
NAMI EAST BAY NEWSLETTER

A local affiliate of the National Alliance on Mental Illness (NAMI)

May-June 2016

Berkeley Mental Health:

A Time for Growth

Wednesday, May 25

Steven Grolnic-McClurg, LCSW, is the manager of mental health services for the City of Berkeley. He brings over 20 years of experience in leading programs and organizations in developing results-oriented services that are responsive to community needs. With a deep passion for health integration and decreasing health disparities, he has previously been the mental health director in Contra Costa County. Grolnic-McClurg grew up in and married into a family that was impacted by mental health concerns, and will be sharing information on some exciting new programs at Berkeley Mental Health. Join us for a solid discussion of services that are geared for Berkeley and Albany residents.

Speaker Meeting starts at 7:30 pm

Albany United Methodist Church

980 Stannage Avenue, Albany

Corner of Stannage and Marin

Meeting is free and open to the public.

Support Meetings

NAMI East Bay offers the following monthly support meetings:

- **Support and Share Group for Families of Adults** is held on the 2nd Wednesday of each month. The next meetings are May 11, June 8, and July 13.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: May 17, June 21, and July 19.

Support Group Meetings are held at the Albany United Methodist Church, 7-9 pm. Enter through the gates to the right of the door on Stannage Avenue, turn left through the large room, go down the hall, and come up the stairs. Signs will be posted.

All support meetings are free to NAMI members and non-members, offering a chance to talk with others who understand, give emotional support, and share ways they have found to cope.

Suicide Prevention

Members of the 2014 Albany Family to Family class grieve with Robert Goldman over the loss of his son Sam. We invite donations to a special *In Memoriam* fund which will help build our library of suicide prevention materials, including books and DVDs that we intend to loan out.

How to Get Help

Call the National Suicide Prevention Lifeline: 800-273-TALK (800-273-8255). Visit their website at www.suicidepreventionlifeline.org.

Suicide Signs Adults Can Look For:¹

1. Withdrawal from friends, family, and activities
2. Changes in eating or sleeping habits
3. Violent actions, rebellious behavior, or running away
4. Drug and alcohol abuse
5. Unusual neglect of personal appearance
6. Significant personality change
7. Persistent boredom, difficulty concentrating, or decline in schoolwork
8. Frequent complaints about physical symptoms, often related to emotions (e.g., stomachaches, headaches, fatigue)
9. Loss of interest

Amazon Smile

Reminder: If you do any online shopping, register with the [Amazon Smile](#) program and indicate that NAMI East Bay is your charity of choice for a small percentage donation.

¹ Source: American Academy of Child and Adolescent Psychiatry

SPEAKER NOTES

Rebecca Woolis: 40 Years of Mental Health Practice

Summarized by Thomas T. Thomas

Our old friend **Rebecca Woolis, MA, MFT**, author of the often-recommended *When Someone You Love Has a Mental Illness*, spoke at the March general meeting. Woolis was trained as a social worker and, besides writing a book that has been published in multiple editions including Spanish, has had a private practice in Berkeley, has administered the Berkeley Wellness Center through Bonita House, helped organize and present the family perspective at FERC panels for providers, and has been involved in many other Alameda County projects. NAMI East Bay asked her to reflect on her 40 years of practice, both in and outside of the system, and consider changes she's seen and those she wishes to see.

After taking her training in the East, Woolis entered the field of community mental health in March 1976, joining a residential treatment program at Buckelew House in Marin County, where she ultimately became program director. After 14 years in Marin, she worked in Alameda County for a year on an adolescent chemical-dependency program. She then worked in community mental health in San Jose for seven years, learning about the particular needs of the African-American, Spanish-speaking, Cambodian, and Vietnamese communities.

Woolis came back to Alameda County in 1997 to work on the Bonita House dual-diagnosis residential treatment program and then the supported housing program of the Creative Living Center. She is now retired from active program management but maintains a private practice in Berkeley.

In the late '70s, she said, NAMI had not yet begun, and its programs to support families were still in the future—although she could see the need even then. In 1992 she was approached by a publisher to write a book about the family experience, and the result was *When Someone You Love*, which was revised in 2003 and has been translated into five languages. Woolis feels the Spanish edition of 2013 is the best, because she was able to revise and reorganize the material.

