



# NAMI Sacramento Newsletter

National Alliance on Mental Illness

Sacramento's Voice on Mental Illness

April 2008: Issue No 6.04

## General Meetings

### Monday, April 14

**Tom Wootton**, popular speaker and author of *The Bipolar Advantage* will talk about his new book and program, *The Depression Advantage*, bringing his inspiring message of encouragement to people with major depression. *The Depression Advantage* departs from accepted doctrine on mental illness and celebrates the spiritual, personal, and social growth possible through the experience of depression.

### Monday, May 12

Michelle Callejas, Mental Health Services Act (MHSA) Program Manager will present an update on local MHSA accomplishments.

### Meeting Location

SMUD Headquarters Auditorium  
6201 S Street, Sacramento 95817

### Time

General Meetings start at 7:30 p.m.

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## Achieving Mental Health Parity

by Congresswoman Doris O. Matsui

Last year, I was honored to host a field hearing in Sacramento on mental health issues. During that hearing, it became apparent to me how crucial it is that every American not only has access to traditional health services, but mental health services as well.

I heard from people who live with mental health and addiction-based ailments, and their stories resonated with me. It is clear that living with a mental illness is just as painful and challenging as living with a physical illness. And in many ways, mental health patients suffer more because our insurance system discriminates against them.

This is why it was such a red-letter day when the U.S. House of Representatives passed the Paul Wellstone Mental Health and Addiction Equity Act of 2007 on March 5<sup>th</sup> of this year. This legislation will bring equality to mental health services, and help end the industry prejudice against mental health treatments.

The Mental Health Parity Act will ensure that mental health disorders are treated with the same care and attention as traditional physical disorders. Under the legislation, insurance providers would have to offer mental health coverage that is comparable to the coverage offered for medical services.

The bill, while not mandating plans to

provide mental health coverage, ensures that group health plans do not charge higher co-payments, coinsurance, and deductibles, impose maximum out-of-pocket limits, or impose lower visit limits on mental health and addiction care than for medical surgical benefits. It also allows the Department of Health and Human Services, the Department of Labor, and the Internal Revenue Service to penalize health plans for discriminatory practices.

If mental health coverage is included in a recipients' plan, it should be quality, efficient coverage. By passing this legislation, the House has taken the first step to ensure that there is equity in financial requirements, treatment limits, and out-of-network coverage. It will end discrimination based on diagnosis.

This legislation is timely and necessary. It will help civilian citizens and our veterans alike. Sadly, we have heard that an unprecedented number of our men and women returning from Iraq and Afghanistan will suffer from Post Traumatic Stress Disorder. Ridding our system of the stigma associated with mental health treatments will pave the way for our veterans to have adequate access to the care they need to be happy and productive upon their return home.

## Father Tells of Slaying Suspect's Long Ordeal

by Eric Konigsberg and Ann Farmer

On Saturday, shortly after the police arrested David Tarloff, he was permitted to talk on the phone with his father.

"Dad, they say I killed some lady," he said, according to his father, Leonard Tarloff. "What are they talking about?" Then, Mr. Tarloff said in an interview, his son asked for things he had always requested during his numerous visits to the city's psychiatric wards: a pile of quarters so he could call his parents, and a bag of potato chips.

For father and son, it was the latest and most wrenching turn in an ordeal that began

in 1991, a long struggle in which Leonard Tarloff repeatedly found himself working to get his son treatment for mental illness.

David Tarloff, 39, remains at Bellevue Hospital Center, where he was under evaluation after his arrest in the killing of a psychologist, Kathryn Faughey, on the Upper East Side. The police said that after repeatedly stabbing Dr. Faughey, he then slashed and seriously wounded Dr. Kent D. Shinbach, a psychiatrist working in the same suite. Dr. Shinbach played a role in David Tarloff's diagnosis of schizophrenia

➤ *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/>

### 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)

## 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.

### NAMI Sacramento 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.

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.

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

## Upcoming Events

### Side by Side: A Journey With Depression—a funny look at serious survival

Wednesday, April 9 at 7:30p.m.

The Marsh Theater

1062 Valencia Street@22nd Street  
San Francisco, CA 94110

For tickets go to [www.themarsh.org](http://www.themarsh.org), Marsh Rising Series or call Brown Paper Tickets at (800) 838-3006

Comedian Brian Wetzel's autobiographical one man show about his 20-year struggle with clinical depression and the humor he tapped into in order to survive.

