



# NAMI Sacramento Newsletter

National Alliance on Mental Illness

Sacramento's Voice on Mental Illness

September 2008: Issue No 6.08

## General Meeting

### Monday, September 8

Michael Paravagna, Americans With Disabilities Act (ADA) Coordinator for the City of Sacramento, will speak about programs for individuals with disabilities, including mental disabilities, and ways to access services.

### Monday, October 13

Crossroads Employment Services will make a presentation on Social Security. Dee Gavaldon and Vilma Rodrigues will explain how Social Security impacts employment and work incentives. This planning assistance program includes SSI and SSDI. Do you have questions about Medi-Cal and Medicare? Don't miss this informative meeting.

### 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

The NAMI Sacramento office has moved to a great new home with Turning Point Community Programs. Our new location is:

3440 Viking Drive, suite 125  
Sacramento CA 95827

Our new phone number is:  
**(916) 364-1642**

NAMI Sacramento e-mail address:  
office@namisacramento.org

Website: [www.namisacramento.org](http://www.namisacramento.org)

## House Passes Increases for Veterans Mental Illness Treatment

*From NAMI National, August 1, 2008*

On August 1 by a vote of 409-4 the House passed legislation funding the Department of Veterans Affairs for Fiscal Year (FY) 2009. The bill (HR 6599) includes \$3.8 billion for mental illness treatment and \$584 million for substance abuse treatment in the Veterans Administration (VA), significant increases over current year funding. Overall, the Veterans Health Administration budget is set at \$40.8 billion for FY 2009 - \$1.6 billion more than the President requested and \$3.9 billion more than current levels. It is projected that the VA will serve 5.8 million veterans in 2009.

For homeless veterans, HR 6599 allocates \$130 million for the homeless grants and per diem program, rejecting a proposal from the Bush Administration to cut the program by \$8 million. This allocation also includes \$32 million to hire additional personnel as part of the joint HUD-VA 'VASH' program for veterans supportive housing. A separate bill funding

the Department of Housing and Urban Development (HUD) appropriates an additional \$75 million at HUD for rent subsidies, i.e. the housing side of this joint program.

The bill also includes \$500 million for medical research at the VA, \$38 million more than the President requested and \$20 million more than was allocated in FY 2008.

With House action on the VA spending bill, Congress has now adjourned for its summer recess and will not return to Washington until the week of September 8. In September, there will be efforts to complete action on HR 6599 before FY 2009 begins on October 1. However, the other FY 2009 discretionary spending bills - including those covering mental illness research, services and housing programs are unlikely to be passed before October 1. As a result these other programs are expected to be funded after October 1 at current FY 2008 levels - perhaps through March of 2009.

## Trust Game May Shed Light on Common Mental Illness

*by Joseph Brownstein, ABC News Online August 7, 2008*

Doctors are learning more about one of the most common psychiatric disorders - and a novel type of "game" may be helping them.

Researchers at Baylor University monitored subjects playing an economic trust game. What they found was that patients with borderline personality disorder (BPD), an oft-misdiagnosed mental illness that may affect as many as 2 percent of all Americans, exhibited distinct differences in the way they played the game - as well as differences in brain patterns while they were playing it.

"We see this as a first step towards

destigmatizing the disease," said P. Read Montague, a neuroscientist and director of the Human Neuroimaging Lab at Baylor.

BPD is characterized by a number of social difficulties, including difficulty controlling moods, impulsiveness and difficulties in relationships with other people.

To conduct their trial, the researchers had both healthy subjects and people with BPD play a trust game that involved one player, known as the "investor," give an amount of money to a second player, known as the "trustee" to invest. The investment then returned triple the amount, and the trustee chose how much to return to the investor.

