
NAMI EAST BAY NEWSLETTER

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

May-June 2017

Psychiatrist with Berkeley Mental Health Wednesday, May 24

We gladly reintroduce **Rebecca Carrillo, MD**, who had to cancel her January presentation but is now able to talk with us. She recently joined the staff of psychiatrists at Berkeley Mental Health. Her practice includes attention to the whole person, including the mental, emotional, and physical health of her patients. She is currently reviewing research on negative symptoms (e.g., low motivation, lack of interest in everyday affairs, and social withdrawal) commonly experienced by many people living with serious mental illness. Dr. Carrillo believes in the benefits of family support and appreciates the opportunity to communicate with family members.

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 10, June 14, and July 12.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: May 16, June 20, and July 18.
- **Hearing Voices Group for Family Members** is held the 3rd Thursdays of each month at the office, 6:30-8 pm: May 18, June 15, and July 20.

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.

Family to Family Class in the Fall

Bruce and Mary Elgin will again be teaching the 12-week Family to Family class in the Montclair area of Oakland. Dates are Mondays, 7-9:30 pm, September 18 to December 4. Please contact our office for more information about registration. The class is offered free to family members who have a relative with mental illness. There is a class size maximum.

Resources in Contra Costa County

Every Wednesday evening at 6:30, a Crash Course is offered to give Contra Costa County residents a comprehensive orientation to resources in that county. The class is free and no RSVP is required. Site is 2151 Salvio Street, Concord, 2nd floor. For more information, contact dk122932@aol.com, 925-676-5771.

Phone Calls and FERC

It's challenging enough keeping up with office phone calls when it's being done remotely, since we have no on-site staff. In your message, please repeat your phone number slowly and be sure your voicemail box is not full if we need to leave a return message.

And, for your information, one of the frequent resources we give those of you in Alameda County is the Family Education Resource Center (FERC) at 1-888-896-3372. They have just moved their location away from the Eastmont Mall site to 440 Grand Avenue, Oakland, across from Lake Merritt. Visit their user-friendly website at www.askferc.org.

SPEAKER NOTES

Triple Treat: A Discussion with Guy Qvistgaard

Summarized by Thomas T. Thomas

Guy Qvistgaard was the speaker at our March 22 meeting. He essentially wears multiple hats, and he was asked to share his insights into three of his roles that are relevant to us. He has been on the Board of Directors of our state organization, NAMI California, and is currently serving as its President. For seven years, he was Chief Administrative Officer of John George Psychiatric Hospital in San Leandro, and since last November Qvistgaard has been Chief Operating Officer of the Kaiser Permanente Antioch Medical Center. With his 15 years of experience in hospital operations and 32 years in the behavioral health arena, he is considered an expert in the field of acute psychiatric care administration. Plus, he is just an awfully nice person who has always been accessible to families.

Qvistgaard originally intended to become a minister, but after he took a class in pastoral counseling he knew he wanted to help people that way and so became a marriage and family therapist. During the late 1970s he worked with school districts and homeless shelters, specializing in people with mental illness, dual diagnosis, and teenagers. For all of these people the common denominator is impulse control and establishing boundaries.

He loved working one-on-one with people, but in the '80s he joined the Kaiser organization as an administrator. "I could make bigger changes and help more people in that role. I had a wider reach by working with policies and programs." He specialized in hospitalization and psychiatric outpatients. It was there he came to focus on support systems and the concept of trauma-informed care.

"Trauma occurs with any acute loss," he said, "as when a patient loses a limb and the entire system goes into decline. People with a mental illness have also suffered a loss—of a job, a spouse, freedom, or family. We need to recognize this in our treatments."

He later worked as a contractor in mental health—"because there was no parity, and health plans could choose to treat mental illness or not"—at hospitals in Vallejo and St. Helena before he went to John George. This was a choice for him, because the

hospital had gone through four administrators in rapid succession and lost its good reputation. "I wanted to bring compassion back to the facility."

