NAMI EAST BAY NEWSLETTER

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

November-December 2020

Treatment Modalities

Wednesday, November 18

CBT? DBT? ACT? … What do these letters mean to you if you're looking for therapeutic help for your loved one or if one of them is offered at a clinic? (See below for answers.) Join us for our next speaker presentation as three psychology doctoral students from the Wright Institute—**Daniel Sager, Pablo Picones,** and **Elizabeth Hedrick**—share an overview with us about these treatment modalities.

For individuals whose diagnosis falls along the continuum of serious mental illness, appropriate therapeutic options vary. Our speakers will help us understand these particular modalities and give us an update on other options out there, along with information about their use by professionals such as MFTs, LCSWs, and PSYDs, and the use of assessment.

Quiz answers: Cognitive Behavior Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy; Marriage and Family Therapist, Licensed Clinical Social Worker, Doctor of Psychology.

Speaker Meeting starts at 7:30 pm

The November presentation will be **Zoom/online,** and we are asking attendees to preregister. Go to our website https://namieastbay.org, click on "What's New," and follow the link.

Note: The meeting will be recorded both in written form, for the next edition of this newsletter, and as a video recording accessible via the What's New link on our website.

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 "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 a group. Check out your App Store, or Google "Zoom" and go to Download Zoom.

Family to Family Class This Winter

We are pleased to announce that we will be offering our popular Family to Family class this winter, with new content and format. The class will be eight weeks long with 2-1/2 hour sessions, 6:30-9 p.m., and will offer an overview of mental illness through the topics of diagnoses, communication, problem solving, medications, brain function, empathy, recovery, etc. At this time, the format will be virtual through the Zoom platform. Notwithstanding the possibility of glitches regarding participant handbooks, we plan to start Thursday, Jan uary14, and continue on to March 4.

This class is popular and will fill up quickly, so let us know ASAP if you're interested by contacting us through email or phone message. The class is free and developed for family members who have a loved one with a mental illness; we will chat with you before you're accepted to be sure we're on the same page.

Book Recommendation

Baron Miller, an attorney friend of NAMI and father of a woman with schizophrenia, devotes his legal practice in large part to providing legal assistance to NAMI families. He has just written a book, *Laws We Need to Know: Understanding Rules and Programs for Persons with Mental Illness*. It covers such topics as government programs and benefits, estate planning, criminal court systems, hospitalizations, restraining orders, family liability, and strategies for use with authorities.

The book is available through online bookstores or at www.baronmillerlaw.com. We also have a couple of copies in our office—whenever it reopens.

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Telephone: 510-524-1250 - Email: namieastbay@gmail.com - Website https://namieastbay.org

Editor: Liz Rebensdorf Mailing: Carla Wilson Format: Tom Thomas Technical Logistics: Michael Godoy

SPEAKER NOTES

The Relationship Between Sleep Disorders and Mental Illness: A New Approach to Treatment

Summarized by Thomas T. Thomas

A doctoral student in clinical science at the University of California, Berkeley, **Catherine Callaway** is part of the Golden Bear Sleep and Mood Research Clinic and is certified in sleep coaching. Topics she covered at the September 23 meeting included sleep basics, the relationship between sleep and mental illness, TranS-C (a new treatment approach designed to treat a wide range of sleep problems in individuals with mental illness), and tips for improving sleep.

Callaway is interested in researching how we can effectively translate psychological treatments developed in academic settings into the "real world" to reach the most underserved in our communities. Before coming to Berkeley, she worked at Massachusetts General Hospital in Boston with the Cancer and Mental Health Collaborative. There she managed multiple projects focused on improving health outcomes for individuals with both serious mental illness and cancer.

To begin with, Callaway described what is considered "healthy sleep." This includes falling asleep within 20 to 30 minutes, waking up two to three times during a night, then getting back to sleep within 20 to 30 minutes, and normally feeling groggy for the first half hour or so after waking in the morning. The need for sleep changes over a person's lifetime, but adults should get between seven and nine hours a night, although six to ten hours is not uncommon.

Healthy sleep impacts a person's emotional domain, allowing them to react appropriately and rationally to stimulus; physical health, including growth, hormonal balance, and appetite regulation; cognition, including the ability to solve problems and record new facts; and overall behavior, including a person's mood, functional ability, and reaction time.