➤ *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](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)

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](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 who 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](http://www.namisacramento.org) for an extensive list of resources and crisis help available in the Sacramento area.**

## Upcoming Events

**UC Davis Department of Psychiatry Community Lecture Series presents noted speaker and author, Elyn R. Saks, MLitt., J.D. - "The Center Cannot Hold: My Journey Through Madness"**

Wednesday, September 10, 2008, 5:30 p.m. UC Davis Health System Education Building, 4610 X Street, open to the public. RSVP: [Friendsofpsychiatry@ucdavis.edu](mailto:Friendsofpsychiatry@ucdavis.edu) by September 1, 2008

### Walk for Mental Health

Saturday, October 4, 2008  
State Capitol Grounds, Sacramento  
See announcement 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](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.



## We Need Your Input and Help!

We are in the process of developing the programs for our General Meetings in 2009. We want to offer topics of interest to our members, so please send us your ideas for speakers, panel discussions, demonstrations, films etc. Please send your ideas to Pat Pavone at pavone@surewest.com or contact her at (916) 397-7831.

And while we are on the subject of General Meetings, we are soliciting a volunteer to plan the meetings and contact speakers, etc. Bruce Hancock has done a great job for the past several years as our meeting coordinator (thank you Bruce!), but he is ready to pass the baton on to someone else. If you are interested in serving as our General Meeting Organizer, please contact Pat Pavone at 397-7831.

## NAMI Sacramento Will Participate in Macy's Community Shopping Day

This year, NAMI Sacramento has been invited to become one of the participating agencies in the annual Macy's Community Shopping Day which will be held at Macy's Downtown Plaza stores on November 22, 2008 (the Saturday before Thanksgiving). This invitation is quite a privilege and one that will yield a little bit of extra income for our organization. We will be selling tickets at upcoming meetings, but if you think that you could do more by selling tickets in your office, church, school or neighborhood, we could really use some extra support for this event.

The tickets are only \$10 each, and they entitle the purchasers to 10-20 percent discounts on most Macy's merchandise, including electronics and technology items, furniture, mattresses, and area rugs, as well as women's, men's and children's apparel and accessories, jewelry, linens, house wares and luggage during the pre-sale period (November 12-21) and on the event day itself. NAMI will get the full proceeds from all tickets sold. It is a fun and easy way to get good deals on your holiday gifts and to help NAMI programs!

# Walk for Mental Health

*Steps to Hope and Recovery*

## Saturday, October 4, 2008

On the South Steps of the Capitol, 9:00 AM – 12:00 PM



Join us for a walk from the Capitol to South Side Park and back. There will be speakers, refreshments, entertainment and educational information.

Your participation will help dispel the myths about mental illness, dissolve stigma, and raise funds for participating local organizations that help people with mental illness and their families.

***Register to walk as an individual or form your own team, sponsor a walker, donate online, or just come out and show your support!***

**For more information, to register or donate online, go to [www.walkformentalhealth.com](http://www.walkformentalhealth.com)**

## Fall Family to Family Class Full

The Fall Family to Family Class is now full and the waiting list is closed. To sign up for the Spring Family to Family Class please call or register online beginning the first week of December.

## October Newsletter Contributions

We welcome submissions to the newsletter. The due date for the next newsletter is September 14. Submit to Belinda Beckett at [nimabima@aol.com](mailto:nimabima@aol.com). Submissions may be edited.



*Trust Game, from page 1*

Optimally, in this type of game, the trustee has an incentive to give a fair share to the investors so that they will continue to invest. If, for some reason, the trustee breaks from that pattern, they will typically try to repair that breach by giving larger returns to encourage a larger investment in the future.

While the researchers found that to be the case with the healthy subjects, they found that subjects with BPD were more likely to break the trust and were less likely to take steps to repair it and increase the amount of money they could make.

“When the borderlines play this game, cooperation breaks down and they don’t repair it,” said Montague. “There’s a sense in which they don’t perceive the right signals coming to them.”

