



NAMI Sacramento Newsletter

National Alliance on Mental Illness

Sacramento's Voice on Mental Illness

May 2008: Issue No 6.05

General Meetings

Monday, May 12

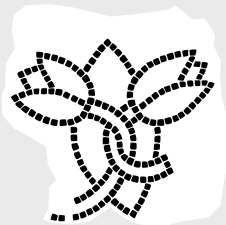
Michelle Callejas, Mental Health Services Act (MHSA) Program Manager will present an update on MHSA accomplishments in the Sacramento area.

Meeting Location

SMUD Headquarters Auditorium
6201 S Street, Sacramento 95817

Time

General Meetings start at 7:30 p.m.



What's Inside

- 2 Support Groups
- 3 NAMI Sacramento Member Appointed to State Task Force
- 5 Is It a Cold? No... It's Allergies!
- 6 Restrictive Prescription Drug Policies
- 7 Doctor's Corner
- 7 Wounds of War
- 8 Membership Form

Contact Us

NAMI HAS MOVED NEXT DOOR! The new address is:

NAMI Sacramento
3321 Power Inn Road, suite 110
Sacramento, CA 95825

Phone: (916) 874-9416

E-mail: office@namisacramento.org

Website: www.namisacramento.org

Tom Wootton on the Depression Advantage

by Ed Fishbein

Much of what you believe about depression is wrong.

That's what the audience at NAMI Sacramento's April General Meeting was told by a man whose life is focused on changing the way we view depression, and treat it.

Tom Wootton, the author of 2007's "The Depression Advantage" and the architect of an ambitious treatment program scheduled to begin in September, said: "I am 100 percent challenging the current paradigm."

In his NAMI Sacramento appearance and in a subsequent interview with the NAMI Sacramento Newsletter, Wootton explained how and why he believes the paradigm should change.

It isn't, he said, because he fails to recognize the profound difficulty of depression. Wootton said that he's struggled with depression most of his life, and had



Tom Wootton addresses NAMI membership about "The Depression Advantage" at April General Meeting

his first major episode two decades ago at the age of 32. From personal experience, he knows "it's incredibly painful and dangerous."

But as the title of his book suggests, he also sees depression as a potential source of profound growth, strength, and insight.

➤ *continued on page 6*

California's Mental Health System May Be Headed for Crisis

by George Lauer

from *California Healthline*

Excerpts from the article are reproduced below. For the complete text go to: <http://www.californiahealthline.org>

Family members, loved ones and health care professionals who work with mentally ill patients are familiar with the cycle: a person with bipolar disorder, schizophrenia or another mental illness will function in society for a while until the pressure becomes too great, medication is missed or some trauma - emotional or physical - pushes too far. The situation moves into crisis mode, and the person requires emergency attention - medical, law enforcement or both.

California's mental health system shows signs of being on the same cycle,

reaching crisis several times in the past four decades and approaching another one now.

At least three counties are threatening to back out of the Medi-Cal mental health program if the state does not raise reimbursements to a level high enough to cover costs. Other counties are having other kinds of crises ranging from mental health facilities closing to judicial overloads triggered by mental patients landing in jail.

More than other facets of the state's hodgepodge health system, mental health care is county driven in California. Partly because the nature of mental illness directs health care toward indigent and vulnerable parts of society and partly because of the state's history, treating mental illness often falls to county-run hospitals and clinics.

➤ *continued on page 4*



Support Groups

Depression and Bipolar Support Alliance (DBSA)

2nd and 4th Wednesday each month from 7:30 - 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento

☎ See: www.dbsasacramento.org

Contact: Andrea Hillerman 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.

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

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 Personal-

ity 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

Meetup.com Groups

You may find other informal groups that keep their own schedules at 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

Anxiety Treatment Center of Sacramento - Finding Motivation in the Face of Anxiety: A New Perspective on Treating Anxiety and Related Disorders

>Social Anxiety Disorder

Saturday, May 3, 2008 9:00 a.m. to 12:00 p.m.

>Body Dysmorphic Disorder

Saturday, May 3, 2008 1:00 p.m. to 4:00 p.m. Treatment motivation workshops featuring Dr. Robin Zasio, Psy.D, and author/motivational speaker Jeff Bell.

