from Dr. Spock.

I enrolled in the NAMI Family to Family program based on advice from a nurse friend. I loved the 12 weeks of material and class interaction and really appreciated the guilt-free time away from the house (after all I was doing something to help Mom!). I shared the material with Mom, which helped her find the vocabulary for what she was going through. I was lucky with this as many cannot share what they learn in class with their ill relative; many don't tell their relative they take the class for fear of creating a rift. I became a teacher almost immediately following the class, and a state trainer (training teachers) within the year. As Mom recovered, I pushed her back home to Sacramento, I eventually moved to the bay area, and then moved Mom close to me so I could continue assisting with her care. There are many stories about Mom which I've shared in classes over the years. I am now a national trainer of the FtF program—although she says it was just the wild van rides that kept her going. Teaching the class has given me a life much bigger than I've ever had before. It's important for people living around mental illness to know that they are not alone. Sharing a story about your personal experience with mental health challenges—as an individual with a diagnosis, or as a family member or friend—can help with recovery. To learn more about what writing your story might entail and how we can work with you regarding privacy issues, please contact Helene at 650-638-0800 or hzimmer@namisanmateo.org.

To All Our Volunteers!
~ THANK YOU ~

Family to Family Teachers:
Jen Souza, Dara Walsh

Newsletter Mailing: Mary Beaudry, Ron Dugrenier, Lisa Kenny, Patricia Michel, Clancy Stein, Joyce Yokoe

Resource Fairs: Mary Beaudry, Alan Cochran, Patricia Michele, Leslie Wambach-Pacalin, Kathy Stern, Jelena Susa

Office Support: Mary Beaudry, Evelyn Coffman, Grace Hand, Patricia Michael, Lauren Shea, Jelena Susa, Maddy Wong

Special Projects: Rocio Cornejo, Ron Dugrenier, Lisa Kenney, Susan Kuang, Donna Mechanic

All of our Support Group Leaders!

Newsletter production: Ron Dugrenier, Ruan Frenette, Gregg Hardin, Kim Nobles, Pat Way

We couldn't do it without you!

Visit www.namica.org to get the latest on legislative activity. We appreciate your participation in advocacy!

Boosting the mental health effects of exercise:
⇒ Pick something you enjoy. Remember, you can do any activity that gets you moving! If you like the activity, you are more likely to do it.
⇒ Focus on how the activity makes you feel.
⇒ Exercise with someone else. You will get the benefits of exercise, plus you will connect with someone else. This is also good for your mental health. You are also more likely to keep up with your exercise sessions if you plan them with someone else.
⇒ The next time you feel sad, worried or stressed, try going for a walk outside. Walking is a fast and easy way to feel better about things in your life.

We are grateful for donations...
...in honor of
Danny Desloover
from Emily Johnston

...in memory of
Warren & Marilyn Hagberg
from Marilyn Walden
Michael Scott Peyton
from Helene Zimmerman

NAMI San Mateo County appreciates those who send donations that honor loved ones. Our sincere gratitude!
Membership / Donation Form

Donate, renew or join NAMI SMC also at namisanmateo.org

☐ Individual Member ($40)*
☐ Household Member ($60)*
☐ Open Door Member ($5)*

☐ Renewal or ☐ New Membership  Amount Enclosed: $___________

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

☐ My Company has a Matching Gift Program:__________________________ (company name)

Name__________________________________________________________
Address_______________________________________________________
City/State___________________________ Zip ___________
Phone (______)_____________ E-mail______________________________

Pay by: ☐ Check ☐ Visa ☐ MC  Credit cards charged to billing address.
Credit Card#__________________________ Expires_____________ 3 Digit code_______

Amount $___________ Signature________________________

How did you hear about NAMI?________________________

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

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

Our Tax ID number is 94-2650681.

Thank you for being a part of the NAMI SMC family!

