



### Update From the Desk

Norm Wyman, Mental Health and Substance Abuse Director

The Mental Health Services Act (MHSA) planning process is underway. So far there have been 430 attendees in the four Readiness Forums, four Provider meetings and two Stakeholder Forums. The third stakeholder meeting was Friday March 18th. It started with

Committee Summaries of strengths, needs, and prioritized recommendations using Best Practice Models to improve outcomes.

In addition to the planning meetings, there are extensive outreach efforts to consumers and family members via focus groups, interviews and surveys. That process will continue through March, then we will see how much participation we have had and begin analyzing recommendations. If we are short on comprehensive and diverse participation, we will make additional outreach efforts. **NAMI members have been mailed surveys to encourage participation for those folks unable to attend the Stakeholder meetings.**

The surveys are also available on our website at [www.santacruzhealth.org](http://www.santacruzhealth.org) in English or [www.santacruzsalud.org](http://www.santacruzsalud.org) in Spanish. We welcome and need your involvement in the Mental Health Service Act planning process... together we can start the process of expanding, improving and transforming the public mental health process.

### From the ED

Suzanne Koebler, MHCAN

Consumers throughout Santa Cruz are working together to ensure that Mental Health Services Act funding is used in accordance with the Act's intent: to transform the mental health system. Client and family member input will be strongest if we can join together in shaping priorities for our community. For more information on client recommendations, or how to get involved, please contact Suzanne Koebler at 469-0462.

### Help! NAMI Needs You!

NAMI of Santa Cruz County is a non-profit organization dedicated to helping families, relatives, friends, and caregivers of someone they love who has a mental illness.

**We are a totally VOLUNTEER organization.** Services are offered free to everyone whether or not they are a paid member of NAMI or not.

NAMI relies solely on membership dues and donations to support its activities. We currently have only 46 paid members, and we help over 1000 people directly. This Newsletter costs \$1000 per issue.

**Family to Family Classes** cost \$450 for the 12-week training. It is free to participants. Three sessions a year (one in Spanish) barely meet community needs. But we need to raise \$1350 to pay for them.

**Membership Meetings** bring critical issues to your attention and give you a chance to improve the community services we all depend on. It costs \$250 to advertise each meeting.

NAMI of Santa Cruz County must increase paid membership. We are appealing to everyone who gains from the organization. **Please support us.** Become involved in our family, the NAMI family of caregivers. See the back page for membership and/or donation information or call 427-8020.

on client recommendations, or how to get involved, please contact Suzanne Koebler at 469-0462.

The following is excerpted from a publication by the California Network of Mental Health Clients: **According to the Mental Health Services Act:**

*5813.5 (d) Planning for services shall be consistent with the philosophy, principles and practices of the Recovery Vision for mental health consumers.*

1. To promote concepts key to the recovery of individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

2. To promote consumer-operated services as a way to support recovery.

3. To reflect the cultural, ethnic, and racial diversity of mental health consumers.

4. To plan for each consumer's individual needs.

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Ask the Doctor  
Your Questions,  
Answers from Dr.  
Peter Forster



Be a "Stigma  
Buster" by:

- Protest stigma perpetuated by local media;
- protest advertising or commercial products;
- contact civic groups and organizations with information.

**Keep in mind:** An important way to make stigma disappear is to talk openly, whenever it's appropriate, about mental illness and how it has impacted you or your family—just as we do about other devastating illnesses like cancer, diabetes, Parkinson's, or Alzheimer's.

**Visit** [www.nami.org](http://www.nami.org) and click on the stigma alert listings at the bottom of the homepage.

**Locally** Send NAMI-Santa Cruz County your Local Stigma Alert!  
[webmaster@namisc.org](mailto:webmaster@namisc.org)

*Q: From a NAMI member: "We are told that our mentally ill family members should not drink coffee. What do you think about this? Do you have any alternatives to coffee?"*

**A: One of the most common problems that individuals with mental illness face is a reduction in not only alertness but also in the ability to plan and think creatively.**

These are the aspects of thought that most distinguish us from other animals: the ability to consider multiple possibilities, to anticipate the future, and to hold information clearly in mind. This has been described as a limitation of "executive function" where executive function refers to those aspects of thought that are mediated by the frontal cortex.

