



NAMI Sacramento Newsletter

National Alliance on Mental Illness

Sacramento's Voice on Mental Illness

April 2009: Issue No 7.4

General Meeting

Monday, April 13

Nancy Kilgore, MS will speak on understanding Post Traumatic Stress Disorder (PTSD). Ms. Kilgore is a national trainer and author on PTSD and has appeared in newspapers, radio and television. Please join us to learn more about living with this challenging illness.

Monday, May 11

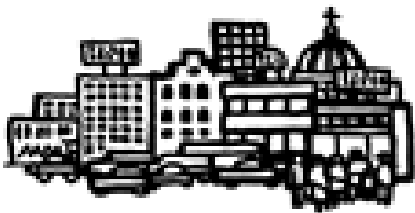
Dr. David Mee-Lee, a Davis psychiatrist and one of the nation's leading experts on co-occurring substance abuse and mental health disorders, will speak. Dr. Mee-Lee is a senior fellow of the Co-Occurring Center for Excellence, a project of the U.S. Department of Health and Human Services Substance Abuse and Mental Health Administration and is the author of many professional publications on the treatment of substance-related disorders.

Meeting Location

SMUD Headquarters Auditorium
6201 S Street, Sacramento 95817

Time

General Meetings start at 7:30 p.m.



Contact Us

NAMI Sacramento
3440 Viking Drive, suite 125
Sacramento CA 95827

(916) 364-1642

NAMI Sacramento e-mail address:
office@namisacramento.org

Website: www.namisacramento.org

Donate, Help and Shop: Support the NAMI Sacramento Yard Sale!

As we learned in last month's newsletter, NAMI Sacramento is suffering the effects of the current economic crisis and is experiencing a serious budget shortfall. Proceeds from the Walk for Mental Health were down, grant applications have been denied, and the value of NAMI's conservative investments is way down. In order to continue to offer NAMI Sacramento's mental health services and support so needed in our community, we are trying new ways to raise funds. So....

NAMI Sacramento is holding a yard sale in East Sacramento at 1522 39th Street, 95816 on Saturday, April 25 from 7:00 a.m. to 2:00 p.m. Please contact



Belinda Beckett at (916) 456-1478 or nimabima@aol.com if you can volunteer either before the date with organizing and pricing items or on the day of the sale, or if you wish to donate clean items in good condition to the sale. We will take furniture, kitchen items, small appliances, linens and towels, pet items, sporting goods, office supplies, jewelry, books CDs, DVDs, tapes, pottery, artwork, toys and tools.

(However, we are not accepting clothing, TVs, or computers!) Donations to the yard sale are tax deductible, and we will give receipts for your donations. So please donate, volunteer, shop and support NAMI!

Bench Press Challenge Yields Welcome Relief

In late February, Sacramento Police Lt. Cara Westin and Mark Bell, owner of Super Training Gym, co-sponsored a **Bench Press Challenge** for safety personnel in the Sacramento area. (Lt. Westin made an excellent presentation about police services related to calls for assistance from the families of individuals who are having a psychiatric crisis at the NAMI General Meeting last November.) There were competitors from police and fire agencies throughout the area, including both male and female lifters. The event was held in honor of Mark's brother, Mike Bell, who died from complications related to a brain disorder. NAMI Sacramento was the sole beneficiary of the funds raised by the competition. While we hoped that the contest would raise a few hundred dollars for us, we were absolutely thrilled to re-



Mark Bell and Lt. Cara Westin present NAMI Sacramento President Pat Pavone with the donation from the proceeds of the safety personnel bench press event.

ceive a check for \$1856.00! NAMI Sacramento is extremely grateful to Cara and Mark for thinking of us and allowing us to be a part of this special memorial event.



Support Groups

Depression and Bipolar Support Alliance (DBSA)

2nd and 4th Wednesday each month from 7:30 - 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento

See: www.dbsasacramento.org

Contact: *Andrea Hillerman* at andrea@mhasc.org or (916) 366-4601; or *Marilyn Hillerman* at marilynhillerman@yahoo.com or (916) 648-1358.

Dual Recovery Anonymous Group

Every Monday from 1:00 - 2:00 p.m. Clean and Sober Building, Loaves and Fishes, 1321 North C Street, Sacramento.

Call *Susan Young* at (916) 236-7679 for more information.

