NAMI EAST BAY NEWSLETTER
A local affiliate of the National Alliance on Mental Illness (NAMI)
November-December 2021

Obsessive-Compulsive Disorder
Wednesday, November 17, 7:30 pm

The International Obsessive-Compulsive Foundation (www.iocdf.org) is a huge organization, with interest groups across the world. One such group is the Oakland/East Bay OCD Support Group, run by our guest speaker at the November meeting, Timothy Quinn, since 2014. We are delighted to hear from Tim about this disorder, which oftentimes informs behavior more than other mental illnesses and is co-morbid with many. He states that the groups “are an integral part of mental health maintenance.”

Speaker Meeting starts at 7:30 pm
The presentation will be Zoom/online, and attendees should preregister at our website: https://namieastbay.org, click on “What’s New,” and follow the link.

Note: The meeting will be available in written form in the newsletter, and video-recorded and accessible via the What’s New link on our website.

Family to Family Class

We will be offering our annual eight-week class online, Thursday evenings 6 to 8:30 pm, January 20 to March 10. The class presents a comprehensive overview of mental illness, diagnoses, medication, communication, problem solving, and coping. The class fills up quickly; so let us know ASAP if you’re interested. Since it is online, we need to get written materials to you, and we’ll need some lead time. Contact our office.

Communicating with a Person with Mental Illness

Bob Krulish, a certified trainer, offers a free seminar on how you can improve communication using LEAF principles developed by Dr. Xavier Amador, author of I’m Not Sick, I Don’t Need Help. You can register for the November 13 workshop by going to www.bobkrulish.com.

Support Meetings

For the duration of shelter-in-place and social-distancing orders from Alameda County, NAMI East Bay is offering online Family Support Meetings every Tuesday from 6 to 8 pm via Zoom. You can go to our website https://namieastbay.org, click on

Psychosis REACH

Psychotic Recovery by Enabling Adult Carers at Home (REACH) is a free training offered by the SPIRIT Lab at the University of Washington. It offers “concrete, evidence-based skills for relatives and
“What We Offer,” and follow the link to “Online Support Groups.” Or you can register here via Zoom.

Note: Invites to a Zoom meeting will include phone numbers, links, meeting identification, and passwords. You can join any meeting by phone and voice only, but to participate by video you need to download the Zoom app before joining the group.

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Fourth Wednesday Discussion in December

Our online discussion group is not scheduled for December, but see the results from August on page 4.

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African American Wellness Project

This group was formed to respond to inequities in the healthcare delivery system. Its newsletter contains comprehensive information about both physical and mental health issues (www.aawellnessproject.org).

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Panel Discussion on Advocacy in Alameda County

Summarized by Thomas T. Thomas

The September 22 Speaker Meeting presented an overview of mental health advocacy in Alameda County. Panel members included Tanya McCullom, Program Specialist with the county’s Office of Family Empowerment, and Alison Monroe, Katy Polony, and Dianne Lam representing Families Advocating for the Seriously Mentally Ill (FASMI). Topics included an overview of current state and federal legislation, an explanation of how the Alameda County Behavioral Health Care Services (ACBHCs) operates regarding funding and decision points, and an update on FASMI activities with advocacy actions we all can take.

To start the discussion, NAMI East Bay President Liz Rebensdorf described how the California legislative process works, from concept to analysis, discussion, and public input in the Assembly and Senate, to a bill to be signed on the governor’s desk. Current bills of interest to mental health advocates now in the process, while the legislature is on recess from September to November, include:

- The Office of Mental Health Equity (OMHEQ) Act (AB 1930), which is an urgency bill that seeks to address persistent racial and ethnic disparities in mental health services in California.
- The Mental Health Services Act (MHSAct) Reinvestment Act (AB 1845), which invites core state services to be reinvested in the communities they serve on a permanent basis.
- The Mental Health Services Act (MHSAct) Expansion Act (SB 1276), which expands the scope of services available to mental health providers.

Alameda County Behavioral Health Care Services, to which their office is attached, has a fiscal year 2021 budget of $563 million, employs more than 700 full-time-equivalent mental health professionals and serves approximately 79,000 individuals for mental health issues and 7,000 for substance abuse. Of these, 55% are male and 45% female.

