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# NAMI EAST BAY NEWSLETTER

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

July-August 2015

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## Overview of Psychiatric Medications Wednesday, July 22

The speaker at our July 22 meeting, Margo Pumar, MD, is a Psychiatry Consultant through Alameda County's Primary Care/Psychiatry Consultation Program. She has a truly interesting background, having worked in Africa as a clinical educator. As an associate professor with the University of Pennsylvania, Department of Psychiatry, she set up a psychiatry department and medical school course in Botswana in conjunction with the University of Botswana School of Medicine. Dr. Pumar has also worked in Emergency Room psychiatry, psychosomatic medicine, and outpatient psychiatry. She completed her training in the Bronx, New York, at Montefiore Medical Center of the Albert Einstein College of Medicine and at the UC Davis Medical School.

We have asked Dr. Pumar to give us an update on psychiatric medications and tell us something about the functions and complexity of the targeted neurotransmitters. And, of course, we'll have questions about what's happening in Africa and her impressions of cultural differences.

### Speaker Meeting starts at 7:30 pm

Albany United Methodist Church  
980 Stannage Avenue, Albany  
Corner of Stannage and Marin

**Meeting is free and open to the public.**

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## Support Meetings

NAMI East Bay offers the following monthly support meetings:

- **Support and Share Group for Families of Adults** is held on the 2nd Wednesday of each month. The next meetings are July 8, August 12, September 9.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is

held on the 3rd Tuesday of the month: July 14, August 18, September 15.

Support Group Meetings are held at the Albany United Methodist Church, 7-9 pm. Enter through the gates to the right of the door on Stannage Avenue, turn left through the large room, go down the hall, and come up the stairs. Signs will be posted.

All support meetings are free to NAMI members and non-members, offering a chance to talk with others who understand, give emotional support, and share ways they have found to cope.

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## Consumer Resources

For information about Wellness Recovery Action Plans (WRAP) and other activities for folks who are experiencing a mental illness, we suggest you check out the <http://www.peersnet.org> website.

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## Survey on Needs of Older Adults

We received a request for older adult consumers in Alameda County to complete the following survey: <http://www.surveymonkey.com/s/ACOlderAdultSurvey2015>. Please feel free to pass the survey along. The results may bring some added considerations and services.

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## Upcoming NAMI Conventions

- The NAMI National Convention will be meeting July 6-9 in San Francisco at the Hilton SF Union Square, 333 O'Farrell Street. This is a wonderful opportunity to hear what's happening from national experts. Although there is a daily registration cost, it will essentially be the cost of a BART ticket or bridge toll to attend. Go to [www.nami.org](http://www.nami.org) for more information.
- The State NAMI convention will be at the Marriott in Newport Beach on August 20 and 21. Here again is the opportunity to learn more and be with other families and professionals who "get it." Information is at [www.namicalifornia.org](http://www.namicalifornia.org).

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Telephone: 510-524-1250 - Email: [namicastbay@earthlink.net](mailto:namicastbay@earthlink.net) - Website [www.namicastbay.org](http://www.namicastbay.org)

Editor: Liz Rebensdorf

Mailing: Irene Moran

Format: Tom Thomas

Publicity: Stella Allison

SPEAKER NOTES

## Housing Costs and Mental Illness

*Summarized by Thomas T. Thomas*

In the 1950s, the United States treated about 500,000 people with severe mental illness in publicly funded psychiatric hospitals. Today, only about 108,000 hospital beds are available, and an estimated 590,000 mentally ill patients each year end up in jail, prison, homeless shelters, or the morgue from suicide.<sup>1</sup> This, said **Robert Ratner, MPH, MD**, is the result of a public policy shift toward community treatment in the late 1960s through the coming together of conservatives who wanted to cut state budgets and liberals who wanted to improve care—but neither side brought the resources needed to fund local care. “Because we haven’t invested in places to live,” Ratner said, “a lot of people are in these other kinds of institutions.”

Speaker at our May 27 meeting, Ratner has more than fifteen years of experience working on integrating health care services and on housing as a health care issue. He received his public health and medical training from UC Berkeley and UC San Francisco, and is currently a volunteer faculty member at the UC Berkeley School of Public Health. He spent six years as the director of a supportive housing program for formerly homeless individuals at LifeLong Medical Care, a community health center based in Berkeley. He currently works at [Alameda County Behavioral Health Care Services](#) as their Housing Services Director. As part of his role, Dr. Ratner helps promote models of integrated health care that include mental health, substance abuse, and primary care services.

