



President's Message

As a parent who has been dealing with a son who has schizophrenia, I have been consistently afraid that my son would commit suicide. He would tell me numerous times that he has wanted to die. Seeing the suffering that he had gone through, especially when he was in his late twenties and thirties, I could not blame him for wanting to die. During those times I was always afraid I would get "that phone call" from the hospital or someone in the mental health system.

Last year frustrated with the housing that was offered him by the county, I decided to prove what is really needed for "Recovery". We worked very hard and he got Section 8. I found a studio apartment, close to the bus, shopping, post office, a gym and a very quiet, safe neighborhood. Thanks to a very nice landlady who knows of his illness, he has moved into a one bedroom apartment with Section 8.

Beginning last week, we both go to the spa daily, lifting weights and swimming. I have known for a long time that exercise and the proper diet is an excellent foundation for a person with a serious mental illness. It is my hope that he will continue toward his "Recovery" and finally know what it takes to control his illness.



It has taken a lot of my time, almost daily, and I am fortunate that I have the time, but what about those parents who must work?

The bottom line is we need case managers badly. My son would not have gotten Section 8 housing if it had not been for my involvement. He did not have a case manager because his case manager had retired and the mental health system had not reassigned one for him. I feel that this may be the old story of "out of sight, out of mind".

Because the Mental Health Services Act (MHSA) Prop. 63 funds can only be used on new and restructured programs; the money cannot at this time be spent to hire the case managers who have 35 to 40 patients. I ask that you all contact Michael Borunda, Acting Deputy Director of the System of Care of California (916) 654-3551 or David Jones, who represents Santa Cruz County in the MHSA. I went on to the website - California Mental Health and located MHSA and from there got in touch with these people requesting that they make exceptions to using some of the funds for existing programs, such as case managers, who are very important for "Recovery".

Thanks. Sincerely, Your President, Judy Williams

The New Mental Health Director

Leslie Tremaine, Ph.D. is the new Santa Cruz County MH Director. She will be starting in late August and has years of experience in public mental health systems. She replaced Norm Wyman who retired in December of 2005. For the last two years she worked for Governor Richardson in New Mexico leading MH reform efforts in that state. Prior to that she worked for 14 years as the Director for the City of New Orleans and Parrish County overseeing mental health and alcohol and drug services. Prior to that she worked in the state of Virginia as State

Mental Health Director and Deputy Director. She has her clinical degree in psychology and has a long history with Santa Cruz County. She was born at Dominican Hospital and spent her early years here in La Selva Beach. Please join us in welcoming her to Santa Cruz.



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Dr. Lo Visits NAMI-SCC

A NAMI-SCC Speaker Meeting

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

With a style that immediately put his audience at ease, Dr. David Lo, Medical Director at County Mental Health, made himself available to the NAMI-SCC membership at Sutter Hospital on the evening of June 5th. It was more an evening of “getting to know you” than merely “ask the doctor.”

Before taking up his present position in April 2004, he worked at a San Francisco mental health clinic. Initially Dr Lo volunteered a few personal observations about the local situation. He is heartened by the unusual degree of enthusiasm and energy exhibited by staff and administration. At the same time he is disturbed by the “gaps,” including the lack of specialists, nurse practitioners, medical assistants, drug abuse treatment staff within the system. He believes these specialists should be available right at Building K. This would help address one of the big concerns expressed by many in the audience, namely the lack of continuity of care between psychiatric and physical health. For example, he envisions nurse practitioners coordinating physical health with the mental health team and providing health coaching to consumers. With Proposition 63 funds, some of these needs can be addressed.

“The ultimate in treatment is a good relationship” with psychiatrist, therapist, coordinator, and family involved with the consumer, Dr. Lo

commented, adding that “The value of relationships is underestimated in psychiatry.” He agreed with a questioner on the important role peer relationships can provide as well. To him “best practices” largely boil down to treating clients like the individuals they are. He anticipates that the “Wellness Center” emerging from Prop 63 funds will focus not on mental illness but on the individual’s self-perceived needs for a meaningful life. It will be a place where people can tap into resources and participate in “what you need to have a healthy, happy life.”