The ACBHCs priorities have changed with the pandemic and with new legislation. Their current focus includes Covid-19, mobile crises and emergencencies, health and cultural equity, community stakeholder engagement, and budgeting and fiscal changes. These priorities involve many position changes—are hiring is a long process. Among them is a new position, the Health Equity Officer. And the Covid-19 impacts have required employee redeployment, increased coordination among departments and agencies, community outreach and engagement, and changes to clinical services, such as telemedicine.

“Across the board,” McCullom said, “people seeking services have dropped off due to the pandemic. So our revenue has dropped, requiring new financial planning.”

Advances in this time have included opening Amber House crisis residential treatment in Oakland and the Safe Landing Project at Santa Rita Jail; redesigning our EDC (emergency department care) program; and...
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September 10 to January 3, include housing and crisis intervention. Bills on the governor’s desk awaiting signature include:

- **SB224** to bring mental health education into the K-12 public schools.
- **AB118**, the Community Response Initiative to Strengthen Emergency Systems (CRISES) Act, to change mobile crisis response teams from primarily law enforcement to mental health professionals.
- **AB988** to implement national legislation already passed that would institute in California the 988 number for mental health services, like 211 for traffic information.

After laws are passed, they are sent down to the California counties, which are the funding source.

**Tanya McCullom** described the Office of Family Empowerment, which currently includes herself and two others, all family members themselves. She focuses on mental health issues with children. A second team member manages the office and focuses on adults and older persons. And a third deals with workforce development issues.

Some of the things people can do by themselves is to write books, like DJ Jaffe’s *Insane Consequences*. She noted that Jaffe had served on NAMI National’s board, and one of his conclusions is that denial, no stigma, is the problem.

On a more local and personal scale, individuals can write letters to the editor and op-eds for the local paper. “They should write their own story,” Monroe said, “because policy proposals are too abstract.”

They can also write to their county supervisor and get involved with local initiatives like supportive housing. “Families with experience are known to have credibility with Alameda County,” Rebensdorf said.

Crisis services without places to take people to treatment won’t fix the problem, Monroe said. Peer services alone won’t fix the problem. Voluntary services by themselves won’t fix it. “We want to poke a magic wand at a pumpkin and make it a coach,” she said, “but it keeps turning back into a pumpkin.”

Monroe cited the National Shuttling Silences Co.
but they’re less likely to die if they live with
their family instead of on the streets. People die if they
are not hospitalized’ As to housing, people without
families have no place to live but at unlicensed board-
and-cares ‘‘Dismal as some of them are, they still cost
money,’’ she said. And finally, Alameda County does
not provide enough case management teams. Case
managers are required to make the case to refer a per-
son to Level One or full-service treatment—and then
they must maintain the connection while the person is
homeless.

‘‘We need fundamental change in the system,’’ Po-
lony said. ‘‘The system is backward: people have to
convince the system that they need attention. Family
members with serious mental illness cannot advocate
for themselves.

‘‘We need a group of families who will not be ig-
nored, to get the public to pay attention—if only
through direct action,’’ she said. ‘‘We need to call at-
tention to a tragic situation involving thousands of
people in the county.’’

Polony said voluntary programs like CATT and
Amber House are good things, as is the effort not to
incarcerate the mentally ill. ‘‘But without someplace
to go, people end up on the streets.‘‘

FASMI’s Alison Monroe spoke about undertaking
advocacy as an individual. ‘‘I wish I could share a
strategy that would work,’’ she said. ‘‘But it takes ad-
vocacy groups to lobby public officials and the county
bureaucracy.’’

Monroe cited the National Shattering Science Co-
alition’s list of solutions. Among them are recogniz-
ing mental illness as a medical disorder; focusing on
abuse and neglect; repealing the Institutions for Men-
tal Disease (IMD) exclusion, which prefers smal
mental health services and limits Medi-Cal coverage for
health stays to those with less than 16 beds; and end-
ing incarceration for the mentally ill.

FASMI doesn’t have a website yet, but you can
reach them at acfasmi@gmail.com.

In discussions that followed the speakers’ presen-
tations, the attendees touched on several issues:

• An effort in San Francisco to sue programs that are
not fulfilling their mandate in treating the mentally
ill. Audience members noted such suits can be ef-
fective in changing the law.

• A new building program at Santa Rita Jail that will
provide hospital beds and psychiatric services. Bu-
audience members feared that it would be under the
control of law enforcement rather than county men-
tal health services.

