



NEWSLETTER

NATIONAL ALLIANCE ON MENTAL ILLNESS

SAN LUIS OBISPO COUNTY (www.namislo.org)

March 2010

Number 3

Volume 26

General Meeting.

This month we will show the movie **"A summer in the Cage"**. A discussion of the film will follow. You are welcome to bring a snack to share. **Coffee and juice are provided. The meeting is on Tuesday February 23 at 7:00PM.**

The NAMISLOCO General Meetings are held on the 4th Tuesday of the month (except December and July) at St. Stephen's Episcopal Church on the corner of Pismo and Nipomo Sts., SLO. **There is no facilitated Family support group meeting this month.**

Fast Facts about Mental Illness (2010) From NAMI State Advocacy

- One in four adults experiences a mental disorder in any given year. One in 17 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder. i
- One in 10 children has a mental health condition that causes significant impairment. ii
- One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24. iii
- Despite effective treatment, there are long delays (an average of 10 years) from the onset of mental illness to treatment. iv
- Racial and ethnic communities are less likely to receive needed mental health care and, when they do receive treatment, more likely to receive poorer quality of care. v
- Mental illness is the leading cause of disability in the United States and Canada for people aged 15-44. vi
- Suicide is the third-leading cause of death for America's youth aged 15-24. vii
- We lose one life to suicide every 15.8 minutes. The vast majority lived with undiagnosed or untreated mental illness. viii
- About 25 percent of incarcerated adults and youth in the juvenile justice system live with serious mental illness. ix
- Twenty-six percent of homeless persons live with severe mental illness—over four times the rate of the general population. x
- An estimated 131,000 veterans are homeless on any given night. 45 percent live with mental illness. xi
- For people living with serious mental illness, life expectancy is 25 years less than that of other Americans. xii
- People diagnosed with schizophrenia die from heart disease, diabetes and other medical causes at a rate two or three times greater than the rest of the population. xiii

i National Institute of Mental Health, *The Numbers Count: Mental Disorders in America*, (2008). www.nimh.nih.gov/health/publications/the-numbers-countmental-disorders-in-america/index.shtml.

ii The National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment. *Blueprint for Change: Research on Child and Adolescent Mental Health*, (2001).

iii National Institute of Mental Health, *Mental Illness Exact Heavy Toll, Beginning in Youth*, (June 2005). www.nimh.nih.gov/science-news/2005/mental-illnessexacts-heavy-toll-beginning-in-youth.shtml.

iv Ibid.

v U.S. Department of Health and Human Services. *Mental Health: Culture, Race and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General*, (2001).

vi Ibid.

vii Centers for Disease Control, National Center for Injury Prevention and Control, data for 2006 at www.cdc.gov.

viii American Association of Suicidology, *USA Suicide 2006: Official Final Data*, (2009). www.suicidology.org/c/document_library/get_file?folderId=228&name=DLFE-142.pdf. (Continued from Column 1)

ix James, D. and Glaze, L., *Mental Health Problems of Prison and Jail Inmates*, U.S. Department of Justice, Bureau of Justice Statistics, (2006). (continue in next column)

Year at a Glance

January thru June: General Mtg, 4th Tuesday of the month

July: Annual Picnic, no **General Meeting**

August: Summer Vacation: no meeting, newsletter or support group

September: General Meeting 4th Tuesday of the month

Sept. 25th : Beautiful Minds Walk

October: Mental Illness Awareness Event: 4th Tuesday of October.

November: General Meeting 4th Tuesday of the month

December: Holiday Party: no Gen. Mtg.

x Skowyrza and Coccozza, *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*, National Center for Mental Health and Juvenile Justice, (2007). www.ncmhjj.com.

xi Hunger and Homelessness Survey, *A Status Report on Hunger and Homelessness in America's Cities*, The U.S. Conference of Mayors, (December 2008).

xii U.S. Department of Veterans Affairs, *Overview of Homelessness*. www1.va.gov/homeless/page.cfm?pg=1.

xiii Parks, J. et al. (eds) *Morbidity and Mortality in People with Serious Mental Illnesses*, National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, Alexandria, Va., (October 2006)

March 04, 2010

Disorders Without Borders

Thomas Insel, M.D. Director of National Institute of Mental Health (NIMH)

NIMH is increasing its commitment to global mental health. The Institute is already invested in research around the globe. In 2009, NIMH supported nearly 200 grants in 51 countries. Our portfolio has included AIDS prevention in sub-Saharan Africa, studies of autism in Saudi Arabia, and research on mental health systems in Chile. With such a broad international portfolio, so many unmet needs for mental health research in the United States, and so little new money available for research, why would NIMH want to invest more globally?