Emphases will include improving diet and physical health, with nutrition classes, exercise, and onsite doctor and medical assistant to help with individual concerns. There will be a range of opportunities for activities, such as music and art and hikes, to provide structures to fill in the gaps and give more meaning to life.

“My respect goes out to all of you for wanting to make a difference for the community and for your loved ones,” he remarked to those present.

Dr. Lo and NAMI members participated in a wide-ranging discussion. His presentation was open and forthright, manifesting honesty, confidence, sensitivity, and acknowledgement of the system’s limitations. We look forward to meeting with him again. ☺

The Puentes Work Crew Wants to Work For You!



We are available Monday - Friday to do the work you don't have time to do (or don't want to do)!

We are happy to provide:

- ✓ Light and deep cleaning services for bath rooms, homes, cars and offices
- ✓ Basic landscaping
- ✓ Help with moving
- ✓ Anything you need help with

Our prices are on a sliding scale and are negotiable to fit your needs (starting at \$10/hr)

Don't call an overpriced commercial service, call us first, we want to work for you!

All crews are organized and supervised by Andre Stillman 831-454-3080. Please call for more information.

Thank you for your generosity!

Thank you for your donation to NAMI-Santa Cruz County.

In behalf of
Donovan Pattisen:

Judith P. Ott,

Anita M. Frye,

Wayne & Betsy
Vanderlan,

Ellie Gross Bullis

The World I Can't Contain

I learned all right if you don't take the stairs

You won't go anywhere,

And escalators are no work at all.

Gravity's pull is daunting,

Yet, yearning for the light of heaven is stronger.

Who digs holes without special needs?

Any pleading we hear is only for hope,

A sizing of the scope it takes

In order to spring as a sprinter

And forget constrictions that bind like skins.

Public Guardian Speaks to NAMI

Cate Morrison, Chief Public Guardian for the County of Santa Cruz, spoke to an appreciative NAMI membership meeting April 5th at Sutter Hospital. She presented a thorough, detailed outline of the role and duties of the Public Guardian Office. Ms. Morrison has been with that office for ten years. In addition to her position, there are four deputy public guardians as well as an MFC counselor. They do two types of conservatorships: probate (which usually deals with the elderly) and mental health or “LPS” (for Lanterman-Petris-Short, the authors of the bill that became law)

LPS conservatorship can be established only by the Public Guardian’s office and applies to a person who is “gravely disabled” as the result of a mental disorder. She remarked that “gravely disabled” is a bit misleading. It means the individual cannot maintain in the given setting at that time (cannot provide food, clothing or shelter alone), or is a danger to self or others, and who requires placement in a facility for psychiatric treatment. The Public Guardian Office becomes involved only when an individual is hospitalized and certain steps have been followed. The process begins with a “5150” order, for placement on a “72-hour hold” (locally at Dominican Behavioral Health Unit). If not stabilized in three days, a client can be held up to 14 more days, based on the psychiatrist’s recommendation. The client must first be “noticed” (that is, given a notice) of the proposed “Reese” hearing which is held at the hospital with a public defender and judge. If two doctors agree that the individual still is not ready to be released into the community, at this stage a referral can be made to the Public Guardian for an LSP conservatorship. The social worker must give the client a form that conservatorship (a court proceeding with the decision made by a judge) will be filed in five days. The form has to be filled out giving the client’s perspective. A meeting is held with the client, the hospital staff, and any family member or other person the client wants to be present.

Ms. Morrison showed herself very receptive to questions and sympathetic to the concerns of clients and family members. She welcomes your further questions on conservatorship. Call the Public Guardian Office at (831)-454-4160. 📞

NAMI-Santa Cruz County has Spanish speaking people on the crisis line 1-800-952-2335, if anyone here in Santa Cruz County that needs help.

NAMI California Annual Conference 2006

Dr. Mayberg, California Mental Health Director, spoke about the Mental Health Service Act (MHSA), Prop. 63, status regarding funds. Currently 41 out of 58 counties have submitted plans and gotten money.

