
NAMI EAST BAY NEWSLETTER

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

March-April 2020

“Trauma Informed Care” and Why It Will Transform Therapeutic Care

Wednesday, March 25

“Trauma Informed Care” is considered a best practice in the therapeutic treatment of clients with severe mental illness. Alameda County Behavioral Health has now mandated that training in this approach is necessary for its service providers. Come to our March 25 meeting to hear two speakers explain the practice and discuss its benefits.

Mariana Dailey, MPH, is the new senior planner for the Mental Health Services Act Division of Alameda County Behavioral Care. She is also the department's Coordinator for Trauma Informed Care.

Lori DeLay, LCSW, RD, is the Training Officer for the Mental Health Services Act in Workforce Education and Training.

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 March 11, April 8, and May 13.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: March 17, April 21, and May 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 can share ways they have found to cope.

Additional Support Groups Available

As noted above, NAMI East Bay offers two support groups on a monthly basis: one for families of youth and young adults with mental illness, and one for families of adults. If this frequency is insufficient, do consider other local opportunities for support. The following groups have all been recommended by participants: Hearing Voices Network (www.hearingvoicesusa.org), DBSA (Depression and Bipolar Support Alliance, www.dbsaberkeley.wordpress.com), and Al-Anon (www.al-anonbythebay.org).

Volunteer Office Help Needed

Our all-volunteer organization's office needs a good spring cleaning, and we invite anyone interested in setting up a lending library book list, sorting and displaying brochures, toting stuff to a recycling bin downstairs or at home, and doing miscellaneous filing and organizing, to let us know by contacting our office. Good conversation and snacks will be available. Let us know if you are available for a couple of hours during the day, evening, or weekend, and we'll set up a work session.

Family to Family Teacher Training

If you have taken the 12-week Family to Family class and are interested in being trained to co-teach the new 8-week class, let us know. A local one-and-a-half-day training will be offered in a month or so.

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SPEAKER NOTES

Crisis Support Services in Alameda County

Summarized by Thomas T. Thomas

When your loved one is in crisis, with a mental health breakdown or other urgent condition, what can you do? Both the City of Berkeley and Alameda County operate mobile crisis teams and hotlines.

Stephanie Lewis, MFT, is currently Division Director of Crisis Services for [Alameda County Behavioral Health Care Services](#). She provides oversight, direction, planning, and development for the full spectrum of services and a multidisciplinary team within the county's Crisis Division. **Michael Bernath, PhD, MFT**, is a Licensed Clinical Psychologist and the new Mental Health Clinical Supervisor for [Berkeley Mental Health](#)'s Crisis Assessment and Triage program.

Crisis in Alameda County

Stephanie Lewis has more than 20 years of experience working in collaboration with law enforcement and emergency medical services—including Berkeley Mental Health, where she interned—providing crisis mental health services to individuals, and more than 15 years of experience providing various trainings to consumers, clinicians, community providers, and law enforcement on mental health crisis assessment and intervention. The Crisis Division is now expanding services throughout the county.

“Our goal,” she said, “is to provide the right services to the individual at the right time—meeting the individual’s need.” Lewis termed this the “Crisis Continuum of Care.”

The first things to know in a crisis are where the person is, what has helped them in the past, and what resources they need. “Most people can figure this out for themselves,” she said. And she emphasized that not all mental health crises need to be resolved with a 911 call and hospitalization.

Alameda County has the highest rate of 5150s¹ in the state. “And we need to redirect some of those to a lower level of service.” For example, John George Psychiatric Pavilion in San Leandro is the county’s psychiatric hospital, but individuals seeking voluntary

stabilization might go to Amber House in Oakland, run by [Bay Area Community Services, Inc.](#) (BACS). This facility serves both men and women adults and offers 24-hour stabilization and longer-term residential programs.

The continuum includes first giving the person a welfare check, followed by assessment and evaluation, and then intervention as needed, with diversion from acute services if possible. “We want to determine what they need in the moment, and then we determine what they need down the line,” she said.

