



General Meeting

Our next general meeting will be held on Tuesday June 28th at 7:00PM. June's Speaker will be from the **Community Counseling Center**. We will receive an update on their programs and have the opportunity to ask questions. 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.

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)

New Tool Aims to Improve Measurement of Primary Care Depression Outcomes

From ScienceDaily (May 25, 2011) — Primary care doctors have long been on the front lines of depression treatment. Depression is listed as a diagnosis for 1 in 10 office visits and primary care doctors prescribe more than half of all antidepressants.

Now doctors at the University of Michigan Health System have developed a new tool that may help family physicians better evaluate the extent to which a patient's depression has improved.

The issue, the researchers explain, is that the official definition of when a patient's symptoms are in remission doesn't always match up with what doctors see in a real-world practice, especially for patients with mild to moderate symptoms. The study will be published in the upcoming issue of General Hospital Psychiatry.

"Rather than simply going down a list and checking off a patient's lack of individual symptoms, we believe there are also positive signs that are important -- a patient's feeling that they are returning to 'normal,' their sense of well-being, their satisfaction with life and their ability to cope with life's ups and downs," says lead author Donald E. Nease Jr., M.D., who was an associate professor of family medicine at the U-M Medical School and member of the U-M Depression Center at the time of the research.

Nease and his colleagues developed a series of five questions -- such as, "Over the last two weeks, did you feel in control of your emotions?" -- that they hope will help doctors bet-

Year at a Glance

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

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

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.

ter understand a patient's inner landscape.

The remission criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

doesn't necessarily correspond to a patient's own sense of recovery, Nease explains.

For example, a patient could meet all the criteria for full remission, but still not feel that he had

recovered. The U-M questionnaire, which is called Remission Evaluation and Mood Inventory Tool, or REMIT, is intended to add the patient's subjective sense of recovery into the equation.

Rather than a replacement for current tools and measurements, REMIT is intended to compliment them, says Nease, who is currently an adjunct professor at U-M.

The researchers used the REMIT tool alongside the current "gold standard" for monitoring people with depression, the Patient Health Questionnaire (PHQ), Nease explains.

The data showed that by adding in the REMIT ques-

(Continued on page 2)

NAMISLOCO Annual Picnic is next month. Be sure to set July 26th from 5 until dusk aside for this annual event. We will meet in the Arroyo area of Cuesta Park in SLO. Attendees should bring salads -NAMI SLOCO provides chicken, drinks, desserts, tableware, plates and friendship.

(Continued from page 1)

tions, about one-third of patients with mild depression were not in remission, as their PHQ score would indicate. Additionally, about one-third of moderately depressed patients were doing better than their PHQ scores alone would denote.

"Using just the PHQ score across our study population, we saw about 60 percent accuracy in reflecting a patient's remission compared to the patient's sense of his or her own recovery," Nease says. "If you add in the REMIT questions, we get above 70 percent. This can give doctors new insights when making treatment choices, such as changing a patient's medication or dosage."

The current research looked at a single snapshot in time for nearly 1,000 patients. The next step will be to track patients' scores over time.

Unlike other tools that require a company's permission to use, the REMIT tool is available to any doctor who wants to use it, Nease says.

Additional Authors: James E. Aikens, Ph.D., Michael S. Klinkman, M.S., M.D., Ananda Sen, Ph.D., all of U-M. And Kurt Kroenke, M.D., of Roudebush VA Medical Center and Indiana University.

Funding: The research was partially supported by a grant from Eli Lilly & Co., which did not have editorial control over the content of the article. The Regents of the University of Michigan placed the tool into the public domain.⌘

Pathological Internet Use Among Teens May Lead to Depression

ScienceDaily (Aug. 3, 2010) — Teens who use the Internet pathologically appear more likely to develop depression than those who do not, according to a report posted online that will appear in the October print issue of Archives of Pediatrics & Adolescent Medicine.

Since the mid-1990s, pathological (uncontrolled or unreasonable) Internet use has been identified as a problematic behavior with signs and symptoms similar to those of other addictions, according to background information in the article. Such use has been associated with relationship problems, physical ill health, aggressive behaviors and other psychiatric symptoms.

Lawrence T. Lam, Ph.D., of the School of Medicine, Sydney, and the University of Notre Dame, Fremantle, Australia, and Zi-Wen Peng, M.Sc., of the Ministry of Education

Many Thanks to those who helped with PAAT/NAMI Mental Health Awareness Walk and also those who took the time out of their busy lives to walk through downtown SLO.