He invited the audience to imagine they had a disabling health condition, such as a stroke, that presented difficulty in managing the daily tasks of independent living or that resulted in thoughts, emotions, and behaviors that impacted their own health and safety, that of others, and their ability to live with other people. Various audience members suggested a place that allowed them independence with safety, structured support, stimulation and activities other

than TV watching, tolerance for their behaviors, respect, personal meaning ... and love.

The difference between a stroke and a disabling mental illness, of course, is that the stroke is a visible affliction, commonly accepted, and usually occurring in the elderly. Mental illness, on the other hand, is invisible, attended by significant social stigma, often arising in the teen and young adult years, derailing a person’s life and career prospects, and usually resulting in abject poverty. And the irony is that support is only available for those in poverty and crisis, and tends to disappear if the patient becomes stable or acquires funds. People who realize they’re sick and want treatment can’t get into the public system because they’re not sick enough. You need to be 5150’d<sup>2</sup> to become hospitalized.

Ratner said he believes in the “rule of thirds.” That is, of the 4% to 6% of the population with a severe, debilitating mental health condition, about a third get to a place with the right support and achieve some kind of recovery; a third have symptoms which they can manage and learn to function well; and a third are still struggling. “When we can get adequate support, it will tip the balance,” he said. “But the current system doesn’t seem to believe that psychiatric patients *can* get better. And if you don’t believe, it won’t happen.”

A person’s living situation—such as having a home or being homeless—impacts his or her health status through stress response and social, cultural, and environmental factors. Housing quality—such as meeting basic health and safety standards—as well as affordability, choice and control over space and support, and opportunities for privacy are linked to improved health and quality of life.

Unfortunately, housing in the Bay Area is priced beyond the reach of most people with severe mental illness. In Alameda County, with 1.6 million people, about 12% of the population lives below the federal poverty level of \$11,490 a year for a single person. Someone living independently on Supplemental Security Income (SSI) only gets \$889.40 per month, or \$10,672 per year, which is the statewide rate. The U.S. Department of Housing and Urban Develop-

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<sup>1</sup> Source: “[Cost of Not Caring: Nowhere to Go](#)” by Liz Szabo, *USA Today*.

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<sup>2</sup> Section of the California Welfare and Institutions Code which authorizes involuntary treatment of a person with a suspected mental disorder which renders him or her a danger to self or others or gravely disabled.

ment (HUD) sets the Fair Market Rents<sup>3</sup> for housing subsidies and affordable housing programs in the East Bay at \$1,039 for an efficiency apartment and \$1,260 for a one-bedroom. This is significantly below the market average of \$1,805 for all East Bay unit sizes and \$1,400 for studio apartments.

“Restrictions on residential development in the Bay Area,” Ratner said, “lead to low housing supplies, high demand, and costs going up.” Alameda County is one of the ten worst in the state for its shortfall of homes that are affordable and available to extremely low income renters.

At peak capacity in winter, Alameda County has about 1,000 emergency shelter beds and 1,100 transitional housing beds; so an estimated 8,000 of those served by the public mental health system may experience an episode of homelessness during the year. The county has approximately 1,900 permanent, affordable supportive housing slots with a turnover rate of 5% to 15%; so only between 95 and 285 slots open up each year. The county also has about 29,000 affordable housing voucher slots and 33,000 affordable housing units—but far fewer of those are available to people living on SSI. For example, a recent 100-unit affordable housing development in downtown Oakland, with five units set aside under the Mental Health Services Act along with some project-based Section 8 units, received 5,009 applications; so each person had about a 2% chance of getting in.

In the marketplace for licensed supervised care, the county has 229 adult residential facilities (1,677 beds) and 355 residential care facilities for the elderly (6,194 beds), but less than 10% of those are affordable to someone on SSI. Few nonprofits able to serve individuals with serious mental illness operate this type of residential facility in Alameda County. There have been significant reductions in licensed board-and-cares that take SSI only, with few that focus on serving those with a mental illness. Alameda County provides supplemental payments to licensed residential facilities ranging from \$14 to \$19 a day—about half that of other programs in the region.

The county’s permanent housing options include:

- **Private market**—single or shared occupancy, owned or rented. In the past year rents increased 12%, the highest in the nine Bay Area counties.

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<sup>3</sup> Defined as the rate at which 40% of those seeking housing should be able to find at least one unit at this price.

