

Fall 2017

Mental Health. California

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RESEARCH**

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relaxation

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PUBLIC POLICY
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**DEPRESSION,
SPIRITUALITY
& MENTAL
HEALTH**

*An Essay by
Kay Warren*

Yoga

*for mental health
County MHSA
programs*

**EATING WELL
MINDFULNESS STRESS RELIEF**

Family *mental health* today

**PARENTS AND CHILDREN TAKING
STEPS TOWARD HOPE AND RECOVERY**



What if laughter really is the best medicine?

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Health and *Mental-Wellness*

Tips & Reminders

by Celeste Polley

TODAY, WE ENCOURAGE YOU TO SLOW DOWN AND REFLECT UPON YOUR DAILY HABITS. YOUR HAPPINESS IS PARTIALLY DEPENDENT UPON HOW YOU TREAT YOUR BODY AND MIND. LOOKING AFTER YOURSELF WILL ENSURE A HEALTHY, CENTERED, MENTALLY-BALANCED LIFE. BELOW ARE A FEW TIPS TO GET YOU STARTED.

Health

Although studies reveal that having a good laugh can boost your immune system, a good sob is widely known to have healing powers, too. It's okay to cry your heart out when you're feeling pain. Let it out! Alongside laughter and a good cry, maintain a heart-healthy diet by eating more fresh fruits and vegetables daily, choosing whole grains and lean protein, and cutting down on processed food, sugar, and salt.

Mental Health

Every single person is completely unique. Your experiences, exposure to life events, and chemical makeup define your mental health, and it's

worth paying attention to how you're feeling. If you begin to consider your mental health as part of your overall health, you'll be more in tune when something doesn't seem right. Know your family mental health history, too. Inherited disorders can go undetected, and therefore, untreated. If you find yourself anxious for any reason, speak to your doctor and schedule a mental health checkup as soon as possible.

Exercise

When you feel tired, exercise may be the last thing you feel like doing. However, a 30-minute, moderate-intensity exercise session may improve fatigue, mood, and depression.

Meditation

The practice of meditation is widely misunderstood and often appears daunting. The key is to understand what meditation can do for you, familiarize yourself with its principles, slowly ease into it with short sessions, and most importantly, practice your own way. You will soon realize meditation's many benefits to your overall health and happiness.

Spirituality

The relationship between physical, mental, and spiritual health is often overlooked. There may be benefits to tapping into a deeper, inner source during times of conflict – ei-

ther mental, emotional or physical. Expand your knowledge by reading spiritual and uplifting books, and by gaining insight from faith-centered friends and mentors. Think deeply about what you are learning and how you can use it to improve areas in your own life. It is important to self-reflect because what you think and believe is ultimately what you become.

Mental-Wellness

Surround yourself with positive people who radiate love and uplift your spirit. Having a solid support system is not only beneficial for your general well-being, but also helpful when you find yourself in a sticky situation. It's always pleasant to receive in abundance, but remember to reciprocate by offering a helping hand to others, too. Being positive while maintaining positive associations is a key factor in mental-wellness and general good health.

Relaxation

Find a comfortable sitting position in your favorite spot and make sure you won't be bothered or interrupted during this time. Close your eyes, breathe deeply, and just be present. Listen attentively to every sound you hear, soak up your surroundings, and appreciate how it makes you feel. Allow any tension to drain from your body. Hopefully, you'll be able to enjoy a quiet moment at some point each and every day.



**Keep going for
brighter days.**

We are proud to sponsor Mental Health California™ in their efforts to educate Californians on health and mental wellness.



Be MINDFUL

The Power of Mindfulness: What You Practice Grows Stronger | Shauna Shapiro | TEDxWashingtonSquare



Mental Health California™ Founder & CEO Kristene (K.N.) Smith serves as the editorial and creative director for Mental Health California Magazine™. She is supported by a host of writers, editors, publishing assistants, and creative professionals.

Cover Photo: Kay Warren of Saddleback Church by Tokar

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Founder's *Note*



Mental Health California™ strives to normalize our collective thought patterns surrounding behavioral health. One day soon, a stigmatized person should instead hear, “Okay, you have that condition. Well this is what I have, and this is what my neighbor is dealing with”.

It's certainly understandable when someone we know shows up with a cast on their leg or has a broken wrist. We know that if these visible conditions are properly treated, they will heal in time. But what about the mental health conditions we cannot see? The ones that make people act “funny.” The ones that cause us to feel out of sorts. The ones that cause stigma to rage. Is it okay to pretend they're not there, or should we be looking at mental health as health by treating all conditions equally? Although these conversations have never been more open, we still have a long way to go. At least we're aware that if properly treated, mental health conditions can be managed, and a mixture of clinical, holistic, and spiritual interventions may be key for some.

Mental Health California™ strives to normalize our collective thought patterns surrounding behavioral health. One day soon, if a stigmatized person could instead hear, “Okay, you have that condition. Well this is what I have, and this is what my neighbor is dealing with,” then we can start to see one another on a more level playing field. It takes time for thoughts to shift, so we have to keep pushing on the political, healthcare, funding, and wellness education fronts to make a difference. We invite you to participate in your own way in these worthwhile efforts.

As a way to educate the larger community, our magazine covers a wide range of topics and issues concerning

mental health. This edition features a variety of mental-wellness topics including treatment and management of clinical disorders, mindfulness and relaxation, public policy updates, and even gardening for mental health. We're fortunate to also feature a personal essay by international ministry leader, Kay Warren, wife of Pastor Rick Warren of Saddleback Church in Lake Forest, California. City of Sacramento Mayor Darrell Steinberg, founder of the Steinberg Institute, provides an exceptional welcome introduction, and our feature article on family mental health will shed light on the struggles and triumphs everyday families experience in caring for loved ones with mental health challenges.

We truly appreciate your involvement in our magazine, our events, and our commitment to reaching out to others in need. We appreciate you and respect the journey you and your loved ones travel every day. Feel free to visit us online and send any comments you might have.

Here's wishing you a fruitful, full, mentally-well lived life!

Kristene (K.N.) Smith
Founder & CEO

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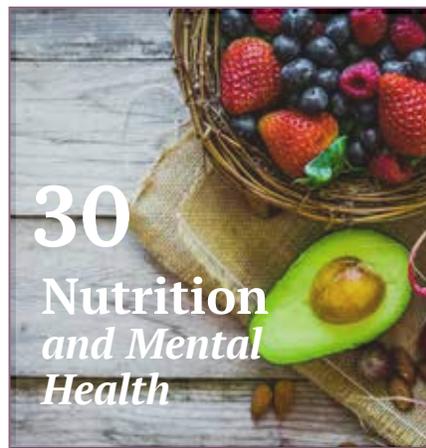
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Welcome

by Darrell Steinberg

More than two years ago, I founded the nonprofit Steinberg Institute because I believed we needed an entity in California expressly focused on advancing sound public policy and inspiring leadership around issues of mental health.

As we work to ensure a future that makes quality mental health diagnoses and services a top-tier political priority, we are glad to welcome to the crusade a new venture: Mental Health California™.

Kristene Smith and her team bring energy, enterprise and commitment to an online magazine dedicated to helping communicate the multi-layered story of mental health and wellness in this state. It's a conversation we need to nurture and grow throughout California and the nation. Mental illness remains the under-attended issue of our time – and that inattention lies at the root of so many of our most pressing social concerns. The

more we can educate, inform and invite conversation around this critical topic, the greater our ability to normalize discussion of mental illness in our communities and halls of government, and to break through barriers to care.

Our mission at the institute is to promote a system of care in which brain health is treated with the same urgency and sweep as physical health. We applaud Kristene and her team for joining in this effort, and look forward to the good work to come.

Darrell Steinberg founded the Steinberg Institute in 2015, part of a decades-long quest to strengthen mental health services in California. He is Mayor of Sacramento.



MINDEFUL
BREATHING

STOP BREATHE
& THINK

Breathe



Policy & Programs



WELLNESS • RECOVERY • RESILIENCE

Understanding the California Mental Health Services Act (MHSA, Proposition 63)

The Mental Health Services Act (MHSA), passed as Proposition 63 in 2004, and effective January 1, 2005, established the Mental Health Services Fund (MHSF).

The MHSA is an act in California that provides funding, personnel, and resources to support county mental health programs. It also monitors the goal-oriented, mental health progress of children, youth, adults, the elderly, and families. With the passage of the initiative, earnings of more than \$1 million are subject to a 1% tax on personal income to provide funding for mental health services and programs.

The purpose of Proposition 63 is not only to attend to individuals with serious mental illness, but to also reduce the impact of untreated serious mental illness on individuals, families, and state and local budgets. Expansion of innovative and successful service delivery programs are carried out, which includes accomplished approaches for underserved populations. Not only is the available state funds' intent to provide services not covered by insurance or federally sponsored programs, but to also ensure that expenditures are cost-effective, and that provided services are following recommended best practices.

Revenue generated from the 1% tax is deposited into the MHSF annually. The 2017–18 Governor's Budget indicates approximately \$1.807 billion was deposited into the MHSF in FY 2015–16. The 2017–18 Governor's Budget also projects that \$1.864 billion will be deposited into the MHSF in FY 2016–17, and \$1.888 billion will be deposited into the MHSF in FY 2017–18. To

see additional budget details, the Mental Health Services Act Expenditure Report – Governor's Budget for the current year is available on the California Department of Health Care Services' website at www.dhcs.ca.gov.

The MHSA addresses a broad continuum of prevention, early intervention, and service needs as well as providing funding for infrastructure, technology, and training for the community mental health system. The MHSA specifies five required components:

1. CSS (Community Services and Supports) involves the funding of direct services to individuals with severe mental illness.

2. CFTN (Capital Facilities and Technological Needs) makes provision for building projects and improvement of mental health services delivery by increasing technological capacity through funding.

3. WET (Workforce, Education, and Training) includes providing funds to improve the capacity of the mental health workforce.

4. PEI (Prevention and Early Intervention) serves to allocate investment of 20% of the MHSA funding of outreach programs for families and providers to recognize early signs of mental illness.

5. INN (Innovation) involves the funding and evaluation of new approaches to increase access to underserved communities, promotion of interagency collaboration, and increasing the overall quality of mental health services.

Additionally, California has developed a set of guiding principles that are the benchmark for the implementation of the MHSA Community and Supports component, which is tasked with changing the existing public mental health system via:

Consumer and Family Participation and Involvement

- Programs and Services
- Age-Specific Needs
- Community Partnership
- Cultural Competence
- Outcomes and Accountability
- Taking a Comprehensive Viewpoint

The MHSA strives to reach broadly into all California communities to address a breadth of public mental health concerns. To learn more about the California Mental Health Services Act, please visit the [California Department of Health Care Services website](http://www.dhcs.ca.gov).