### Festival de la Familia

Saturday, April 27 10:00 a.m. - 6:00 p.m.  
Cal Expo

NAMI Sacramento will have a booth at this celebration of art, food, music and children's activities from more than 22 Latin countries.

### Walk for Mental Health

Saturday, October 4, 2008  
State Capitol Grounds, Sacramento

This is NAMI's biggest fundraiser of the year. Please hold the date.



## A Message From the President



I want to begin by noting two of the articles in this month's newsletter. First, we are honored to bring you Congresswoman Doris Matsui's article regarding the mental health parity legislation currently being considered at the federal level. Congresswoman Matsui hosted a hearing last year regarding this topic and our own Heidi Sanborn offered testimony. That testimony touched Congresswoman Matsui, and is a wonderful example of how we can make a difference. Just by telling our stories, we can shine a light and find a way.

The other story I want to mention is from Randall Hagar, of the California Psychiatric Association. Randall spoke at our general meeting last November about Laura's Law. Laura's Law provides a way to allow some people who consistently refuse treatment for a serious mental illness, to receive court-ordered assistant outpatient treatment. I encourage you to learn more about this law and what it can and cannot do. I hope you will talk to your family and friends and listen to all perspectives with an open ear.

I am pleased to announce that Tom Wootton will be back for our April general meeting. He is the author of *The Bipolar Advantage* and a must-see speaker. In May, Michelle Callejas from Sacramento County will give a presentation about how Mental Health Services Act funds are serving Sacramento County. Then in June, Sacramento County, NAMI California, and the California Mental Health Directors Association will be serving as hosts of a conversation about the MHSA. This is our opportunity to tell State and County leaders what we think of the MHSA process and how we would like to improve it.

In other news, we are moving forward with our plan to hire a part time Executive Assistant. We submitted a lengthy application package to the United Way to become a "certified" organization for their Capital Campaign. The MHSA Steering Committee is meeting on the first and third Thursdays of each month and is focusing on Work-

force Education and Training, among other things. We are looking forward to the Festival de la Familia on April 27, and still hope to find Spanish-speaking volunteers to join us.

In closing, I want to say I am here in honor of my mother. She has paranoid schizophrenia and depression and was homeless for over 17 year. As I write this, she remains in the hospital fighting massive infection and a poor-functioning kidney. She taught me what tough really is and to always be a lady. I love you, mom.

*With gratitude,  
Caroline Prod*

## Mark the Date: May 21 PBS Depression Documentary: NAMI and Jane Pauley

Don't miss NAMI medical director Ken Duckworth discussing depression as part of a panel of experts moderated by broadcast journalist Jane Pauley on *TAKE ONE STEP: Caring for Depression, with Jane Pauley*.

The program will immediately follow the national premiere of the PBS documentary, *Depression: Out of the Shadows*, on Wednesday, May 21 at 9:00. (Check local PBS station listings.) NAMI is the national outreach partner for the program, which is a production of Twin Cities Public Television (Minneapolis-St. Paul) and WGBH Boston. YMCA of the USA is the community outreach partner. The project is part of Take One Step, a broader PBS Health Campaign which previously has addressed heart disease and obesity.

## 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.

## Spanish Speakers Needed for NAMI Booth at Festival de la Familia

NAMI Sacramento is sponsoring a booth at the annual Festival de la Familia to be held on April 27 from 10:00 a.m. to 6:00 p.m. at Cal Expo. We need Spanish speaking volunteers to staff the booth to distribute NAMI materials which have been translated into Spanish and to respond to inquiries about NAMI. If you are able to help please contact Pat Pavone at pavone@surewest.net or (916) 359-2366 or Caroline Prod at caroline@namisacramento.org or (916) 204-4512.

### 2008 BOARD OF DIRECTORS

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## Father Tells of Ordeal, from page 1

17 years ago and was his principal target, police said.

Mr. Tarloff told the police that David had sought out Dr. Shinbach to rob him and then intended to leave the country or go to Hawaii with his ailing mother, Beatrice, who has been living in a series of nursing homes since 2003. Leonard Tarloff surmised that his son might have planned to kidnap Dr. Shinbach to get access to Beatrice Tarloff. "I think maybe he thought, 'If I have a psychiatrist with me, they'll let me see my mother,'" Mr. Tarloff said. Leonard and Beatrice Tarloff are divorced.

In an interview David Tarloff's father and his brother, Robert, described David's sudden and precipitous descent into illness and their own dealings with a mental health system that, in general, prohibits patients from being hospitalized against their will unless they have proven to be dangerous to themselves or others.

