



NAMI Sacramento Newsletter

Sacramento's Voice on Mental Illness

The National Alliance on Mental Illness

February 2008: Issue No 6.02

General Meetings

February 11, 2008

Paul Powell, Associate Director at Transitional Living and Community Support, will speak about the various programs and services TLCS provides for people with psychiatric disabilities. TLCS housing programs include 30-day homeless shelters, one year transitional housing, cooperative housing and more. Support programs include homeless outreach, case management for people who have been in the criminal justice system, substance abuse recovery services and work re-entry programs.

Don't miss this informative meeting.

March 10, 2008

Nancy Purtell, RN and CEO of Sierra Vista Hospital, will speak about Sierra Vista and plans to expand that hospital and others in the area.

Meeting Location

SMUD Headquarters Auditorium
6201 S Street, Sacramento 95817

Time

General Meetings start at 7:30 p.m.



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Preventing Relapse and Schizophrenia

by Ed Fishbein

Relapse may be an unavoidable risk for people with schizophrenia. But Dr. Manoj Waikar, a psychiatrist who spoke at NAMI Sacramento's January meeting, believes that it's a risk that can be significantly reduced.

Dr. Waikar, the medical director of the Gardner Family Care Corporation, a non-profit provider of mental health services in downtown San Jose, spelled out his views in an e-mail interview with the NAMI Sacramento Newsletter. While he pointed out that preventing all relapses is unrealistic, "when a patient is compliant with relapse prevention strategies, it is believed that many potential relapses" can be headed off.

In Dr. Waikar's view, a "full-service" approach is pivotal to achieving that objective. As a psychiatrist, Dr. Waikar not surprisingly sees "finding an effective medication that the patient also tolerates" as a key



Dr. Manoj Waikar answers questions about schizophrenia at January General Meeting

part of the strategy. But for that to happen, the other parts of the treatment team—ranging from clinic staff to case managers to social workers to families to the clients themselves - "have to work together to help the patient maintain as much stability as possible in every aspect of his/her life."

➤ *continued on page 4*

Inclusion May Be Easier Said Than Done

by Pat Pavone, Board Secretary, NAMI Sacramento

This year, NAMI Sacramento undertook an ambitious project to do extensive outreach into the minority communities in Sacramento to introduce these groups to our organization and the services we provide. We were able to do this through a \$24,750 "diversity" grant from the NAMI National organization. The grant provided funding to hire outreach specialists who had a good working knowledge of the culture and values of the underrepresented communities that we wanted to attract to our organization. Several of the outreach specialists were bilingual and spoke various languages, including Spanish, Chinese, Vietnamese, Hmong and Russian. The grant also provided for the reproduction of the NAMI Sacramento brochure in various languages.

The project manager for this effort was Valentin Lopez, NAMI Sacramento Board member, who is both Hispanic and Native

American. Val took a leave of absence from the Board to devote himself exclusively to this project, but he was assisted in his efforts by current Board member Jeanne Templeman, former Board members Mei Yee and Karen Owen, and NAMI members Vivian Munson and Y'vonne Heriveaux.

The Project had three key objectives: offer at least one Family to Family class in Spanish in 2008; increase membership from ethnically diverse backgrounds by at least 30 people in 2007; and increase the number of NAMI Sacramento Board members from diverse backgrounds by at least 2 in the 2007 election.

Val and his team did an outstanding job contacting and meeting with key members of the community. They focused primarily on cultural groups and faith-based groups to get the word out about our program and our interest in

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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 3rd 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

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

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. 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 Wednesday of each month from 5:30 - 6:45 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 on 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 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.

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.

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) 399-5762.

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.

Sacramento NAMI Board of Director’s Meeting

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

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.

Roseville Bipolar Disorder Meetup Group

For people suffering from bipolar disorder for discussion, information, support and friendship - in Roseville.

Contact: www.meetup.com

Sacramento Area PTSD Support Group

For veterans who have experienced trauma while serving in the military - in Antelope.

Contact: www.meetup.com

Sacramento Depression Meetup Group

For people who are coping with depression, for discussion and making friends - in Elk Grove.

Contact: www.meetup.com

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

Sacramento/ Placer Borderline Personality Disorder Meetup Group

For people who suffer from Borderline Personality Disorder. Friends and family are also welcome. Confirm meeting time and location before attending - in Granite Bay.

Contact: www.meetup.com

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



Get To Know Your Board



by Belinda Beckett

NAMI Board member
Belinda Beckett

From time to time we run articles on our NAMI Sacramento board members. We hope these article provide a way to better connect our board members with the membership.