Community *Resources*

MHSA-Funded County Behavioral Health Programs

Provided by NAMI California





Contra Costa County

Children's Wraparound Support

The REACH Project (Raising Early Awareness Creating Hope) implements a continuum of services targeting youth and transition age youth (TAY), ages 11 to 25, who are experiencing At-Risk Mental States (ARMS) or prodromal symptoms. The service model is based on the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program, which is currently a replication study occurring at six sites nationwide to build research evidence on the effectiveness of preventing the onset and severity of serious mental illness with psychosis.

 www.cchealth.org/mentalhealth/mhsa/

Santa Clara County

Prevention and Early Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features

The REACH Project (Raising Early Awareness Creating Hope) implements a continuum of services targeting youth and transition age youth (TAY), ages 11 to 25, who are experiencing At-Risk Mental States (ARMS) or prodromal symptoms. The service model is based on the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program, which is currently a replication study occurring at six sites nationwide to build research evidence on the effectiveness of preventing the onset and severity of serious mental illness with psychosis.

 www.sccgov.org/sites/bhd/Pages/home.aspx

COMMUNITY PROGRAMS THAT ADVANCE MENTAL WELLNESS - FUNDED BY THE CALIFORNIA MENTAL HEALTH SERVICES ACT (MHSA)

Mendocino County

Suicide Prevention Program

The goal of this project is to actively engage the community in promoting mental health, preventing suicide, and reducing stigma across the lifespan. Suicide prevention is addressed in MHSA forums to determine the community's unique needs and develop action plans tailored to fit the needs of the community, with an emphasis on reaching out to the bilingual, culturally diverse, and remote populations. This project includes collaboration with the North Bay Suicide Prevention Hotline. During FY 2014-15, the Mendocino County MHSA Coordinator obtained the certification to facilitate Applied Suicide Intervention Skills Training (ASIST) and safeTALK training. These are evidence-based suicide intervention and prevention techniques for the community and workforce. Mendocino County is committed to providing a minimum of three of each of these trainings per year during the three-year cycle. In these training efforts, the County has made special effort to invite and provide training to linguistically and culturally diverse groups.

 www.mendocinocounty.org/government/health-and-human-services-agency/mental-health-services

California Mental Health Public Policy: Featured Legislation: AB 1315

Mental Health: Early Psychosis and Mood Disorder Detection and Intervention

Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee various mental health programs funded by the act. Proposition 63 requires the State Department of Health Care Services, in coordination with counties, to establish a program designed to prevent mental illnesses from becoming severe and disabling.

This bill would establish an advisory committee to the commission for purposes of creating an early psychosis and mood disorder detection and intervention competitive selection process to, among other things, expand the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services in this state by providing funding to the counties for this purpose. The bill would require a county that receives an award of funds to contribute local funds, as specified.

This bill would prescribe the membership of the advisory committee, including the chair of the commission, or his or her designee. The committee would, among other duties, provide advice and guidance on approaches to early psychosis and mood disorder detection and intervention programs.

This bill also would establish the Early Psychosis and Mood Disorder Detection and Intervention Fund within the State Treasury and would provide that moneys in the fund shall be available, upon appropriation by the Legislature, to the commission for the purposes of the bill. The fund would consist of private donations and federal, state, and private grants. The bill would authorize the commission to elect not to make awards if available funds are insufficient for that purpose. The bill would authorize the advisory committee to coordinate and recommend an allocation of funding to the commission for clinical research studies, as specified. The bill would require the results of those studies to be made available annually to the public. The bill would also state that funds shall not be appropriated from the General Fund for the purposes of the bill and that implementation of the grant program shall be contingent upon the deposit into the fund of at least \$500,000 in nonstate funds for the purpose of funding grants and administrative costs for the commission.

More Info: goo.gl/F3BgtP

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Suicide is the tenth leading cause of death in the United States. A significant proportion of individuals who die by suicide have made a prior suicide attempt, and often access emergency care (ED) services. Research funded by the National Institute of Mental Health (NIMH) now shows hospital emergency departments can play a vital role in lowering the number of suicide attempts among adults by as much as 30 percent.

In results published April 29, 2017, in *JAMA Psychiatry* (Miller et al 2017), the largest ED-based suicide intervention trial ever conducted in the United States examined the effectiveness of screening in emergency departments, followed by safety planning guidance and periodic phone check-ins. This trial showed that this approach led to a 30 percent decrease in suicide attempts over the 52 weeks of follow-up, compared to standard emergency department care. The five-year Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) (NIMH 2010) study involved nearly 1,400 suicidal patients in eight hospital emergency rooms across seven states.

“We expect that EDs are capable of helping individuals at risk for suicide attempts. Earlier ED-SAFE study findings showed that brief universal screening could improve detection of more individuals at risk,” said Jane Pearson, Ph.D., chair of the Suicide Research Consortium at the NIMH. “These recent findings show that if ED care also includes further assessment, safety planning, and telephone-based support after discharge, there is a significant reduction in later suicide attempts among adults.”

“We were happy that we were able to find these results,” said lead author Ivan Miller, Ph.D., Professor of Psychiatry and Human Behavior at Brown University, Providence, Rhode Island. “We would like to have had an even stronger effect, but the fact that we were able to impact attempts with this population and with a relatively limited intervention is encouraging.”

The collaborative effort included researchers at Brown University and Butler Hospital as well as: Massachusetts General Hospital, Harvard Medical School; University of Colorado Depression Center; Cape Cod (MA) Hospital; University of Massachusetts Medical School; and the Division of Services and Intervention Research at NIMH.



***Emergency
Departments Could
Play Significant
Role in Reducing
Suicide
Attempts***

*NIMH-funded
research shows an
intervention that
includes follow-up phone
calls reduces the risk of
future suicide attempts
for people at risk*

***by the National
Institute of Mental
Health (NIMH)***



Mental Health *First Aid*

HIGHLIGHTS AND UPDATES

ON FRIDAY, MARCH 24, 2017, THE NATIONAL COUNCIL FOR BEHAVIORAL HEALTH HOSTED BRIEFINGS ON CAPITOL HILL TO ADDRESS THE IMPORTANCE OF MENTAL HEALTH FIRST AID TRAINING FOR LAW ENFORCEMENT OFFICERS WHO REGULARLY RESPOND TO CALLS INVOLVING PERSONS IN MENTAL HEALTH OR ADDICTION CRISES.



by Shelley Starkey

The panel included three law enforcement officers from across the U.S. who discussed the impact that Mental Health First Aid has had on their communities and departments.

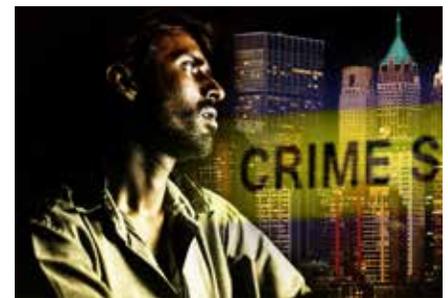
Chief Louis M. Dekmar from the La-Grange Police Department credited trainings like Mental Health First Aid with decreasing the number of arrests in Georgia where police officers needed to use force by more than half. While Georgia is 8th in population in the country, he said, it ranks 42nd in incidences of fatal police shootings. According to the Chief, the de-escalation tactics learned in Mental Health First Aid have helped officers interact with the public. As the First Vice President of the International Association of Chiefs of Police (IACP), he has made awareness of mental health issues a priority through the One Mind Campaign (National Council 2016), which seeks to train 100 percent of officers in departments that take the pledge in Mental Health First Aid.

Sergeant Jeremy Romo from the St. Louis County Police Department acknowledged not only the impact of the training on the public, but also amongst fellow law enforcement of-

ficers. Many officers, he shared, were skeptical of the Mental Health First Aid course and feared the training would ask them to compromise their own safety to serve those in mental health crisis. Sergeant Romo said that these misconceptions were quickly dispelled as the officers learned how to increase safety for everyone involved in a police call. In addition, Sergeant Romo shared accounts of officers employing Mental Health First Aid strategies in their personal lives, particularly in response to the activities in Ferguson, MO, in 2016.

Trooper First Class Christine Jeltema of the Connecticut State Police stressed the importance of funding Mental Health First Aid for law enforcement officers. In Connecticut, these de-escalation trainings are a top priority, but are funded only by the state's limited resources. A trained Crisis Intervention Officer, TFC Jeltema knows how critical it is for first responders to be equipped with this special training. Mental Health First Aid offers a cost-effective yet thorough avenue by which key personnel can be trained in lifesaving mental health crisis response tactics.

Shelley Starkey is a Project Assistant at the National Council for Behavioral Health as well as a Master of Public Policy candidate at George Washington University, concentrating on the intersections between behavioral health and social policy. In her work, Shelley contributes to the National Council's robust congressional outreach and advocacy agenda, regularly authoring stories on the National Council's Capitol Connector blog and e-newsletter.



This article originally ran on the National Council for Behavioral Health's Capitol Connector Blog (Starkey 2017). To learn more about Mental Health First Aid USA, go to www.mentalhealthfirstaid.org.



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I just bury it

I cut myself, I burn myself

Just notice me"

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Research



BRAIN RESEARCH

**DR. KAFUI DZIRASA:
REPAIRING BRAIN
CIRCUITS TO TREAT
DEPRESSION AND
AUTISM BY BRANDON
STAGLIN, DIRECTOR
OF MARKETING AND
COMMUNICATIONS,
ONE MIND**

The symptoms of psychiatric illnesses appear to arise when malfunctions in a person's genes cause brain circuits to lose their ability to work together. In healthy mental functioning, different brain regions communicate through circuits, and synchronous rhythms of electrical activity manifest across the brain during these circuit connections. Scientists have worked to deepen our understanding of these phenomena in recent years, and research technologies have recently reached a critical nexus for a potential therapeutic leap. The discovery of optogenetics has enabled scientists to use light to control the firing of specific classes of neurons within a circuit, and neuroelectrical recording has been refined to discern the precise rhythms that allow circuit

”

Dr. Dzirasa's team has developed a prototype “brain pacemaker” that can make mice modeling depression resilient to stress.

synchrony to take place. And now, a talented scientist is using these novel technologies to come up with some amazing advances, including a prototype “brain pacemaker” that may soon be used to treat depression and other brain illnesses. Kafui Dzirasa, M.D., Ph.D. is Assistant Professor of Psychiatry and Behavioral Sciences at Duke University School of Medicine, and recipient of a 2013 One Mind Institute / Janssen Rising Star Translational Research Award. Since his initial proposal, he has applied optogenetics and neuroelectrical monitoring in freely behaving mice toward three aims:

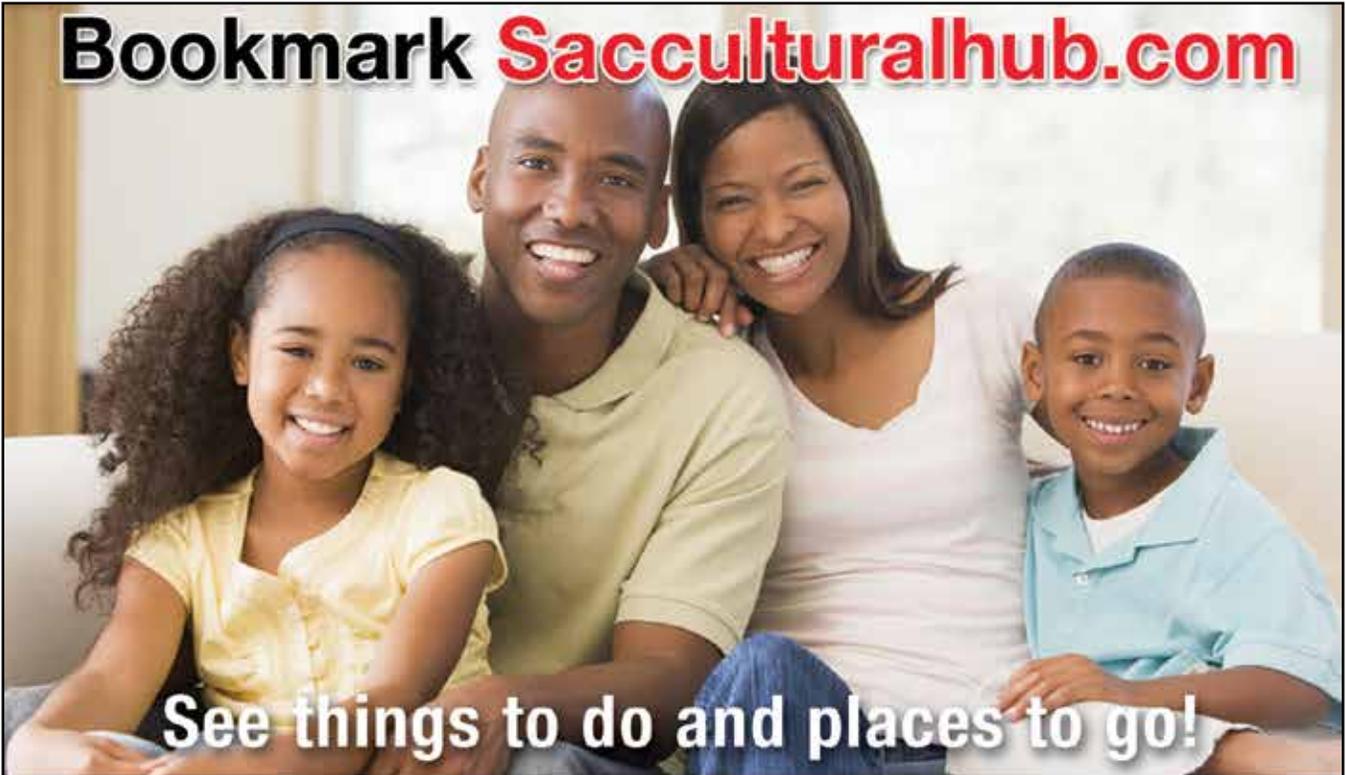
- 1.** To understand the neuroelectrical basis for cognitive and emotional behavior in healthy mice.
- 2.** To compare these healthy behavior/circuit-synchrony associations with those that appear in genetically engineered mouse models of psychiatric disease.
- 3.** To restore healthy synchrony to the relevant circuits in the disease model mice (and, ideally, healthy behavior) by developing and testing a closed-loop neurostimulation device, i.e., “a pacemaker for the brain”.