The county offers ongoing services at three levels. The highest is the Full Service Partnership, for the highest utilizers, usually people in frequent contact with hospitals and the police; this level includes service every day, with case management three times a week. Level 1 includes case management for two to three days and then a referral to other services. (The former Level 2 is no longer offered.) And Level 3 is for medication only. The goal of crisis management is to follow up with the person within 24 to 48 hours after the crisis.

The Crisis Division fields three different teams:

- **Mobile Crisis Teams (MCT)**—two clinicians in a county vehicle who focus on early intervention, prevention, and care connection at “hot spots” like BART stations and homeless encampments.
- **Mobile Evaluation Teams (MET)**—a clinician and a police officer focusing on 911-dispatched mental health crisis calls in Oakland.
- **Community Assessment and Alternative Transportation Teams (CATT)**—a clinician and an emergency medical technician (EMT) focusing on community-based crisis intervention and medical clearance (i.e., a medical evaluation, which is required for people over 60).

Lewis noted that police are needed for 5150 calls, because clinicians do not have authority to detain people, especially if they bolt from the scene. Also, a patrol car can get to a site faster than a county vehicle. The new CATT team is needed because the clinicians in a county vehicle are unable to transport people to a treatment center like Cherry Hill for detox or Amber House. The EMT can also provide medical clearance

¹ A three-day involuntary hold under Welfare & Institutions Code 5150 for a person who is a danger to self or others or gravely disabled.

as needed.

The teams operate from Monday to Friday, 8 a.m. to 8 p.m. They would like to expand to weekend hours this year, but the county is going through a staffing crisis, with 16 open and unfilled positions.

To reach Crisis Services and speak with an on-duty clinician, call 510-891-5600 during business hours. After 5:30 p.m., call the county's ACCESS number, 800-491-9099. (In Berkeley and Albany, call 510-981-5254.)

Lewis said that police officers get training in mental health intervention, including seven hours at the academy and then for some officers the supplemental Crisis Intervention Training (CIT), in which NAMI has participated. This training involves 40 hours and includes topics like intellectual development issues, Alzheimer's and dementia, substance abuse, cultural responsiveness, working with family members, and a tour of local facilities. Lewis noted that on a 911 call you can ask for a CIT-trained officer if available.

Starting in 2019, the Crisis Division also fields three teams for follow-up services:

- **Community Connection Teams (CCT)**—a clinician with a peer or family provider for outreach to homeless camps with linkage to long-term services.
- **Familiar Faces**—for high-utilization people who are not accessing services available in home, at the hospital, or for the homeless. This team is 80% staffed by peers and family members.
- **Post Crisis Follow-up Team (PCFT)**—to conduct calls within 24 to 48 hours to non-high utilizers. This team is also staffed by peers and family members.

Crises in Berkeley and Albany

Berkeley is one of only two cities in California—Pomona is the other—with their own mental health services; elsewhere such services are provided at the county level. Michael Bernath is new in his position with Berkeley Mental Health's Crisis Assessment and Triage (CAT) hotline. His program only began operating last August, with statistics from October and later.

The call line is available Monday to Friday from 11:30 a.m. to 4 p.m. (with hours set by grant

limitations) at 510-891-2544. Walk-in hours at 1521 University Avenue, Berkeley, are Monday to Thursday from 8 a.m. to 1:30 p.m. The staff of three or four people, including Bernath himself—and still understaffed²—takes about 40 or 50 calls a month and handles 10 to 12 intakes a day.

“A lot of crises can be handled over the phone,” Bernath says. “Some calls we evaluate and send to the Mobile Crisis Team or the police, others we link to available services.” He estimates that 75% of walk-ins are screened to supportive counseling or linked to Berkeley Mental Health or other services.

Bernath noted that crisis calls don't necessarily have to involve a mental illness. Screening identifies what is going on with the individual and what resources in the community are available.

