



# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco  
[www.namifsf.org](http://www.namifsf.org)

## March General Meeting Notes

By Roberta Kaye

### Dual Diagnosis Discussion

What is the most effective treatment for those individuals suffering from **substance abuse and mental health disorders**? This question was addressed by Peter Forster, M.D. of Gateway Psychiatric Services and Matt Tierney, Psychiatric Nurse Practitioner when they spoke at NAMI San Francisco's March 18, 2009 meeting.

Dr Forster indicated that the best therapeutic approach for those with a dual diagnosis is established for each individual client through **motivational interviewing**. It is defined as "a directive client centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence." It is focused and goal directed seeking to determine the

*Continued on page 2*

### Action Item -- Please Read This!

The county Health Department is in the process of shutting down mental health clinics and dispersing their staff members to primary care clinics. This is very disruptive and generally a bad idea. Please write to or call your supervisor and let them know that we think it is important to preserve the mental health clinics for our family members, and seek more funds to support local services from the state mental health fund of \$2.5 billion that has been collected for the Mental Health Services Act for that purpose.



## May 30 at Golden Gate Park!

Please join us at the SF Bay Area Walk! We need your participation and you can form your own team or join one of the existing ones. We need volunteers too! Please call 800-556-2401 or join at the website, and be sure to identify yourself as a San Francisco walker!

**Register online now at**  
[www.namiwalkSFbay.org](http://www.namiwalkSFbay.org)

### A message from our Vice Pres, Dale Milfay:

I have been in charge of our monthly speaker program for the past two years and have tried to bring topics of interest on treatments, research, politics and advocacy to our members. I am asking for feedback from our members about what topics they want for next year. July will be a celebration of our May Nami Walk and plans for the National Convention. In September our former board member Baron Miller will talk once again about SSI, Special Needs Trusts and PLAN of California. Please help me make 2009 another exciting and informative year for us by letting me know your interests. You may send requests to the office [namisf@fsasf.org](mailto:namisf@fsasf.org).

3rd Wednesday of each month  
 6:30 - 8:00 pm  
 1010 Gough St.  
 (between Eddy & Ellis)

## The Monthly Meeting

**April 15**  
 Dr. Damien Rose from the UCSF PART study will be speaking on predicting psychosis.

**May 20**  
 Scott Granet, LCSW OCD-BDD Clinic of Northern California, will speak on "Understanding and Treating Obsessive-Compulsive Disorder and Body Dysmorphic Disorder."

**June 17**  
 Bob Cabaj, MD  
 Director of San Francisco Community Behavioral Health System (CBHS)

person's readiness for change. Through question and answer exchanges the therapist explores with the client what would be bad and what would be good about changing.

Nurse Tierney pointed out that change is a process and time is needed to unwind, to examine, for example, what one gets from alcohol use and its risks. The client may decide to establish a goal for reducing its use and, if so, the therapist works with the information that s/he supplies. Even if there is a relapse motivational interviewing works, can remain effective and there are strategies for **resisting relapse: coping skills training, cognitive therapy and lifestyle modification.**

Dr. Forster explained the use of **contingency management** as another type of treatment used in the mental health and substance abuse fields. It uses rewards for a client's adherence to a treatment program and, less often, punishment for failure to adhere to it. For example, to drug users who feel that no one is really listening to them, interest, attention and even a smile can be a reward.

Closely related to contingency management is **cognitive behavioral therapy** wherein clients are trained in coping skills, in management of their drinking or drug use and in social skills that can result in improved sober relationships. This can change behavior over time sometimes over a long time.

Peer support in 12 step programs based on the principles of Alcoholics Anonymous is another approach to substance abuse rehabilitation. There are also dual diagnosis meetings and families can be used as part of the treatment team. These networks can provide ongoing support while seeking to promote attitude and behavior change.