Contact www.yourgreatergood.com/BeyondTheShadowOfDoubt

Walk and Roll for Mental Health

Walk/run/bike-a-thon See article page 3.

Saturday May17, 2008 212 I St., Davis (530) 758-4078 9:00 a.m.

Mental Health Advocacy Day

Put on by the California Coalition for Mental Health featuring rally, speeches, picnic lunch, legislative and budget briefings and a chance to meet with legislators. Thursday, May 15, 2008 10:00 a.m. to 6:00 p.m. State Capitol - West Steps.

Contact www.mhac.org/advocacy/ccmh.cfm

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.

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.

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.



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.

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 p.m. (Check local PBS station listings.) NAMI is the national outreach partner for the program.



June Newsletter Contributions

We welcome submissions to the newsletter. The due date for the next newsletter is May 11. Submit to Belinda Beckett at nimabima@aol.com. Submissions may be edited.

Become a NAMI Volunteer

NAMI is currently recruiting volunteers for the following positions:

- Consumer Program Co-Leader
- 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 caroline@namisacramento.org or at (916) 204-4512.

Walk N' Roll for Mental Health

Join Pine Tree Gardens founder Pat Williams and Turning Point CEO John Buck for this fundraising walk/run/bike-a-thon on Saturday, May 17, 2008. There's a 5 K and 10 K walk/run. The route begins at 212 I Street, Davis 95616 (530) 758-4078. Registration begins at 9 :00 a.m. Register online at w.tpcp.org or www.turningpointyolo.org

Your donation of \$35 will pay for improvements at Pine Tree Gardens, a Davis residential program - and now a part of the Turning Point family. Turning Point Community Programs has offered a path to mental health since 1976, and now works with more than 4,000 members in six counties - offering psychiatric services, support and advocacy for people with disabilities.

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.

NAMI Sacramento Member Appointed to State Mental Health Task Force

California Supreme Court Chief Justice Ronald George has appointed NAMI Sacramento member Swapna Jain, MD to the Judicial Council's Task Force for Criminal Justice Collaboration on Mental Health Issues. The task force is charged with developing recommendations to policy makers, including the Judicial Council and its advisory committees, to improve system-wide responses to mentally ill offenders and to develop an action plan to implement the recommendations. The purpose of the task force is to work toward improving the response of the criminal justice system for mentally ill offenders by promoting inter-branch collaboration at the state level and inter-agency collaboration at the local level. In addition the task force will focus on improving practices and procedures in cases involving juvenile and adult mentally ill offenders, ensuring the fair and expeditious administration of justice, and promoting improved access to treatment for litigants in the criminal justice system. The task force will meet once per quarter in San Francisco.

Dr. Jain has been a member of NAMI Sacramento for ten years. She is very excited to be able to serve on the task force and promote ideas that will greatly help mentally ill people who find themselves completely helpless in the criminal justice system. Also serving on the task force is NAMI California member Mark Gale.

Registration for Fall Family to Family Class

A Family to Family Class will be offered again in September. Registration will begin the first week of June. Please contact the coordinators at 916-399-5762 or register on the website at www.namisacramento.org at that time. A course description is available on the website or you may contact the NAMI Sacramento office for a brochure. See you there!



➤ *California Mental Health System Crisis from page 1*

“Lots of counties are having to reduce services or close clinics and hospitals because of eroding funding,” said Patricia Ryan, executive director of the California Mental Health Directors Association. “It’s partly due to Medi-Cal contractions, but not entirely,” Ryan said.

“The state is having a hard time paying counties on time, and that’s hard on everybody, but it makes things particularly difficult for small counties that don’t have ability to borrow money,” Ryan said.

So far, three counties—Riverside, Glenn, and Shasta—have given formal notice they may cease participating in the state’s Medi-Cal mental health program, in which the state essentially subcontracts with counties to manage care with a combination of state and federal Medicaid funds. County-run Medi-Cal mental health programs provide psychiatrists, therapy, case management, drug coverage and other services for residents eligible for Medi-Cal.

Riverside, the largest and most recent to threaten leaving the system, sent notice to the state earlier this month with a unanimous vote by county supervisors.

