

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 new website!
www.namisanmateo.org**

January General Meeting Notes

By Jerry Thompson RN, MSN, CNE

Our January General Meeting started with refreshments & social time. At 7:00 co-president Jerry Thompson called the meeting to order. He briefly described NAMI San Mateo and some of the programs and resources the affiliate provides to the community. Ruan Frenette, Family to Family Program Coordinator, announced the need for Family to Family teachers - please contact the NAMI office if you're interested. Jehan Engineer then introduced our guest speaker for the evening, Fred Martin. Mr. Martin is very active in supporting those with mental health conditions, and a strong advocate of the Behavioral Health Court. He stressed the importance of educating politicians so that they know that mental health conditions are not behavioral deficits, but rather treatable diseases. This led to an open exchange with the people present concerning mental health issues such as Laura's Law and the processes of the Behavioral Health Court. The discussion was exhilarating with hope expressed for changes in the future.

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

Murphy Bill (HR 3717)

[See page 9 of our website newsletter for an informative article on this subject.]

I highly recommend that local NAMI families read the Murphy bill in its entirety to grasp the fact that it seeks to address many of the issues we've talked about over the past 10 yrs. Now is the moment for all of us who've talked about these issues to stand up and support this legislative effort. Perhaps have NAMI SMC and/or its members write Congressman Murphy? NAMI National has already written to Murphy a letter of support. The bill in its entirety below. Spread the word. <http://beta.congress.gov/113/bills/hr3717/BILLS-113hr3717ih.pdf>

—Florence C. Fee, J.D.

*Executive Director, NHMH - No Health without Mental Health
T: 415-279-2192 / florencefee@nhmh.org / <http://www.nhmh.org>*

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

Spring Bowling League



Our bowling league begins Thursday, Feb 20th. We are sponsored by Mateo Lodge, funded by donations, an 8 week Bowling event! Fifteen dollars per person per season is what we ask of participants, if they can afford it, and we encourage sponsorship and donations for the rest. Just \$56 will sponsor a participant for the whole season!

The bowling league is now in its 3rd year. It has been a wonderful way to develop the interpersonal interactions of the Mental Health community. It is fun to bring people together, watch them encourage each other, smile at success, develop friendships, be a part of a team, and have fun!

To be successful each team needs a team encourager, leader, to help the team stay focused, call people each week, offer rides or other encouragement, maybe organize sponsorship. Teams may want to have their own name, team t-shirts and incentives.

Call or email Denby Adamson if you are trying to put together a team, are looking for a team or desire to lead a team: denby@baymoon.com or (831) 252-0446.

A team is 4 to 6 bowlers.

Dates: February 20 – April 10, 2014.

Location: Bel Mateo Bowl, 4330 Olympic Ave, San Mateo (behind Molly Stones off the El Camino).

Time: 3 – 5:00pm (Please come 30 minutes early in order to put on shoes and be ready for free practice time.

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.

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

Annals of Internal Medicine Proposes Way Forward for “True Behavioral Health Integration”

NHMH Board Member Dr. Roger Kathol, 1/7/14

NHMH Board member Dr. Roger Kathol, a national expert in the field of integrating behavioral health care into the medical setting, and medical care into the mental health setting, has authored, along with respected behavioral health leader, Dr. Ronald Manderscheid, an important new article in the Annals of Internal Medicine, the “Bible” of primary care physicians.

Kathol and Manderscheid have captured, as no one has done before, exactly where we are in behavioral health integration, what models of care delivery have been tried in the past decade, and where we are heading.

This seminal piece reflects again that NHMH - No Health without Mental Health - is indeed on the cutting edge of health care policy reform where it relates to better access and quality of mental health care for all of us. And in creating a new social norm in our country where all of us soon, perhaps over the next 5 years, will be able to expect quality mental health and substance use care, when we go to our local general practitioner, and where mental health care will be a standard medical benefit in our medical health plans allowing behavioral health practitioners to practice in the medical setting.