Early Psychosis Family Support Group

For families with a member who has a newly diagnosed brain disease. Imaging and Research Center Conference Room, UCD Med, Center, 4701 X Street, Sacramento. Call for information.

Call *Jane Du Bet* at (916) 734-2964 for more information.

Emotions Anonymous

For people working toward recovery from emotional difficulties. Tuesdays from 6:00 p.m. - 7:30 p.m. Wellness Center, 3815 Marconi Ave., Sacramento, or Thursdays from 7:00 - 8:30 p.m. Lutheran Church of the Good Shepherd, 1615 Morse Ave., Sacramento. Meet in the choir room.

Contact (916) 366-0699 or see : allone.com/12/ea/

NAMI Family Support Groups:

Natomas

Held on the second Thursday of each month from 6:30 - 8:30 p.m. Natomas Service Center, 3291 Truxel Road #26 (corner of Truxel and San Juan), Sacramento 95833.

Call facilitator *Pat Pavone* at (916) 397-7831 for more information.

Elk Grove

Held on the fourth Wednesday of each month from 7:00 - 8:30 p.m. Kaiser Per-

manente Clinic, 9201 Big Horn Blvd., Elk Grove 95758.

Contact *Lynn Cathy* at (916) 647-6931 or Lynn.Cathy1@yahoo.com

Obsessive-Compulsive Support Meeting (OCD)

Every Monday from 7:00 - 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento.

Call *Jim* (916) 223-6541 or *Steve* at (916) 456-8239 for more information.

OCD Kids Sacramento

For kids 18 and under and their families. Meetings also attended by a therapist experienced in treating OCD. 1st Sunday of the month from 2:00 p.m. - 4:00 p.m. at Kaiser Permanente Point West Clinic, 1650 Response Road, Sacramento, 95815.

See: www.ocdkids.com

Recovery, Inc., Self-Help Mental Health Meetings

Promotes a cognitive-behavioral approach to managing symptoms and changing attitudes and behavior. Groups meet weekly.

Contact: www.recovery-inc.com

Call (916) 483-5616 for meeting locations.

Sacramento Borderline Personality Disorder Non-BP Support Group

For people who have a family member or friend who suffers from Borderline Personality Disorder. Held on the second Tuesday of each month from 7:00 - 9:00 p.m. Location to be announced.

Call *Lee Gassaway* at (916) 421-7354 or contact www.meetup.com

Social Skills Group

For teens and adults who feel socially awkward or shy. Sponsored by Fall Creek Counseling, 5900 Coyle Ave. suite D, Carmichael, CA 95608.

NAMI Sacramento does not necessarily endorse the organizations and groups listed above. This information is offered as a convenience to our newsletter readers.

Go to NAMI Sacramento's web site at www.namisacramento.org for an extensive list of resources and crisis help available in the Sacramento area.

Upcoming Events

NAMI National Conference in San Francisco

July 5 - 9. Learn more at www.nami.org/convention/

Important Notice

NAMI programs should not be used to replace the specialized training and professional judgment of mental health professionals. We cannot, and will not, assume the role of a physician or therapist.

NAMI cannot be held responsible for the use of the information we provide. Please always consult a trained mental health professional before making any decision regarding treatment of yourself or others.

Educational Meetings

Family to Family Education Classes

Offered twice a year, spring and fall.

☎ www.namisacramento.org

For the current class schedule see the Sacramento NAMI web site or call (916) 647-6931.

Peer to Peer Education Classes

☎ www.namisacramento.org

The NAMI Peer-to Peer education course is a nine-week experiential recovery course for any person with serious mental illness.

General Interest Meetings

Sacramento Mental Health Board Meeting

Held the 1st Wednesday of each month at 7:00 p.m. Sacramento Mental Health Treatment Center (Media Room), 2150 Stockton Blvd., Sacramento.

NAMI Sacramento Board of Director's Meeting

3rd Monday of each month at 6:30 p.m. conference Room 1B, 3331 Power Inn Road, suite 140, Sacramento, CA 95826.



Message From The President



NAMI Sacramento Board President, Pat Pavone

Well, Spring is finally here and with it renewed hope and energy.

