



NAMI

Sacramento Newsletter

National Alliance on Mental Illness

Sacramento's Voice on Mental Illness

February 2010: Issue No. 8.2

General Meeting

Major Change in General Meeting Schedule - see article page 3

Monday, March 8

Laurie Sheerer, Ph.D., Local Recovery Coordinator, Veterans Administration Northern California Health Care System and **Nancy White, LCSW**, Returning Veterans Outreach, Education and Care will speak about psychiatric services available to veterans in the Sacramento area.

Meeting Location

SMUD Headquarters Auditorium
6201 S Street, Sacramento 95817

Time

General Meetings start at 7:30 p.m.



Contact Us

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3440 Viking Drive, suite 125
Sacramento CA 95827
(916) 364-1642

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The Hidden Cost of Untreated Mental Illness

by *Trula M. LaCalle, PhD.*,
Executive Director, NAMI California

As the debate over how to balance California's 2010 budget begins again to take center stage, one matter that can't be ignored is life-saving health care for people living with mental illness.

It is said that a society may be judged by the way it treats its most unfortunate. How, then, should we consider our State, our legislators, and ourselves when it comes to the treatment of the one in four California residents and their families that contend with mental illness at some point in their lives? Practically all California residents work alongside, worship with, or know someone in their community who lives with mental illness. It is estimated that more than two million children, adults and senior adults in California are affected by a severe and persistent mental illness every year. Thousands rely on the state and county public mental health care system for necessary treatment and services. Current and proposed State

budget cuts in mental health not only threaten the health of our families and our communities, they escalate high costs in other critical sectors, such as emergency departments, health and social service agencies, and schools.

The economic cost of untreated mental illness is more than \$100 billion each year in the United States but, more importantly, there can be no price tag attached to the lives that are literally at stake. Treatment works—if you can get it. And the “if” is becoming a more common peril in California. Treatment helps prevent suicide, homelessness, school drop outs, child abuse and neglect, and incarceration for felonies that are committed during untreated severe mental illness. State mental health services represent hope for recovery and prevention of relapse. Without them, more people will end up hospitalized, in shelters, on the street, in jail or dead. This is not elevated language for the

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NORTHERN CALIFORNIA NAMIWalk

Our day is already taking shape! We have already lined up some key sponsors, including Sierra Vista, Sutter Center for Psychiatry, Turning Point Community Programs, Janssen Pharmaceuticals, Eli Lilly, St. Joseph's Medical Center, Orrick, Herrington and Sutcliffe LLP, the Anxiety Treatment Center and U.C. Davis Medical Center. Popular local band, The Hits, will perform, and Bay Area News Broadcaster Jeff Bell will be Master of Ceremonies. **Now we need TEAMS!** We have 14 teams and our goal is 40, so talk to your friends and family and sign up now! Go to the NAMIWalk website and follow the directions to register - **and see page 6 of this newsletter for more information.**

MARK YOUR CALENDARS

Saturday, April 24, 2010

Check-in begins 8:30 a.m., Walk starts at 10:00 a.m.

Location: William Land Park,

1701 Sutterville Rd. Sacramento CA

www.nami.org/namiwalks/CA/northerncalifornia



National Alliance on Mental Illness



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-Crook at hillerman-crooka@saccounty.net or (916) 875-4710; or Marilyn Hillerman at marilynhillerman@yahoo.com or (916) 648-1358.

Dual Recovery Anonymous

Every Monday from 7:00 - 8:00 p.m. "The Effort" 1820 J Street Sacramento, CA 95814. A 12-step self-help program to help those with a dual diagnosis to recover from chemical dependency and psychiatric illness in a community of respect and support.

Call "The Effort" at (916) 325-5556 or Doug Smith at (916) 534-2609.

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 Jane Du Bet at (916) 734-2964.