Many thanks to all those who helped with this year's Mental Health Awareness Forum and for the Panelists that made this event such a big success.

and SunYat-Sen University, Guangzhou, China, studied pathological Internet use and later mental health problems among 1,041 teens in China (average age 15). Participants were assessed for depression and anxiety using previously validated scales. They also completed a questionnaire to identify pathological Internet use, including questions that reflect typical behaviors of addiction (for instance, "How often do you feel depressed, moody or nervous when you are off-line, which goes away once you are back online?").

We'd like to invite both new and old-time NAMI members to consider coming to the **NAMI Family Support Group which meets from 5:30-6:45, before the regular NAMI meeting on the 4th Tuesdays of the month.** We all have valuable insights to share which can help others as well as ourselves. The love and support we give to one another is a special feature of our NAMI fellowship. All are welcome! --Joe and Madeleine, Facilitators

At the beginning of the study, 62 participants (6.2 percent) were classified as having moderately pathological use of the Internet, and two

(0.2 percent) were severely at risk. Nine months later, the adolescents were re-assessed for anxiety and depression; eight (0.2 percent) had significant anxiety symptoms and 87 (8.4 percent) had developed depression. The risk of depression for those who used the Internet pathologically was about two and a half times that of those who did not. No relationship was observed between pathological Internet use and anxiety.

"This result suggests that young people who are initially free of mental health problems but use the Internet pathologically could develop depression as a consequence," the authors write.

"As we understand that mental health problems among adolescents bear a significant personal cost as well as costs to the community, early intervention and prevention that targets at-risk groups with identified risk factors is effective in reducing the burden of depression among young people," they continue. "Screening for at-risk individuals in the school setting could be considered an effective early prevention strategy according to recent meta-analysis. Hence, a screening program for pathological use of the Internet could also be considered in all high schools to identify individuals at risk for early counseling and treatment." ⌘

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.

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.

Volunteers Needed

Marcia Bess needs happy upbeat volunteers to help with the Beautiful Minds Walk this year.
Call Marcia at 805-481-4847

NAMI SLOCO Officers

Lisa Kelley, President 788-0869
Darryl Elliott, Vice-president..... 594-1056
Pam Zweifel, Secretary 543-1825
Nancy Griffin, Treasurer..... 543-9399

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John Klimala, Family to Family Coordinator ... 550-3889
Lisa Kelley, Parents & Teachers as Allies 788-0869
Carole Wallace, NAMI Basics Coordinator
Lisa Kelley, NAMI Basics Coordinator 788-0869

More Preparedness, Bioethicists Urge

ScienceDaily (**More Focus Needed on Mental Health Tri- age in Disaster**) — Johns Hopkins University bioethicists say disaster-response planning has generally overlooked the special needs of people who suffer from pre-existing and serious mental conditions. Survivors already diagnosed with schizophrenia, dementia, addictions and bipolar disorder are vulnerable long before a disaster strikes, they point out.

In a commentary appearing in the June issue of the journal Biosecurity and Bioterrorism, faculty from the Johns Hopkins Berman Institute of Bioethics say that more attention should be devoted to triaging and managing those already identified as having mental disorders. This group must be given just as much consideration during the planning stage as is given those who will have physical injuries and more obvious anxiety-related reactions, such as post-traumatic stress disorder (PTSD).

"Disasters limit the availability of resources, and these groups are especially vulnerable because they cannot advocate for themselves," says Peter Rabins, M.D., M.P.H., a core faculty member at the Berman Institute. "But little at-

tention has been given to the ethical challenges that arise when resources are limited, to the importance of identifying these ethical issues ahead of time, and for establishing mechanisms to address these moral dilemmas."

In the article, Rabins and Nancy Kass, Sc.D., the Berman Institute's deputy director for public health, say that many of the mentally ill are dependent on caretakers and aren't fully capable of making sound decisions on their own. Emergency planners are ethically obligated to ensure that immediate and adequate mental health services are provided alongside more traditional triage, the bioethicists state.

"Disaster-response managers and those on the front line are well aware that survivors may succumb to PTSD and other mental disorders," says Rabins, the Richman Family Professor for Alzheimer's and Related Diseases at the Johns Hopkins University School of Medicine. "But sudden devastation also puts people with both lifelong and acquired intellectual disabilities in grave danger as well."

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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- Renewal
- \$35 Family
- \$50 Friend
- \$7 Client

**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 Jessica Vieira, T-MHA, 540-6579 or jvieira@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: Thursdays 12:00-1:00 pm, followed by one hour support group 1-2pm. 784 High Street, SLO. Please call (805) 540-6571 for more information.

T-MHA Family Support Group: Tuesdays 12:00-3:00 pm, 784 High Street, SLO. Please call (805) 540-6571 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 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 Janice Holmes, Program Manager at 540-6571 or jholmes@t-mha.org

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.namisol.org>

Next meeting
June 28

Or Current Resident

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