Congratulations to Drs. Manderscheid and Kathol for this landmark work. And many thanks to all our NHMH supporters and friends for your continued support of our work. You may access the PDF article via the NHMH.org website. (http://nhmh.org/system/resources/0000/0007/Annals_of_Internal_Medicine_Proposes_Way_Forward_for_True_Behavioral_Health_Integration.pdf)

*—Florence C. Fee, J.D., M.A.
Executive Director, NHMH, Inc.
No Health without Mental Health
T: 415.279.2192 / <http://www.nhnh.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

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

Clubhouse Program in SMC

A growing group of passionate people is working to open a Clubhouse in San Mateo County in 2014. We will be holding monthly meetings in the NAMI SMC office and invite you to attend.

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.

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.

NAMI Education Programs Call 650-638-0800 to register

Sign up now for the appropriate evidence-based education class for your needs. These courses are FREE, comprehensive, and popular. Gain skills and understanding in an interactive, supportive environment. Classes offered in the spring and fall. Pre-registration is required.

➤ Family to Family

(Current class filled - call the office and get on the Wait List)

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 *(Date TBD)*

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

➤ Provider Course

(Current class filled - call the office and get on the Wait List)

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.

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/>.

MHSARC Meeting - open to the public

Wednesday, Feb 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, Feb 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>.

Save the Date



- **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>
- **September 3-6, 2014**
NAMI National Conference in Washington, D.C.

Crisis Intervention Training (CIT) CA

The California CIT Association hosted its annual conference in San Mateo January 9-10, attended by close to 200 attendees from all over the state. This event in the Bay Area highlighted the need for CIT and provided officers and Criminal Justice professionals opportunities to learn and share information to acquire or strengthen CIT in their area.

Steve Wagstaffe, DA and Steve Kaplan, Director BHRS were keynote speakers at the conference; other speakers included NAMI California Board Members Kenton Rainey, Chief of Police for BART, and Randy Beckx, Orange County Police Officer; as well as past NAMI California Board Member, Sharon Roth from NAMI San Mateo, who helped coordinate the event and serves on California CIT Association's statewide board.

NAMI California staff attended the event and we are excited to see the progress being made toward a more rigorous CIT program in California for officers to better protect and serve those living with a mental illness and their families.

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.



Research on Schizophrenia and Related Disorders

I am a psychology graduate student working in a research lab at Stanford/Palo Alto VA. My supervisor, Dr. Jong Yoon, is a psychiatrist doing research on psychosis and schizophrenia. 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.

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. This information would be helpful for understanding client populations that this new clinic may serve.

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.

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-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 (no meeting on Dec. 7th). 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.

Burlingame Support Group for family members and people living with a mental illness. Info: Maureen 415-420-5097

THURSDAYS, 7-9pm, Peninsula Temple Shalom, 1655 Sebastian Drive, Room 11, Burlingame

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, 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. Families welcome. Fred Wright, 299-8880.

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.



It's The 10th Anniversary!
 On Saturday, May 31, 2014
 NAMIWalks Bay Area will celebrate
 10 years of walking to make a difference.

www.namiwalksSFbay.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 Education & Support
- Peer Education & Support
- Speaker's Bureau
- Anti-Stigma & Advocacy

Greetings/Bipolar Support Groups

I want to write and thank NAMI SMC for the work you do to help those with emotional challenges. Your support group is a lifeline to families and individuals struggling with mental illness. I understand this so well as support groups, medication and therapy were how I handled my own bipolar disorder 15 years ago.

I've been honored to share my lessons as a social worker, educator and mental health advocate. I've done many talks at NAMI and DBSA groups around the US. It is so important for us to continue to help create education and awareness about mental health.

I want to wish you a wonderful 2014. I also am proud to share the launch of Bipolar Online. It is a website created to offer tools to families, educators and individuals. It offers books, videos, audio cd's and many terrific tools. I would love to share it with you and your group. You may find Bipolar Online at <http://www.bipolaronline.com>.