Not accepting plans without community involvement.

Outreach – Out in the community, not in clinics and hospitals. He said that outreach to schools and law enforcement is critical.

Services - They are looking for wrap around services and supports for people, similar to the Village concept. It was a surprise that older adults and transition age youth were a big concern, and they will be getting a lot of attention. The counties must be accountable to the hard to handle, not the easy to handle.

Training - The programs that are hiring consumers and family members need to make training and education a priority. Retraining of those old guards is also important because change is here.

Changing the programs in facilities and transforming the jobs of case managers would allow MHSA funds to be used.

Housing - 75 million dollars a year will go toward housing. Consumers need to be living in the same area where the family lives. The biggest barrier is Stigma & Discrimination.

Ming T. Tauang, M.D., Ph.D., D.Sc. currently appointed Behavioral Genomics University Professor, University of California; Distinguished Professor of Psychiatry and Director, Center for Behavioral Genomics, Department of Psychiatry at the University of California, San Diego. He also directs the Harvard Institute of Psychiatric Epidemiology and Genetics in Boston, MA. His current effort is to study prevention of psychiatric disorders before their onset, particularly in blood relatives of people suffering from schizophrenia and to identify traits that predispose a person to developing schizophrenia from both genetic and environmental perspectives. He believes that we should be able to identify early the onset of schizophrenia and bipolar disorders. Because of the war in Iraq, money has been drastically reduced for research. The biologic relatives of schizophrenia patients are at increased risk for the illness. There is a genetic linkage (more than one gene) and currently the studies are centered on the location of these genes.

continued on page 4

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.

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 programs;
- advocating for the right to choose our own life path;
- educating the public from our perspective;
- confronting discrimination.

Psychosocial Treatment of Bipolar Disorder

Drug treatment is essential but insufficient, fortunately, there are many other ways to help bipolar patients cope with their symptoms and manage their lives.

Bipolar or manic-depressive disorder is one of the better understood psychiatric conditions. We know that its symptoms - the swings between uncontrollable elation or irritability and inconsolable misery - are the result of a biological maladjustment with a strong genetic basis. But despite the availability of effective medications, it remains difficult to treat. It's a complex condition with pervasive emotional and social consequences - alcohol and drug abuse, suicide attempts, and the devastating effects of reckless, psychotic, or withdrawn behavior on marriage, family life, and employment. The symptoms come and go unpredictably, sometimes alternating within hours between mania and depression. And many kinds of external stress influence the timing of mood swings.

Lithium, anticonvulsants, or antipsychotic drugs can effectively damp down mood cycles. But the drugs have side effects, and patients don't always consistently take them. They may be put off by lethargy, weight gain, or loss of the pleasurable manic high. Under the influence of mania, they may decide that they no longer need drug treatment. When depressed, they may become convinced that everything, including drug therapy, is useless and hopeless.

People with bipolar disorder must learn about the nature of their illness and the need to take drugs. They should know how to organize their lives to avoid catastrophic mood swings, recognize signs of relapse, and get support from their families and friends. It's here that psychosocial treatment can be decisive. In fact, research supporting the effectiveness of psychosocial treatment (when combined with medications) is stronger for bipolar disorder than for most other psychiatric conditions.

The most important principles are to establish a strong therapeutic alliance - an agreement on the means and ends of treatment - and to include the family whenever possible. The forms of psychosocial treatment include psychoeducation, group therapy, self-help groups, psychodynamic therapy, cognitive behavioral therapy, and family therapies.

(From Harvard Mental Health Letter, March 2004 via NAMI, Northern Santa Barbara Co. newsletter, March 2004)

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7-8:30 PM

Call 427-8020 for more information

Who to Contact For Therapy

Family Service Association of the Central Coast:

104 Walnut Ave., Suite 208, Santa Cruz, CA 95060, 423-9444

This non-profit agency offers a variety of clinical, crisis, education, outreach and supportive services designed to maintain and strengthen family and community life. Accepted are private insurance, medical & sliding scale based on income.