Leonard Tarloff, an executive for an international transportation company in Queens and Robert Tarloff, a special education teacher who is married with three children, recalled David as handsome, smart and happy when he was growing up in Corona, Queens. His troubles surfaced after he enrolled at Syracuse University. "He came back home and he was changed," his father said. He was moody, and at first Leonard Tarloff suspected he had a drug problem. "All of a sudden, he became catatonic, he couldn't talk."

He said his son would see things and believed that people were looking at him and were against him. He could not hold a job for longer than a day; he also attended St. John's University and the University of Miami, but left both times before one semester was through. He would walk the streets picking up cigarette butts, and his father said he had obsessions. "There were times when he would take showers 15 or 20 times a day," Leonard Tarloff said. If his son said something mean, Mr. Tarloff said, "later he would say, 'I'm sorry.'" He added, "But he'd have to say 'sorry' in a particular way. He'd call back 20 times or more to say it right so that it would go away."

In 1991, when David Tarloff was 22, his

behavior was troublesome enough that his father, on the advice of a personal physician, took him to see Dr. Shinbach. The doctor, Leonard Tarloff said, diagnosed "acute paranoid schizophrenia."

His parents obtained a court order to have him involuntarily committed. He was taken to Gracie Square Hospital in Manhattan and kept for 40 days, the limit under Leonard Tarloff's insurance coverage. David Tarloff was evaluated and committed more than a dozen times after that, family members said. Over the years, he was put on a handful of drugs used to treat schizophrenic or bipolar patients: lithium, Depakote, Haldol, Seroquel and Zyprexa. Several times, he was treated at New York Presbyterian/Weill Cornell Medical Center on the Upper East Side. Therapies included shock treatment.

The typical pattern, his father said, involved his son taking medication long enough to become stabilized, at which point, over the family's protest, the hospital would release him. "He'd feel better and then say to himself, 'I feel good. There's nothing wrong,' and stop taking his medications."

At one point, the family invoked Kendra's Law, passed by the State Legislature after a young woman Kendra Webdale was pushed to her death on the subway tracks by a man who had stopped taking his antipsychotic medication. The law allows family members and others to seek a court order forcing someone to undergo outpatient psychiatric treatment, even if he or she does not meet the standard for involuntary hospitalization. Leonard Tarloff said, however, that even this approach failed, as his son was able to frequently avoid those assigned to monitor him. "They'd come to get him and ring the bell," he said. "When he didn't answer, they went away."

David Tarloff's behavior deteriorated even more after his mother entered a nursing home. Three times, she was transferred to another nursing home after workers at the nursing homes became uncomfortable with her son's constant hounding. "He felt they weren't caring for her correctly," Mr. Tarloff said.

Last June, the police took David Tarloff to Elmhurst Hospital Center after he threat-

ened to kill everyone at the Midway Nursing Home in Queens. After a stay at Elmhurst, he managed to avoid being sent to a voluntary program at the Creedmoor Psychiatric Center. Instead he went to Baltimore to try to see his brother. Then he returned. A spokesman from Elmhurst said he could not comment because of confidentiality rules. "He called me and says he's on Staten Island and in a taxi and the cabdriver can't find me," Mr. Tarloff said. When he met the taxi, he recalled: "He looked completely crazy. He said 'Dad, I love you. Let's go get a Coke.'" But his father would soon call the police, saying his son had stopped taking his medication and was acting violently. He was taken to Staten Island University hospital, where he stayed until November.

On Feb. 1, David Tarloff was arrested at St. John's Episcopal Hospital in Far Rockaway, Queens, where his mother had been transferred. He was lying in bed next to his mother," Leonard Tarloff said. "The guard says, 'You can't do that. It's the ICU.' He got into a fight with the guard." His brother said David and their mother were close. "He comforted her and she comforted him, he said, but added, "She did call the police on him when he was acting terribly at home."

After David Tarloff was examined by a doctor at St. John's, who determined that he did not need to be kept there, the police took him to the 101st Precinct station house, Leonard Tarloff said. He said that he frantically tried to get his son committed. He said he tried to get a social worker at Staten Island University Hospital to call the authorities and explain just how sick his son was, but was told that the hospital could not release any information on his condition because of confidentiality rules. David Tarloff was released by a judge the day after his arrest.