Emotions Anonymous

For people working toward recovery from emotional difficulties. Tuesdays from 6:30 p.m. - 7:30 p.m. Call number below for location. 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 Connection Recovery Support Group

A recovery support group for adults with mental illness regardless of diagnosis. Held every Sunday from 7:00 p.m. - 8:30 pm at Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento. No pre-registration.

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

Fourth Wednesday of each month from 6:45 p.m. to 8:15 p.m. Sierra Vista Hospital, 8001 Bruceville Road, Sacramento 95823. Call facilitator Caroline Caton at (916) 204-4512 for more information.

Obsessive-Compulsive Support Meeting

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.

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 or 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. Second Tuesday of each month from 7:00 - 9:00 p.m. 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.

Contact: www.sacramentopsychology.com
Call Dr. Debra Moore at (916) 344-0900

Women's PTSD and Anxiety Support Group

Call Nancy Kilgore at (916) 256-9963 or email: highestgood2000@yahoo.com.

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.

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) 364-1642.

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.

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.

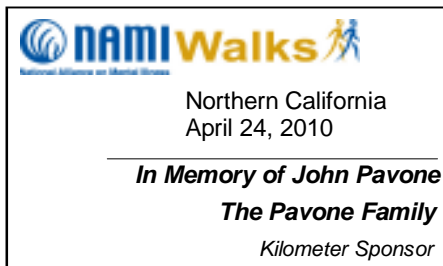


Northern California NAMIWalk News!

Due to a combination of good teamwork, good guidance, good luck and a lot of determination, the first Northern California NAMIWalk is making good headway toward its goal of raising \$50,000 for the four participating affiliates including NAMI El Dorado, NAMI Sacramento, NAMI San Joaquin and NAMI Yolo. We hoped to raise at least \$10,000 from corporate sponsors and we are almost there with a total of \$9,750 in pledged sponsorships! But, however good that feels – the real money will be raised by the teams and individuals who will walk in the event on Saturday, April 24th!

We really need to have at least 40 teams with each focused on a goal of raising at least \$1000 for NAMI. There is still time to get your team registered online at www.nami.org/walks, but if you want to be invited to our fantastic **Kick-Off Luncheon on February 24, 2010** – you have no time to waste. The Kick-Off Luncheon will be a wonderful event generously sponsored by **TRE Restaurant**. It promises to be both elegant and fun event for all who attend – by attendance is by invitation only! So, go to the website and sign up now.

If you don't believe that you will be able to participate in the WALK as a Team Captain or Team Member, how about becoming a sponsor? You can become a sponsor on behalf of an individual, a family, a work group or community group – sponsorships can also be a way to honor or memorialize a loved one with a mental illness. For a \$250 Donation, you can become a Kilometer Level Sponsor and your name or the name of an organization or individual you chose will be recognized on April 24th WALK with a sign along the Walk Route similar to the one pictured below.



If you need more information about becoming a Team Captain, contact JoAnne Mahaney Buehler at 916.607.6404 or joanne@namisacramento.org. If you need more information about an individual or group sponsorship opportunity, please contact Pat Pavone at 916.397.7831 or pat@namisacramento.org.

Wanted: Volunteers for New NAMI Program

There is a new NAMI program called NAMI Basics, which addresses family members of children and adolescents living with mental illnesses. It is a six week education course taught by trained teachers who are the parent or other caregivers of individuals who developed the symptoms of mental illness prior to the age of 13 years. It is not currently being offered in this area. However, we are hoping to have a training somewhere in the Central Valley or Bay Area sometime in the next few months.

We need volunteers to train as teachers for this program. The training takes 2 1/2 days.

If you are interested, please call Lynn Cathy at (916) 647-6931 or email Lmcathy@surewest.net. Once we have teachers in place, we will announce the course in a future newsletter.