Using the brain scans, the researchers saw that an area of the brain known as the insula, which is typically triggered in games of economic fairness, was activated differently in healthy subjects and in those with BPD. In the subjects with BPD, the insula was activated similarly whether they were being dealt with fairly or not, leading researchers to conclude that they were not picking up social cues the way healthy subjects would.

This made it difficult to determine how the subjects with BPD actually felt about how they were dealt with in the game, said Montague. “They probably see all gestures as being threatening and grossly unfair.”

Montague expresses the hope that his study, which appears in the most recent issue of *Science*, will help people understand that BPD has biological origins, and is not the result of someone being difficult. “These have not traditionally been considered organic problems with the brain,” he said.

He also speculated that this study might help with diagnosis and treatment of BPD in the future.

While he called the findings interesting, Dr. Donald Black, a psychiatrist at the University of Iowa who frequently treats patients with BPD, expressed skepticism regarding how soon, if at all, the study’s results could be put into practice.

“It’s a potentially important finding, but right now it’s at the level of a research finding that is unlikely to have a practical implication anytime soon.”

At the same time, he hoped it would bring more attention to the illness. “I don’t want to minimize the importance either, because BPD is a brain disorder and probably has a genetic basis as well,” he said. “A lot of psychiatrists and researchers tend to trivialize it, but it’s widespread and pretty disabling.”

“We need better ways to treat these patients. I think this study is consistent with that viewpoint and may spur additional research.”

Much of the difficulty in getting doctors to treat BPD, according to Black, lies in the fact that there is not specific pill or course of treatment. “That tends to make doctors uncomfortable,” he said. “They often prefer diagnoses that are associated with specific treatments.”

Also, said Black, because of the constellation of symptoms that can affect patients with BPD, the doctor may diagnose it as something else, like bipolar disorder or major depression.

“I think, because of the symptoms, to some doctors it suggests other conditions,” he said. “From my perspective, those doctors are certainly picking out the various pieces of the puzzle, but they’re not assembling the puzzle. They’re seeing various pieces, not the whole thing.”

Black said that while the origins of BPD are unknown, there is likely a strong genetic component. The Baylor study, he said, is only the most recent of a series of studies that show BPD to have a biological explanation.

And Montague is hopeful that people will quickly understand that BPD is not the fault of the patient. “The content of what we found was remarkable and very clear,” he said. “It’s a real problem. It’s just like schizophrenia. You wouldn’t blame someone who is schizophrenic for acting paranoid. I think it would be hard to say the individuals with BPD are being willfully difficult at this point.”

## Board Member Recruitment

Have you ever thought about becoming a NAMI Sacramento Board Member? We currently have openings on the Board and are looking for people who have a commitment to our mission and want to make a difference for people with mental illness and their families. If you are interested in joining the team, please send a brief letter of interest describing your background and why you want to be a Board Member. Your letter should be addressed to: Caroline Prod, NAMI Sacramento Board President, 3440 Viking Drive, Suite 125 Sacramento Ca 95827 or sent via email to: caroline@namisacramento.org. These letters will be published on the website so that the members can be informed about the prospective candidates before the Board elections at the October General Meeting.



## 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
- Family to Family Class Coordinator
- Event Photographer

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



## Medication Management in the Recovery Model: A Personal View



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

I have a confession to make. It has only been recently that I have begun to embrace, as a nurse of 30+ years, managing medication within a psychosocial rehab and recovery model. I admit that I believed medication was probably something that an individual with a mental illness would need for the rest of his or her life and have even told some clients this. This belief is colored by the fact that my older brother, who has had schizophrenia for 36 years, has been on one form of antipsychotic medication after another.

Now I'm happy to say that I am immersing myself in medication management in the *recovery* model, not in the traditional or medical model. And I have to tell you, there is hope for me and for our consumers - one of the cornerstones of the recovery model.

I'm learning that medication is only one tool in the recovery tool box and that all people do not require medication to recover. Medication is used not to simply reduce symptoms but to maximize an individual's quality of life and to help him or her to meet his or her fullest potential in work, school, relationships, and participation within the community, despite experiencing a variety of psychiatric symptoms.