Then Woolis discussed the positive changes she has seen in the past forty years.

Role of the consumer. Formerly known as “patients,” the people who struggle with the lived experience of severe mental illness are now viewed in a new way. They are assumed and expected—and empowered—to be more involved in the treatment and services they receive.

Role of the family. With new understanding of mental illness—through genetic studies and brain imaging, for example—the movement is away from health providers blaming family members for a consumer's illness and refusing to take the family's inputs. Through groups like NAMI and the county's [Family Education and Resource Center \(FERC\)](#), families now have more resources for dealing with their loved ones through books, pamphlets, training, and support groups.

Recovery model. Mental health treatment has moved away from doctors and psychologists calling all the shots, toward a different way for consumers and families to think about the illness. Consumers are encouraged to take control of their lives. Case management is evolving into personal care and services coordinators who help people put together a life they can be happy about. More and more consumers are joining peer groups and seeking employment in positions where their lived experience can be used to help others.

Supported housing. Where treatment options once were either inpatient or outpatient, with the most severely affected patients being institutionalized, supported housing for independent living on a permanent basis has become more available. In the '60s, many hospitals were closed with the expectation that community programs would replace them—but those programs were never funded. Now programs are evolving into options for community treatment, but funding is still a big problem.

Substance abuse and mental illness. These issues have traditionally been treated separately, with little connection or cross-training. Now programs are being integrated, and we are moving toward individuals able to have all their needs met in one place. The next step is integration with medical services.

New psychotropic medications. Many new medications with greater specificity, better treatment profiles, and fewer side effects are now available. The field is receiving more research and experiencing innovative methods of treatment.

New talk therapies. Once a consumer is stabilized on medication, new kinds of therapy—like cognitive behavioral and dialectical behavioral therapy—are available to help him or her examine and understand the condition and prepare for recovery and living as independently as possible. This changes the psychiatrist's role from applying Jungian analysis and long-term psychotherapy—not the treatments of choice for severe mental illness—to integrating medication management with helping the consumer learn functional skills.

Greater cultural awareness. The general public is now more aware of mental illness with the potential for treatment, community involvement, and recovery. Stigma is fading. Woolis has seen a new generation of social workers and therapists who are now trained to serve in community mental health.

Early intervention programs. Professionals now recognize the importance of identifying and treating adolescent mental problems early, especially before the patient's first psychotic break.

Criminal justice system. Police and emergency first responders are now receiving crisis intervention training (CIT) and learning how to deal with disturbed individuals and their families.

Assisted Outpatient Treatment (AOT). Laura's Law, recently adopted by Alameda County with a pilot program beginning July 1, is another move of the pendulum between voluntary and involuntary treatment. AOT meets somewhere in the middle, providing some measure of court-monitored, involuntary treatment with patient protections.

Hearing Voices Movement. This peer-oriented effort supports a broad re-evaluation of the consumer's lived experience.

However, even with all these advances, Woolis noted that many areas still need improvement. Most consumers get to talk with a psychiatrist for twenty minutes at a time and have no opportunity for case management. Psychiatric emergency services like the John George Pavilion in Alameda County are overcrowded, and supported housing is in short supply. "What we still need," Woolis said, "is *more of everything*. We know how to provide a whole system of care, but we don't have the financial commitment to proceed."

She then noted changes in the mental health field that have not been for the better.

Lack of residential treatment. The public mental health system no longer funds this approach. A person generally needs six months to a year or more to learn the skills to function independently. Private treatment is available but costly. Residential treatment has been replaced by less expensive—"and that's the point," she said—services like day programs and case management.

Lack of companionship. Community volunteers are no longer trained to spend time with people who have a mental illness. Peer programs are wonderful in this regard and help to supply this need.

Diversion of programs and funding. For example, supported housing for people with severe mental illness is now being redirected to the homeless problem. "Public services are putting out fires," Woolis said. "The situation is almost Sophie's Choice"—meaning an impossible and heartbreaking choice. Also competing with mental illness for funds and attention are the elderly, and children—and their issues are often related to mental illness.