Leonard Tarloff visited his son at Bellevue. "He didn't really say anything," he said. "He didn't talk about the situation. He's in a fog. He's very lethargic."

"We've done everything we could have thought of," Leonard Tarloff said. "My son's life was over 20 years ago when this first struck."



## The World's Leading Stimulant



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

According to the National Coffee Association, 52% of Americans, representing 100 million people, drink coffee every day. Because most coffee drinkers don't drink just one cup, that amounts to about 400 million cups per day making the U.S. the leading coffee consumer in the world. To meet this demand \$4 billion worth of coffee is imported every year. That's a lot of coffee!

More importantly, however, is how much *caffeine* is consumed. Because it is present in other products as well – tea, soft drinks, chocolate, and some medication – caffeine is probably the world's leading legal stimulant. To give you an idea of how the amount of caffeine consumption might add up in a day, below is a list of the caffeine content in some products:

- 330 mg - Starbucks grande coffee 16 oz
- 200 mg - NoDoz maximum strength 1 tablet
- 160 mg - Rock Star 16 oz
- 54 mg - Mountain Dew
- 47 mg - Diet Coke
- 30-50 mg - Green tea, brewed 8 oz
- 30 mg - Haagen-Dazs coffee ice cream ½ cup
- 30 mg - Dristan cold medicine 1 tablet
- 18 mg - Hershey's Special Dark Chocolate Bar 1.45 oz

The major effect of caffeine is to relieve fatigue and improve mental performance, and for most people who consume a moderate amount – 200 to 300 mg a day – there doesn't seem to be a problem. However, when taken in excess, it can be physically and psychologically harmful, especially in an individual with mental illness. Chronic, high-dose caffeine intake (more than 500 to 600 mg a day or one tall

Starbucks coffee and one Rock Star) can lead to nervousness, irritability, anxiety, tremulousness, muscle twitching, insomnia, and palpitations, as noted at [www.mayoclinic.com](http://www.mayoclinic.com). Because the adrenal glands become over-stimulated, according to G. Malkmus, it takes a high level of caffeine for some folks just to feel normal and “the very thing that created the problem becomes the cure....”

The American Psychiatric Association in their own diagnostic manual (DSM-IV) classified four caffeine-induced psychiatric disorders. These include caffeine intoxication, caffeine-induced anxiety disorder, caffeine-induced sleep disorder, and caffeine-related disorder not otherwise specified (NOS). Symptoms of caffeine intoxication occurring with consumption above 250 mg have been known to mimic those of psychosis (agitation, irritability, hallucinations).

Symptoms of caffeine intoxication can also be confused with the side-effects of psychotropic drugs (fatigue, palpitations), yet, conversely, cessation of caffeine can cause fatigue and drowsiness. Further evidence suggests that caffeine may interfere with the metabolism or exacerbate the side effects of the antipsychotic medication called clozapine. Individuals who are on lithium and drink a lot of caffeine should be careful to avoid dehydration because of the increase in urinary frequency possibly resulting in lithium toxicity.

An extensive review of the research on the effects of caffeine done by Dr. A. P. Winston from the University of Warwick in England revealed many interesting things. Consumption of caffeine may be higher in psychiatric patients, particularly schizophrenics, than in the population as a whole. One possible theory asserts that using caffeine relieves boredom and apathy while offsetting the sedating effects of antipsychotic medication. In addition, one study found that the increased caffeine use may alleviate the common side effect of dry mouth, while another study identifying that about 80% of people with schizophrenia smoke, posited that these individuals may be using

more caffeine to make up for the increased elimination of caffeine due to the heavy smoking.

Since there's obviously more to the phrase “I need a cup of coffee” than the mere habit of having a “cup of joe” in the morning, a psychiatrist should, as part of a comprehensive assessment, inquire about the client's caffeine intake, before making a diagnosis of ADD/ADHD, mania, depression, personality disorder as well as schizophrenia. And because evidence, albeit some conflicting, regarding the link between caffeine and other diseases such as heart disease, osteoporosis, and depression exists, primary care providers should also ask about its use.

Given the results of the extensive research available, those of you who consume *more* than the average 2-3 cups per day might consider backing off a bit. Withdrawal from caffeine is best done gradually by, perhaps, mixing decaf with regular, and decreasing your intake over a period of weeks to avoid those unpleasant withdrawal symptoms. These symptoms, which typically start slowly, worsen within 2 days, and recede within a few days, include headache, nausea, irritability, sleeplessness, confusion, anxiety, restlessness and tremor, palpitations and raised blood pressure. And there are always those brave souls who can quit ‘cold turkey’.