I'd like to believe that when I provide a nursing service, I do it with empathy, respect and compassion. While this is an excellent foundation, it is clearly not enough as it needs to be taken one step further. I've learned that the *person* is the center of the team and not the illness and that the person must be included in every phase of treatment. (This concept is not entirely new to me because nursing looks at the whole person and individualizes

care geared towards his or her needs.)

I'm learning that it's not just about medication side effects, reducing relapses and re-hospitalizations (all important to be sure), but it's more about the progress the individual is making towards his or her goals and towards recovery.

There's a concept called medical paternalism that, according to Dr. Patricia Deegan, reinforces compliance or adherence and is at odds with the process of what she calls "shared decision making" between the consumer and the psychiatric practitioner. She said in a speech she gave in Australia in 1996 that "...compliance is not the road to independence."

Dr. Mark Ragins from the Village ISA (Integrated Services Program) in Long Beach, California echoes this sentiment. He suggests that rather than being coercive or getting into a power struggle over medication, it's important that the practitioner strive to build a strong relationship, do more education, create more goals or connect medication to goals more clearly. The challenge, according to Dr. Ragins is "how to hand out pills without turning [consumers] into patients." Use of medication should be goal-driven.

While I'm learning that it's okay for me to ask "Are you still hearing voices?" it's better to ask "How would your life be better if you didn't hear voices?" I'm learning that people can move from *taking* medications to *using* them as part of their own recovery.

So my job, as a nurse working within a psychosocial rehab and recovery model, "is not to treat the mental illness, but to help people with mental illness have better lives," as Dr. Ragins puts it.

And I want to shout this from the rooftops because these key concepts: person-centered, strength-based, choice, self-determination, empowerment, skill building, resiliency, respect, responsibility and hope represent in this field more than just a passing phase. They are the foundation of the work that we here at Turning Point desire to be known for.

Dr. Deegan said, "Learning to become

*self-determining* is an outcome that is indicative of environments that support opportunities for recovery and empowerment." Here at Turning Point we strive to be that kind of environment, an environment of empowerment, as we are privileged to provide integrated, cost effective mental health services, employment and housing for adults, children and their families that promote recovery, independence and self-sufficiency.

So when I see my brother in New York soon, I'm going to ask him, "Hey, Anthony, what are your goals? What would you like to accomplish this coming year?" And then I'll go and treat him to two dozen little neck clams in his favorite Long Island clam bar.

*For more information on the services provided at TPCP, please visit their website at [www.tpcp.org](http://www.tpcp.org).*

## 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)





## Inside the Nation's Largest Mental Institution

by Renee Montagne, National Public Radio, August 18, 2008

The largest mental institution in the country is actually a wing of a county jail. Known as Twin Towers, because of the design, the facility houses 1,400 mentally ill patients in one of its two identical hulking structures in downtown Los Angeles.

On a recent morning, we took a visit to the floor devoted to the "sickest of the sick." As we arrived, a dozen deputies were working to restrain a patient and inject him with an anti-psychotic drug. The entire ordeal was videotaped - to protect the patient as well as the deputies. It was the first hint at the complexities that emerge from creating a mental hospital inside a jail.

Until the 1970s, the mentally ill were usually treated in public psychiatric hospitals, more commonly known as insane asylums. Then, a social movement aimed at freeing patients from big, overcrowded and often squalid state hospitals succeeded. Rather than leading to quality treatment in small, community settings, however, it often resulted in no treatment at all.

As a consequence, thousands of mentally ill ended up on the streets, where they became involved in criminal activity. Their crimes, though frequently minor, led them in droves to jails such as Twin Towers, say Los Angeles County sheriff Lee Baca.

"Incarcerating the mentally ill is not the right thing to do," he says. But if they are housed in Twin Towers, Baca says he is determined to make sure they are treated for illness.