These studies have started to pay off in a big way. As Dr. Dzirasa says of his work in 2016, “We have dis-

covered how the brain synchronizes information across reward and fear circuits to induce stress-related behavior. We have also shown that this process can be coordinated by the medial prefrontal cortex. This brain area is both central to executive control and altered in depression.”

Using this knowledge, Dzirasa says, “We have developed a prototype brain pacemaker that optogenetically stimulates the brain based on ongoing activity generated by the brain. This method is the subject of a U.S. provisional patent application.” Dzirasa's lab has gone on to show that this stimulation method can be used to induce resilience in a mouse model of depression. Also in 2016, Dzirasa's lab has continued to chart the patterns of electrical activity in the brain that underlie complex social behavior. The team's understanding has grown sufficiently to begin to build another brain pacemaker prototype to treat social deficits in a mouse model of autism. As a result, the One Mind Institute is thrilled at the advances Dzirasa's lab has made in translating complex neurobiological discoveries into the precursors to wholly original treatments for serious brain illness. Also, the National Institutes of Health has awarded Dr. Dzirasa's team a major federal grant to expand this research. Dr. Dzirasa's studies have the potential to enhance the lives of millions of people struggling worldwide.

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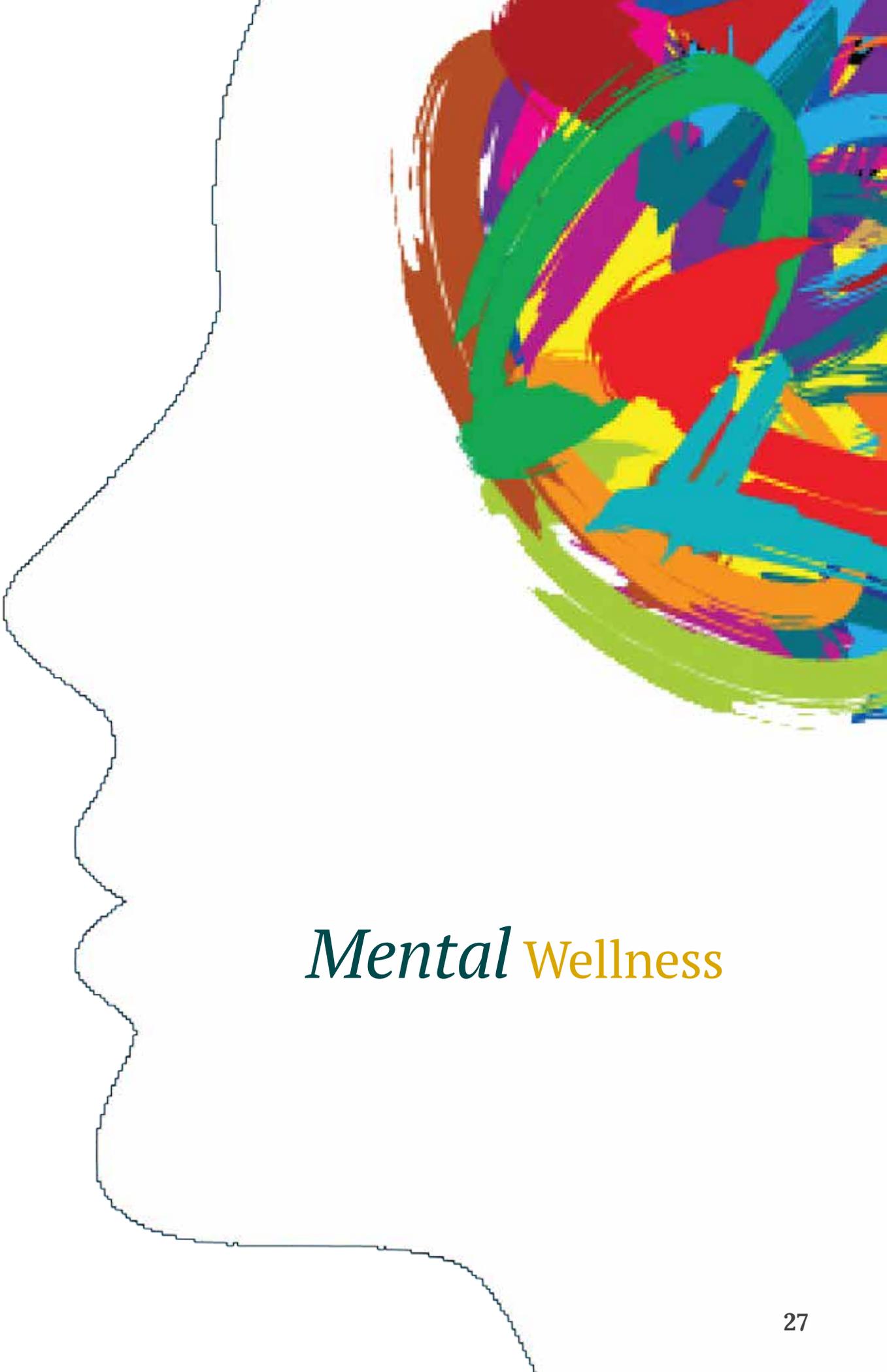
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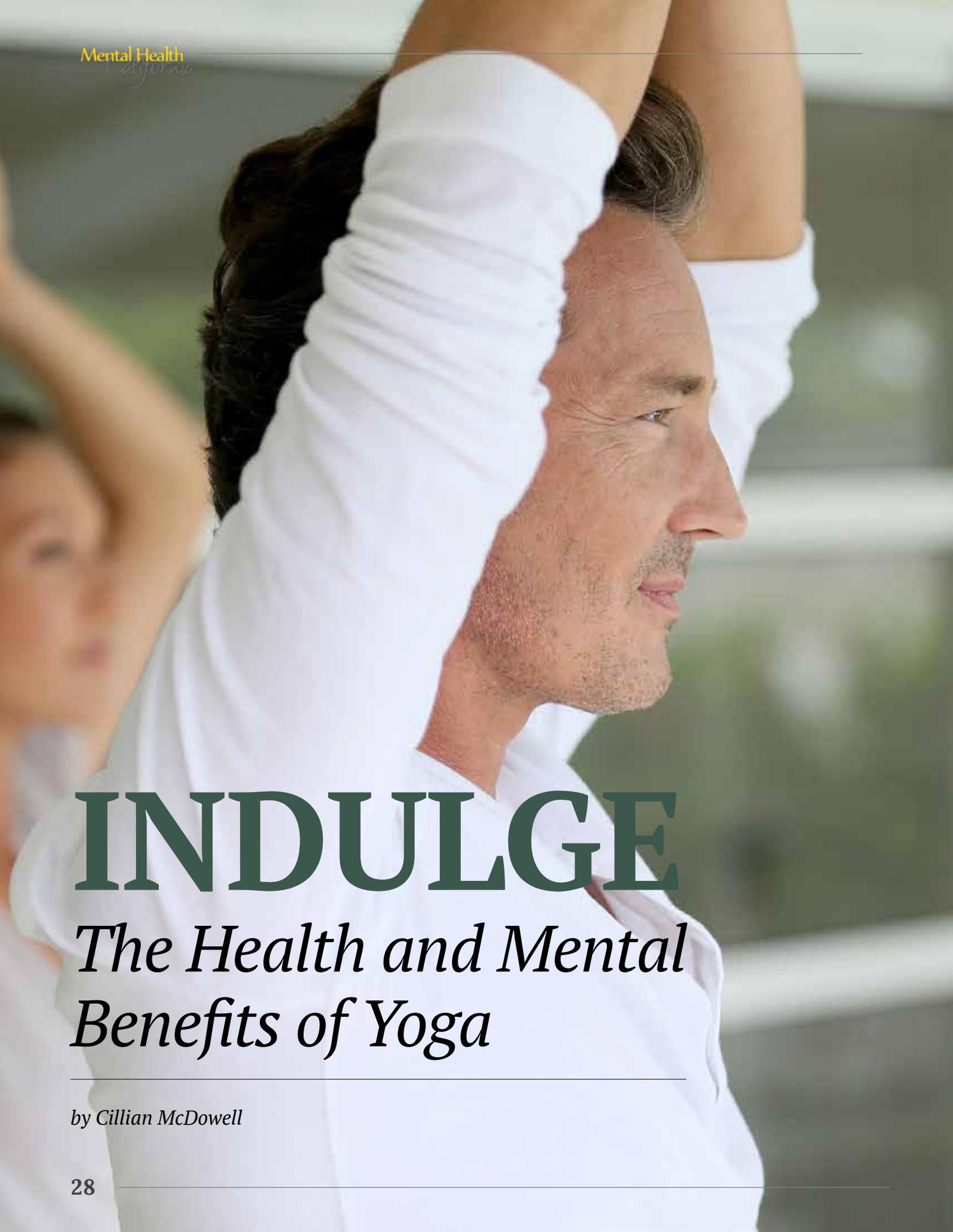
Joy

Early Childhood Mental Health





Mental Wellness



INDULGE

*The Health and Mental
Benefits of Yoga*

by Cillian McDowell

EMANATING FROM ANCIENT INDIAN CULTURE, YOGA HAS BEEN PRACTICED FOR MORE THAN 5,000 YEARS. IT IS HARDLY A MODERN-DAY PHENOMENON, YET MORE AMERICANS REGULARLY PRACTICE YOGA NOW MORE THAN EVER.

Estimates suggest that in 2016, 36.7 million Americans practiced yoga regularly compared to 20.4 million in 2012, making it one of the fastest-growing pursuits in the U.S. (Yoga Alliance 2016).

Such rapid growth in participation could be due in part to the vast array of physical and mental health benefits scientists continually attribute to yoga. Numerous studies have demonstrated the physical benefits of yoga: it can improve immune system function and symptoms associated with chronic health conditions (e.g., type 2 diabetes, cardiovascular disease, metabolic syndrome, and cancer), as well as decrease inflammation (Ross and Thomas 2010). Available reviews of a wide range of yoga practices suggest yoga can also be helpful for coping with stress, depression, and anxiety (Pascoe and Bauer 2015) (Chandra et al. 2017).