Our main focus for the next couple of months will be on a couple of key fundraising events. This month, we will be having our first NAMI Yard Sale. This is scheduled for Saturday, April 25th, at the home of Vice President Belinda Beckett – 1522 39th Street, in East Sacramento. Belinda has graciously allowed us the use of her front yard and driveway, and we will be looking to our members to supply the “goods” for sale. (See the article on page 1 for more details.) We also will counting on you to come by and “shop till you drop.” Please pray that we have a nice, sunny day.

We will also be gearing up to do another direct mail campaign in May. As many of you know, May is National Mental Health Awareness Month. We thought that this would be a good time to ask our members and donors to remember their loved ones with a donation to NAMI Sacramento. Direct mail campaigns have proven to be effective fund raising vehicles and we hope that our Spring Campaign will be very successful.

Aside from fundraising, we are in the process of developing a new NAMI Sacramento information video that can be used in our outreach activities. A young man named Kaz Koyama, who is a senior at Natomas Charter High School, will be producing the video as his Senior Project. We hope to have it available to show the membership at the May General Meeting.

Speaking of General Meetings, if any of you have ideas about topics that you would like us to have at our monthly meetings, or better yet – speakers who would be willing to talk to our group about mental health issues, please let me

know. We really need to complete our meeting schedule for the rest of this year. I can be reached at pavone@surewest.net.

With gratitude,

Pat Pavone

Webmaster Sought by NAMI Sacramento

NAMI Sacramento is looking for a volunteer to phase in as webmaster of our web site, because our current webmaster is preparing to leave the area. Our web site is our link to the world - the primary source of information and connection for those seeking NAMI's help and services. Expertise in maintaining a web site with Dreamweaver template libraries is required, the ability to prepare and place graphics is desired, and programming skills would be a wonderful plus. If you have these skills and are interested in doing a very important service for NAMI Sacramento while gaining some valuable experience, **please** contact Linda Beilharz at (916) 638-2221.

New Support Group for NAMI Sacramento

A new support group for family members or caregivers of those who suffer from a mental illness has started in the Elk Grove area. Meetings are every fourth Wednesday from 7:00 p.m. to 8:30 p.m. The location is the Kaiser Permanente Clinic, 9201 Big Horn Blvd., Elk Grove 95758. The nearest cross street is Laguna Blvd. Please enter through the main entrance and go to conference room 3 (upstairs). No registration is required. For more information contact support group leader Caroline Caton at (916) 204-4512 or caroline@namisacramento.org.

Contacting Family-to-Family

To sign up for Family-to-Family classes, call the NAMI Sacramento office at (916) 364-1642. To contact the program for any other reason, call Lynn

Attention Spanish Speaking Family-to-Family Graduates

NAMI Sacramento is looking for Family-to-Family graduates who speak Spanish and want to volunteer as teachers. Our affiliate does not currently offer the Family-to-Family Education Program in Spanish due to a lack of Spanish-speaking teachers. Volunteers will receive training – in Spanish – to become instructors for the 12-week Family-to-Family Education Program.

A Family-to-Family Teacher Training for Spanish speakers will be held here in Sacramento on June 5-7, 2009. Please volunteer and help us bring this important resource to our community.

For more information, please call Lynn Cathy, Family-to-Family Program Director, at 916-647-6931. Thank you.

Atención a Los Graduados de Habla Hispana del Programa Familia-a-Familia

La Aliancia Nacional para Enfermedades Mentales, (NAMI) de Sacramento está buscando graduados del programa Familia-a-Familia que hablen español y que desean servir voluntariamente como instructores. Nuestro afiliado no ofrece este curso en español debido a la falta de instructores de habla hispana. Los voluntarios recibirán el entrenamiento - en español - para que puedan servir como instructores de este programa educativo de 12 semanas.

El NAMI de Sacramento tendrá entrenamiento del programa Familia-a-Familia para instructores de habla hispana aquí en Sacramento del 5 al 7 de junio del 2009. Solicitamos su ayuda como voluntario para introducir este recurso importante en nuestra comunidad. Si necesitas más información, favor de llamar a Lynn Cathy, directora del programa Familia-a-Familia, al 916-647-6931. Gracias.

Cathy, co-coordinator of Family-to-Family at (916) 647-6931.



