



San Diego

San Diego's Voice on Mental Illness

Formerly San Diego Alliance for the Mentally

Vol. IV, Issue 9

How Are Problems of Mental Illness Being Handled in the Prison System?

We asked Terry A. Kupers, M.D., co-chair of the Committee on Persons with Mental Illness Behind Bars of the American Association of Community Psychiatrists and the author of *Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It* Jossey-Bass, 1999.

The jail and prison population of the United States has quadrupled since 1980, and a growing number of prisoners are being placed in solitary confinement. Naturally, the number of prisoners with psychiatric disorders is also growing. According to the U. S. Department of Justice, more than 250,000 prisoners suffer from mental illnesses. Reasons include the shortcoming of public mental health systems, a growing tendency to ignore psychiatric testimony in

"... these prisoners are often released into the community from long-term solitary confinement at the end of a sentence with little or no preparation for life outside."

criminal cases, harsher policies toward drug offenders (including those with psychiatric disorders), and a trend toward imprisoning homeless people for minor crimes.

As a result, we have increased rates of violence, mental breakdown, and suicide in prisons and jails. Prisoners with mental illnesses are often victimized by other prisoners. Many spend most of their time confined to their cells, either by choice, because they fear assault, or involuntarily, because they have been placed in punitive segregation. This confinement often leads to further emotional deterioration.

The psychiatrist Stuart Grassian, in a study of prisoners in solitary confinement in super maximum security housing unit (SHUs), discovered what he calls the SHU syndrome. The symptoms include free-floating anxiety, hyper-responsiveness and motor excitement, confusion, impaired memory, perceptual distortions, aggressive impulses, ideas of reference, and depersonalization. Obviously, if punitive segregation causes these symptoms in relatively stable prisoners, it will be particularly damaging to anyone with a

(Continued on page 7—Prison System

EDUCATION & ADVOCACY MEETING

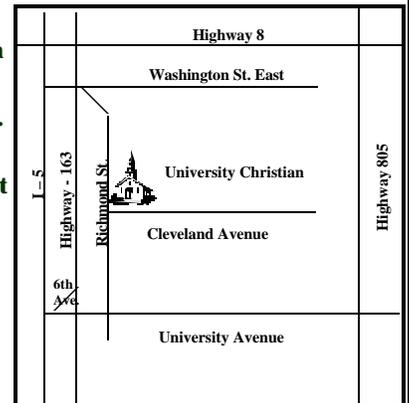
Thursday, September 7, 2000, 6:30 – 8:30 p.m.

Speaker: Kristin Cadenhead, M. D.
UCSD Department of Psychiatry

Topic: Schizophrenia: early identification, intervention and treatment

Dr. Cadenhead is an assistant professor in the Department of Psychiatry at UCSD and has been doing research pertaining to the "schizophrenia spectrum" for over 10 years now. Her interests include the study of vulnerability markers in patients with schizophrenia, their unaffected relatives and schizophrenia related personality disorder. Dr. Cadenhead has just started a new program "Cognitive Assessment and Risk Evaluation" (CARE). She will be studying the prodromal phase of schizophrenia in hopes of identifying individuals at risk for the disorders. Perhaps by identifying the illness early, we can intervene and prevent the sometimes devastating effects of a first psychotic break.

The monthly meeting is open to anyone interested in learning about mental illness. The meetings are held on the first Thursday of the month at the University Christian Church, Friendship Hall, 3900 Cleveland Avenue San Diego, California (see map)



The doors open at 6:30 p.m. with everyone sharing information and welcoming newcomers. At 7:00 p.m. there is a half-hour information session on NAMI San Diego activities, mental health services and related news. The featured program is from 7:30 to 8:30 p.m.

See Page 7 for upcoming NAMI San Diego Education and Advocacy meetings

JULY/AUGUST-AT-A-GLANCE

Bettie Reinhardt, NAMI San Diego Executive Director

Where Did the Summer Go?

How can you look at July and August in a glance, for goodness sake! I've always considered them the two greatest months in the year and try to savor every minute and make them last as long as possible. And, yet, here they have come and gone as quickly as any other old months. And all of those things I was going to get done during the quiet of summer. . . .didn't get done. Maybe because it was hardly quiet. Anyway, ready or not, fall is coming and we had better be brisk even if the weather isn't because this newsletter is full of things for us to do.

