



# NAMI Sacramento Newsletter

Sacramento's Voice on Mental Illness

The National Alliance on Mental Illness

March 2008: Issue No 6.03

## General Meetings

### 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 to address the shortage of acute care psychiatric beds in Sacramento.

Don't miss this informative meeting.

### April 14, 2008

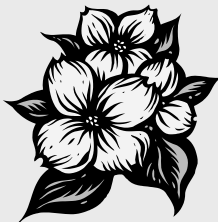
Mike Paravagna, the Americans with Disabilities Act (ADA) coordinator for the City of Sacramento, will speak about services available from the City for individuals with disabilities, including those with mental illness. Many people may not realize ADA covers mental illness.

### Meeting Location

SMUD Headquarters Auditorium  
6201 S Street, Sacramento 95817

### Time

General Meetings start at 7:30 p.m.



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## Mental Health Services Act in Sacramento County

by Ed Fishbein

Three years after it became law, the Mental Health Services Act has begun to change the way the mentally ill are treated in Sacramento County.

Five programs have been funded and begun operations under the measure's community services and support component. While the programs' aims have been shaped by the law's mandate to serve the underserved, MHSA's long-term objective involves far more than filling holes in the system. According to Michelle Cajellas, Sacramento County's MHSA program manager, the ultimate goal is system transformation.

MHSA hopes to generate that transformation by building a system that offers the mentally ill timely access to needed help, supportive relationships, and safe housing, a system that reduces homelessness, incarceration, and the need for involuntary services.

The five MHSA programs that opened

their doors in Sacramento County in 2007 - most operated by long-established regional support teams - pursue these goals in very diverse ways.

TCORE - Transitional Community Opportunities for Recovery and Engagement - links individuals being discharged from acute settings to ongoing mental health services. The goal, Cajellas said, is to shut the revolving door that often delivers them back to acute care. "Currently, an individual can wait about two months to get an appointment with a psychiatrist in our outpatient system," she wrote in an e-mail interview with the NAMI Sacramento Bulletin. TCORE ends that wait for about 250 clients.

Pathways to Success After Homelessness provides housing services and subsidies to people who might otherwise be homeless. Services are broadly defined, Cajellas said, and include everything from mental health treatment to medical care to

➤ *continued on page 4*

## Turning into the Sun

by Anna Pearce (known as actress Patty Duke and author of *Call Me Anna* and *Brilliant Madness*. She has served as a NAMI spokesperson.)

from NAMI Blog, <http://blog.nami.org/>

When I was diagnosed with bipolar disorder in 1982, my immediate response was. "Thank God it has a name - and a treatment!" Within 10 seconds, it was like turning into the sun from a very dark pit.

Was there some self-consciousness about being a person with mental illness? Yes, but it was short-lived. About six months after my diagnosis, I was on medication, feeling balanced, and I realized that I had an opportunity.

As an actress, what I enjoy is pretending, connecting with the child in me. In the theater, I love hearing the energy come



Actress and NAMI spokesperson, Anna Pearce (Patty Duke)

back from the dark. That's the most fun, connecting with people. Television and film are other mystical worlds for me, as I have to translate with my eyes.

Playing Helen Keller in the *Miracle Worker* was a kid's dream - I got to beat up an adult and people laughed. Acting in that role was when I first began to understand what it meant to transcend connection with another actor. Between actress Anne Bancroft, who played Annie Sullivan, and I, the biggest miracle was us together.

➤ *continued on page 4*



## Support Groups

### 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.

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

### Early Psychosis Family Support Group

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

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

### Emotions Anonymous

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

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

### 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.

### 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](http://www.recovery-inc.com)

Call (916) 483-5616 for meeting locations.

### Sacramento Borderline Personality Disorder Non-BP Support Group

For people who have a family member or friend who suffers from Borderline Personality Disorder. Held on the second Tuesday of each month from 7:00 - 9:00 p.m. Location to be announced. Call Lee Gassaway at (916) 421-7354 or

Contact: [www.meetup.com](http://www.meetup.com)

### Meetup.com Groups

You may find other informal groups that keep their own schedules at [www.meetup.com](http://www.meetup.com). Search for a diagnosis to find a group of people that share your interests.

