

AMI Newsletter



ALLIANCE FOR THE MENTALLY ILL
of San Mateo County
(Formerly P.A.S.)

P.O. Box 3333
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San Mateo, Ca. 94403
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JANUARY 1983

Hrs 1-4 pm, Mon-Wed-Fri

Meeting Schedule

JANUARY MEETING

Date: January 26, 1983
Time: 7:30 pm
Place: San Carlos City Hall
666 Elm St., San Carlos

Speaker: Jane Kennelly or Don Weiher
Topic: Conservatorship

Jane Kennelly, Conservatorship Investigator for San Mateo County, is a Licensed Clinical Social Worker, associated with San Mateo Mental Health Department since 1968. If she is unable to come, Don Weiher will take her place. He also is a Licensed Clinical Social Worker, associated with Conservatorship since 1977. He was also associated with the Satellite Program and has worked on 2-N at Choep Hospital.

PLEASE JOIN AMI 1983

It is time to invest in a better life for ourselves and our loved ones. To this end, AMI is dedicated. Please join now, or renew your membership for another year. The dues paid to AMI are used to pay office rent, telephone, printing & mailing of newsletter, and membership in our state and national ALLIANCE FOR THE MENTALLY ILL. Dues are tax deductible.

NOTE: Payment received in November or December will cover you for 1983.

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MENTAL HEALTH ADVISORY BOARD MEETING 1/5/83

Of interest to AMI-SM members: Director's Report: there are no further budget cuts anticipated for fiscal 1982-83; but planning for budget cuts in fiscal 1983-84 is already underway. One aspect of this is a study of possible ways the regions might be restructured. Dr. Bruce Bess, Chief of Region I, is chairing this study, and Ms. DeLuca deferred to him for a report as follows:

Presently Regions I, III, and IV are operated by the County, and Region II by a contract with Peninsula Hospital. Comprehensive mental health services are available at all four centers. In spite of 25% cutbacks in funding and staff this year, the impact on services has been minimal - only a 5% reduction in number of client visits. However, further cutbacks could impact demands for services in the future as well as outreach and prevention programs. Since funding in the future will be tied to "units of service", each regional center must produce enough "units of service" to pay for its cost to the state. It is incumbent that each center find ways of reporting and documenting "units of service" including all efforts made on behalf of a client, out-patient and crisis visits as well as in-patient services. More than ever, cooperation between public and private sectors of the mental health system is essential for the future.

Some discussion followed regarding the recommendation from the Cordilleras Selection Committee that community groups representatives (AMI-SM, MHAB, Mental Health Assn) be replaced by new representatives from each group; and that a membership rotation plan be set up on a three-year schedule similar to the one now in use for the MHAB. The discussion will continue, and it is hoped a workable plan will be forthcoming soon.

Sue Miller, MHAB Observer

PLEASE NOTE: The AMI Board of Directors will meet at 7:00 pm at San Carlos City Hall, the evening of the regular meeting, January 26. This is an open meeting.

Other Mental Health Meetings:

1st Wed. Mental Health Advisory Bd
Every Month 12:00-2:00 pm, Multipurpose
Rm, Hlth & Wlfr Bldg, S.M.

3rd Sun. AMI Napa State Hospital, 11:00
Every Month to 1:00 pm, Music Room Napa
State Hospital

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MATEO LODGE AND DEXTER HOUSE

Both houses are full and have a waiting list. Donations of furniture, money and Xmas gifts were received. We thank all who donated to the houses and very much appreciate the gifts. We have had new brochures printed and will be distributing them. If you wish to visit or need information call:
Dexter House 367-9931 Mateo Lodge 365-7043
Ian Adamson 408-336-5336

Ian Adamson, Coordinator

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We belong to the largest company in the world - the company of those who have known suffering. When it seems that our sorrow is too great to be borne, let us think of the great family of the heavy hearted into which our grief has given us entrance and inevitably we will feel around us their arms, their sympathy, their understanding.