Starbucks would have you think that you can't go without that cup of ‘double espresso macchiato with hazelnut and low fat milk’, but, I submit to you, there are better alternatives out there that are healthier for you. One look at the effects of caffeine on individuals with or without a specific mental illnesses and on medications used to treat them may be enough for some to look for their nearest Jamba Juice instead.

### May Newsletter Contributions

We welcome submissions to the newsletter. The due date for the next newsletter is April 13. Submit to Belinda Beckett at [nimabima@aol.com](mailto:nimabima@aol.com). Submissions may be edited.



## Assisted Outpatient Treatment Can't Wait: It's Time to Make Laura's Law Work in California

by *Randall Hagar*

Co-coordinator, *The California Treatment Advocacy Coalition*

It's been seven years since 19-year-old Laura Wilcox was shot to death at the Nevada County mental health clinic by Scott Harlan Thorpe, a man with paranoid schizophrenia who consistently refused treatment. It's been five years since California passed Laura's Law in her name, allowing counties to provide court-ordered community mental health treatment, otherwise known as assisted outpatient treatment (AOT), to people with severe mental illnesses who would otherwise be lost to the symptoms of their illnesses.

Back when Laura's Law was passed it was considered landmark mental health legislation by California standards. New York had enacted a similar law four years before and was experiencing remarkable results and 40 other states had already adopted assisted outpatient treatment laws.

Fast forward five years later and, unfortunately, very little has changed since Laura's Law was enacted to help people with the most severe mental illnesses secure the life-saving treatments they need. That's because Laura's Law passed with two major stipulations that have prevented local governments from applying the law. For one, the statute was adopted without a mandate that requires counties to implement Laura's Law. In addition, the State did not fund Laura's Law and thus most counties justified not implementing the law due to budget constraints.

Thanks to a new source of mental health funding from Proposition 63 and new legislation recently introduced by Senator Leland Yee, counties will find it easier to implement. When voters overwhelmingly passed Proposition 63 in 2004, California established a one percent tax on personal income above \$1 million to fund expanded health services for mentally ill children, adults, and seniors. Proposition 63 now provides a stream of funding for the intensive services that can be used pursuant to Laura's Law to help those for whom voluntary treatment has proved ineffective. Many local governments

are now beginning to consider adopting assisted outpatient treatment in their communities. In fact, Nevada County is currently using Proposition 63 funds to implement Laura's Law beginning in April.

In addition, SB 1606 was recently introduced by Senator Yee which would remove a number of unnecessary and cumbersome requirements contained in Laura's Law and will allow counties to maximize their local dollars while giving appropriate services to the individuals who need assisted outpatient treatment. The bill will give counties more flexibility to use existing county mental health services, rather than establish a brand new program, to provide Laura's Law recipients' treatment.

Specifically, SB 1606 will delete a prerequisite for a local mental health system to only use AOT in conjunction with a specified Program for Assertive Community Treatment (P/ACT) which requires a costly and extremely high staff to patient ratio. In addition, the reform removes a mandate that a county have various minimum levels of unconnected voluntary services before it can use AOT; removes a misconception that intensive AOT services must be available to all consumers on a voluntary basis before implementing AOT for those who specifically need it; removes the necessity for a local Board of Supervisors to pass a resolution to implement the law; and provides a planning mechanism for people released from hospitals in order to keep them stable in the community.

Senate Bill 1606 will restore Laura's Law as it was meant to be. This bill will give counties the tools they need to provide continuous, supervised community treatment for people with severe mental illnesses and help them to not only to recover but live fulfilling and productive lives. For more information about Laura's Law go to [www.lauraslaw.net](http://www.lauraslaw.net).

*Randall Hagar is director of governmental affairs at the California Psychiatric Association and a former president of NAMI Sacramento. He spoke about Laura's Law at the NAMI General Meeting in November 2007.*

## NAMI in the Community



Kathleen Derby, Coordinator of In Our Own Voice, speaks at Sierra Vista Hospital's community luncheon on February 21. Presentations by Kathleen and Peer-to-Peer speaker Joe Texiera were very well received and Sierra Vista has arranged for future In Our Own Voice and Peer-to-Peer presentations at the hospital.



Nancy Purtell, RN and CEO of Sierra Vista Hospital spoke at the March General Meeting about plans to expand that hospital and others in the area to address the shortage of acute care psychiatric beds in Sacramento.