A comprehensive review of the research on yoga in major depressive disorder patients was published in April 2017 (Cramer et al. 2017). One hundred twenty-two men and women with elevated depression symptoms, all of whom took antidepressants, participated in the ten-week study. Sixty-three individuals underwent weekly yoga sessions, and fifty-nine individuals received weekly health education classes. Over the entire ten-week period, and up to the six-month follow-up, yoga participants showed fewer depression symptoms. Additionally, yoga participants were twice as likely

to demonstrate a greater than 50% reduction in depression symptoms, and over one-and-a-half times more likely to display no depression symptoms at all at the six-month follow-up. Based on the evidence reviewed, the positive effects of yoga seem to be comparable to that of antidepressant medication. As there were few trials included and only a small number of participants in each trial, the researchers recommend that larger studies be performed before any conclusions are drawn. However, at this stage, the benefits of yoga as a treatment for depression look promising.

The most recent review addressing the effects of yoga on anxiety and stress was published in 2012 (Li and Goldsmith 2012). Of the ten highest-quality trials reviewed, seven found yoga group participants to have significant reductions in anxiety and stress compared to control groups. Of the remaining three trials, one found yoga to be equivalent to cognitive therapy, one found a non-significant benefit for yoga, and one found no improvement with either yoga or relaxation.

Questions remain about exactly how yoga works to improve mood, but preliminary evidence suggests its benefit is similar to that of traditional exercise. For example, there is evidence that yoga may act on specific brain structures (e.g., the hypothalamic-pituitary-adrenal axis) and chemicals (e.g., gamma-Aminobutyric acid) that can influence mental health (Uebelacker et al. 2010).

It is clear that yoga has numerous physical and mental-wellness benefits. Its potential effectiveness as a treatment for depression, anxiety, and stress – either alone or in conjunction with other treatments – has been demonstrated. It is important, however, to always consult your personal physician prior to altering your treatment program.

Nutrition and Mental Health: Essential *Links*

by Stephanie Bosco-Ruggiero

How do you feel when you go outside for a walk, go to the gym, play sports, or even do household chores? In addition to feeling a sense of accomplishment that you actually did something for your health, do you notice that you also feel calmer and happier?

This is because exercise releases endorphins (Exercise and Depression 2016) that send signals to your brain to reduce pain and increase your sense of wellness. Now, researchers are establishing a link between nutrition and dietary factors and the significant impact they can have on mental health and wellness (Miller 2015). Vitamins and minerals critical to your mental health (Borchard 2014) include omega-3s, zinc, B vitamins, folic acid, and magnesium.

Refined sugars found in candy, cake, cookies, juice (even orange juice), white bread, and other starchy foods can have the effect of boosting your energy and mental clarity in the short-term (under 30 minutes, for example), but all decrease mental clarity quickly thereafter. High-glycemic foods such as these make you feel hungrier and can negatively impact your mood over the long term. Eating a diet full of lower-glycemic foods, such as bran, seafood, olive oil, lean bacon (turkey or Canadian), some fruits, vegetables, and lean meat, can decrease hunger and improve mental clarity. With its focus on the consumption of lower-glycemic foods, The Mediterranean Diet (Mayo Clinic Staff 2017) has been scientifically proven to offer

mental health benefits in addition to helping achieve weight loss.

Nutrition and diet not only affect mental health in generally healthy people, but also in those who have been diagnosed with serious mental health disorders. Mental illnesses such as depression or bipolar disorder may be accompanied by changes in eating habits, such as an increased intake of refined sugars, or a markedly decreased appetite resulting in nutritional deficiencies. According to Lakhan and Vieira (2008), Americans with mental health disorders are notably deficient in essential vitamins, minerals, and omega-3 fatty acids.

Treatment non-compliance is a major problem for sufferers of serious mental health disorders such as bipolar disorder and schizophrenia. Therefore, prescribing nutritional supplements may be a promising complementary or even substitute therapy to standard treatments. Increasingly, researchers in the field of nutritional psychiatry are assessing the effectiveness of prescribing nutritional supplements and micronutrients for the treatment of various mental health disorders (Rucklidge and Kaplan 2016).



More research is needed, but there is promising evidence that the following vitamins and minerals may help alleviate symptoms of the specified mental health disorders: essential fatty acids for ADHD in children (Chang et al. 2016); N-acetyl-cysteine (NAC) for obsessive-compulsive disorder (Oliver, et al., 2015); methylfolate for moderate and treatment-resistant depression (Deans, 2016); and a specialized daily supplement containing A, B, C, D, and other vitamins and minerals for bipolar disorder and obsessive-compulsive disorder (OCD) (Kaplan et al, 2001). See (Rucklidge and Kaplan 2013) for additional information about clinical trials evaluating the use of supplements for individuals across the autism spectrum, autism in children, bipolar disorder, ADHD in children, and addiction.

Gardening *for Mental Health*

DESPITE THE HUSTLE AND BUSTLE OF TODAY'S WORLD, WE FIND MORE AND MORE PEOPLE SPENDING TIME IN THEIR BACKYARDS FOR RELAXATION, GROWING FOOD, AND CONNECTING WITH FRIENDS. EVEN WHILE FREE TIME IS SO LIMITED AND TECHNOLOGY HAS TAKEN OVER THE WORLD, GARDENING HAS REGAINED TRACTION WITH FAMILIES AS A WAY TO PRODUCE HEALTHY, ORGANIC, AFFORDABLE FOOD. BUT THAT'S NOT ALL GARDENING HAS TO OFFER. GARDENING HAS LONG BEEN A RELAXING HOBBY BECAUSE OF THE MENTAL HEALTH BENEFITS THAT ARE ASSOCIATED WITH SPENDING TIME IN NATURE, AND OF COURSE, DIGGING AROUND IN THE DIRT.

by Hallee Dunsky

Stress Relief

Nurturing plants is a great stress reliever. According to a Dutch study (Harding 2011), gardening even beats reading as a way to reduce stress. To demonstrate this, after a trying task, the gardeners reported being in better moods than the readers. More importantly, the gardeners had lower levels of cortisol, also known as the “stress hormone”. In addition to other health issues, cortisol has been associated with memory and learning problems. By gardening, you can actually support your mental health. **Reduced Risk of Dementia and Alzheimer’s**

Because cortisol is so closely linked to memory and learning, it should come as no surprise that gardening may also reduce the risk of developing dementia and Alzheimer’s. According to a long-term study (Simons et al. 2006) that tracked elderly participants for over fifteen years, gardening can reduce risks of dementia by 36%. This finding is particularly important because the same study assessed a wide variety of factors that may influence dementia and Alzheimer’s disease. Gardening was cited as the best way to keep memory loss at bay.

Ease Depression and Support Mental Health

According to a 2009 Kansas State University study, gardening is also a great way to boost self-esteem. Because maintaining a garden is associated with so many mental-wellness benefits, it is used as a way to treat people with depression, trauma, anxiety, and other mental health conditions. With the combination of physical activity, exposure to natural surroundings, cognitive stimulation, and feelings of achievement, horticultural therapy is sometimes prescribed in lieu of, or in addition to, traditional therapy and medication.

How to Get Started

Worried that you don’t have enough outdoor space to reap the mental and physical health benefits of gardening? Nothing could be further from the truth! Urban farming has gained popularity, even if there are only a few square feet available. Edible front yard landscapes can be beneficial and



beautiful, and container gardening can provide the pleasures of gardening in tiny spaces. Growing fruit and vegetables is popular, but any kind of gardening will do. The same benefits can be realized by nurturing a bed of flowers, a grove of fruit trees, or decorative shrubs. Don’t have a personal growing space? Check with a nearby nature center, community garden, or even a neighbor.

Gardening is truly a mindful experience that brings us closer to nature. For some, it is even a spiritual experience that brings feelings of gratitude and a connection to spirit, which can ease mental tension. Combined with meditative breathing, a good pair of gloves, and an open mind, the art of gardening continues to transform those who participate season-to-season and year-to-year.

Soaking in the Wonder *of the Emerging Moment*

by Leo Babauta

LATELY, I'VE BEEN USING THE IMAGE OF AN EMPTY CUP TO FIND A MORE PEACEFUL STATE OF MIND. ONE OF THE MOST PEACEFUL, MEDITATIVE STATES IS WHEN YOU'RE JUST OPEN TO NOTICING WHAT'S AROUND YOU AND HAPPENING IN THE PRESENT MOMENT. YOU'RE JUST RECEIVING THE WORLD AROUND YOU (YOURSELF INCLUDED), SOAKING IN THE LIGHT, COLORS, SHAPES, SOUNDS, TOUCH SENSATIONS, JUST NOTICING.

When you're completely open to noticing this moment, it can be amazing – you notice things you wouldn't have if you were in your normal dream state, you start to appreciate little details of everything around you. Most of us miss this almost all of the time. We all walk around in a trance, thinking about what we need to do, spinning stories about what's happening.

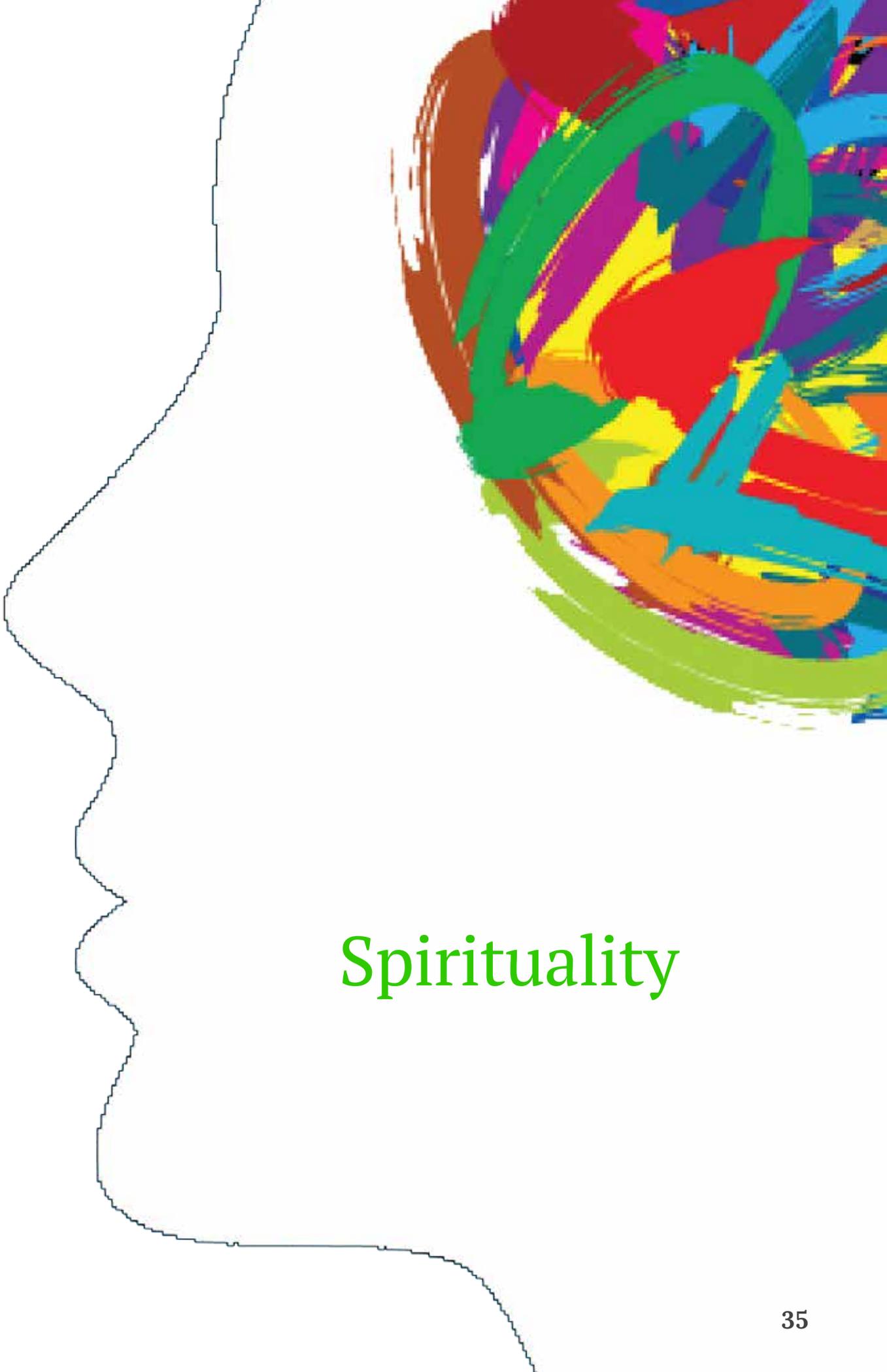
Here's the thing: if our minds are full of thoughts and stories already, we actually can't notice the present moment. We can't see what's all around us when we're caught-up in our normal dreamlike state.