Callaway described the four stages of sleep, with the person going gradually deeper and deeper and then rising to a light sleep with the rapid eye movement (REM) that indicates dreaming. During REM sleep, a person's muscles are paralyzed so that they cannot act out their dreams. REM sleep is often followed by a period of light wakefulness. Generally, a person will go into the deepest stages right after falling asleep and spend about the first half of the night in deep sleep, then go to the lighter stages later in the night, where waking a couple of times is normal.

The study of a person's brain waves while sleeping shows that the deeper sleep levels have longer and slower waves, while REM sleep and dreaming are similar to waking brain waves.

The Golden Bear clinic follows a two-process model that compares the circadian rhythm (C cycle), which the regulates the body's functions—composed of more than 80,000 cellular clocks—over a period of 24-plus hours, and sleep homeostasis (S cycle), which regulates the body's balance between sleep and wakefulness. Generally, in the S cycle, the body's appetite for sleep builds the longer we stay awake, making us hungrier for sleep as the day goes on. This is one reason why napping in the afternoon may make it harder to get to sleep at night.

The sleep cycle is also regulated by the suprachiasmatic nucleus (SCN), part of the hypothalamus that sits above the optic nerves and helps regulate the circadian rhythm. The SCN releases the hormone melatonin, which makes you feel sleepy. The system is affected by light and only releases melatonin in the dark. This is why it's a good idea to avoid bright lights and optical stimulation like television in the 30 minutes or so before bedtime.

Sleep problems and serious mental illness (SMI) are highly comorbid. It has been well documented that poor sleep can be related to developing a mental illness and vice versa. Insomnia and hypersomnia—sleeping more than normal—are a diagnostic criteria for depression, occurring together about 60% of the time. Insomnia is a common early warning sign of depression, and people with insomnia are less responsive to antidepressants and have poorer treatment outcomes. Also, treating sleep apnea (periods of stopped breathing during sleep) tends to reduce depression.

People with bipolar disorder tend to have sleep problems in their depressed phase and sleep less during their manic episodes. Mood disorders—especially negative moods at night—are associated with sleep problems. General anxiety disorder can keep a person from feeling relaxed, calm, and comfortable, which is

necessary for falling asleep, while a panic response in the middle of the night can make it hard to get back to sleep.

Sleep problems are not a primary diagnostic criteria for schizophrenia, but the following generalizations have been noted. People with schizophrenia often have a poor sleep environment—no regular place or time to sleep, or no distinction between the bed as a place to sleep and other activities, like watching TV. They often lack activities during the daytime and early evening, leading to daytime sleeping and going to bed too early. They have erratic sleep patterns, oversleeping—especially to escape psychotic symptoms—or varying their sleep bedtimes and wake times. They may fear going to bed, because of a traumatic event, inherent sleeplessness or restlessness, or nightmares. Oversleeping also creates a greater opportunity for nightmares. Their sleep may be interrupted by voices and paranoia. Finally, the side effects of some medications can include fatigue and lack of energy, affecting sleep.

Sleep issues can include not just insomnia but also hypersomnia, irregular sleep, delayed and advanced sleep phases, nightmares, and night panics. Mental health and medical professionals tend to treat sleep problems as a lower priority, but targeting sleep patterns can improve both sleep disorders and mental illness. Transdiagnostic Intervention for Sleep and Circadian Dysfunction (TranS-C) is a treatment regimen used by the Golden Bear clinic that includes cognitive behavioral therapy (CBT) for insomnia, interpersonal and socio-psychological therapy, photo therapy, and other treatments to improve a person's sleep patterns.

The natural world is full of rhythms: night and day, season to season, stars whirling through the night sky. The body's circadian rhythm is normally 24 hours plus 10 minutes, so each day the body must resynch itself to the 24-hour clock. This resynching process includes regular meals, movement and exercise, social cues, and photo stimulation, especially bright sunshine. If you go to bed or wake up at irregular times, it can interfere with this clock setting. If you wake up at a different time—later by one, two, or three hours each day—the result can be a feeling similar to jet lag. So it's important to maintain the same sleep cycle on weekends as on weekdays.