There are at least three reasons. First is scientific opportunity. Mental disorders, even more than many infectious or immune disorders, occur everywhere. There are unique opportunities to study genetic isolates, environmental exposures, and health care policy questions in other countries. Some questions about mental disorders and their treatment can be answered more efficiently in other parts of the world, and what we learn globally can be applied locally. This may be especially true for disparities in care that are found in all countries, including our own. Research on care for disadvantaged populations in Asia or Africa can teach us how best to deliver care to disadvantaged people anywhere.

Second is the increasing interconnectedness among people in developed and developing nations. As we consider immigrant populations in the United States or the rapid travel of people and ideas across this "flat world," the term "global" no longer means "foreign." An earthquake

(Continued on page 3)

Trained Facilitator Needed

In order to continue the Family Support group a trained facilitator is needed. Please call Lisa Kelly 788-0869 to volunteer and for more information

Have You Paid Your 2010 Dues?

Check the date on the front of your newsletter.

A big THANK YOU to all of you who renewed your memberships and a big WELCOME to our new members! Your active memberships allow NAMI to continue to advocate for the mentally ill on the local, state and national level. The more active members we have, the more of a force we can become!
Pam Zweifel, Membership Chair

Art Helps Patients Draw Themselves Out Of Mental Illness. - Awakenings Project believes art boosts recovery

From The Chicago Tribune by John Keilman, March 6, 2010

A week into his hospitalization, Jeffrey Eppard was given pencils and paper and invited to draw anything he wanted. The subject he chose was his left arm.

He outlined it in a blur of charcoal, then filled in the details: the lines crisscrossing his palm; the bracelet spelling out "Angel"; and the still-fresh scar that began at his wrist and slashed toward the crook of his elbow.

The wound was a remnant of the suicide attempt that had landed him in the hospital. He said evoking it with a sketch was, to his surprise, a comfort.

"It brings back some of the anxieties, but it's not entirely bad," said Eppard, 24, who suffers from bipolar disorder. "Just visually seeing it (on paper) tells me it's OK. I'm sick, but it's going to be all right."

Though he used the language of recovery, it was no therapy session. It was a simple afternoon of drawing put together by some who had battled their own demons that they believed could be quieted, at least for a moment, with a swirl of graphite.

The organizers were from the Awakenings Project, a collective of people with mental illnesses who have found strength in art. They meet weekly in a suburban studio to draw and paint, and, on occasion, they travel to mental health centers to share their materials and enthusiasm with those still emerging from crisis.

"My hope is to unleash the joy," said Irene O'Neill, one of the group's founders. "I just want people to get into it and have fun."

Psychologists long have believed that art provides a window into troubled minds, but what once was mainly a diagnostic tool — Draw a tree that represents your feelings — has become an instrument of healing.

Randy Vick, a therapist who teaches at the School of the Art Institute of Chicago, said making art brings a precious sense of control to those suffering from schizophrenia and other mental disorders. When the mind, body and emotions unite in the act of creation, a person can feel he has regained power over his life, Vick said

The Awakenings Project doesn't offer formal therapy, but it follows similar principles. It was founded in 1996 to showcase the artistic abilities of people with mental illness, allowing them to earn self-respect.

"Most people with a mental illness don't work, so they don't have a work identity," said co-founder Robert Lundin. Exhibiting their art "gives them a kind of identity in the community. They can legitimately call themselves an artist.".....