New SCHIP Law Gives Kids Mental Health Coverage

by Nancy Shute,
US News and World Report, February 4, 2009

Hidden in the new children's health insurance plan signed by President Obama is a gift to millions of low-income parents: increased insurance coverage for children with mental-health problems. Before, 60 percent of the states had more limited coverage for mental health. The new law for the State Children's Health Insurance Program [CHIP] not only expands health coverage to 4 million more children beyond the 6 million already covered but also brings mental-health parity to state programs that provide insurance for children in low-income families, requiring that they get the same access to treatment for bipolar disorder, depression, anxiety, and other serious disorders as they do for physical ailments.

"Mental-health needs are nowhere near being met," says Jay E. Berkelhamer, past president of the American Academy of Pediatrics and chief academic officer at Children's Healthcare of Atlanta. "At least 20 percent of all visits to pediatricians' offices are related to mental-health problems."

Normally, though, overworked pediatricians may not ask if a child has a mental-health problem - and may not know where to refer him or her if they do. About 20 percent of children and teenagers have a mental-health problem at any given time, or about 8 million to 13 million people. Two thirds of them are not getting the help they need. Low-income families face bigger problems than most in getting help, with their children more likely to experience mental-health problems and affordable care more elusive. The first step, even for parents who aren't sure they meet income limits: check the CHIP in your state. Each state's program is different, and eligibility rules will change as the new law, which mandates \$32.8 billion for expanded coverage over five years, goes into effect.

But even with insurance coverage, finding treatment for a child's mental-health problem can be difficult to impossible. David Palmiter, a clinical psycholo-

gist in Clarks-Summit, Pa., who gives workshops around the county on access problems, offers these strategies to help find care:

1. Look for a doctoral program in psychology at a local university. Such programs offer training programs that provide pretty thorough care. Although providers are trainees, they've very closely supervised.
2. See if there is a community mental-health center in your area. These federally funded programs offer reduced-fee or free care, and the wait isn't necessarily long.
3. Religious charities provide mental-health care regardless of your religious affiliation. Catholic Charities and Jewish Mental Health Services are two good examples.
4. If you've found a provider you like, ask him or her for a break on the fee. Palmiter advises that you go in for an evaluation first, before asking for the discount. "I think most clinicians, once they've gotten to know a kid or family, are very open to that." Choosing a clinical social worker (with an M.S.W.) is another way to save; they are trained and licensed but less expensive than an M.D. or Ph.D.
5. Find local support groups for your child's disorder (like CHADD for attention deficit hyperactivity disorder) and ask other parents for advice on finding good doctors or therapists.

Last year, Congress passed a mental-health parity law that requires commercial insurers to cover mental and physical ailments equally. This new law ensures that the 10 million or so children who will now be eligible for CHIP will have the same level of access. "It's exactly the same principle," say Kirsten Baronio, senior director of government affairs for Mental Health America. "This will help tear down the barriers to get access to care, care that's really critical for the healthy development of a lot of kids."

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pavone@surewest.net

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(916) 875-5644

Andrea Hillerman, Adult Consumer Advocate,
(916) 875-4710

Dave Schroeder, Family and Youth Advocate,
(916) 875-4183

Host An "In Our Own Voice" Presentation

In Our Own Voice is an anti-stigma presentation given by consumers to all types of community audiences, large and small. The focus is on living well with mental illness. If your group is interested in hosting a presentation, if you would like to become a presenter, or if you would just like more information on the program, please contact Kathleen Derby at the NAMI Sacramento office: (916) 364-1642; office@namisacramento.org



Medication Adherence



by Linda Ellis RN, MN
Director of Nursing,
Turning Point
Community Programs

Relapses reduced. Hospitalizations decreased. Psychopathology decreased. Better insight into need for treatment. Daily functioning improved. Quality of life enhanced. Goals achieved. For consumers to actively participate in and *adhere* to the medication regimen mutually decided upon with their treatment team, these can be some of the benefits. *Adherence*, defined as “the extent to which the [consumer] continues the agreed-upon mode of treatment under limited supervision when faced with conflicting demands,” (medical-dictionary.com) is distinguished from compliance.

While the terms “adherence” and “compliance” are often used interchangeably, they have different meanings within the context of the therapeutic relationship, according to Jonathan Lacro, clinical pharmacist at the VA San Diego Healthcare System, in a recent article entitled “*Optimizing Adherence to Treatment in Patients with Schizophrenia*” as found in the August 2006 issue of Behavioral Healthcare. *Compliance*, defined as “a tendency to yield readily to others, especially in a weak and subservient way,” (Dictionary.com) has become politically incorrect since it has its roots in medical paternalism, which suggests that “doctor knows best.” Achieving compliance through overt (force) or covert coercion (persuasion, pressure) does not uphold the tenets of the recovery model.