Warmly,
 Blake LeVine, MSW / Founder / Bipolar Online

Mental Health First Aid

Youth Mental Health First Aid courses in the US now feature a film starring Kevin Hines - speaker, author, and advocate for suicide prevention and mental wellness.

The film, developed for Youth Mental Health First Aid, features Hines sharing his struggle with mental illness and substance use. In his junior year of high school, Hines was diagnosed with bipolar disorder. In September 2000, Hines attempted suicide by jumping off the Golden Gate Bridge. He survived the 220-foot plunge and is one of only 34 Golden Gate Bridge jump survivors.

Youth Mental Health First Aid is an 8-hour in-person training designed for anyone to learn about mental illnesses and addictions, including risk factors and warning signs. Similar to CPR, participants learn a 5-step action plan to help young people who are developing a mental health problem or in crisis.

"It took me a long time to heal physically and emotionally. I learned all I could about my illness and worked hard to defeat it, eventually winning the battle with alcoholism and bipolar disorder," says Hines, an international speaker on suicide prevention and mental wellness and recipient of the 2012 Welcome Back Lifetime Achievement award from Eli Lilly and Company and the National Council for Behavioral Health (National Council).

In the film, Hines recounts how he won the battle for mental health and describes the people who helped him along the way. He shares the ways that the concepts from the Mental Health First Aid action plan were or could have been helpful to him. Participants in the Youth Mental Health First Aid course watch Hines' story to learn strategies to help young people who may be experiencing a mental health challenge or are in crisis.

"Kevin brings an amazing and powerful depiction of recovery to the course," says Linda Rosenberg, President and CEO of the National Council. "His story will help the thousands of people who train in Youth Mental Health First Aid know what to do when they are called upon to help a young person."

NOTE: Kevin Hines lead the NAMI SF Bay Area Walk of 2013 and was keynote speaker.

The National Council, together with the states of Maryland and Missouri, adapted Mental Health First Aid for the U.S. in 2008 from the original program created in Australia in 2001. Mental Health First Aid USA has been delivered to approximately 150,000 Americans through a network of 3,000 instructors. Youth Mental Health First Aid launched in late 2012, to teach individuals who interact with youth ages 12-18 how they can help in the event of a mental health challenge or crisis.

Find a course in your community or learn how to become an instructor: www.thenationalcouncil.org/about/mental-health-first-aid/

Bipolar Advantage Pilot Program

Dr. Nassir Ghaemi, Professor of Psychiatry and Director of Mood Disorders Program at Tufts Medical Center, has partnered with us to do a major study of our education program. Before setting the final criteria for the full study, we need to do one more pilot program to test it out.

We need help to do that and have put together a great offer to get you involved. We are going to start a new live one-hour class on Monday February 3rd at 6 PM PT and meet every week for eight weeks through March 24th. Please be sure to have access to the internet for each meeting. For additional participant information please contact www.bipolaradvantage.com/.

We are very thankful for your continuing support.

—Tom Wootton / *Bipolar Advantage* / 415-992-5315

Board Member Wins Award

NAMI-SMC board member, Family to Family coordinator, and newsletter producer, Ruan Frenette, has won an award for community service. Piper Jaffray, the Minneapolis-based company Ruan works full-time for, has awarded her the Bobby and Tab Piper Community Service Award for 2013.

“One of the Piper Jaffray Guiding Principles states that we dedicate our time and resources to the communities in which we live and work. As a testament to that principle, the firm reintroduced the Bobby and Tad Piper Community Service Award (formerly the Bobby Piper Community Service Award). This annual award recognizes a Piper Jaffray employee who acts in service to his/her community through volunteerism and/or leadership with a charitable organization(s). The award recipient is honored with a crystal plaque and a \$1,000 donation to the charitable organization of their choice.” (to NAMI-SMC of course!)

Congratulations Ruan! We appreciate all the work you do for NAMI-SMC!