A lot of attention has been focused on which of the psychiatric medications have the best profile in terms of effects on these aspects of thought, but less attention has been focused on how to enhance executive function. Interestingly, those with mental illness maybe ahead of us in this regard.

For instance, although caffeine clearly can have adverse effects on individuals with mental illness, particularly a subset of individuals with significant anxiety symptoms, it is also true that caffeine has been shown in recent studies to clearly enhance cognitive function in some individuals.

Nicotine, the active ingredient in tobacco, has some mood enhancing and cognitive ability enhancing capacity that might explain why so many individuals with serious mental illness smoke cigarettes.

There are some newer medications that may have important effects in enhancing alertness and executive function for some of the people. One of the most interesting of these medications is called modafamil or Provigil. This medication was developed in France for use by the military and was first used during the Persian Gulf War to enhance the ability of soldiers to remain alert for extended periods of time. More recently it has been shown to have enhanced alertness in people with a number of conditions. Less is known about its safety in those with serious mental illness. In my own clinical experience it has a relatively benign side effect profile. However, it can occasionally lead to hypomania or mania in people with unstable bipolar disorder. It also doesn't work for everyone, and, as with any of the newer medications, it is expensive.

Peter Forster, MD. is Clinical Director of Gateway Psychiatric Services (GPS), an Associate Clinical Professor of Psychiatry at UCSF. For more information, visit the GPS website at [www.gatewaypsychiatric.com](http://www.gatewaypsychiatric.com)

## While You Were Sleeping

*By Joy... driving out of town to visit my son at a mental facility 2003*

While you were sleeping I barreled over  
150 miles

Bringing you a specially cooked turkey dinner  
To the facility's lunchroom, so we would  
celebrate

Both my birthday and Thanksgiving, and you  
I was anticipating being with you at the table

Whatever frame of mind you were in

Because no matter what – I love you

But you were sound asleep inside your soul

No one was able to wake you

I tried prayer, and heavy thought persuasion

Then realized it just was not a day for visiting

When small, you took long afternoon naps

If only I could open your door just a crack now,

And peek inside to check on you

So, I came home with the turkey dinner,  
and pie

You slept just across the grass where I waited

I did feel the connection of your presence

I was just a breeze away, under damp gray skies

While you were sleeping,

Love, Mom

*From the ED, continued from page 1*

### **Throughout California, clients' major concerns are as follows:**

- Will the implementation be accountable to the values and intent of the Act?
- How can we ensure that Counties will not use the new funds to back-fill old systems?
- How can we achieve essential involvement of consumers in all aspects of the implementation process?

### **Consumers are focusing on four key areas that we can benefit from the new law:**

1. Consumer Involvement
2. Consumer-Operated Services
3. Consumers as Providers in the Mental Health Workforce
4. Campaigns to Address Stigma and Discrimination

## What's In a Word

by Ruth Shimizu

In 1911, a psychiatrist named Eugene Blueler coined a word to describe a type of serious mental illness characterized by a disconnect between perception and reality or between thought and mood. That word was "schizophrenia", derived from its Greek roots "schizo" (split) and "phrenos" (mind). The word mistakenly came to mean a split personality, and then, to add to the confusion, it became a commonly-used term to denote ambivalent feelings, or the pursuit of two contradictory goals at the same time. The word "schizophrenia" has thus become a metaphor for a state of conflicting or changeable thoughts or conditions and, in popular usage, has lost its connection to mental illness.

In the October, 2003 issue of *Psychiatric Services*, Kenneth Duckworth studied the situation by checking for the appearance of the word "schizophrenia" or "schizophrenia" in 108 general U.S. newspapers published in 41 states, including 16 of the top 20 circulating U.S. dailies. Some examples of inappropriate usage include: "the weather turns schizophrenic" (*Houston Chronicle*); "the schizophrenia of a public that wants less government spending, more government services, and lower taxes" (*Washington Post*); "Los Angeles is this unique schizophrenic city" (*LA Times*); "the stock market's acting schizophrenic" (*Chicago Tribune*); etc. The metaphor rate varied from a high of 52% for *USA Today* to a low of 3% for the *Buffalo News*.

