



NAMI

National Alliance on Mental Illness

Southern
Santa Barbara County

Santa Barbara NAMI News

October 2016 E-News

LAURA'S LAW: WHERE WE'RE AT NOW

The Santa Barbara County Board of Supervisors has authorized the expenditure of \$606,000 for a three-year Laura's Law Pilot Program that creates 10 Laura's Law "slots." Assuming the program is a success, as it has been elsewhere, the Supervisors will presumably authorize funds for a full-scale implementation of Laura's Law, which is known elsewhere (and hereinafter) as Assisted Outpatient Treatment (AOT).

Thus, now seems a good moment to examine the organizational structure and implementation for AOT as envisioned by Santa Barbara County's Department of Behavioral Wellness.

Laura's Law, like AOT generally, is not aimed at every mentally ill person. Rather, AOT is designed to help clients who are (1) not compliant with voluntary services, (2) clinically determined to be unlikely to survive safely in the community, and (3) are deteriorating toward involuntary treatment and hospitalization. Many potential AOT clients suffer from a mental affliction called anosognosia and don't even realize they're ill.

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Because of this and other conditions, a number of different parties may request AOT for an individual. Those eligible to make such a request include a co-habitant 18 years of age or older; a parent, spouse, sibling or child (18 or older); the director of a public or private agency or treatment facility providing mental health services; a peace officer or probation officer assigned to supervise the individual.

Any of the above may contact an AOT Access Team, which passes valid referrals on to the AOT Program Manager. This individual engages an Outreach and Engagement (O&E) team, which attempts to facilitate voluntary treatment and, failing that, ensures that the right treatment services can be provided for a referred individual. The O&E team employs a list of eight criteria to determine that a potential client has a history of noncompliance and/or dangerous behavior. Thanks to this outreach phase, many treatment-resistant clients opt for voluntary treatment. This frees up an equivalent number of AOT slots, which can be filled with new clients until the capacity of the outreach team is reached.

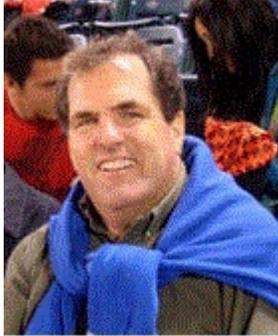
Assuming that a thorough investigation by the O&E team reveals reasonable likelihood that clear and convincing evidence exists that an individual meets AOT criteria, the Director of Behavioral Wellness moves forward to file a petition. Even now, voluntary treatment must be available - but if it is refused, or the individual's condition is visibly deteriorating, law enforcement may be contacted. If the individual refuses either a mandated treatment plan or an examination, the AOT Program Manager may notify the court.

After lengthy due process hearings, the individual may finally be referred to the court for involuntary treatment, which may be continued if necessary.

In Santa Barbara County, two physicians have been engaged to provide external evaluation of the Pilot Program. Thirteen items are analyzed on a quarterly basis with an object of making changes and improvements to the Pilot Program. On September 30, 2019, a final report will provide data collection and analytic procedures, results, and recommendations.

MARK YOUR CALENDAR

Friday, October 21



**Please join us for a Lunch & Learn with
Peter McGoey, MA, LMFT
Motivational Interviewing
12:00 - 1:00 pm
Lunch provided (Sorry, no CEUs)**

Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Mr. McGoey will provide us with information about the stages of change, overview of this technique, and the usefulness of this approach.

Peter McGoey, MA, LMFT has spent over 35 years providing counseling and support to Santa Barbara's drug and alcohol recovery community. Since 1979, Peter has worked at Santa Barbara's Cottage Hospital and is currently a Case Manager for the Alcohol and Chemical Dependency Outpatient Program (COPE). Peter was integral in expanding Cottage's Outpatient Program to include mental health and dual diagnosis groups.