My husband and I first heard about NAMI from a psychiatrist as we were learning more about our daughter’s mental illness. He said that we needed help and support too and suggested that we contact NAMI. I looked up NAMI online and discovered that it offered education, resources and advocacy and that it was also dedicated to fighting the stigma associated with mental illness. As the child of a severely mental ill mother, I knew too well the effect that stigma has in preventing people from seeking treatment before it is too late.

Joining NAMI has been a comfort and an education for us. The Family to Family class was not only a great source of information, but also a wonderful time to share with others. Our understanding of the causes of and treatments for mental illness has grown as has our compassion and appreciation for the suffering of people with mental illness. Thanks to good medical care and our increased understanding, our daughter is doing well.

I am grateful to NAMI Sacramento and value the important work that it does. I hope that as a new Board member, I can contribute to spreading the word about NAMI and to making NAMI’s services available to more people. I am the editor of the NAMI Newsletter, and I hope to help with fundraising so that NAMI Sacramento has adequate resources to offer more services and help more people as it has helped my family.

Volunteers Needed for Peer to Peer

NAMI Sacramento’s Peer to Peer program offers 4 to 5 peer-led 9-week classes for people with mental illness. We are looking for a volunteer for each class to be a support for the mentors as they set up and run their classes. For additional information or to volunteer to help, contact Susan Whaley at slwhaley@sbcglobal.net or 996-2188.

Rooms Available: Transitional Living and Community Support

Rooms are available in a beautiful Victorian home in the Southside Park area at a cost of \$380.00 per person for a single room. Criteria for occupancy are: have an HIV diagnosis, as well as a Mental Health disability (“chronic and severe, target population diagnoses as defined by the Department of Mental health) and meet homeless and low income criteria. Included are: utilities, phone, on site manager, and support staff.

For information regarding this program and eligibility, or to discuss making a referral, please call: The Supported Housing and Entitlement Program (SHEP) at (916) 440-1500. Clients may also walk in at 1400 North A Street, Monday through Friday between 8:00 – 11:30 am.

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.

PBS Frontline’s *The Medicated Child* Available Online

The PBS Frontline program *The Medicated Child*, which aired on most PBS stations in January, can be viewed (as can other selected Frontline programs) online at <http://www.pbs.org/wgbh/pages/frontline/medicatedchild/>.

2008 BOARD OF DIRECTORS

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

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



➤ Inclusion, from page 1

improving the diversity of our membership. Val also worked closely with NAMI California, CSU Sacramento, UC Davis and the Sacramento County Division of Mental Health to identify resources to assist us in accomplishing our goals. Unfortunately, we were unable to achieve the goals within the time-frame outlined in the grant due to obstacles both at the local and state level.

While the grant monies did allow us to do much more extensive and organized outreach than would have otherwise been possible, the outreach team ran into some significant challenges. First, the stigma surrounding mental illness is very strong in many groups with cultural values that do not recognize brain disorders as a treatable illness. Second, the idea of joining an organization to address these issues is very alien to many groups, especially the idea of paying membership dues. Third, there are limited resources available at the state and national levels of NAMI to provide additional training and outreach materials in the languages that would be required for a full inclusion effort. For example, it has taken longer than expected to develop and present the Family to Family training materials in Spanish, and there are no plans at the current time to offer them in the other languages that are prevalent in our community.

Nevertheless, the outreach team did make some very positive contacts and spent a lot of time educating the community about mental illness and the services provided by NAMI. Even though we were unable to achieve our short-term goals, we believe that there has been increased interest generated in our programs, especially Family to Family classes and our family and peer support groups. We remain optimistic that expansion of our educational programs into minority and underrepresented groups will aid in reducing stigma and yield future interest among family members and consumers in full membership down the road.



➤ Preventing Relapse, from page 1

Dr. Waikar doesn't feel that generalizations can be made on who is responsible when this support system - or the much weaker safety net that many patients have - falls short. The only way to completely control the threat of relapse, he said, "would be to have schizophrenia patients living in a monitored setting 24/7, and we reserve that for the sickest of the sick."

But he does say that often these relapses have common sources, and signs. The sources, he said, usually "have a common denominator of the very non-specific entity we call stress." In Dr. Waikar's view, stress can be many things, including a "non-psychiatric medical condition acting up, a change in living situation, conflict with a family member, death of a loved one."

