



# NAMI Sacramento Newsletter

Sacramento's Voice on Mental Illness

The National Alliance on Mental Illness

November 2007: Issue No 5.10

## General Meetings

### Monday, November 19

Randall Hagar, Director of Government Affairs for the California Psychiatric Association will speak about the expanding treatment opportunities for the mentally ill. You may have heard of Laura's Law but may not know what it is, and what it can do for you. Randall will explain the concept of Assisted Outpatient Treatment and the impressive successes achieved by this new program. Learn how we can put this program to work in our county.

**PLEASE NOTE** that the meeting will be on the **3rd Monday** of the month, as the 2nd Monday is a holiday.

**PLEASE NOTE** also that there will be no general meeting (and no newsletter) in December.



### Meeting Location

SMUD Headquarters Auditorium  
6201 S Street, Sacramento 95817

### Time

General Meetings start at 7:30 p.m.

## What's Inside

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## Vision: 2010 The NAMI Strategic Plan

by Al Lipson

This is a first for NAMI—we have created a Strategic Plan to guide our actions for the next three years. It is still in draft form and we are asking for your review and comment by Monday October 29<sup>th</sup>. You can find the document on the NAMI website under "What's New." After this review the Board will conduct a final review and present our plan to the public.

This document has been under construction for several months and involved your input as well as that of many organizations interested in NAMI's work, and much hard work by your Board of Direc-

tors. It follows Strategic Planning efforts by NAMI National and NAMI California to strengthen our organization.

The Plan presents a vision for the future and lays out five goals:

1. NAMI Sacramento has a strong, sustainable and financially secure organizational infrastructure.

We need to increase our income from diverse sources and hire part-time staff to expand our capabilities.

2. NAMI Sacramento has diversity in

➤ *continued on page 3*

## Locked In Fear

by Cheri McNealy, *The Reporter*

(Vacaville, CA) *September 30, 2007*

You think he's a simple nuisance; but then you don't know him at all. I think he's a tragedy waiting to happen, and since I gave him life and raised him, maybe I know better.

My 36-year-old son has been arrested more times than I can count. It's always been drug-related, although in the last few years, the drugs have become secondary to his behavioral problems.

He's mentally ill. Not just a little. Quite a lot. The diagnoses, from multiple health care professionals in various settings, including three separate psychiatric placements (the last being Napa State Hospital) have run the gamut from simple "personality disorder" to "obsessive compulsive" and, in more recent times, "paranoid schizophrenic" and "psychotic."

A couple of years ago, with help from my husband and me, the Public Guardian's Office almost had him conserved. He'd gone from the temporary psych facility in Fairfield to a residential mental health facility in Vallejo. His doctor at the time recommended he spend the rest of

his life in a mental facility. After three months of being on a forced regime of anti-psychotic medicines as part of his treatment, he went to court on the matter of a temporary conservatorship. By then, his behavior was near normal. He assured the judge and the Public Guardian's Office that he would continue to take his drugs and stay in touch with Mental Health. Not so much as a single appointment did he make. Not so much as a single dose of any medication did he ingest after he was released that day.

And so—the spiral downward began, yet again.

It wasn't enough that we had to get a restraining order so we could feel somewhat "safe." We went through that hassle at the recommendation of the Police Department. Yet when we'd call on police to enforce it, the officers would give him their little "test," he'd pass, and they'd go on their way.

Mentally ill doesn't mean retarded. He's learned how to answer the questions. Do you feel like hurting yourself? "No, officer." Do you feel like hurting

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## Support Groups

### Consumers Support Group

“LETS GET TOGETHER!” is a social group that meets the first Wednesday of each month. Please join us at Denny’s at 3<sup>rd</sup> and J St. in downtown Sacramento, near the back room, at 6:30pm. Hope to see you there! Contact the NAMI office at (916) 874-9416, or Valerie at [valerienamisac@yahoo.com](mailto:valerienamisac@yahoo.com)

### Crisis Information

For family members or consumers needing information or support. Newcomers are welcome. Second Monday of each month from 7:00–7:30 p.m. prior to the General Membership Meeting. “Old” SMUD Headquarters Auditorium, 6201 S Street, Sacramento.