Two of the ten fundamental components of the recovery model identified by The Substance Abuse and Mental Health Services Administration include empowerment and responsibility. When consumers are *empowered*, they are active partners in any decision-making process regarding their treatment, including prescribed medication regimens. And when

they demonstrate *responsibility*, they exercise personal choices in their own self-care, which may include using their medications as a way of meeting their goals.

According to Dr. Ascher-Svanrum, consumers with “schizophrenia who take their medications as prescribed are much more likely to have positive outcomes... compared with those who do not adhere to their prescribed medication regimens.” Dr. Ascher-Svanrum states that non-adherence, defined as *any* deviation from the prescribed regimen, is typically found in about 40%–50% of individuals with schizophrenia. That is about 10% higher than non-adherence in clients with other medical conditions.

Reasons associated with nonadherence to antipsychotic treatment are several, according to Dr. Lacro, and include poor insight, a negative attitude toward medication, a previous history of nonadherence, substance abuse, inadequate discharge planning, and a poor therapeutic alliance with a treating clinician. Other reasons cited by Dr. Lacro include side effects, lack of access to medications because of transportation challenges or difficulty refilling prescriptions, and lack of early therapeutic response causing the consumer to become discouraged. In a recent study by Dr. Liu-Seifert, as many as one-third of clients with schizophrenia stated “poor response” or “worsening condition” as the reason for stopping their medication.

While the ideal relationship between the clinician and the consumer is one that includes “shared decision making”, according to psychiatric survivor-turned-Ph.D. Patricia Deegan, the reality that occurs in practice often requires prescribers to exercise more control over the choice of medication, especially in individuals who have severe and persistent mental illness.

Some consumers overestimate the extent of their adherence motivated by several things, i.e., wanting the approval of their clinician, confusion and cognitive difficulties. The clinician should speak with family members and caregivers at this point, as well as assess for any early

warning signs that might indicate nonadherence so immediate intervention can be implemented. Some early warning signs might be agitation, isolation, feeling slowed down or speeded up, irrational thoughts, increased irritability, missing appointments, changes in appetite or sleep, and abusing substances.

“How do we increase the likelihood of adherence success in order to reduce relapse rates, decrease hospitalization, and improve social functioning?” you ask. Healthcare providers and educators have an arsenal of interventions, some of which include education, behavior modification and affective interventions.

EDUCATION: Clients should be educated about the importance of *using* not just taking medications, as Dr. Mark Ragins, from the Village ISA (Integrated Services Agency) in Long Beach, CA asserts. He says linking meds to goals may increase adherence. Equally important is to discuss the problems that can occur if meds are stopped, which include relapse, increased symptoms, and possible hospitalization.

BEHAVIOR MODIFICATION: Programs tailored to fit the needs of individuals might, for instance, teach them to use pillboxes, or associate taking meds with a certain activity, or how to get refills before running out of meds. Role-playing activities can help clients address concerns to discuss with their doctors.

AFFECTIVE INTERVENTIONS: Appealing to clients’ emotions, mental health professionals can make the link for clients that taking medication will allow them to live more independently. Affective interventions work with family members and caregivers, as well, to help them understand the consequences of medication nonadherence, which increases the likelihood that they will step in as early as possible to provide advocacy and support.

Some additional interventions to increase adherence, according to Lacro, include simplifying the dosing regimen;

➤ *continued on page 6*



Medication Adherence, from page 5

changing the medication to reduce side effects (or adding another medication to counter unwanted side effects if switching is undesirable); encouraging social support networks; and ensuring continuity of care when transferring from one facility to another (for instance, making sure there is enough medication to last until the next appointment).

Facilitating adherence in medication management or forcing compliance? The choice is an easy one. Empowering a consumer to take responsibility in managing their own medication regimen, coupled with strategies – educational, behavioral, and affective interventions - may increase the likelihood of medication adherence while reducing relapse rates and improving quality of life.

Volunteer Corner

NAMI Sacramento is fortunate to have many outstanding volunteers and thanks all who give their time and talent to our organization.