Finally, Dr. Forster spoke about the use of psychopharmacology which he said was under utilized for substance abuse. Medications used are: Buprenorphine, Naltrexone, Topiramate and Acamprosate. If taken in conjunction with other therapies mentioned above, there is a higher success rate.

NAMI members and all interested persons are encouraged to contact Dr. Forster with questions regarding the items raised in his talk as well as any related issues regarding their loved ones. His email address is: pforster@gatewaypsychiatric.com and you can visit their website at www.gatewaypsychiatric.com.

You can see a great video lecture by Xavier Amador, PhD, with a clear description of lack of insight and motivational interviewing techniques to use when trying to communicate with a person who does not believe s/he is ill. Just google his name and the video comes up on the list.

## February 18 Meeting Notes

By Suzanne Brady

Paul S. Larson, M.D., Assistant Clinical Professor of Neurological Surgery at UCSF, spoke at NAMI-San Francisco's meeting on February 18, 2009. He began by tracing the controversial history of neurosurgery for psychiatric disorders dating from frontal lobotomies done in

the 1930's. to the FDA's approval of Thorazine in the 1950's and on to the modern era's use of newer medications and therapies.

Deep brain stimulation (DBS) devices are like cardiac pacemakers for the brain. A neurostimulator is implanted under the skin of the chest and then connected by wires to electrodes in the brain. Once implanted, the degree of stimulation is adjusted remotely by the patient's doctor based on symptom reduction and side effects.

Researchers began studying the use of electronic stimulation to the brain to treat Parkinson's disease in the 1980s. The FDA approved it to treat tremors in 1997 and in 2001 for all Parkinson's symptoms. For movement disorders it is the "gold standard of treatment," Larson said. It does not cure the Parkinson's but it relieves symptoms and improves quality of life. In 2008, DBS was used to treat approximately 40,000 Parkinson's patients worldwide, Larson said.

Surgical treatment of movement disorders has been common since the 1940s and 1950s, Dr. Larson said. At that time, lesions to specific brain sites relieved Parkinson's symptoms for tens of thousands of people. Even before the development of brain scanning technology, surgeons could target specific portions of the brain.

Surgical treatment of psychiatric disorders is controversial due to unregulated frontal lobotomies performed in the United States beginning in the 1930s. The lives of many people with severe mental illnesses were ruined by lobotomies.

"These procedures were really barbaric," Larson said. "There was no real science behind it."

However, the positive impact of neurosurgery on Parkinson's symptoms encouraged further research indicating that lesions to specific areas of the brain reduce OCD symptoms and Tourette's syndrome. Research is currently focused on the efficacy of DBS for patients with OCD and depression.

Inclusion criteria for neurosurgery is very strict, Larson said. It is only used with patients whose psychiatric illness has proven to be unresponsive to all other treatments, i.e., psychotherapy, medication, hospitalization, and electroconvulsive therapy.

The current procedure for insertion of the electrodes into the brain calls for local anesthetic and a fully conscious patient. The modern era of brain imaging allows surgeons to operate with a great deal of precision.

At UCSF, Dr. Larson is currently developing a new technique for DBS where a general anesthetic will allow a sleeping patient to be operated on within an MRI scanner. He is currently performing these surgeries on patients with Parkinson's disease. Eventually, he hopes to expand his study to patients with psychiatric illnesses.

Because DBS involves brain surgery, the procedure may be especially risky, posing some serious health risks. Also, the brain stimulation itself may cause side effects. Complications can include internal bleeding or infection, either in the brain or at the site of the chest implant. The limited FDA approval of Medtronic's DBS treatment allows for less than 4,000 patients.

# Traumatic Response to Bad Memories Can be Minimized

Source: University of California - Irvine 7/30/2008

UC Irvine researchers have identified the brain mechanism that switches off traumatic feelings associated with bad memories, a finding that could lead to the development of drugs to treat panic disorders.