Program Audits

All of our programs have now been audited. That means that someone from United Behavioral Health visited to look at the Project Payee records and procedures, someone from Health and Human Services Agency/Contract Operations has visited to look at the programs funded by the Ryan White CARE Act, a team from Social Security Administration has reviewed our representative payee work, and someone from United Way has visited because we are a United Way certified agency. (By the way, United Way and Combined Federal Campaign season is another fall activity. Our name may be harder to find this year but our number is the same – 6470.)

You are welcome to come by and ask questions, look at procedures and policies, and give us the white glove test, too.

Family Education

We completed our first East County Schizophrenia Education series and our first Family to Family class. They were wonderful classes and great people. The folks from Living with Schizophrenia & Other Mental Illnesses helped with both classes. We are signing people up for the next sessions of both these classes. Call the Albright Center to get your name on a list.

Board Committees

The Board reviewed its committee structure at the July meeting. All Board members are serving on at least one committee and some are serving on two or three. We have a terrific, dedicated Board. I have to mention, however, that all of the committees should have as many non-Board members as Board members. Since we have approximately 400 names on our roster, this seems doable. My suggestion – call President Marjie Joramo at 858.484.9411 and find your niche. Marjie attends all of the committee meetings so she will be able to describe the work and schedule of each.

Other Opportunities

You say you don't like sitting around talking about doing things, you like action? Then call me immediately. We need lots of workers for the Open House coming right up October 6 and for the Holiday Party December 21. We have even begun work on next year's Walk/Run/Resource Fair scheduled for April 28, 2001 and we need you.

Outreach May be Your Suit

You don't like to sit in meetings. You don't like making punch. You don't think you even want to walk or run. Don't worry, there is still something just for you. We look for opportunities to do outreach, to set up a table with our NAMI San Diego drape on it, piled with our great literature, and chat with the people who come by to visit. These opportunities come by pretty often. Give us a call so we'll know that this is what you would like to do.

Albright Telephone Volunteer Training

The fall training for telephone volunteers begins Thursday, September 21, at 10 a.m. at, of course, the Albright Center. We are looking for family members and consumers who are good listeners because there are a lot of people out there that need a good listening to. Please contact me before the training if you want to attend. The training will take place in four two-hour sessions. We will determine the other three dates when we meet on the 21st.

NAMI California Conference

There is still time to get there. There being the San Francisco Airport Marriott, September 8 & 9. Call the Albright Center for details. For local interest, two people from our Living with Schizophrenia & Other Mental Illnesses program will be speaking and Chuck Sosebee is a candidate for the NAMI California Board of Directors.

(Continued on page 4--At-a-Glance)

NAMI San Diego is a nonprofit organization that provides self-help advocacy, education, services, and support for consumers, families, and friends of people with severe mental illnesses and is dedicated to eradication of those mental illnesses and to improvement of quality of life of those affected by these diseases.

*NAMI San Diego is an affiliate of
NAMI and
NAMI California*

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*Submission of articles must be received
by the 15th of the month for consideration for
publication in the following month's newsletter.*

President's Corner

Have you experienced one of the Living With Schizophrenia and Other Mental Illnesses (*Living With*) presentations yet?

I had the opportunity to attend "*Living With*" at one of our Family to Family classes and found it to be very powerful!

These programs are presented by two people who have serious mental illnesses but who are on the way to recovery. They use a video with five sections: dark days; acceptance; medication; coping skills, and success; hopes and dreams. The video has three or four people address each topic and then the presenters personally can share their experiences related to the topic with the audience. The people who brought the program to us openly shared with us and graciously answered all of our questions.

The potential for breaking down prejudices related to mental illness and the possibility to instill hope in people who are suffering and those who work with them is great with this program.

"*Living With*" has been given to a variety of audiences: at a clubhouse downtown used by many homeless people; at NAMI educational meetings; and to county mental health employees.

Chuck Sosebee is coordinating "*Living With*" in San Diego. He is NAMI San Diego's employee in this capacity. The presenters receive a stipend for each presentation they give.