The California Department of Mental Health issued a written statement:

“Counties have the first right of refusal for serving as the local Medi-Cal Mental Health Plan, but no county has ever exercised this right before. Counties are critical and valued partners in California’s mental health system, and we are hopeful that, particularly during challenging economic times, our continued collaboration with them ensures vulnerable populations get the mental health care they need.”

Although cuts to the Medi-Cal program are the biggest worry in some of California’s 58 counties, many counties are feeling the financial crunch in other ways. Earlier this month, supervisors in Stanislaus County voted to ban family practice doctors in county health clinics from managing patients with severe mental disorders, even though clinics are often the last resort for some patients.

Although the decision affects a relatively small number of people - about 160

patients in the Medically Indigent Adult program who get treatment and psychiatric drugs at the county mental health clinics - the decision to seek another way to deal with mental illness is indicative of the kinds of troubles counties face.

In Sonoma County, the county-run psychiatric hospital closed last year, a privately run in-patient mental facility was scheduled to close this year. Health officials also made plans to redirect hundreds of mental health out patients to private, community-based treatment centers.

Faced with the prospect of no overnight facilities for mental patients, law enforcement officials in Sonoma County prepared to process more mental crisis patients through the county jail and to ship patients out of the county if they needed more than 24 hours of care.

“To have jail as mental health care provider of last resort is not a good situation,” said Farrah Ting, senior legislative analyst for the California State Association of Counties. “But that’s happening more and more in many counties in California, not just Sonoma. The services that might have helped before it comes to that are eroding in many communities, and you’re going to start seeing incarceration as a more common form of treatment,” Ting said. “And that’s worrisome on a personal level as well as a financial level. Not only is it often not the right thing to do, it’s also not the most cost effective. Keeping people in jail is not inexpensive,” Ting said.

Several counties - including the three threatening to drop Medi-Cal mental health - claim that slow reimbursement from the state jeopardizes their ability to deliver mental health services.

Sen. Dave Cox (R-Fair Oaks) has introduced a bill requiring timely reimbursement of mental health services claims to local governments. SB 1349 would require the State Controller’s office to reimburse local governments for mental health services within 90 days of the receipt of a reimbursement claim by the Department of Mental Health. The measure also requires interest to be paid on late payments.

In a letter supporting the bill last

month, the California State Association of Counties wrote:

“Due largely to an accounting error between the state Departments of Health Services and Mental Health, state DMH ended the 05-06 fiscal year with many unpaid Medi-Cal claims from counties. In some cases the claims dated back to 2004. This situation has created a cash flow crisis in several counties and directly threatens their ability to continue providing mandated mental health services.”

Asked for a reaction, the California Department of Mental Health responded:

“Regarding the claim processing, all counties are receiving claim payments. We meet with counties monthly as a group and individually as they request regarding claim payments. The department knows the status of every single claim and can report that to counties upon request.”

Mental health advocates are lobbying for more money on several fronts:

- Reinstatement of cost-of-living adjustments, which ended in 2000;
- Reinstatement of a 5% cut in reimbursements in the late 1990s; and
- Avoidance of the 10% cutback all state programs face in the current budget crisis.

Depending on what happens on several fronts across the state, the mental health system may generate legal action before any crisis could come to a head.

“If there were lawsuits, that would force the state to address a lot of the issues that have been avoided,” said Ting. Given the state’s bleak fiscal outlook, the kind of scenarios that might be able to lift the mental health system out of its problems seem very unlikely at this point, and it probably will require some kind of crisis situation - like a lawsuit - to make something happen.

“The pattern in mental health seems to happen the same on the large scale as it does for individuals,” Ting said. “Programs don’t get attention until they’re in crisis, the same as individual people.”



Is It a Cold? No, It's... an Allergy!



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

During this time of year in Sacramento, you may be familiar with some of these words. Ask yourself: Am I in a *fog*? Does my head feel *full*? Is my thinking *fuzzy*? Am I *fatigued* all of the time? If you answered yes, chances are you suffer from allergies, according to Dr. Gillian Shepherd from Cornell Medical Center who coined these phrases. And you're not alone - 50 million in the U.S. have airborne allergies, which can affect one's quality of life because of their impact on an individual's physical health, ability to socialize, as well as sleep.

Nasal allergies and the common cold share similar symptoms and can easily be confused with one another. While treatment for each is the same, it is important to distinguish between them because chronic allergies can weaken the immune system if not treated properly.

