
NAMI EAST BAY NEWSLETTER

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

May-June 2020

NAMI East Bay in the Season of COVID-19

With the Bay Area counties, like much of the nation, sheltering-in-place to avoid transmission of the coronavirus, our NAMI chapter has suspended all face-to-face meetings and interactions. This has meant postponing our March 25 Speaker Meeting and reworking our monthly Support Meetings. In this regard, our own **Michael Godoy** has come to the rescue, setting us up with a [Zoom.us](https://zoom.us) video conferencing account that will enable some of these activities online. Michael is also teaching other California NAMI chapters to use Zoom.

As of this writing, the Bay Area shelter orders have been extended to May 3 and may reach much further. So check our website, <https://nami-east-bay.org>, and our Facebook page, <https://www.facebook.com/nami-east-bay/>, for updates and changes.

Here are our current online workarounds:

Speaker Meetings: The next meeting is still tentatively scheduled for May 27—and the fourth Wednesday of every other month thereafter—although whether these meetings will be in person or by video conference is not yet known, although likely the next one will be online. Watch our website for details.

Neither do we have a speaker lined up for this month yet. We thank **Mariana Dailey, MPH**, from Alameda County Behavioral Care and **Lori DeLay, LCSW, RD**, with the Mental Health Services Act for their willingness to speak in March, and we hope to have them talk with us about Trauma Informed Care sometime soon. As there was no March meeting, so there are no Speaker Notes in this newsletter issue.

Support Groups: This is not the time to back away from support, but it's also not the time to crowd together in a small room and share our stories. Accordingly, starting Tuesday, April 14, from 6 to 8 pm, we offered our first weekly online Tuesday Support Group, and we invite all to participate.

However, similar to the space demands of our small office, we cannot handle more than 8 to 10

participants in the beginning of this process. So we are asking those interested attendees to send us their email with requested date(s), so we can send back the logistics of joining our meeting. We'll have to hold to a maximum number and that may change as we familiarize ourselves with this process.

We hope the frequency of the meetings can counterbalance the advantages of in-person groups. For the time being, we will not make a distinction between the groups for families of youth/young adults and those for families of adults.

This Newsletter: We will continue producing the newsletter in hard copy and sending by the U.S. Post Office for those who prefer it. But if you can instead receive the newsletter online, please let us know. Our group labeling effort to prepare for mailing has to be curtailed, and online delivery is easier and safer.

Donations: Unfortunately, we need to add this note. The Zoom contract is an expense we didn't anticipate; so if you want to donate to this effort via PayPal (on our website) or by check, please do so.

Mental Health and COVID-19

NAMI National released its *COVID-19 Resource and Information Guide* to answer frequently asked questions regarding the intersection between coronavirus, or COVID-19, and people affected by mental illness, their caregivers, and loved ones. The guide features FAQs on a variety of topics from managing anxiety and social isolation to accessing health care and medications. Go to www.nami.org and follow the link.

Accessing Zoom

Invites to a Zoom meeting will include links, meeting identification, and passwords. But one needs to have the app downloaded before joining a group. The App Store has a free app to download or Google "Zoom" and scroll to [Download Zoom](#).

You will be sent an invite to each meeting which includes a link to click. You will need the meeting ID number and password when you join.

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Musings

We were having a NAMI online board meeting the other day, our first one using Zoom, and we were discussing the plans for our continuing meetings, as described on the front page of this newsletter. The subject of this column came up and what I can write about that the pundits haven't already dissected: isolation, anxiety, challenges, need to change habits, yada, yada? Just this: We are all in this together, and it doesn't seem fair that our NAMI families, already challenged by the presence of a loved one's mental illness, have to deal with more stress. And for some of us, that stress is compounded by financial issues or housing or other health concerns.

Life ain't fair, but if you're reading this, it means you are literate (bonus point one) and have a way to receive this communication, whether it be a mailbox or a computer (bonus point two), and you most likely live in California where you don't have to deal with tornadoes or ice storms (bonus point three ... Oops, forgot earthquakes and wildfires ... Scratch that). There are bonus points awaiting you all, but they are unique to each family.

At the risk of being called a Pollyanna, let me say that's not who I am, but we have to realize we are going into this pandemic with some, albeit meager, strengths. For many of us, the balance shifts when we consider the extra burdens that life right now is loading onto our weary backs, particularly the worry about our family member. We may have a hard time staying housebound, although our relatives with disordered thinking may have a harder time with that. We may be bothered that our ability to get food into our house has been compromised, but our relatives often don't have the range of options that we do.

We realize that long-time habits have to change. For our folks with OCD, that is a particularly frightening scenario (although for some of our loved ones with OCD, hand washing, human touch phobias, and social isolation are par for the course). For our non-OCD relatives, the presence of structure, regularity, and predictability is a therapeutic intervention.