Chuck went to the Washington, DC area to be trained at NAMI National headquarters. The program is sponsored by NAMI National with funds from the Eli Lilly company to get it started. San Diego is one of two places in the whole country with this program. We are hoping that it can be expanded to the whole state of California and eventually throughout the country.

Until I became a board member I did not know what a complex organization NAMI San Diego is. We have extremely talented employees, good basic administrative systems in place, and now have some funds in reserve. This gives us the option to incorporate a new program such as "*Living With*" into our organization.

Because of the major changes in prognosis for people with serious brain diseases there are and will be many potential opportunities for us to increase the quality of life for both our loved ones and others. IT IS BECAUSE OF YOUR CONSTANT SUPPORT (by encouraging, volunteering, giving money, giving in-kind donations, writing letters, and attending meetings) THAT WE ARE ABLE TO EVEN CONSIDER EXPANDING OLD PROGRAMS AND TAKING ON NEW ONES!!!

Thank you!

Marjie Joramo

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Webpage

Don't forget to visit our web page www.namisaniego.org. You can click links to visit NAMI and NAMI California's pages.

Directions to the Albright Information and Referral Center

Have you visited the **Albright Center** in its new home yet? The address is **1094 Cudahy Place, Suite 120**. If you take the Morena Boulevard exit from I-5 or I-8, stay in the left lane, which branches into West Morena Boulevard. Turn left on Buenos Avenue. The three-story building called the Morena Office Center will immediately be on your left. If you come down I-5 from the north, exit at Tecelote Road, turn right on Morena Boulevard and right again at the first traffic light. You will be on Buenos. Cross West Morena Boulevard and the office building will immediately be on your left. After all that, if you know where Toys R Us is, you will find it easier to find by looking just one block south of Toys R Us.

To register your opinion on any of these issues, call Bettie Reinhardt at 294-9941 or write to P.O. Box 710761, San Diego, 92171 or fax to (619)543-1498 or email at exudir@namisaniego.org or contact any of the people mentioned in the article.

Your purchase of
NARSAD Artworks
products helps improve the lives
of persons with brain disorders
called mental illness through local
programs and research.

*Remember to send your
order for holiday cards,
gifts and note cards.
The catalog and order
form is included in this
newsletter*

Legislative Update August 2000

AB1800: Lanterman-Petris-Short Act Reform Bill

Democracy is a long and arduous process and sometime seemingly undemocratic. Many of us questioned this democratic process when AB1800, which had successfully passed through all the assembly committees, as well as the California Assembly itself by a substantial majority, came to a dead halt when it reached the Senate in early June. What happened? Senator John Burton, President pro-tem of the Senate, essentially shelved the bill by sending it off to the Senate Rules Committee where it could sit indefinitely. In spite of the strong support of all the major California newspapers, numerous organizations, the LA Board of Supervisors, and, of course, NAMI CA, as well as ourselves, Senator Burton has refused to budge. His plan is to have the Rand Corporation Think Tank study the relative merits of involuntary treatment and report back to him by December, unless, some miracle occurs and Senator Burton decides to let the Senate, rather than himself, make the decision of whether this bill is good or bad, the situation as I have described it remains. Of course, we will begin again next year.

Parity

Mental Health Parity is now the law in California. AB 88, the parity bill, requires that mental health insurers cover biologically based mental diseases in the same way they cover other physical diseases. The diseases to be covered under the new law are schizophrenia, bi-polar disorder, major depressive disorders, schizoaffective disorder, panic disorder, obsessive-compulsive disorder, autism, anorexia nervosa, and bulimia. AB88 also covers children with one or more mental disorders, other than substance abuse or a developmental disorder. Although AB88 went into effect on July 1, 2000,

it will be effective for each insured person or families on the renewal date of their insurance policy. A new state regulator, the Department of Managed Care, will take over the job of monitoring health maintenance organizations throughout the state. Daniel Zingale, an associate of Tipper Gore, who has worked with her on mental health projects, has been named to head the new department. It will be his job to oversee the implementation of mental health parity in California. We can look upon this a giant step in our quest for better and fairer treatment.

County Program for Mentally Ill Young Adults

The county has received \$1 million in state aid to assist 30 young adults transitioning from foster care and children's residential treatment facilities to adult care. The county Health and Human Services will match \$150 million over the next three years. Services which will be provided will be case management, assistance in obtaining employment, housing, and education, and medication management. The hope is that the program will be a successful model that can be expanded in the future.