In addition to his work in the hospital setting, Peter has trained, supervised, and mentored many of Santa Barbara's drug and alcohol recovery counselors and licensed clinicians. Peter continues to provide advanced training and clinical supervision on the assessment, diagnosis, and treatment of

mental health disorders and substance dependency. He currently leads retreats for individuals and family members who are in recovery. Peter has been an adjunct faculty member at UCSB Extension, Santa Barbara City College, and Antioch University. He has provided exceptional educational leadership in Alcohol and Drug Treatment, Clinical Skills, and Group Psychotherapy.

Mental Wellness Center
617 Garden Street
(between Cota and Ortega)
Downtown Santa Barbara

Please RSVP (805) 884-8440 or
info@mentalwellnesscenter.org

NOTE: Parking is available in our lower and ground level parking structures.

NAMI SPEAKER MEETING

Thursday, October 27, 7:00-8:30 P.M.

Fellowship Club at Mental Wellness Center
617 Garden Street, Santa Barbara, CA 93101
Free – Open to Public

Please join us for coffee and dessert at 6:30 P.M.; Program at 7:00 P.M.

Topic: Basics of Public Disability Benefits

Speaker: Phillip M. Hawes, J.D.

Mr. Hawes will discuss fundamentals of public disability benefits including medical benefits (Medicare and MediCal), as well as Supplemental Security Income and Social Security Disability Income. Obtaining and maintaining these benefits can be a complex process with many specific requirements. He will help audience get a better understanding of the benefits and the process for qualifying for them. Mr. Hawes has a law practice in Santa Barbara and his areas of practice

expertise include estate and benefits planning, and conservatorships. His presentation will be followed by a question and answer session with the audience.

Spanish Translation will be available

For more information contact Ramona Winner, Family Advocate at 884-8440 ext. 3206 / rwinner@mentalwellnesscenter.org

TOPICS FOR UPCOMING NAMI TUESDAY

EVENING DISCUSSION GROUPS

Each Tuesday evening, from 7:00 P.M. to 8:30 P.M. in the NAMI Conference Room on the second floor of the Mental Wellness Center, NAMI Family to Family facilitators will lead discussions on various topics of interest to families who struggle with issues related to a family member's mental health disorder. Each week a different topic is discussed using informational handouts as a discussion guide. These sessions are free, open to the public and don't require advanced registration. Upcoming topics are:

How to:

- October 18: Select a Psychiatrist
- October 25: Communicate Negative Feelings to Ill Relative
- November 1: Talk to Police when Calling 911
- November 8: Understand Smoking and Mental Health, How to encourage Loved Ones to Quit
- November 15: Understand Dialectical Behavioral Therapy and How it Can Help in Serious Mental illness
- November 22: Understand How our Relatives Experience Mental Illness
- November 29: Know the Role of Cognitive Behavioral Therapy in Serious Mental Illness

For more information, contact Tom Franklin: tefrfc@gmail.com

FAMILIES OF ACT CLIENTS –

Get Your Questions Answered by ACT Staff!

The monthly meeting organized by the county Department of Behavior Wellness to enhance communication and support for families of south county ACT (Assertive Community Treatment) clients will take place on the 4th Thursday evening of the month from 5:00 P.M. to 7:00 P.M. The meeting location is the second floor conference room at the Mental Wellness Center. This month's meeting will be on Thursday, October 27, just before the monthly NAMI Speaker meeting. A lot is happening within the ACT team, so if you have a loved one who is currently receiving services from the ACT team, you'll want to attend. For more information, contact Tammy Summers: tsummers@co.santa-barbara.ca.us



KEEPING CONNECTED

For Teens (14-18 yrs.)

Wednesdays 3:30-5:00pm
October 19, 2016- December 14, 2016
617 Garden Street, Santa Barbara

Learn to better manage your emotions and reactions in a fun, safe place.