Now at the Kaiser Medical Center in Antioch, he has been a voice for mental health in the hospital, bringing psychiatrists and social workers into the primary care clinics and integrating physical and behavioral medicine. He noted that both mental illnesses and their treatment providers have become stigmatized in our society. In many cases, that stigma is deserved because, while some providers want to do the right thing and follow best practices, some of them simply do not belong in the field.

At Antioch, Kaiser has no inpatient psychiatric services, only outpatient. Right before our speaker meeting, Qvistgaard had attended a conference attended by representatives of Kaiser's 21 medical centers in Northern California. They recognized that behavioral health is a weakness in the system and identified it as one of eight challenges to be addressed this year, next year, and onward. Also, NAMI California is speaking with Kaiser officials about bringing NAMI-signature programs into the system and using them effectively in every area.

Finally, Qvistgaard became involved with NAMI because he comes from a family with a long history of alcoholism and abuse. "We are all walking stories of joy, love, pain and fear," he said. "This makes each of us unique." He now also has a daughter who suffered depression five years after a kidney transplant, and a son who has elected gender reassignment. Qvistgaard noted that before his son—who is one of the most well-adjusted people he knows—could get endocrine treatment for the change, he had to accept a diagnosis of "gender dysphoria," which certainly does not apply in his case. Situations like this have confirmed for Qvistgaard the need for treatment providers to hear the voice of the family.

As President of the NAMI California Board of Directors, he tries to set the agenda for the staff in supporting state legislation. He also wants to define the roles of the state NAMI and the local affiliates like NAMI East Bay, and between the state and national levels. Role definition and infrastructure support are his two main areas of focus for the NAMI organization.

Q. What are conditions like at John George?

Qvistgaard noted that he hasn't been there in four months. Like most county hospitals, it's underfund-

ed, leading to low aesthetics and staff burnout. The facility has three inpatient units with 69 licensed beds and one crisis stabilization unit with 11 beds.

The inpatient units operate at almost 100% capacity. Each one has two psychiatrists, two social workers, an occupational therapist, and a utilization nurse, as required under the licensing ratios of staff to patients.

Because psychiatric emergency services (PES) are the default go-to place for law enforcement, the crisis stabilization unit is overcrowded with people in short stays of 24 to 72 hours. The unit will serve 30 to 40 patients at any one time, often spiking to 50 or 60—with people waiting for services in the lobby and in ambulances outside. The unit has one psychiatrist on duty 24 hours a day, three to five psychiatrists during the normal business hours, and now a triage physician—who was assigned to address the bottlenecks that can occur in the admitting process.

Qvistgaard advised family members to fill out Form 1424 when their loved one is admitted. It requires clinicians to consider family input in making treatment decisions.

Q. Why don't we have more transitional facilities in mental health?

You have them in physical medicine: subacute and rehab facilities, skilled nursing facilities, and home care assistance. It's a continuum of care. A brilliant woman in the hospital association once said, "Follow the dollar." Mental health in California is at the county level, and the counties get block grants from the state to spend as they see fit. Inpatient treatment costs more than outpatient, so counties build more outpatient facilities. Mental health patients could move out of acute care beds if more subacute care were available.

Qvistgaard suggested that local NAMI affiliates address correction of this situation through the county boards of supervisors while NAMI California addresses it with the state. He also suggested watching the progress of implementing Proposition 63 funds through the Mental Health Services Oversight and Accountability Commission (www.mhsoac.ca.gov).

Q. How do you get more integration of primary care with mental health?

One way is to demonstrate the mortality rate of people with mental illness. Studies have shown that such people tend to die 25 years earlier than average in the population. People in the health system are

looking more toward managed care allotted on a per-capita basis—that is we get money to take care of a certain number of people. In this situation, it pays to keep people alive and healthy. And it pays to "go upstream," diagnosing and treating people sooner and saving money by avoiding acute illnesses and hospitalizations.

As an aside, Qvistgaard noted that the University of California at San Diego now offers a joint residency in physical and behavioral care.