The first core module of the TranS-C program tries to change habits to regularize the sleep cycle—a process that can take seven to eight weeks. It includes winding down in the 30 minutes before bedtime and resisting the urge to worry or engage in stressful activities, and avoiding stimulants like coffee and alcohol; waking up at the same time each day and resisting the urge to snooze in the morning; and aiding the wakeup process by splashing your face with cold water, taking a cold shower, or going outside in the sunshine for a walk.

Callaway's tips for improving sleep include creating a comfortable sleep environment free of disturbances; using the bed for sleep (and sex) only, and not for lounging or watching TV; having a regular bedtime and wakeup time; establishing a wind-down pattern before you go to bed; not watching the clock as you try to fall asleep; cutting down on caffeine and alcohol at night; increasing exercise and social activities during the day; avoiding naps during the day and instead doing something energy-generating; and eating regular meals.

"Keep realistic expectations," she said, "and give yourself two to three weeks to change your habits. Also, many people have misperceptions about their own sleep, and you may be getting more of it than you think."

Q. Do meditation, yoga, and deep-breathing exercises help with sleep?

Yes, yes, and yes! They help relax you and calm your mind.

Q. Does wearing ear plugs and eye masks help people with SMI?

These take some getting used to, especially the masks, but you can start with a soft sweater. They help reduce light and distractions.

Q. What if you function well with fewer hours?

Some people can do with five and a half to six hours of sleep, but most people need more. You may think you're functioning but are actually impaired.

Q. Can technology tools, like the Fitbit and Apple Watch, help with sleep patterns?

The consensus is to take these home tools with a grain of salt: they might help, but the technology isn't up to what you learn from treatment in a sleep lab.

The full presentation recording is available on the NAMI East Bay website under What's New. Past Speaker Notes articles are available online at www.thomastthomas.com/NAMI.htm.

Musings

As I write this in mid-October, I think ahead into the first week of November when this will being read and wonder what the situation will be. At that time, as with all of you, I will be experiencing battle fatigue, maybe feelings of doom and gloom, maybe feelings of joy. We've all been there before. With the complex of emotions we experienced when our loved one first became symptomatic or a psychiatric diagnosis was given, weren't we all in the same state of battle fatigue with the accompanying emotions of worry, anxiety, depression … essentially being completely overwhelmed, with few opportunities for joy and optimism?

As I write this in mid-October—in this horrible year 2020—I have experienced the death of loved ones, the gallant fighting of others as they battle major diseases, along with the stress I see all around me of friends and relatives who don't want to fall into either of those categories. The battles I'm reluctantly witnessing are, despite ample support, generally private and involve families dealing with medical experts and hospitals that generally honor and respect the ill person's struggles.

The paradox here is that at the point of psychiatric crisis, our loved one's mental distress is no longer private and capable of generating an outpouring of love and support. Where is the Hallmark card and the casserole?

The expression of psychiatric crisis is often all too visible with in-your-face behaviors and psychotic acts of anger, destruction and, sadly, sometimes violence to oneself or others. The behavioral excesses are often addressed with police sirens, armed law enforcement officers, and handcuffs or restraints. Medical handling of a psychotic episode too often means stabilizing the individual to the point where symptoms are subdued and then perhaps a too hasty discharge from the medical setting, which does not have enough staff or beds to adequately house the ill individuals.

If the emergency medical treatments of those with cancer, heart disease, or coronavirus were similarly handled by the medical establishment, folks would be rightfully outraged. The handling of many aspects around mental illness is an issue left to voters and/or the legislature, not necessarily to the experts in the field. Sometimes this works—an example being Proposition 63, the ballot measure in 2004, aka the Mental Health Services Act.

When changes or improvements come from the legislature, it is the concerted effort by many of us (family members, providers, political friends, community members) who write, call, speak to, and advocate for change. Again, imagine if that was the process needed for other medical issues. With that political theme in mind, read the articles elsewhere in this newsletter that summarize the relevant bills recently signed by Governor Newsom, along with Ed Herzog's expanded discussion of the parity bill.

