California Dreamin’
WINETASTING AND SILENT AUCTION

Get ready to bid at our 3rd Annual Winetasting and Silent Auction to benefit the Recover U Drop-in Center at Cambridge Health Alliance for persons recovering from mental illness.

We’ll be back at the home of Lori and Eric Lander with our wine connoisseur Bob Kaplan and food by Rebecca Caras. Non-alcoholic beverages available.

New this year:
• Dinner at Rialto Restaurant
• Something very special from Design Within Reach, Reside, Matthew Feldman Jewelers, Tess & Carlos
• Fun Experiences from Charles River Canoe & Kayak, Urban Adventours Bike Tours, Wachusett Mountain, Cape Cod Modern House Trust, Soul Cycle, and The Best of Davis Square

And back by popular demand
• Patriots, Celtics, and Red Sox tickets
• Vacations on Marco Island & Cape Cod
• Spend a night at the Charles Hotel & try the Corbu Spa
• Go Birding with our expert John Sharp
• Enjoy delicious home-cooked dinners
• Take Unique Tours of Boston

And for the wine
Our wine connoisseur Bob Kaplan will introduce you to the fine cabernets, chardonnays, merlots, zinfandels, and sauvignon blancs from the small family-owned Kunde Family Estate, one of the finest wineries in California, plus wines from Girard and The Calling, a new partnership between Jim Nance of CBS sports and a member of the Deutsch family. All tasting wines may be purchased with 20% of proceeds going to NAMI-CM.

$40 in advance; $45 at the door

Go to [http://tinyurl.com/namicaliforniadreaming](http://tinyurl.com/namicaliforniadreaming) to register online or send a check to: Areti Yergatian, 7 Crestwood Dr., Franklin, MA 02038. For information, call 774-571-0160 or go to areti@nami-cambridgemiddlesex.org.

Sunday, October 26, 2014, 3-6 pm
RESOURCES

EDUCATION AND SUPPORT

Support Groups for Family Members

NAMI Cambridge-Middlesex offers bi-monthly support group meetings for family members and friends of people with mental illness. Trained NAMI volunteers who are also family members facilitate the support groups. Conducted in a confidential atmosphere, the purpose of the support groups is to help provide mutual support and coping strategies. Many families find NAMI support groups helpful.

Please contact Elizabeth if you would like more information or to attend. She can be reached at Elizabeth@nami-cambridgemiddlesex.org or 781-646-0397.

The support groups are FREE and conveniently located in Cambridge. On-site and on-street parking are available, and the location is T accessible.

- 1st Monday of each month, 7:30-9:30 pm
  (Facilitated by Lisa and Larry)
- 3rd Monday of each month, 7:30-9:30 pm
  (Facilitated by Karen and Doris)

For more information and updates on Cambridge-Middlesex programs: www.nami-cambridgemiddlesex.org

Area Family Support Groups

SUPPORT/WEST—NAMI CENTRAL MIDDLESEX

ACTON Contact Susan McDougall at mcdougalletal@aol.com or 978-263-8830; Clare Cooper at ccooper@westfordconsulting.com or cell 978-692-8994.

BEDFORD Call the NAMI of Central Middlesex affiliate helpline 781-982-3318.

DORCHESTER Contact Monica, 857-342-2796 or Mpmomare28@gmail.com; Mark, 617-522-7439 or mzanger@comcast.net.

STOW Call Trish Woods at 978-897-2962.

WAKEFIELD Contact Kay at 781-438-1851, or Diane at 978-658-3567 or email: Dianeh23@yahoo.com

CARING FOR THE SOUL—CAMBRIDGE Information: bosejo222@yahoo.com.

For Consumers

NAMI CONNECTIONS groups Vinfen/Cambridge-Somerville Recovery Learning Center. Contact Janel Tan (tanj@vinfen.org) or 617-835-3811, or Judi Maguire 617-580-8541 at the NAMI Mass office.

DBSA-MCLERN HOSPITAL Visit www.dbssuboston.org or call the DBSA office 617-855-2795 (email info@dbssuboston.org).

THE COLE RESOURCE CENTER, Belmont 617-855-3298, cocere-sourcecenter@yahoo.com.

IMPORTANT PHONE NUMBERS

Information on NAMI Cambridge-Middlesex Affiliate Programs For up-to-date recorded information about educational meetings, support groups, or membership. You can leave a message............. 617-984-0527

NAMI State Office (9am-5pm, M-F) The Schrafft’s Center, 529 Main St., Dtc. 1M17
Boston, MA 02129 .................... 617-580-8541

Psychiatric Emergencies - Cambridge Hospital On-site (PES) Psychiatric Emergency Services, Cambridge Hospital, on the main campus of Cambridge Health Alliance, 1493 Cambridge St. Cambridge. Staffed with psychiatrists and nurses 24/7.................. 617-666-1560

BEST Team (Boston Emergency Service Team) This is the primary emergency service team in the Boston area. Serves Boston, Cambridge, and Somerville. . . . . . 800-981-4357

For other communities, call . . . . 877-382-1609 and enter your zip code.