You can't fill-up a cup with the present moment when it's already full. So

I have been practicing emptying out my cup. I notice that I have an emotional state or story that has filled my mind and is blocking me from noticing what's in front of me. I let all of that flow out of the cup of my mind, and then I soak in the present moment, noticing the physical sensations of everything around me. Noticing my body and how it feels. Noticing what's flowing through my mind. Then, of course, I get caught-up in my thoughts again. When I notice this, I empty my cup. I soak in the moment. Then once again, I get caught-up, I empty my cup, I soak in the moment.

Over and over, I empty my cup. That leaves me open to whatever is happening right now, the wonder-filled beauty and joy of the emerging moment.





Spirituality



“For me, faith in God has been an anchor in hard times, keeping me tethered not just to life, but to the people I love, the work I enjoy, and the relationships that sustain me.”

Kay Warren

able when addressed quickly, allowing many to manage their illness well.

Part of managing a mental illness is developing the right life skills that lead to resilience – the ability to bounce back from the inevitable setbacks and relapses that happen with a chronic illness. For many people, drawing upon their faith is a powerful, comforting, and resilience-building way of managing mental illness. Studies have shown that people of faith have better outcomes than those who do not. That’s because we all desperately long for true and authentic connections with other human beings, and being a part of a church can meet the need for rich and meaningful relationships with caring friends. We all need hope to cope – and the emphasis on a caring, loving God who offers hope for today as well as tomorrow, offers encouragement to hold on in challenging times. Prayer and meditation offer connection with God, reminding us we’re not alone in the universe.

For me, faith in God has been an anchor in hard times, keeping me tethered not just to life, but to the people I love, the work I enjoy, the relationships that sustain me, and to the hope that better days are ahead. Depression is easier for me to manage when I remember God is always with me, and my growing faith practice builds my resilience one day at a time.

Depression, Spirituality *and Mental Health*

As long as I can remember, I’ve lived with a low level of depression. Of course, “depression” wasn’t a word that we used when I was growing up; family and friends instead said I tended to be negative – that I usually saw the glass as half-empty.

by Kay Warren

Through adolescence, I frequently found myself sad, aching for the brokenness in myself and the world around me. The dark periods never lasted long, and within a few days I felt like myself again. It was only after my youngest son showed signs of depression at age 7 did it dawn on me that my periodic episodes of “negativity” were really episodes of depression.

I’ve since learned that mental illness is common – 1 in 5 Americans will experience a mental illness in the coming year. Approximately 60 million men, women, and children will show signs of bipolar disorder, schizophrenia, depression, anxiety, an eating disorder, or another diagnosable mental illness. Mental illness is not only common, it’s also highly treat-

Meet Kay Warren



Kay Warren, co-founder of Saddleback Church with her husband, Rick Warren, is an international speaker, best-selling author, and Bible teacher who has a passion for inspiring and motivating others to make a difference with their lives.



She is best known for more than 10 years as a tireless advocate for those living with mental illness, HIV&AIDS, and the orphaned and vulnerable children left behind. As an advocate, she has traveled to 19 countries, calling on the faith community as well as the public and private sectors to respond with prevention, care, treatment, and support. Kay is also a board member of the National Action Alliance for Suicide Prevention.

When her youngest son, Matthew, took his life in April 2013, her life was dramatically altered by the catastrophic loss. As she and her family continue to grieve the loss of Matthew, she has determined to be a voice for those living with mental illness. Her message to the faith community is to eliminate stigma, shame, and fear and to create warm and accepting places of refuge for those who suffer.

Kay is the author of several books including *Sacred Privilege: Your Life and Ministry as a Pastor's Wife* (Revell, 2017). Drawing on more than forty years in ministry, Kay provides encouraging principles and life lessons, along with intimate personal stories, that will give you the confidence to lead and live well.

She is also the author of *Choose Joy: Because Happiness Isn't Enough* (Revell, 2012). The book was adapted from a Bible study she first taught at Saddleback Church in July 2011 that more than 5,000 women attended

during the four-week sessions. In the book, Kay describes how painful experiences – two bouts of cancer, watching as life-threatening illnesses attacked her children and grandchildren, and living with mild depression most of her life – have shaped her conviction that joy is a choice and within the reach of every person, no matter how desperate or dark circumstances may be.

Additionally, Kay authored *Dangerous Surrender*, which was originally released in 2007 and revised, expanded, and published as *Say Yes to God* (Zondervan, 2010), and is co-author of *Foundations: 11 Core Truths to Build Your Life On* with Pastor Tom Holladay (Zondervan, 2004).

Additionally, Kay has written for *Christianity Today*, *Purpose Driven Life*, *CNN.com*, and *The Washington Post*; and has been featured in *Newsweek*, *Reader's Digest*, *Guideposts*, *Sojourners*, *POZ*, and *Today's Christian Woman* magazines, among others.

Kay attended California Baptist College and earned her B.A. from California State University, Los Angeles. Her children are Amy and Josh, and Matthew who is in Heaven, and she has five grandchildren: Kaylie, Cassidy, Caleb, Cole, and Claire. Learn more about Kay Warren and her work at <http://kaywarren.com> and <http://hope4mentalhealth.com>.

#RiseUpAsOne

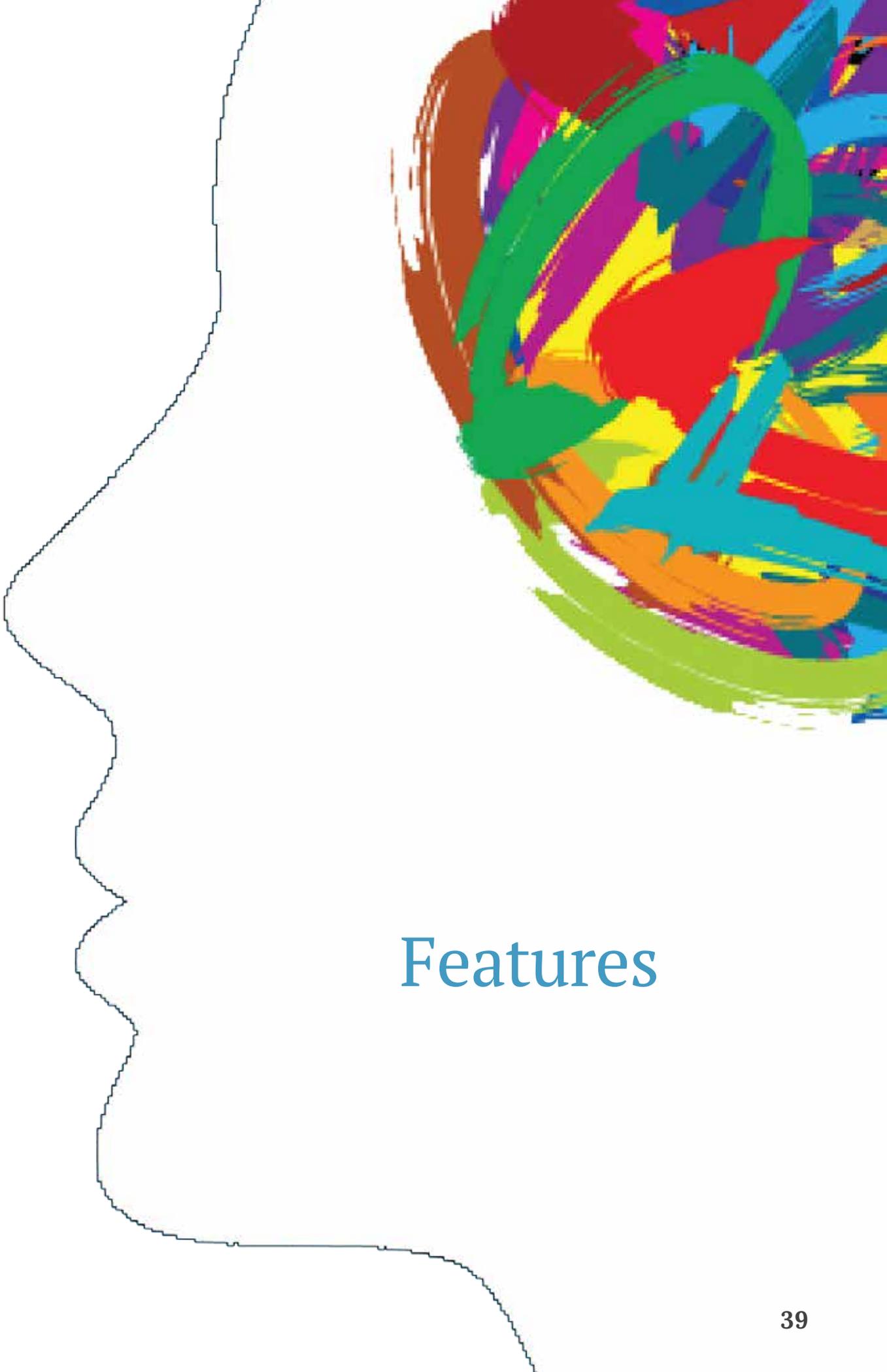


RISE
UP
AS



HMONG
FOR
BLACK
LIVES

REFUGEES
WELCOME



Features

Families Coping *with Mental Illness*

by Stephanie Bosco-Ruggiero

FOR MANY FAMILIES, THE STRESS OF LIVING WITH AND CARING FOR A MENTALLY ILL FAMILY MEMBER CAN STRAIN EVEN THE STRONGEST RELATIONSHIPS. WITNESSING A FAMILY MEMBER STRUGGLE WITH A PERSISTENT ILLNESS OF ANY KIND IS PAINFUL, AND A MENTAL ILLNESS CAN ADD MORE STRESS IN THE FORM OF GUILT, FEAR, OR IGNORANCE FROM WITHIN THE FAMILY, AND STIGMA OR A LACK OF SUPPORT FROM OUTSIDE IT. STUDIES FURTHER REVEAL THAT SEPARATION AND DIVORCE ARE NOT UNCOMMON IN FAMILIES COPING WITH MENTAL ILLNESS.

The case of Rose Ibarra of Salinas, California, illustrates the typical challenges faced by such families. An extremely open and caring woman, she has a daughter with mental health challenges and was willing to share her family's experiences in hopes of helping other families with similar burdens. She said the stress of her daughter's illness was so severe at one point that she and her husband were close to divorcing. She eventually had to quit her job to care for her daughter.