Parent Center:

530 Soquel Ave., Santa Cruz, CA 95062, 426-7322

This agency offers counseling to families, couples, individuals, groups and children

Pajaro Valley Prevention and Student Association

728-6445

NAMI California Annual Conference 2006, continued from page 3

Michael Foster Green, Ph.D is a Professor-in-Residence in the Department of Psychiatry and Biobehavioral Sciences at the Geffen School of Medicine at UCLA and is Director of the Treatment Unit of the Department of Veteran Affairs VISN 22 Mental Illness Research, Education, and Clinical Center (MIRECC). His research activities have been devoted to understanding the nature and implications of cognitive dysfunction in schizophrenia, including neurocognitive indicators of genetic vulnerability to schizophrenia and neural mechanisms of cognitive dysfunction. Dr. Green stated that the lack of cognition (difficulty handling social situations, verbal learning, working memory, and attention/vigilance) was a part of the illness and not addressed by the pharmaceutical companies. During this conference some of the pharmaceutical companies signed up for the research on cognitive dysfunction. He also stated that stimulants make the symptoms in schizophrenia worse.

Friday evening after a delightful dinner, we were entertained by Mariachi Azteca of San Jose and Los Lupenos, a group of Mexican dancers, also from San Jose. All in all we had a delightful and educational event. I always learn more and get reinforced what I already know. We hope to see you there next year.

Judy Williams, Your President

Mental Health Needs Our Support

Judy Williams

Suicide is a preventable community mental health problem. What is not available, for those hospitalized with mental illness, who carry private insurance in Santa Cruz, is a day care program where cognitive behavioral therapy and other modalities are used to reduce suicidal behavior. The only day care treatment for Santa Cruz County is over the hill in Santa Clara County or Monterey County. Over the hill and far away!

Until my son was diagnosed with paranoid schizophrenia, I never realized that he would also have suicidal thoughts. *"Five percent of people with serious mental illness (major depression disorder, bipolar disorder and schizophrenia) complete suicide, as compared to 1.5 percent in the general population."* Given what we know about mental illness, why isn't more being done?

"Crisis Intervention and hospitalization, which are used for suicide prevention, may temporarily prevent suicide, but they do not reduce all the ongoing risks or future attempts. Rather, additional proper treatment reduces suicide risk further." (from NAMI Advocate magazine, Summer 2006) "Mental illness is a brain disorder. It is as real as cancer, heart disease and diabetes, and it is highly treatable with therapy and medication", said Betsy Schwartz, executive director of the Mental Health Association of Greater Houston.

The most current NAMI Advocate magazine had an article called "Putting Suicide Prevention on the Community Mental Health Agenda" by Tony Salvatore, M.A., Director of Development, Montgomery County Emergency Services, Inc., Norristown, PA.

In this article Mr. Salvatore states "In 'Achieving the Promise: Transforming Mental Health Care in America' (2003), the President's New Freedom Commission on Mental Health noted 'Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves.' In my experience, that was an understatement."

afsp.org - Am. Foundation for Suicide Prevention
webhealing.com - Crisis, Grief & Healing
hopeline.com - National Hopeline Network
save.org - Suicide Awareness/Voices of Education
surviving-suicide.com - Surviving Suicide
friendsforsurvival.org - Friends for Survival

Psychologist Dr. Michael Tompkins, of the San Francisco Bay Area Center for Cognitive Therapy, spoke on Obsessive Compulsive Disorder (OCD) at the May 8th FAMI educational meeting in San Francisco. He first explained that people who manifest obsessive and/or compulsive behavior do not necessarily have Obsessive Compulsive Disorder, only people whose symptoms/behavior significantly disrupts their lives. Between 1 - 2% of the population meet the criteria for a diagnosis of OCD. Treatment of the disorder is intended to reduce the symptoms to the point where they no longer result in life disruption.

Dr. Tompkins presented a model of OCD wherein an event occurs that produces anxiety and evokes obsessive symptoms, which are then expressed in compulsive behavior, which in turn offers relief from the symptoms, but also causes disruption in the person's life. For example, a child with an overwhelming fear of dogs goes to visit a relative who has several dogs that stay in the large yard that surrounds the house. The child becomes extremely fearful and is convinced the dogs intend to get into the house and injure him; the child hides in a closet where he feels safe and will not come out.

