NAMI EAST BAY NEWSLETTER

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

July-August 2017

A Holistic Approach to Health

Wednesday, July 26

Marcey Shapiro, MD, is an integrative medicine family physician located in Albany. She has extensive training and experience in many areas of natural medicine, including Western and Chinese herbal medicine, acupuncture, mind-body techniques, flower essences, homeopathy, breathing techniques, nutritional therapies, Scenar®, and hands on modalities including Ortho-bionomy® and Biodynamic Osteopathy. She uses integrative and complementary medicine as part of an overall approach to health, wellness, emotional well-being, and relief of anxiety, depression, and stress reduction. She is the author of two books, *Transforming the Nature of Health,* 2012, and *Freedom from Anxiety: A Holistic Approach to Emotional Well-Being,* 2014.

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 July 12, August 9, and September 13.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: July 18, August 15, and September 19.
- **Hearing Voices Group for Family Members** is held the 3rd Thursdays of each month at the office, 6:30-8 pm: July 20, August 17, and September 21.

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.

Each Mind Matters

Here's a shout-out to Each Mind Matters, symbolized by those green ribbons and pins worn proudly by folks in the arena of mental health and illness. EMM represents California's mental health movement.

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities, with funding provided by the counties from Proposition 63, the Mental Health Services Act (MHSA). Locally, two of NAMI East Bay's board members sit on the Alameda County MHSA Stakeholder/Oversight Committee.

Last month, to acknowledge May as Mental Health Month, we wrote a mini-grant and received funding to support two of our events: the DJ Jaffe presentation (see page 4) and our first annual film festival. Thanks to those that participated.

Short Takes

- **Email Change:** Please use our new email address for NAMI East Bay—namieastbay@gmail.com.
- **Family to Family Class:** September 18 to December 4, 7 to 9:30 pm, Montclair area in Oakland. Contact the office to register.
- **Solano Stroll:** Sunday, September 10. We will have a booth at the stroll and invite NAMI East Bay members to sign up to sit with us for an hour or so.
- **Life Skills:** Can anyone recommend a clinically oriented individual available to help support a young adult with such skills as money management and employment development? Parents can't do it all.

The NAMI EAST BAY NEWSLETTER is published bi-monthly, beginning in January, by NAMI East Bay, 980 Stannage Ave., Albany, CA 94706.
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SPEAKER NOTES

Rebecca Carrillo: New Psychiatrist with Berkeley Mental Health

Summarized by Thomas T. Thomas

At our meeting on May 24, **Rebecca Carrillo, MD,** spoke with us about her experiences as a recent addition to the staff of psychiatrists at Berkeley Mental Health. Her practice focuses on 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 appreciated the opportunity to communicate with family members.

"I am passionate about my work," she said, "especially how mental illness impacts the family." This is of direct concern to her, because she has lost two brothers to suicide and was hospitalized herself while an undergraduate at UC Berkeley.

Dr. Carrillo is the youngest of eleven children. Her parents were born in the U.S. and raised in Mexico, and her ten older siblings were born there—although she was not. "So I am sensitive to issues of inclusion, diversity, social justice, and the traumas related to immigration."

She lived in the Bay Area for twenty years, then decided to attend medical school late in life. She studied medicine in Los Angeles and worked as a psychiatrist with Monterey County before coming to Berkeley Mental Health, which is part of the city's services.

"Although I lived here for years, there are things I didn't know about Berkeley," After she was on the job for six weeks, the clinic where she worked was closed for renovations. Even when she was being moved around, she was able to meet with clients with severe mental illness who needed to be seen. She said it was good to get out and meet clients in their homes, in board-and-cares, and in residential facilities. "It's a different exposure in the home environment." She also had a chance to talk with social workers and others involved with the client. "Information comes from different people."

After this brief introduction, Dr. Carrillo opened the meeting to questions.

Q. What is your ideal day as a psychiatrist?

Having a conversation, listening to clients, and keeping an open mind. The work is a phenomenal human experience.

