



General Meeting

Our next general meeting will be held on Tuesday February 22. A member from the housing authority will talk to us about housing for our mentally ill loved ones in San Luis Obispo County. The 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 below.)

California Mental Health Commission Approves Millions For Mental Health Programs!!!

Funds to aid prevention and early intervention

From Lake County News by Staff Writer, January 30, 2011

On Jan. 27, the California Mental Health Services Oversight and Accountability Commission (MHSOAC) approved \$123.8 million in Prevention and Early Intervention (PEI) statewide projects to promote mental health and prevent the negative consequences of mental illness.

This approval of \$123.8 million for PEI statewide projects is in addition to the over \$737.6 million already approved to date for county PEI programs.

These achievements are funded by the Mental Health Services Act (MHSA)--Proposition 63--the November 2004 voter initiative that placed a 1 percent tax on incomes above \$1 million.

The MHSOAC approved funds for mental health programs that comprise the Implementation Work Plan of the California Mental Health Services Authority (CalMHSA).

CalMHSA is a Joint Powers Authority (JPA), acting on behalf of member counties, and is administering three Prevention and Early Intervention (PEI) Statewide Programs (Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative). Under the Mental Health Services Act of 2004, all PEI programs must be approved by the MHSOAC.

MHSOAC Chair Larry Poaster, Ph.D. explained, "Our commission's approval today of three statewide prevention and early intervention programs will provide California with an opportunity to prevent tragedies like the one that recently occurred in Tucson, Arizona."

He added, "California will continue to be a leader in providing mental health programs that prevent mental illness from going untreated."

Before the MHSA, California public mental health services were limited to treatment, usually medication, for people with serious mental illness.

Many of these individuals have ended up in emergency rooms, jails, and self-medicating on the streets. The MHSA prevention and early intervention programs promote "help first" rather than "fail first" mental health treatment.

Nearly half the United States population will suffer a mental health and/or substance-use disorder during their lifetime, 26 to 30 percent will experience a mental disorder in any given year, and about 6% will face a mental disorder so serious that it impairs their ability to perform everyday activities for an average of three months.

"In light of the recent tragedy in Arizona, we want to draw attention to the University and College Student Mental Health Programs that are a part of this prevention and early intervention program package," said Poaster. "We believe that adding more resources to the UC, CSU, and Community Colleges mental health programs will help our students with their mental health challenges and assist them in staying in school and on the road to gainful employment."

Year at a Glance

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

July: Annual Picnic, no General Meeting

May: Special Event

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.

Some examples of the programs approved today include:

- The University and College Student Mental Health Programs (UCSMHP) will implement training, peer-to-peer support, and suicide prevention within each of the three California higher education systems: University of California (UC), California State University (CSU) and California Community Colleges (CCC). A consortium of experts and stakeholders will guide the collaboration between the higher education systems and county mental health and ensure the coordination of activities with the other initiatives.
- The Kindergarten to 12th Grade (K-12) Student Mental Health Program-Superintendent Regions will provide school-based programs, systems and policy developments, education and training and technical assistance in school districts. The long-term goal is that programs established in each of California's eleven Superintendent Regions will develop policies and practices to ensure effective/non-duplicative referral of students between districts, foster care systems and county mental health departments.
- The Strategies for a Supportive Environment Program will create public campaigns targeted at increasing public awareness that individuals at different points in their life experience various degrees of mental health from wellness to crisis and that persons living with mental health challenges have resilience and the capacity for recovery.
- The Regional and Local Suicide Prevention Capacity-Building Program will expand the number and capacity of accredited local suicide prevention lines. This program will also require that each agency operating a warm or hotline join a consortium of publicly funded Suicide Prevention Call Centers.

The 16-member MHSOAC was formed by the passage of the MHSA. The MHSOAC is responsible for overarching oversight and accountability for implementation of the MHSA.

Source: Lake County News ♦

Many Thanks to Laurie and Ian Fenwick for their presentation of "No Kidding ? ME 2" at our January Meeting and for leading the discussion about the film and the meeting they attended at the Santa Barbara Mental Health Association last May. You both did a great job. Thanks very much for a most informative evening.

The Need to Rethink Inpatient Care

From the Treatment Advocacy Website

Psychiatric Services – a journal of the American Psychiatric Association – has published a compelling call for more research into inpatient psychiatric care with the goal of improving the standard of care for people with severe mental illness.

The Treatment Advocacy Center seconds the call.