An allergy is an immune response combating ordinary substances (allergens) in the environment that the body sees as foreign. For instance, when grass pollen enters the nose, chemicals called histamines are released by the immune system causing an inflammatory response to help fight the infection and bring more blood flow to the site to carry away poisons. Common symptoms, which occur immediately after exposure to an allergen, include nasal congestion (stuffy nose), itchy, watery eyes; clear, runny nose (post nasal drip); sneezing; and itchy nose or throat.

On the other hand, a cold is a contagious, infectious process that 99% of the time is caused by a virus (and not by being chilled or damp like our mothers told us!). One to three days after being infected with a cold virus, one of the first symptoms is a burning feeling in the nose or throat followed by sneezing, a runny nose and the feeling of being tired. A mild cough may occur and is likely to last into the second week along with nasal congestion. The first three days of a cold are when an individual

is the most contagious.

When cold-like symptoms appear year after year or last for more than 7-10 days it's reasonable to suspect allergies of which there are two types: seasonal and chronic. Seasonal allergies occur during specific flowering periods when plants shed their pollen. The culprits are tree pollen in the spring, grass in the summer, and weed pollens in the fall. In contrast, chronic allergies occur year round, and include some of the more common 'triggers' such as dust mites, mold spores, animal dander, cologne, and hairspray.

If you have moderate to severe allergies, a visit to your primary care provider might be appropriate and is especially necessary if you have respiratory symptoms which may indicate asthma. He or she will do a physical exam and take a history of your symptoms, as well as a family history because the tendency towards allergies is inherited. Allergy skin testing may be recommended. While allergy symptoms can be most troublesome, the trick to improving quality of life, according to Dr. Eli Meltzer, is in a threefold approach: know your allergy triggers, manage your environment, and use medication when necessary.

Several allergy treatment options are available. For mild to moderate allergies, over-the-counter (OTC) medications are probably enough, but can be quite confusing because of all the choices. Dr. Shepherd states that a plain decongestant like pseudoephedrine may be adequate. (Unlike pseudoephedrine's potential illicit use in the manufacture of amphetamines has caused retail pharmacies to enforce strict control on its purchase.) When pseudoephedrine isn't enough, oral OTC antihistamines, still the center of allergy treatment, like Benadryl®, Chlor-trimeton®, and Dimetapp® might work well, but they have the drawback of making people sleepy thereby affecting productivity and learning. A recent addition to OTC medications has been non-sedating Claritin®, posing less of a safety risk than the others.

Dr. Shepherd also states that itchy eyes may respond to allergy eyedrops such as Vasocon-A®, Naphocon-A®, or Albalon-A® (notice the A after the name which indicates

antihistamine). Then there are nasal decongestant sprays and inhalers which can decrease inflammation; however, those with corticosteroids in them require a prescription.

Some people may also be given immunotherapy (allergy shots) to help reduce their sensitivity to certain allergens. According to Dr. Beth Corn from Mount Sinai Hospital in New York, 85% of allergy sufferers will benefit from weekly allergy shots for 6-8 months followed by monthly injections. In essence, what this does is turn off the immune response so the body eventually doesn't react anymore after getting a small amount of the allergen on a regular basis.

There are a number of things you can do to manage your environment and minimize the discomfort that allergies cause. The American Academy of Otolaryngology Head and Neck Surgery (also known as ear, nose and throat or ENT specialists) suggests using a pollen mask while mowing the lawn or cleaning the house; changing air filters in your house monthly or consider installing an air purifier; closing windows (in your car as well as your house) and doors to keep allergens outside; following a regular exercise routine, eating balanced meals, quitting smoking and taking vitamins, especially vitamin C.

The Asthma and Allergy Foundation of America (www.aafa.org) has suggested ways to control dust mites and prevent animal dander, since most of us refuse to give up our 4-legged friends. They mention the bedroom as the most important room to keep clean (*and probably the hardest – do your pets sleep with you, too?*). Wash bedding once a week; vacuum the house twice a week, and change your clothes after coming in from outside to minimize the spread of pollen from your clothes.