—Liz Rebensdorf, President, NAMI East Bay

Legislation Related to Mental Health

Governor Gavin Newsom signed the following California state bills on Sept 25, 2020:

- **SB803:** Establishes a certification program for peer support specialists and provides the structure needed to maximize the federal match for peer services under MediCal.
- **AB465:** Requires any program permitting mental health professionals to respond to emergency mental health crisis calls in collaboration with law enforcement to provide supervision to those individuals by a licensed mental health professional.
- **AB1766:** Over a sequenced yearly plan, data is to be collected and reported upon by the California Department of Social Services (CDSS) regarding licensed Adult Residential Facilities (ARFs) for persons with serious mental illness on number of beds and reasons for closures. If an ARF plans to close, it must notify counties within three business days.
- **AB2112:** Creates the office of Suicide Prevention in the California Department of Public Health.
- **AB2265:** Requires a county to offer assisted outpatient treatment (AOT) unless it opts out, reversing the current situation of counties having to decide to opt in. The bill also allows a superior court judge, along with other named designatees, to initiate the AOT evaluation process.
- **AB2377:** Gives a city or county the first opportunity to purchase the property when an ARF intends to close. It also specifies guidelines and procedures to be followed in the transfer of residents

into another facility if the current facility closes.
- **AB3242:** Clarifies that telehealth can be utilized for assessments and evaluations required by the Lanterman-Petris-Short Act.
- **SB855:** Provides for mental health parity. See the expanded article by Ed Herzog immediately below.

Mental Health Parity Under SB855

For years many of our members have complained about receiving inadequate mental health care for their loved ones from various medical providers and private insurers. Help is on the way thanks to Governor Newsom's signing of Senate Bill 855, which will require private insurers to cover medically necessary treatments for all mental health and substance abuse disorders.

As Governor Newsom said during the bill-signing ceremony, "This is the beginning of parity, not the end." Noting the staunch opposition to the bill from insurance companies and the state agency that regulates them, Newsom added, "This is a big deal. Not everyone is happy with us."

Federal law already broadly requires insurance plans to provide comparable coverage for mental and physical illnesses, what's known as mental health parity. California law also has parity requirements, but bill author Senator Scott Wiener, D-San Francisco, argued they needed to be expanded.

"California's mental health parity law is completely insufficient," Weiner said during a committee hearing on the bill last month. "It leaves out some of the most common and severe mental health conditions."

The new law closes serious loopholes in California's Mental Health Parity Act, and makes California the leader in achieving real parity for mental health care. SB855:
- Requires insurers to provide medically necessary care for all mental health and substance use disorders.
- Defines medically necessary care for mental health and substance use disorders, so services must meet generally accepted standards of care.
- Requires that when patients can't access timely, nearby care in-network, insurers must cover needed care out-of-network.

These and other reforms in SB 855 make access to behavioral health care the same as access to physical health care, expands the availability of behavioral health services, and gives patients and their providers strong tools to hold insurers accountable for equal coverage.

—Ed Herzog, NAMI East Bay Board Member

Bay Area Hearing Voices Network

The SF Bay Area Hearing Voices Network (BAHVN) is a non-profit organization consisting of individuals who hear voices, see or sense things others don't, and have other extreme or unusual experiences and beliefs. For more information contact the www.bayareahearingvoices.org website.

Monday Meetings: Separate support groups for adults, family members, and transitional age youth (TAY, age 18-24) are now online. The three support groups meet Mondays from 6 to 8 pm.

Tuesday Meetings: BAHVN in partnership with HealthRIGHT360 of San Francisco offers an online adult support group Tuesday evenings from 6 to 8 pm.

Wednesday Meetings: BAHVN, in partnership with the Mental Health Association of San Francisco (MHASF), offers an online adult support group Wednesday evenings from 6 to 8 pm.

To enter any of these online support group meetings, go to the www.bayareahearingvoices.org website and click on the link at the bottom of the page to the Monday, Tuesday, or Wednesday group.

Recommended Links

www.ferc.org - the Family Education and Resource Center offers a comprehensive website covering all area of local resources.

www.borderlinepersonalitydisorder.org - another comprehensive website useful for families with relatives with Borderline Personality Disorder. A support group and class are among the offerings for these families at the FERC website noted above. Call for information.

www.eastbaysupportivehousingcollaborative.org - the resource page offers an interesting paper by two NAMI Contra Costa colleagues on Housing That Heals.

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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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