Commonly, the signs that these stressors may be triggering relapses take the form of an increase in delusions, hallucinations, and agitation. In addition, many patients "experience a change in their behavior/feelings that is unique to them, but clearly marks the coming of a relapse."

Dr. Waikar said that "I try to get patients to identify what these subtle changes are, because they usually come before the gross changes like hallucinations."

Complicating the challenge of responding, Dr. Waikar said, is that "often, when the beginning of a relapse occurs, the patient isolates more than usual and therefore is less likely to come into contact with treatment team members or family - someone who could help them get in touch with the appropriate people."

The seven years that Dr. Waikar has spent at Gardner Family Care Corporation - four of them as medical director - have given him a unique opportunity to develop these insights. Created over three decades ago to provide health care to mostly Latino migrant workers, it now offers both medical/dental and mental health treatment.

The people it serves continue to be mostly low-income and Latino, with a large Asian-Pacific clientele. Dr. Waikar said that "our schizophrenia patients experience a significant challenge and relapse pressure" that can be attributed to the socioeconomic

pressures of being poor and minority. "Sadly, this is something that affects the majority of this country's schizophrenia patients," Dr. Waikar said.

Ironically, in Dr. Waikar's view, his patients reliance on the public mental health system often affords them an advantage over those covered by private insurers. The indigent/uninsured are more likely to have the full-service treatment team he sees as so important.

"Schizophrenia patients with private insurance often have a psychiatrist," Dr. Waikar said, but not the social workers, case manager and therapists commonly utilized by public mental health treatment centers. When Dr. Waikar lectures on the subject, he encounters many families that aren't involved in this "full-service" approach. The indigent and uninsured are more likely to be enrolled in such programs, a treatment shortfall he finds sad.

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 or (916) 204-4512.

March Newsletter Contributions

We welcome submissions to the newsletter. The due date for the next newsletter is February 10. Submit to Belinda Beckett at nimabima@aol.com. Submissions may be edited.

NAMI Sacramento Office Contact Information

Phone: (916) 874-9416

E-mail: office@namisacramento.org



Schizophrenia Takes a Daughter Away

by Scott Gold and Lee Romney
Los Angeles Times Staff Writers

Excerpts from this article are reproduced below. For the complete text, go to: www.latimes.com/.

Even a loving family with ample financial resources is powerless against this disease.

By the time she landed at Metropolitan State Hospital in 2006, Tiffany Sitton had been haunted by delusions for 15 of her 23 years. Spiders burrowed under her skin. Ghosts ordered her to hurt people. Schizophrenia and psychiatric drugs dulled her eyes and numbed her brain.

Hers was the most vexing kind of case, blending severe mental illness with a rebellious disposition and drug abuse. When she got to the austere Norwalk hospital known simply as Metro, she'd bombed out of virtually every other option the mental health system had to offer.

She had mastered the art of institutional life. If her caretakers wouldn't give her a match to light a cigarette, she knew how to use a gum wrapper and a light socket to set fire to a tampon. She wore studded dog collars and shredded stockings, and her hair, once as wispy as the crown of a dandelion, had been hacked off and dyed.

None of that changed the fact that she was a wealthy kid from the suburbs whose bedroom, back home in a pocket of horse ranches and eucalyptus groves in San Juan Capistrano, was waiting for her.

She was scared at Metro, and perhaps she was right to be. Past the red sign at the door of Unit 410 -- "HIGH AWOL RISK" -- was a prove-yourself hierarchy of bulimics and cutters and patients known as picas, who swallowed staples and keys and whatever else they got their hands on.

During her six-month stay, three patients attacked her. One tried to rape her. She called home, again and again, begging to get out. Her parents refused. Cynthia and Michael Sitton believed they had no choice. Before she could start getting better, they thought, she had to hit bottom.

The strategy seemed to work. When Tiffany was ready to leave Metro six months later, she seemed finally willing to embrace

treatment. "I don't ever," she told her mother, "want to be in this place again."

So, one year ago, they made a pact. Tiffany would quit sabotaging her treatment, getting in fights, snorting other patients' meds. She would remember why it was good to be alive. Her parents would find a top-of-the-line hospital. When she was able, she could visit at home. They would keep her safe. They would keep her out of Metro.

The next year would be a test -- of Tiffany and her parents, and also of California's mental health system, which so often fails the toughest cases. Unlike most who suffer from severe mental illness, Tiffany had everything going for her. Her doctors had found the right cocktail of pills to ease her symptoms. She had a full-time advocate in her mother. Wealthy through Michael's flooring company, the Sittons had spent more than \$250,000 on her care. Now they pledged to redouble their efforts. Would it be enough?

