



## General Meeting

Our next general meeting will be held on Tuesday April 26. Karen Baylor Behavioral Health Administrator for SLO County will discuss the upcoming budget cuts for mental health services in SLO County. The 7:00 PM meeting will be at St Stephen's Episcopal Church at the corner of Pismo and Nipomo Streets. Enter from the parking lot off Pismo St. As usual refreshments will be served. There will be a facilitated, family support group before the meeting as well as a Hearts and Minds meeting. Both start at 5:30. (See page 4)

### PAAT/NAMI Mental Awareness Walk

When: Saturday May 21st

Where: Starts at Mitchell Park and ends at Mitchell Park.

Come and help us raise awareness to mental health in our community. Food will be served at Mitchell Park at the end of the walk. Information about mental health resources will also be available after the walk.

### Year at a Glance

**January thru June:** General Mtg, 4th Tuesday of the month

**May:** Walkathon May 21, May 26th Forum, No Gen. Meeting in May

**July:** Annual Picnic, no General Meeting

**August:** Summer Vacation: no meeting, newsletter or support group

**September:** General Meeting 4th Tuesday of the month

**October:** BMW Walk Oct. 1st. Mental Illness Awareness Event: 4th Tuesday

**November:** General Meeting 4th Tuesday of the month

**December:** Holiday Party: no Gen. Mtg.

### National Alliance for Research on

#### Schizophrenia and Depression (NARSAD)

In the past 25 years, NARSAD has funded research leading to:

- Identification of candidate genes in all major brain and behavior disorders
- Early intervention techniques to reduce the risk of severe mental illnesses
- Deep brain stimulation for treating medication-resistant depression
- Transcranial magnetic stimulation for treating depression and auditory hallucinations in schizophrenia
- Creation of mice models to understand the causes and improve treatments of Schizophrenia
- Brain scanning for depression to determine if antidepressants are working
- A particularly effective type of psychotherapy called Cognitive Behavioral Therapy (CBT) for the treatment of various disorders
- Early identification methods for autism
- Improved medications for a variety of major brain and behavior disorders

### RECENT EXAMPLES OF NARSAD FUNDED RESEARCH:

Mary-Claire King, Judith Rapoport and others discover that copy-number variations - extra copies of a gene-rich region on chromosome 16 - increase risk for schizophrenia by at least eightfold. Deletion of the same region is known to confer high risk of autism.

David Brent, Martin Keller and colleagues issue preliminary results of the Treatment of SSRI-Resistant Depression in Adolescents (TORDIA) study, identifying possible predictors of suicidal events.

Myrna Weissman and colleagues discover in one of the largest-ever imaging studies of depression that a thinning of the brain's right hemisphere appears to be linked to higher depression risk.

Tyrone Cannon and others offer evidence from a study of more than 2 million families in Sweden of common genetic determinants that link schizophrenia and bipolar disorder.

Rachel Marsh and colleagues report on results of brain scans of women with the eating disorder bulimia nervosa, documenting differences in areas responsible for regulating behavior. (From NARSAD Quarterly.)

### Colleges Urged To Screen More For Depression

#### Students' emotional state trending down, studies say

*From The Los Angeles Times by Steven Ross Johnson, March 8, 2011*

For many young people, the excitement of attending college is often followed by the stress brought on by new challenges.

"There's definitely a lot of anxiety and homesickness that comes with going to college for the first time, especially when going to college in a different city or a different state," said Mary Ryu, 20, a second-year public relations and advertising major at Loyola University Chicago.

### Volunteers Needed

Marcia Bess needs happy upbeat volunteers to help with the Beautiful Minds Walk this year. It is guaranteed to be fun both in the planning and operation of this event. In addition this event is a huge help to NAMISLOCO efforts to raise support for our community's mentally ill loved ones

But such anxieties can be a sign of a more serious emotional problem such as depression, a condition that recent studies indicate many schools have failed to

fully address.

According to a report published in the January issue of the American Journal of Orthopsychiatry, about a quarter of all students who visited an on-campus health center facility were diagnosed as depressed.

Michael Fleming, one of the study's lead authors and a professor at Northwestern University's Feinberg School of Medicine, said more university health centers should conduct comprehensive screenings of all visitors to more accurately assess how many may be at risk of depression.

"I think the stress of academic performance has helped cause an increase in the rate of depression among students," Fleming said. "That's why it's important to take the opportunity to screen at every visit."

## RED HOT BOWLING BEAUTIES

NAMISLOCO had its own bowling team at the SLO Hotline Bowl-a-Thon. They had lots of fun raising funds for Hotline an extremely important service in our community.