### 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](http://www.dbsasacramento.org)

Contact: Andrea Hillerman at [andrea@mhasc.org](mailto:andrea@mhasc.org) or (916) 366-4601; or Marilyn Hillerman at [marilynhillerman@yahoo.com](mailto: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. Every Monday.

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.

### Family Members and Consumers

Held the last Thursday of each month from 5:30 - 7:00 p.m. Conference Room, Human Resources Consultants (HRC), 2220 Watt Ave., Suite B, Sacramento.

Call Deborah Short (916) 485-6500, ext. 260 for more information.

### NAMI Family Support Group, Sacramento

Held the third Wednesday of each month from 6:30 - 8:30 p.m. 3135 Woodmark Court, Sacramento 95821.

Call facilitator Heidi Sanborn at (916) 485-7753 for more information.

### NAMI Family Support Group, Natomas

Held 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.

### Obsessive-Compulsive Support Meeting (OCD)

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

## Educational Meetings

### Family to Family Education Classes

Offered twice a year, spring and fall.

☎ [www.namisacramento.org](http://www.namisacramento.org)

For the current class schedule see the Sacramento NAMI web site or call (916) 399-5762.

### Peer to Peer Education Classes

☎ [www.namisacramento.org](http://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.

### Sacramento NAMI Board of Director’s Meeting

1st Thursday of each month at 6:30 p.m. conference Room A, 3331 Power Inn Road, suite 140, Sacramento, CA 95826.

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

### Recovery, Inc., Self-Help Mental Health Meetings

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

☎ See: [www.recovery-inc.com](http://www.recovery-inc.com)

Call (916) 483-5616 for meeting locations.

## Upcoming Events

### Tom Wootton’s Bipolar Workshop “Bipolar in Order,” on managing bipolar illness and moving to the next level of functionality for bipolar people and their families.

Saturday, November 17, 2007.

Doubletree Hotel, 2001 Point West Hwy., Sacramento 95815

Register online at:

[www.bipolaradvantage.com](http://www.bipolaradvantage.com) or call 877-231- (HOPE) 4673. Fee is \$129. Some discounts and partial scholarships available.

### Fourth Annual Sacramento Mental Health Association Variety Show

Friday, December 7, 2007. Crest Theater, 1013 K Street, Sacramento 95814

Proceeds benefit education of mental health consumers and the SAFE Family and Children’s Program. Tickets are \$15 at the Crest or through [tickets.com](http://tickets.com) (at Raley’s/ Bel Air.) You can also call the Mental Health Association at (916) 366-4600.

## 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.



## A Time for Transition - Farewell from the President



then took a few days to enjoy Oktoberfest in Munich. It was wonderful!

Upon my return, I was delighted to find out that several large grants that I had written for my “real” job were awarded. I had always planned to step down as President at the end of my term this December, but the reality was I had to step down immediately, because I must turn my focus now to my work. So, as of last Friday October 5<sup>th</sup>, I am no longer the President of NAMI Sacramento. I still hope to serve you on the Board but not as an officer. I greatly appreciate that Caroline Prod was willing to step-up to the role as President through the end of December.

I can’t thank the membership or the NAMI Board enough for giving me the opportunity to serve you. When I took over as President and rejoined the Board in March of 2005, the Board was almost ready to fold. The treasurer was already asking how to close the books. In two and a half years, this organization has rebuilt itself by adopting new bylaws, adding consumer programs, adding a second family support group, updating and keeping the website current, and having a very professional newsletter. All this work was accomplished by many people and I thank them all!

NAMI has become a serious voice for advocacy in this County as was displayed by the starting of the Mental Health Court. We are there any time stigma arises in this community, and we speak-up to support improved mental health services. We serve on the MHSA County Steering Committee and on the Advisory Committee to UC Davis on the new grant to get “at risk” youth into care prior to a first psychotic episode. We speak to local religious leaders, conferences for doctors, teachers, school boards, police recruits, and more.