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

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**

Feb 25 **CBT For Insomnia**

Sarah Adler, M.D., *presenter*
Clinical Instructor, Dept of Psychiatry and Behavioral Sciences, Stanford

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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**

Feb 4 **The Fifth Phase: Living With Feelings; A More Natural Life**

Kenneth Isaacs, Ph.D., *presenter*
Retired Psychologist

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

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Social Security Issues?

Call Joe Hennen at 650 802-6578

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SMC BHRS Family Contacts:

Suzanne Aubry, Dir. Family Service and Support: 650-573-2673
Claudia Saggese, Family Liaison (habla Español): 650-573-2189
Jade Moy, Dir. Chinese Initiative: 650-573-2952

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.

Spring Bowling League

February 20 - see page 2

Tools For Change

March 6-8 - see page 3

General Meeting

March 26 - see page 1

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

Steve Robison - Co-President
Jerry Thompson, RN - Co-President
Sharon Roth - Co-Vice President
Juliana Fuerbringer - Co-Vice President
Maureen Sinnott - Co-Vice President
Mike Stimson - Treasurer
Ruan Frenette - Secretary
Carl Engineer
Carol Goshu
Melinda Henning
Stephen Way
Advisory Board: Margaret Taylor, Pat Way

Support Group Coord: Penney Mitchell
Program Coordinator: Pat Way

News Staff

Editor – Ruan Frenette
Editorial Assistants – Kim Nobles, Pat Way,
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

All in the Family - Mental Illness and Caregiving Across the Generations

*The Time Has Come for a Bold New Approach
H.R.3717 will make life better for people with mental illness and their families*

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In his special message to Congress on February 5, 1963, President Kennedy identified mental illness and mental retardation as twin health problems deserving of “a bold new approach.” Since then much progress has been made regarding mental retardation.

Not so for mental illness.

But one catastrophe after the next has compelled Congress to address mental health issues. Finally!

Bills pending in the Senate (S.264, S.265) promise expanded access to community mental health centers, improved quality of mental health care for all Americans, and grants for community-based mental health infrastructure. Bills in the House (H.R. 1263, H.R. 628) promote increased access to community behavioral health services, improved Medicaid reimbursement for community behavioral health services, and comprehensive school mental health programs. These are important bills, sure to improve the lives of people with mental illness.

But it is H.R. 3717, “Helping Families in Mental Health Crisis Act of 2013” introduced at the end of December by Representative Tim Murphy (R-PA) that will revive the spirit of President Kennedy’s Community Mental Health Act and make a giant leap forward toward fixing our broken mental health system.

This 135-page bill, sponsored by Murphy, the only member of Congress who is a clinical psychologist, will revise infrastructure and eliminate ineffective programs. Most remarkably, it will decrease spending for mental health and increase spending for mental illness. And this is where we need to put our money. According to the National Institute for Mental Health, 26.2% of American adults suffer from a diagnosable mental disorder in a given year. But it is the 5% with severe mental illness such as schizophrenia or bipolar disorder who bear the main burden of illness.

Under this bill, grants would be available for states to (1) implement, monitor, and oversee outpatient treatment programs, (2) establish a program to train primary care physicians about mental illness, and (3) carry out demonstration programs to improve the provision of behavior health services.

Congressman Tim Murphy (R-PA)

Murphy’s bill would give parents of adult children with mental illness an essential right they currently lack – the ability to talk with their child’s physicians, empowering them to help with treatment decisions, when their child is in crisis.

The bill recognizes that many with severe mental illnesses suffer from anosognosia, a lack of awareness of how ill they are. But the bill does not compromise the adult child’s rights to autonomy in the absence of crisis.

A bill like this would have kept my daughter, diagnosed with bipolar disorder and borderline personality disorder and deemed incompetent to make decisions about her own healthcare by every professional consulted, from living on the streets, becoming addicted to methamphetamines, and being jailed.

Murphy’s bill would provide training to law enforcement officers and other first responders enabling them to recognize individuals with mental illness and know how to effectively intervene. Assisted outpatient treatment programs would be an alternative to jails and prisons, keeping sick people out of jail and off the streets.

Reforms to Medicare and Medicaid regulations would enable people to get the care and treatments they need.