In-person behavioral health crisis assessment, intervention, and stabilization services 24 hours a day for individuals of all ages covered by MassHealth (Medicaid) plans, Medicare, and the uninsured. Clients can be seen in the community or at their two centers. They provide assessment, treatment planning, and hospitalization, if necessary. There is also respite care at their two centers in Boston and Cambridge.

Or call 911.

Additional Hotlines

SUICIDE PREVENTION

National Suicide Prevention Lifeline 1-800-273-TALK Free, confidential 24-hr. emotional distress line

Samaritans of Massachusetts 1-877-870-HOPE 24 hour Crisis Intervention/Hotline

Samaritans of Massachusetts 1-800-252-8336 Teen Line (statewide)

Samaritans of Massachusetts 1-617-247-0220 24 hour Helpline

SUBSTANCE ABUSE HELP

Mass Substance Abuse HELPLINE 1-800-327-5050 Free, confidential information and referrals

OTHER RESOURCES

NAMI National Legal Center (namimass.org under “Resources.”) Among other useful information is a comprehensive "Road Map through the Massachusetts Criminal Justice System for Persons with Mental Illness and Their Family”

PRIVATE CASE MANAGERS

Some families have asked for a list of private case managers that other NAMI members have found helpful. The list is as follows:

Peter Belson, AZA Case Management and Home Care, 617-254-9800 www.azacaremanagement.com


Larry Collier, LICSW, 617-875-4771, collier.larry@gmail.com

John P Giordano Inc., 617-835-3811, jgiordanojrinc@yahoo.com, www.pillarsofgoodhealth.com

Prakash and Ellenhorn, 617-491-2070, info@prakashellenhorn.com, www.prakashellenhorn.com
THREE OF BOSTON’S TRUE HEAVY HITTERS shed a lot of light on the state of mental health care today at NAMI-CM’s first education program this year.

Jay Burke, director of psychiatry at the Cambridge Health Alliance (CHA) contrasted his early days at CHA (2001) when the hospital was one of the few concentrating on building psychiatric services, increasing patient beds from 100 to 154 in 8 separate units. Today there are only 89 beds, a decrease caused by state budget cuts and other changes in public policy.

Marylou Sudders, former commissioner of the Massachusetts Department of Mental Health and currently associate professor of social work at Boston College, reported that, although the number of adult psychiatric beds in Massachusetts have stabilized over the last four years, several factors have made it difficult for those in need to access services. A Department of Insurance (DOI) study around the question of parity of mental health care revealed the following statistics:

• Fifteen percent of mental health patients in Massachusetts spent more than 24 hours in the emergency room (called ER “boarding”) compared to 0% of other patients.
• Sixty percent of mental health patients were eventually transferred to another hospital, compared to only 10% of other patients, indicating a shortage of psychiatric beds available.

Stigma appears to keep political leaders from pushing for parity and reimbursement rates.

NO hospital breaks even on psychiatric beds and NO insurance plan fully covers the cost of a psychiatric bed. Another financial issue is the financial disincentive for ER room utilization in which insurance companies pay a fixed fee for an ER visit, regardless of how long the patient stays.

David Matteodo, executive director, Massachusetts Association of Behavioral Health Systems, had some good news. This year the Department of Mental Health (DMH) received $10 million to move long-term patients out of hospitals to appropriate community settings, plus $8 million was added for all providers through MassHealth rate increases. This bears watching to see when the additional funds actually become available to DMH and what DMH is able to do with the money. In addition, a major substance abuse bill was passed with several good features: no more prior authorization for inpatient substance abuse treatment; no utilization review until day 7 of hospitalization; medical necessity will be determined by the doctor, in collaboration with the patient, not the insurance company.

Despite these positive changes, we do not have a mental health system in the state of Massachusetts, Marylou concluded. She worries that advocacy groups are not united in their efforts—more talk than action, she suggested. “Enough is enough!” she declared. “Change is up to us.”

NO hospital breaks even on psychiatric beds.
Mental Health in the News

No quick fixes to mental health system — it will take comprehensive reform

Marylou Sudders laid out her view of the mental health system in this August 31 informed letter to The Boston Globe, “Window into a Private Hell”


Hidden in the shadows of the highly touted Massachusetts health care system is its long-neglected mental health system. As the superb Globe series “The longest road” (Page A1, Aug. 24-26) points out, mental health services are, at best, a string of unconnected component parts — multiple hospitals, outpatient therapists, jails, courts, and police — not a system by any definition.

There are no quick fixes to the mess that is mental health in this country. Despite the fact that mental illness affects one in four Americans, it is marginalized by policy makers, hospitals, insurance companies, and medical education. According to the National Institutes of Health, for every health care research dollar spent, less than one cent is allocated for serious mental illness, including schizophrenia.

