



NAMI Sacramento Newsletter

National Alliance on Mental Illness

Sacramento's Voice on Mental Illness

June 2008: Issue No 6.06

General Meetings

Monday, June 9

Representatives from the California Mental Health Association, NAMI California, and Sacramento County will answer your questions and take your input on the Mental Health Services Act and our community's role in the process. Don't miss this opportunity to share your perspective with these state and local officials and affect the implementation of this important legislation. **Your help is needed!**

July

PLEASE NOTE: there will be no General Meeting and no newsletter in July or in December. The Board voted to take off two months a year in order to give our volunteers a break.

Meeting Location

SMUD Headquarters Auditorium
6201 S Street, Sacramento 95817

Time

General Meetings start at 7:30 p.m.

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Contact Us

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Update on Mental Health Services Act in Sacramento

by Pat Pavone

Michelle Cajellas, Project Manager for the Sacramento County Mental Health Service Act (MHSA) Implementation was the guest speaker at the May General meeting. Michelle gave us some background on MHSA (initially Proposition 63) and she gave us a good understanding of how the county envisions the MHSA funding as a way to help transform mental health services within Sacramento County.

There are five main elements of the MHSA program. These include community collaboration with regard to the development of new programs, cultural competence in dealing with the county's diverse population, client and family driven decisions about services, a focus on wellness with outcomes geared to recovery and resilience and a service ex-



Michelle Cajellas describes Mental Health Services Act projects and implementation in Sacramento County at May General Meeting

perience that is fully integrated.

There are also five major funding streams for the MHSA implementation. The first is *Community Services and Sup*

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Program Marks New Direction in Schizophrenia Treatment

by Mark Moran, from *Psychiatric News*

The real work of altering the environmental dynamics in the life of an at-risk teenager takes place in multifamily meetings where patients and family members work together to prevent recurrence and create a positive environment.

Isolating himself in his dorm room at the nearby college he attended in Portland, Maine, periodically smoking pot to ease his anxiety and possessed at times of vague, non-specific ideas of reference - "Max" (not his real name) was not precisely what anyone would automatically term "psychotic." But anyone, including Max himself, could tell that something wasn't right.

"He was making some connections that weren't really rational," recalled Sarah Lynch, a clinical social worker at the Portland Identification and Early Referral (PIER) Clinic. "He would put two things together that were unrelated and think that

he was getting messages from somewhere.

"He had a little bit of grandiosity - notions that he might be destined to do something monumental," she said. "His symptoms ebbed and flowed, and he was confused and knew [his thoughts] were weird. For instance, he was suspicious of others and had the feeling people were staring at him but had insight that this fear was probably unfounded. But the only person he was talking to was his girlfriend. She'd tell me, 'He says things to me that really scare me.'"

Today, Max is a patient at PIER receiving psychotherapy and small-dose antipsychotic medication, and participating with his family in multifamily group meetings with other patients like him - those believed to be in the prodromal, or prepsychotic, stage of schizophrenia.

In another day, Max might have already

➔ *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.

Go to NAMI Sacramento's web site at www.namisacramento.org for an extensive list of resources and crisis help available in the Sacramento area.

Upcoming Events

California Mental Health Planning council Quarterly Meeting

Wednesday, Thursday and Friday, June 18, 19 and 20, 2008

Doubletree Hotel San Francisco Airport, 835 Airport Blvd., Burlingame, CA 94010

For more information see www.dmh.ca.gov/MHPC.

Walk for Mental Health

Saturday, October 4, 2008

State Capitol Grounds, Sacramento

This is NAMI's biggest fundraiser of the year. See article on page 3.

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.

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.



Message from the President



As you may know, we recently posted a job opening for a part time Executive Assistant. The Board of Directors feels that NAMI Sacramento's ability to serve our community will be strengthened by having permanent, paid staff. However, the Board reluctantly decided to postpone any recruitment effort for now. Several questions have arisen regarding working conditions and reporting and oversight needs. The Board realizes that these questions must be answered before moving forward. I apologize to all those applicants who took time to submit a resume. We appreciate your time and interest in supporting NAMI Sacramento.