## Is Fear Extinction Possible in Treating OCD?

By H. Blair Simpson, M.D. PhD.

From The NARSAD Quarterly

Dr. Simpson is a NARSAD Young Independent Investigator and Associate Professor of Psychiatry, Columbia University

Obsessive-compulsive disorder (OCD), the most severe of the anxiety disorders, is typified by intrusive, distressing thoughts that lead to compulsive, repetitive behaviors that can greatly diminish quality of life and curtail normal activity. Medication or psychotherapy, specifically a form of cognitive behavioral therapy called exposure and response prevention, can reduce OCD symptoms, but not for every patient and not permanently, and treatments are often difficult to sustain or have negative side effects.

Selective serotonin reuptake inhibitors (SSRIs) like fluoxetine (Prozac) and paroxetine (Paxil), which are antidepressant drugs that target the serotonin neurotransmitter system, can be effective in treating OCD, but only at very high doses. Adding low doses of antipsychotic medications helps in about half of cases, but can have serious side effects. New research is testing the usefulness of medications that modulate glutamate, a different neurotransmitter system.

Exposure and response prevention is a psychotherapeutic rather than a pharmacological intervention. In this therapy, the patient, guided by the therapist, confronts the feared thing and stays in the anxious moment until the fear is lessened or extinguished. For the technique to work it requires time, patience, a skilled therapist and a willing patient.

Motivational interviewing, a therapy used for treating substance abuse, is being tested to see whether it can improve patient adherence in OCD treatment. Researchers are also examining a new use for an old drug, D-cycloserine, developed to treat tuberculosis, which can be added to exposure therapy to speed the fear extinction process.

(Continued on page 3)

Many Thanks to Damon Maggiore, Mental Health Therapist from SLO County Behavioral Health Services for his most informative presentation at our March general meeting. Damon, thanks also for all your efforts to help San Luis Obispo's Behavioral Health Treatment Court.

## NARSAD Young Investigator Increases our Knowledge of Alzheimers

Toronto, Feb. 18, 2011

From NARSAD.org

NARSAD Young Investigator Aristotle Voineskos, M.D., has found evidence suggesting that a variation of the gene BDNF (brain-derived neurotrophic factor), responsible for learning and memory function, may play a role in late-onset Alzheimer's. Past research has found that less BDNF is present in the memory center of those diagnosed with Alzheimer's disease. However genetic association studies alone have not produced definite findings regarding this gene. Instead, a combination of genetics and brain imaging were used to demonstrate clear effects of this gene in the brain.

In the study published today in the *Archives of General Psychiatry*, a variation of the BDNF gene called val66met, was tracked and examined in healthy individuals to see what effect it had on the brain. Genotyping was used to determine which study participants carried the gene variation. Then two types of brain imaging -- high-resolution magnetic resonance imaging (MRI) cortical thickness mapping and diffusion tensor imaging (DTI) (an MRI-based technique that measures key structural connections in the brain)-- were applied to measure the physical structures of the brain in each individual. This combination of genetic screening and imaging found that BDNF val66met gene variation influenced exactly those brain structures and connections that deteriorate at the earliest phases of Alzheimer's "Our sample consisted of healthy adults who passed all cognitive testing and displayed

no clinical symptoms of Alzheimer's disease, yet the brains of those who carried the gene variation had differences in their brain structures consistent with changes

we see in people at the earliest stages of Alzheimer's disease," said Dr. Aristotle Voineskos, physician and scientist at CAMH, and principal investigator of the study.

Participants who carried the variation were more likely to have thinner temporal lobe structures and disrupted white matter tract connections leading into the temporal lobe - the same structures and neural networks that have deteriorated in the brains of Alzheimer's patients when their brains are examined post-mortem. □

## Coming Soon- NAMI Spring Forum

The NAMI Forum will be on Thursday May 26th, 2001 this year at 6:00PM in the San Luis Obispo Library Community Room. Look for more information on this popular annual event. Look for more information in next month's newsletter. This will replace our regular May monthly meeting.

It may be time to renew your NAMISLOCO Membership. Check the date on the newsletter mailing label. Please fill out the form on page three and send it in with your dues. Your funds support NAMISLOCO activities. Thank you for your past support.

(Continued from page 1)

The study, "Depression and Suicide Ideation Among Students Accessing Campus Healthcare," was conducted over two years, surveying more than 1,600 college students who visited health centers on the campuses of the University of British Columbia, the University of Washington and the University of Wisconsin. Fleming conducted his research at Wisconsin before he arrived at Northwestern.

The study was the first of its kind to screen for depression among the large pool of students who were visiting a campus health center to seek treatment for ailment or injury.