## 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

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

## Important Notices

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.

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



## A Message From the President



My first article as President of NAMI Sacramento. Wow. As I sit at my computer and consider the message I want to convey, the word keeps repeating in my head. Wow. I

find it difficult to choose only one. I am proud of the accomplishments of the past year, and of the growing strength of this organization. Our multi-cultural outreach work helped us connect with community leaders throughout our area. We were invited to give testimony at a Congressional hearing on mental health insurance parity. We began a second family support group. We helped organize and promote the Walk for Mental Health. Our consumer and family education programs continue to be in demand. We still actively participate in Sacramento County's Mental Health Services Act (MHSA) development. We completed our Strategic Plan. Again, wow.

We have some fantastic speakers appearing at our general meetings in the coming months. In March Nancy Purtell from Sierra Vista hospital will be speaking about expanding available hospital beds in our area. In April, Mike Paravagna from the City of Sacramento will address the Americans with Disabilities Act. In May, Michelle Callejas from the County of Sacramento will give a presentation on how our county is using MHSA funds.

There are a couple of notable changes in the Board for the coming year. I have replaced Heidi Sanborn as President, and am happy to say she is not far away. She continues to serve on the Board and still offers a monthly family support group. Pat Pavone is serving as Vice President (and also facilitates a monthly support group), Jeanne Templeman is our Secretary, and John Gilbert returns as Treasurer. We also have two new Board members. Belinda Beckett, who puts together this fabulous newsletter each month. And Linda Beilharz, who is our wizard for our web site. All of us together are committed to a simple desire to help. Serious mental illness can bring tremendous difficulties, to say the

least; my hope is that NAMI Sacramento can be a source of comfort, support, and information to those who seek it.

*With gratitude,  
Caroline Prod*

## 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 and the presentation centers on the themes of Dark Days, Acceptance, Treatment, Coping Skills, and Successes, Hopes and Dreams. If your group is interested in hosting a presentation, if you would like to become a presenter, or if you would just like more information on the program, please contact Kathleen Derby at the NAMI Sacramento office: (916) 874-9416;

[office@namisacramento.org](mailto:office@namisacramento.org).

## Support Welcome Home Housing and Recycle E-Waste

Be environmentally responsible, and safely recycle your old computers, TV's, monitors, laptops, ink cartridges and cell phones while helping Welcome Home Housing. The recycling event will be held on March 13 and 14 from 12:00 - 5:00 p.m. at 9300 Quesada Way in the Rosemont area of Sacramento (do a MapQuest) and also on March 15 and 16 at the County Fair Mall in Woodland from 7:00 a.m.- 5:00 p.m. If you are unable to attend the event on these days, we have alternate drop off locations. Please call Roger at 723-3341 in Foothill Farms, Antelope area, or Reuben at 966-5917 in Fair Oaks, Citrus Heights area. We have limited storage in our garages until the actual event, so call early. If you have a large company with many computers and monitors to pick up, call Lynn at 530-666-0202.

## Update from Your Staff



*Dawn Correia is in the NAMI office 3 hours every weekday to respond to phone inquiries and to assist our volunteers.*

Well, it has been almost a year since I have been working here in the NAMI office. During the 9 months of 2007 that I worked, there were approximately 800 calls to respond to. In addition there were about 40 emails. Most calls are from family members or loved ones. It is infrequent to get calls from consumers unless it is about the Peer-to-Peer class.

The easy calls are referrals to resources, support groups and NAMI classes. The harder calls are about incarceration and why sick people are in jail. The other difficult calls are how to get help for someone that doesn't know he/she is sick and is unwilling to seek help. After responding to calls, I often mail out material or information.

I have received several comments from callers about how well I can connect with the group I am serving, because of my own experience with the mental health system. It not only gives families hope, but they feel like I am able to understand them better than someone who has never experienced a mental illness.

My favorite part of the job is being able to help people. I enjoy the phones, and I never know what kind of help callers are going to request. Sometimes I have to research information to get back to them with more information.

Even if there is not much that I can do with some of the current system frustrations, I do let callers know they have been heard. Taking the calls gives me a lot of perspective about the accuracy of my own perceptions having been through the system.