NAMI California Executive Director Seeks Volunteer Legislative Assistant

Trula M. LaCalle, Ph.D., Executive Director of NAMI California, is looking for a volunteer to help track legislative actions and coordinate our participation. The position would involve office assistance and, possibly, some work from home. Contact:

Trula M. LaCalle, Ph.D.,
Executive Director, NAMI California
1010 Hurley Way, suite 195
Sacramento, CA 95825
phone: 916-567-0163
fax: 916-567-1757
www.NAMICalifornia.org

Major Change in NAMI General Meeting Schedule

Because attendance at General Meetings has been low, the NAMI Sacramento Board has decided to change the General Meeting schedule to **every other month** in 2010. We will hold General Meetings in January, March, May, July, September and November resulting in a total of six rather than ten General Meetings per year. We have excellent programs already lined up for several of the meetings, and we welcome your suggestions of speakers and topics that would be of interest to our members. If you have any suggestions for future General Meeting programs, please contact the NAMI office at (916) 364-1642 or www.namisacramento.org. Remember that we have two monthly family support groups and the weekly Connection consumer support group, if you wish to find information and support between General Meetings. Information about these meetings is on page 2 of this newsletter.

Now Book Travel and Shop Online and Support NAMI

NAMI Sacramento participates in a program that allows you to give financial support to NAMI while **you book your next trip** or 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 airline, travel company, rental car agency, hotel chain, cruise line or store** from the drop-down box - there are over 700 of them including Expedia, Orbitz, Travelocity, South West Airlines, Avis, Budget, Dollar, Best Western, Marriot, as well as Amazon, Macy's, Nordstrom, Sears, Target, Home Depot, Gap, and Flowers.com to name just a few. You will be immediately connected with that company's or store's website – where you shop and order or book travel plans just as usual. That's all there is to it. You do **not** need to register or give any information. Goodshop will automatically donate a percentage of what you spend to NAMI Sacramento.



Hidden Cost from page 1

sake of argument; the results are real. Mental illness does not discriminate. It can strike anyone at any time. It affects Democrats and Republicans alike. Governor Schwarzenegger and our legislators must stand together to save mental health care. We must send them that message now.

What's At Risk

Further cuts to mental health services are proposed by the Governor even while the need for services is increasing. In October 2009, California's unemployment rate reached approximately 12.3 percent. Unemployed workers are four times more likely than those with jobs to report symptoms of severe mental illness. Four times as many report thoughts of harming themselves. Against the rising need for services come cuts to basic mental health care in public hospitals and clinics funded through sales tax and vehicle licensing fees. With high unemployment and with most people that have jobs wary of spending, the sales tax funding source has dwindled. Many assume that mental health funds from Proposition 63, the Mental Health Services Act, will take care of the problem. However, Prop 63 restricted those funds for the development of new programs, not to be used to back-fill cuts to existing programs. The Prop 63 funds are decreasing, as well, and in the coming two years will fall back to the levels of five years ago. Due to the economic downturn, California now has fewer residents who must pay the 1% income tax on incomes over one million dollars. In spite of these losses, the Governor once again has proposed to raid the Proposition 63 funds and put his plan to the voters in June, even though virtually the same plan was resoundingly rejected by voters last year.

Time for Action

California needs to protect and strengthen existing mental health services in local communities. To do this, the legislature cannot balance the budget through cuts alone. Surveys have shown that voters are willing to seek new sources of revenues to pay for safety net programs.

NAMI, the National Alliance on Men-

tal Illness, the nation's largest grassroots organization dedicated to helping individuals and families living with serious mental illness, has made the states' budget crisis its top priority nationwide. The California Chapter of NAMI is working hard to educate the public about the need for treatment of mental illness because, too often, mental illness is overlooked, marginalized, trivialized or stigmatized.

But NAMI can't do it alone. As a society, we will be judged how we treat our less fortunate in the direst of times. We need the help of voters to save mental health services in order to save lives. Preserving California's funding for mental health services and community support systems is essential for the future of our people.