Q. Are Berkeley-Albany residents sent for hospitalization to John George?

Yes, unless they need medical clearance, then they are taken to the Alta Bates emergency room and, generally, go on to Herrick Hospital. In Oakland and the rest of the county, clearance takes place at the nearest emergency room.

Q. How do you deal with people who have anosognosia, or lack of insight into their illness, and get them to agree to services?

Rather than talk about mental illness or any diagnosis, it helps to ask the person if they're feeling stressed or overwhelmed. You can also ask if they can take care of their basic needs. You need to develop a rapport with the person and focus on helping them think about options. This, of course, takes time.

Q. My daughter is a legal resident of Vallejo in Solano County, yet she often visits and stays with us in Oakland. If she has a crisis, can I call the Alameda County crisis team?

Berkeley Mental Health can offer screening and several services to non-residents. Alameda County Behavioral Health can respond to anyone in crisis who calls them.

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.”

² Bernath said that the Mobile Crisis Team, consisting of two people, is also temporarily unavailable due to staffing issues. Services should return in February.

Musings

Some random thoughts about language and communication:

TURBULENCE – Turbulence is a good term for what our families have experienced and continually undergo in dealings with their ill relatives.. How do we cope with and handle turbulence on an airplane flight? One habit (mine) is to vow never to fly again but in the meantime ... sit tight, don't get up to check your balance, and deep breathe/be mindful. You can take this metaphor wherever you wish.

ENABLING – Family members who have gone to Al-Anon meetings sheepishly admit to their “enabling” of relatives with mental illness. There seems to be a nuanced distinction between supporting and enabling, and this may be a word more suitable to one set of challenges than to the other. We're all doing the best we can and if I warn my son about oncoming cars while he is preoccupied with his internal demons, I resent being accused of enabling him.

CONCEPTUAL VS. PRACTICAL – Using a psychiatric term or diagnosis is not always a good idea with most of our relatives who are struggling with their self-perspectives and issues. There may be better communication when points of conversation involve observable behavioral issues, such as sleep or eating behaviors. Wouldn't you rather hear “I see you're not able to sleep through the night” than “You're acting manic”?

LABELING – 1. My son is a sensitive individual who has some social anxiety, an interest in music, and schizophrenia. Isn't this a kinder description than, “he's Schizophrenic”? Would you describe a person with cancer as, “he's Cancer”?

2. As a side note re language, there is a movement to label individuals as having a Brain Disorder rather than a Mental Illness. That subtle difference could have an impact on stigma, parity, and understanding.

3. As a further side note, in an effort to “temper negative bias toward the disorder” of schizophrenia in Japan, the old term *Seishin-Bunretsu-Byo* (Mind-Split Disease) has been replaced by *Togo-Shitcho-Sho* (Integration Disorder).

GOOD WORDS – I'm not a prayerful person, but as I grow older, the wisdom of the Serenity Prayer becomes increasingly more meaningful and

relevant: “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

—Liz Rebensdorf, President, NAMI East Bay

Bedlam, a Film Screening Event

Along with local dignitaries and the Physicians Organizing Committee, NAMI East Bay will be co-hosting the screening of a critically important new film, *Bedlam, An Intimate Journey into America's Mental Health Crisis*, prior to its national PBS broadcast in April. The screening will take place on two dates:

- March 14, 2 pm, Berkeley Art Museum Pacific Film Archive, with post-screening discussion led by Dr. Thomas Insel, California's “Mental Health Czar,” and John Snook, Executive Director of the Treatment Advocacy Center. Tickets are available via [BAMPFA](#).
 - March 15, 3 pm, East Bay Media Center, 1939 Addison Street. Free admission but we recommend space reservation through [EBMC](#). Discussion afterwards with Geoffrey Wilson, Physicians Organizing Committee, and Tom Gorham, Options Recovery.
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New Book Donation

We are delighted to be the recipient of books from the local New Harbinger Publications, thanks to the effort of Wright Institute student Daniel Sager.