Working for NAMI Sacramento has given me an opportunity to become more aware of other resources available in the community. I am also a speaker in the *In Our Own Voice Program*.

I can be reached at the NAMI office most afternoons at (916) 874-9416 or via email at [office@namisacramento.org](mailto:office@namisacramento.org).



➤ **Turning into the Sun, from page 1**

Portraying Helen exposed me to different stigmas in society. The power of the stories of Helen and Annie’s lives became infused in me at such a vulnerable age. Helen has been an example my whole life. I was involved with causes for the blind, for instance, but because my illness is so immediate to me, I was compelled to focus on advocacy for others with mental illness.

I knew that I had a certain amount of celebrity, a certain amount of access to the press. I could go public and reach people. Like [Congressman] Patrick Kennedy, this drive comes from a pure place.

Both writing *Call Me Anna*, my autobiography, and acting in the television series were difficult experiences, but I wanted to get the word out about mental illness.

Almost 26 years later, I know that this is my calling in life. If you know something this good, you have a moral obligation to share it.

At first I thought, *If I can reach one person, that will be enough.* I’ve learned that was a big, bold lie. I want everyone!

There is no reason for anyone to suffer without treatment. I know that so many of our social ills come from a mental illness of one form or another.

I can hope deep. I hope that people who are suffering will find that there is a process that will stop the suffering.

I was recently appointed to the Center for Mental Health Services National Advisory Council and I know there are truly wonderful mental health facilities out there. We need to build a stronger network.

When I speak to audiences, there’s a part of me that wants to run. I focus on the people when I’m speaking...everything from that point on is easy. Floodgates open, we compare notes. Maybe I’ll say something that resonates. I always walk away feeling that I’ve been refueled. This is the closest I’ve come to understanding communion.

To those who have been recently diagnosed or discouraged by stigma, I say, “Welcome! You’re on the path. This may not be what you want your recovery to be yet, but it will be.”

➤ **Mental Health Services Act, from page 1**

employment help. It also very much includes roofs and walls. “It is imperative to build permanent supportive housing rather than relying solely on rental subsidies,” Cajellas wrote. Projects currently in the pipeline will produce 200 units of housing, and she hopes to have 600 units in a decade.

The Wellness and Recovery Center is a multiservice program where self-directed clients are offered everything from psychiatric to educational to employment services in an attempt to help them make a permanent exit out of the mental health system.

Sierra Elder Wellness Program is focused on another group that’s historically flown under the mental health system’s radar—the elderly.

MHSA’s programmatic offerings in Sacramento won’t end there. Cajellas said that the community services and supports funding in the county will increase from \$14.1 million in the 2007-08 fiscal year to \$17.3 million in 08-09. Some of that money will go to programs aimed at both youth and older adult populations. There might even be an attempt to revive PERT, the Psychiatric Emergency Response Team in which mental health professionals partner with law enforcement officers to respond to psychiatric crises. It was scuttled after many in the mental health community objected to law enforcement getting mental health dollars. “It would be great if we could figure out the funding issues and establish a program,” Cajellas wrote.

The new community and supports programs aren’t the only way MHSA seeks to change the system. Other components—including workforce education and training, prevention and early intervention, and capital facilities and technology—will kick in over the next few years further changing the mental health landscape in Sacramento, and the state. Cajellas said the workforce plan may be ready this summer, if the requisite planning, public comment, and public hearing can be completed by then.

There are uncertainties, however—beginning with money. MHSA is financed by a 1 percent tax on individual taxable incomes above \$1 million. While the revenue that levy produced exceeded expectations in its initial years, the economic slow-

down has had an impact. As a result, the state Department of Mental Health is requiring counties to establish reserves equal to 50 percent of community services and supports funding.

That concerns Cajellas, but doesn’t daunt her optimism about where MHSA is headed. Trained in marriage and family therapy as well as school counseling, her assignments with the county have ranged from domestic violence to child protective services to mental health program coordinator.

The MHSA post is clearly a career highlight. “I love my job,” she said. “I believe in the goals and principles of the MHSA, and I have a great staff supporting the MHSA efforts. I am committed to working with consumers, family members, community stakeholders and system partners in transforming our system. It will take time to see change, but with patience, commitment and collaboration, we will get there.”