I hope that all of you feel a lot of pride about NAMI Sacramento and what we have accomplished. I know I do. As I step down as President and allow others to take the lead, I hope you will continue to do everything you can to support us. Reducing the stigma around mental illness and improving care is a long-term goal and we must be committed to the outcome no matter how long it takes. Whether I am President, a Board member, or just a member of NAMI Sacramento, I am committed to supporting this organization and hope you will join me.

Again, my sincerest thanks for all your support.

*Sincerely,*  
*Heidi*

## Tom Wootton’s New Book - The Depression Advantage

Tom Wootton, author of *The Bipolar Advantage*, has just announced the release of his second book, *The Depression Advantage*. The *Depression Advantage* departs from accepted doctrine on mental illness. The book celebrates the advantages of spiritual, personal and social growth possible through the experience of depression.

Information on both books can be found at : [www.bipolaradvantage.com](http://www.bipolaradvantage.com)

## Donate to NAMI Sacramento through CSECC /United Way

**Did you know you can donate to NAMI Sacramento through United Way and the California State Employees Charitable Campaign (CSECC)?**

The State Employees’ California State Employees Charitable Campaign and the private sector United Way are now winding down their fall campaigns which are both managed locally by the United Way California Capitol Region.

If you are completing a CSECC/United Way pledge form, you won’t see NAMI Sacramento’s name on the list of nonprofits to choose from, **but you can pledge to NAMI Sacramento by writing in the following information.**

**Name: NAMI Sacramento**  
**ID: 16962**

## ➤ Strategic Plan, from page 1

membership and leadership that is more representative of our community.

The NAMI membership and leadership should look more like the diverse community that is Sacramento.

3. NAMI Sacramento leads in crafting and implementing high quality educational and support programs.

Our educational and support programs need to be expanded to serve more people in a timely way.

4. NAMI Sacramento has high visibility, conducts projects in concert with other community groups and incorporates consumers in its activities.

We need to project ourselves better so that more people know who we are and what we do. And we have to develop partnerships with other groups to enhance the effectiveness of our programs while we give consumers a larger role.

5. NAMI Sacramento is a highly effective advocate for mental health and works with our community partners to leverage our influence on key issues.

From the beginning NAMI has been the voice for those seriously ill people who could not speak for themselves. We need to keep that voice strong and enhance it by forming coalitions with other community groups with common goals.

The Draft Plan details how we propose to meet the challenges that the future presents. If we all make it work as intended it can help to focus the energy and commitment of our Board and membership on the goals that we agree are most important.

Do you agree with our vision and goals? Are they achievable? Can you see a role for yourself in helping to move our organization to the next level? Please take a few minutes from your busy schedule and let us know how you feel.





## *Locked In Fear, from page 1*

someone else? “No, officer.” Yet five minutes before they arrived, he’d be describing in detail what he’d like to do to society - and to me, his mother - the one and only person in the whole world who’s cared enough about him to do what I could to help him without enabling, excusing, dismissing or saving him from the consequences of his actions. His dad “let go with love” years ago.

I’m calling upon Solano County’s District Attorney’s Office to keep him in custody this time. He’s been arrested three or four times in the last month or so on drug paraphernalia charges. We’re also pretty sure he’s “huffing” chemicals.

So far, he hasn’t “hurt” anyone, except himself and his family. But if he is released from jail again, he’ll be out of his mind, out on the streets, using drugs and coming here for food and money every day or two. And if we aren’t here, what might he do to get what he needs?

Two years ago, while we were out, he broke into the house by climbing up to the second story and removing a screen to come in a window. He called my daughter while he was inside, and she thought he’d come in and killed us. She was out of her mind until she reached me on my cell phone. She called the police and they took him away, giving us another moment of hope that was quickly dashed.

The restraining order meant nothing. He wasn’t charged with “breaking and entering,” but with “trespassing.” He was released in short order. We then spent a small fortune on a security system for the house - an alarm which causes him not a moment of worry because “if I want in, I’m going in.”

He was recently evicted from a decent boarding house we rented for him because he had been mixing chemicals and pouring them down the drain. And he had rocks everywhere - rocks he “cleans” with the chemical concoctions. He was making the other residents sick. He “cleans” the rocks in hopes of finding diamonds and gold inside of them - and they’ll only open for him if they’re clean.