Dealing with stigma in the larger community is another challenge families might face. Rose stated, "At first everybody blamed my daughter for her illness and said she was crazy. The first thing I found was there was not a lot of information about mental health or mental illnesses. There was not a lot of support. There was also a lot of ignorance in my community about what mental health is." However, when she did locate information and support, it made a positive difference for her family.

Another challenge is the disparity among individual family members' levels of understanding, as well as their coping mechanisms. Some may be more knowledgeable or perceptive about mental illness than others, which can also cause tension. Considering the often extreme amounts of stress these situations can bring, caregivers themselves can develop their own mental health problems, which can spur anxiety, depression, and mental distress.

Children are not immune to the stress of living with a mentally ill parent or sibling either. They may be fearful of or confused by behavior exhibited by an ill family member, or resent an ill sibling who requires a lot of time and attention from parents.

Trouble with Accessing Care

According to Rose, receiving care for her daughter was much harder than it should have been in a country with many resources and advanced medical care. She described the early challenges in accessing care for her daughter:

"It's very hard and the system doesn't do anything. It's not until the patient is putting their life in danger before they help or give any information. When they give you help is when the patient is putting their life in danger. That's when they finally give you a referral to go to a psychiatrist and the other help that they give you. They send you to an agency and then to another [office] to do an evaluation. In the ER, they can send you to get help, but they don't." Even when families locate a mental health provider, they may not be able to pay for treatment because of inadequate insurance coverage.

Caring for an Ill Child

Caring for an adult child with schizophrenia or bipolar disorder can be especially challenging. While other young adults are leaving home for college or jobs, those with a serious mental illness may need to live at home indefinitely. Parents may fear their child will never be able to function independently, worry about their own futures, and wonder how long they will have the stamina and good health necessary to care for a mentally ill adult child.

Family members may also be haunted by feelings of guilt and remorse. They may ask if they did something wrong as a parent, or missed a sign that he or she was ill. At first, Rose said she and her husband blamed themselves for their daughter's illness. Parents may disagree about how to deal with their child's out-

bursts, erratic behavior, or even threats or violence. One parent may want a child to be institutionalized while the other feels the child can still be cared for at home. There can be many feelings to wade through on a sometimes dark and lonely journey.

Another parent, Jennifer*, has a son who was diagnosed with schizophrenia at age seventeen after having had symptoms since the age of fourteen. Jennifer had to call dozens of providers to find a psychiatrist who could treat her son. She described some of the guilt she experienced. "You ask yourself, 'If I had been able to get a diagnosis sooner, would he have done better?' [But] you can't know what no one told you."

For families dealing with even younger children, early diagnosis and treatment of mental illness is critical. Treatment at an early age can prevent the cognitive damage that can occur when a mental illness is left untreated. If there is a history of mental illness in the family, it is important that parents watch for signs and symptoms of mental health concerns in their children. They should talk to their teenage children about symptoms of depression, anxiety, and other mental health disorders that run in the family.

Noncompliance with Treatment

Dr. Elizabeth Bromley is an Associate Professor of Psychiatry at the Semel Institute for Neuroscience and Human Behavior at UCLA. She has observed how some patients' noncompliance with treatment can cause major stress in families and can even turn tragic. Some families, she explained, worry about the safety of their loved one, but cannot legally compel their loved one to get treatment. "These are circumstances where family members can be left feeling helpless, angry, confused,

and guilty. Yet the reality is that, except in situations of grave and immediate danger, we lack legal and clinical means to coerce treatment."

As a result, the ill family member's health may deteriorate, further stressing the family. Noncompliance can include refusal to take prescribed medication or attend therapy. Medication noncompliance is common among people with severe mental illness, especially those with bipolar disorder or schizophrenia. Patients may feel that the side effects of certain medications are worse than the symptoms of the illness and may stop taking their medication altogether.

To further complicate matters, if a mentally ill person's health suffers further and causes aggressive or erratic behavior, this can cause family members to fear for their own or their loved one's safety. Adverse symptoms may not occur, but increased mental instability may, and as is sometimes seen, a single family member may bear the brunt of verbal or physical outbursts, which can be a serious cause for concern.

Law Enforcement Interactions

There have been many highly-publicized, negative incidents between mentally ill citizens and law enforcement. Because of this, advocacy groups support the need for education of police officers about how to approach and defuse situations involving mentally ill people, some of whom may not be current on their prescribed medication.

According to a published statement from October 2016, the National Council for Behavioral Health praised the International Association of Chiefs of Police's (IACP) sweeping proposal to systemically improve the way law enforcement officers respond to people with mental illnesses.

During the 2016 IACP conference to launch the "One Mind Campaign," (Poole 2016) National Council president and CEO Linda Rosenberg joined IACP leaders, officials from the Bureau of Justice Affairs, and Lt. Michael Woody from CIT International for a call on all police agencies in the United States. The campaign calls for training 100 percent of sworn officers and other support staff in Mental Health First Aid and training at least 20 percent of sworn staff in the Crisis Intervention Team (CIT) response model. Support for the campaign has steadily grown nationwide.

Rose said there have been great improvements in how the police interact with her daughter and other mentally ill individuals:

"Now when we call the police, there is a crisis group that comes with them. Before, there was no information about mental illness. We were afraid of the police because we were afraid that they would think that the person was just trying to be violent or not listen. It's not like that anymore. Now there is the crisis team that comes out with them, and they can help with the situation. I would like it if police officers in other places had to learn about mental health."

Family Resilience

Despite the many stressors of caring for a mentally ill loved one, many families are resilient and develop myriad coping mechanisms. Some family relationships may strengthen because of the shared experience of, and dedication to, caring for their loved one. Families may participate together in psychoeducation, therapy, or peer support programs.

Strong communication in families is key to enhancing family functioning. Jennifer credits good communication with her son, and with her sister, who is also mentally ill, as helping their family function normally.

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The National Alliance on Mental Illness (NAMI), which has local chapters throughout the United States, offers a number of programs and resources for individuals and families.



When communication breaks down in families, the situation can deteriorate. Therapists can help all family members learn how to keep the lines of communication open.

Help and Support for Families

The National Alliance on Mental Illness (NAMI), which has local chapters throughout the United States, offers a number of programs and resources for individuals and families. Its Family-to-Family program helps families understand and cope with a loved one's illness, while its Peer-to-Peer program supports individuals in their recovery. Jennifer says it can be very beneficial for family members and their loved ones to go through NAMI's 10-week programs

at the same time "so everyone is on the same page."

Jennifer explained that NAMI's programs can help families develop a more positive mindset about their situations. Hearing from mentally ill individuals and families who are doing well gives families hope. The programs can also help families deal with feelings of guilt and remorse. She stated, "You can't go back and think [about] what might have been. NAMI helps us to forgive ourselves, reject guilt, and [understand that] it's genetic."

Rose said more information is now available for Spanish-speaking families dealing with mental illness. She credits NAMI's De Familia a Familia program for helping her family understand mental health and mental illness, which medications are avail-

able, and how to cope with a loved one's illness.

Advances in Therapeutic Approaches

Advances in psychotropic and therapeutic approaches to treating mental illness continue forward. One evidence-based approach to helping families cope with mental illness is psychoeducation. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), psychoeducation helps families understand their loved one's illness and "learn problem-solving, communication, and coping skills." The first step in the process is participating in a "joining session," during which

the therapist learns about the family's unique experience with mental illness, their strengths and resources, and their recovery goals. Subsequent meetings may involve the patient and family members, and/or the family may participate in multi-family group therapy, depending on their needs. The maximum duration of psychoeducation is typically nine months.

Innovative, intensive, family-oriented, home-based therapeutic interventions for families caring for a mentally ill child have also been shown to be effective by research studies. One of these approaches is Multisystemic Therapy-Psychiatric (there are MST approaches for other clinical populations also), which provides intensive in-home counseling for children and adolescents suffering from severe mental health and behavioral issues. Involving the young person's family in therapy is central to the MST ap-

proach. The intervention lasts about six months, during which therapists may be in the home daily, as well as on call 24-hours a day.

Families may also benefit from finding a therapist or program that will help them support their loved one in his or her journey through treatment and recovery. To try to improve treatment adherence, Dr. Bromley says clinicians can "work gently and relentlessly over time to improve the affected individual's comfort and trust with treatment." She notes, however, that families may have difficulty finding professional support for their efforts to keep their loved one on track with treatment. The key is to continue to search for the right fit for the family, including cultural and spiritual outlets in addition to traditional therapeutic resources.

** Partial name used to protect privacy.*



DEALING WITH BLAME, GUILT, ANGER, OR FEAR

Dr. Bromley said professionally trained therapists can help families cope with and normalize feelings of blame, guilt, anger, or fear. She explained that the action of loved ones while they are ill, including destructive or erratic behavior, "can be quite painful for families. It can be difficult for family members to not take personal hurt from such circumstances." Therapists can help family members understand their loved one's behaviors or statements and find ways to better communicate with each other.

Jennifer advises family members to live their lives and regain their sense of individuality, which can be lost when caring for a loved one. Rose said NAMI taught her "that in order to take care of other people I have to be able to take care of myself. Now, it's almost like a daily habit to take time for myself, like talking an hour-long walk or going to an event, or if it is something that is going to help me learn more, then I take it as time for me."

Jennifer added that when a person has a loved one with mental illness, they must learn to accept that the journey through treatment and recovery is "for the long haul." She added, "You can't always expect the worst." Hope is a powerful thing for families coping with mental illness. Jennifer's son was in and out of the hospital when he was younger, and they worried about his future.

Now, at age 33, he still lives at home, but he works a steady job. Their family relationships are strong, and Jennifer, a vocal advocate for mental health, finds great reward in being able to help other families in similar situations. She continues to encourage others to reach for the light at the end of the tunnel and to embrace their journey on the road to hope and recovery.

Anxiety

*in a Stress
Filled World*

According to the Anxiety and Depression Association of America, Specific Phobias followed by Major Depressive Disorder are the leading anxiety disorders today.

by Stephanie Bosco-Ruggiero

**GLOBAL WARMING...
THE POLITICS OF FEAR...
TECHNOLOGY REPLACING
JOBS... SOCIAL PROBLEMS.
IT'S NO SECRET - THESE
ARE ANXIETY-FILLED
TIMES! APPROXIMATELY 40
MILLION ADULTS IN THE U.S.
SUFFER FROM AN ANXIETY
DISORDER IN ANY GIVEN
YEAR. PERSONAL STRESSORS
SUCH AS HEALTH PROBLEMS,
DIFFICULT FAMILY AND
PEER RELATIONSHIPS,
OVEREXPOSURE TO
TECHNOLOGY, AND THE LACK
OF TIME FOR LEISURE AND
SELF-CARE ALSO CONTRIBUTE
TO ANXIETY DISORDERS.**

Anxiety Disorders and Symptoms

Anxiety comes in many varieties. A person with Generalized Anxiety Disorder (GAD) continuously worries and may have physical symptoms such as sleeplessness or muscle pain. Specific anxiety disorders include phobias such as Agoraphobia, which is the fear of specific places and/or situations; Panic Disorder; Social Anxiety Disorder; Post-Traumatic Stress Disorder (PTSD); and Obsessive-Compulsive Disorder (OCD). A person with Panic Disorder has panic attacks, which may include symptoms such as a racing heart, a choking feeling, numbness, dizziness, and/or feelings of being disconnected from reality. According to Hirschfeld (2001), anxiety disorders often co-occur with depression

Risk Factors

Data from the Mental Health Surveillance Clinical Study (2009-2012) shows that risk factors for developing an anxiety disorder include being female, having a lower income, having less education, being unemployed, and being younger than 50 years old. Environmental and personal stressors that can trigger an anxiety disorder may disproportionately affect these vulnerable groups. Other risk factors include childhood trauma such as abuse and neglect, health problems, and genetics.