Increased funding would exist for research about violence and mental illness as well as research supported by the Brain Research through Advancing Innovative Neurotechnologies Initiative (BRAIN).

A continuum of treatment plans would be available, giving patients the opportunity to live in the least restrictive environment. These plans would be evaluated, ensuring they avert relapse, repeated hospitalizations, arrests, incarceration, suicide, and violent behavior.

A national awareness campaign, part of the bill, would help reduce the stigma of mental illness.

Finally, the bill proposes increased efforts to develop programs designed to target youth at risk for mental illness and suicide.

Where H.R. 3717 is weak is its lack of attention to increasing the capacity of inpatient hospital facilities. The reality is that some people with mental illness are so ill that they cannot be treated on an outpatient basis. In 1963, there were 530,000 hospitalized psychiatric patients. Today there are roughly 50,000 state hospital beds and, like the son of Virginia Senator Creigh Deeds, people clearly in crisis very frequently are turned away because there are no available beds.

H.R. 3717 has the support of professional organizations representing mental health providers, including the American Psychological Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, National Council for Behavioral Health, and National Association of Psychiatric Health Systems. Law enforcement agencies including the New York State Association of Chiefs of Police and the National Sheriffs’ Association support the bill. Mental Illness Policy Org, a group that provides unbiased mental health information to policy makers, supports the bill. So too does the National Alliance on Mental Illness and the Treatment Advocacy Center, organizations devoted to mental health education, advocacy, and support.

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To be sure, the bill has its opponents, mostly organizations focused on consumer rights. The National Coalition for Mental Health Recovery, the National Disability Rights Network, and the Bazelon Center for Mental Health Law blasted H.R. 3717 on the basis of highly emotional distortions and self-serving propaganda.

They contend that H.R. 3717 threatens the rights of people with mental illness.

Nothing could be further from the truth. This bill proposes that a continuum of first-rate care should be available to persons with mental illness. Rather than requiring that a person be dangerous before he can be helped, this legislation focuses on need for treatment. Making treatment available does not rob people of their rights. It empowers them to assert their “inalienable rights to Life, Liberty, and the pursuit of Happiness.”

They contend that H.R. 3717 would exchange low-cost services that have good outcomes for higher-cost ineffective interventions.

If existing services are so effective, why are our jails, prisons, and streets filled with people with mental illness? This bill demands that states be held accountable for developing interventions that will reduce suicides and homicides while getting people into treatment and back to work.

They contend that H.R. 3717 promotes stigma and discrimination by linking mental illness and violence.

In fact, the bill proposes a national awareness campaign involving public health organizations, advocacy groups, and social media. The proposed campaign targets high school and college students with the goal of reducing the stigma of mental illness, recognizing the signs of mental illness, helping people who appear to have mental illnesses, and developing an understanding of the importance of seeking treatment from a qualified provider. If this were about discrimination, the bill wouldn't be encouraging students to help their friends get treatment.

This is a bill that John Kennedy would have liked.

Last week I did something I've never done. I called my congressmen and asked them to support H.R. 3717 – legislation that will make life better for people with mental illness and their families.

Neither of my congressmen was even aware of Murphy's bill. I was able to educate them and direct their attention to it.

It felt good. It felt empowering.

Now I want to suggest that you do it, too. Go to the govtrack.us website. Hit the yellow “Call Congress” button and follow the instructions.

Let's make noise.

Talk to your congressmen and let me know how it makes you feel.

—<http://www.psychologytoday.com/em/141837>

E.R. Costs for Mentally Ill Soar, and Hospitals Seek Better Way

By Julie Creswell, December 25, 2013

RALEIGH, N.C. — As darkness fell on a Friday evening over downtown Raleigh, N.C., Michael Lyons, a paramedic supervisor for Wake County Emergency Medical Services, slowly approached the tall, lanky man who was swaying back and forth in a gentle rhythm.