Fleming said that by screening more students, he and his fellow researchers found that the rates of depression and suicidal thought were nearly twice as high as those found in previous studies. Those studies were based on students' answers on general college surveys and data collected from those who visited counseling centers, he said.

"Depression screening is easy to do," Fleming said. "We know it works, and it can save lives."

Fleming's study is one of a number of recent reports to note a rise in the number of college students diagnosed with depression and other conditions that seem to indicate an overall decline in their emotional state.

According to the International Association of Counseling Services' 2010 National Survey of Counseling Center Directors, 91 percent of the more than 300 counseling center directors surveyed reported seeing increasing numbers of students with psychological problems over the past year. Another recently published study that surveyed incoming college freshmen found the number of students who ranked their emotional health as "below average" was the highest in more than 20 years.

"It's really hard to know why our numbers are going up," said Dianna Stencil, a licensed clinical social worker at Loyola's campus health center. "Some speculate that our medications are so much better now that people that traditionally wouldn't have been able to go to school away from home are able to do that now."

Stencil said students who visit Loyola's medical center for the first time routinely receive a two-question patient health questionnaire to screen for depression. If a student's answers show signs of possible

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 Lisa Kelley, NAMI Basics Coordinator ..... 788-0869

depression, a more extensive evaluation is conducted.

Though Ryu said she could not recall taking an evaluation for depression since being at school, she said she believes students would welcome having broader screenings for depression if they were offered.

"I think it would be beneficial for the school as a whole," she said.

Source: The Los Angeles Times ☐

(Continued from page 2) (Fear)

Among laboratory technologies exploring the neurobiology of OCD, advances in imaging methods have made it possible to examine the living brain in real time. Imaging studies have shown that people with OCD have abnormal activity in a brain circuit involved in planning and organization, which includes the thalamus, a main role of which is to filter incoming information. One theory about OCD is that the thalamus is not getting incoming information appropriately. The need to learn whether everyone with OCD has the same brain abnormality has now led to expanded efforts to develop better animal models for study. ☐

**NAMI 2011 Membership** ( membership in NAMI SLO CO also includes membership in NAMI Cal. & NAMI Nat'l.)

National Alliance on Mental Illness  
 San Luis Obispo County



NAMI SLO CO is a charitable, non-profit, tax-exempt organization affiliated with the NAMI California and NAMI National.

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## SLO Co. Mental Illness Referrals, Contacts, Locations – NAMI & T-MHA Programs: Programs for the mentally ill and their families, education for the public

### 1. EDUCATIONAL, SUPPORT, WELLNESS AND RECOVERY PROGRAMS FOR PEOPLE LIVING WITH MENTAL ILLNESSES

**NAMI Hearts and Minds** – A Roadmap to Wellness for Individuals Living with Mental Illness: Meets on 4th Tuesday every month (except Jul. Aug. Dec), 5:30-6:45 PM at St. Stephen's Episcopal Church (Pismo and Nipomo streets, SLO) Call Lisa @ 788-0869 or lisakelley2929@gmail.com.

**NAMI Peer-to-Peer** Education Class (9 week education class for people living with mental illnesses). Call Betty McGraw, T-MHA @ 540-6578 or bmcgraw@t-mha.org

**Dual Recovery Anonymous:** 452 Higuera St., SLO, 2:30-3:30 Friday. 8600 Atascadero Ave. Atascadero, 2:30-3:30 Thursday 203 ½ Bridge St. Arroyo Grande, 2:30-3:30 pm, Tuesday

**WRAP** – Group Wellness and Recovery Action Plan: T-MHA, 784 High Street, SLO, call 540-6578 for dates/times

**Women's Support Group:** There are no classes/meetings now.

**Peer Support:** Call Betty McGraw, T-MHA @ 540-6578 or bmcgraw@t-mha.org; 5395 El Camino Real B, Atascadero, Fri. 9:30-11:00 AM, 452 Higuera St. SLO, 12:30-2:00 PM, Wednesday

**Mental Health Advocates:** Call John Byers, T-MHA @ 440-5026 (c), 540-6580 or jbyers@t-mha.org. Or call Betty McGraw, T-MHA @ 440-9118 (c), 540-6578 or bmcgraw@t-mha.org

**PEP Drop-In Center:** 8-4 ,M-F, 5395 El Camino Real B, Atascadero, Call Karen Cusworth, T-MHA @ 464-0512, 540-6583 or kcusworth@t-mha.org