Mental Health Courts Legislation

Senate Bill 1865, landmark legislation to establish mental health courts for non-violent mentally ill offenders, is ready for action in the U.S. Senate when they return on September 4. The U.S. Department of Justice reported in 1999 that 16% of all inmates in state and federal jails have a severe mental illness, four times the number that are in state mental hospitals. A 1991 Los Angeles County Supervisor's Task Force study showed 90% of mentally ill prisoners in the county jail were repeat offenders. It also found that mentally ill offenders were incarcerated ten times or more for minor crimes and misdemeanors prior to being diagnosed with a mental illness. Dorothea Dix, 170

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Schedule of Meetings

NAMI SAN DIEGO

University Christian Church
3900 Cleveland Ave., San Diego
Call (619) 543-1434 or 1-800-523-5933

First Thursday, 6:30 – 8:30 p.m.
Education and Advocacy

Thursday, September 7
7:30 - 8:30 p.m.
Speaker: Kristin Cadenhead, M.D.
UCSD Department of Psychiatry
Topic: Schizophrenia: early
identification, intervention
and treatment

Sharing and Caring
Third Thursday, 6:45 p.m.

Morning Sharing and Caring:
 Third Tuesday, 10:00 - 12:00 a.m.
 Albright I & R Center, 1094 Cudahy Place,
 Suite 120, Morena Office Center
 (West Morena & Buenos Ave.)
 (619) 294-9941 or (619) 543-1434

Sharp Mesa Vista Hospital
Sharing and Caring
 Fourth Thursday, 6:30 – 8:30 p.m.
 Executive Conference Room
 Sharp Mesa Vista Hospital
 7850 Vista Hill Avenue
 (858) 278-4110

Sibling and Adult Children's Group
 Second Wednesday, 7:00 - 9:00 p.m.
 Scripps Well Being Center
 Adjacent to the UTC Mall
 Call Monica Astorga at (858) 483-9370

Clairemont Area Sharing and Caring
 Second Monday, 7:00 - 8:30 p.m.
 St. David's Episcopal Church (Library)
 5050 Milton St., (619) 276-4567

La Jolla Sharing & Caring
 First Tuesday, 7:15 - 9:00 p.m.
 La Jolla Presbyterian Church Lounge
 7715 Draper Avenue, (858) 459-4905
 (Entrance on Kline St.)

El Cajon (East County)

Second & Fourth Wednesday
 6:30–8:00 p.m., 562 E. Main St., El Cajon,
 Call Donna Hawkins: (619) 401-5500
 or Forough, Douraghi: (619) 401-5440
South Bay—Spanish
 Fourth Monday, 6:00 - 8:00 p.m.
 Call Luz Fernandez (East County clinic)
 for location (619) 401-5500

Filipino Family Support Group
 UPAC,
 1031 25th St., Broadway & 25th
 For information on date and time
 call (619) 235-4282

Alpine Special Treatment Center
Sharing & Caring
 For information on date/time/place
 call (619) 445-2644, ext. 20

El Centro Sharing and Caring
 Second & Fourth Wednesday at 6:30 p.m.
 St. Peter & Paul Episcopal Church
 5th & Orange, El Centro
 (parking by Holt Street)
 Contact: Vicki (760) 359-3323

NAMI NORTH INLAND
SAN DIEGO COUNTY
 P. O. Box 300386
 Escondido, CA 92030-0386
 (760) 745-8381

Third Tuesday, 7:00 p.m.
 Education Meeting
 Bradley Center (Kinesis North)
 474 W. Vermont Ave, Escondido
 (760) 745-8381 or 1-800-523-5933

Tuesday, September 19
7:00 - 8:30 p.m.
Speaker: Daniel Melcher, Legal Aid
Society, SSI Advocacy Program
Topic: Social Security Disability.
Questions from the audience are
encouraged at the end of the presentation.