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## **Become a NAMI Volunteer**

NAMI needs 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.

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## **April Newsletter Contributions**

We welcome submissions to the newsletter. The due date for the next newsletter is March 9. 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**



## Medication Side Effects: Tips on Handling Them



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

Nausea, heartburn, indigestion, upset stomach, diarrhea. Besides reminding us of a commercial for a pink liquid that treats minor digestive symptoms, some of these are common side effects experienced by individuals who take psychotherapeutic medications. Virtually all medicines, including aspirin, produce some side effects – most of them minor, some severe. Side effects vary depending upon the medication and the person and may be worse when you first start a medication or when the dose is increased. Managing your meds also means managing these inevitable side effects. Below are just a few of the common, minor side effects associated with certain medications and tips on handling them taken, in part, from webmd.com.

**Weight gain** seems to top the list of minor side effects. But for some people, weight gain is anything but a minor problem, since weight gain, especially in the abdominal area, can be associated with an increased risk of diabetes, high cholesterol, and heart disease. Eating a portion-controlled, balanced diet low in saturated fats, trans fat, cholesterol and refined sugars, rich in whole grains, fruits and vegetables, coupled with exercise is the best way to handle the extra pounds.

**Nausea** often goes away on its own as your body adjusts to the medication. In the meantime, taking your med with food, using that pink liquid mentioned earlier (Pepto-Bismal) with a doctor's okay, drinking ginger ale that's lost its carbonation, or seeing if the medicine comes in a slow-release form may help.

**Dry mouth** or lips can be lessened by increasing your fluid intake (water is your best choice – unless on a fluid restriction for other medical problems), rinsing your mouth often with water, sucking on sugarless hard candy or chewing sugarless gum.

**Constipation** can be handled by in-

creasing your fiber intake (whole grains, fruits and vegetables) along with drinking water and exercising. Lemon juice in warm water works as a gentle laxative for some, while others might need a doctor's order for a stool softener or a stronger laxative.

**Drowsiness** in the evening is a good thing, but during the daytime not so much. Usually the doctor will order a medication, like seroquel, for bedtime. But when this isn't possible, and the medicine needs to be given during the day, take a brief rest period or get some mild exercise. Avoid driving or operating machinery.

**Occasional dizziness** or lightheadedness can be a result in a drop in blood pressure which can cause injury if you fall, so it's best to get up slowly from a sitting or a lying position.

**Mild headaches** can be relieved by massaging your eyes, head, or neck; using stress relieving techniques; or getting enough sleep. Use of an analgesic would need doctor approval because of possible drug interactions.

**Blurred vision** can be hazardous so, while it lasts, move carefully and avoid driving. Getting an eye exam to rule out other causes of eye problems may be warranted.

**Sexual problems** can actually last throughout treatment so talking with your doctor will be necessary. He or she might suggest a dosage change, adding a medication directly treat the sexual dysfunction, a "drug holiday" – stopping the med for a day or two each week, or switching your medication completely.

**Nervousness** by itself may be relieved by vigorous exercise, deep-breathing exercises or muscle relaxation. When you begin to feel quite agitated and have racing or impulsive thoughts, it may be an indication of mood instability, and you should see your doctor right away.

Of course, medications, especially antidepressants, shouldn't be mixed with alcohol since it can affect how well the medicine works. In some cases, mixing alcohol with your meds can intensify the effects. Because many individuals are prescribed multiple medications, poten-

tial drug-to-drug interactions also need to be considered. Using one doctor and one pharmacy is the ideal since your comprehensive medication profile can be easily viewed and potential problems prevented. *[It is in the absence of these controls that individuals can suffer dire results, as in the recent case of actor Heath Ledger said to have died of an accidental overdose – a mix of 2 sleeping aids, oxycodone (a powerful pain reliever), 2 antianxiety meds, and ibuprofen (an over-the-counter pain reliever) was found in his system].*

Regarding medications in general, over time, the uncomfortable side effects should lessen, if you can put up with them. A dosage adjustment made by your doctor may lessen a side effect, too. If you decide they're not worth putting up with, don't be your own doctor. Stopping your medicine abruptly can be dangerous, causing your symptoms to get worse or a relapse in your illness. In some cases, abruptly stopping your med can cause a seizure.