Support for Hearing Loss

A letter from recent Family-to-Family class member Dr. Jim Ray

I recently completed the F2F 12-week program with Bob Kahrs & Lanette Reeves as co-facilitators. They did an excellent job leading the class through materials of varying complexity of content. My severe hearing loss is due to a rare congenital abnormality called TCS-Treacher-Collins Syndrome) and my wife, Judy, has a profound hearing loss. During "break time" in one session, one of our classmates told me that her father was suffering from a hearing loss and wondered if there were anyway he could get some help to help both of them manage his hearing loss. One of the facilitators mentioned that I should try to set up a group to help friends, relatives and patients with mental illness better manage their hearing losses. I told her about HLAA (Hearing Loss Association-Sacramento chapter) which has been in existence over 25 years and holds free monthly meetings at the NorCal Center for Deafness and Hearing Loss located in North Highlands, CA. Their phone number is (916) 349-7500.

The chapter has members ranging from Deaf, LDAs(late-deafened adults) to those using CIs (cochlear implants) and those using hearing aids and other Assistive Listening Devices to promote better hearing and understanding of the world around

them. We know that unfortunately there is a strong, although indirect, connection between hearing loss - if left undiagnosed and/or untreated - and depression and other side issues resulting from withdrawing from association with loved ones and society, especially in the competitive business environment of today. The city of Sacramento and surrounding area has, next to New York City, the highest percentage per capita of deaf and those with hearing loss in our country today.

The chapter is very fortunate to have available the latest in hearing technology to make communication at all levels of hearing loss easier and more convenient. At a moderate cost, NorCal Center for Deafness and Hearing Loss provides the chapter meetings with RTCC(Real-Time Closed Captioning), a live captioner recording every word the speaker(s) say while using one of the microphones so that ALL members, regardless of severity of their hearing loss, can follow the continuity of the speaker at all times. The speaker yesterday spoke on the effect of various drugs and OTC medications on the six types of hearing loss ranging from mild to deafness. We also have speakers on the various types of Hearing Assistive Devices and on coping skills to be used in noisy environments such as restaurants, theaters, sports stadiums, and physicians offices.

The chapter meets on the second Saturday of each month except for July and August. The meeting times are from 10 am until 12 noon, with a break when members and guests can talk about the various strategies they use to cope with the hearing world and all the complexities it represents to those who have a hearing loss. The NorCal Center for Deafness and Hearing Loss is There are over 250 Chapters of the HLAA nationwide. The national headquarter-- HLAA-- located in Bethesda, MD, publishes a monthly deaf consumer magazine, "Hearing Loss". For further information, please contact:

Dr. Jim Ray, V.P.
HLAA-Sacramento Chapter
HAT (Hearing Assistive Technology Specialist), 2002
Chapter President 2000-2006 (retired)
Board member, Agency for Hearing (retired)
(916) 383-3777 (home)
(916) 402-4265 (cell)



The Wrong Story About Depression

by Judith Warner, Op-Ed contributor
New York Times, January 8, 2010

STARTLING results,” promised the CNN teasers, building anticipation for a segment on this week’s big mental health news: [a study](#) led by researchers at the University of Pennsylvania indicating that the antidepressants Paxil and imipramine work no better than placebos (“than sugar pills,” said CNN) for people with mild to moderate depression.

Happy pills don’t work, the story quickly became, even though, boiled down to that headline, it was neither startling nor particularly true.

It sounded true. After all, any number of experts have argued that antidepressants — and selective serotonin reuptake inhibitors like Paxil in particular — are overhyped and oversold. And after years of hearing about shady practices within the pharmaceutical industry, and of psychiatrists who enrich themselves in the shadows by helping the industry market its drugs, we are primed to believe stories of psychiatric trickery.

Yet in all the excitement about “startling” news and “sugar pills,” a more nuanced and truer story about mental health care in America was all but lost.