It came out of nowhere. Tiffany tugged on the sheets next to her mother's head and whispered into the darkness. She'd seen dogs in her room, menacing dogs with red eyes. Cynthia told her she'd had a nightmare. "She insisted," Cynthia said recently, "that she had been awake." And she had been. Tiffany was 8.

Hers had not been the easiest of childhoods. Cynthia's first marriage, to Tiffany's biological father, had not ended well. Mother and daughter had spent several years living like gypsies, poor and mobile. Still, they were unusually close, and Tiffany's gregarious spirit seemed unaffected by the turmoil. Their lives had stabilized. Cynthia married Michael, like her a recovering alcoholic. Michael adopted Tiffany, and he and Cynthia had two more children.

The Sittons dismissed the hallucination at the time. They know now that it was the first symptom of schizophrenia, a disease shared by an estimated 2.5 million Americans. At 12, Tiffany became convinced that she was personally involved in stories that appeared on the TV news. At 13, she began hearing voices. At Aliso Niguel High School, she shaved her eyebrows and announced that she was a member of a gang

called the Slick 50s, though there was no evidence that she knew any actual members. At 15, after she pulled a knife on a schoolmate, a county psychiatrist told Cynthia to order a pizza and give Tiffany more hugs. It was the first of many times the system would fail them.

After she stole a car, Tiffany landed in juvenile hall, where a doctor diagnosed schizophrenia. It was a particularly early onset of the disease, and the timing was devastating. Tiffany had exchanged the normal, vital chapters of adolescence -- algebra homework, prom, her first kiss -- for a bewildering and often terrifying fantasy world.

Cynthia steeled herself "to do anything I had to do to make her better." She believed that there was help coming, that they could beat this. "I still had the luxury," she said, "of naiveté." That wouldn't last long. After Tiffany got out of juvie, she ran away, hitchhiking to Los Angeles, where she lived on the streets, eating uncooked ramen noodles and using any street drug she could find. A friend found her in Compton, badly beaten.

Not long after that, despite 24-hour care at home and the efforts of a \$220-an-hour psychiatrist to devise the right cocktail of medicine, Tiffany plunged a knife into her arm in the Sittons' kitchen. She was involuntarily committed to an acute-care mental ward. That was four years ago, and it was the end of her life on "the outside," as Tiffany calls it. "She's my kid," Cynthia said. "You feel terror. Just terror."

When the news came in December 2006 that Tiffany was ready to leave Metro, Cynthia was ready. In keeping with her pledge, she helped find her daughter a bed at Royalé Mission Viejo, a small psychiatric hospital. Papier-mache butterflies adorned pastel walls and the halls smelled of air freshener. It seemed a world away from Metro.

In the past, every time she'd bounced to a new facility, a new treatment team had evaluated her, often starting from scratch with little regard for what had been tried before. Tiffany had been diagnosed, at one time or another, with schizophrenia and five other disorders: bipolar, obsessive-compulsive, borderline-personality, antisocial

➤ *continued on page 6*



➤ *Schizophrenia, from page 5*

personality and post-traumatic stress. With each new diagnosis came new medications.

Here, the staff seemed unusually attentive, and Tiffany hit it off with several nurses and social workers. It was a strict and rigorous treatment program, and Tiffany seemed to thrive. She quickly became the president of her ward at Royalé, a job that required her to act as a liaison of sorts between patients and staff. She earned new privileges, such as outings with her mother: lunch, or a trip to her favorite spot, a thrift store where she spent hours assembling zany outfits of platform shoes and leopard-fringed skirts.

Cynthia had trained herself to be skeptical of the good times. "There is a fear of enjoying it too much," she confessed one day. "The crash is just so horrible. It's like she dies, every time. You don't go to a funeral. But it's like your kid dies, again and again and again."

Still, it had been a long time since Tiffany had seemed so lucid, so self-aware. "You're doing really well, girl," Cynthia told her one day in March, over lunch at Tiffany's favorite Chinese buffet. "I'm trying," Tiffany said.

Her bedroom at Royalé, which she shared with a roommate, was immaculate. She kept a Bible on the nightstand. She made friends and started playing billiards in the recreation room. She became articulate and self-aware, even poking fun at her illness. (One day at an exotic bird store, another favorite haunt, she held a parrot on her arm for a minute, then turned and whispered conspiratorially: "This bird wants to kill me.")

