
NAMI EAST BAY NEWSLETTER

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

September-October 2016

Long-Term Care Planning

Wednesday, September 28

We families all share the overwhelming concern about planning for the future when we are gone and our ill relatives are on their own. We are giving this conversation a jump start by having two experienced professionals address our group. **Linda Durston, PhD, JD**, is a local attorney whose practice involves special needs trusts, incapacity planning, and elder law, among other topics. **Sharon Toth** is the Executive Director of IMT Associates, a professional fiduciary agency, which offers trustee, conservatorship, and case management services with a multidisciplinary staff. Because of the complexities of these subjects and limited time, we have asked our speakers to give an overview, so our families can formulate their questions and concerns for the next step.

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 September 14, October 12, and November 9.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: September 20, October 18, and November 15.

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.

Specialized Therapeutic Services for Survivors of Suicide Loss

[La Cheim Behavioral Health Services](#) in Oakland is offering both individual and group therapy for those dealing with the complex bereavement that frequently accompanies the loss of a loved one to suicide. Both the individual therapy and the group therapy offered at La Cheim are based on the groundbreaking work of John Jordan, PhD, developed in close collaboration with the American Foundation for Suicide Prevention and the American Association of Suicidology. His approach is designed to help children, adolescents, and adults through the grief that follows the heart-breaking and bewildering tragedy of suicide. To learn more, please contact Dr. Brad Falconer at 510-596-8127 extension 3 or brad@lacheim.org.

Family to Family Class in January

NAMI East Bay's free, popular, 12-week, 30-hour course is again being offered this winter. We will be holding it Thursday nights in Albany, starting in mid-January. All participants must register for the class by calling our office or emailing us by November 30, 2016. Teachers will be Lindsay Schachinger, Tommie Mayfield, and Liz Rebensdorf. A brief description of the class can be found on our [website](#).

Family Night on September 26

Our next family night will be Monday, September 26 at 5:30 pm. Site will be determined once we know how many will be coming, and we'd like to do another picnic, as long as the weather holds. Please contact us by phone or email by Friday, September 23 if you plan to come. Hope to see you.

SPEAKER NOTES

Dr. Todd Mitchell: Staff Psychiatrist with Berkeley Mental Health

Summarized by Thomas T. Thomas

Todd Mitchell, MD, is a board-certified psychiatrist who joined Berkeley Mental Health (BMH) in 2015. He currently sees patients on the Adult Full Service Partnership (FSP) Team and maintains a private practice in Berkeley. He previously served as the Chief of Psychiatry for University Health Services at the University of California Berkeley. Dr. Mitchell has worked in various community mental health agencies and academic institutions in the Bay Area. He earned an undergraduate degree at Columbia University in New York, his medical degree at Vanderbilt University in Nashville, Tennessee, and took his residency in psychiatry at UC San Francisco.

Dr. Mitchell said that the first two years of medical school were “book stuff” and the second two clinical work. He found that psychiatry was “a natural fit,” but he decided to take a year off after graduating and before completing his residency. His rotation in psychiatry had been too focused on diagnosis, he said, and the symptoms and conditions found in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, rather than on the conditions of real people.

So Dr. Mitchell took a job as a social worker in the psychiatry department of a mental health coop in Nashville. “They were practicing a rudimentary form of Assertive Community Treatment [ACT],” he said. This gave him the chance to participate in homeless outreach and in-home visits, join in 5150-type evaluations, and do psychiatric workups—everything except prescribe medications. “It was an amazing and valuable experience,” he recalled, “going out of the ivory tower and into the street.”

The experience established his interest in community-based, multicultural, and cross-cultural approaches to psychiatry. After his residency at UCSF, he worked at a San Francisco agency similar to Berkeley Mental Health, engaging in citywide case management on the ACT model, again going into the streets and into people’s homes.

Dr. Mitchell described his interests as eclectic, including psychoanalysis, psychodynamics, and psychopharmacology,¹ with an emphasis on severe and persistent mental illness.