That story begins to take shape when you consider what the new study actually said: Antidepressants do work for very severely depressed people, as well as for those whose mild depression is chronic. However, the researchers found, the pills don’t work for people who aren’t really depressed — people with short-term, minor depression whose problems tend to get better on their own. For many of them, it’s often been observed, merely participating in a drug trial (with its accompanying conversation, education and emphasis on self-care) can be antidepressant enough.

None of this comes as news to people who have been prescribing or studying antidepressants over the past 20 years. Neither is it all that likely to change the practice of treating depression — at least as it’s carried out by responsible doctors.

After all, people who are depressed for the first time, or have been depressed for only a short time, or are upset after a personal setback, aren’t considered ideal candidates for immediate drug therapy. And, contrary to popular belief, there’s no evidence that most psychiatrists regularly prescribe pills straight off to people who can get better by reading about depression, exercising or doing nothing. What numbers do exist, said Peter Kramer, who has written extensively on antidepressant use in books like “Listening to Prozac,” indicate that relatively few people with minimal depression leave psychiatrists’ offices with a prescription.

That people have come to believe otherwise may be in part because most patients with depression are treated by general practitioners, not psychiatrists. Studies have shown that these primary care doctors don’t strenuously enough screen their patients for depression before prescribing drugs, or closely monitor their care afterward.

And here the truer story about mental health care in America begins to unfold. The trouble is not that the drugs don’t work; it’s that the care is not very good.

Inadequate treatment by nonspecialists is only a piece of the problem. In fact, most Americans with depression, rather than being overmedicated, are undertreated or not treated at all. This might have been big news this week, too, had anyone noticed another academic study, [a survey](#) of nearly 16,000 people published this month in The Archives of General Psychiatry, which looked more broadly at the picture of depression in America. The survey found that those who did get care were given psychotherapy more often than drugs. That finding might give heart to those who would prefer to see more alternatives to psychiatric drugs — if it weren’t for the fact that so much psychotherapy is so bad.

In 2008, a team of psychologists brought this point home in blunt terms in the journal Psychological Science in the Public Interest. “Despite the availability of highly effective interventions,” [they](#)

[wrote](#), “relatively few psychologists learn or practice these interventions.”

This is the big picture of mental health care in America: not perfectly healthy people popping pills for no reason, but people with real illnesses lacking access to care; facing barriers like ignorance, stigma and high prices; or finding care that is ineffective.

It is a societywide concern that a co-author of the new antidepressants study readily acknowledges. “What we reported on was a very small piece of a very large problem,” Robert J. DeRubeis, a professor of psychology at the University of Pennsylvania, told me. “Those kinds of things are not being sorted out in this country because there’s no system. Nobody’s asking these questions.”

With health care reform almost certainly on the horizon, perhaps now we can hope they will start asking.

2010 BOARD OF DIRECTORS

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Andrea Hillerman-Crook, Consumer Advocate Liaison, (916) 875-4710

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



How Do I Register My Team For The NAMIWalk?

Are you wondering how to register a team for the NAMIWalk? The best way to register your team is by doing it online at www.NAMI.org/walks and following these steps.

Step #1: Create a myNAMI Account

If you already have a myNAMI account, you can skip these instructions and go to Step 2.

- Go to www.nami.org
- Click on **Sign-In** (in the upper left-corner of the screen)
- Click on the blue text **“Create your free sign-in account now”**
- Fill out the required information to complete your profile.
- Write down your username and password somewhere you will remember.
- Click on **Submit**.
- At the next screen, go to the top of the page and click on **Logout**.

Step #2: Register for the NAMIWalk

- Go to www.nami.org/walks. Click on the location on the map that you would like to walk.
- See the **Walk With Us** box

To form your own team, click on **Form a Walk Team**.