WWW.NAMI.ORG IS A GREAT SOURCE OF INFORMATION ON THE INTERNET

SLO County / T-MHA FAMILY ADVOCACY PROGRAMS

The County Family Advocates for Adult Mental Health Services offer CONFIDENTIAL ASSISTANCE, INFORMATION, AND SUPPORT to help improve the quality of life for families and caregivers, to help families and caregivers navigate the Mental Health system, and to help families and caregivers cope with the many challenges they face. Family Advocates also provide referrals and resources for further support and education.

San Luis Obispo County

Contact: Janice Holmes, Lead Family Advocate, Adult Services: 805-541-5144 x.171 or jholmes@t-mha.org. Office: 277 South St. Suite Y, San Luis Obispo, CA or Henry Herrera, Family Advocate, Adult Services (Se habla espanol), 805-541-5144 X 129 or hherrera@t-mha.org.

NAMI-SLOCO Library:

We now have an on-line catalog of the books, tapes, CDs and DVDs in our extensive library.

Go to <http://www.namisl.org> and click on "Library"



NAMI PEER-TO-PEER

PEER TO PEER NEWS: Peer-to-Peer Classes are led by mentors who have achieved recovery from mental illness and are now able to teach recovery coping strategies to others.

CALL FOR DETAILS AND RESERVATIONS (Required).

Peer-to-Peer Coordinator - Betty McGraw (541-5144 X 113)

Email BMcgraw@t-mha.org

NEW-Peer to Peer is now offering "WRAP" Group-Wellness and Recovery Action Plan: an educational course in the journey to recovery.

A huge THANK YOU to **TMHA, Dan Sheridan**, coordinator of In Our Own Voice (IOOV) and Stamp Out Stigma (SOS), **Darryl Elliott**, coordinator of the Peer Advisory/Advocacy Team (PA/AT) and **Gayne Crossland**, IOOV presenter, SOS presenter, and P2P mentor, for their presentation on these important programs run by TMHA at our February meeting and for sharing their stories with us.

NAMI-SLOCO Presents "FAMILY-TO-FAMILY"

A Class offering:
Education and Support for Family Members

Whose Relative or Loved One Suffers from:

- MAJOR DEPRESSION
- BIPOLAR DISORDER (MANIC DEPRESSION)
- SCHIZOPHRENIA
- SCHIZOAFFECTIVE DISORDER
- PANIC DISORDER, or
- OBSESSIVE-COMPULSIVE DISORDER
- OTHER RELATED DISORDERS

"Family-to-Family" provides up-to-date information & education on the diseases, their causes, & treatments available, as well as help & coping tools for you **as the caregiver or loved one**. The class is presented in 12 weekly meetings of 2.5 hours per evening. Over 550 San Luis Obispo County families have been helped by the support and knowledge offered by this class.

THE CLASS IS FREE BUT PRE-REGISTRATION IS REQUIRED! CALL FOR DETAILS & RESERVATIONS for 2010 Family-to-Family Coordinator – John Lamas at 461-1635 for the North County, South county and SLO classes. (John Klimala is ill and John Lamas is filling in for now.)



(Continued from page 1) (Disorders without Borders)

in Haiti or Chile or genocides in Africa involve mental health consequences for all of us, whether we are providing care in a danger zone or coping with immigrants following trauma. In an interconnected world, global health is a form of medical diplomacy. It is also an increasing awareness of the global determinants of health, from climate change to migration.

And third is what Kleinman has called the moral mandate.¹ While other areas of medicine have long recognized the public health needs of the developing world, researchers and clinicians in our field have rarely ventured far from their own communities. It is evident that suffering from mental disorders is everywhere--you don't have to leave a wealthy neighborhood in the developed world to find mental anguish. It is also evident that because suffering from mental disorders is everywhere, the disparities in care are particularly egregious. The World Health Organization (WHO) Project Atlas mapped these disparities, including a 200-fold variation in the access to mental health professionals between parts of the developed and developing worlds.

Each of these reasons and many more were explored in the special series of articles published in the September 2007 Lancet, which argued that there can be no health without mental health. NIMH will be creating several initiatives in global mental health under the leadership of Dr. Pamela Collins, head of our new Office for Research on Disparities and Global Mental Health. We are using 2010 to identify best opportunities.