Dr. Tompkins specializes in the use of Cognitive Behavioral Therapy (CBT) to treat OCD. Studies show that CBT is as or more effective than medication alone in treating OCD; however, to benefit from this therapy, people have to have good enough insight (and only 1/3 of the people do) to realize that what they believe about their obsessions is not true. To engage in Cognitive Behavioral Therapy requires risk taking because this approach utilizes prolonged exposure to the stressors that produce anxiety and evoke obsessive symptoms. Such exposure produces anxiety and symptoms and works to break the cycle by getting people not to engage in their compulsive rituals, but to instead experience their anxiety decreasing without the compulsive behavior. This therapy helps people come up with rules for normal living - to help them identify what is "normal" (recognizing that normal is a range), and helps people practice staying on top of their anxieties and in controlling compulsive behaviors.

For more information on the San Francisco Bay Area Center for Cognitive Therapy and on Dr. Tompkins' publications can be found on the Center's website at www.sfbacct.com

Obsessive Compulsive Disorder

NAMI of Alameda County, The Families Advocate, Vol. 28, No.6 June, 2006

Update: National Suicide Hotline to Operate for Two Additional Weeks

As NAMI reported yesterday, the nation's largest suicide hotline, 1-800-SUICIDE, is scheduled to go out of service. But instead of this occurring on Saturday, August 12, as previously announced, the operator of this hotline has been given a two week extension. Negotiations are still in progress that may prevent the number from going out of service. However, NAMI is still urging the public to be aware that the alternative number for those in crisis is 1-800-273-TALK.

Update: MHCAN Building Toward Wellness Campaign



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 your or your family—just as we do about other devastating illnesses like cancer, diabetes, Parkinson's, or Alzheimer's.

Visit www.nami.org and click on the stigma alert listings at the bottom of the homepage.

Dear NAMI Friends:

Thank you very much to NAMI members for your support and gifts for the Mental Health Client Action Network's Building Toward Wellness capital campaign to buy the building at Soquel and Cayuga. I'm very pleased to let you know that we are 85% of the way toward our fundraising goal of \$400,000 for the project.

With funds raised during the initial phase of the capital campaign, in March MHCAN was able to submit the down payment and complete escrow for the building purchase. In addition to Proposition 63 funds approved in June by the County, capital campaign funds dedicated toward deferred maintenance and renovation of the 28-year old building are beginning to be committed. As can happen with these kinds of projects, simple plans to replace the original roof revealed unexpected deferred maintenance needs, requiring the drop-in program to move to a temporary location (Harvey West Park Clubhouse) for a few weeks starting in September. In the midst of these adjustments, MHCAN staff and clients are showing tremendous flexibility and teamwork, and are continuing with their primary mission of caring for and supporting each other.

I'm also very happy to report that in July, MHCAN extended the time its popular drop-in center is open from four to five days/week. MHCAN is now open on Saturdays from 12-3 pm. in addition to its MTuThF 9am.-2pm. schedule. We at MHCAN are pleased that already the benefits of building ownership are translating into more services for MHCAN clients.

If you haven't yet had the opportunity to join us in the campaign, please take a moment to consider the broad community benefits of this terrific project. Help us reach our goal by making a generous donation today!

It has been very satisfying for me to work on this project, and I thank you again for your ongoing support of MHCAN.

All donations are tax deductible.