I found something on Facebook titled *Mental Health Wellness Tips for Quarantine*, written by a psychologist. At the risk of plagiarism (author's name is unknown), many of the suggestions are

familiar, but he/she offers some others, such as:

- Stick to a routine with a sleep and awake schedule;
- Dress for the life you want not what you have;
- Get outside at least 30 minutes a day;
- Move at least 30 minutes a day (for example, with YouTube exercise videos);
- Reach out to others;
- Eat well and hydrate;
- Develop a self-care toolkit;
- Make or find a retreat space;
- Lower expectations and practice radical self-acceptance;
- Limit social media and COVID-19 conversations;
- Notice the helpers, and help others;
- Find something you can control;
- Find a long-term project;
- Engage in repetitive left/right movements (e.g., knitting) for self-soothing and regulation;
- Do expressive art;
- Find lightness and humor in each day;
- Focus on small chunks of a challenge;
- Imagine positive changes.

Hang in there and be well.

—Liz Rebensdorf, President, NAMI East Bay

Status of County Services

Rosa Warder, Manager, Office of Family Empowerment: Alameda County Behavioral Health Care System (ACBHCS) is still operating all the county clinics, as are the community-based organizations, but with a skeletal crew contacting clients by telephone or video conferencing. Crisis services are very much in force, doing wellness checks and trying to stabilize people in the community, since hospitalization is riskier than ever.

All county hospitals, jails, prisons, and mental health rehabilitation centers and any residential congregate living places are closed to visitors at this time. Telephone times are limited as well.

Two hotels near the Oakland airport have been leased by the state to house homeless individuals, many of whom have a mental illness. Go to the Alameda County Health Care for the Homeless website (<https://www.achch.org>) and click on "Coronavirus" for more information.

Kathy Davies, Director, Mental Health Association: Eight Patients' Rights Advocates are in the field in facilities with limited exposure. The Family Education Resource Center (FERC) is operating remotely and the warm line is still in effect. There is a new FERC director, Odessa Caton.

Francesca Tenenbaum, Director, Patients' Rights Advocates: Mental health is to a certain degree being considered essential during this COVID-19 crisis. The law is designating those working professionally with people living with mental illness as "essential personnel." Facilities are still open and patients' rights advocates are still representing patients in hearings. Despite getting pushback, she feels that personal contact is valued, since clients are already stressed and frightened, and it would add further angst to have an advocate be a disconnected voice on the phone.

Beverly Bergman, Family Caregiver Advocacy Specialist: Uninsured clients receiving AC-BHCS formulary medication may receive, pending prescriber judgment, up to 100 days of medication until May 15 in order to preserve social distancing with fewer necessary trips to the pharmacy. County Housing Resource Centers have suspended drop-in services and will be holding phone appointments for screenings, assessments, and housing support. Call Eden Information Referral line at 2-1-1 for more information, or text COVID-19 to 211211 for information about this illness.

Homeless Health Needs

Many of our relatives with mental illness would be on the streets without our support. And some of the homeless reject our support. Alameda County Health Care for the Homeless (ACHCH) will gladly accept any of the following items for outreach and shelter workers: protective goggles, paper gowns, face shields, rubber gloves, garbage bags, wipes, shoe covers, disposable surgical masks, empty 2-oz. bottles for sanitizer, tissue paper, bleach, thermometers, mops, mopheads, paper disposable towels, and room dividers. These items are crucial for the pandemic-related needs. To donate, email achch@acgov.org and describe your items, packaging, and number.

"Telemental Health"

The following notes are excerpts from two recent articles:

"As the spread of COVID-19 worsens in the United States, more and more health facilities are moving all patients to using telehealth services. By conducting health visits through secure videoconferencing, physicians can continue patient visits while also practicing social distancing.

"In a recently published analysis of the availability of telepsychiatry in U.S. mental health facilities, study authors report that the availability of telepsychiatry has increased rapidly in recent years, with almost 30% of mental health facilities offering these services in 2017. ... The authors also found that Medicaid funding sources for telepsychiatry services lag behind other funding, indicating additional barriers to providing such services to individuals in need." (*Spivak, S., et al., "Telepsychiatry use in U.S. mental health facilities, 2010–2017," Psychiatric Services, 2020*)

"Telehealth innovation is thought to offer many opportunities, including improvement of the patient's experience, increased health care access, and reduction in health care costs. ... Psychotherapy provided by telemental health has demonstrated efficacy in reducing pain, disability, depression, and anxiety comparable to traditional face-to-face encounters and without significant risks or adverse effects. ...

"There has been broad bipartisan support to increase access to telehealth at the federal level ... On March 6, HB 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 ... revised regulations that previously limited the patient location during telehealth encounters for Medicare patients. ... [The] bill allowed patients to receive services at home using their telephone [and] penalties would be waived for HIPAA violations against health care providers that serve patients in good faith through everyday communication technologies. ... Many states have made legislative or regulatory changes to loosen restrictions and increase telemental health access as well as reimbursement." (*"Expanding Telemental Health in Response to the COVID-19 Pandemic," Psychiatric Times, 4/9/20*)



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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

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