Scientists from UCI and the University of Muenster in Germany found that a small brain protein called neuropeptide S is involved in erasing traumatic responses to adverse memories by working on a tiny group of neurons inside the amygdala where those memories are stored.

"The exciting part of this study is that we have discovered a completely new process that regulates the adverse responses to bad memories," said Rainer Reinscheid, pharmacology and pharmaceutical sciences associate professor at UCI. "These findings can help the development of new drugs to treat conditions in which people are haunted by persistent fears, such as posttraumatic stress disorder or other panic disorders." The study appears in the July 31 issue of *Neuron*.

In tests, scientists exposed mice to situations that caused adverse memories. The scientists saw that when NPS receptors in amygdala neurons are blocked, the traumatic responses to bad memories persisted longer. In turn, when scientists treated the mice with compounds activating these receptors, traumatic responses disappeared faster.

After a traumatic experience, environmental cues often become associated with the bad experience and re-exposure to the same environment can trigger fearful emotions or even panic attacks, according to Reinscheid.

Other research has shown that forgetting such negative experiences may require "new learning," such as re-exposure to the place where the original experience occurred but this time without any harmful consequences. Reinscheid said this process, called the extinction of memories, occurs in both humans and laboratory animals such as mice. Until this study, scientists did not know about the specific neurons and molecules involved with extinction learning of fear memories in the brain.

Previous work by Reinscheid's group has shown that NPS is involved in regulating wakefulness and anxiety. Last year, they found evidence that a particular genetic variant of the NPS receptor may increase vulnerability to panic disorder.

—Stewart D. Clark, Naoe Okamura, Dee M. Duangdao, Yan-Ling Xu of UC Irvine, and Kay Juengling, Thomas Seidenbecher, Ludmila Sosulina, Joerg Lesting, Susan Sangha and Hans-Christian Pape of the University of Muenster also worked on this study, which was funded in part by the NIMH.

# Cognitive Therapy For Psychosis

Two Seminars, May 14 and 15, 2009  
San Francisco State Downtown Campus

An evidence-based psychological approach based on new research and understanding of psychotic experience

## Learn To:

- Conceptualize psychosis as an understandable reaction to life events
- Use proven cognitive methods to reduce psychotic thinking
- Help clients recover by activating their own rational and self-organizing process
- Develop practical strategies to use when trauma and psychosis are intertwined
- Offer an effective alternative to people who receive limited benefit from medications or who prefer less dependence on medications

More information can be found at <http://tinyurl.com/cbtpsychosis-pdf> or in Word format at <http://tinyurl.com/cbtpsychosis-doc>, which may be an easier format to fill out for registration.

# Neuron Growth Pathway Linked to Schizophrenia

From Howard Hughes Medical Institute Research News, 3/20/09

A gene strongly implicated in schizophrenia is essential for normal brain development and the growth of new neurons in the adult brain, according to new research by Howard Hughes Medical Institute (HHMI) scientists.

A research team led by HHMI investigator Li-Huei Tsai at the Massachusetts Institute of Technology found that a mutated form of the gene disrupts the growth and development of brain cells. Their findings may provide new targets for the development of novel drugs to treat schizophrenia. "Lithium is known to inhibit GSK3beta directly and indirectly, so it looks like DISC1 behaves like endogenous lithium." - Li-Huei Tsai

The researchers also showed that the gene DISC1 is part of the signaling pathway targeted by the mood stabilizer lithium. "For the first time, we have linked an evolutionarily conserved signaling pathway with schizophrenia," says Tsai. "The beauty of knowing that this is the signaling pathway is that researchers now have many new targets to aim for as they develop drugs to treat schizophrenia." Tsai and her colleagues published their studies in the journal *Cell*.

## Empress Hotel - a Film

Saturday, April 25, 2009 at 3:15 pm  
Monday, April 27, 2009 at 6 pm  
Wednesday, April 29, 2009 at 6:15 pm

The Empress Hotel is home to people who have lived on the streets of San Francisco. Out of hopelessness and chaos a community is born. Empress Hotel will be showing at the Sundance Kabuki Cinemas as part of the 52nd San Francisco International Film Festival.