## A Time of Choice and Change

It's not hard to feel that this year is one of those truly crossroads times - a time when the weight of events may shift policies and the societal landscape in one direction or another for a long time to come.

Many of us have spent the last twenty-five years attempting to put into place a mental health system which values dignity, self-respect and choice, and one which comes from the truth that people can and do recover from a mix of experiences that we call mental illness.

Our path has not been eased by the fact that embracing the concepts of recovery and choice (and the notion that those experiencing illness can and should retain their dignity and rights) is a truly revolutionary path. A scant fifty years ago, institutionalization, isolation and fear were the accepted norms, and the type of programs and philosophies we now espouse were unknown.

Duckworth worries that the misuse of terms in inaccurate media images might contribute to the ill person's avoidance of treatment and resistance to diagnosis. He concludes that the subject needs further-research.

The psychiatrist may have a dispassionate view of the situation, but those of us who have suffered through the anguish and frustration involved in dealing with a family member who is ill with schizophrenia have a more visceral reaction to the misuse of the word. To hear the illness being trivialized and reduced to a description of a state of ambiguity makes many of us cringe. There is nothing trivial about schizophrenia. It is a terrible thing to be tormented and betrayed by one's own brain. If schizophrenia were a trivial condition, there would not have been countless millions of lives shattered by it, nor would my own son have died as a result of it.

It is, of course, not possible to eliminate the metaphorical use of the word. The suggestion has been made that psychiatry simply abandon the word, give it over to common usage, and come up with a new term to designate the illness. "Neurobiological disorder" has been recommended as a substitute, but this has not caught on. It looks like we're stuck with the metaphor and will just have to try to ignore the feelings it evokes.

From *The Families Advocate*, Newsletter of NAMI Alameda County/The Family Alliance for the Mentally Ill

Though we have made progress, the mistaken attitudes of the past continue to cast a long shadow. When there is funding for new programs, simple prejudice still causes delays and sometimes even outright cancellation and consumers still routinely face discrimination in housing, jobs and even treatment situations. Perhaps most clinically thought, while we together have developed programs which are effective and just, our hard work has for the most part failed to secure the funding needed to replicate our success or further expand our experience and knowledge base.

This failure has been caused partly by changing attitudes about social responsibility itself in society at large over the last few decades, but our inability to have our revolutionary concepts

## Mission, NAMI-SCC

NAMI-SCC is a movement of families, friends and individuals dedicated to improving the quality of life for people affected by serious mental illness. NAMI-SCC provides support, education, advocacy and promotes research.



Bean Hollow State Beach  
Steven Law

## Mission, MHCAN

MHCAN helps clients reclaim their dignity through self-help. We do this by:

- providing mutual support and networking;
- having a voice in all matters which affect us;
- creating client controlled

*continued page 5*

Norm Wyman  
Addresses NAMI-  
SCC Membership  
Meeting



**A**t a larger than usual gathering of local NAMI members on the evening of January 24th, Norm Wyman outlined an elaborate plan for implementing the opportunities for local mental health afforded by the funds derived from Proposition 63.

The evening was educational. Based on demographic statistics, a community the size of Santa Cruz County shelters upwards of 13,000 persons with a mental illness or emotional disturbance. Approximately 4,000 persons are currently within the County mental health system. A second figure of significance is the fact that Prop 63 funds will add only about 15% to the County mental health budget (about \$4,000,000, half of which will go directly to services.)

Dictated in large part by the provisions of the agency created by the Proposition, the process directs expenditures during the first fiscal year to the architecture of creating the local plan; during the second and third years to specific service areas; and thereafter leaves them to the discretion of the individual counties.

Some funding is directed specifically to "innovative" programs and "best practice models." Questions from the audience elicited discussion of some complications yet to be resolved, such as the prospect of expanding the model of Santa Cruz County's own "Puentes" program without offending the stipulation that none of the new Prop 63 funds may supplant existing funding. Part of the motivation behind the authors of the Proposition is congruent with state legislation AB 2334, which aims at reducing hospitalization, jail incarceration and at extending employment and community integration.