- **Getting What You Want out of Life**
- **Communication and Social Skills**
- **Fun!**
- **Peer Support**

Drop-Ins Welcome

FREE & Facilitated by Isis Castañeda and Lupe Luna

Se habla español

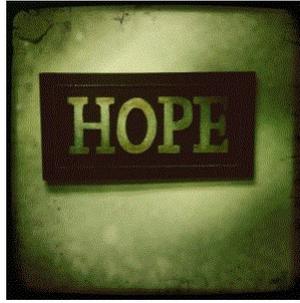
For more information, please call or text Isis @ (805) 448-0920

AFTER HOURS FAMILY ADVOCATE

We've expanded our hours for those of you who are unable to make it to the Mental Wellness Center before 5pm. Please give us a call to schedule an appointment with a Family Advocate for support, information, and resources related to mental health.

Thursdays from 5:00-6:00 PM

By Appointment Only



Mental Wellness Center
617 Garden St., Santa Barbara, CA 93101
(805) 884-8440 x3206
info@mentalwellnesscenter.org

Let's Call Mental Health Stigma

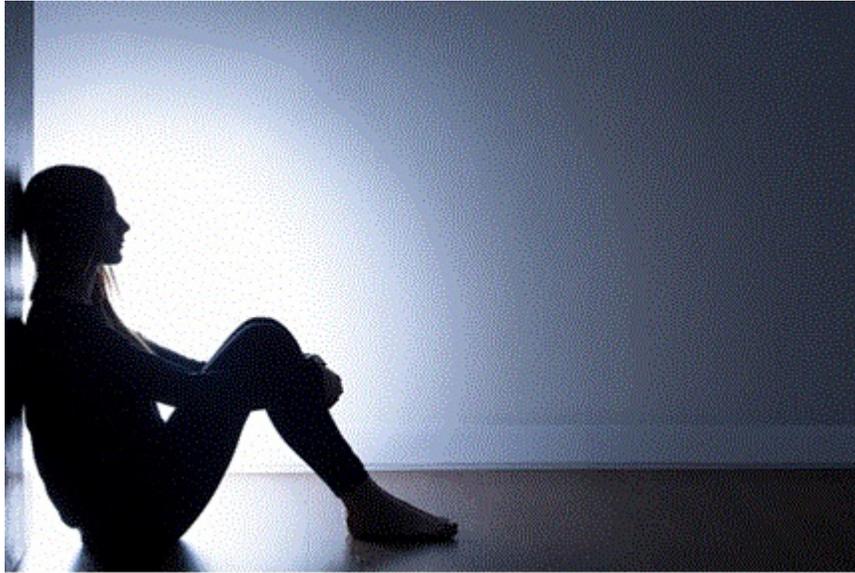
What It Really Is:

Discrimination

Society's attitude toward psychological disorders needs to change.

09/27/2016 08:15 am ET | **Updated** Sep 27, 2016

[Lindsay Holmes](#) Deputy Healthy Living Editor, The Huffington Post



Katarzyna Bialasiewicz via Getty Images

People with mental health conditions are treated differently than everyone else.

It's no secret that there's a veil of shame surrounding mental illness.

Nearly [one in five American adults](#) will experience a mental health disorder in a given year. Yet only [25 percent](#) of people with a psychological condition feel that others are understanding or compassionate about their illness, according to the U.S. Centers of Disease Control and Prevention.

Typically, we refer to this dissonance as [stigma](#), but we have been wrong to do so. The negative stereotypes that shame those with mental illness and prevent them from seeking help don't just constitute stigma — they're discrimination. It's a blatant, prejudicial outlook on a certain population.

The societal outlook on mental illness doesn't just result in negative stereotyping, as the term "stigma" implies, says Kana Enomoto, principal deputy administrator of the U.S. Substance Abuse and Mental Health Services Administration. It results in behavior and policy that actually make life more difficult for those with mental health challenges.

“We [at SAMHSA] don’t use the word stigma,” Enomoto said last week at a National Press Foundation gathering of mental health-focused journalists. “You look the word up in the dictionary and it refers to a mark of shame.”

It is certainly true that people with mental illness are taught to feel shame — to believe that they have a [character deficiency](#) that is disgraceful, “all in their heads” or something to just “get over.” But the way we collectively treat people with mental illness goes far beyond that.