NAMI Newsletter Extended Versions online namisanmateo.org/about-us/newsletters-2
Can a Heart Treatment Lower Depression and Anxiety?
By Maria Cohut, Medical News Today, 9/20/2018

Many people who have atrial fibrillation experience symptoms of mood disorders, such as anxiety and depression. Do particular treatments for this condition help resolve such symptoms? A new study suggests they might. A-fib is tied to psychological distress, but one treatment for this heart condition can also improve the psychological symptoms. Atrial fibrillation (A-fib) is a common condition characterized by an irregular heart rhythm. According to the Centers for Disease Control and Prevention (CDC), about 2.7–6.1 million people in the United States have A-fib. Studies show that about a third of people with this heart condition also have symptoms of depression and anxiety. Starting from this evidence, researchers from Australia decided to look into how various treatments for A-fib might influence a person's levels of psychological distress. The results of the study — the senior author of which is Jonathan Kalman, of the Royal Melbourne Hospital — were published earlier this week in the Journal of the American Heart Association.

Which treatment improves mental health?

The researchers worked with a cohort of 78 participants who had received some form of treatment for A-fib. The team monitored the participants' levels of depression and anxiety and evaluated and took into consideration their personality traits. Of the total number of participants, 20 had received ablations, a type of procedure through which the heart tissue that produces the irregular heartbeat is removed or destroyed.

Scientists link 151 genes to atrial fibrillation

As many as 151 genes appear to play a role in the development of A-fib. The remaining 58 participants chose to take drugs to regulate heart rate and prevent the formation of blood clots. At the beginning of the study, 35 percent of the participants said that they lived with symptoms of severe anxiety and psychological distress. A further 20 percent reported suicidal ideation.

After a year from the beginning of the study, those who opted for an ablation tended to report lower levels of depression and anxiety compared with those who took drugs as therapy.

More of the people who had received ablations also reported no longer having suicidal thoughts. Specifically, the number of individuals with suicidal ideation fell from six to one among those participants. Kalman believes that the new findings “[demonstrate] that effective treatment of atrial fibrillation markedly reduces psychological distress. This psychological impact is not well appreciated by many heart specialists and is important to take into consideration” — particularly when deciding on the most appropriate treatment for A-fib.

Psychological distress and chronic conditions

The participants' personality types appeared to have a bearing on whether or not they experienced psychological distress and suicidal ideation.

Individuals who displayed a type D personality were more at risk of anxiety and depression. This personality type is characterized by a predisposition to stress, anger, and pessimism, which has also been tied to poorer outcomes when experiencing a heart condition.

Thirty-five of the total number of participants had type D personalities. Dr. Dimpi Patel, a researcher specializing in the mind-heart link — who is based at the New Hanover Regional Medical Center in Wilmington, NC — explains that the association between heart conditions and psychological distress is important, albeit understudied. ”Patients need to be aware,” notes Dr. Patel, ”that physical ailments can and do have psychological manifestations, and both must be acknowledged and managed to ensure a good quality of life and perhaps even prevent worse outcomes.”

While the new research offers fresh evidence that heart and mind health are closely interlinked, Dr. Patel explains that this association is likely to occur in many more conditions than just A-fib. ”It is important to note that psychological distress, depression, anxiety and, at times, suicidal ideation are not exclusive to atrial fibrillation, but to many chronic diseases such as diabetes, chronic obstructive pulmonary disease, and congestive heart failure. Physicians have an obligation,” she adds, ”to broaden their approach in managing any chronic illness to include emphasis on the psychological well-being of their patient. To me, it is simply practicing good and compassionate medicine.”

Mental Illness Vocabulary
A is for Anosognosia

Anosognosia, also called "lack of insight," is a symptom of severe mental illness experienced by some that impairs a person’s ability to understand and perceive his or her illness. It is the single largest reason why people with schizophrenia or bipolar disorder refuse medications or do not seek treatment. Without awareness of the illness, refusing treatment appears rational, no matter how clear the need for treatment might be to others.

Approximately 50% of individuals with schizophrenia and 40% with bipolar disorder have symptoms of anosognosia. Long recognized in stroke, Alzheimer’s disease and other neurological conditions, studies of anosognosia in psychiatric disorders is producing a growing body of evidence of anatomical damage in the part of the brain involved with self-reflection. When taking medications, insight improves in some patients.