Q. What is the best way to get your voice heard in a treatment situation?

When Qvistgaard's son had a bad experience with a certain doctor, he went to the supervisor and said calmly, "This is what I saw. Is this your standard of care?" The supervisor said it was not and referred the son to someone else.

Every patient in the Kaiser system is supposed to have a treatment plan from the doctor. While patient privacy is ensured by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), with his son's permission Qvistgaard got a copy of the plan and asked the doctor, "How can I support you in your efforts to treat my son—so I won't be exacerbating his condition or contradicting his treatment?"

Q. What will be the impact of the new American Health Care Act being discussed in Congress?

It's still preliminary—just a House bill, and then the Senate will pass a bill, and then the two bills will undergo reconciliation. But in its current form, giving Medicaid dollars back to the states with a cap, so they can pick and choose, it will be devastating to care for mental health and substance abuse.

Q. How can we get primary care physicians to recognize mental health issues?

The best approach is fighting stigma, as NAMI is trying to do. In physical care, cancer and HIV used to be stigmatized, but now we can talk about them. The ray of hope is that millennials are more open about their mental states like depression, schizophrenia, and bipolar and are more willing to talk about them. Language is powerful when we are open to using certain words. We need to normalize the conversation about mental health issues.

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

Before I get to Steph Curry, let me share about the drive from my home in Oakland out to the Albany office. As I drive west on I-580 from mid-Oakland, there's a daunting merge with Highway 24 traffic as drivers negotiate the intersecting and cross-hatching routes to get to Berkeley or onto the massive left swing onto the Bay Bridge. When traffic is heavy, one's attention is only on that merge and getting through the maze. On a recent morning, traffic was light and once I was in the correct lane, I took a deep breath and looked ahead into the horizon—and, oh my gosh, there through the arching freeway loops was the Bay Bridge, not off to the left as the freeway directs but straight in front of me. How did it get there? Why didn't I know they had changed it? That should have been newsworthy. These thoughts actually passed through my mind and I laughed. It was all a matter of perspective.

That was entirely a visual perspective, but I want to comment here on how language can inform our view on things as well. As we travel through the ups and downs of having a loved one living with mental illness, our perspective changes and adjusts negatively and positively. On a Sunday morning as I write this, I see the headlines on the green pages: our guy Steph Curry has come out of his "slump" and he's joyously shooting his three-pointers again. If we can define our low moments as slumps, which do not imply permanence, it's just a different—but more hopeful—perspective on the grief and pain we experience.

We're not talking about clinical depression here—that's a different matter and not one to treat lightly. The families I hear from are hurting so badly and are so confused and challenged and so reactive to the ups and downs of their loved ones, it's just not clear if there's any escape from the sadness. The term "worried well" is used to describe us, and it's sort of a dismissive term, certainly in comparison to the words "serious mental illness." But, not unlike our relatives, we have stronger and weaker or more and less stable moments—and we pass through them all.

Pursuing the theme of using language to inform our sense of reality, try using the word "transition" rather than "change," which implies boldface and large font. And for "values" substitute the word "priorities"—that's helped me move away from some

judgment calls. And, because I can't avoid national themes, try using the word "protections" rather than "regulations." It's all a matter of perspective.

—Liz Rebensdorf, President, NAMI East Bay

Mental Health Month Film Festival

In honor of May being Mental Health Month, we are holding our version of a film festival during the day on Saturday, May 27. This is the first day of the Memorial Day weekend; so if you're choosing not to brave the highways, come on over and join us. There will be films, refreshments, discussions, a raffle, and congenial folks. This event has just been confirmed; so our list of films has not been decided yet, but we are looking at feature-length films as well as shorter documentaries. Recommendations welcome. The schedule will be posted on our website (www.namieastbay.org), or contact us by phone or email and we will get that information to you. We invite the community to drop in and see what we're all about.