Here are the titles in our new collection:

- *DBT Skills Workbook* (about Dialectical Behavior Therapy)
- *Depression Solutions Workbook*
- *Anxiety and Phobia Workbook*
- *Stop Walking on Eggshells*
- *Helping Your Anxious Child*
- *Loving Someone with Bipolar*
- *Bipolar 101*
- *Beyond Borderline*
- *Tao of Bipolar*
- *Borderline Personality Workbook*
- *Depression Workbook*
- *BPD Survival Guide* (about Borderline Personality

Disorder)

We are in the process now of setting up a borrowing system so that we can share our bounty. If you're interested in any of these books, either leave us a message and we'll contact you (remember, we have no staff) or come to the volunteer work party described elsewhere in this newsletter, give us an hour of your time, and get first dibs on borrowing a book.

We very much appreciate this donation. Thank you, New Harbinger Press!

Early Recovery in the First 24 Months of Treatment in First-Episode Schizophrenia-Spectrum Disorders

The science journal *Nature* recently published [an article](#) that followed 98 patients with a first episode in the schizophrenia-spectrum disorders for 24 months after treatment with long-acting psychotropic medications.

The authors reported “robust improvement in core psychopathology (effect size $d = 3.36$) and functionality ($d = 1.78$), with most improvement occurring within the first six months of treatment. In contrast, improvement in subjective quality of life was less marked ($d = 0.37$) and slower, only reaching significance after 12 months of treatment. Symptom remission was achieved by 70% of patients and over half met our criteria for functional remission and good quality of life. However, only 29% met the full criteria for recovery.”

They also reported, “Patients who met the recovery criteria had better premorbid adjustment, were less likely to be of mixed ethnicity, and substance use emerged as the only modifiable predictor of recovery. Only 9% of our sample achieved both functional remission and good quality of life despite not being in symptom remission. We found high rates of symptom remission, functional remission, and good quality of life in patients, although relatively few achieved recovery by meeting all three of the outcome criteria. Symptom remission is not a necessary prerequisite for functional remission and good quality of life, although few non-remitters achieve other recovery criteria.”

A Machine Learning Approach to Predicting Psychosis Using Semantic Density and Latent Content Analysis

In another *Nature* [article](#), published in June 2019, the authors describe analyzing patients “semantic density” as a way to predict their descent into psychosis.

“Subtle features in people’s everyday language may harbor the signs of future mental illness. Machine learning offers an approach for the rapid and accurate extraction of these signs. Here we investigate two potential linguistic indicators of psychosis in 40 participants of the North American Prodrome Longitudinal Study.

“We demonstrate how the linguistic marker of semantic density can be obtained using the mathematical method of *vector unpacking*, a technique that decomposes the meaning of a sentence into its core ideas. We also demonstrate how the latent semantic content of an individual’s speech can be extracted by contrasting it with the contents of conversations generated on social media, here 30,000 contributors to Reddit.

“The results revealed that conversion to psychosis is signaled by low semantic density and talk about voices and sounds. When combined, these two variables were able to predict the conversion with 93% accuracy in the training and 90% accuracy in the holdout datasets. The results point to a larger project in which automated analyses of language are used to forecast a broad range of mental disorders well in advance of their emergence.”

Recent NIMH Articles on Mental Illness

The National Institute of Mental Health is a [resource](#) for recent articles on mental illness, in particular bipolar disorder. Two examples:

- “[2,000 Human Brains Yield Clues to How Genes Raise Risk for Mental Illnesses](#),” from December 2018.
- “[Dynamic Associations Among Motor Activity, Sleep, Energy, and Mood Could Suggest New Focus for Depression Treatment](#),” also from December 2018.



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Please check your mailing label. If the code "20" is over your name on the right side of the label, your dues are current through 2020. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2020 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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