Dr. Carrillo sees an average of six clients a day, from among a caseload of about two hundred—which compares well with some clinical settings, where a psychiatrist might have a thousand patients. She tries to see people even when they're late for an appointment, because she knows they may have a long bus ride, and some have no home at all. "We don't turn people away. We try to be flexible about timing."

The staff at Berkeley Mental Health includes two full-time psychiatrists, including Dr. Carrillo, and one who is available part time.

Q. What do you do if clients won't take their medication?

That's a good question. It's impossible to know if someone is compliant about medication unless we check a serum level. "I am not an enforcer."

Although Dr. Carrillo comes from the medical model of psychiatry, she believes in building a relationship with her clients. "If people feel safe, they will discuss their illness. I'm not there to impose my beliefs but to provide information and recommendations. I explain the risks and consequences of certain actions, like taking or not taking medication." She believes that "agency comes from having information." The doctor can describe when therapy or medication would be helpful and make recommendations. And if the client wants the family involved, she can invite them in as a resource.

Dr. Carrillo has a "recovery-oriented practice." That means she works in collaboration with the client. Her treatment plan uses the client's own words and goals, rather than her projections. She honors the voice of the client. She believes in providing a safe space and explaining what she recommends and the reasons for it. This is different from having the doctor tell the patient what is going on inside their head and prescribing actions and medications without collaboration—although some people do want that diagnosis and direction which is more typical of a traditional medical model. It all depends on the person's culture.

Q. How do you treat someone who is paranoid and convinced the CIA is after him? It's hard to make informed decisions when a person's thinking is so impaired.

Dr. Carrillo said she loves psychiatry, but it can also be heartbreaking sometimes. "There are times I know that medication would help. But my job is to make sure the person understands the risks and benefits. I wish I could make it better in these cases by forcing the client to take medication—but that doesn't work." However, when someone is not able to make an informed decision, mechanisms are in place to ensure they receive medication.

Dr. Carrillo said she knows that forced medication, being in restraints and having doctors and nurses tell you what to do, or having a judge decide you don't have the right to make a decision—that all can be traumatic for a person with mental illness. Sometimes it is necessary. "I do what I can to facilitate the best choice, based on having the client trust me," she said.

Q. Where is Berkeley Mental Health located now? And how do I get services for my ill relative or loved one?

The Adult Services Clinic is temporarily located at 1890 Alcatraz Avenue, between Adeline and Shattuck. Family, Youth, and Children's Services are at 3282 Adeline Street. To reach the Mental Health Division itself, call 510-981-5920. For the Mobile Crisis Team, call the police non-emergency number at 510-981-5900, or leave a voice message at 510-981-5254. Email mentalhealth@cityofberkeley.info.

When a client calls the department for the first time, they are given a referral and appointment for an initial intake assessment. From there, the doctor will describe the next steps.

Q. How do you know when you're sick, when you have a mental disorder?

There is a clear answer for that: when your functioning is impaired at some level, moderately or severely, in your job, in taking care of your family if you're a parent, academically, or in some other significant area of your life.

Q. What is a "personality disorder" and how does it differ from a mental illness?

Various personality disorders are described in the *Diagnostic and Statistical Manual of Mental Disorders, Version 5* (DSM-5). But we really don't know the biological causes for these clusters of behaviors which impact how one functions in life.

For example, most of our medications have been targeting the same group of neurotransmitters for decades. And they are only effective about half the time. More novel medications are in the works.

Q. What about nontraditional treatments, like those in Scandinavia, like psycho-social therapy?

Psychosocial therapy is an important component of treatment for clients with severe and persistent mental illness. Although Dr. Carrillo's foundation is in medicine, she wants to learn about other approaches.

Q. Do you support research into the medical uses of cannabis?

Yes. We need this research, because we know our clients are using it for various illnesses.