Mornings at Twin Towers begin with a meeting of medical staff from the county's Department of Mental Health; case workers and guards, who often function as de facto case workers, sit in a large circle.

An inmate who won't eat is the first order of business. "He says there are ants in his cereal," a case worker explains.

Dr. Arakel Davtian, one of the psychiatrists sitting in this large circle, takes a moment to explain just who they are dealing with; about half those locked up

at the Twin Towers are in for serious crimes, he says.

What he finds striking, however, is how little it takes for the other half to end up there: "Indecent exposure, having open containers, something very, very minor - peeing on the street, disturbing the peace."

Often the crimes these people commit are the result of their mental illness, Davtian says. He offers the example of an inmate who was arrested for false identity. The police asked him his name, and he gave them a series of different ones. "In court he does the same thing - he talks gibberish; the judge said [he is] incompetent to stand trial. The next court date is six months from the time he got arrested."

This means at least half a year at Twin Towers. Although being locked up is not the ideal way to enter treatment, Davtian says something good did come out of the altercation: he's begun treating the man for schizophrenia.

Some of the inmates at Twin Towers say they are glad to get treatment. Scott, 21, was incarcerated for shoplifting. He didn't want to give his last name, but says he's aware he has "mental problems, mostly caused by life." "I got ran over when I was 7," he says. "I'm schizophrenic-paranoid. I think everyone is watching me. I think I'm being judged, which is kind of true and kind of not."

Not everyone is so open to treatment. An inmate named Lawrence (Twin Towers requested his last name be withheld for privacy reasons) says he was picked up for stealing sweaters out of a car on a very cold day. "In order to get a lesser charge, I pretended I was nuts. So ever since, I've been hooked up with the mental facilities."

Claiming to be crazy is a problem here. There is a perception that life in the "insane" tower is easier than life in the "sane" one - partly because the cells in the mental health side are newer than cells in the other side. Consequently, inmates are carefully screened before they are admitted to the psychiatric wing.

When I ask Lawrence what he's going to do when he gets out, he offers, "I have

some friends, Mr. Carl Icahn, he's a billionaire... I've got some money, lots of money. I've been working with him since 1968, helping him build his empire, so I'm gonna go back there. Just live good."

The "crazy wing" of Twin Towers may look like a greener pasture to those in the other wing, but it's still an unsettling sight. Walking into the "high observation" area, patients stare out through the glass walls of their cells, many nearly naked. "They just don't want to get dressed," explains Deputy William Hong.

Across the way, about a dozen inmates are engaged in a "socialization" exercise. Some participants are chained to benches - "for civilian workers' safety," as Hong explains it. Others sit listlessly at tables, in long draping ponchos that deputies refer to as "suicide gowns."

"They can't rip it," explains Hong. Clothes can prove dangerous tools to a depressed or paranoid inmate. "They've tried to flush it down - clog the toilet, flood the area. Or they've tried to harm themselves," he says. Suicide gowns are more durable.

It shouldn't be this way, Baca says. "They're here, and they're going to be cared for, but is this what we want in the way of a policy? Are we saying the legal system is the solution for the mentally ill in L.A. County? I don't think so. I'm saying criminals belong in the jail, not the mentally ill."

Baca has been saying this since he took over Twin Towers a decade ago. And the mentally ill just keep coming, filling up the hospital to maximum capacity.

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### **Wanted: Volunteer Family to Family Coordinator for NAMI Sacramento**

Would you like to be a part of a team that helps set up the Family to Family classes? Please contact Lynn Cathy for a job description at (916) 399-5762 or [Lmcathy@sbcglobal.net](mailto:Lmcathy@sbcglobal.net). The time commitment is an estimated 15-20 hours total per year as we have two other co-coordinators who work in tandem for this volunteer program!