In answer to Mr. Lyons's questions, the man, wearing a red shirt that dwarfed his thin frame, said he was bipolar, schizophrenic and homeless. He was looking for help because he did not think his prescribed medication was working.

In the past, paramedics would have taken the man to the closest hospital emergency room — most likely the nearby WakeMed Health and Hospitals, one of the largest centers in the region. But instead, under a pilot program, paramedics ushered him through the doors of Holly Hill Hospital, a commercial psychiatric facility.

“He doesn't have a medical complaint, he's just a mental health patient living on the street who is looking for some help,” said Mr. Lyons, pulling his van back into traffic. “The good news is that he's not going to an E.R. That's saving the hospital money and getting the patient to the most appropriate place for him,” he added.

The experiment in Raleigh is being closely watched by other cities desperate to find a way to help mentally ill patients without admitting them to emergency rooms, where the cost of treatment is high — and unnecessary.

While there is evidence that other types of health care costs might be declining slightly, the cost of emergency room care for the mentally ill shows no sign of ebbing.

Nationally, more than 6.4 million visits to emergency rooms in 2010, or about 5 percent of total visits, involved patients whose primary diagnosis was a mental health condition or substance abuse. That is up 28 percent from just four years earlier, according to the latest figures available from the Agency for Healthcare Research and Quality in Rockville, Md.

By one federal estimate, spending by general hospitals to care for these patients is expected to nearly double to \$38.5 billion in 2014, from \$20.3 billion in 2003.

The problem has been building for decades as mental health systems have been largely decentralized, pushing oversight and responsibility for psychiatric care into overwhelmed communities and, often, to hospitals, like WakeMed.

In North Carolina, the problem is becoming particularly acute. A recent study said that the number of mental patients entering emergency rooms in the state was double the nation's average in 2010.

More than 10 years after overhauling its own state mental health system, North Carolina is grappling with the consequences of a lost number of beds and a reduction in funding amid a growing outcry that the state's mentally ill need more help.

In Raleigh, where the Dorothea Dix Hospital — a state psychiatric institution that served the area for more than 150 years — was closed in 2012, mentally ill patients began trickling into hospital emergency rooms.

Hospitals, which cannot legally turn away any patient seeking care, say the influx of psychiatric patients is straining already busy E.R.'s and creating dangerous conditions.

This spring, University Medical Center of Southern Nevada in Las Vegas declared an "internal disaster," shutting its doors to arriving ambulances for 12 hours, after mental patients filled up more than half of its emergency room beds. A suicidal patient took out a gun and shot herself in the head while in a hospital emergency room in New Mexico in January.

With a crisis facing states, communities and hospitals across the country, experts say no clear solution has emerged. St. Joseph's Hospital Health Center in Syracuse created a separate psychiatric emergency department. Interim LSU Hospital in New Orleans opened a 10-bed mental health emergency room extension six years ago that is typically full.

But in Raleigh, the goal is slightly different: keep the psychiatric patients out of the hospital emergency room altogether.

The problem facing North Carolina and other states is a legacy of the 1960s, when warehousing of the mentally ill in large psychiatric hospitals was seen as inhumane.

The first wave of so-called deinstitutionalization was driven by new psychiatric drugs and by a 1963 law championed by President John F. Kennedy that provided federal funding for community-based mental health centers.

States began reducing the number of psychiatric beds. From a peak of more than 300 beds per 100,000 people in 1955, states had cut the number of beds to an average of 14 by 2010, according to research from the Treatment Advocacy Center, a nonprofit organization that promotes improved psychiatric care through better laws, policies and practices.

For decades, North Carolina resisted the broad mental health reforms. But in 2000, state lawmakers moved to overhaul the state's mental health system, closing state facilities and pushing counseling and outpatient programs to local communities.

When the economy plummeted in 2008, North Carolina, like other states, reduced funding to community programs. In all, the state spends 20 percent less on community mental health services than it did a decade ago.

Today, North Carolina has only eight beds in state psychiatric hospitals per 100,000 people, the lowest ratio in the country. (North Carolina, like other states, has added beds

in local community facilities but, even then, its total beds are down a quarter since 2001.)