Q. What about MRI's and brain scans, like the ones used by Dr. Daniel Amen on KQED?

MRI's can identify structural abnormalities, like tumors. And PET scans can give us information about how areas of the brain are functioning. Dr. Amen uses SPECT, which is similar to PET scans. As noted above, we don't yet know enough about the brain and its biology to say how useful these are in psychiatry.

In closing, Dr. Carrillo had a question of her own for the group: What does NAMI do? How are you here for each other?

Various people answered from the audience. Aside from these informational speaker meetings, NAMI offers support-and-share groups (see page 1), one for people with an adult child or relative with a mental illness, and one for people with a child or adolescents. The group also hosts a family-to-family class and offers referrals to local service providers and advice and advocacy on issues like housing and stigma. In addition, the local NAMI supports alternative approaches, like the Hearing Voices Network.

"Our main function," said President Liz Rebensdorf, "is to help people in this situation realize that others have the same concerns. That they get it. That you are not alone."

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

Insane Consequences Author Speaks Out on Mental Health

On May 25, NAMI East Bay hosted DJ Jaffe, author of *Insane Consequences: How the Mental Health Industry Fails the Mentally Ill* (Prometheus Books, 2017). He also founded the Mental Illness Policy Org. in 2011. He contends that, while this country spends $200 billion in federal and state funds on mental health, the approximately four percent of the population with severe mental illness (SMI)—the bulk of them with schizophrenia and bipolar disorder—are underserved. Approximately 140,000 remain homeless, while 392,000 are in jail or prison, and they are not getting the treatment they need.

Jaffe has been directly involved with the problem. Thirty years ago, he saw his schizophrenic sister-in-law go through hospitalization—back in the days when an ill person might be taken by ambulance and stay 30 days in the hospital. She was then released with no further treatment or rehabilitation plan, only to deteriorate and repeat the process again and again.

He believes that treatment in this country has turned from a focus on the seriously mentally ill to lesser issues of "mental health." For example, the Mental Health Services Act (MHSA), passed in California in 2004, was intended to provide services for the five to nine percent of the state's adult and child population with serious, potentially disabling mental illness and to guarantee them the same care extended to other kinds of disabilities. But over the years the act's funding has gone to invented "illnesses" like bullying, ADHD, and trauma; to "at risk" populations for lesser mental health issues; and to early intervention and prevention programs. The trouble is, early intervention is often aimed at children long before the general age of onset for serious conditions like schizophrenia and bipolar, and for which there is no known prevention.

Worse, Jaffe said, MHSA funds are used to support consumer groups who oppose assisted outpatient treatment (AOT), as proposed by Laura's Law in California, which has been proven to reduce hospitalization and incarceration among the mentally ill.

Funds are also diverted to programs like suicide prevention. While suicide is a terrible thing, it is relatively rare, affecting only 43,000 Americans a year. Most of these programs target young people under age 24—who rarely commit suicide, compared to the elderly, people who have made a previous attempt, people in prison, and other more efficiently targeted populations. Also, such programs claim as their proof of effectiveness the number of calls made to a hotline—not reduction in the number of suicides.

The mental health industry, Jaffe said, has put forward a number of myths. One is that the mentally ill are no more violent than anyone else—and yet the reality is that untreated patients with severe mental illness can often be violent, which is why psychiatric wards have locked doors and police officers responding to personal disturbances wear bulletproof vests. The funds going to campaigns against stigma are also wasted on the seriously mentally ill, whose barrier to treatment is not stigma but lack of funding, lack of available services, and lack of personal awareness, or anosognosia.

Where should program funds go, in Jaffe's opinion? He would see funds pay for more hospital beds, acceptance and enlargement of AOT programs, housing for people with mental illness, and peer clubhouses and drop-in centers with support services.

He noted that local groups like NAMI East Bay are strong advocates of such programs, but that NAMI California seems to be "missing in action," while the NAMI National organization routinely sides with the mental health industry instead of the mentally ill. For this reason, DJ Jaffe is running on a slate for the NAMI National Board of Directors to try to change the situation nationwide. "What does the future hold?" he asked in closing. "We don't know—but we do know the public cares about this issue, about homelessness, incarceration, and treatment for the severely mentally ill."