1881 Post Street @ Fillmore

Ticket information @ [www.sff.org](http://www.sff.org)

## APA-UCSF Public Symposium

**Saturday, May 16, 9-11 AM**

Langley Porter Psychiatric Institute,  
401 Parnassus Avenue, San Francisco

The American Psychiatric Association and the UCSF Department of Psychiatry are co-sponsoring a "Public Symposium" on mental illness during the APA meeting in San Francisco in May. Raising public awareness about mental illness and offering education to the public every time the APA has a scientific meeting have been two of the APA's enduring themes and public service. The symposium is targeted for the general public with a theme of bringing psychiatry to the community. Four nationally renowned speakers on topical issues include:

- Petros Levounis, M.D., M.A. (Columbia): Substance Abuse
- Charles Marmar, M.D. (UCSF): PTSD
- Annelle Primm, M.D., Ph.D. (Johns Hopkins): Depression
- Demian Rose, M.D., Ph.D. (UCSF): Schizophrenia

Gariane Gunter, M.D., a third-year resident at the University of South Carolina and the newly crowned Mrs. USA, will act as the symposium moderator and also speak about destigmatizing mental illness. Symposium emcees will be Nada Stotland, M.D., M.P.H., President of the APA, and Renée Binder, M.D., Interim Chair of the UCSF Department of Psychiatry. Continental breakfast will be available at the beginning of this event. For more information, please contact Anne Poirier at [annep@lppi.ucsf.edu](mailto:annep@lppi.ucsf.edu).

## 2009 NAMI National Convention

**July 6-9 in San Francisco**

All activities will be held in the SF Hilton and Towers located at 333 O'Farrell Street, 1-800-HILTONS, (415) 777-1400. Visit [www.nami.org](http://www.nami.org)

## Family Expresses Thanks for Support, Calls for Mental Health Funding

*By nbt\_archives. Posted January 22, 2009.*

Dear Editor,

Our family is extremely grateful that District Attorney Kamala Harris, on behalf of the City of San Francisco, dismissed the four charges against Teresa Sheehan. We are gratified to the 11 jurors for their good judgment, which led to the decision not to retry the case. We are further indebted to those jurors whose candid public observations regarding the facts which were never recounted in the mainstream media influenced the decision not to retry the case.

It's been a long, hard road for our family, although we were greatly supported by members of our extended family, friends from the past and present and especially local members of the mental health community. Our deepest respect and gratitude to Dale Milfay, Ellie Shukert, Barbara Redfield, Jeanne Katz, Pam Fischer, and Susan Bronstein who sat with our family throughout the month-long trial. They represented the San Francisco chapter of the National Alliance on Mental Illness (<http://www.namif.org>).

We thank our friends and family members and alumni from Japan who came from across the country and around the world to support Teresa. Throughout this process, family, friends, and strangers wrote and e-mailed support on Teresa's behalf to public officials. We would like to recognize San Francisco Supervisor Chris Daly (District 6) and staff Rachel Redondiez; James Shaye Keys, San Francisco Mental Health Board member and health program director for Senior Action Network along with those individuals within the city's mental health and medical community who we believe went above and beyond their roles to lend assistance and guidance.

We also wish to thank the Japanese American Citizens League (JACL) in Washington, D.C. who put me in contact with the San Francisco chapter and a local reporter, Heather

*Continued on page 7*

### **County Mental Health**

**The County Mental Health Access Line**

for all consumers

**415-255-3737**

**Substance Abuse Treatment Access**

**1380 Howard, First Floor**

**415-503-4730 or 1-800-750-2727**

**The Mobile Crisis Unit**

**415-355-8300**

# Schizophrenia Is The Modern Leprosy

A well-intentioned campaign risks creating a dangerous myth: that all mental illness is the same

*Sathnam Sanghera, Treatment Advocacy Center, 2/6/09*

Three charities have teamed up to tackle what they call "the social justice issue of the 21st century" - mental illness. About time too. Some might sneer at the multimillion-pound Time to Change campaign for using celebrities - such as Stephen Fry, who was diagnosed with bipolar disorder at 37, but in my view anything, up to and including the use of Alastair Campbell in advertising material ("I said to Tony Blair, you do know about my breakdown, don't you?"), is welcome if it encourages more open discussion of mental ill health.