In "Inpatient psychiatric Care in the 21st Century: The Need for Reform," authors Ira Glick, MD, Steven Sharfstein, MD, and Harold Schwartz, MD, call on the psychiatric community "to reconsider the current model of inpatient hospitalization in order to maximize positive outcomes and emphasize appropriate transition to the community and less intensive levels of care." They offer specific principles to guide hospitalization decisions.

In "Inpatient Care in the 21st Century: We Need More Evidence," Psych Services editor Howard H. Goldman, MD, PhD, acknowledges the controversy around inpatient psychiatry and laments that "Research on inpatient care has almost disappeared."

"It is time for more empirical evidence to guide policy and practice," he writes.

We agree. Scientific study is the engine of improved diagnosis and treatment. Severe mental illness debilitates far more individuals than countless other conditions that are the subject of far more study. Ignorance is a barrier to treatment that can and should come down. ♦

Stigma Fuels Mission To Help Others

Outgoing Congressman Kennedy Laments on How Much Work Remains

From The Hill by J. Taylor Rushing, December 5, 2010

In a family whose history is woven into the woodwork of 20th-century American history, Rep. Patrick Kennedy is going against the grain.

In January, the Rhode Island Democrat will retire from the House of Representatives after serving 16 years as congressman for the state's populous 1st district, stretching from East Providence down to Newport. When he does, it will mark the first time since 1945 no member of the Kennedy family is serving in Congress.

Kennedy is only 43, and single, and seemed primed for a longer congressional career. While his most recent approval polls were disheartening, he still commands much of the Rhode Island electorate he first won over at just 21 years old. Yet he sounds energized, if also apprehensive, about the coming changes to the youngest member of the Kennedy family ever to win election to Congress — and, notably, the only one to win eight straight elections.

Wearing dark jeans and a light blue shirt under a dark blazer, Kennedy sat down with The Hill in his former Cannon House Office Building quarters to reminisce about what's behind and what lies ahead. After his father, Sen. Edward Kennedy's (D-Mass.),

death last August, Kennedy waited only five months before announcing his own retirement this past February.

Kennedy doesn't explicitly rule out another congressional campaign someday, but said for now he's upbeat about a chance to spend more time on his signature issue — mental health and addiction issues. Kennedy led the fight for the 2008 Mental Health Parity Act, which afforded mental illnesses the same benefits as those provided to bodily health detriments. He has also founded a congressional caucus on the issue of addiction and recovery, and has co-sponsored several House bills on the issue.

Yet Kennedy is equally upfront that the coming month will mean major life changes within himself, most notably surrounding his battle with addiction. Kennedy was honored by addiction and mental health advocates only last week at the Capitol, but he has battled demons in well-publicized contests before: cocaine use as a teenager, other drugs and alcohol during his college years, an infamous night of drinking in Palm Beach, Fla., in 1991 that resulted in his cousin William Kennedy Smith's rape trial, a prescription drug addiction in 2006 and other subsequent controversies.

Ironically, Kennedy said, it was only when he acknowledged his addiction and faced down the

subsequent challenges that he felt worthy as a congressman. In doing so, he said, Rhode Island voters rewarded his candor with full-fledged

support that brought him his biggest electoral margins.

"I didn't hit my stride until my public challenges with addiction and mental health struggles that I've had," Kennedy said. "I got the DUI. I got arrested. It was all over the place. And the irony is, instead of running away from it, I ran toward it in terms of my constituents in Rhode Island, and I talked about it. And it stimulated a dialogue among my constituents that I never could have imagined. Then they would come up to me and tell me not just about their own challenges, but those of their families."

Kennedy paints a picture of congressional life as too consuming for issues that require specialized attention, such as mental health. While he said he doesn't yet have a specific job or title to jump to after leaving Congress, he is clearly passionate about the chance to spend more time on the issue of mental health.

He has been well-awarded on the effort — a public service award from the Society for Neuroscience in 2002, a similar award from Eli Lilly in 2003, a president's award from the American Psychoanalytic Association and an alliance award from the American Psychiatric Association, both in 2003, as well as a mental health award named after the late Sen. Paul Wellstone (D-Minn.) by the Depression and Bipolar Support Alliance, also in 2003.