He was committed to Napa State Hospital once. When he was discharged, he was unable to receive services at the county’s Mental Health Department in Fairfield, even though he’d been treated there for years. He was now “off their books.”

I called them multiple times, and mostly no one returned my calls. Eventually, I discovered that the man who knew his whole story had retired. I got the run-around from everyone about how he was no longer their patient; that he’d have to make an appointment and come in at some future date. Yet a schizophrenic who is not on meds is incapable of doing that. Essentially, when he was responsive to the idea of getting “help,” the system put it out of his reach. Now when I tell him to “get help,” he tells me there isn’t any for him. And he’s right.

I’ve been told - a number of times now - that “being crazy isn’t against the law” and “he has his rights.” When, pray tell, do MY rights kick in? When does the potential for him to hurt himself - or be hurt by some policeman who fears he’s crazy and therefore, dangerous - come into play? When do his threats to get even with everyone under the sun mean enough to anyone to finally step up to the plate and take preventative action?

I pay my taxes. I’m a good citizen. I’ve worked all my life, as has my husband. We’ve had a couple of traffic tickets in our day - but that’s about it. We don’t drink. We don’t do drugs and never have. My husband is a combat veteran, having spent a year in Qui Nhon, Vietnam, from 1966-1967 on a swift boat patrolling the rivers for contraband and putting his life on the line. He’s done volunteer search and rescue work for every county we’ve lived in - including Solano. I’ve raised a daughter who is a high school graduate and a contributing member of society. I’ve volunteered in schools, done animal rescue and minded my p’s and q’s to the “nth” degree my whole life.

When does what we need or want come into play? When does law enforce-

ment and the DA’s office start to see our son as something a little more complicated and yes, threatening to society, than a simple nuisance? When does the legal system begin to listen to what all those doctors, including its own, have tried to tell it? When does anyone start to look at his record - as both a mental patient and a criminal - and begin to wonder if there might be a better way to deal with him than as the revolving door?

When he’s in custody, it’s a welcome relief. My stress level goes down considerably when I know he’s safe - eating, drinking, with a roof over his head - not being beaten up by crazier people on the streets and not being shot by a cop. I don’t have to wait for “that call” from the coroner who thinks that a body down there might be that of my son. I can’t put a price on a good night’s sleep. All I can say for certain is that it’s priceless when it comes to my child. Even a grown child.

My son is a mentally ill drug addict. His addiction and mental illness have compromised his ability to live in “normal” society - and his condition is a threat to himself and anyone he comes in contact with. He cannot manage on his own, and it’s just a matter of time before his luck - and society’s luck - runs out.

I love my son. I want help for him. Long-term help. Before it’s too late for him, for us, for everybody.

The author is a Fairfield taxpayer, citizen and mother.

*Reprinted with permission from The Reporter.*





## Epilepsy: Understanding It and Offering Help



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

Of all the diseases known to man, epilepsy is probably the only one that has

been shrouded in so many myths. There was a time when people with epilepsy were shunned, locked up in mental institutions, forbidden to marry or have children. Epilepsy was thought to be caused by evil spirits, insanity, or feeble-mindedness.

The fact is that epilepsy, also called seizure disorder, is a neurological condition that is diagnosed when a person has two or more seizures. A seizure is a sudden uncontrolled discharge of electrical activity in the brain that affects how a person feels or behaves for a short time. In 70% of the cases there is no known cause. The most frequent causes of the remaining 30% include the following: brain tumors, head trauma, genetic conditions like tuberous sclerosis, poisoning (such as lead poisoning and substance abuse – alcoholism), infections like meningitis or encephalitis, and problems in development of the brain before birth. Often thought of as a condition in childhood, epilepsy can develop at any time.

While we know a lot more about this serious condition, misconceptions still remain. The following myths are excerpted, in part, from [www.epilepsyhealth.com](http://www.epilepsyhealth.com):

**Myth #1. Epilepsy is rare and there aren't many people who have it.** One in two hundred individuals have epilepsy. In the United States alone, almost 3 million people are affected. Epilepsy can occur as a single condition, or may accompany other conditions affecting the brain, such as cerebral palsy, mental retardation, autism, Alzheimer's, and traumatic brain injury.