Data shows that twice as many women experienced an anxiety disorder in the past year, and specifically experienced more phobias, GAD, and Panic Disorder. Young people between the ages of 18 and 25 suffered from more social phobias and Obsessive-Compulsive Disorder, while those 26 to 49 were more likely to suffer from GAD or Panic Disorder. Anxiety disorders were more prevalent among Whites and Hispanics/Latinos, those with family incomes below \$50,000, and those with less than a high school education.

The data also showed that the Western region of the U.S. experienced a lower prevalence of anxiety disorders compared to the Northeast. However, according to SAMHSA's 2015 report on Californians' behavioral health, the state had about the same rate of mental health disorders as the nation in general.

Prevention, Coping, and Treatment

Environmental and personal stressors will always exist, but there are things we can do to minimize our risks. Be sure to research your family's health and mental health history. Anxiety is more likely to develop into a serious disorder if there is a fam-

ily history of anxiety or other mental health disorders. Also, eat right and exercise. Proper nutrition and physical activity can positively affect anxiety conditions.

For mental-wellness, eliminate stressful relationships and maintain ones that make you feel secure, appreciated, and understood. Take time for self-care and spiritual exploration. Develop a mindful approach to life. Instead of trying to change things you deem wrong or hurtful, accept them and write a list of things under your control that you can manage in a positive way. Work on a social problem or personal situation. Mindfulness and meditation can help you be present in the moment, develop a stronger connection to those around you and all living things, slow you down to appreciate what is, and help you accept your thoughts for what they are - just thoughts, not reality.



Anxiety disorders incur personal, organizational, and societal costs, and it's important to get treatment early. Prevention and early intervention are key. Seek out evidence-based treatments such as cognitive behavioral therapy, acceptance and commitment therapy, mindfulness-based cognitive therapy, and if necessary, medication. Know that help is available and you will recover and lead a full and productive life.

Diet, Substance-Use, and Treatment Engagement for:

Management of *Bipolar Disorder*



by GinaMarie Guarino, LMHC

BIPOLAR DISORDER IS A MENTAL HEALTH CONDITION THAT CAUSES A PATIENT TO EXPERIENCE SEVERE AND UNPREDICTABLE MOOD SWINGS THAT FLUCTUATE BETWEEN MANIC (OR HYPOMANIC) AND DEPRESSIVE EPISODES. BIPOLAR DISORDER IS AN OPPRESSIVE DISORDER THAT AFFECTS ALMOST EVERY ASPECT OF A PATIENT'S DAY-TO-DAY LIFE.

According to a survey performed by the National Institute of Mental Health, approximately 2.6% of the U.S. population has been diagnosed with Bipolar disorder.

Patients with Bipolar disorder often feel hopeless and may lack peace or have a hard time finding a way to cope with rapid mood swings and their consequences. Diet, substance use, and treatment engagement are three major areas that affect a person's ability to cope with living with Bipolar disorder. Fortunately, research has found that with professional intervention and lifestyle changes, it is possible to live a happy, successful life with Bipolar disorder.

A Modified Diet

A major contributing factor to managing symptoms is the quality of a patient's diet. In today's society, it is easy to fall into bad dietary habits like consuming too much red meat, simple carbohydrates, and foods or beverages high in sugar and sodium. These foods and beverages not only increase the risk of heart disease and obesity, but also disrupt the internal balance of hormones, increasing the prevalence of both manic and depressive episodes.

To create a healthy diet to help manage symptoms of Bipolar disorder, limit the consumption of red meat, fatty foods, and foods and beverages high in sodium, caffeine, sugar, and simple carbohydrates. Instead, incorporate nutrient-rich foods such as fruit, vegetables, fish, eggs, legumes, and lean meats.

Adopt a Sober Lifestyle

Research has found that using drugs and alcohol has a devastating impact on patients who suffer from Bipolar disorder. Drugs and alcohol are considered "mood-altering substances" because they cause chemical imbalances that change the mood of the user. The use of drugs, alcohol, and

even tobacco products increases the risk of both manic and depressive episodes. To lessen the frequency and intensity of mood swings, it is important to consider adopting a sober lifestyle.

Consult with Professionals

According to a survey performed by the National Institutes of Mental Health, approximately 55% of adults with Bipolar disorder in the U.S. actively participate in consistent mental health treatment to help manage symptoms. Research supports that receiving consistent therapeutic and psychiatric services plays an important role in decreasing symptoms of Bipolar disorder.

Receiving consistent counseling is beneficial because it provides a means of expression and psychoeducation about what it means to live with bipolar disorder. Counseling services teach patients how to manage their symptoms, regulate and monitor their moods, and cope with associated struggles and issues. In addition, counseling helps by referring patients to psychiatric services if needed, and by coordinating care with the prescribing psychiatrist to ensure that the patient is getting the most out of his or her counseling and psychiatric treatment.



Community Profiles

Stigma Reduction *in Action:*

IT ALL BEGAN WHEN A FEW HEROIC PARENT LEADERS AND MANY FAMILIES JOINED THOUSANDS OF INDIVIDUALS, FRIENDS, AND PROFESSIONALS. THESE INDIVIDUALS STOOD UNIFIED IN THE 1970'S AND 1980'S TO REDIRECT OUR PERSPECTIVE ON MENTAL ILLNESS AND TO ELIMINATE STIGMA.

NAMI California by *Kristene (K.N.) Smith*

Due to a lack of open discussion on mental health amongst individuals, children and family members suffering from mental health disorders were routinely neglected. As a result, families dreamed of equal rights between children with schizophrenia and children with leukemia or other common health conditions.

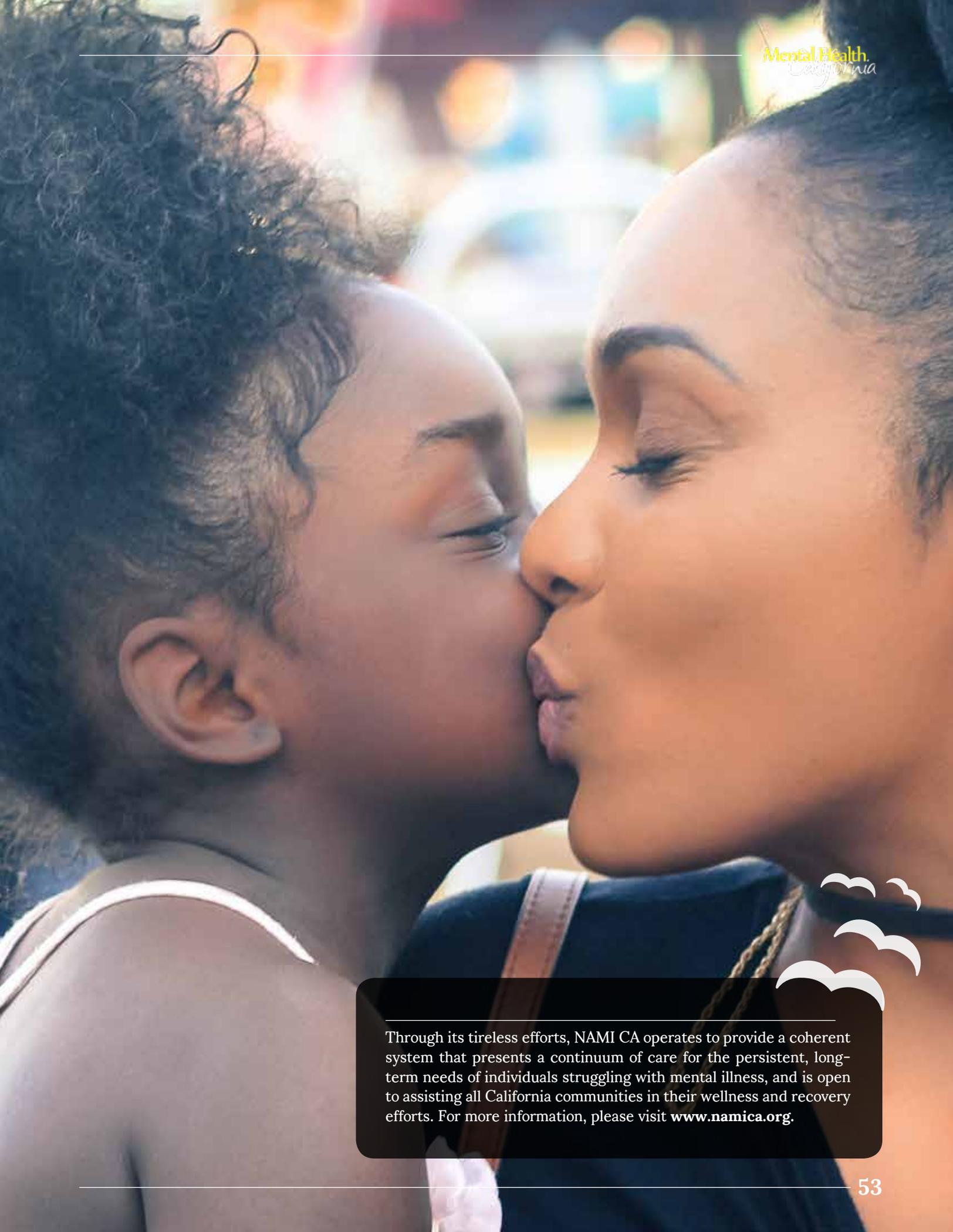
In carrying the spirit of advocacy forward, the National Alliance of Mental Illness California (NAMI CA) promotes quality of life and respect, without discrimination and stigma, for all people. This trailblazing organization is not only a leader in public policy development, advocacy, legislation, education, and support, but is also a forerunner in providing assistance, hope, and faith to those affected by serious mental illness throughout California. Additionally, NAMI CA is committed to reinforcing local grassroots organizations, providing updated information and

support to existing local affiliates, and is dedicated to assisting with the establishment of new affiliates. The organization holds 62 local affiliates and gladly represents 19,000 individuals to the California State Legislature and Governor on issues pertaining to mental illness.

NAMI CA has also developed a number of programs that focus on assisting family caregivers of individuals with serious mental illnesses, and it provides education for those who are interested in determining and nurturing their wellness and recovery. One such public education program involves two trained consumer speakers sharing captivating personal stories about living with mental illness and attaining recovery. Ultimately, others who are mentally ill are encouraged to feel more secure in sharing their experience, recovery, and transformation with one another. Furthermore, NAMI CA offers a

weekly support group for individuals seeking to recover from mental illness. Individuals are encouraged to learn from each others' experiences, share coping strategies, and offer motivation and understanding. NAMI CA also strives to provide the opportunity for students to learn about mental illness by sharing ideas, symptoms, and indicators to adequately assist themselves, family members, or friends that may need support.

Understanding the root causes of mental illness remains a critical concern on a statewide, national, and global scale, and with expertise and authority, NAMI CA advocates for increased research to expose causes and new, effective treatments for mental illness. Therefore, it provides important education regarding the recent explosion of scientific evidence that shows serious mental illnesses are neurobiological brain disorders.



Through its tireless efforts, NAMI CA operates to provide a coherent system that presents a continuum of care for the persistent, long-term needs of individuals struggling with mental illness, and is open to assisting all California communities in their wellness and recovery efforts. For more information, please visit www.namica.org.