Another noteworthy change is the recent move of our office to the building next door. We are now located at 3321 Power Inn Road, Suite 110. Our phone number remains the same, at (916) 875-9416. Thanks to the County of Sacramento, our office space and library are next to each other and in a much more visitor-friendly area. You will need to knock on the door, but visitors no longer need to sign in at the Security desk to come to our office. Someone is available in the office every week day except Wednesday from 11:00 a.m. - to 2:00 p.m.

If you were at our May General Meeting, you learned about the programs Sacramento has implemented with money from the Mental Health Services Act (MHSA). In June, we have a unique opportunity to speak directly with representatives of the California Mental Health Directors Association, NAMI California, and Sacramento County about the MHSA and our community's role in the process. I cannot overstate the value of your input and hope you will come to share your perspective at this meeting. The dialog is intended to help State and local officials understand the needs of family members and consumers in order to improve their ability to participate in all levels of MHSA implementation. I strongly encourage you all to come and listen, learn, and share the wisdom of your experiences. The strength of our organization and community depends on our

collective voice. Your help is needed.

When I joined NAMI Sacramento, I did not know what to expect. I was slightly familiar with NAMI as a national organization, but did not realize there was a Sacramento affiliate. When I learned that NAMI Sacramento had been around for many years, I wondered why I hadn't heard of it before. Now that I am President, I wonder how to help NAMI Sacramento strengthen its role in our community and how to help those looking for a source of comfort, support, knowledge and understanding and kindness. The MHSA is one answer. Even one meeting can make a difference. I promise. Come be a part of NAMI Sacramento and the MHSA, and help transform the mental health system in Sacramento.

With gratitude,
Caroline Prod

Attention: Family to Family Graduates

Did the Family to Family program enrich your life? Would you like to pass that on to others? Two Family to Family teacher trainings will be held at the UCLA campus in Los Angeles, CA on Friday, June 27 to Sunday, June 29. The trainings are free, but trainees must provide their own transportation and accommodations. One training is in English and one is in Spanish. Please contact Lynn Cathy, Family to Family Program Director, NAMI California for further details. Lmcathy@sbcglobal.net or (916) 399-5762.

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!

The Walk for Mental Health Is Coming!

The Walk for Mental Health will be on Saturday, October 4. NAMI Sacramento is working with many local mental health agencies to plan this year's Walk. It is NAMI's biggest fundraiser, helping to support Family to Family, Peer to Peer, In Our Own Voice and the many other programs and resources NAMI offers.

We are seeking sponsors to support the Walk with cash or in kind donations in exchange for great public visibility and the sincere appreciation of the mental health community. We are also inviting volunteers to help with the many tasks required to create this event. If you can help now or on event day, please contact Linda Beilharz at linda@clarityweb.com.

United Way Grants NAMI Sacramento Certified Agency Status

NAMI Sacramento is happy to report that United Way California Capital Region has granted our organization unconditional Certified Agency Status for the 2008-2009 campaign year. This means that NAMI Sacramento will be included by United Way on their official list of selected non-profits to receive donations through their Workplace Giving Programs. United Way California Capital Region partners with over 750 public and private sector employers in Amador, El Dorado, Placer, Sacramento and Yolo counties. Certified Agency status will help foster recognition and increase support for NAMI Sacramento.

August Newsletter Contributions

We welcome submissions to the newsletter. The due date for the next newsletter is July 14. Submit to Belinda Beckett at nimabima@aol.com. Submissions may be edited.



New Direction in Schizophrenia Treatment, from page 1

had an acute psychotic break and be destined for a life of chronic hospitalization and debilitating illness. But the PIER program, led by psychiatrist William McFarlane, M.D. (winner of the 2007 Alexander Gralnick, M.D., Award for Research in Schizophrenia, awarded by the American Psychiatric Foundation), is serving as a national model for a pioneering effort in the early identification and prevention of schizophrenia.