In working with families, Woolis said, two concerns generally come up. One is the family members blaming themselves for the illness. The other is figuring out how to fix it. "It's hard for families to accept the mantra 'I'm not the cause, and I'm not the cure,'" she said. "And it's hard for them to accept that the illness may be a long, ongoing problem."

Families also struggle with what they should expect from their loved one—which tasks and goals are too easy, and which ones are too much? And they worry about who will take charge after the parents are gone.

When confronted with consumer group opposition over issues like AOT, NAMI and its family members must remember that not all consumers are at the same level and stage of recovery. Peer group leaders may be organized and extremely functional, while the ill family member is quite incapacitated.

In summing up her experience, Rebecca Woolis said: "We know the services our loved ones need: residential treatment, long-term housing, vocational and life-skills training. What we don't have is buy-in from the country that mental illness is important enough to provide funding."

Past articles in the Speaker Notes series are available online at www.thomasthomas.com under "NAMI East Bay." Also available is a copy of the brochure "Medications for Mental Illness."

Musings from the President

I've lived most of my life in Oakland. Early this morning, I was in my car at a crosswalk near the lake, in the shadow of the new Cathedral. In one visual frame, an Asian kid went past on his scooter, a white hippie-type guy came the opposite direction on his skateboard, an African-American woman jogged past, a covered-up mother (assumed to be Muslim) walked past with her two children, and an older man in a shiny sports car shot past me. I love the diversity of the city and realize we take it for granted: that diversity enhances my life at the same time it complicates it. Alameda County is the most diverse county in the nation, as was stated last week at a conference in Berkeley.

Let's look at another representation of diversity—the world of consumers. When the idea of a person with mental illness pops up, what goes through your mind? A street person, disheveled, ranting and raving against internal demons and preoccupations? A woman who goes to her part-time job faithfully and who comes home to a small apartment, where she watches TV and stays isolated from others? A young man who sits most of the day on his bed in the back bedroom, watching the same movies over and over? A middle aged woman who organizes committees, talks to political decision-making boards, runs meetings, and informs herself about legislation and advocacy? A youth who keeps trying to make it though one junior college course but whose anxieties and short attention span obstruct his efforts? A man whose hoarding lifestyle and late-night noise keep getting him kicked out of parent-paid apartments? These are all consumers known to me, and the needs of each differ radically.

Why then do we persist in describing mental illness as playing out the same way in every individual who carries that unfortunate diagnosis?

Nowhere is this more evident than in the encounters we have with those in the mental health/illness arena, as we deal with our relatives, organized consumers, families, county staff, and providers. It's like the ancient parable of the blind men experiencing an elephant for the first time: each gets a different impression from his or her limited perspective.

The point I'm working towards here is that of individual differences, different strokes for different

folks, what's good for the goose may not be good for the gander, yada-yada. In the mental health advocacy community, this is a major point of contention. Mental illness impacts people differently. Talk therapy and family support may pull one person out of the doldrums. Yoga everyday and an exercise program may help another deal with anxieties. For some, the process may require medication or a restrained, supervised lifestyle. The fact of individual differences—no matter whether the source of the differences be genetic strengths, age of onset, contamination from substance abuse, or other trauma—must inform the system's toolbox. We need different tools to handle the diversity.

—Liz Rebensdorf, President, NAMI East Bay

The Lakehurst Food Program

The Lakehurst is a residential hotel located between Oakland's Lake Merritt and downtown. Most of the roughly 110 residents are challenged by mental illness and live on some form of public assistance. Many of them take heavy dosages of medications and often do so on empty stomachs. Lakehurst is often the only family these residents have.

After working with Margot Dashiell, NAMI East Bay Vice-Chair, on the Culture of Inclusion Project (CIP) at the Lakehurst, I heard the residents say how hungry they were on the weekends when the hotel does not serve meals. So, since July 2015, I have delivered food and bottled water on Fridays.

It was challenging finding sources for ready-to-eat food items, but I was able to establish a relationship with a distributor that supplies Whole Foods and Trader Joes. The Friday food distribution is a small effort to continue the work of reducing isolation and loneliness while at the same time addressing serious food-security issues.

I continue to search for new sources. Lately, I have not been receiving as much food due to changes in the distributor's contract. Nevertheless, the Lakehurst food program is making a difference. I thank NAMI East Bay for taking a direct interest in this project. Let us know if you'd like to contribute funds or time to this project.