This month we want to give special recognition to Joe Teixeira. Not only is Joe the Peer-to-Peer Coordinator for NAMI Sacramento, he has also represented us at many of our outreach efforts including United Way events. He is an inspiring speaker at our police trainings and for the In Our Own Voice program and has recently received training to help with the NAMI Connection Recovery Support Group program that will be coming soon to NAMI Sacramento. We thank Joe very much for using his gifts to help NAMI Sacramento continue to be the “voice for mental illness” in our community.

NAMI Sacramento is currently recruiting volunteers for the following positions:

- Family-to-Family class teachers, English and Spanish speakers wanted!
- NAMI Walk planning committee member
- Family-to-Family Class coordinator

Training and guidance will be provided for all of these volunteer positions. If you can help, please contact Pat Pavone at pavone@surewest.net or (916) 359-2366.

State Senator Steinberg’s Response Re: Proposition 63 Redirection

Thank you for taking time to share your comments on the governor’s budget proposal to transfer Mental Health Services Act (MHSA) funds to the State General Fund to support the Medi-Cal Managed Care program.

As the co-author of the MHSA, passed by voters as proposition 63 in 2004, passage of the MHSA is still one of my proudest achievements. Since assuming the role of President pro Tempore of the Senate last December, I have been deeply involved with negotiating the state budget and worked hard to protect MHSA funds. As you may know, on February 19, the Legislature passed a comprehensive budget package. This budget package helped close an unprecedented \$42 billion state budget deficit through a combination of temporary tax increases, borrowing and spending reductions.

At the end of the day, a shift in MHSA funds was necessary for the budget package to receive sufficient support. Consequently, among the \$15 billion in difficult spending cuts was a two-year shift of about \$230 million a year in MHSA funds to the State General Fund to support mental health services for children and youth through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. This requires voter approval in the May 19 special election.

Again, thank you for writing to me about this very important issue. If you have any questions, please feel free to contact my office at (916) 651-1529.

Sincerely,

Darrell Steinberg
Senate President pro Tempore
6th Senate District

Senator Steinberg sent this letter to concerned citizens who had written to him with questions about the distribution of Proposition 63 funds in light of the state budget crisis.

NAMI in the Community



Linda Ellis, Director of Nursing at Turning Point Community Programs and regular contributor to this newsletter, addresses March General Meeting about treating mental illness from the recovery vs. the medical model.

Wanted: Volunteers to Share Their Stories and Help Others

NAMI Sacramento is seeking volunteers to share their stories - their experiences and perspectives - about how mental illness has affected their lives. We are looking for individuals who are willing to appear on camera, be interviewed by a print journalist, or have their story published in the NAMI Sacramento newsletter. By sharing actual stories, we can increase awareness of the shortcomings of the mental health system. Your story might also help others on the road to recovery, and the more aware the public is, the more likely resources will be utilized and solutions found. Items may be edited.





The Doctor's Corner

Dr. Robin Zasio is a local Licensed Clinical Psychologist and owner of the Anxiety Treatment Center at: www.AnxietyTreatmentExperts.com, www.CognitiveBehaviorExperts.com or www.YourGreaterGood.com.

She addresses mental health questions submitted by NAMI Sacramento members, consumers, and readers.

Submit your questions to: drrobin@sierrabg.com

Dear Dr. Robin,

I have been seeing the same therapist for the past three years. I am struggling with depression, and just don't seem to be making any progress. My therapist tells me that I need to be patient and that change takes time, but I'm wondering, how long should it take? I am committed to the treatment process and attend regularly, but just not seeing much in terms of results. Do you have any thoughts?

Susan

Dear Susan,

This is a difficult question to answer as there are lots of aspects of your situation that I would like you to think about. First, have you discussed your concerns with your therapist and expressed your dissatisfaction with the therapy process? Second, at the outset or during therapy, have you discussed specific goals that you would like to achieve? These goals should be measurable such as, "Exercise four times per week to help increase activity outside of the home," or "Initiate contact with three friends per week to increase social contacts." These behavioral tasks can help you to track your progress and give you a feeling of accomplishment as you achieve those goals. Third, have you discussed a specific treatment modality that is being used in your therapy? For example, Cognitive Behavioral Therapy (CBT) is a very effective process in the treatment of depression for the following reasons. In depression, often there are cognitive distortions. These are negative messages or thoughts that one can tell oneself, causing one to feel worse, which then translates into behav-

ior. So, if someone is telling himself that no one cares, odds are he is going to feel alone and sad, and then become isolated. This is what we call an "all or none" statement and a form of a cognitive distortion. If on the other hand, one recognizes that there are "times" when they feel that no one cares for them, we have now introduced a gray area that offers room for times they can identify that there are people who in fact do care for them. We then build on that framework and work toward enhancing those feelings.