The Robert Wood Johnson Foundation has awarded \$14.8 million to five sites around the country to replicate the PIER program's approach as part of the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP). PIER also serves as the foundation's National Program Office for EDIPPP.

McFarlane told *Psychiatric News* that preliminary data indicate that the rate of acute schizophrenia per population has dropped within the PIER catchment area compared with the rest of Maine. Though those data remain to be confirmed, staff at PIER who are familiar with the long-term nature of schizophrenia express a genuine awe at the results they see at the clinic.

"I have worked in mental health at the other end of the spectrum with adults who have had schizophrenia and bipolar disorder for years," said Nelma Mason, R.N., a nurse at the clinic. "And I have worked with so many people who are one hospitalization away from never leaving the hospital again. How could you not be excited about being part of a program that might prevent that?"

Thomas Insel, M.D., director of the National Institute on Mental Health, who has visited the PIER clinic, said it represents a new direction in the treatment of schizophrenia.

"We have largely defined schizophrenia as a psychotic illness, meaning when someone has a psychotic break," he told *Psychiatric News* in an interview. "That's a bit like defining coronary artery disease by having a heart attack. It's a late stage in the disease.

"What we have been thinking about is how to get to people much earlier in the

disease," Insel said. "If you think about schizophrenia in stages, stage 1 is early development and genetic risk; stage 2 is when people begin to develop very early, subtle symptoms such as social withdrawal and cognitive problems.

"Stage 3 is a psychotic break, and stage 4 is when a person becomes chronically ill and disabled. Most of what we do in 2008 is focused on stage 4. And it is no wonder we have not much to show for it.

"At PIER they are really going after stage 2 and identifying people who may be at genetic risk and exhibiting very early behavioral symptoms," Insel told *Psychiatric News*. "So they are going down this very interesting path to see if we can have a bigger impact on the disease by identifying and treating people much earlier."

Max was identified for participation in the PIER program by the resident assistant (RA) at his college dorm - the fruit of an outreach effort to educate the public, as well as high school guidance counselors and college and university RAs, teachers, and primary care physicians about the prodromal signs of schizophrenia.

"This is a public health initiative," McFarlane told *Psychiatric News*. "Our intent in Portland has been to train the entire relevant community to identify every at-risk case. That's hard to achieve for any disease, and we didn't know if that piece of the model was going to work."

Yet despite the sometimes ambiguous nature of prodromal symptoms - when are someone's odd thoughts and beliefs prepsychotic, and when are they within a normal range of idiosyncrasy? - McFarlane says that many of those who have been trained in the community have become adept at spotting at-risk youth, and it is rare to get a referral of someone who is not seriously in need of attention.

Since the clinic opened in May 2001, PIER has assessed approximately 260 individuals for preclinical psychosis in a catchment area of 330,000.

A total of 149 have met prodromal criteria and entered the research project,

and 120 of these have continued in treatment for at least three months. McFarlane said many of those who are referred but are not eligible for the program are already psychotic and get referred to outpatient treatment much earlier than they typically would have.

The effort highlights what is novel and daring about the effort at PIER - an effort to reach into the community to find psychosis that is waiting to happen but that would normally go unnoticed until catastrophe strikes.

"Schizophrenia is a continuous process, and one part of the process just shades continuously into the next," McFarlane said. "That's one of the challenges in training professionals who are not in the mental health business. How would you differentiate someone who is fully psychotic from someone who is prodromal?"

Many of the patients like Max are treated with small doses of antipsychotic medication. McFarlane believes that given the serious and debilitating nature of schizophrenia, as well as the documented reliability of prodromal criteria, concern about medicating preclinical adolescents is misplaced.

"We use it very conservatively," he said. "We thought once we wouldn't have to use meds and could just rely on psychosocial treatments. But we quickly learned that while that's a nice idea, it just doesn't work."

McFarlane said the rate of conversion to psychosis has remained consistently around 7 percent or 7.5 percent since PIER opened its doors. Almost all of the referred patients who converted to psychosis are ones who refused antipsychotic medication, he said.