**Peer Advisory & Advocacy Team:** Call Darryl Elliott, T-MHA, 540-6579 or delliot@t-mha.org

### 2. EDUCATIONAL & SUPPORT PROGRAMS FOR FAMILIES AND FRIENDS OF PEOPLE LIVING WITH MENTAL ILLNESSES

**NAMI SLOCO, MEETINGS/PROGRAMS:** 4th Tuesday every month (except Jul. Aug. Dec); Program: 7:00 PM in the multi-purpose room at St. Stephen's Episcopal Church (Pismo and Nipomo streets, San Luis Obispo, CA.) Follow signs from parking lot off Pismo Street

**NAMI SLOCO, Family Support Groups:** (A) 3rd Monday of every month, 6:30-8:00 PM, at the T-MHA MHSA Support Center, 5395 "B" El Camino Real, Atascadero. Call James or Diane @ 461-1286 for more information. (B) 4th Tuesday every month (except Jul. Aug. Dec), 5:30-6:45 PM in the multi-purpose room at St. Stephen's Episcopal Church (Pismo and Nipomo streets, SLO) Call Joe or Madeleine @ 544-2086 for more information.

**T-MHA Family Services:** Assists anyone who has someone in their life that they know or suspect has a mental illness. Janice Holmes, Program Manager, 540-6571.

**T-MHA Family Orientation Class and Family Support Group:** Tuesday Afternoons; Orientation – 12:00-1:00; Family Support Group – 1:00-3:00. T-MHA, 784 High Street, SLO, Call Henry Herrera @ 540-6573 or Cami Rouse @ 540-6574 for more information.

**T-MHA Family Support Group in Spanish** (Grupo de Apoyo Familiar): Para Familias y seres queridos que tienen personas con problemas mentales; visite el grupo sin hacer cita – no hay costo y no es necesario llamar para asistir. Para más información llame a Enrique (Henry) Herrera, Asesoría Familiar @ 540-6573.

**T-MHA Young Adult Family Support Group:** Contact Cami Rouse at 540-6574 or crouse@t-mha.org

**T-MHA Youth Family Partners, Parent Project and Active Parenting Classes:** Multiple groups meet weekly throughout the county. Call Youth Family Partners: Jackie Garza (458-6388), Patty Ramirez (458-2596) or Linda Quesenberry (503-0009) for more information.

**NAMI Family-to-Family Education Class** (12- week education class for families and friends of people living with mental illnesses): Call John Klimala @ 550-3889 for time and place of next 12 week education class.

**NAMI Basics Class** (6-week education class for families and caregivers of children and youth living with mental illnesses): Connect Lisa Kelly at 788-0869

### 3. AWARENESS & RECOVERY PRESENTATIONS FOR THE PUBLIC

**NAMI "In Our Own Voice" Program** (2 hour public mental illness awareness and recovery presentation): Call Jessica Vieira, Transitions-Mental Health Association @ 540-6576 jvieira@t-mha.org.

**"The Shaken Tree" Film/Presentation:** Call Shannon McOuat, T-MHA Mental Health Service Act PEI Outreach Coordinator @ 540-6510

### 4. EDUCATIONAL PRESENTATION FOR PROFESSIONAL EDUCATORS

**NAMI Parents and Teachers as Allies** (2 hour mental illness education presentation for professional educators): Call Lisa @ 788-0869

### 5. WHERE CAN YOU GET HELP IN SLO COUNTY?

Mental Health Department ..... 1-800-838-1381  
24-Hr. MHD Crisis Service ..... 781-4700  
Behavioral Health Admin. .... 781-4719  
Arroyo Grande Clinic ..... 473-7060  
Atascadero Clinic ..... 461-6060  
San Luis Obispo Outpatient Clinic ..... 781-4700  
Inpatient Service ..... 781-4711  
Youth Services (Vicente Dr.) ..... 781-4179  
Forensic MH Services (CON REP) ..... 781-4190

**SLO Hotline 24-hour mental health support** ..... 1-800-549-4499

Grievance Coordinator ..... 781-4738

#### T-MHA Family Services Program

Adult Services ..... 540-6571, 540-6572,  
Youth Services ..... 458-6388, 458-2596, 503-0009

San Luis Obispo County Behavioral Health Dept. web site:

< <http://www.slocounty.ca.gov/health/mentalhealthservices.htm> >

**Transitions-Mental Health Association:** (P. O. Box 15408), 784 High Street, San Luis Obispo, CA 93406, (Corner of High and Santa Barbara Streets); Ph. 805-540-6500; FAX: 805-540-6501; Email: info@t-mha.org; web site [www.t-mha.org](http://www.t-mha.org)

**NAMI San Luis Obispo County;** P. O. Box 3158, San Luis Obispo, CA 93403; Messages: 805-546-4040; web site: <http://www.namisl.org>

Or Current Resident

Next Meeting  
April 26

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