**Myth #2. You can't tell what a person might do during a seizure.** For a particular individual, each episode of a seizure will commonly look the same.

Seizures can produce a variety of symptoms from convulsions and loss of consciousness to blank staring, lip smacking or jerking movements of arms and legs. They can last a few seconds to a few minutes.

**Myth #3. Epilepsy is contagious.** You cannot catch epilepsy from someone else and nobody can catch it from you.

**Myth #4. With today's medication, epilepsy is largely a solved problem.** While epilepsy is not curable, it is controllable, for the most part, by taking prescribed medication, maintaining regular sleep cycles, avoiding unusual stress, and working closely with your health care provider. However, seizures may occur even when you are doing everything you're supposed to.

**Myth #5. You should restrain someone having a seizure.** Never hold the person down, but rather, let the seizure run its course. The brain almost always stops the seizure safely and naturally. It is important, however, to do a few things: only move the person if they are in danger (in traffic, on the top of the stairs); move any sharp objects away from them; loosen clothing, especially around the neck; place the individual on his or her side to avoid aspiration (inhaling contents of the stomach); place jacket or cushion under the head. And do not give mouth-to-mouth respirations except in the unlikely event that a person doesn't start breathing again after the seizure has stopped.

**Myth #6. You should force something into the mouth of someone having a seizure to prevent them from swallowing their tongue.** It is physically impossible to swallow your tongue. There's a greater risk that you will chip their teeth, puncture their gums, or even break their jaw. And you might get your *finger* bit! A *tongue* that is bitten can heal.

**Myth #7. People with epilepsy are disabled and can't work or go to school.** People with seizure disorders are like the rest of us with a range of abilities and intelligence. Some have severe seizures and cannot work, while others are successful in their chosen careers. They

are found in all walks of life and in all levels of business, government, the arts and the professions, as well as sports. Because of the stigma that still remains towards epilepsy, people don't often talk about having it, so we may not even be aware that they have the condition.

**Myth #8 You can't die from epilepsy.** Seizures are generally not life threatening, but there is an increased risk in seniors because of the added strain on the heart, increased possibility of injury due to brittle bones, and reduced intake of oxygen. On the other hand, continuous seizures lasting 5-10 minutes or longer, or seizures that come and go, each lasting less than 5 minutes, but without regaining consciousness in between is known as status epilepticus. If left untreated, this condition can permanently damage brain cells and lead to death. Status epilepticus is a medical emergency. Call 911.

If you think you or a loved one might be having seizures, go to your primary care provider. Keep a record of how often the unusual episode occurs, the time of day, how long it lasts, and what it looks like. This will be important information in determining whether or not you may have epilepsy.

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## The Volunteer Corner

### Become a NAMI Volunteer

NAMI is currently recruiting volunteers for the following positions:

- Children's services advocate
- Consumer Program Co-Lead
- Family-to-Family class teachers, English and Spanish speakers wanted!
- Volunteer Coordinator to manage volunteers for outreach events, coordinate volunteer training and more!
- Event Photographer

Please contact Caroline Prod at [c.prod@att.net](mailto:c.prod@att.net) or (916) 204-4512.



## Walk for Mental Health and Health Fair



Walk for Mental Health

Steps to Hope and Recovery

The 5th annual Walk for Mental Health on October 6th was a success, thanks to an outpouring of support from NAMI Sacramento and from the community. This is the biggest fundraiser of the year for NAMI Sacramento and the 11 other mental health agencies who participated. The Walk for Mental Health partnered with Turning Point Community Program's Health Fair this year, resulting in a festive event with information booths, food, speakers, music, and multicultural entertainment. We estimate that about 500 people attended, well above last year's attendance, and when the final tally is in, we expect that the proceeds will exceed what we took in last year to provide funds needed for our ongoing programs.

This event gave us an opportunity to inform the community that NAMI Sacramento exists and that we fulfill a vital role for people with brain diseases and their families. Our strategy was to raise funds while educating the public about the Walk's goals: to dispel the myths about mental illness, to dissolve the disheartening stigma that stops people from getting treatment and hinders recovery, and to raise funds for mental health programs that help people who are ill. The key message was that mental illnesses are chronic medical conditions like heart disease or diabetes, with treatment options like any other medical condition.