Treatment Advocacy Center
http://www.treatmentadvocacycenter.org/
The Ripple Effect of Suicide
By Elana Premack Sandler, LCSW, MPH | 9/10/18

“A suicide is like a pebble in a pond. The waves ripple outward.” Many years ago, my colleague Ken Norton, LICSW, director of NAMI New Hampshire, shared this quote, and it has stuck with me. Visually, when you see a pebble drop into a pond, it’s something small that makes a big impact.

The first “waves,” close by, are big, and as they move outward, they get smaller and smaller. The reach of the pebble’s waves is much greater than the size of the pebble itself.

When someone dies by suicide, the people impacted most dramatically are those closest to the person who died: family, friends, co-workers, classmates. As a result, the people who interacted regularly with the individual who ended their life will miss the physical presence of that person and typically feel the loss most intimately.

But, those people represent only the first wave, or the initial level of impact. Those people who are members of an individual’s community, such as members of a faith community; teachers, staff and other students in a school; or service providers, may also be affected by a suicide.

Some of these people may feel the impact in a way that feels similar to those closest to the person who has died. In a situation where the individual has struggled openly with mental health concerns, those who knew of the struggle will feel the pain of the loss—likely wondering if they could have done more.

People who may not have even personally known the individual who died can also be impacted. Like emergency medical personnel, law enforcement, clergy and others who respond and provide support to the family and community, either at the time of death or afterward.

Ultimately, in the way that a pond is changed because of a pebble, an entire community can be changed by a suicide. According to a 2016 study, it is estimated that 115 people are exposed to a single suicide, with one in five reporting that this experience had a devastating impact or caused a major-life disruption. So, what can be done to manage the impact of a suicide, and work toward future prevention?

Work to Decrease Stigma

Stigma only leads to silence. And silence about a suicide loss does not contain the ripple effect—it just leaves people feeling isolated, as if they are facing this tragedy alone. When someone dies by suicide, the aftermath opens up an immediate opportunity to talk about suicide as a public health issue that affects all of us. We all have a role to play in prevention and decreasing stigma by sharing our stories.

Increase Support to the Community

The impact of a death by suicide can be vast, as people hear about suicides through the proverbial grapevine. Community hotlines and the National Suicide Prevention Lifeline (1-800-273-8255) should be advertised, and community groups, such as faith communities, may want to convene opportunities for people to come together to mourn and receive support. Peer support from people who have lost a loved one to suicide can be healing—it can be very powerful to know you are not alone and to connect with others who have also experienced suicide loss. The American Foundation for Suicide Prevention (AFSP) maintains a registry of support groups, including a specific list of survivor support groups.

For those who respond to a crisis, providing a way to process a suicide is different, though just as important, as providing support to those more intimately impacted by a death. Crisis responders need space and time to debrief in order to be able to continue to respond appropriately, both in terms of their own reactions and in the way they support those who have lost a loved one.

Help People in Need Access Mental Health Resources

For those struggling with suicidal thoughts, access to mental health treatment can be key to saving a life. If you personally know someone struggling, encouraging them to seek help—even helping them get to that first appointment—shows that you support them.

In the bigger picture, advocating for better insurance coverage for mental health treatment will allow more people to be able to access professional help. Schools, primary care offices and community programs serving people at risk can organize screening programs as long as there are resources in place to be able to effectively refer those at risk to appropriate treatment.

As we witnessed recently, a suicide by a celebrity can have widespread impact. For those who have lost loved ones to suicide, hearing of another death by suicide can be triggering and emotionally draining. For people who have survived suicide attempts themselves, media coverage of suicide may increase their own feelings of suicidality. And yet, paying attention to these deaths increases our collective awareness of suicide as a problem and highlights suicide prevention as a need.

When we grieve together, we realize the impact of one single life—one pebble in a pond.

Elana Premack Sandler, LCSW, MPH is an Associate Professor of Practice and an Assistant Director of Field Education with SocialWork@Simmons.edu Since 2009, Elana has been blogging at Psychology Today on suicide and suicide prevention, with a focus on the intersection of mental health and social media.

Nicotine Receptors in the Brain: Implications for Addiction and Depression

Tuesday, October 9 • 11:00am PDT

Webinar: www.bbrfoundation.org/event/nicotine-receptors-brain-implications-addiction-and-depression

Presented by The Brain & Behavior Research Foundation.
Speaker: Marina R. Picciotto, Ph.D.