"We are doing great relative to the predictors employed for cancer," he said. "And look what we do to patients with high PSAs and positive biopsies - treat them with radioactive implants, surgery, or chemotherapy."

While medication appears to be essential

➤ *continued on page 6*



Mental Health Services Act, from page 1

ports which began in January 2005 and has funded six programs with a budget of \$17,359,300 through Fiscal Year 2008-2009. The programs include Transitional Community Opportunities for Recovery and Engagement (TCORE), Sierra Elder Wellness Program (SIERRA), Pathways to Success After Homelessness (PATHWAYS), Transcultural Wellness Center (TWC) and Consumer Wellness and Recovery Center (WRC). These programs were selected by the MHSA Steering Committee from over 140 programs that were originally submitted for consideration.

The second funding stream is currently underway. It is the Workforce Education and Training Component that will target programs that will increase the number of qualified individuals who are available to provide mental health services in the community. It has a budget of \$3,076,700.

The other three funding streams are yet to be fully developed. They include Prevention and Early Intervention, which seeks to find effective ways to address serious mental health problems as early as possible (\$9,733,900); Capitol Facilities and Technology, which is dedicated to improving the infrastructure of mental health services, especially information technology (\$11,242,700) and lastly Innovation which is intended to promote new and promising practices designed to increase access to services, increase quality and promote interagency collaboration (\$35,600,000).

The main thrust of Michelle's message was that the County of Sacramento is eager for more community input into the challenging task of selecting programs to receive this much needed funding. If you are interested in helping to transform the mental health services in this county, here is your chance. If you would like to be on the MHSA distribution list, send an email to MHSA@Saccounty.net, with your full name and email address, or call 916-875-MHSA (6472).

Outpost for Hope

by Eileen Finan, from *Outpost for Hope* newsletter, www.outpostforhope.org.

When Libba Phillips learned that her troubled sister Ashley had gone missing, she wasn't completely surprised. Ashley had been addicted to crack and alcohol since her teens and would often disappear for day. But "the days turned into weeks and the weeks turned into months", recalls Phillips. "And I knew something was wrong."

She never imagined, though, that the months would turn into years - five years. Since Ashley, 23 at the time of her 1998 disappearance, was an adult and had a history of drug abuse, police refused to help her look for her. So Phillips took it upon herself, embarking on a cross-country odyssey that took her from her Sacramento home to Tampa's seedy underbelly, questioning prostitutes and corners for signs of her sister. "I was so fixated on where the hell is my sister", says Phillips. "And I was so angry that no one was giving me the time of day."

As she got a crash course in the world of the lost and the homeless, she realized many other families were struggling too. In 1999 Phillips quit her pharmaceutical sales job and launched the nonprofit Outpost for Hope (www.outpostforhope.org), which has helped at least a dozen families reunite and thousands more look for relatives with mental illness or drug problems.

"Each day someone passes a homeless woman on a corner," she says. "They're not considering that that could be someone's lost loved one." Working with two other volunteers on a shoestring budget, she advises families on how to register with missing person organizations, how to contact the FBI and to work effectively with the police. "When I heard what she was doing, I was almost giddy because there is such a need," says Maj. Sam Cochran of the Memphis Police Department. Gwyn Robson feared for her daughter Marie's life after the 18-year-old went missing from their Maryland home in 2003. But after Phillips advised her on how to attract media attention and to make missing posters, the teen was found after six months. "I wouldn't have gotten her back without Libba," says Robson. "I

was at my wits' end."

All the while, Phillips often doubted she would ever see her own sister again. But she continued looking, clinging to precious childhood memories. "We were inseparable," she says. Armed with cigarettes and dollar bills for bribes, she and her stepfather questioned pimps and drug dealers in Tampa, handing out fliers her family had made. One dealer told them Ashley was likely in a crack house.