And she began taking responsibility for her troubles. She called her siblings -- Matthew, then 16, and Jessica, then 13 -- and apologized for being a bad role model and sabotaging her treatment. "I don't want to do this anymore," she said one day. "I'm here because of me."

In June, Tiffany was granted a pass for an overnight home visit. The family gathered in the backyard over steaming bowls of Michael's *pasta e fagioli*, with kidney beans. Tiffany excused herself regularly to smoke cigarettes and collect her thoughts on the other side of the yard. But it was a pleasant, normal evening, or as close as the family had

come for a long time. They laughed about a relative who used outlandish amounts of rouge. Michael even poked fun at Tiffany's shaved head, and she smiled.

"I've always felt," she said that night, "that my life had a purpose." There was a part of her, she confessed, that missed the drama of Metro -- the "action," she called it.

Still, she wanted desperately to recapture an independent life, and that drive was paying off. She was placed on the waiting list to move onto the A level of Royalé, reserved for patients nearly ready for release. On Level A, she would attend independent-living classes and prepare for life in a board-and-care facility on the outside. "I think she's ready for it," Cynthia said in July. "I really do." The Sittons had been burned by hope plenty of times.

Tiffany's schizophrenia is complicated by her bipolar disorder. Like many schizophrenics, she had also been a serious drug abuser: heroin, Vicodin, by her account just about anything that came along. Each had impeded treatment by mixing poorly with prescribed medications. "It's like part of me wants to be sick. So I do bad things," she said on a recent afternoon. "I know I do bad things."

But as much as the Sittons seek to hold Tiffany accountable, their odyssey also speaks volumes about the mental health system. Treatment was laughably poor in some facilities: "exercise" classes consisting of patients walking in a small circle, group therapy sessions offering the same counseling to a schizophrenic, an anorexic and an elderly patient with dementia. Even in locked facilities, Tiffany managed to get her hands on street drugs like methamphetamine. At one point she had ground up and snorted so many medications prescribed for other patients that her insides were pocked with ulcers.

At each place Tiffany was admitted, the Sittons provided a document detailing her illness and past treatment. But on three occasions, Tiffany was prescribed antidepressants -- despite an explicit warning in the document that such drugs sent her into a manic state because of her bipolar condition. (Tiffany's caretakers declined comment for this article, citing her pri-

vacy. "They don't look at the history. They just talk to the patient, who is psychotic," Cynthia said. "I'm in there every day, advocating, and she still falls through the cracks. Imagine what happens to the thousands of people who don't have that."

Even at the best facilities, like Royalé, the smallest fissure can lead to disaster. In July, Tiffany told her mother how much she liked her new roommate. That struck Cynthia as odd. The roommate was very sick and was quiet and meek, not the sort of person Tiffany was typically drawn to.

Days later, Tiffany extinguished a cigarette with the heel of her shoe and turned to walk back inside Royalé. A staff member asked her to pick up the butt. Tiffany went ballistic. She ranted in the hallway, then stomped into her bedroom, shattered a compact disc case and threatened to cut people with the plastic shards. The staff soon caught her with a razor blade she had hidden in her belongings. The voices, she told her mother, were back.

Two weeks later, Tiffany's increasingly deteriorating condition caused Royalé to transfer her to an acute-care center in Anaheim. The next day, Cynthia got a message to call the facility immediately. She dialed the phone, her fingers trembling. Tiffany, they said, had tried to commit suicide. Cynthia got her on the phone. "So," Tiffany mumbled through her drugs, "I guess I tried to strangle myself."

It took weeks for the full story to emerge. The new roommate, Tiffany eventually confessed, was "cheeking" her pills -- taking them from nurses but spitting them out later. She'd been handing them over to Tiffany, who ground them up and snorted them, sending her brain back into a tailspin.

In August, Royalé agreed to take Tiffany back, but when she refused to sign a contract stating that she wouldn't kill herself, she was transferred again, this time to an acute-care facility in La Palma. There, she started abusing another patient's methadone, a synthetic narcotic used to treat heroin addiction. "This lady got 80 CCs a day," Tiffany said later, using common medical shorthand for cubic centimeters. "She would

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The Doctor's Corner

Dr. Robin Zasio is a local Licensed Clinical Psychologist and owner of the Anxiety Treatment Center at: www.anxietytreatmentexperts.com.

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

Submit your questions to:

✉ drrobin@sierrabg.com

A Concerned Mother writes:

Dear Dr. Robin,

I have a son who recently turned 19 years old. After graduating from high, he began to drink alcohol and spend more time away from home than usual. He says he never drank in high school and I never saw any evidence that he did. I am concerned because this is a new behavior. Should I be worried?