All meetings are followed by refreshments
 and Share & Care for family members

Share & Care

First, Second, Fourth & Fifth Tuesday
 4:00 - 5:30 p.m.
 210 Park (Senior Center), Escondido
 Call (760)745-8381

NAMI NORTH COASTAL SAN DIEGO COUNTY

P. O. Box 2235
 Carlsbad, CA 92018
 (760)722-3754
 St. Michael's by the Sea Episcopal Church
 Parish Hall, 2775 Carlsbad Blvd.
 (760) 722-3754 or (800) 523-5933

Third Wednesday, 7:00 p.m.
Education Meeting followed by
Share & Care at 8:40 p.m.

Wednesday, September 20, 7:00 p.m.
Speaker: Michael Yapko, Ph.D.
Director, Milton Erickson Institute.
Topic: Understanding Depression,
Diagnosis, Treatment and Prevention

Share & Care

Fourth Tuesday - 5:00-6:30 p.m..
 North Coastal Mental Health Center
 1701 Mission Avenue #A, Oceanside
 (760)967-4475 or (760)722-3754

Share and Care

Second Thursday at 6:00 - 7:00 p.m.
 Tri-City Medical Center, Mental Health
 Unit, 4002 West Vista Way
 Oceanside (760)940-5700

Pastoral Share & Care

Fourth Thursday - 7:30 p.m.
 2807 Ocean St., Apt. 301, Carlsbad
 Jane or Tim Hird, (760)435-2536
 Call first for security reasons.

PATTON AMI

c/o Patton State Hospital
 3102 E. Highland Avenue
 Patton, CA 92369
 Fax: (714) 963-9961

CLIENT CORNER

SCHOLARSHIP FUNDS AVAILABLE



Mental health clients may apply to SDAMI for scholarship funds for course-related expenses such as tuition, fees, books, and supplies. To apply, call the Albright Center at (619) 543-1434 and request an application.

Applications up to \$500.00 will be considered.

The scholarships are made possible by a donation made fifteen years ago and are limited to the income from the scholarship

Living with Schizophrenia And Other Mental Illnesses

A recovery-education program presented by trained consumer presenters/facilitators to other consumers, families, friends and professionals.

It is for anyone who needs to know how people with schizophrenia and other serious mental illnesses cope with the realities of their disorder while recovering and reclaiming productive lives with meaning and dignity.

If you are interested in training as a presenter or attending a presentation, please call:



Chuck Sosebee
Coordinator of
Consumer Outreach & Education
(619) 275-7165
TTY/TDD (619) 543-1498
Email: EducNamiSD@cs.com

The Consumer Center for Health Education and Advocacy

If you need help getting mental health care services, please call or write us.

We are ready to help you.
1475 Sixth Ave., 4th Floor
San Diego CA 92101
1-877-734-3258 Toll Free

The Meeting Place, Inc.

4034 Park Blvd., San Diego
(619) 294-9582
Open Tuesday - Saturday
12 Noon - 4 p.m.

Corner Clubhouse

2852 University (at Utah)
San Diego (North Park) #7 Bus Line
(619) 683-7423
Open Monday
8:00 a.m. - 12:00 p.m.
Tuesday - Friday
8:00 a.m. - 4:00 p.m.

Friend to Friend

1009 "G" Street
San Diego
(619) 238-2711
Open Monday - Friday
12:00 - 6:00 p.m.

Mariposa Clubhouse

560 Greenbrier, Suite .102, Oceanside
(760)439-6006
Open Monday - Friday
8:00 a.m. - 8:30 p.m.
Saturday & Sunday
10:00 a.m. - 5:00 p.m.

Friends

144 Copper Ave. Vista
(760) 941-2153
Open Saturdays
1:00-4:00 p.m.

East Corner Clubhouse

562 East Main St., El Cajon
(between Mollison and Avocado)
(619)401-6902
Fax: (619)401-1751
Open Mon, Tue, Thur & Fri
8:00 a.m. - 4:00 p.m.

Wed 8:00 a.m. - 6:00 p.m.
Sat 10 a.m. - 2 p.m.

Visions @ 5th and H

499 "H" Street, Chula Vista
(619) 420-8603
Open Mon., Wed., Fri., Sat. & Sun.
Noon - 7:00 p.m.
Closed Tues. & Thurs.