Another idea you may want to consider is to augment your individual therapy with a support group, which includes others who are struggling with similar symptoms. This can feel very validating and often times the group process will include some of the ideas mentioned above. As a last resort, if you are concerned about whether your therapist is the best fit for you, it wouldn't hurt to get a second opinion and alternative perspective about how you can better fight your feelings of depression.

Sincerely,

Dr. Robin

Shop Online and Support NAMI Sacramento

NAMI Sacramento participates in a program that allows you to give financial support to NAMI while you shop online - at no cost to you!

Goodshop.com is a completely easy and painless way to help NAMI while shopping online. Go to www.goodshop.com. Type "NAMI Sacramento" in the box asking for the name of the charity you wish to support. Choose the store from the dropdown box - there are over 700 of them including Amazon, Macy's, Nordstrom, Sears, Eddie Bauer, Home Depot, and Flowers.com to name a few. You will be immediately connected with that store's website - where you shop and order just as usual. That's all there is to it. You don't need to register or give any information. Goodshop will automatically donate a small percentage of what you spend to NAMI Sacramento.

NAMI Sacramento Member Gives Input at NAMI Native American Conference

NAMI Sacramento member Valentin Lopez was recently invited to participate in the NAMI American Indian and Alaska Native Mental Health Listening Session on February 6-7 in Arlington, Virginia. This meeting was attended by approximately twenty Native American and Alaska Natives from across the country, including psychologists, psychiatrists, traditional medicine men and persons with experience working with the Native American mental health community.

The primary objectives for this meeting were to:

1. Bring together American Indian and Alaska Native leaders to engage in an open dialogue with NAMI regarding mental health in this community.
2. Elicit feedback and recommendations for NAMI to successfully engage American Indian and Alaska Native communities.
3. Identify existing resources and opportunities to improve mental health education and support for American Indian and Alaskan Native communities.

Near the end of the session Valentin volunteered to work with several others on a pilot project to identify ways to address stigma and discrimination and to incorporate ceremony and traditional healing into recovery. They will also address issues such as lack of traditional healers and cultural care providers in this community.

May Newsletter Submissions

We welcome submissions to the newsletter. The due date for the May newsletter will be April 13. Submit to Belinda Beckett at nimabima@aol.com. Submissions may be edited.

NAMI Sacramento Membership Form

Please join us! Join others in your community dedicated to improving the lives of people with mental illness in the Sacramento area. Become part of our grassroots revolution and make a difference! Either detach and mail in the membership form below, or join online at www.namisacramento.org/membership. Collecting this information helps us to serve our members better. Your information is treated confidentially and will never be shared outside of NAMI. Please print clearly.

Name: _____ Address/City/Zip: _____

(circle one)

Home/Work/Cell Phone: _____ Email: _____

(check one)

Your relation to the consumer:

- I'm a consumer
- Family member
- Friend
- None, just interested

Ethnicity:

- Asian
- African/Black
- Hispanic/Latino
- Caucasian/White
- Other
- Decline to state

If you are a consumer, please enter your primary diagnosis:

- ADHD
- PTSD
- Bipolar disorder
- Schizophrenia
- Dual diagnosis
- Unknown
- Major depression
- Other
- OCD
- Decline to state
- Panic disorder

If you are the consumer's family member, please enter your family relation to the consumer:

Membership type:

- Consumer, \$15
- General, \$35

Newsletter preference:

- E-mail
- Postal mail
- Both
- Don't send

You can help! Volunteer with NAMI Sacramento:

- Contact me about volunteer opportunities

Please consider an additional donation of:

- \$100 or more
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Make checks payable to NAMI Sacramento. Mail to NAMI Sacramento Membership Chair, 3440 Viking Drive, suite 125, Sacramento, CA 95827. NAMI Sacramento thanks you for your support. Your donations directly help those with mental illness.

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