People with a mental illness [are more likely to encounter law enforcement than get medical help](#) during a psychological crisis. There are currently more people with mental illness in [jails and prisons than in hospitals](#). They’re [blamed for violence](#) when they’re [more likely to be the victims](#). They have [higher rates of homelessness](#). They’re seen as a danger to society, to other people, to themselves. The Committee on Economic, Social, and Cultural Rights defines discrimination as something that [“occurs when an individual is treated less favorably](#) than another person in a similar situation for a reason related to a prohibited ground.” In other words, when a person is mistreated or regarded differently than someone else based on their circumstances. When it comes to mental illness, doesn’t that sound familiar?

***Fear has driven mental health discrimination
for 400 years.***

The idea that mental illness is a flaw dates back centuries. In the 1700s, people with psychological conditions were often [thrown in jail or quarantined](#) for their behavior, often because [people didn’t know what else to do](#).

In the 1800s, activist Dorothea Dix began to [change the perceptions around psychological disorders](#) by opening up [hospitals for individuals](#) who had a mental illness. However, it was around this time that controversial brain surgeries began, performed in order to “calm” patients who displayed signs of serious mental illness. This eventually grew into what we now know as a lobotomy, or the [surgical manipulation of the brain’s prefrontal lobe](#).

While present-day attitudes and methods of care are huge strides away from these earlier days, there's still a long way to go.

Look at the narrative from politicians. They use terms associated with mental illness as [mudslinging insults](#). They blame mental health disorders for [national tragedies](#). There's even [pushback and debate when it comes to mental health reform](#). But it's not just on Capitol Hill. Many facets of life include poor attitudes toward mental illness:

Police: Many law enforcement officials don't know how to deal with a mental health issue during an encounter. Take, for example, the case of Charles Kinsey, the mental health caretaker who was shot by police while [helping a man with autism in Florida](#). The incident was a [glaring indication](#), many argued, that law enforcement officials [don't have a clear understanding](#) of how to de-escalate mental health crises — or of those who work with someone who has a psychological disorder.

The workplace: People who live with a mental illness are [terrified to disclose their condition](#) at work for [fear of professional punishment](#). This fear can then manifest in the office and affect a company's bottom line: Approximately [\\$193 billion dollars](#) in earnings is lost each year due to serious mental health issues.

Medicine: Even doctors don't take mental health as seriously as they should. A study published earlier this year in the journal Health Affairs found that [primary care physicians often neglect to follow up](#) with their patients after a depression diagnosis and are less likely to help patients manage their illness. But they're more likely to engage in care strategies with patients who are dealing with a chronic physical illness, like diabetes.

Change starts with precise language

Tackling the unfavorable outlook surrounding mental health starts by encouraging more people to talk about it openly. Otherwise, as research shows, people [won't seek the medical](#)

[support they need](#) — support that can lead to recovery. Untreated mental health conditions can lead to a loss in productivity, poor sleep habits and withdrawal from social situations. At their worst they can be a major player in suicide, which is the [10th leading cause of death](#) in the U.S.

Ultimately, it's more than just changing hearts or minds — it's about getting to the root of the problem by fixing systemic issues. That means more [mental health training for first responders](#), more policies that help people with mental illness [get the care they need from medical professionals](#) and more workplace acceptance and initiatives that [support individuals dealing with a psychological issue](#).

Of course, not everyone is a legislator, or a company CEO or can implement more programs for first responders. But an average citizen can lend their voice. One way to start small is to by calling out the judgmental viewpoints surrounding mental illness by labeling them exactly what they are: intolerance for a group of individuals. By addressing this outlook in a more pointed way, people may take it more seriously, Entomoto said.

Because you're not just dealing with a mark of shame, you're dealing with discrimination.

If you or someone you know needs help, call 1-800-273-8255 for the [National Suicide Prevention Lifeline](#). Outside of the U.S., please visit the [International Association for Suicide Prevention](#) for a database of resources.

NAMI Southern Santa Barbara County operates as a program of the the **Mental Wellness Center**, a private, non-profit organization providing recovery, education, and family services to adults and families affected by mental illness.

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