- Click on the blue button **Register Online Now**
- Sign in to myNAMI. (Forgot your login information? Click on the phrase “I forgot my username or password” just below the login key.)
- Follow the simple on-screen instructions then click **Register and Proceed**.
- Create a team page by reading the instructions and completing the fields. Then click **Create Team Page and Continue**.
- Next, create your walker page in the same manner. Then click **Create My Walker Page and Finish**.

To join a team that already exists click on **Join an Existing Team** or to walk as an individual click on **Walk as an Individual**.

- Click on the blue button **Register Online Now**.
- Sign in to myNAMI. (Forgot your login information? Click on the phrase “I forgot my username or pass-

word” just below the login key.)

- Follow the simple on-screen instructions then click **Register and Proceed**.
- Create your walker page by reading the instructions. Then click **Create My Walker Page and Finish**.

Print the confirmation screen that lists the event details and the address to your walker page. *Be sure to read the “What To Do Now” portion near the bottom of the page.* If you need additional help, send an email to walkhelp@nami.org.

NEED MORE INFORMATION?

If you have additional questions or need more information, please contact: **Joanne Mahaney**, Family Team Chair – joanne@namisacramento.org or 916.607.6404

Drugs Can Help Symptoms of Borderline Personality

by Amy Norton,
Reuters Health, January 12, 2010

Borderline personality disorder, or BPD, is a serious mental illness marked by intense mood swings and difficulty with emotional control, impulsive behavior, problems maintaining personal relationships, and high rates of self-injury and suicidal behavior.

Right now, “talk therapy” is the cornerstone of managing BPD, and no drug is specifically approved for treating the disorder. But in a new analysis of 27 clinical trials, researchers found that certain psychiatric drugs do seem to ease some of the major symptoms of BPD.

Specifically, certain newer antipsychotic drugs used for schizophrenia appeared to improve BPD patients' emotional instability and impulsive behavior. Two drugs -- aripiprazole (Abilify) and olanzapine (Zyprexa) -- showed benefits.

In addition, the review found, medications known as mood stabilizers, often used for bipolar disorder, seemed to aid patients' emotional control and rein in impulsivity. Benefits were seen with the drugs topiramate (Topamax), divalproex sodium (Depakote) and lamotrigine (Lamictal), which are all anti-seizure medications that

have mood-stabilizing effects.

“Drugs may be effective in treating certain symptoms of BPD, such as impulsivity and difficulties to control anger,” Dr. Klaus Lieb, the lead researcher on the review, noted in an email to Reuters Health.

But medications, if they are used, should be given to target specific symptoms, and not as a treatment for the overall disorder, added Lieb, of the University Medical Center Mainz, in Germany.

The findings, published in the British Journal of Psychiatry, are based on the results of 27 clinical trials, most of which were done in the past decade.

On average, patients randomly assigned to take second-generation antipsychotics or mood stabilizers saw improvements in certain symptoms, compared with patients who were given a placebo.

There was also some promising evidence on omega-3 fatty acid supplements, which in one study were shown to reduce BPD patients' depression symptoms and suicidal behavior by about half.

Some other studies have suggested that omega-3 fats -- found largely in fish oil -- have antidepressant effects, and supplements are being investigated as a treatment for depression and bipolar disorder. The jury is still out on their effectiveness.

For people with borderline personality disorder, talk therapy remains the “first-line” treatment, according to Lieb. What this review suggests, he said, is that certain patients may benefit from drugs that target their particular symptoms.

He added that if a patient does begin a drug, his or her symptoms should be continually monitored, and if there is no improvement after three months, the medication should be stopped.

While antipsychotics and mood stabilizers can be effective, they also carry the risk of side effects -- including, drug dependence, weight gain or weight loss, fatigue, high cholesterol and difficulty with memory and concentration.

SOURCE: British Journal of Psychiatry, January 2010.



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.

Dr. Zasio is also in her second season of being featured on the A&E television documentary, "Hoarders".