The search consumed her life, taking a toll on her nine-year marriage, which ended last year. "I wasn't a lot of fun to be around," she says. Then, on February 7, 2003 Phillips' determination paid off. One of Ashley's acquaintances spotted her on a poster and urged her to call home. She was eight months pregnant and living in a rundown apartment in Charlotte, N.C. Arriving at her sister's side, "I thought I was going to throw up", says Phillips. Ashley was rail thin, in a state of shock with a broken eye socket. "She was childlike", Phillips recalls. "I kept wanting to hug her and she would flinch." Though Ashley didn't remember many details of her time away, Libba learned that her sister had slept on the streets at times and had been badly beaten. "A lot of people harmed her," Libba says.

Ashley soon moved back to Tampa to live with her parents and her baby daughter. But the homecoming was brief. In 2004, Ashley resumed drinking and disappeared one night in pajamas only to be found nine months later. Now 33 and the mother of two daughters, Ashley holds down a fulltime job selling cars and takes medication for her bipolar disorder, which was recently diagnosed. "We don't really discuss the past with her", says her sister Ginny McGee, 24. "But I'm sure she feels grateful to be found." And Libba is thankful to have her Ashley back again. "I had come to believe that my sister was dead," says Phillips, who recently moved to South Carolina to be closer to her family. "And through my searching, I've come to a certain level of peace, that all of this has helped thousands of others."



New Direction in Schizophrenia Treatment, from page 4

to prevention, antipsychotics alone are effective only in averting the acute onset of psychosis. The real work of altering the family and environmental dynamics in an at-risk teenager's life takes place in multifamily meetings in which patients and family members work together, often coaching each other with "family guidelines" on how to promote recovery and prevent a recurrence, and to create a positive environment.

"I would say it's the backbone of what we do," McFarlane said. "Aside from the really dysfunctional family, which is remarkably rare, most of the families are working with us as part of the rehabilitation and treatment team."

So patients and family members together strive for practical solutions to any number of problems and issues - compliance with medication, conflicts at school or with friends and family, managing school workloads efficiently - that arise in their daily lives.

In most cases social workers and clinicians are involved in working "in-situ" with the adolescent to solve specific problems that he or she experiences in the community. In the case of Max, for instance, his anxiety about his school work required staff to approach the college about having professors and instructors check in with him periodically to give feedback and reassurance about his work.

These strategies have been shown to be at least as powerful as medication in doubling rates of recovery and preventing recurrence of symptoms, McFarlane said.

He told *Psychiatric News* that rough, preliminary data indicate that the average Global Assessment of Functioning Scale Score of patients treated in the program increases from about 35 at entry to about 50 or 55 at 12 months. He said he is hopeful that 24-month data, not yet available, will show even greater improvement, reflecting the action of psychosocial treatments, which can take longer to take effect.

At APA's 2007 Institute on Psychiatric Services in New Orleans, where he delivered the Alexander Gralnick award lecture, McFarlane said that a decade's worth of research on micro components of envi-

ronmental stress has shown that family and environmental stressors encompassing very subtle interactions common to many families can work in tandem with biological determinants to produce psychosis.

"These young people may deteriorate very slowly in function, which can make family members anxious, angry, or depressed," McFarlane said. "And in many of the families [with] a history of schizophrenia or psychotic disorders, the anxiety level can begin to rise to astronomical levels. It can be extremely frightening if they have some idea of what this might mean."

Today, staff at PIER say that Max looks nothing like the adolescent who first came to the clinic. Success at school and at a job have diminished his anxiety and given him confidence, and antidepressant medication has lifted his depression.

"He hasn't had psychotic symptoms for some time now, and though he still struggles with the party culture at college, he's much more comfortable with himself and his choices," said Sarah Lynch, who has worked with him. "He is so much more outgoing; he just looks like a different kid."

Women and Depression - 1 in 8; twice the rate of men

from NAMI National

The National Alliance on Mental Illness (NAMI) has released a new brochure, *Women and Depression*, about the many dimensions of major depression in women. It can be downloaded at www.nami.org/womendepression.

- 1 in 8 women experiences depression in their lifetime; twice the rate as men, regardless of race or ethnic background.
- Middle-aged Hispanic women have the highest rate of symptoms, followed by middle-aged African American women.
- Young Asian American women have the highest rate of younger groups and the second highest rate of suicide

among 15 to 24 year olds. American Indians and Alaska Native adolescents are the most likely to attempt suicide and die from it.