Both the provisions of Prop 63 and our own County Mental Health anticipate heavy input towards creating the plan from providers, clients, family, and the community at large. Individuals can get on a mailing list to remain updated on opportunities to provide input and to become part of a focus group by calling 454-4519. Mr. Wyman hopes to send the initial proposal for creating the plan to Sacramento by mid-February. The plan itself may be targeted for July. The resulting funds may be available in the fall. Mr. Wyman appeared to be willing to consider an audience suggestion of a website to both keep the public informed of current progress and provide the public with an opportunity for on-line input.

The County Mental Health access line for all consumers is 1-800-952-2335

"NAMI of Santa Cruz County can use a hand... please talk to one of the Board members at the next meeting about how you can help your NAMI chapter continue to do good works in the community."

*Dear Son,*

*We sit in the warm patio together at the mental health facility, with the calling of a dove overhead in a tree. Your gaze seems far away, but tranquil. What do your honest blue eyes see? What can your thoughts be? Can I even say that I know you well? Are you a mystery, or is nothing hidden at all? I know your voice and quiet manners. Thank you for this special time. Once in a while you let me in, offering the gift of your secrets. Your extra thoughts are yours too . . . growing older in fantasy's language; uninvited puppets that need to be hushed, and pay respect to their hostage. However, you outshine whatever heckles, for you are made in God's image. Genesis 1:26 You keep me in constant expectancy. . . knowing you.*

*Love, Mom  
By Joy*

### Surviving the Fear of Loss

Facilitator: Myriam Coppens, M.A., L.M.F.T.

Surviving the Fear of Loss is a confidential support group designed for families with a loved one who has attempted multiple suicides, with the goal of helping the family cope with very stressful life conditions.

To sign-up and be interviewed for this group, please call 429-8791. Attendance is free of charge.

### Trainings:

The next **Family to Family English language Teacher Training** will be held in Sacramento on April 8-10, 2005. If you are interested please contact Judy Williams at 688-3385

The only **Spanish Language Teacher Training** being held this year is in Southern California on May 13-25, 2005 and this training is already scheduled full. The next Spanish language teacher training won't be until probably 2006 about mid-year.

The next **Facilitator for Support Group Training** will be held in Petaluma, CA on May 13-15, 2005. We have some spaces left in this class, please contact Judy Williams at 688-3385 for more information

become truly embraced by the mainstream health care establishment also play a role. It can be argued that the state of healthcare in our country is even worse than the state of mental health care, with millions shut out of the system because of lack of insurance while record profits roll into pharmaceutical companies and other areas of the health cartel. It has been difficult for social rehabilitation to find a niche within this profit driven health system. There is, after all, little or no profit to be made on a day center or supported housing, or reducing dependence on medication, and in an ideal world even crisis residential beds would remain at least to some degree empty and available to those who might need them.

On the other hand, the message of our revolution has managed to successfully filter up and out into other areas of power, in effect bypassing the confusion of the medical establishment. Most State Departments of Mental Health and even the Presidents New Freedom Commission Report drip with language and ideas that could have come from a course of Social Rehab 101. But, as is too often true, while these august bodies and institutions may talk the talk they are unable or unwilling to dedicate the funds that would truly allow them to walk the walk.

In social rehab we know the power of just one person listening to the believing in another; at a time when some say the concept of community is diminishing as reality for most people, we continue to emphasize the importance of connection interdependence and trust. As corporations gobble each other up and mega media companies turn out look-alike news, magazines and entertainment, our programs teach not only clients, but staff as well, that the lives of each individual tell a story which has inherent worth for us all.

There is also much talk across the political spectrum about a loss of values. At the same time, social rehabilitation offers a set of beliefs, which though they may be revolutionary as applied to mental health treatment, are really at the core of the values on which our society is based - equality, justice, and compassion to name a few.

In the passage of Prop. 63 we have defended and advanced the simple yet profound convictions which form the basis of social rehabilitation practice; and brought the nation closer to its core beliefs.

Taken from the Social Rehabilitation Review - California Association of Social Rehabilitation Agencies (CASRA) before the passage of Proposition 63, The Mental Health Services Act.