However, as someone with a parent and sibling who suffer from schizophrenia, the most severe of all psychiatric illnesses, I am concerned about the campaign. In its glitzy efforts to show that mental illness need be no bar to becoming rich and famous, and in its enthusiasm to tackle some of the myths surrounding the subject, it glosses over the harrowing effects of more serious psychiatric conditions and creates a myth of its own - that all mental illness is the same.

At the heart of this problem lies the claim that "mental health problems affect one in four people", a statistic that encompasses conditions ranging from anxiety to depression and schizophrenia. Each of these conditions can, of course, destroy lives. But what do anxiety or mild depression have in common with schizophrenia? Not much, I would argue. Three of the six generalisations in Time to Change's "myth-busting" Tube adverts don't apply to schizophrenia.

The campaign, for instance, claims it is a "fact" that "people with mental illness can and do recover", which may be true of types of depression but isn't necessarily the case with severe mental illnesses. What happens to people with schizophrenia varies greatly according to sex, age at its onset, the speed of onset, awareness of the illness and initial response to medication. But basically it is a lifelong condition with no cure. Only a tiny number of people have a single episode and then live their lives without medication.

The campaign also claims as a myth that "people with mental illness are violent and unpredictable" and that "people with mental illness are more likely to be a victim of violence". Again, this is true for depression, but one of the many tragedies of schizophrenia is that sufferers are as much a risk to themselves as to others: between 10 and 15 per cent of sufferers take their own lives.

As E. Fuller Torrey, a leading US psychiatrist, has explained in *The Wall Street Journal*: "To be precise, mentally ill individuals who are taking medication to control the symptoms of their illness are not more dangerous. But on any given day, approximately half of severely mentally ill individuals are not taking medication. The evidence is clear that a portion of these individuals are significantly more dangerous."

Then there is the assertion that people are wrong if they think they don't "know anyone with a mental illness" and that "someone you know or love has experienced mental illness". In this case, my objection is not that the generalisation doesn't apply to schizophrenia, which affects 1 in 100 people, but that the silence surrounding the disease is much more profound and intense.

In my reading on the subject, I have been struck by how commonly friends and family members abandon sufferers because the symptoms - which can include hearing voices, feeling that your thoughts are being broadcast to the outside world, feeling that things are crawling beneath the skin, and believing an alien force is directing you - are so terrifying that people don't know what to do and end up running away. Indeed, it was not until my mid-twenties that I confronted the reality of my father's and sister's schizophrenia.

Schizophrenia really is the modern equivalent of leprosy. I have counselled friends through depression and, as shattering as the effects have been on them, they do not compare to what schizophrenia has done to my family. My father is a gentle and kind man and has been stable for a long time. But he had to live through decades of violent breakdowns, suicidal episodes, a period of imprisonment, endless firings from jobs due to erratic behaviour, and unexplained domestic violence before he got there. And this is what accounts of family lives blighted by schizophrenia are like: the painful narrative keeps lurching forward bleakly until the medication starts working or someone - usually the sufferer - dies.

Pain isn't relative, of course, but, frankly, even Stephen Fry's difficult experience of manic depression doesn't compare. He at least has had the choice of not taking medication, whereas sufferers of schizophrenia don't, and his symptoms have been such that he has managed to garner the nation's sympathy, whereas I can't recall the last time anyone stood up to defend someone with schizophrenia in public, if, as a result of involuntary symptoms, they committed an act of violence.