The Walk and Health Fair invited participation from local multicultural communities with flyers in Cantonese, Hmong, Laotian, Mein, Russian, Spanish, and Vietnamese—all populations with mental health needs that are underserved due to a lack of language appropriate services and resistance to treatment within some populations that is rooted in cultural tradition.

Outreach was also made to high school and college students, who may be experiencing the onset of mental illness and vulnerable to suicide. It was reported in the media in recent months that the suicide rate among young people in Sacramento has risen 60% in recent years. The Sacramento County Superintendent of Schools distributed flyers that were

specifically designed for high school students, to communicate acceptance and hope for recovery. Approximately 88 Sacramento County high schools and two Yolo County high school districts were reached.

Working with other agencies on a cooperative event like this is both rewarding and challenging. It took a core team of about 15 people nine months to orchestrate this event. There were sponsors, mental health agency participants, speakers and entertainers to recruit and coordinate, publicity contacts to make, flyers to distribute, a Second Saturday pre-event to host, and a poster contest to manage, not to mention the event day logistics - planning for health fair booths, tables, chairs, canopies, balloons, food vendors, permits, tickets, children's activities, registration tables, and volunteer supervision, signs, and water on the Walk route. NAMI Sacramento's Board Secretary, Pat Pavone, served as Vice President of the Walk for Mental Health Board of Directors, along with people from Human Resources Consultants (HRC), Loaves and Fishes, NAMI Yolo, Sacramento Gay and Lesbian Center, Sutter Center for Psychiatry, Transitional Living and Community Support (TLCS), and Turing Point Community Programs. Pat helped manage the process from beginning to end, as well as coordinating event day activities, speakers, and entertainment and handling inquiries. NAMI Sacramento member Linda Beilharz chaired the Publicity Team, created consistent branding, created the walkformentalhealth.com web site, and designed and coordinated distribution of publicity materials in Sacramento and the surrounding counties. NAMI Sacramento member Corinne Liseno took on the task of placing ads in local college newspapers and posting flyers on their campuses.

Some of our trained In Our Own Voice speakers, Kathleen Derby, Tracy Miller, Alex Streltsov and Elizabeth Edwards, did a great job speaking to the crowd about their experiences and their thoughtful perspectives on stigma and recovery. Thank you speakers, for providing this important element!

Thank you to everyone who supported

the Walk by attending the event and pledging online to help us succeed. For more information, see [www.walkformentalhealth.com](http://www.walkformentalhealth.com).



Susan Stieber, Turning Point Health Fair Co-Chair and Director of Adult Programs, Lester Neblett, Director of the Sacramento Gay and Lesbian Center, and Linda Ellis, Turning Point Health Fair Co-Chair and Director of Nursing at the Walk for Mental Health.



Sacramento County Supervisor Roger Dickinson addresses the crowd at the Walk for Mental Health.



Author and speaker Tom Wootton speaks at the Walk for Mental Health.



## The Doctor's Corner

*Dr. Robin Zasio is a local Licensed Clinical Psychologist and owner of the Anxiety Treatment Center at: [www.anxietytreatmentexperts.com](http://www.anxietytreatmentexperts.com).*

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

*Submit your questions to:*

*✉ [drrobin@sierrabg.com](mailto:drrobin@sierrabg.com)*

Nancy writes:

Dear Dr. Zasio,

Recently I had a visit with my primary care physician. I told him that I was feeling more sadness than usual, and also shared that I didn't have a lot of energy. He said that I have "major depression," but he didn't give me any information to help me understand why he gave me this diagnosis. He seemed like he was in a hurry, and I felt uncomfortable asking him. Can you tell me what is involved when a doctor makes a diagnosis and how can I get more information on depression?

