

# COUNTY OF SANTA BARBARA CALIFORNIA

RESOLUTION PROCLAIMING THE WEEK OF  
OCTOBER 5-11, 2008 AS  
MENTAL ILLNESS AWARENESS WEEK

**WHEREAS**, In 1990, the U.S. Congress established the first week of October as "Mental Illness Awareness Week," all citizens are called upon to achieve early detection and access to support and treatment on behalf of persons of every age who have mental illness, enabling them to successfully live, work and learn in their communities; and

**WHEREAS**, Mental disorders account for a larger share of the nation's disease burden than cancer and diabetes, with approximately 57.7 million Americans experiencing a mental health disorder each year, with one in seventeen adults living with serious mental illness and about one in ten children living with a serious mental or emotional disorder; and

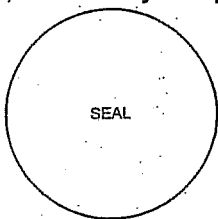
**WHEREAS**, The Santa Barbara County Department of Alcohol, Drug & Mental Health Services recognizes the importance of promoting and increasing mental illness awareness for everyone in the community and provides services to nearly 8,000 persons county-wide, of whom 35% are children and 65% adults; and

**WHEREAS**, The Santa Barbara County Department of Alcohol, Drug & Mental Health Services, Mental Health Commission, and local chapters of the National Alliance on Mental Illness, and other community agencies continue to provide support and education about awareness of mental illness; and

**WHEREAS**, The community is invited to attend the Mental Health Arts Festival and Candlelight Ceremony, in the afternoon and evening of Saturday, October 4, 2008 at De La Guerra Plaza, Santa Barbara.

**NOW THEREFORE, BE IT AND IT IS HEREBY ORDERED AND RESOLVED** that the Board of Supervisors of Santa Barbara County does hereby proclaim the week of October 5-11, 2008 as Mental Illness Awareness Week.

**PASSED AND ADOPTED** by the Board of Supervisors of Santa Barbara County, State of California, this 23rd day of September 2008.



*[Signature]*  
Supervisor - 1st District

*[Signature]*  
Supervisor - 2nd District

*[Signature]*  
Supervisor - 3rd District

*[Signature]*  
Supervisor - 4th District

*[Signature]*  
Supervisor - 5th District

ATTEST:

*[Signature]*  
Clerk of the Board