## 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).



## 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)*

*Dr. Robin,*

*I am concerned about my daughter who I've always thought was shy. Recently however, I read about a condition referred to as Social Anxiety Disorder. Can you help me understand the difference between the two? And, if she does have Social Anxiety Disorder, can you share what the best course of treatment would be?*

*Ann B.*

Dear Ann,

Your question is right up my alley since my specialization is in treating anxiety and related disorders. First, I tend to view shyness as a personality style, rather than a "disorder." Traits consistent with shyness may include anxiety or lack of self-confidence around other people, difficulty thinking of things to say in conversations, lack of knowledge of expected modes of behavior in various social situations, passivity, absence of outgoing mannerisms such as good eye contact, an easy smile, a relaxed posture, and so forth. Although these traits can be experienced as quite distressing, many people who are shy are able to interact with others, and participate in various activities in life such as school, work, and relationships.

Individuals with Social Anxiety Disorder may experience all of the above traits, however, they are coupled with feared thoughts about what others are thinking about them. These thoughts can be quite obsessive and time consuming resulting in isolation and many times, depression. Individuals who have Social Anxiety Disorder are also preoccupied with fears that they will say or do something humiliating or embarrassing, draw negative attention to themselves, or be in situations whereby

they will be judged, scrutinized, or looked upon negatively or unfavorably.

It is important to remember that individuals can experience both shyness and social anxiety on a continuum. I recommend in both situations that help should be sought when the symptoms are causing distress or interference in one's life. In terms of therapy, you might want to explore Cognitive Behavior Therapy and Exposure and Ritual Prevention Techniques. These modalities tend to show the highest positive treatment outcome because they help to promote behavioral changes and integration into activities important in one's life that may be avoided. It is important however, that you find someone who is trained in this area as this is a specialized treatment process.

*Sincerely,*

*Robin Zasio*

## Scientists Spot Biochemical Sign of Depression

*by Randy Dotinga, Health Day Reporter March 11, 2008*

Researchers say they've discovered a biomarker for depression that could lead to a quick lab test to determine whether a particular antidepressant is making headway against the disease. "This may be a very simple biochemical indicator for depression," said study co-author Mark Rasenick, director of the interdisciplinary Neuroscience Program at the University of Illinois at Chicago. The test "wouldn't tell you which [medication] to start, but it would tell you if the one you're taking is working." It may even be possible to use the test to determine whether rounds of psychotherapy are reaping any benefit, he said. For now, however, such a test is a hypothetical, pending further exploration of the finding reported in the March edition of the *Journal of Neuroscience*. At issue is whether the brain itself shows physical or chemical signs of depression.

The researchers looked at the interaction of neurotransmitters and a protein called Gs alpha. In brain cells, the protein acts like a kind of butler, passing messages from neurotransmitters on the outside and

amplifying their messages, Rasenick explained. When the protein is working properly, it's like a butler whose "hands are just flying, cooking and cleaning at the same time," he said. But when the brain is depressed, "it just sits there in the corner."

In this post mortem study the researchers looked at the protein in the brains of 18 depressed people who committed suicide and compared them to the brains of non-depressed people. They found the protein would have worked less effectively in the brains of the suicide victims.

The findings raise the prospect of a blood test that would measure within days whether antidepressants are effectively treating depression, Rasenick said. Now it can take several weeks for patients and psychiatrists to figure out if an antidepressant is working properly. According to Rasenick, only about 30 percent of depression patients will respond to a specific drug.

"Unfortunately, we have a very poor ability to predict which antidepressants might be more effective for any individual," said Dr. Gregory Simon, a psychiatrist and mental health researcher with Group Health Cooperative in Seattle. "There's a long history of research using patterns of symptoms or biological measures - chemicals measured in blood or spinal fluid - to predict response to a particular antidepressant. None of those hoped-for predictors have significant value.

Genetic tests may provide some clues, he said, and the new study suggests there might be another approach. "It would not eliminate trial-and-error, but it would reduce the waiting time with each trial. But it's a long way from a study like this one to a test that's useful to patients and doctors."

Rasenick is hopeful, however, and he said the proposed test could do more than gauge whether drugs are working. It could conceivably measure the effectiveness of talking to a therapist, study co-author Rasenick said, since psychiatrists think psychotherapy has a physical effect on the brain. Rasenick said more research and money are needed. The study was funded by the U.S. Public Health Services and the American Foundation for Suicide Prevention.

# 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.

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