Dear Concerned Mother,

Unfortunately I do not have enough information to answer your question directly. However, I'd like to offer some thoughts that may help you to think about ways in which you can answer this question on your own. In general, in situations where we as clinicians are questioning substance abuse, whether it is alcohol or drugs, there are a few basic questions that we consider. Is the person's drinking interfering with important commitments, for example school or work? This would include staying out too late to be on time the following day, calling in sick, or just not showing up. Is the drinking interfering with their social relationships? For example, are friends or loved ones complaining because they are intoxicated, acting differently, more aggressive, or less communicative? Are they spending more time in activities associated with drinking? Have they attempted to stop drinking yet been unsuccessful? Has the drinking increased over time? Are they drinking in situations where it may be hazardous, for example, while driving? It's also important to consider from a legal standpoint that drinking under the age of 21 is against the law, which could pose potential legal consequences as well.

These are just some of the considerations you can explore regarding your son's recent drinking. You might also want to consider talking with him about your concerns, which may help to give you some of the answers you are looking for. If it appears that the drinking is excessive and he is interested in talking with someone, Alcoholics Anonymous is a great place to start. They can be found at www.alcoholics-anonymous.org for more information. You can contact your local NAMI office for referrals to doctors and therapist's who can help.

Sincerely,

Robin Zasio

➤ *Schizophrenia, continued from page 6*

break it down and between me and my friend. The first time I got 10. But the second time she gave me 20 CCs. I was out of it."

When they made their pact at Metro, Tiffany had promised to stop abusing drugs. Now Cynthia and Michael felt they had no choice. In September, they cut off contact with Tiffany. The acute-care center, meanwhile, was anxious to free up Tiffany's bed. She was, once again, running out of options. A social worker had tried a host of longer-term care facilities: in Huntington Beach, in Riverside. None would take her, some because they were full, others because she had been there before and had burned her bridges.

Last month, a bed opened at Metro. There were no other options. On Nov. 6, Tiffany was placed in an ambulance and driven back to the one place she and her parents had pledged to avoid at the beginning of the year.

Unit 410 was just as she remembered. "There's boogers on the wall in the bathroom," she said a few days after she arrived, as she walked toward the fenced courtyard to have a cigarette. "People piss their clothes and leave them on the floor. There are fights. It's not a nice place." "Watch out," she said as she walked through the door with a visitor. She pointed to a large drying splatter of vomit.

Tiffany soon began telling members of her treatment team that her mother was con-

spiring to keep her inside the institution and urging her doctors not to tell Cynthia about medical decisions they were making. She told them that it was her mother who was mentally ill, not her. Tiffany had also reconnected with Cynthia's mother, from whom Cynthia has been estranged for years. She announced that she wanted to move in with her grandmother. "She knows where my jugular is. She's going for it," Cynthia said.

The Sittons were losing hope. "It's just breaking my heart," Cynthia said earlier this month. "I don't know who to blame anymore or what to blame."

After anguished discussions with Michael, she filed court papers seeking to give control over Tiffany's future to a public guardian. If the petition is accepted by a judge in coming weeks, Cynthia will go from having the legal right to monitor every one of Tiffany's pills to not having the right to even find out where she is.

"I don't want to do this. But I don't have anything left in my bag of tricks," Cynthia said. "I have to use our relationship as leverage. That's all I have left."

On Nov. 10, Cynthia, 45, and Michael, 46, went to Metro. It was the first time they had seen Tiffany in three months. When Cynthia and Tiffany saw each other, they stood for several minutes, their foreheads pressed together, their bodies wracked with sobs. "Hi, cutie," Cynthia said.

Tiffany had made, in the four years leading up to that day, 18 stops at 11 facilities -- nearly every hospital Orange County had to offer and several in Riverside and Los Angeles counties. Acute-care facilities wouldn't keep her because she's often not in crisis. Short-term facilities said she was too sick and disruptive. Long-term facilities said she was too healthy to stay. She had seen at least 50 psychologists and psychiatrists. She had been placed on nearly 40 combinations of psychotropic drugs.

They were all exhausted. "How are you guys?" Tiffany said, finally. "We're worried about you," Cynthia said. "I'm fine." "Not really." Silence. Tiffany bowed her head. Cynthia wiped away a tear and rubbed Tiffany's knee. "I don't ever stop loving you," she said.

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