Earlier this week, NIMH convened a meeting of distinguished leaders in global mental health from nongovernmental organizations, WHO, government agencies, and academia to map the landscape of current research activities. Throughout this year, NIMH will be leading a Grand Challenge project with the Global Alliance for Chronic Disease to identify best opportunities in global mental health research. By the end of 2010, we hope to have developed a strategy for global mental health research. The implementation will, of course, "take a village." We look forward to working with WHO, the new Center for Global Mental Health in London, and many other partners as we develop this new important area for the NIMH portfolio.

¹ Kleinman A. Global mental health: a failure of humanity. Lancet, 2009 Aug 22;374 (9690):603-4.

The National Institute of Mental Health Strategic Plan

NIMH Vision

NIMH envisions a world in which mental illnesses are prevented and cured.

NIMH Mission

The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure.

For the Institute to continue fulfilling this vital public health mission, it must foster innovative thinking and ensure that a full array of novel scientific perspectives are used to further discovery in the evolving science of brain, behavior, and experience. In this way, breakthroughs in science can become breakthroughs for all people with mental illnesses.

In support of this mission, NIMH will generate research and promote research training to fulfill the following four objectives:


- Promote discovery in the brain and behavioral sciences to fuel research on the causes of mental disorders
- Chart mental illness trajectories to determine when, where, and how to intervene
- Develop new and better interventions that incorporate the diverse needs and circumstances of people with mental illnesses
- Strengthen the public health impact of NIMH-supported research

The **San Luis County Mental Health Board** meets at 3:00 PM on the 3rd Wednesday of the month at the Behavioral Health Campus (old General Hospital). Contact the MHD office (Phone: 781-4719) to confirm date and room location.

The **NAMI SLOCO executive board** meets from 11:30 - 1:30 on the second Friday of the month at The Boysdon Room, Saint Stephen's Episcopal Church, SLO .

DONATIONS GREATLY APPRECIATED. PLEASE MAKE DONATIONS TO: NAMI SLOCO, P.O. BOX 3158, SAN LUIS OBISPO, CA 93403.

NAMI SLOCO (IRS ID# 77-0099671, CA non-profit # C1535087) is a 501(c)(3), charitable, non-profit, tax-exempt organization. Donations and contributions are tax-deductible as provided by law.

 **REQUEST FOR A SPANISH-SPEAKING MEMBER INTERESTED IN TAKING TEACHER TRAINING FOR THE SPANISH FAMILY - TO - FAMILY CLASS.**

Please contact John Lamas at 461-1635 if you are interested or know someone who is interested in training to become a Family-to-Family teacher in the Spanish-speaking community.

T-MHA YOUTH FAMILY PARTNER, FAMILY SUPPORT GROUP. For parents, guardians, and caregivers of minor children who experience emotional or behavioral problems

For more information please contact either Jackie Garza, Ph: 805-458-6388, email: jgarza@t-mha.org or Patty Ramirez, Ph: 805-541-5144 x129, email: pramirez@t-mha.org.

Consider inviting "IN OUR OWN VOICE" TO MAKE A PRESENTATION TO YOUR GROUP.



This program is a 1.5 hour presentation on stages of mental illness recovery by 2 people that have achieved recovery. For information, contact Betty McGraw, 541-5144 ext. 113 or BMcGraw@t-mha.org .

Our Librarian, Carole Wallace requests that we return library books at the monthly meetings. Please help Carole by returning your books so they can be shared with other members.

NAMI 2010 Membership (membership in NAMI SLO CO also includes membership in NAMI Cal. & NAMI Nat'l.)

NATIONAL ALLIANCE ON MENTAL ILLNESS
SAN LUIS OBISPO COUNTY

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NAME(S) _____

DATE _____

ADDRESS _____

CITY/ZIP _____

PHONE (DAY) _____

PHONE (NIGHT) _____ EMAIL _____

DONATION _____

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- New
- Renewal

- \$30 Individual
- \$35 Family
- \$50 Friend
- \$7 Client

Mental Health Support Groups In SLO County

Facilitated FAMILY SUPPORT Groups

San Luis Obispo

There will be **no** NAMISLOCO family support group before our monthly meetings until we find a new facilitator (see page 2)

San Luis Obispo

Tuesday Afternoons T-MHA Orientation Class 12:00-1:00
Tuesday Afternoons T-MHA Family Support Group 1:00-3:00 PM
Facilitated by Janice Holmes

Transitions Mental Health Association
277 South St. Suite Y, SLO.