“Some people say that psychodynamics and psychopharmacology don’t mix,” he said. “It was a joke among my colleagues that everyone thinks our patients are psychotic, but they are also neurotic—and they’re just not getting help with that.” He explained that “neurotic” is not an insult: neurosis is a coping or defense mechanism, a way to solve personal problems. “It’s when the neurosis becomes maladaptive that it causes emotional problems.”

Many of Dr. Mitchell’s patients in the community have both a psychosis and substance abuse. “You can’t treat someone by pumping them full of medications and not dealing with their other issues,” he said. “What other problems are they trying to solve through their substance abuse? You have to approach people holistically, and not just mechanically as a neurotransmitter imbalance.”

After this introduction, Dr. Mitchell took questions from the audience.

Q. How long were your rotations in medical school?

A. The psychiatric and surgical rotations were each ten weeks. The others, such as OB/GYN, neurology, and pediatrics, were each eight weeks long. “It was during the psychiatric rotation that I came to understand myself,” Dr. Mitchell said.

Q. What exactly is “Berkeley Mental Health”? And how do you fit into it?

A. In most of the country, mental health services are funded and provided on the county level. Berkeley Mental Health is like a county system for the Berkeley-Albany area. We interface with Alameda County’s mental health services, especially when Berkeley people need hospitalization; then they go to the John George Psychiatric Hospital in San Leandro and sometimes to Herrick Hospital in Berkeley. We have a good relationship with the county.

¹ *Psychoanalysis*, founded on the theories of Sigmund Freud, is based on making people aware of their unconscious thoughts and motivations. *Psychodynamics* is an approach that emphasizes the systematic study of mental and emotional forces that determine personality and behavior. *Psychopharmacology* is the study of the effects of drugs on mood, sensation, thinking, and behavior.

Berkeley is in the middle of a housing crisis, and it's worse for our clients, most of whom are marginally housed. For adults, BMH offers a Full Service Partnership for the marginally housed and homeless, for people who are least stable, and for those who are marginally engaged in treatment. This team has a chief psychiatrist and two staff psychiatrists, of which Dr. Mitchell is one. "The team goes out to people, talks to them, and asks if they need treatment," he said. "Our goal is relationship building, on the basis of 'I might be able to help you with that.'"

BMH also has a Chronic Care Team for those who are more securely housed, less likely to need hospitalization, and more compliant with their medication. And finally, for adults, there is a Medication Only Team, for those who are stable but need meds.

In addition, BMH has a Child Full Service Partnership, with its own chief psychiatrist, and a Mobile Crisis Team. In addition, BMH is adding a Homeless Outreach Team, with staff to be hired in the next fiscal year, to go into homeless camps and shelters.

Q. How do you judge success in treatment?

A. Traditionally, it's been by psychometrics and filling out forms. But Dr. Mitchell believes it should be based on individual assessment. Where is the patient now? Where is he or she trying to go? Where should the patient be going? But these still involve clinical parameters.

Q. My daughter lists my Berkeley home address as her official residence, but she mostly stays in an Oakland hotel or on a park bench. She hasn't seen a psychiatrist or been evaluated since 2006. Can she still get services at BMH?

A. Yes. She is still a Berkeley resident and can get services if she wants them.

Q. My daughter lives in Arcata but she has to Skype with a psychiatrist in Santa Rosa for her meds, because there's no other doctor closer.

A. Psychiatry is a specialty tied to relationships. It works best when you come face to face with the patient, and Skype doesn't actually do that. On the video screen, you can miss important cues like sweat on the brow or a patient's psychological "tells." It would only work if you know the patient after years in an already established relationship.

Q. Are you open to taking a patient's suggestions about medications?

A. Treatment is a collaboration. The psychiatrist needs to know what's working for the patient. If the

patient has suggestions based on what's working for someone else, then it's important to know the other person's diagnosis and situation and how it applies. Generally, however, doctors are presumed to know more about medications and their effects than their patients.