PORTRAIT OF HOPE:

A Personal Story of **Resilience**

An Interview with Jorge Mesayer

by Kristene (K.N.) Smith



IS PATIENCE A VIRTUE OR IS IT A GAME? MAYBE PATIENCE EQUALS FATE. PERHAPS PATIENCE LIES IN A DARK CHAMBER WITH A BULLET SILENTLY WAITING TO EXPLODE, CARRYING WITH IT UNSEEN TWISTS AND CURVES FOR THE FUTURE. THESE CONCEPTS MAY NOT REGISTER UNTO A PERSON IN DESPAIR, BUT IT MAY INVOLVE THEM NONETHELESS. JORGE MESAYER MUST HAVE KNOWN SOMETHING ABOUT THIS.

Today, as one of the foremost mental health peer counselors in the greater San Francisco Bay Area, one could not easily imagine him in the thick of sadness. But at one time, poor decisions egged him on while debilitating depression chased him incessantly. When it caught him off guard, it camped-out uninvited and took him deep into self-destruction. Not long thereafter, new friends showed up – crystal meth, self-medication, and dark thoughts.

“I was extremely lonely for a long time, by myself, and unable to get out of bed,” he said. Others called him lazy, and he was not even living at his own place, but at his son’s aunt’s house, and the clock was ticking. Would homelessness be next? He wondered, but didn’t have any answers. Because his feelings were internalized, it was hard to communicate, hard to move forward... and to where?

Jorge recalled, “I was having all kinds of issues with family, with friends. I just kept using meth to make the pain and loneliness go away.” He was in trouble, too. Those new friends of his brought their own friends, and they wore badges. “The mix of de-

pression, anxiety, meth, and loneliness was taking its toll,” said Jorge.

As often comes with the territory, Jorge had thoughts of taking his own life. He started carrying a gun. One day, and within all of the pressures of his life, the firearm and the depression went head-to-head, and Jorge was “pushed to the brink.” He had decided that suicide was the only way out. He could take no more. And as that patient bullet ripped out of that dark chamber, Jorge embraced the end, and he fired the gun in an instant. But if patience really does equal fate, then that bullet would make other plans. Although Jorge turned the gun on himself, he stated, “The gun had actually turned on me.” Yes, it had fired, but into his arm narrowly missing his head. “It saved my life,” he stated. He was shaken, but alive.

The following weeks were difficult. “It took time to get back on track. There was trauma, and the issues that started it all were still there,” Jorge remembered. “I was later arrested and began serving five years in correctional facilities, including the San Francisco County Jail.” Dark times were in the midst.

“One of the things that struck me about being in jail was that there was no sunlight. Lots of programs, but no sunlight,” he said. “I was successful at getting into a drug rehab program, a behavior modification program called 5 Keys to Change.” Another program, the Resolved to Stop the Violence Program (RSVP), offered a road-to-recovery-type training and education, and Jorge took advantage of all that he could in trying to get his life back. “I did well in these programs, did my time, and got out. When I did, I went into the San Francisco Rams’ ‘peer’ class and got a certificate. After that, I got a job.”

While Jorge was incarcerated, something else had happened to him. “I was introduced to faith,” he said. “I was not religious, but I knew about

God and had started to lean on teachings from Islam and Christianity, and I learned about and practiced transcendental meditation.” Jorge believes he was successful at his overcoming and transition because there were just too many episodes that told him there was a God. “I had proof,” he said. Something wanted him alive, even if he relapsed. “It was important to me not to self-harm, but moving forward was a sometimes slow and difficult process. These harm reduction-based programs were really excellent. They taught me that if I relapsed, it would not be the end of the world. I could get back up if I tripped-up. The good thing is that all of it led to abstinence,” he said.



Today, Jorge works as a Peer Run Warm Line Counselor at the Mental Health Association of San Francisco providing emotional support and referrals to mental health resources to others in need through his lived experience with mental health challenges. He also works with the National Alliance on Mental Illness (NAMI) teaching peer-to-peer classes. He now lives a mission and purpose-driven life and also shares his incredible story at colleges and in the community. Jorge describes the simple and straightforward mission of his work, “To eliminate stigma and to save lives.” Perhaps patience really does equal fate after all.



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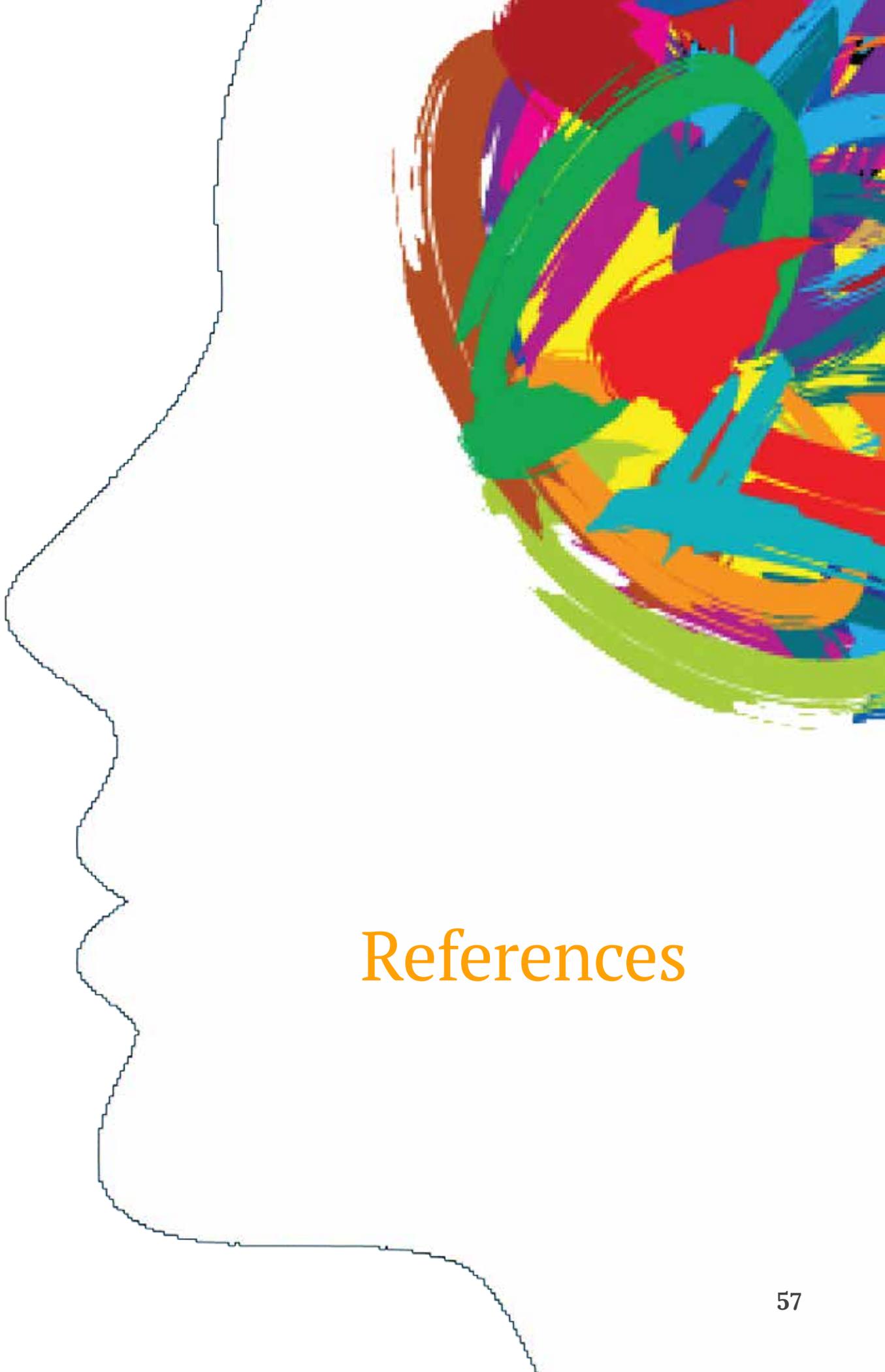


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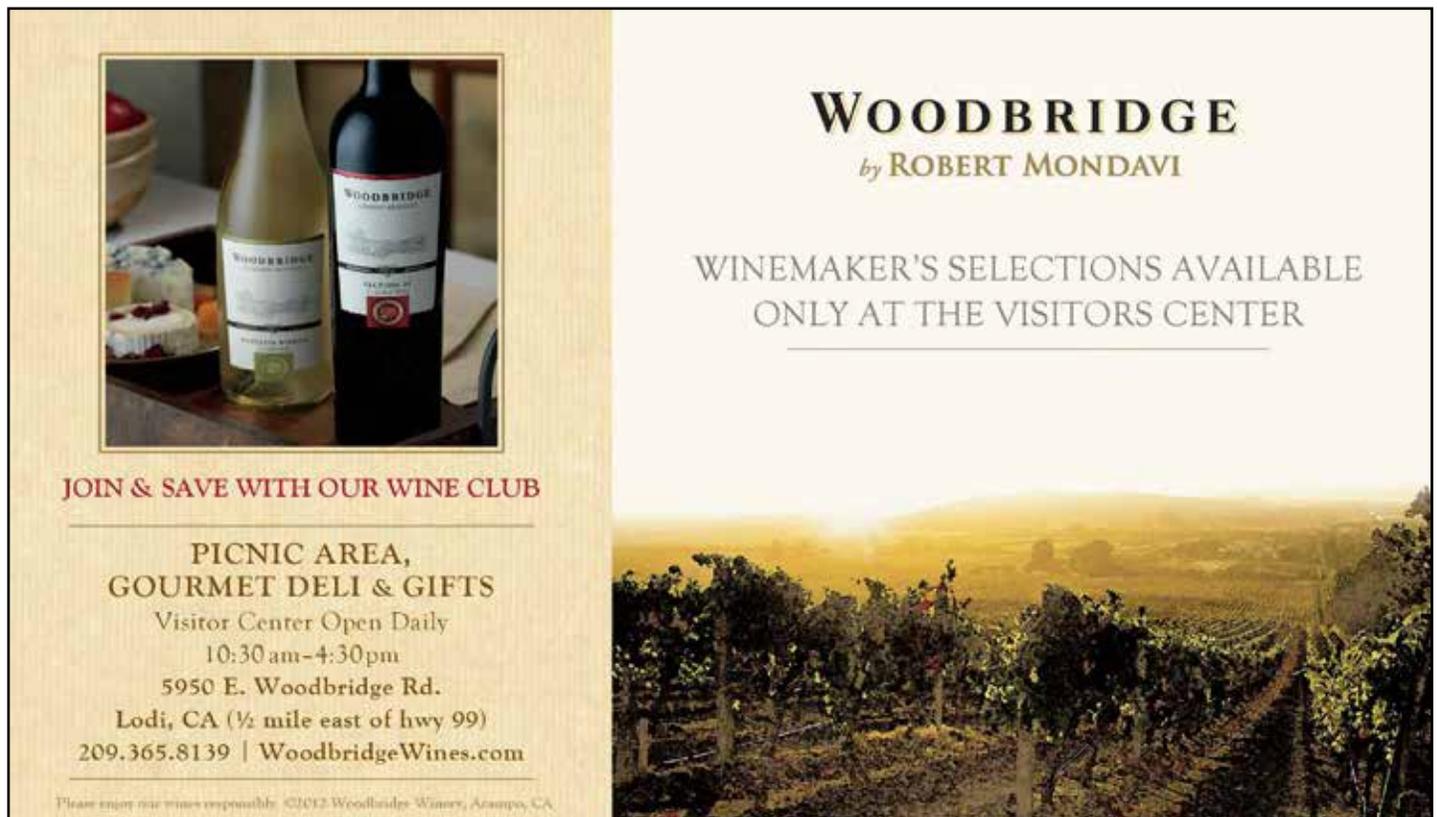
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