Nicotine is the primary addictive component of tobacco. We now know a great deal about the targets for nicotine in the brain and the circuits involved in its behavioral effects. There is also a longstanding association between tobacco smoking, anxiety and depressive disorders. In this presentation, I will discuss studies in mice and humans that have identified the targets and brain areas that are important for the addictive effects of nicotine and how this relates to brain circuits that are impaired in individuals with anxiety and depression.
How To Have A Healthy Relationship With Social Media

By Ryann Tanap | 9/12/18

Social media has allowed society to become more connected than ever. Over three billion people around the world use social media to engage with others, access the news and share information. In the U.S., alone, seven out of ten people are active social media users.

Some would argue that social media is inherently bad for our health. Recent research explores the negative implications of social media, including sleep issues, an overall increase in stress and a rise in mental health conditions and addiction to technology. There are also concerns about cyberbullying and youth and teen safety online. Fortunately, tech companies are proactively addressing these types of concerns. For example, the recently released Parent’s Guide to Instagram helps parents who are “raising the first generation of digital natives, for whom the online world is just as important as the offline world.”

On the other hand, there are many benefits to social media. Young people today consider social media as platforms for sharing their voice and finding a community of like-minded peers. And users of all generations understand that with social media, you can celebrate milestones or reconnect with old friends and relatives.

Regardless of what type of impact we believe these digital platforms can have on us, we must be intentional in how we use social media. For example, as NAMI’s social media manager, I use social media as a tool to spread mental health awareness. Through my experience, I’ve learned several tips and tricks for having a healthy relationship with social media. Here are some you might find helpful.

UNFOLLOW UNHEALTHY ACCOUNTS

It’s important to remember that, often, the images and stories on social media aren’t reflective of real life. Whether you follow friends, influencers, businesses or organizations, social media feeds are filled with carefully crafted, curated posts. Consider the following: Does your feed leave you feeling overwhelmed or less-than? Do you constantly compare your experiences with others? If yes—and you notice an overall decrease in your happiness, self-esteem and life satisfaction, it’s time to make a change. Put an end to the negativity by reviewing the accounts you follow—unfollow, block or delete accounts that don’t bring positivity, motivation or inspiration into your life.

SUPPORT AND CONNECT WITH OTHERS

There are many people you can connect with through social media, even if they’re on the other side of the planet. And that’s a good thing. However, if the interactions you’re having leave you feeling isolated or upset, you should reevaluate why you use social media. Do you want to engage with others who share your interests? If so, search for digital communities of people who you have something in common with. From there, you can be more selective with who you connect and engage with.

TAKE NOTE OF WHAT YOU SHARE

These days, it can be challenging to determine reputable sources of news and information. That’s why it’s important to play a conscious role before sharing something you see online with your friends or followers. Think about whether the content—be it an article or video—is helpful or harmful to others. Also consider if it truly provides knowledge worth sharing. If it doesn’t contribute something positive to the digital world, it may not be worth sharing on your social media account.

REDUCE YOUR SCREEN TIME

Smartphones are quite everywhere these days. In any public setting, you’ve likely noticed others with their eyes glued to their phones. In fact, recent studies reveal that people spend an average of over two hours a day on social media. If you’re concerned you may be spending too much time on social media, try adopting healthier habits. Start by tracking the time you spend on social media; if you’re on Facebook or Instagram, look out for the new tool that helps users manage time spent on their accounts. When you limit your screen time, you’re creating more time for enriching, real-world experiences.

TAKE A BREAK

Completely stepping back from social media can be hard, but it’s a good way to help you reconnect to reality. Log out from your accounts for a full day, a week or even a month. Have a friend change your password so you don’t feel tempted to log back in to your account. Then, take notice of how you spend your time. Perhaps you rediscover an old hobby or sport. Or maybe you’re able to schedule more quality time for your family or friends. Either way, it’s more exciting to live life as it’s happening, as opposed to “living” through a screen.

Rather than thinking of social media as something that only hurts our health, we should reevaluate when and how we use our accounts. Social media platforms can be used for good—it all depends on whether you choose to use it for good.

Ryann Tanap is manager of social media and digital assets at NAMI. www.nami.org.