When you experience side effects of a more serious nature, you need to notify your doctor right away for a possible dosage or medication change. These more serious side effects include difficulty breathing or swallowing, severe chest pain, hives or skin rash, suicidal thoughts, diarrhea, seizures, fast or pounding heartbeat, urinary or sexual problems. A call to 911 may be warranted in some instances.

Medications, used properly and under proper supervision, can make a difference in assisting an individual to live successfully in the community. They can prevent or delay relapses and the need for re-hospitalization. Unfortunately, along with offering relief from psychiatric symptoms, meds may cause some unwelcome side effects. But be encouraged. Typically, minor side effects are greatly outweighed by the benefits of the medication causing them, and there are steps that you can take to minimize them.

*Don't forget to refer to the patient information that comes with your medication, regarding how it should be taken, including a more comprehensive list of potential side effects.*



## Families Often ‘Lost’ in Trauma of Mental Illness

by Janet Kornblum,

NAMI National article published in USA Today

When someone has a heart attack, “you say, honey, you lie down right here. I’m calling 911,” says Joyce Burland, director of the Education, Training, and Peer support Center at the National Alliance on Mental Illness.

But when someone starts exhibiting signs of mental illness such as acting erratically or dangerously, many families are “lost,” stigmatized and frightened, says Burland, also a clinical psychologist with an adult daughter who has schizophrenia. “We call it going down the rabbit hole,” she says.

Britney Spears was taken to the UCLA Medical Center’s psychiatric hospital last week under the glare of the media and reportedly placed on an involuntary 72-hour hold under California penal code 5150, which allows law enforcement or medical personnel to confine someone “when any person, as a result of mental disorder” is deemed a danger to oneself, and/or others or is “gravely disabled.”

The details of what is wrong with Spears and what prompted her latest hospitalization remain unknown, but the case offers the opportunity to examine problems families routinely face when a loved one needs some kind of help for behavioral problems. Problems include everything from a person resisting treatment to the family facing a society that doesn’t understand mental illnesses are biologically based brain disorders, just like Alzheimer’s or Parkinson’s diseases.

The National Alliance estimates about one in 17 Americans suffers from a serious mental illness, and mental illness affects one in five families. But as common as it is, families often are in the dark because mental illness is not on their radar the way cancer or heart problems are, Burland, says. Often they don’t even know the symptoms.

That’s what happened to Sarah O’Brien, 30, of Takoma Park, Md., who was diagnosed with bipolar disorder 12

years ago after an incident in which she lost touch with reality. But she looks back and realizes she was exhibiting less obvious symptoms - from obsessively picking at her face to taking drugs - years before that. Yet not even she recognized her own symptoms.

“I blamed everything on my parents or thinking I was at a horrible school,” says O’Brien, who now works with the National Alliance on Mental Illness to help others with mental problems. “I was always blaming stuff on something outside myself.”

No one else recognized it “because mental illness was not on someone’s radar screen - and because there was so much stigma. To people looking in, I was probably selfish, reckless and moody. The reality was that I was suffering inside. I wouldn’t wish it on anyone.”

Once a person or one’s family recognizes a potential problem, getting help is the next step. And it’s often a difficult one. Often the person suffering from the mental illness does not understand that she or he is sick, says Ira D. Glick, a physician and psychiatry professor at the Stanford University School of Medicine.

“If you go break your leg and run into the doctor, the doctor will put a cast on it and give you medicine for it,” Glick says. “You say, ‘Thank you. Thank you.’” In our field, when somebody has bipolar disorder or anxiety disorder or depression or schizophrenia, what do they say? What do most people say? “There’s nothing wrong with me. I don’t need this treatment.”

That is why it is so important to have family involvement, Glick says. “We see the family as a partner in the treatment team. It’s the patient, family and doctor all working together to make a diagnosis, set goals and carry out treatment.”

But because it is so difficult under most state laws to have a person hospitalized, families often have to wait until there is a crisis, Burland says. “You must wait until they meet the criteria for hospitalization. In most states they have to become so gravely disabled that their life is

## NAMI in the Community



Paul Powell, Associate Director at Transitional Living and Community Support, spoke at the February General Meeting about the various programs and services TLCS provides for people with psychiatric disabilities.

in danger,” she says. “And then you have to call the police or you have to call the crisis team at the hospital to come into your house and take your family member to the hospital. And I want to tell you that it’s one of the most traumatic events that will ever happen to you.”