The Time To Change campaign is doing something noble in pointing out that mental illness needn't be a bar to personal achievement. But in its implication that all mental illness can be overcome, it trivialises more severe diseases and diminishes the harrowing experiences of sufferers.

## Support Groups



### Family Members' Groups

*Healing Circle African American Family Support*  
1st Thursdays, 6 - 7:45 pm at 1099 Sunnydale Ave (The Village). Call LaVaughn at 415-832-9616

*Sibling & Adult Children Network*  
Call Mary Gullekson at 474-7010 for information

*Berkeley Sibling Support Group*  
Call Carolyn Defay at (510) 644-8579

### Bilingual & Monolingual Support Groups

*Asian Mental Health Resources*  
The Culture to Culture Foundation's directory of Asian-American mental health services in the Bay Area can be accessed at [www.asianmentalhealth.info](http://www.asianmentalhealth.info) or call 925-938-9988

*Chinese Families Mental Health Alliance.* Ed Koo 352-2047

*Spanish Language Support Group* for family members and caregivers. 1st Tuesday 5:30-7:30 pm at Mission Mental Health, 2712 Mission Street. Call Carmen Burgos 415-401-2733 about the meetings, and for information call Anita Madrigal at 415-701-5302.

### Consumer Self-Help Groups

*Depression & Bipolar Support All. (formerly DMDA)*  
Saturday afternoons at 1:30-3:00 and  
1st Mondays at 6:45-8:00 pm in the Saint Francis Hospital, 900 Hyde St., 2<sup>nd</sup> Floor Conf. Room. Call 519-0171

*OASIS (Office of Self Help)*  
1095 Market Street at 7<sup>th</sup>, Suite 202 (415) 575-1400

*RECOVERY, Inc.* for nervous ailments  
(415) 333-6454 Community Miracles Center,  
2269 Market Street (between Noe and Sanchez)

*Consumers with Schizophrenia*  
3rd Wednesday of each month, 5:30-6:45pm  
1010 Gough. Info: Susanne at 558-5900

*Hoarding & Cluttering Support*  
2nd Monday and 4th Wednesday of each month.  
Antonio (415) 421-2926 x306

*Health and Wellness Action Advocacy*  
1st Thursday of each month, 1-3pm. Antonio at  
(415) 421-2926, x306

*Alcoholics Anonymous:* San Fran: (415) 621-1326  
Marin: (415) 499-0400 San Mateo: (650) 573-6811

*Narcotics Anonymous SF Helpline:* (415) 621-8600

*Harm Reduction Therapy* (415)-863-4282



## NAMI-SF Support Groups

For Family Members, Caregivers and Friends Only

- 1) 1010 Gough  
2<sup>nd</sup> Wednesday at 6:30  
Contact Vickie at 661-5208
- 2) SF General Hospital  
7<sup>th</sup> Floor, Room 7 M 30  
Tuesdays, 5:15 – 6:45 p.m.  
Call Susanne Killing at 558-5900

## DBSA

### Depression and Bipolar Support Alliance of San Francisco

#### Regular Support Group:

every Monday at 6:45-8:15pm and  
every Saturday at 1:30-3:00pm.

#### Young Adults Support Group:

1st and 3rd Monday of each month at 6:45-8:15pm for 18 to 25+ year old people.  
Contact Harry at 650-430-2909 for information.

#### Friends And Family Support Group:

1st and 3rd Monday of each month at  
6:45-8:15pm. Contact Jane Norbeck at  
415-519-0171 or Harry Walters at  
650-430-2909 for information.

#### Location:

900 Hyde St., St. Francis Hospital  
between Pine and Bush in San Francisco  
At Outpatient Registration desk, take elevator down to  
lower level. Meeting rooms are next to the elevator.