### Family to Family in Spanish

NAMI-SCC initiates Family to Family Classes held in Spanish, thanks to the efforts of Judy Williams and Debra Burton. A wonderful woman by the name of Louisa Perez, from Santa Clara NAMI commutes every Tuesday evening to teach Family to Family to our Spanish speaking neighbors.

Judy Williams (NAMI-SCC President) picks Louisa up at the bus station downtown and takes her back to the station every Tuesday evening. The classes are held at the Mariposa Center in Watsonville.

Thanks to Louisa this is the first Family to Family Class held in Spanish class in Santa Cruz County.

Judy saw the need over a year ago and initiated the class. Most of the families are monolingual and some cannot read, yet all say they are learning alot and have their husbands or sons and daughters read the material.

In addition to all this, Louisa has four people signed up for the Teacher Training! For more

### Family-to-Family Education Classes Starting

Call now to sign up for the acclaimed national program that helps family members understand their relative's mental illness. Classes are free and meet once a week for 12 weeks.



**On-Going Classes Fill Up Quickly, So Call To Register:**

**688-3385**

1. Learn about feelings, learn about facts
2. Schizophrenia, major depression, and mania: diagnosis and dealing with critical periods
3. Subtypes of depression and bipolar disorder, panic disorder and OCD; diagnosis and causes; sharing our stories
4. The biology of the brain/new research
5. Problem solving workshop.
6. Medication review
7. Empathy workshop – what it is like to have a brain disorder
8. Communication skills workshop
9. Self-care and relative groups
10. Rehabilitation, services available
11. Advocacy; fighting stigma
12. Review and certification ceremony

The National

The NAMI Family Support Group meets WEEKLY and is free of charge!

NAMI On-Going Family Support Group meets every Thursday year-round (except Thanksgiving).

The support group gives people a safe place to talk and ask questions, provide information (including free hand-outs as needed) and education!

Meetings are held at Community Connection 300 Harvey West Blvd. 7-8:30 PM

Call 427-8020 for more information.



Interfaith Compeer matches trained volunteers with children and adults in mental health treatment to create supportive friendships. for more information please call the Interfaith Compeer office at (831) 459-6817

Mael Anne Dinnell

Thank you  
for your  
generosity!

Nancy and Ray  
Sherrod made a  
donation in  
memory of Kelsey

Christine Hirsh  
made a donation in  
memory of Kelsey

St. John the  
Baptist Church  
Helpful Shop made  
a grant to NAMI

James Farrar made  
a donation for  
Maribruna  
Sirabello's B'day

Santa Cruz  
County Mental  
Health Advisory  
Board has open-  
ings for new  
members. If you  
are interested in  
participating in  
the review and  
recommendation  
process for mental  
health services in  
Santa Cruz  
County, contact  
Esther Phillips at  
454-4971.

Among my frequent and many diagnoses over the course of thirty-five years, I don't believe any of them has been "schizophrenia, chronic, undifferentiated," (Although I will cop to delusion and even hallucination on an irregular basis), but six months ago a doctor gave birth to that one.

I had dealt with this doctor a few times, however, this revelation seemed to be based on several remarks I made about "demons."

What about demons? I will tell you, although I believe the "what about" of it matters more to me than the presence of them. The fact of it is they have been following me around since early childhood and I have stopped trying to move and get away from them because they always find me again.

Crazy? Therein lies the problem.

I don't know what the source of these demons is: spirits, evil spirits, an angry totem, intrusive thoughts taken auditory form, alters crossing the usual boundaries, human beings broadcasting their thoughts into my ears and/or mind, or subconscious self-hatred gone auditory.

To me, it doesn't matter. They are real-I experience them, don't I? -and they are terrifying. The origin only matters to me in terms of the solution: how can I get rid of them? And how would I ever know the true source of the relief?

Anyway, many people are unfairly diagnosed as psychotic on the grounds of their fervent belief in demons and angels, Satan, God.

## MHCAN

### Wish List:

Cool Weather Gear: Socks, Jackets,  
Sleeping Bags, Hats, Gloves

Warm Weather Gear: Sunglasses,  
Sunscreen

Ceramic coffee mugs

Toiletries (hotel issue are great)

Art supplies: brushes, paints, collage  
materials, etc.

Healthy Food: fresh fruits, vegetables,  
soup ingredients, etc.