Helen Keller

CORDILLERAS LIAISON MEETING 1/14/83

The current census at Cordilleras is 113, the highest for some time. 21 of these patients are from San Francisco although the contract calls for 12. However, we were assured that an average of 12 is maintained, as at times there is under utilization. San Mateo patients will get priority.

Steve, the patient representative, reported that the menu had improved. The showers still lack shower strips needed for safety. The patients have asked for candy bars in the vending machines. The request for weight lifting equipment was turned down. Patients do calistenics for one-half hour daily.

The patients rights representative reported that some patients question why their passes are revoked when they feel they have obeyed all the rules. The response was that this may be true but the pass was revoked because it was felt that the emotional state of the patient at that certain time was not conducive to a successful outing. Community meetings are held to let them know what to expect.

Parent participation will begin February 1, 1983, with an open house between 7:00 and 8:30 pm. Each patient was asked if he/she wanted the family involved. If the answer was "yes", an invitation was mailed. About 60 people were invited. The program will be reviewed and an opportunity provided for questions and answers.

No plans for a long term care program are being made at this time as there is no available funding. Some of the patients who have been at Cordilleras for 4 years have been placed in board and care homes recently.

A report will be available next month on the number of San Mateo people in out-of-county skilled nursing facilities.

Dorothy Texier

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AFFECTIVE DISORDER DAY

January 22 has been designated as Affective Disorder Day. Many groups are having special programs with speakers, to inform the public about this problem.

Approximately 1% of the population suffers from manic-depression and related mood disorders. The incidence is the same for men and women. Manic-depression has a strong genetic basis and is not due to environmental influences such as inadequate parenting. The illness strongly effects the emotions. A person cycles from a manic state of high energy, euphoria, bizarre actions, and grandiosity to a depressed state of almost no energy, low self image, difficulty with personal relationships, nothing-is-fun, paranoia, and possibly suicidal feelings, often with normal periods in between. This biochemical condition is inherited. In fact, there is a 95% chance that a first degree relative will have the

same illness. Lithium carbonate, a naturally occurring salt is effective in most instances, and a relatively safe treatment. A blood test must be given at least once a month.

Depression may only happen once in a person's life, many times, or not at all. It includes lack of energy, feelings of failure, low self image, inability to enjoy life, exhaustion but also difficulty in sleeping, paranoia, difficulty with personal relationships, and the person feels like they will never get over it. Untreated depression lasts for an average of six months. Causes are diverse and can include many environmental and biochemical factors.

What Can Help?

1. Go to a therapist early in the illness.
2. Appropriate medication prescribed by a psychiatrist.
3. Support from friends in the peer group, and family.
4. Daily exercise and good nutrition.
5. A part time or full time job, or volunteer job.
6. Good mental health and social rehabilitation programs.

The above information was provided by Families for Mental Recovery of Yolo County.

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Following from the National Schizophrenia Fellowship News - Mr. Galloway, Northern Ireland: (In the U.S. we would title it, "How to Cope With Burn-out")

Excerpted from Mr. Galloway's speech:

Secondly, we need to look to our own morale. If we are all honest would we not admit that some times the fever and the fret get us down. There is the utter frustration of people contacting us and then disappearing; people being given good advice which they won't take; the relapse; the stigma that suddenly reappears; the endless telephone conversations; (and all the while we are looking after our own ill relative). Suddenly we are tempted to give up, or to hand over to someone else.

What are the antidotes for this deadly poison?

A. To bear in mind, and never to forget, the very distressing nature of the illness. A young woman sufferer wrote a poem ending with the poignant last line "Can't anyone help?" Yes, we can help but if we give up who else is there?

B. To remember the good results as well as the bad. The successes as well as the failures. We have all seen people moving from acute schizophrenia to comparative well-being. How encouraging it is. We need to remember this. And perhaps to remember the famous words of Sir Francis Drake - "It is not the beginning of a good work, but the continuance of it until the end which yieldeth the true glory".

So, with compassion - and above all with perseverance, let us move ahead in every field of activity, in every region or group - not only to alleviate the distressing effects of schizophrenia, but also, one day, by the Grace of God to discover its cause and its cure".