Since it's not practical to live in a bubble, one can only hope that, after identifying what your triggers are, using these interventions, and getting the right medicine on board, living in Sacramento doesn't have to be unbearable. And before you step outside, be prepared by checking out www.pollen.com, a handy tool to identify the pollen count in your area by zip code.



Tom Wootton from page 1

“I believe that what you call mental illness - if you can control it - can give me advantages over other people,” he said.

Asked to elaborate, Wootton offers intriguing and idiosyncratic responses. He might turn to religion. “St. Francis said that it was the pain he went through that turned him into St. Francis,” Wootton said.

Or he might talk about the trauma of losing a loved one. At first, Wootton said, it’s unbearable. But ultimately, it becomes part of one’s whole experience with the person who died. “Then,” Wootton said, “when you meet somebody who’s coping through that pain, you’re the one they come talk to. You’ve been enhanced as a person.”

Wootton recognizes that viewing depression as an “advantage” is controversial. So are his views that people often have more power over their depression than they acknowledge - and that the mental health community’s focus on overcoming stigma can work against that.

“It’s how we act that’s really the crux of the problem,” he said. “What we have is a lot of people who want to talk about stigma, to say it’s a medical problem, and I’m not capable of acting properly. I think that does harm. They’re instilling the idea that I’m not capable of overcoming this.”

“We have the capacity to overcome adversity that happened to us,” he said. “We have the capacity to make our lives better.”

Finding a new and better way to generate that change is why Wootton created the treatment program that will start in the San Francisco Bay Area this September. Neither the program - nor Wootton - are anti-medication. “I think drugs have a very important role - used properly,” he said. “Used improperly, they’re horrible.” But in Wootton’s view, in the prevailing treatment paradigm, “there’s a tendency to overmedicate.”

So the program’s main focus is to offer a range of disciplines - from psychotherapy to education to relationship training to physical fitness. Its therapists

include some of the more eminent mental health professionals in the Bay area.

The program will be a combination of assessments, learning workshops and therapy that may total \$30,000 over the course of six months. But a final price for the program has not yet been decided, and there will be factors that could affect the cost for most individuals -- making it less expensive for some. It is the kind of hopefulness that defines Wootton’s attitude toward an illness that has devastated so many.

“Who’s to say,” he asked, “that having a mania or depression or schizophrenia isn’t an advantage, except for the fact that we haven’t figured out how to manage it.”

Restrictive Prescription Drug Policies Hurt Schizophrenics

Health Day, April 1 2008

Restrictive prescription drug policies can cause schizophrenia patients to stop taking their medications, a Harvard Medical School study suggests.

Researchers looked at Medicare beneficiaries with schizophrenia in Maine before, during and after a policy that required patients to use an authorized medication (step treatment) before they were permitted to be prescribed drugs not on the preferred list. They were compared to Medicare beneficiaries with schizophrenia in New Hampshire, where there was no such regulation.

The study found that the Maine patients were 29 percent more likely to stop or disrupt medication when subject to the tightened policy. In addition, the restrictive drug policy - originally designed to reduce costs - provided only minimal savings. After less than one year, the Maine policy was replaced by a provider education program, noted the authors of the study, which was published online April 1 in the journal “Health Affairs”.

“This study calls into question the effectiveness of many similar policies throughout the country,” study senior au-

thor Stephen Soumerai, a professor at Harvard Medical School, said in a prepared statement. “Getting prior authorization requires paperwork and is time-consuming, so physicians may tend to switch to prescribing preferred medications even if they have concerns about the appropriateness of the medication for a specific patient.” As their medication choices are restricted, more patients discontinue treatment, Soumerai noted.

Previous research has found that interruptions in taking antipsychotic medications are likely to lead to recurrence of psychotic episodes and higher hospitalization rates and costs for patients.

Schizophrenia affects 1 percent of the U.S. population, or about 3 million people. Without antipsychotic medication, about 80 percent of patients will suffer a serious recurrence of their illness within a year, according to background information in the study.

While prior authorization and step treatment may be appropriate for some types of medications, such policies put patients with chronic mental illness at risk, the study authors said.

“Given the tremendous variation in individual responses to drugs as well as the devastating impact of treatment disruptions on schizophrenic patients, a policy that pushes all patients toward a limited number of preferred drugs may do more harm than good,” Soumerai said. “It would be much better to focus on ensuring that antipsychotic drugs are prescribed for evidence-based reasons and that preferred drugs are prescribed only to patients who can benefit from them.”