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

Submit your questions to:

drrobin@sierrabg.com

Dear Dr. Robin,

Some time ago you answered some questions about the Parity Law. I am asking because recently I have been trying to see a mental health specialist and my insurance company is refusing to authorize the therapist. Could you review some of the details of this law?

Jennie

Dear Jennie,

The Mental Health Parity Law was established in 2000. This law acknowledged that there are certain conditions that are biologically based that do not respond to either traditional treatment methods, or short-term therapy. As such, if there is no one "in-network" to provide these specialized treatment services, by law, they have to go "out-of-network." Additionally, if the services requested are on an outpatient basis, typically, they are unlimited (which often times differs from one's signed contract with the insurance company where there tends to be limits on sessions). On top of this, the specialist that they bring on needs to be treated with the individuals "in-network" benefits, which will pay at the higher benefit level, often times making the co-pay lower than would be if they used their out-of-network benefits.

There are a few limits however. Medi-Cal or Medi-Care is not required to adhere to this law. Also, if your plan is a "Federally Funded" or "Self Funded" plan, they also do not have to follow this

law. If you have either of these types of policies, typically the best thing to do is to contact your insurance company directly, and ask them for a list of providers who specialize in the area of help that you are seeking.

Finally, it is more common that when you contact the insurance company that they will first look to access the providers that have contracted with them. It will be up to you to explain to them that you have a parity diagnosis, that you have not been able to find someone in their network of providers, and that you would like to access your rights under the Parity Law. Don't be surprised if they have never heard of it. Believe it or not, more times when I call for my clients I end up having to educate the person on the other line. Just be patient; it will be worth it if you get to the provider that you need!

I hope this helps to clarify some of the basics of the Parity Law. If you are interested in specific diagnoses covered, you can visit www.hmohelp.ca.gov.

Sincerely,

Dr. Robin

Spanish Family to Family (A Familia de Familia) Coming in Spring 2010

We would like to start A Familia de Familia class in Spring 2010. We have two bilingual teachers ready to teach the class. If you would like to attend a Spanish version of Family to Family please contact Lynn Cathy at Lmcathy@surewest.net or the NAMI Sacramento office at (916) 364-1642. Unfortunately, neither Lynn nor the NAMI office staff is bilingual, but the class will be, so please sign up if you are interested!

March Newsletter

We welcome submissions to the newsletter. The due date for the March newsletter will be February 8, 2010. Please send submissions to Belinda Beckett at nimabima@aol.com. Submissions may be edited.

Use Caution When Carrying Prescription Drugs

The young lady mentioned below ended up spending three days in jail. The judge got information from the doctor and verified the medications, then let her go without charges or jail expenses.

Recently we were contacted by a family member regarding an arrest for carrying two Xanax tablets. Xanax is used for the short-term relief of symptoms of anxiety disorder. Her son had overdosed on his medications twice, so his girlfriend kept them for him. She spent several days in jail before going to court. Dr. Forehand and Jose, the nurse at Wellness Recovery, said that ALL medications need to be in a container, or you should carry a prescription from your doctor, or a list of medications (and descriptions of the pills). You should never carry someone else's medications.

Police are concerned because some drugs (Xanax, Klonopin, Valium, Ativan, etc.) are addictive and have the potential to be abused. The different categories of medications can be viewed at website: <http://www.justice.gov/dea/pubs/scheduling.html>. Schedule I drugs are never prescribed. Schedule VI and V are less addictive.

Lynn Cathy, NAMI Sacramento Co-coordinator for Family to Family, and NAMI California's Family to Family program director received this information from NAMI Stanislaus.

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 (916) 425-6261 or the NAMI Sacramento office: (916) 364-1642; or office@namisacramento.org

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, \$17
- General, \$40

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
- \$50-\$99
- up to \$50

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.

RETURN SERVICE REQUESTED

NAMI Sacramento Chapter
3440 Viking Drive, suite 125
Sacramento, CA 95827-2844



Sacramento, CA

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