In wrapping up the program, Liz Rebensdor
noted that taking up advocacy as a family member is
sometimes hard, ‘‘when all your energy is drained by
the person sitting across the room.’’

The full presentation recording is available on the
NAMI East Bay website under What’s New. Past
Speaker Notes articles are available online at
An Advocacy First Step

A family member asked me recently how he can actually change the world. Now it’s hard to tell. We family members have been trying to change the world for years. In some ways it’s been getting worse—fewer and fewer beds and board-and-cares or other suitable housing. And in some ways it’s getting better—some journalists and elected officials do understand now that serious mental illness is a medical issue; it causes terrible suffering and disruption; it needs treatment; and many people affected by it are too ill to know they need help. And there’s hope that the latter insight will grow and reverse the trend of trying to wish away serious mental illness and facilities to deal with it.

1. Tell your story. There are several things you could do with your story:
   - Share it with your county supervisor and other elected officials and tell them what helped and what hasn’t helped.
   - Make it into a letter-to-the-editor after some news event.
   - Make it into an op-ed.
   - Include it in a book like *Tomorrow Was Yesterday* by Dede Ranahan.
   - Make it into a video.

2. Help Families Advocating for the Seriously Mentally Ill (FASMI) organize into a diverse group with a simple message and take our message to elected officials. Learn who your state, federal, and county representatives are—especially county, because the county is responsible for keeping your loved one alive and well, if anyone is. Come with us when we get meetings with these elected officials.

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3. Every once in a while, you can show up at meetings of bureaucrats, like the Mental Health Advisory Board, and use the opportunity to tell them what isn’t working. There are innumerable state bodies also, like the Mental Health Services Act Oversight Committee, that rarely hear from us, though.

The book *Hidden Valley Road* by Robert Kolker, about a family with six children diagnosed with schizophrenia, devotes a large amount of space to the search for answers, with generally inconclusive results. In some cases, the provocation leading to specific research was the exploration of a coincidence.
4. Take advantage of occasions—state and federal legislation being proposed, or budget discussions going on—to practice telling your story. Say what has helped and what hasn’t helped.

5. If you want, take advantage of county budget discussions and tell your story to the supervisors in writing or in person. Tell them what the county needs to spend money on. Particulars matter. Your story matters.

—Alison Monroe, FASMI

NAMI California Conference

The annual NAMI California Conference will be held virtually on October 14-15, 2021. To see the comprehensive list of speakers, topics, and event details, go to https://namica.org and follow the links to conference registration.

COVID and Serious Mental Illness

Research (per the Treatment Advocacy Center report 8/4/21) is showing that persons with serious mental illness (SMI) are a high-risk group in the fight against the COVID-19 virus. Based on an international review of 19,000 patients with both a SMI diagnosis and the virus infection, it was found that there was an increase in the likelihood of dying at a rate 1.67 times that of people without the psychiatric diagnosis. Several factors have been implicated in this finding such as healthcare access and social factors, along with comorbidities such as smoking, obesity, and substance abuse.

But another significant question is raised related to these findings and that is regarding immunological differences and the medical impact they create. We plead with researchers to further explore this area.

Providers for Diverse Communities

We live in a wonderfully diverse community with neighbors and friends from around the world. Here is a list of resources available for client-specific communities and their county service area (N-north county, S-south, C-central). Google them and check their websites for more information.

- Afghan: International Rescue Committee (N), Afghan Coalition (S).
- Asian - East: Asian Health Services (N), Korean Community Center of the East Bay (N), Tri-City Health Center (S).
- Middle Eastern and Arabic: Diversity Health in Training Institute (N,C).
- Native American: Native American Health Center (N,C).
- Native Hawaiian and Pacific Islander: Richmond Area Multi-Service (N,S).
- South Asian: Hume Center (countywide).
- Southeast Asian: Center for Empowering Refugees and Immigrants (countywide).

https://mailchi.mp/3246d70f9471/nami-newsletter-july-august-5216002?e=4c65a4efbe
Are your dues paid for 2021?
(Check Mailing Label)
Your Support Matters
Renew Now!

NAMI EAST BAY 2021 MEMBERSHIP

Please check your mailing label. If the code “21” is over your name on the right side of the label, your dues are current through 2021. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2021 dues now. And if you can afford to add a bit more, please do so. Your $40 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, $60 per year  ☐ Open Door Membership, $5 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