Q. Have you had success with psychotherapy combined with medication versus just medication alone?

A. Psychodynamic treatment is about conflicts and ambivalences, and how conflicts can affect people's relationship with themselves, with other people, and with things. "A pill is a thing," he said, "and people have a relationship with it. The psychiatrist can't ignore that relationship, because a patient's fantasies, expectations, and fears about the pill and its effects can result in the patient not taking it. A purely somatic approach—just medicating the patient—does not get to the *meaning* of the patient."

Q. How do you overcome the fear that a psychotic episode will come back?

A. That may not be possible. We all have feelings. The goal is not to make them go away, but to understand them. Once you have experienced a psychotic break, you have a greater chance of having another. So the fear is real, but you can keep it from paralyzing you.

Q. How many patients do you have at BMH? How much time do you spend with each one?

A. The caseload varies, but a psychiatrist generally sees forty to fifty patients at varying frequencies.

Coming out of residency, Dr. Mitchell used to think in fixed terms of so many sessions of engagement and so many more to see progress. But that's not how it works. "It takes as long as it takes to engage with the patient," he said. "With Assertive Community Treatment, the timing depends on how ill the patient is and how willing he or she is to build a relationship.

"Engaging with a patient is like falling in love. You only know when it happens, when you come to realize, 'Oh, this person trusts me!' And we can't force people to come in for treatment, as in an institution, because our services are all voluntary."

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 remember it vividly. It was sometime in the 1950s and my father had just bought his 80-plus year old mother her first television set. My three sisters and I ran excitedly up the stairs of her Berkeley apartment. “Grandma, Grandma! How do you like your new TV?” Knowing her well-ingrained musical tastes, we told her happily, “You can watch Lawrence Welk now—he’s on channel 7!” And she replied, “Oh dear, I can’t do that. My TV is on channel 4.” Our faces fell. She didn’t understand that she had built-in choices: she had the power to change the channel.

Sometimes I can easily identify with my grandmother and her adaptation ability as I ponder all my iThings, which can do so much more magic than I allow. It’s difficult when we have so many options.

But how do we use the options that are available to us? As family members, our options change and get more complicated as we witness mental illness take over our relative’s—and our—lives. At first, we primarily have to cope with the new behaviors and worries, not knowing what we’re dealing with nor what choices there are. Then when we gradually learn of the limited options open to our relative, we have to deal with acceptance of the illness, the meds, the possibilities. The most painful chore in support groups is to acknowledge the powerlessness of families; there might be a wonderful intervention out there but until our family member accepts it, we can’t force the issue. So we talk about being prepared and waiting and timing and striking when the iron is hot.

In the meantime, how do we handle the situation of having a relative with mental illness? Do we feed that part of us that feels “poor me” and “life is too hard”? These are valid feelings, but by getting stuck with them, we feed and nourish the negativity.

That negativity and grief and sadness we feel is real and poignant, but there is another option: get involved and use that energy to make things better. If you are of an activist bent, ally yourself with an advocacy group, get informed, and address the systemic issues that confound the problem. You don’t have to speak before civic or legislative groups. You can help with the research, letter writing, and networking. To paraphrase JFK, if you’re not part of the solution, you’re part of the problem. I refer you to the

local advocacy group, Voices of Mothers (voicesofmothersandothers@gmail.com).

Another option is to represent the family voice on county committees and stakeholder groups (see the article below on a new housing coalition). We will get you up to speed, facilitate your inclusion, and appreciate your feedback and information.

Lastly, at the local level, join our affiliate as a member and find your place on the passive-active continuum ... whether it’s bringing snacks for meetings, writing articles for the newsletter, arranging chairs for meetings, helping publicize events, energizing our social media, or whatever is within your comfort zone. Contact us—you have multiple channels to select.

—Liz Rebensdorf, President, NAMI East Bay

Local Housing Coalition Starting Up

A room-and-board coalition is being formed, with Alameda County support through the Community Living Facilities Networking Group. The coalition is based on a model developed by Disability Rights California, with the purpose of facing the issue of a declining number of licensed Board and Cares in the community. Programs with this model are ongoing across the state.