Musings from the President

Both of our end-of-May speakers, Dr. Rebecca Carrillo and DJ Jaffe, made a same point in their discussions with us: we need to look at the level of functionality in our relatives and perhaps not get overwrought about specific diagnosis. To be sure, besides the necessity of a psychiatric diagnosis for insurance and benefit funding, diagnoses do inform professionals about medications, possible interventions, challenges, and prognoses. But in the long run, the family angst that I see generally involves the actual be-

haviors of their son, daughter, parent, spouse, or sibling. A diagnosis may impart some context and is useful to know and understand, but sometimes it isn't relevant to the challenges the family faces on a daily basis.

The study of psychology spends a great deal of time on developmental stages where an individual's life course unfolds in terms of the continuum of dependence to independence. I'm in awe of the abruptness of this force in much of the animal world—one day, you're in a litter being attended to by a parent, and the next day, you're on your own. In our human world, this is much more gradual—and, of course, much more complex.

For a young adult, independence implies financial and personal self-care with employment, housing, and relationships. The fact that statistically this is the point, the early 20s, at which many of our ill relatives stop in their forward momentum, suggests to me that the slowdown is inherent and physiological … and following the pattern of a disease. Etiology aside, this is the stage where family concerns arise with problems seen in educational progress, relationships, job maintenance, etc. Sometimes these are just blips in the forward momentum, sometimes not. But it is the actual, concrete, atypical behavior that alerts families and which we share with professionals. We don't conclusively know how the brain works with mental illness, although there is a lot of research and many hypotheses. All we can report on is what we see and what our relative shares. Since families are witness to these behaviors, it is absolutely imperative that their observations be considered relevant and part of the clinical assessment.

The emphasis our speakers placed on actual functioning is satisfying because it is a perspective based on the objective concrete world. It is also a frustrating and challenging perspective since, until we actually know what's going on, the success of our interventions is questionable.

—Liz Rebensdorf, President, NAMI East Bay

Expanding Our Support Network

Most of our support group attendees are parents of individuals with mental illness. Periodically, we hear from folks who are siblings or children of individuals with mental illness. If you are one of the latter group and would like to do some networking with others in a similar situation, let us know.

Kudos and Thanks

- **To Tom Thomas and Irene Moran,** who received Berkeley Mental Health Department Achievement Awards in May. Tom takes notes on all speaker presentations, writes up his comprehensive report, and then puts our newsletter together. His wife Irene takes care of the whole newsletter mailing process, from sticking on labels to getting the sorted newsletters to the post office. We couldn't exist without these two.
- **To Michael Godoy,** who is our official IT guy and makes computer work seem "magical." Michael comes to us from our UC Berkeley NAMI on Campus group. He sparked the idea for our recent film event and has mastered the bulk electronic mail process.
- **To Deborah Johnson,** who has handled our office phone calls for the last couple of years and always brought her gracious lovely self to the experience.
- **To Carla Wilson and Christine Haldenwang,** who generously gave us several recent Friday afternoon hours to do some necessary housecleaning and organizing of our office; this included toting a to-be-recycled fax machine and computer down those stairs.

Membership Issues

If you have questions about your membership status and receive the newsletter electronically, send us a note and we'll check your status.

Online renewal is available through www.nami.org. Per the NAMI National organization, dues will increase July 1 to $5 for Open Door membership, $40 for single, and $60 for household membership. If you're currently an active member, you do not need to pay more until you renew.

Lastly, in the name of efficiency, we will be going through our mailing lists and dropping those names from whom we haven't heard for a couple of years.

NAMI East Bay
National Alliance on Mental Illness

980 Stannage Avenue
Albany, California, 94706
Time Value

Return Service Requested

Are your dues paid for 2017?
(Check Mailing Label)
Your Support Matters
Renew Now!

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 $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.:** _____

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I'd like to volunteer: ☐ In the Office ☐ Grant Writing ☐ Membership Committee
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