Current magazines

In-kind services for MHCAN space: carpet  
cleaning, plumbing, etc.

Alternative Health Treatments for clients:  
massage, acupuncture, reiki, etc.

Incentives for clients: movie tickets,  
bowling passes, boardwalk tickets, etc.

Gods and goddesses, the second coming, or any religious belief that offends the psychiatrist's particular belief system (usually able to incorporate something enveloping more "modern" terms and less references to spiritual entities which "actually" exist as an other, outside the self).

This involves the arrogant position that a client doesn't just believe differently, but is actually wrong, or mistaken, about reality: that the reality in terms of these issues is not only discernible but is known to him/her.

Bias-and it is bias-should have no place in determining whether or not someone is delusional or not. There are things we can all agree on the existence of which are better to measure someone's amount or type of reality orientation with.

I know a social worker who approaches this delicate dilemma with this attitude and this message:

2/2 Religion/Diagnoses: "If someone is telling you to 'love your neighbor as yourself,' learn patience and pursue kindness, that message just may be coming from God. But if a voice is telling you to run down the street naked threatening people with an axe, then I think you'd better question its source, don't you?"

Well said...and can apply no matter who your personal God/s is/are. **END**

**The Santa Cruz Chapter of the California Association of Marriage and Family Therapists (CAMFT) has a New Website.** There official address is [www.SantaCruzTherapists.org](http://www.SantaCruzTherapists.org)

In addition to the features listed below the website will give you a way to:

- Easily find a therapist by location, focus or specialty
- Learn about training, "open to the public" meetings, and events.

**The Website Features: Looking for Help: included in this section you'll find:**

- A description of the profession of psychotherapy including the various specialties offered
- Signals of distress that might warrant a referral to therapy
- Guidelines for choosing a qualified psychotherapist
- A way to easily locate a Santa Cruz CAMFT member therapist by city, specialty, and therapeutic orientation
- A way to locate a therapist anywhere in the state of California, by location and specialty.

## Family and Consumer On-Going Support Groups

### Mondays

#### **On-going Smoking Cessation Groups** (education class)

300 Harvey West Blvd., Santa Cruz Connection  
12-12:45 PM 425-8132 or 1-800-NO-BUTTS

#### **WRAP Group with BJ**

1051 Cayuga, Santa Cruz, MHCAN  
Call Ahead 469-0462

### Tuesdays

#### **Marijuana Education Group with Ron**

1051 Cayuga, Santa Cruz, MHCAN  
11:00-12:00 PM 469-0462 or 476-8474

#### **Women's Support Group Peer facilitator: Wandis**

1051 Cayuga, Santa Cruz, MHCAN  
12:00-1:00 PM 469-0462

### Wednesdays

#### **MHCAN, Drop in Center is closed**

#### **Mood Matters Support Group**

1051 Cayuga, Santa Cruz, MHCAN  
7:00-9:00 PM 469-0462

### Thursdays

#### **NAMI SCC Coping Group**

(Support for family members)  
300 Harvey West Blvd. Community Connection  
7-8:30 PM 427-8020

#### **Parents of Teenage Alcoholics**

(Support group-ALANON) 4951 Soquel Drive, Soquel Congregational Church of Soquel  
7:30 PM 462-1818

#### **Obsessive Compulsive Disorders Anonymous**

A support group for OCD sufferers, their family and friends.  
1215 Mission Street, Santa Cruz  
Not meeting currently but you can call for support 438-1043

#### **Anxiety Disorders Support Group**

On going support for clients with anxiety, social fobia, panic disorder or O.C.D. Family members are invited.  
Twin Lakes Church, Rm M-23, Library, Cabrillo College Dr., Aptos  
7:30 PM to 9 PM

### Fridays

#### **Schizophrenia Support Group with Sam**

1051 Cayuga, Santa Cruz, MHCAN  
11:00-12:00 AM 469-0462

#### **Creative Writing Salon with Phil**

1051 Cayuga, Santa Cruz, MHCAN  
1:00-2:45 PM 469-0462

#### **Dual Recovery Education with Ron**

1051 Cayuga, Santa Cruz, MHCAN  
7:00-8:00 PM 469-0462

**For complete MHCAN schedule call 469-0462.**

## Funhouse

Mirrors made us tall and skinny  
Short and oh so fat  
Wiggly and wobbly  
They called to the children  
Racing each other with their gunny sacks  
Up the tall stairs  
To the wonderful flowing racing spacing floating  
gloating molding  
Long wooden bumpy slide  
Smack into the mirrors again which made us  
Both fat and thin  
Parents stood lines up, noses pressed against  
the window  
Looking for that child  
Who innocently said: I'll meet you at the fun  
house at a quarter past two  
They weren't late  
But where were you?