Any questions Contact:
Janice Holmes, Family Advocate
805 541-5144 X 171

Atascadero

Third Monday of every month
6:30 -8:00 PM
5395 El Camino Real "B" (parking behind bldg.)
Info. Call James or Diane @ 461-1286

Youth Family Support Group

Multiple Groups meet weekly throughout the county.

T-MHA Youth Family Partners
Contacts: **Jackie Garza**, Ph: 805-458-6388, email: jgarza@t-mha.org or
Patty Ramirez, Ph: 805-458-2596, email: pramirez@t-mha.org

PEER RUN SUPPORT GROUPS

*Support for individuals with all major mental illnesses or co-occurring disorders are invited to attend.
(No Charge for attending)*

The times for these meetings change often so please call
Jessica Vieira TMHA's Socialization/Peer Programs Manager
541-5144 EXT 165 JVieira@tmha.org
452 Higuera St, San Luis Obispo

Peer Support

Dual Recovery Anonymous

452 Higuera St. SLO 2:30 to 3:30 Fridays
5395 El Camino Real B, Atascadero 2:00 to 3:00 Tuesdays
"W.R.A.P." - **Group-Wellness and Recovery Action Plan**

458 Higuera St SLO 10:00 to 11:30 Mondays
203 Bridge St. Arroyo Grande 2:30 to 4:00 Fridays

Womens Support Group

5395 El Camino Real, B, Atascadero 1:30 to 2:30 Thursday

Peer Support

5395 El Camino Real B Atascadero
12:00 to 1:30 Mondays & 2:00 to 3:00 Wednesdays
452 Higuera St. SLO 12:30 to 1:30 Wednesdays

Faithnet

452 Higuera St., SLO 2:00 to 3:00 Tuesdays
(Continued in next column)

Paso Robles

Paso Robles Library Storybook Rm.
1000 Spring St.
Peer Support

For info call Betty McGraw, 541-5144 x 113 or
BMcGraw@t-mha.org.

PATIENTS' RIGHTS ADVOCATE

Gerald Clare 781-4700

T-MHA Special Projects Coordinator for: "**The Shaken Tree: Families Living with Mental Illness**". John Klimala, Special Projects Coordinator, Transitions-Mental Health Association Phone: 541-5144 ext. 125;
Email: jklimala@t-mha.org

Family Advocate, Adult Services

Janice Holmes, Lead Family Advocate
T-MHA Phone 541-5144 X 171
Henry Herrera, Family Advocate, Adult Services (Se habla espanol)
T-MHA Phone 805-541-5144 X 129 or hherrera@t-mha.org

For corrections to this section please contact
Ed Garner - egarner@calpoly.edu

Officers

Lisa Kelley President..... 788-0869
Ian Fenwick Vice-president 543-9590
Pam Zweifel Secretary 543-1825
Nancy Griffin Treasurer..... 543-9399

Standing Committee Chairs

Naoma Wright Publicity.....543-5232
Roger Gambs Newsletter, Peer to Peer Liaison.....461-6590
Ed & Kathy Garner Newsletter & Website.....550-3117
Carole Wallace Librarian..... 771-9063
Pam Zweifel Membership..... 543-1825
Norma Hoffman Housing..... 544-2725
Rae Belle Gambs Forensic.....461-6590

Support Group Facilitator OPEN

Special Committee Chairs

Lillian Bareither - Newsletter Mailing..... 595-2821
Jerry Howe - Farmers Market..... 543-2261
John Klimala-
Family to Family Coordinator 550-3889
Lisa Kelley—
Parents and Teachers as Allies Coordinator 788-0869
Carole Wallace NAMI Basics Coordinator.....771-9063
Lisa Kelley NAMI Basics Coordinator788-0869

NAMI SLOCO WEBSITE: www.namislo.org

Next Meeting
March 23, 2010
(www.namislo.org)

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