## The Doctor's Corner—How to Find the Right Psychiatrist

*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 offers an Intensive Outpatient Treatment Program, as well as individual, group, and family therapy services.*

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

*Submit your questions to:  
✉ [drrobin@sierrabg.com](mailto:drrobin@sierrabg.com)*

Working in the field of mental health for the past 18 years, I find that the most common question I encounter from clients is how to find a good psychiatrist. While there are many, I have discovered that some psychiatrists demonstrate a specialty and knowledge base that may exceed those who practice in a more general area of psychiatry. For example, I specialize in the treatment of anxiety disorders and related conditions. I have found that one of the best ways to find a doctor who is skilled and trained in the area of anxiety is by word of mouth. Therefore, I encourage people to consider others whom they may know that have similar conditions and to ask them about their doctor, and whether they are pleased with them. If they have had good results, often times that is a good indicator.

Additionally, there are many websites that offer referral lists of doctors who specialize. In my field, I refer clients to the The Obsessive Compulsive Foundation (<http://www.ocfoundation.org/>) as an excellent referral source, as well as the Anxiety Disorder Association of America (<http://www.adaa.org/>).

If you do not go through a referral base, there are other means through which you can find a psychiatrist. You can contact your insurance company and ask them for a list, or simply look in your local phone book to see if there are any doctors who indicate a specialization or particular focus based on your needs.

Prior to your first appointment, I recommend that you make some notes about what you would like to share with your doctor. A list of your symptoms will be helpful, as well as how those symptoms have impacted your life. This will help to

make the most use of your time with your doctor and ensure that you have covered the issues that have led you to seek help.

Upon meeting with your MD/psychiatrist, feel free to ask them about their training and experience in treating the symptoms which you are looking to treat. This is a reasonable question to ask any professional that you are seeking to establish a relationship. Because you will be sharing very personal feelings, it is important that you feel safe, comfortable, and understood. If you do not feel comfortable, continue to search for one that you do feel good about. This is a very important decision and worth taking the time to establish the right fit.

Next, begin with the symptoms that are most distressing and have the most significant impact in your life. Discuss how those symptoms are affecting your relationships, educational endeavors, employment, and general functioning in life. Share any interruption in sleep, appetite, energy level, etc. This will help your psychiatrist to have a thorough understanding of the difficulty you are experiencing. It is also important that you share with your doctor any current or past medications you have been prescribed, as well as who prescribed them. Along these lines, let them know whether you have seen any therapists to treat your symptoms and the outcome.

Your doctor will then share what medications are recommended, if any, as well as how often you should be seen, and provide you with any adjunctive resources. Your doctor will discuss with you any side effects the medications recommended may have, and how the medication(s) prescribed will help to specifically address your symptoms.

Prior to making your final decision, you may want to consider some of the following questions:

1. How much experience do you have in treating (identify your condition, e.g. OCD, Social Anxiety, Body Dysmorphic Disorder, etc)?
2. What is your treatment approach?
3. How long do you think I will need to see you?
4. How do you measure progress?
5. How often would I need to come and see

- you and how long does each session last?
6. Would you want to get information from other family members as well?
7. How much do you charge, and do you have a sliding scale if I can't afford your regular fees?
8. Do you accept health insurance and if so, which ones?

Once you have obtained all of the information recommended above, you should be able to make a confident decision. If you are still not sure, it is always okay to take the time to think about your visit to the doctor and consult with others about your experience.

### 2008 BOARD OF DIRECTORS

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*Jeanne Templeman*

### 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](http://www.namisacramento.org/membership). Collecting this information helps us to serve our members better. Your information is treated confidentially and will never be shared outside of NAMI. Please print clearly.

Name: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

(circle one)

Home/Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(check one)

Your relation to the consumer:

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

Ethnicity:

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

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

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

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

Membership type:

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

Newsletter preference:

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

You can help! Volunteer with NAMI Sacramento:

- Contact me about volunteer opportunities

Please consider an additional donation of:

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

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

RETURN SERVICE REQUESTED

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



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