—Ken Thames, NAMI East bay Volunteer

New Local Support Groups

- **Connections** is a twice-monthly, peer-run support group for consumers over age 18. The first meeting (2nd and 4th Saturdays) will be held on Saturday, May 14, from 11-12:30, at Heritage Psychiatric Health, 2633 E. 27th Street, Oakland (off Fruitvale).
- **Family Support**, run by the [Family Education and Resource Center](#) (FERC), 2nd Tuesdays, 6:30-8, Towne House Wellness Center, 629 Oakland Avenue, Oakland.
- **Support Group for Spouses** is just getting organized, for individuals with spouses or partners who have mental illness. Currently, the group of three women (kmuhlin@gmail.com, ad276@yahoo.com, sandymalloy@earthlink.net) is meeting on the first Monday of the month (May 2) at an Oakland restaurant to share, support, and meet challenges together. Please contact any of the above for more information.

Family and Peer Support Specialist

Are you considering helping a family member or peer affected by mental illness but don't know how to get started? NAMI invites family members and individuals from all walks of life to take part in the Family and Peer Support Specialist Program.

The program consists of 70 hours of specialized training to obtain the tools and skills to understand areas such as suicide prevention, recovery model, cultural competency, trauma informed services, motivational interviewing, triggers, etc. By the end of the program, you will be equipped with skills and support from your local NAMI affiliate to go out into the community to volunteer or secure a paid position within a wide range of behavioral positions.

To participate in the program, you must be a person with an immediate family member who has a mental illness and/or an individual living with a diagnosed mental illness who has achieved mental health recovery.

For more information about the program, please contact Zuleima Flores at zuleima@namica.org.

Upcoming Events

- Conference on Mental Health in the 22nd Century: Addressing Stigma, Discrimination, and Trauma, Friday, May 13, Clark Kerr Conference Center, Berkeley. Keynote speakers: Hakeem Rahim and Professor Steve Hinshaw. Register for free at www.eventbrite.com/e/mental-health-in-the-22nd-century-addressing-stigma-discrimination-and-trauma-tickets-23465729629 or call 510-981-7646.
- Healing Voices film, Friday, April 29, 1:30 pm, SF Public Library, 100 Larkin Street, enter and go downstairs at 30 Grove Street. This is a social action documentary that deals with mental illness. It is co-sponsored by the Hearing Voices Network, Bay Area Mandala Project, and Conard House. For more information, go to healingvoicesmovie.com.

Networking Opportunities

- **Voices of Mothers and Others:** This local advocacy group is inviting those who want change in the mental illness system to join them. Check our website (What's New) for the time and place of the next meeting. Contact voicesofthemothersandothers@gmail.com, or Patricia at 510-527-8770 or Candy at 510-523-3239.
- **Long-term planning:** Most of us struggle in talking about the future, when we'll not be present in our relative's life, running interference, taking care, supporting. There are absolutely no easy answers.
We need to talk and share, and towards that end, our first Long-Term Planning discussion group will take place at the NAMI East Bay office on Monday, May 16, at 7 pm. We envision this as a forum in which we can share resources, information, and recommendations.
- **Community Living Facility Network:** Refer to our website (What's New) for information on this group concerned about public shared living arrangements. Next meeting is May 12; for information call 510-891-8928.



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NAMI EAST BAY 2016 MEMBERSHIP

Please check your mailing label. If the code "16" is over your name on the right side of the label, your dues are current through 2016. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2016 dues now. And if you can afford to add a bit more, please do so. Your \$35 NAMI East Bay membership gives you our newsletter six times a year, the quarterly "Connection" from NAMI-California, and the NAMI-National "Advocate." NAMI East Bay is nonprofit [501(c)3] and your dues and contributions are tax deductible.

Family Membership, \$35 per year Open Door Membership, \$3 per year

Make checks payable to "NAMI EAST BAY" and mail to NAMI East Bay, 980 Stannage Avenue, Albany, California 94706

Contact me for Family to Family Education Class

Name: _____ Phone No.: _____

Address: _____

Email: _____

I'd like to volunteer: In the Office Grant Writing Membership Committee
 Hospitality Committee Labeling Newsletters Computer Committee