..... See the rest of this article at <http://namicalifornia.org/newsviews-stigmanews.aspx?tabb=stigmanews&lang=ENG> ♦

PEER-TO-PEER NEWS: Peer-to-Peer Classes are led by mentors who have achieved recovery from mental illness and are now able to teach recovery coping strategies to others. CALL FOR DETAILS AND RESERVATIONS (Required). Peer-to-Peer is now offering "WRAP" Group-Wellness and Recovery Action Plan: an educational course in the journey to recovery. See page 4 for Peer-to-Peer Contact information.



NAMI Peer-to-Peer

National Alliance on Mental Illness

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. NAMISLOCO could not help our local mentally ill and their families without your dues and generous support.

The NAMI SLOCO executive board meets from 11:30 - 1:30 on the second Friday of the month at The Boysdon Room, Saint Stephen's Episcopal Church, SLO.

NAMI-SLOCO Library:
 We now have an on-line catalog of the books, tapes, CDs and DVDs in our extensive library. Go to <http://www.namiso.org> and click on "Library"

NAMI PROGRAMS ACTIVE IN San Luis Obispo County

NAMI Family Support Group

Missed Opportunities:
The Rise of Metabolic Syndrome
 By Kim Puchir, Communications Coordinator
 (From NAMI ADVOCATE)

When it comes to mental illness, balancing multiple medications—and their side effects—requires art as well as science. By contrast, the prevention and treatment of such conditions as diabetes and heart disease is much more straightforward. Yet metabolic syndrome—a cluster of cardiovascular and metabolic risk factors that can be triggered by some antipsychotic medications—has been difficult to address. NAMI spoke with John Newcomer, M.D., professor of psychiatry and medicine and director of the Center for Clinical Studies at Washington University in St. Louis, to find out why metabolic syndrome is itself a test of the health care system.

People living with schizophrenia are known to have higher rates of diabetes and cardiovascular disease (CVD), contributing to the alarming statistic that people living with mental illness live an average of 25 years less than the general population. Notably, being overweight, especially around the waist, can contribute to all three facets—metabolic syndrome, CVD and diabetes—and obesity affects many people living with mental illness. Even before they start taking a second-generation antipsychotic (SGA), more people living with schizophrenia are overweight or exhibit metabolic problems like insulin resistance. This may be due to socioeconomic factors (such as having less money that could lead to limited food choices, acute symptoms or no place to cook) or to a proposed genetic link between schizophrenia, obesity and diabetes. Add to this picture an SGA, especially olanzapine and clozapine, and you have a higher likelihood of obesity and its eventual health consequences like metabolic syndrome and diabetes.

Five Criteria for Metabolic Syndrome, from the National Institutes of Health

1. High blood pressure
2. High blood sugar levels
3. High levels of triglycerides, a type of fat
4. Low levels of HDL, the good cholesterol
5. Too much fat around the waist

Learn more about metabolic syndrome on the NAMI Hearts & Minds site at www.nami.org/metabolic.

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 John Klimala, Family to Family Coordinator ... 550-3889
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 Carole Wallace, NAMI Basics Coordinator
 Lisa Kelley, NAMI Basics Coordinator 788-0869

ARE YOU CONCERNED ABOUT THE MENTAL HEALTH OF A CHILD OR TEEN? NAMI Basics can help. NAMI Basics is a FREE 6-week education class for Caregivers of Children and Adolescents with Behavioral/Mental Health issues. See contact information for NAMI Basics on page 4 if you are interested in this program.

With so many risk factors at play, it would make sense that people who are prescribed antipsychotics would receive treatment for the conditions related to metabolic syndrome. Yet a 2006 study by Nasrallah et al., found that out of almost 1,500 people being treated for schizophrenia, many were not being treated for metabolic conditions; 30 percent had untreated diabetes, 62 percent untreated hypertension and 88 percent untreated dyslipidemia (high cholesterol and triglycerides in the blood).

Some have suggested that the term "metabolic syndrome" may be contributing to this lack of action—should practitioners wait to address problems until a patient has all five symptoms? But it is clear that someone should act. In 2003, the FDA issued a warning of increased risk for severe hyperglycemia and diabetes, and in 2004 the American Diabetes Association and the American Psychiatric Association recommended glucose and lipid testing for all patients who begin taking SGAs. Yet several studies, including one of California Medicaid patients and another of a national database of managed-care patients, have shown that doctors are consistently not ordering these tests..... (Read the rest in the NAMI Advocate, which all members should be receiving.) ♦

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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New \$30 Individual
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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

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

Or Current Resident

Next Meeting
February 22

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