"Nearly 18 million Americans experience depression every year," said NAMI medical director Ken Duckworth, M.D. "Some experiences are unique to women, including post-partum changes, infertility, and hormonal fluctuations throughout their lives."

"Information in the brochure will help women help themselves, as well as other women in their lives. All family members benefit by learning more."

"The good news is that with correct diagnosis, most people can be treated effectively. The bad news is that two-thirds of people living with depression don't get the help they need."

Major depression is a medical illness that affects a person's mind, mood, body and behavior. It is more than "feeling down" because of a recent loss or family, work or financial stresses. It occurs when these feelings become more intense and persist to the point that they affect daily functioning.

The 13-page brochure highlights symptoms, causes, life stages, and treatment, with additional sections on seeking professional help, self-help, preventing recurrent depression, and helping other women.

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.



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

Dear Dr. Robin,

Last month I was in the grocery store and out of the blue my heart started to pound. I became terrified and within seconds I was shaking and trembling. I was so frightened it was a heart attack that I notified a clerk at the store and they called 911. I was transported to the emergency room and given a full work up. They said they couldn't find anything wrong and suggested that I had a panic attack. Nothing like this has ever happened to me before and I am not sure what to do. I am now avoiding that store, and others, because I am so scared that it might happen again. What are your thoughts? - Jennifer

Dear Jennifer,

Based on your description of what happened, it does sound like you had a panic attack. And, it is not uncommon that individuals who experience their first panic attack fear that they are having a heart attack and rush to the emergency room. As you know, it is a very frightening and confusing experience. Let me explain what's happening.

Researchers have been able to identify that there is a location in the brain called the amygdala, which is believed to be the fear center. This was identified by looking at scans of the brains of individuals who have expressed similar symptoms of heightened anxiety, reflecting a consistent over-activity in that area. So, in a nutshell, when we get scared the amygdala sends a signal to our nervous system identifying that there is danger. The nervous system then makes a decision to take action through either a "fight or flight" response. In a panic attack, although there is no danger identifiable danger (i.e. someone pointing a gun at you), in the moment, it feels real, and the body inter-

prets the fear as if it is real and reacts. What follows is a flight response and then a fear that it will happen again. People will then avoid similar situations due to fear that it may happen if they place themselves in that situation in the future.

So, what do you do? It is important that you seek help from someone who specializes in treating anxiety disorders. Although it is estimated that over 17 million Americans suffer from some type of anxiety disorder, the treatment is very specialized...and difficult. It is called Exposure and Ritual Prevention therapy and is designed to gradually and systematically have you come in contact with the situations that produce the anxiety.

This does not mean immediately going into the store where you had the first panic attack. It may be driving to the store and sitting in the parking lot and just looking at the store (if that produces anxiety). Then, it may be sitting outside of the store. Then, going into a section of the store by the door, and staying there until you have a reduction of anxiety. And then continue down this road until you can be in a store without the fear of having a panic attack. What you are doing is showing the amygdala that there is no threat and that it needs to stop sending a signal to the nervous system to react. This can take several weeks, depending on how much time you can invest in the therapy. The key is that you get a reduction of anxiety during exposure to the situation, rather than by fleeing.

What many people don't realize is that most people have experience with exposure therapy in their lives. Starting a new job for instance. The first day one may feel nervous, but each day as they continue to return back to the job, they get used to it. It is the amygdala causing the nervousness, and then gets better when re-exposed the job situation daily.

Finally, some people will opt to take medications, which you can explore with your primary care physician or a psychiatrist. Just remember that medications do not teach you what to do in those situations to prevent them from happening in the future.

*Sincerely,
Robin Zasio*

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

If you can help, please contact Pat Pavone at pavone@surewest.net or (916) 359-2366.

2008 BOARD OF DIRECTORS

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Al Lipson

Sherrie Sala-Moore

Heidi Sanborn

COUNTY SUPPORT STAFF

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

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

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

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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