We never thought of looking outside way too  
many fun things to ride  
That turning barrel we ran thru  
That spinning wheel that flung us all sideways  
Facedown and we entered this world thru the  
mouth of a clown  
I wish they never tore that funhouse down  
But its probably cuz there was no time limit  
And everyone's parents probably complained  
I couldn't get her outta that fun house again  
If we all had a fun house now  
Life could still be magical  
I could be tall

*Cherie Petersen*

## New Program

A new program has just started which is currently called "Walk-in Crisis Medication Service". This pilot program helps people who might need medications. They talk with a therapist and are evaluated for needs.

**Walk-In, no appointment necessary;  
1400 Emeline Avenue, Building. K, Santa Cruz  
1-800-952-2335, Available 24/7**

## DISSATISFIED

***Once upon a time I lay down  
and cried me a million tears  
I remembered my sister Anne  
and her telling me  
"You can substitute and sublimate  
but there is nothing like getting exactly  
what you want."  
that's my idea  
of satisfaction*** ---Maureen Craig



**NAMI-SCC**  
 P.O. Box 360  
 Santa Cruz, CA 95061  
 www.namisc.org

NON-PROFIT  
 ORGANIZATION  
 US POSTAGE  
**PAID**  
 SANTA CRUZ, CA 95061  
 PERMIT #398

**Psychiatric Emergency Phone Numbers:**

- Adult Day (8-5; Mon.-Fri.) . . . . .(831)462-7644\*
- 24 hour . . . . .1-800-952-2335\*  
 (during the day the 800# would get access team)
- Youth North County (24 hr.) . . . . .(831)425-0771
- South County (24 hr.) . . . . .(831)728-2226
- Children's Day (8-5; Mon-Fri) . . . . .(831)454-4900
- After hours call . . . . .(831)462-7644\*

\*Dominican Hospital; adult 24 hour 800# goes to Dominican after hours)

**Suicide Prevention Service**

- 24 Hour . . . . .(831)458-5300
- 24 Hour Toll Free . . . . .(877)663-5433

**Patients Rights Advocacy Program**

- Santa Cruz (8-5; Mon-Fri) . . . . .(831)429-1913

**Legal Services**

- Calif. Rural Legal Assistance (under 55 yrs.) . . . . .458-2089
- Sr. Citizens Legal Services (over 55 yrs.) . . . . .426-8824

**NAMI-SCC Board of Directors:**

- Judy Williams, President  
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- Ellen Adams, elenji@earthlink.net
- Kathryn Tobisch ktobisch@vuro.com
- Louise Loots louise@cruzio.com

**Friends:**

- Nancy Karges, Interfaith Compeer  
 nancy@interfaithcompeer.org

**NAMI-SCC Board Meetings:**

2nd Monday of the Month. Time and location can vary. Open to anyone interested. Please join us. Call for times (427-8020). Meetings are held at the Community Foundation of Santa Cruz County, 2425 Porter Street, Soquel, California.

**NAMI-Santa Cruz County needs your ongoing financial support!**  
**Thank you!**

**Yes, I would like to join NAMI-SCC!**

Make check payable to NAMI-SCC, PO Box 360, Santa Cruz, CA 95061. Your Contribution helps pay for your membership in NAMI California and NAMI National.

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| <input type="checkbox"/> \$45 | <input type="checkbox"/> Annual \$35  | <input type="checkbox"/> (free)         |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> Member \$500 | <input type="checkbox"/> Director \$100 |

Donation\$\_\_\_\_\_

**Dues and donations to NAMI-SCC are tax deductible.**

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**Call 427-8020 for more information.**