Employment Services

1202 Morena Blvd., Suite 201
San Diego, (619) 276-8071

The Access Center of San Diego

1295 University Avenue
San Diego, (619) 293-3500

The Creative Arts Consortium

P. O. Box 3053
San Diego, CA 92163-3053
Admin—Call Jane (858) 481-7069
Art—Call Michelle (619) 260-1288
Literature—Call Jim (619) 299-1753

Job Options

2727 Camino del Rio South
San Diego
(619) 688-1784 (Valorie)
Open Monday - Friday
8:00 a.m. - 5:00 p.m.

San Diego Parks and Recreation Disabled Services Program:

Ask for "The Leisure Seekers" group activities and calendar. No formal registration. Simply call ahead of event and say "I want to sign up for the event"
(619) 525-8247

Patient Advocacy Program

5384 Linda Vista Road, Suite 304
(619) 543-9998 or 1-800-479-2233
Mon. - Fri.
8:00 a.m. - 5:00 p.m.

The Access & Crisis Line

1-800-479-3339
24-hours a day 7 days a week

(Continued from page 1— *Prison System*)

psychotic disorder or a severe mood disorder. Equally disturbing, these prisoners are often released into the community from long-term solitary confinement at the end of a sentence with little or no preparation for life outside.

I am not referring only to such major mental illnesses as schizophrenia, bipolar disorder and severe depression. Other disorders can cause as much suffering and disability -- anxiety, phobias, obsessive-compulsive disorder, and especially post-traumatic stress disorder (PTSD). Many prisoners have undergone a lifetime of violent traumas. They have been subjected to physical and sexual abuse and domestic violence. Then, as convicts, they experience further trauma. Assault and rape are common in prisons but rarely reported, because prisoners expect no justice and are terrified of retaliation.

The same prison conditions that make psychiatric disorders worse also make treatment difficult. There is little opportunity to develop a therapeutic relationship or even to educate patients about the illness and the need for medication. There is little psychiatric rehabilitation. We must upgrade correctional mental health services and enhance the collaboration between mental health and corrections staff to deal with prisoners who have behavior problems as well as mental disorders.

There should be more stepdown units (roughly equivalent to residential treatment and partial hospitalization programs in the community) where prisoners with serious mental disorders can be sheltered as they undergo treatment. Mental health staff must work with prisoners' families and plan their treatment after release more carefully. Instead of relying on punitive segregation in maximum security. We must look for effective ways to reduce violence and recidivism, such as involving prisoners in activities they are reluctant to jeopardize by getting into trouble. Prisons should also provide more general rehabilitation, job training, and

**Upcoming NAMI San Diego
Education & Advocacy Programs
Oct. 2000 - Feb. 1, 2001**

October 5: Pre-election State Candidate Panel - Mental Health Forum 2000: Where do we stand? Ask your State candidates -- Moderated by the League of Women Voters.

November 2: Living with Schizophrenia and Other Mental Illnesses - Chuck Sosebee, Coordinator Of Consumer Outreach and Education.

December 7: Anti-Stigma - Abigail Padgett, advocate and author of several mystery novels.

January 4: Basic Biology of Mood Disorders and Schizophrenia - Rebecca A. McKinney, UCSD Department of Psychiatry, Genetics Research Program.

February 1: Treatment for the Mentally Ill in Prison - Allan Abrams, M.D., J.D.

Note--Programs are subject to change.

educational programs similar to those provided in the community.

The prison population can be reduced by diversion to drug treatment in the community and by outpatient commitment and treatment, but we must apply constitutional safeguards in administering these programs. (Source: *The Harvard Mental Health Letter, Volume 17, No. 1, July 2000*)

Continued from page 4 -- **Legislative**

years ago, was appalled at the jailing of the mentally ill under terrible conditions and called for special asylums that would be more humane. Unfortunately, as time went on, state hospitals also deteriorated. With the advent of new and effective drugs, it was felt that the mentally ill could live and be treated in communities. The result was deinstitutionalization of the mentally ill. Unfortunately, the promised community treatment was inadequate at best. Now we have an equally abhorrent situation where the mentally ill roam the streets untreated and are frequently incarcerated for petty crimes. We all agree that what these people need is treatment not incarceration.