- **Community living facilities**—licensed board-and-cares, shared living arrangements (e.g., room and boards), “transitional housing,” sober living, single room occupancy hotels, and dormitories.
- **Affordable housing buildings**—public housing projects, nonprofit housing, and for-profit tax-credit housing.
- **Affordable housing subsidies**—Section 8, Veterans Affairs Supported Housing (VASH), Shelter Plus Care, Mental Health Services Act, etc.—if the landlord will accept third-party payments.

Alameda County Behavioral Health Care Services has 400 housing slots in the county to serve 35,000 to 40,000 people with serious mental illness. ACBHCS housing strategies include full-service partnerships such as Housing First programs with funds attached; a Housing Authority of the County of Alameda subsidy partnership with the CHOICES community living program; the Mental Health Services Act Housing Program; the Supplemental Rate Program for licensed board-and-cares; the EveryOne Home Fund, a revolving fund that pays the first month’s rent; 70 emergency housing beds; and work with the Community Living Facility. Starting in the fall, ACBHCS plans to create standards for the county’s housing operators, like a Better Business Bureau certificate. Such a program has been operating through the [San Diego Independent Living Association](#) for four years.

The challenges are to create more affordable housing developments and funding subsidies with explicit set-asides for seniors and people with disabilities. We need to reorient support services away from the office to serve people in the field and at their homes. We need more education programs to fight stigma. And we need more family leadership examples such as the [Housing Consortium of the East Bay](#), [Housing Unlimited Inc.](#) in Maryland, and the [Homes For Life Foundation](#) in Los Angeles.

“Housing issues can be discouraging at times,” Ratner said, “but we need your advocacy on the real needs of people with severe mental illness and disabilities who are living on fixed incomes.”

Past articles in the Speaker Notes series are available online at [www.thomasthomas.com](http://www.thomasthomas.com) under “NAMI East Bay.” Also available is a copy of the brochure “Medications for Mental Illness.”

### Musings from the President

Longtime Bay Area residents may fondly remember Mrs. Terwilliger. A one-of-a-kind naturalist, she led trips and did school presentations for families back in the '70s and '80s. I remember her driving up to a meeting location, opening the trunk of her station wagon, reaching in, and casually tossing out “taxidermed” local animals—evidently her front door was a repository for local road kill. As we followed her across the fields in Pt. Reyes, she would (unlike most naturalists) tear leaves off trees for us to smell and break branches for us to investigate. As we walked, we had to greet the flora and fauna. “Good morning, Mr. Lupine,” “Hello, Baby Buttercup,” we’d dutifully repeat after her as we adults toured nature with Mrs. T and our kids. There’s a famous picture of her in the Oval Office, showing President Reagan how to hold his arms in the air like Mr. Turkey Vulture.

Few people would feel comfortable enough in their own skins to physically adjust the posture of the President of the United States. Many of us shrink back and act with deference when in the presence of someone with more power, skill set, or expertise. For many family members, that person with power and knowledge is the psychiatrist who is making life-changing recommendations regarding our loved one. Many of us view well-trained and educated professionals with esteem and as holders of knowledge and skills. Yet, highly skilled NASA engineers made some serious misjudgments with the Hubble Space Telescope; who knows what the experts have done with our own Bay Bridge ... and we won’t even go into political decisions made by legal scholars.

Families know their relatives, have lived with them more than anyone else, and have a functional understanding of what works and what doesn’t on a day-to-day basis. We highly encourage you to fill out the AB 1424 form so that you have it on hand if you get to the point where your relative is hospitalized; authorities are legally required to accept and consider it when dealing with your loved one. Family members in Alameda County worked on this with county staff, but each county has its own variation.

You can access and print the form at Alameda County Behavioral Health Care Services’ website [www.acbhcs.org/Docs/docs.htm](http://www.acbhcs.org/Docs/docs.htm) under the heading

“Mental Health,” or Google “AB 1424 Form,” or have the NAMI East Bay office send you a copy.

Moreover, even in the absence of the AB 1424 form, we always encourage families to get pertinent information to the professionals who are dealing with their relative. Medical and psychiatric staff are bound by strict HIPPA rules regarding confidentiality, but you can always send a note or email, or leave a phone message. Don’t expect a call back for discussion, although that can happen if your relative signs a release of information form.

We all have to realize that there are still perhaps more questions than answers in the whole arena of mental illness, and that’s why we have to share what we know. We’re not the trained and credentialed experts, but we certainly are the ones with experience and history. Issues are continually being raised about best practices at the same time there is increasing reliance on evidence-based practices. There are questions about the role of trauma in the development of a mental illness, in contrast to the strong belief among many that we must be informed by the medical model. On our NAMI East Bay Board, some of us are most comfortable with developing interventions for cognitive dysfunction, while others are training to help folks deal with the voices they hear—and we have regular, energetic discussions about meds or no meds, impact of genetics, and vulnerabilities. We are truly a microcosm and reflect what’s happening in the field of mental illness.