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

Dr. Robin,

I have a friend who is having difficulty with her 11 year-old son who has become withdrawn, isolative, and is now having difficulty in school. I have an 11 year-old son also. He's not showing any changes in behavior, however, my question to you is as follows: Are there behavioral changes that I should be aware of in the future that might indicate that he is having some trouble or difficulties?

Sarah

Dear Sarah,

This is a great question and one that I feel will help other parents who may share similar concerns. My initial thought is just to be aware of any changes in behavior that are inconsistent with how you know your son or what would be considered his "usual behavior." Next, there are some other considerations that are suggested by the Mental Health Association of America:

1. Does your child display unusual changes in emotions or behavior?
2. Are there any changes in relationships with friends or getting along with other children?
3. Are there any changes in performance or attendance in school, or desire to attend school?
4. Is there any there any increase in illnesses or accidents?
5. Is your child becoming increasingly fearful?
6. Are there any changes in aggression?
7. Is there less desire to be around family members or is your child becoming more distant?
8. Is your child having disturbing dreams?
9. Is your child having difficulty falling asleep, waking up in the middle of the night, or insisting on sleeping with you?
10. Is your child suddenly refusing to be

alone with a particular family member or friend, or acting disturbed when he or she is present?

11. Has your child become suddenly withdrawn or angry?
12. Does your child refuse to eat?
13. Is your child frequently tearful?

Some of these problems may be resolved by working with your child's teacher, school counselor, or by talking with a parent or loved one. The best thing to do is to start by expressing your concern in a loving way, ask open-ended questions, and let your child know that you are there to support him. If you feel the changes in behavior may require help from a therapist, there are a few options. If you have insurance, you can contact them for a referral. You can also ask your pediatrician for his or her thoughts on therapists who may be able to help your child with his particular struggles. Lastly, the NAMI California website at www.namicalifornia.org provides a list of referrals that may be helpful.

*Sincerely,
Robin Zasio*

Wounds of War

NAMI National, www.nami.org

A report released on April 17, 2008 by the Rand Corporation says that 1 in 5 soldiers, almost 300,000, who have fought in Iran or Afghanistan have depression or post traumatic stress disorder.

The economic cost - including medical care, lost productivity and lost lives through suicide - is estimated at \$4 billion to \$6 billion over two years, according to the Washington Post.

The 500-page report, titled "Invisible Wounds of War," says prolonged and repeated exposure to combat stress is causing a disproportionately high psychological toll with physical injuries. It warns of "long-term, cascading consequences" for the nation - ranging from a greater likelihood of drug use and suicide to increased marital problems and unemployment - if the mental health problems are left untreated.

The survey of 1,965 service members (currently serving and veterans) from across the country also reveals that only about half of those experiencing mental illnesses have sought treatment. Even fewer who have suffered head trauma have seen a doctor.

The report is the first one done outside of the government, and according to Army Surgeon General Eric Schoomaker in a New York Times article, it was welcome.

The report is not much different from numbers from studies inside of the government, but officials say it could help distinguish the stigma of mental illness in military culture and encourage change that is much needed.

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

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

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

NAMI Sacramento Membership Form

Please join us! Join others in your community dedicated to improving the lives of people with mental illness in the Sacramento area. Become part of our grassroots revolution and make a difference! Either detach and mail in the membership form below, or join online at www.namisacramento.org/membership. Collecting this information helps us to serve our members better. Your information is treated confidentially and will never be shared outside of NAMI. Please print clearly.

Name: _____ Address/City/Zip: _____

(circle one)

Home/Work/Cell Phone: _____ Email: _____

(check one)

Your relation to the consumer:

- I'm a consumer
- Family member
- Friend
- None, just interested

Ethnicity:

- Asian
- African/Black
- Hispanic/Latino
- Caucasian/White
- Other
- Decline to state

If you are a consumer, please enter your primary diagnosis:

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

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

Membership type:

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

Newsletter preference:

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

You can help! Volunteer with NAMI Sacramento:

- Contact me about volunteer opportunities

Please consider an additional donation of:

- \$100 or more
- \$50-\$99
- up to \$50

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

RETURN SERVICE REQUESTED

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



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