Mental Health Achievement Awards

The Mental Health Association of Alameda County presented Mental Health Achievement awards to the following individuals at a February dinner held in Oakland: Ken Thames for his work with the food insecure residents at the Lakehurst Hotel; Candy DeWitt and Patricia Fontana for their advocacy work around Laura's Law; Dr. Michelle Sallee for her work at Kaiser with Cognitive Behavior Therapy for Psychosis; and Austra Gauger and Liz Rebensdorf for their NAMI affiliate work with families.

Membership Issues

We've suffered a glitch in some clerical issues here with someone clicking the wrong response on the membership/label computer program, which resulted in everyone having current up-to-date membership in NAMI East Bay.

That someone is very remorseful and has atoned for her sins by going to the NAMI National records and manually looking up and noting every single solitary piece of membership data and correcting the labels. Thus, those of you who take our paper editions should now have correct membership expira-

tion dates on the upper right-hand corners of your mailing label. Let us know if there's a discrepancy with your records.

Now then, to those of you who receive our newsletter electronically: we don't know how to deal with you, since we can't include expiration dates in an email address. But you can join and/or renew online by going to www.nami.org and following links to join or renew with us at NAMI East Bay. If you're inclined to donate extra at that site, please know that only half of the amount comes to us, because the national organization folks will assume some is meant for them. Once you're on that site, by the way, take a look around—it has a huge amount of useful information and resources there. You'll be glad you found it.

Accommodations at Support Meetings

If you intend to come to one of our support group meetings, understand that our second-floor office is up a steep flight of stairs. If you have mobility issues, please let us know in advance, so we can make accommodations for another room in the building and not have you climb the stairs to our office.

Take Action with Advocacy

Times are challenging now, and there's no guarantee that things we take for granted will survive political manipulations. Please consider these advocacy guidelines from our national organization:

1. **In words**, start conversations in an effort to normalize mental illness, correct stigmatizing language, share your story, and become an author and write about your experience and your perspective in articles or letters to the editor.
2. **Through actions**, represent the cause, educate others, stand up in local meetings and share, advocate with letter writing or emails or calls, and join the local group Voices of Mothers and Others (voicesofthemothersandothers@gmail.com).

NAMI State Convention

The annual NAMI California convention will be held August 25 and 26 at the Newport Beach Marriott Hotel in Newport Beach. These conventions always provide valuable experiences with keynote speakers and many workshops of high interest to our families.

The location alternates between Southern and Northern California sites. For more information, go to www.namica.org.

Necessary Websites

Elsewhere in this issue we make passing reference to two websites of interest and significance for our families. Although many sites are oriented toward mental illness, these two are comprehensive, with both national and local relevance. The national site, www.nami.org, contains a helpline, research, warning signs, mental health diagnoses, and support and discussion groups. Parts of the site are in Spanish. The local site, www.askferc.org, comes from the Family Education and Resource Center in Oakland. It contains Alameda County references and phone numbers for crisis help, patients' rights, the 5150 process, medication, incarceration, suicide prevention, and system overview. Both are worth a visit.

Snapshot of a Crisis

Small homes in the East Bay are selling for over a million dollars. Tent encampments under freeway overpasses and in other areas have sprung up in numbers never before seen. Serious and concerned committees of citizens and professionals scramble to figure out how to spend voter-approved state and county housing funds.

In the middle of all this fury and frenzy, a well-respected board-and-care home in Berkeley will be giving its long-term residents the heave-ho in the form of 30-day notices to evict. These men all have a mental illness. Joanne Sultar, the mother of one of the residents, writes: "More than half of them have been together for many, many years. . . . My son has been there 17 years and I am guessing at least five or six of the others have been there as long or longer than that. Some of them have been together more than 25 years. There is usually a peaceful and palpable camaraderie among the men. Separating them now is one of the really sad aspects of this change. They have been a strong support to each other; they are family. For some of them, the other men are their only family."

At the national, local, and most personal levels, we are in crisis. How can we solve these problems?



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NAMI EAST BAY 2017 MEMBERSHIP

Please check your mailing label. If the code "17" is over your name on the right side of the label, your dues are current through 2017. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2017 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
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