Meetings are on a drop in basis and are open to  
peers, please note we do not allow observers. You  
do not need to be a member to attend, however  
memberships are \$20.00 a year and you are  
encouraged to join and support the organization.

NAMI-San Francisco is a self-help organization of family members, mental health consumers, friends, professionals and other interested citizens, united to provide support, education and advocacy for persons with severe mental illness. NAMI-San Francisco is a private, non-profit organization.

## Family To Family Education Class

**Two classes are planned to start soon: one will be an evening class hosted by the VA Hospital, and the other will be on Saturday mornings.**

We are currently enrolling family members and friends of persons with a mental illness in the free 12-week course.

Leave your name, number, and interest in the Family-to-Family class on our hotline (905-6264), and we'll get right back to you!



Remember to donate to the  
**Community Thrift Store**

This is one of our *best sources* of income for the NAMI SF Chapter!!

**625 Valencia Street at 17th Street  
415-861-4910**

*Family Expresses Thanks from page 4*

Horiuchi of the Nichi Bei Times - which is the only media that covered Teresa Sheehan's story extensively.

During this journey we have learned of the politics regarding mental health funding, which is now nearly nonexistent and thus compromises every citizen in San Francisco in one way or another. Slashing mental health services does nothing positive but will begin a reactive cost to the city in terms of arrests, helpless citizens being thrown into the jails, an expensive judicial process - and for whose benefit?

As our 44th president stated in his inaugural address ... "And those of us who manage the public's dollars will be held to account - to spend wisely, reform bad habits, and do our business in the light of day - because only then can we restore the vital trust between a people and their government."

We urge each individual to contact their representative and the governor to release Proposition 63 funds that San Franciscans voted for in 2004 and some officials are seeking to divert for programs they wish to fund. Tell them no. In part, Proposition 63 "Provides funds to counties to expand services and develop innovative programs and integrated service plans for mentally ill children, adults and seniors."

—Frances Sheehan, sister of Teresa Sheehan  
[fsheehan@mybluelight.com](mailto:fsheehan@mybluelight.com)  
Dana Point, Calif.

*Out of the Fog* is published 10 times a year by NAMI-San Francisco, a non-profit organization affiliated with the National Alliance on Mental Illness, which goes by the acronym NAMI, and NAMI-California, the statewide affiliate.

[www.namif.org](http://www.namif.org)

### **NAMI San Francisco**

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### **NAMI- San Francisco Executive Board**

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### **NAMI-SF Hotline 415-905-NAMI / 415-905-6264**

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Send newsletter additions/submissions/  
change requests to [roopa2nami@gmail.com](mailto:roopa2nami@gmail.com)



## Please Join NAMI SF

NAMI-San Francisco is moving to a system where members renew in their anniversary months, but many of you are on the calendar-year system.

Please let us count you. There is power in numbers. We need the support of families, friends, consumers, professionals and others who share our goals. Your dues help us pay for the printing of the newsletter, educational materials and mailings and the Family-to-Family Education Course, an invaluable resource for people who love someone with a mental illness.

Checks may be made out to "NAMI San Francisco"

Please mail to:  
NAMI-San Francisco Treasurer  
1010 Gough St.  
San Francisco, CA 94109

NAME \_\_\_\_\_

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PHONE \_\_\_\_\_

This is a: •New Membership •Renewal •Address change

What is your relationship to a person with a mental illness?  
•self • parent • sibling • spouse • health care/professional  
Other \_\_\_\_\_

Please Check One:

- \$10 Consumer
- \$45 Individual or Family Membership
- \$100 Organization or Benefactor Membership
- \$250 or more for Patron Membership
- \$500 or more for Sustaining Membership

• I cannot join NAMI-San Francisco at this time but I would like to receive *Out of the Fog* or I am enclosing a donation of \$ \_\_\_\_\_ to help cover the cost of *Out of the Fog*.

## NAMI SAN FRANCISCO

1010 Gough St.  
San Francisco, CA 94109

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