Linda Wilshusen

Chair, MHCAN Building Toward Wellness
Capital Campaign

462-6241 l-j-w@pacbell.net

Please send donations to:

MHCAN

1051 Cayuga St.

Santa Cruz, CA 95062

Attention:

Suzanne Koebler, Executive Director

588-2776 suzannekoebler@yahoo.com

Participate in Research Studies

Stanford University Bipolar Disorders Clinic

These clinical trials offer eligible individuals a thorough and detailed assessment by a Psychiatrist who specializes in Bipolar Disorder, as well as intensive treatment and study medication at no cost to the individual. Being part of a research clinic provides patients access to the latest treatments, some of which may not yet be generally available. Some of these studies also compensate individuals for their time and travel expenses. For further information on any of the studies please contact Jennifer Nam at (650) 724-4795 or Shelley Hill at (650) 498-4801 or visit our website at www.bipolar.org

Help Solve the Schizophrenia Puzzle

A study to understand the genetic components of schizophrenia is being conducted by the Consortium on the Genetics of Schizophrenia (COGS) at the University of California, Los Angeles, Neuropsychiatric Institute with the National Institute of Mental Health (NIMH), and schools across the country including the University of California San Diego, Harvard, Mount Sinai, University of Pennsylvania, University of Washington, and the University of Colorado.

Through this collaboration, it is hoped to learn more about the genetic basis of schizophrenia, and finding out the risk factors and genetic factors of this illness. It will also help us to create more effective treatments.

They are asking for 3 groups of individuals - (1) individuals with a diagnosis of schizophrenia or schizoaffective disorder ages 18-65; (2) full biological family members of an adult diagnosed with schizophrenia or schizoaffective disorder; (3) healthy individuals with no personal or family history of major psychiatric illness. Accommodations for travel and lodging may be provided. Although the decision to participate is voluntary, you will be reimbursed for your time and travel. For more information visit www.schizophreniaresearch.net

Please call (310) 478-3711 - Karen Cornellus ext. 43929 or Shelly Crosby ext. 49234

HELP! NAMI NEEDS YOU!

Please support us. See the back page for membership and/or donation information or call 427-8020.

Family and Consumer On-Going Support Groups

Mondays

Christian Support Group with Jean

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

Smoking Cessation with Matt

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

Tuesdays

Marijuana Anonymous 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

Dual Recovery Anonymous with Ron

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

Wednesdays

Mood Matters Support Group

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

Thursdays

NAMI-SCC Family Support Group

300 Harvey West Blvd. Community Connection
7-8:30 PM 427-8020

NAMI-SCC Surviving Fear of Loss Support Group

For families with loved one who has made multiple suicide attempts.
Call 429-8791

Emotions Anonymous with Ron

1051 Cayuga, Santa Cruz, MHCAN
2:00-3:30 PM 469-0462

Alcoholics Anonymous

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

Anxiety Disorders Support Group

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

Fridays

Co-ed Peer Support with Matt

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

Your Next Step: Dealing with Stress with Carl

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

Saturdays

Dual Recovery Anonymous Step Study with Ron

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

NAMI Family-to-Family

Education Program Free Education and Support for Families
Who Have Relatives with Brain Disorders (Mental Illness)



The Keys to Understanding



The NAMI Family-to-Family Education Program is a 12-week course for families of individuals with severe brain disorders (mental illnesses). The course is taught by trained family members. All course materials are furnished at no cost to you.

The curriculum focuses on schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder and obsessive-compulsive disorder (OCD). The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively.

1. Learning about feelings, learning 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 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

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

The National Alliance for the Mentally Ill Santa Cruz County

688-3385



NAMI-SCC
 P.O. Box 360
 Santa Cruz, CA 95060
 www.namisc.org

NON-PROFIT
 ORGANIZATION
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 PERMIT #398

Psychiatric Emergency Phone Numbers:

Adult Day (8-5; Monday - Friday.) (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; Monday-Friday) (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; Monday-Friday) (831)429-1913

Legal Services

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

NAMI-SCC Board of Directors:

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NAMI-SCC Board Meetings:

2nd Monday of the Month.
 Meetings are held at 303 Potrero Street,
 Suite 106, in The Old Sash Mill complex
 accross from Gateway Plaza.
 6PM to 7:30PM
 Please join us.

**You are our only means of support.
 Please help us continue our work.**

Thank you for your support!

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.

- Family \$45 Individual \$35 Client (free)
- Patron \$50 Life Member \$500 Benefactor \$100
- Donation\$ _____

Dues and donations to NAMI-SCC are tax deductible.

Name _____

Address _____

Phone/email _____

Call 427-8020 for more information.