Like Mrs. Terwilliger, we need to chart our own course, not being afraid to mess around with what we’re being given in terms of the “establishment.” We can give psychiatrists their proper due but realize this is all very complex and we need to raise questions and even act irreverently at times.

—Liz Rebensdorf, President, NAMI East Bay

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### NAMI East Bay Website

If you haven’t checked out our new website at [www.namieastbay.org](http://www.namieastbay.org), please do so. We’re hoping to make this a functional and user-friendly resource, and so we’re continually poking around and tweaking it. Send us any ideas on how to improve what we offer.

And, in response to several questions about the graphics: because of confidentiality issues, we cannot post anyone's picture without getting permission. So we opted to put some photographs through the Waterlogue app and hopefully have some interesting photo modifications which fall in the abstract range of the reality continuum (our comfort zone, anyway).

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### Thank You to ...

... Marion Kwan, for donating an air printer to the NAMI office. This will be used for label printing.

... Eileen Higuchi, for giving us a generous donation of \$500 through her work donation site. We will be using this to purchase more copies of Dr. Xavier Amador's book and update our library offerings.

... Gigi Crowder and Manuel Jimenez, from Alameda County, who paid for two buses to get people over to the NAMI Walk in San Francisco on May 30 and who participated by walking and getting county staff enthused about collaborating with NAMI affiliates. Next year: more of the same but with a party afterwards!

... Liz Zhang, who came to us from China, got involved at an energetic level with our group, and has been an enthusiastic participant and volunteer on so many projects. She is now off to the University of Michigan to study social work at the graduate level—and will return here, we hope.

... Linha and Jia Ma, for consultation around some financial issues and sharing new baby news.

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### And Kudos to ...

... Ed Herzog and Margot Dashiell, both NAMI East Bay Board members, who were awarded Mental Health Achievement Awards by Berkeley Mental Health.

... Julie Bernardo, who is graduating from UC Berkeley and off to work in mental health in the Valley, after putting a lot of energy and enthusiasm into establishing a NAMI on Campus. Good luck!

... Tommie Mayfield and Lindsay Schachinger, who took the Family to Family class teacher training on a recent weekend and who will join our teaching team when our next class starts up in January.

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## NAMI Housing Network

On page 2 of this issue begins a summary of Dr. Robert Ratner's talk in May about housing and mental illness. Although much has been accomplished, the overall picture is still pretty grim, particularly in the housing boom of the East Bay. Attendees at the May 27 meeting expressed interest in connecting with others who have similar concerns, and so we have launched the NAMI Housing Network (NHN).

We see this as an opportunity for folks to connect—around finding roommates for relatives, learning more about particular board and care homes, linking up financially with others, and so on. For the time being, this is just a group email, and you can get your name onto it by giving us your email address for that list; it will not be sold nor distributed to people for commercial reasons. The summary of the presentation lists several websites which were recommended by Dr. Ratner as places to review to see what has been done elsewhere.

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## Hearing Voices Network

Many of our loved ones hear voices, have visions, and experience different realities that sometimes can appear frightening to us and provoke anxiety. We don't know what to do! And we have few alternatives other than medication and hospitalization.

Under the leadership of Ed Herzog, we are offering a monthly group for family members in this situation. It meets the third Thursday of every month, 6:30-8 pm at the office, 980 Stannage Avenue, Albany. Upcoming dates are July 16 and August 20. In the group, you will learn alternatives and tools for coping with your loved one's extreme experiences as well as how to be supportive and gain a better understanding of the underlying meaning and content. For more information, contact Ed at [edherzog@comcast.net](mailto:edherzog@comcast.net).

There are also groups for those experiencing voice hearing. A local one is at the Berkeley Drop In Center, 3234 Adeline Avenue, Berkeley, 6-7:30 pm, on the 1st and 3rd Mondays. These are free, drop in groups. Website is [www.bayareahearingvoices.org](http://www.bayareahearingvoices.org).

Berkeley Mental Health will also be offering groups, but the schedule is not yet determined.

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East Bay

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Please check your mailing label. If the code "15" is over your name on the right side of the label, your dues are current through 2015. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2015 dues now. And if you can afford to add a bit more, please do so. Your \$35 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, \$35 per year     Open Door Membership, \$3 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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I'd like to volunteer:  In the Office     Grant Writing     Membership Committee  
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