ACTON NEEDED: Please write to your national senators and ask them to vote for S1865. This legislation would establish mental health courts to divert non-violent offenders with serious mental illness from jails and place them into appropriate community programs. Emphasize that frequently correctional facilities respond to erratic behavior of the mentally ill by punishing them or placing them in restraints or isolation, responses that may exacerbate rather than alleviate their symptoms. Personal stories are very effective. Many families live in fear that their mentally ill relative will be picked up for some minor offense and sent to jail. Let's stop this unfair practice. Write, phone, fax or e-mail:

Senator Barbara Boxer
600 B Street, Suite 2240
San Diego CA 92101
(619) 239-3884
Fax: (619) 239-5719
Email: senator@boxer.senate.gov

Senator Diane Feinstein
750 B Street, Suite 1030
San Diego CA 92101
(619) 231-9712
(619) 231-1108
Email: senator@feinstein.senate.gov

A Mental Health Tragedy

by Rick Heller

Tonight I sit with a sinking and disturbed feeling. I will not sleep well. I just found out that Rick Allison, who I knew at Patton State Hospital murdered his brother. His brother is gone and Rick will never have a chance at a normal life again.

Both Rick and I have psychotic disorders and committed crimes while delusional and hallucinating. For this we were each found not guilty by reason of insanity and sent to Patton. We got to know each other there.

Rick was very remorseful because he had taken a knife into a theater and had stabbed four people. "At least the one man didn't die," he would say thoughtfully.

Tonight Rick is probably sitting in a jail cell, a mentally ill inmate like 16% of the prison population. He could have ended up one of the 50,000 seriously mentally ill homeless people in the state of California.

It sickens me to see the ruddy faced, bleary eyed crazies on our downtown streets. I was once there too and like Rick Allison I was grateful I didn't do more harm when I committed the crime that sent me to Patton.

Believing I was working for the CIA, I took a BB gun into a restaurant. I didn't fire it but was charged with assault with a deadly weapon.

I am sure that when Rick is stabilized on medication and comes out of his nightmare to face the nightmare of reality, he will be remorseful. Because that's the way he is.

He is an average guy with the hopes and dreams of most of us. That is, until he quit taking medication and seeking treatment.

Tonight I sit quietly and think, "There but the grace of God go I."

The main difference between Rick and I is that when I was released from the hospital parole program here in San Diego (Conrep), I continued with coun-

seling and medication, both which I pursue religiously to this day.

What are we to do with mentally ill people who don't take medication and seek treatment? What are we to do with people who aren't doing very well, don't have the insight to realize they aren't doing well and are deteriorating?

The civil libertarians who hold forth about individual rights don't have much to say about the 50,000 seriously mentally ill homeless people in California. They are also mute about the 16% of the prison population that is seriously mentally ill. Now Rick Allison is one of them.

If he had killed himself rather than his brother his passing would have received little notice. "Weak and not worthy of compassion," is how many people would have reacted.

"But what are we to do with seriously mentally ill people who refuse medication and

But even though Rick killed somebody, a heinous and despicable act, I still find him worthy of compassion.

The last time I saw him was in 1989 at the conditional release program where we were sent after Patton. He felt bad because he had done things to ruin his life. I told him to give himself a break and stop being so hard on himself.

I was released from the program after that and tried to pursue a relatively normal life, supported by medication and counseling. Apparently, Rick was also eventually released and went on his way.

Now there is no hope for Rick. He will be locked up for years and if released will never be free of parole.

What could have saved his brother's life and Rick's as well? I answer glibly, reflexly, simply. Much too simply. Medication and counseling.

But what are we to do with seriously mentally ill people who refuse medication and counseling? For one, we could have passed AB 1800, the law reforming California commitment law, Lanterman-Petris-Short (LPS) Act. It would have made it easier to commit someone involuntarily.

AB1800 was effectively killed in commit-

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tee and will not have a chance this year. Perhaps, it can be reintroduced next year.

We need to do better by our mentally ill citizens. We need to take steps to prevent tragedies such as the one with Rick Allison and his brother. Tonight, I sit with a sinking, disturbed feeling. I will sleep better when LPS reform is passed.

Rick Heller served for a year on the Mental Health Board of San Diego County and currently is a presenter for Living with Schizophrenia and Other Mental Illnesses. He holds a masters degree in anthropology from San Diego State University.



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