Dear Nancy,

First, there are several questions that need to be asked to ensure that in fact, the proper diagnosis is given. All doctors who diagnose a mental health condition are required to follow strict criteria that can be obtained through an interview or questioning process, assessments, and observations of behavior during the appointment. Typically, a combination of these methods tends to be most helpful. Next, mental health diagnoses originate from a manual that was written, and revised several times, currently called the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV). It categorizes the different disorders/conditions and then breaks them down individually. For example, under the category of Anxiety Disorders, you would find the following: Obsessive Compulsive Disorder, Panic Disorder, Social Phobia, Posttraumatic Stress Disorder, Generalized Anxiety Disorder, and so forth. Each disorder is then described in detail by definition, specific criteria that needs to be met for the diagnosis to be made, prevalence in the population, and other helpful informa-

tion. A key factor when making a formal diagnosis requires that the symptoms cause some level of distress or impairment in a person's life, which includes areas such as relationships, educational and occupational endeavors, etc.

Specific to your question, there is a category called "Mood Disorders" which includes the following diagnoses: Major Depression, Dysthymic Disorder, Bipolar Disorder, and a few others. In order for a diagnosis of Major Depression to be made, five of the following symptoms must be present for at least a two week time period, causing significant distress or impairment: depressed mood (most of the day, nearly every day), markedly diminished interest or pleasure in all, or almost all activities (most of the day, nearly every day), significant weight loss when not dieting or weight gain (a change in more than 5% of body weight in a month), difficulty sleeping or oversleeping nearly every day, restlessness, feelings of fatigue or loss of energy nearly every day, feelings of worthlessness (or inappropriate guilt), difficulty focusing and concentrating, and recurrent thoughts of death/suicidal ideation. As you can see, there are many symptoms to consider, and I want to reinforce that these symptoms need to be present nearly every day, most of the day, for the diagnosis to be made.

There is another important point here. If you are given a diagnosis, whether it be mental health, medical, or otherwise, I recommend that you take the time to ask informational questions to help you understand why the diagnosis was made, the treatment protocol, and how to access resources. Even if the doctor seems busy, it is your right as a patient and also the doctor's responsibility to inform you. Remember, in essence, you are the customer!

Finally, in terms of resources, [www.nami.org](http://www.nami.org) has posted on their website criteria, such as those I described above, required to make mental health diagnoses. Also, there is a wealth of information on the web about depression and treatment protocols. If you feel that the diagnosis of Major Depression is accurate, you may want to consider whether medications may be help-

ful, in addition to Cognitive Behavioral Therapy. Hope this helps to get you the answers you are looking for.

*Sincerely,*

*Robin Zasio*

### 2007 BOARD OF DIRECTORS

#### ACTING PRESIDENT

*Caroline Prod, [c.prod@att.net](mailto:c.prod@att.net)*

#### VICE PRESIDENT

*Vacant*

#### TREASURER

*John Gilbert, [jgilbl1@pacbell.net](mailto:jgilbl1@pacbell.net)*

#### SECRETARY

*Pat Pavone, [pavone@surewest.net](mailto:pavone@surewest.net)*

### BOARD MEMBERS

*Lloyd Lagerstrom*

*Valerie Lerman (on leave)*

*Al Lipson*

*Valentin Lopez (on leave)*

*Sherrie Sala-Moore*

*Jeanne Templeman*

### COUNTY SUPPORT STAFF

*Marilyn Hillerman, Adult Family Advocate, (916) 875-5644*

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

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

### January Newsletter Contributions

Due by December 9. There will be no newsletter in December. Submit to Belinda Beckett at [nimabima@aol.com](mailto:nimabima@aol.com). Submissions are welcome but may be edited.

### NAMI Sacramento Office Contact Information

**Phone: (916) 874-9416**

**E-mail: [office@namisacramento.org](mailto: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](http://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
- Bipolar disorder
- Dual diagnosis
- Major depression
- OCD
- Panic disorder
- PTSD
- Schizophrenia
- Unknown
- Other
- Decline to state

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

Make checks payable to NAMI Sacramento. Mail to NAMI Sacramento Membership Chair, PO Box 2154, Fair Oaks, CA 95628. NAMI Sacramento thanks you for your support. Your donations directly help those with mental illness.

RETURN SERVICE REQUESTED

NAMI Sacramento Chapter  
3331 Power Inn Road, Suite 140  
Sacramento, CA 95826