Broad goals are to develop minimum standards, a problem-resolution process, a database of housing opportunities, and mechanisms for training, support, and education. Right now, the process is at the recruitment stage for stakeholders and a steering committee, and we need family members to be involved at both levels. Participation will involve site visits, outreach, networking resources, etc. This is an opportunity for desperate family members to have some impact on the housing needs of our loved ones. Please contact NAMI East Bay by phone or email for more information.

Chorus Without Borders

On Sunday, August 14, we were privileged to have the Rockridge Chorale, under the musical direction of Devi Jameson, present a wonderful concert to benefit NAMI East Bay. What a delight! The music was grand, both from the chorus and the solo per-

formances, covering a wide range of musical genres.

The reception afterwards was warm and friendly, with beverages and wine, Scottish Wedding Dancing, and a raffle. We are truly honored that Devi and the Rockridge Chorale chose us to benefit from their talent and generosity. Thank you so much!

Local Mosque Joins Forces with the Lakehurst Food Project By Rahma Mahdi

The Neighbors Helping Neighbors initiative was born when members of a local mosque learned that the Lakehurst Food Project, organized by Kenneth Thames, could use support. Under the NAMI East Bay umbrella, on Fridays the project delivers food to residents of the Lakehurst Hotel, most of whom live with serious mental illness. In June, the Neighbors Helping Neighbors joined forces with the project and began bringing ready-to-eat meals on weekends, when the hotel does not provide food service.

The meals relieve the residents' hunger and at the same time create better conditions for them to ingest medication. Neighbors Helping Neighbors arose when members of the Lighthouse Mosque learned of the food insecurity facing Lakehurst residents, especially on the weekends. Subsequently, a group of members have been buying, preparing, and serving meals outside the hotel on the last Saturday and Sunday of each month.

As one of the volunteers, I know that all too often we hear of people in our city going without food. This is unacceptable. And this project felt like a way to make a direct impact. As a Muslim it is my personal responsibility to help my fellow neighbor. Participating in the initiative has been tremendously rewarding. By bridging ties between people coping with serious mental illness and the Muslim community, Neighbors Helping Neighbors hopes to continue serving meals to the residents of the Lakehurst Hotel.

Founder Dhameera Ahmad explains, "When I first read about the dire food need in the NAMI East Bay Newsletter, I was reminded of the strong belief in Islam that one is not a real Believer until they want for their brother/sister what they want for themselves. During Ramadan I mentioned this food

need to women who have big hearts. Now we have served 150 lunches happily to wonderful people. We are grateful for this opportunity to serve."

Support Options for Everyone

- **For families** - 2nd Wednesdays, 3rd Tuesdays. See the NAMI East Bay [website](#).
- **For spouses** - This new-ish group meets on first Mondays at a local restaurant. Contact kmuhlin@gmail.com.
- **For consumers:**
 - **Connections** - 2nd and 4th Saturdays, 11-12:30, TeleCare Heritage, 2633 E. 27th Street, Oakland. (Also in Union City, 2nd and 4th Tuesdays, 6:30-8:00). Recovery support groups are led by trained consumer facilitators. For information, contact Bev at 510-333-7821.
 - **Hearing Voices** - Do you experience voices, visions, special messages, unusual beliefs, or extreme states of consciousness? What do these experiences mean to you? How do we live with and decrease distress from these experiences? Please join us at the free, weekly, drop-in Voices, Visions, and Different Realities group every Monday, 6-8 pm, North Berkeley Senior Center, 1901 Hearst Avenue, Berkeley. The support groups are co-facilitated by people who have lived experience with the mental health system.

Update on Berkeley Mental Health

Due to the closure of the building that houses adult services, Berkeley Mental Health has changed its access to provide walk-in/drop-in services *only* for BMH clients who have an assigned case manager. Scheduled clinical contacts are mostly being provided in the community—in the field or in temporary office spaces. Case managers will provide that information. New referrals need to go through the Crisis, Assessment, and Triage team at 510-981-5244. This change does not affect Family, Youth, and Children services through BMH.



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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

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