The ordeal is compounded because of the stigma associated with mental illness, Burland says. Families say this is the only illness in the world where you don’t get a covered dish. People don’t call, don’t inquire. The cultural understanding of mental illness is either that it’s their fault for getting ill, or it’s the fault of their family.”

Families often “beat themselves up horribly” says Judith Orloff, author of Positive Energy and a psychiatrist and assistant professor of psychiatry at the University of California, Los Angeles. “They come to blame themselves. They think it’s their fault that this person is mentally ill.”

That is why it is so important to have compassion for them. “Try to stay away from judging so harshly,” Orloff says, “Send any positive energy or thoughts.”

For more information, go to [www.nami.org](http://www.nami.org).





## 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)*

*Dear Dr. Robin,*

*I have a son who is 22 years old who was recently diagnosed with Bipolar Disorder. He has no history of mental illness and had a recent onset two months ago, which caused him to lose his job as a result of his manic symptoms. He is working with his psychiatrist to get stabilized on medications, but is not yet ready to return back to work. Does he have any options to get disability or other benefits? - Curious Mom*

Dear Curious Mom,

Thank you for your question. I feel it is an important one that will help others who may be facing similar difficulties. While disability/benefit options are not my specialty, I can offer you some suggestions. First, you may want to get more information as to why your son lost his job. According to the Americans with Disabilities Act (ADA), an employer cannot discriminate based on a psychiatric disability. To inquire further about this law, you can go to their website, which is [www.eeoc.gov](http://www.eeoc.gov). If this is a dead end, it is possible that he may be eligible for State Disability Benefits. Many people get confused about this process so let me try to walk you through it.

If you go to your local Social Security Administration Office, you can pick up an application for disability. I recommend that you go when they first open as the wait time can potentially be hours. When your "number" comes up, you will be called to a window. You want to tell them that you would like an application for disability benefits for your son. It is quite possible that he may need to be there so if at all possible, try to take him with you. You can take the application

home to complete, but most importantly, have them "stamp" the application with the date. This is key because if he is approved to receive benefits, they will provide retroactive payment back to the date of the stamped application.

So you may ask, why don't we just fill out the application there? Because it is quite lengthy and requires much thought. In fact, I would highly recommend that you ask for assistance from either someone who is familiar with these applications, or from his psychiatrist or therapist (if he has one). The information that's provided will have a high impact on the determination of whether he will receive benefits. Once the application is completed, return it to the administration office, and then the review process will begin. All of his treatment providers will be contacted, and possibly even family members, to provide information regarding the difficulties your son is having that are preventing him from being able to work. Once this information has been received and reviewed, a decision will be made. But, heads up! On the average, this can take six months or longer. It is worth it though, if in that time he is not able to return to work, especially given that the benefits are retroactive to the date that is stamped on the application!

Hope this helps. You can also contact the U.S. Department of Justice, Disability Rights Section at [www.usdoj.gov](http://www.usdoj.gov) for further information.



## Psychiatric Pharmacist on NAMI Web Site

"Ask the Psychiatric Pharmacist" is a new section of the NAMI Web site where board-certified psychiatric pharmacists write and answer questions that they experience in the course of their work with individuals with mental illness. These questions are provided by members of the College of Psychiatric and Neurologic Pharmacists (CPNP) ([www.cnp.org](http://www.cnp.org)), who also write NAMI's medication fact sheets. CPNP is pleased to provide this service to consumers and care givers and welcomes your input for future columns by emailing [info@cnp.org](mailto:info@cnp.org).

Read Ask the Psychiatric Pharmacist Questions and Answers [http://www.nami.org/Template.cfm?Section=Ask\\_the\\_Pharmacist](http://www.nami.org/Template.cfm?Section=Ask_the_Pharmacist).

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

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

\_\_\_\_\_

Membership type:

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

Newsletter preference:

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

You can help! Volunteer with NAMI Sacramento:

- Contact me about volunteer opportunities

Please consider an additional donation of:

- \$100 or more
- \$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.

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