Since 1998, Massachusetts has enacted legislative reforms addressing commercial insurance coverage for mental illnesses in addition to federal mental health and addictions protections. The promise inherent in these laws is that improved coverage would result in improved access. But most promising treatments and services available are inaccessible to most Americans unless they are wealthy and can pay privately.

The failures are not solely in the public sector, but are equally shared among the private and commercial health care market. A comprehensive strategy will cost money in the short term, but will result in humane, cost-effective treatment in the long term.

Marylou is an associate professor at the Boston College Graduate School of Social Work and a former Massachusetts commissioner of mental health.

Nowhere to Go

Scott Pelley reports on severe shortcomings in the state of mental health care for young people.

September 14, 2014

http://www.cbsnews.com/videos/nowhere-to-go-the-gaskos/the-perfectionist/

Let teens talk about mental illness

By Susan Antilla / CNN.com / May 27, 2014

http://www.cnn.com/2014/05/27/opinion/antilla-mental-illness/index.html?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+cnn%2Fopinion+%28RSS%29

This is a Must Read! Clicking on the videos shows powerful emotions. Clicking on the highlighted areas takes you to terrific help.

Depressed But Not Ashamed


http://www.nytimes.com/2014/05/22/opinion/depressed-but-not-ashamed.html?_r=1

Untreated depression is one of the leading causes of suicide. According to the National Comorbidity Survey: Adolescent Supplement, 11 percent of adolescents have a depressive disorder by age 18.

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Mental Health in the News

Parity in Mental Health Care a Must

Boston Globe by Kevin Cullen
August 17, 2014


Six years ago, Congress passed the Mental Health Parity and Addiction Equity Act. It is a law routinely flouted by insurance companies that don’t want to pay to treat people who are desperately mentally ill and self-medicating themselves with drugs.

One story: a woman who had been turned down by 66 therapists she contacted seeking help for her young son. The therapists either didn’t take her insurance or didn’t take any insurance, because the reimbursement rates were too low.

In the days after Robin Williams’s death, the author checked in with a handful of therapists he knew. They said the reimbursement rates have dropped even further in the last couple of years. An increasing number of therapists are taking only out-of-pocket patients. Some are leaving the business entirely.

Parity in Mental Health Care

MAY 2014: Homelessness and Mental Illness

Of the roughly 6500 homeless adults in the metro Boston area, 30% are mentally ill, and their numbers are growing every day, as hospitals increasingly discharge patients to the street and government cuts back on funding for housing and community services. At this meeting a panel of experts described the risks of homelessness for the mentally ill, the resources that exist when it happens, and ways everyone can help make a difference.

Ann Miranda (pseudonym for NAMI parent, author of Fighting Mad: My son’s Wild Ride through the Mental Health System), described her trials with her son’s care for his dual diagnosis. He did not have permanent housing for eight years, rarely lived in one place for more than three months, and was often homeless. His mother had to keep replacing his cell phone so that she could stay in touch. He finally got a Section 8 housing voucher. After getting stabilized on Clozapine, having housing was a big help.

Kelly Turley is with the Mass. Coalition for the Homeless, a safety net for the approximately 70,000 households in Massachusetts below the poverty line, who are often precariously close to becoming homeless. She described the MVRP (Massachusetts Rental Voucher Program, http://www.massresources.org/mrvp-ahvp.html), the Massachusetts equivalent to Section 8, currently housing over 6000 families. At $3 million, the current budget of MVRP is a mere fraction of the $30 million it needs.

Janet Marsden of the Metro Boston Outreach Team of DMH reported that the annual homeless count the first Monday in December tallied 7200 homeless. She said there are a number of mentally ill who have NO family members to help them get services. In homeless shelters there is NO case management. The DMH team meets the homeless where they are, giving support as they can.

Panel Moderator Miriam Stein explained that we should all keep in mind that calling or writing our legislators or writing a letter to your newspaper on this or any subject has more impact than you might think. The same impact can be had by writing a letter to your newspaper. Politicians say the section of the paper that they read most attentively is the letters to the editor. And you don’t need to go to the State House; all legislators have district offices.
Have we replaced the hospital bed with the jail cell?

Get answers as our panel of experts explores incarceration of the mentally ill, prison deaths and suicides, and use of restraints and solitary confinement.

- Pulitzer Prize-winning Boston Globe reporter Michael Rezendes, author of the groundbreaking series on Bridgewater State Hospital
- James Pingeon of Prisoners’ Legal Services
- June Binney, Criminal Justice Diversion Project Director at NAMI Mass

6:30 pm • Refreshments/social time
7-8 pm • Presentations
8-8:30 pm • Time for your questions

Tuesday, December 2, 2014 • 6:30-8:30 pm

Cambridge Public Library
449 Broadway, Cambridge, MA 02138

FREE AND OPEN TO THE PUBLIC
(Metered parking on site)

WWW.NAMI-CAMBRIDGEMIDDLESEX.ORG