Uninsured patients rarely receive individual therapy, only group sessions. And it can take up to three months to see a psychiatrist.

"Now, we are seeing some of the most acute, the most aggressive and the most chronic mental health patients, and we're holding them longer," said Janice Frohman, the director of WakeMed's emergency department.

The effects of the upheaval in care of the mentally ill are playing out vividly at WakeMed. A private, nonprofit organization with 884 beds, WakeMed is struggling to find a way to meet the needs of increasing numbers of mentally ill patients while also controlling costs.

Hospital officials, along with their counterparts at the county and state level, support the pilot program but say it is one small step toward meeting a much bigger challenge.

WakeMed has treated an average of 314 patients a month whose primary diagnosis is some form of psychosis. That is up a third from two years ago.

On any given day, 25 to 50 mentally ill patients can be found throughout its halls.

Some linger in the busy emergency room bays, surrounded by the bright lights and the soft beeps of machines. Others are mixed into the hospital's inpatient rooms.

The nurses on the ward wear small panic buttons on the lapels of their hospital coats. When asked when she last pressed her panic button, which immediately floods the ward with help to subdue a violent patient, Francine Moseley, a petite nurse smiles ruefully: It was just last night.

The panic calls happen about 25 times a month.

WakeMed, like Holly Hill, receives some money from a variety of sources to care for the patients, but it must pay for many other costs.

Last year, the hospital spent \$2 million on so called sitters, who monitor the most aggressive patients 24 hours a day. When the county sheriff's office became overwhelmed transporting patients to facilities up to three hours away, WakeMed hired a private transportation company.

The hospital now employs 14 behavioral health specialists and four patient service assistants who spend hours contacting care facilities in the hopes of finding an empty bed.

As the state's mental health system became more fragmented, community leaders in Wake County have been trying to better coordinate care for patients who use the bulk of resources.

They are focusing on the "high users" — individuals who repeatedly call 911 or show up at emergency rooms.

There is the elderly man suffering from chronic pain who has been transported by ambulance to Raleigh emergency rooms 120 times in the last two years. A female patient with a history of mental illness called 911 nine times in June alone.

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A little more than three years ago, Brent Myers, an emergency room physician, noticed that increasingly at the start of his shift more than half the beds were already full of patients needing mental health care, rather than physical care.

The head of Wake County Emergency Medical Services, Dr. Myers was also among a handful of paramedics in the county who are trying to expand the role of first responders. Seeing an opportunity to both accomplish that goal and help reduce the number of patients flowing into the hospital emergency room, he persuaded county and state officials to agree to an experiment.

Shortly thereafter, a group of Wake County paramedics began to be trained to perform mental health exams on patients in the field who are judged not to be in need of emergency medical care. By asking a series of questions, the paramedics are then able to evaluate a patient's mental condition. While giving a patient the option of going to a local emergency room if they prefer, they also offer the choice of being taken to another facility that might be better suited to provide the kind of care they need.

Last year, more than half of the 450 patients identified with mental illness asked to go somewhere other than the emergency room.

Dr. Myers sees it as the start for connecting other types of patients with alternatives to hospital emergency rooms.

Emergency officials in many other areas are looking to replicate aspects of the Wake County program. But many states have laws and protocols that essentially dictate that patients may be transported by ambulance to only hospital emergency rooms. Moreover, Medicare and state Medicaid programs are largely unable to reimburse for transports to nonhospital facilities.

Still, Dr. Myers says there are bigger costs that can be squeezed out of the health care system by changing how emergency responders deal with high users, whether they be mentally ill patients or simply those suffering from chronic conditions like diabetes who could be better served by connecting with a home-health provider.

“Our next big step is to get into the community in a big way,” Dr. Myers said. “That’s where we’re headed.”

-http://www.nytimes.com/2013/12/26/health/er-costs-for-mentally-ill-soar-and-hospitals-seek-better-way.html?nl=todaysheadlines&emc=edit_th_20131226&_r=0