



National Alliance on Mental Illness

San Francisco

Out of the Fog

Newsletter

June/July 2010

Monthly Meetings:

Free monthly meeting that is open to the general public. 3rd Wednesday of each month.

July 21, 2010

Anton Harden, MD of Stanford University, who specializes in Child & Adolescent Psychiatry will speak about autism.

August 2010

No meeting in August.

September 15, 2010

Paul Linde, MD of San Francisco General Hospital - Psychiatric Emergency Services and author of Danger to Self will speak.

October 20, 2010

Mark Rosenthal, Director of San Francisco Dialectical Behavior Therapy (DBT). He will speak about DBT and borderline personality disorder.

Location:

**1010 Gough Street
San Francisco, CA
6:30 pm—8:00 pm**

Laura's Law: The Right to Be Well

By Charles "Chuck" Sosebee

San Francisco County is finally considering the implementation of Laura's Law. Laura's Law is California's Assisted Outpatient Treatment law, but first the San Francisco Board of Supervisors must vote to adopt it. Laura's Law is a bridge to recovery from mental illness by providing structured treatment outside of acute care hospitals or jails. Assisted Outpatient Treatment provides court-ordered, intensive treatment in the community for those individuals with mental illness for whom other community services are not working.

Passed originally in 2002 by the California State legislature, Laura's Law was a hard won battle levied by consumers, family members, law enforcement agencies, and treatment providers to bring accountability into the mental health system. California's decades old ideology regarding a right only to refuse treatment has resulted in California's jails and prisons being the most common form of housing and treatment for individuals with severe mental illness. I was the consumer leader of the movement to gain the right to treatment that Laura's Law affords.

Laura's Law is not dependent upon the criteria for involuntary inpatient hospitalization (danger to self, danger to others, and/or gravely disabled). Instead, it considers the history and severity of the individual's current symptoms and provides the qualified individual with intensive community services that coupled with a court order helps them stay out of hospitals and jails.

To qualify for Laura's Law, the recipient must have a history of non-compliance with community services that has been a significant factor in that person being jailed or hospitalized at least twice within the past 36 months or causing the person to be violent to self or others in the past 48 months.

Laura's Law was modeled after Kendra's Law in New York which has resulted in 77 percent fewer psychiatric hospitalizations dramatically reducing the most expensive form of psychiatric treatment.

- 74 percent reduction in homelessness.
- 83 percent reduction in arrests.

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NAMI San Francisco: Changes to the Newsletter

Dear NAMI members and friends,

We are currently in process of making changes to the NAMI San Francisco *Out of the Fog* newsletter. During this transition period, we will be publishing the Out of the Fog newsletter every two months.

As we make changes in an effort to meet member needs, it is our intention to remain responsive to your input. And in meeting that goal, we ask that you complete the survey found at <http://www.surveymonkey.com/s/NAMISFnewsletter>.

If you wish to complete the survey via mail, please contact the office at 415-474-7310 ext 437.

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- 87 percent decline in incarcerations.

By implementing Laura's Law, San Francisco has an opportunity to stop sending money down the drain on repeated and ineffective hospitalizations and jailing. It can then spend that saved money to protect other vital mental health programs in the City.

Services within Laura's Law are provided in the community, a much less restrictive & less costly environment than hospitals or prisons. They are provided by community-based, mobile, multidisciplinary, highly trained and dedicated mental health teams that use high staff-to-client ratios of no more than 10 clients per team member. The team can get out to where the person is rather than making the person come to them. The actual services include whatever the individual needs to get well and stay well: medication support, benefits applications and money management, peer support, housing assistance, substance abuse and crisis intervention services, vocational training, socialization and recreation plus the supervision of intensive case management so that the individual can successfully utilize the help provided him.

Laura's Law is by court order. If an individual disputes his or her need for the court order or services, he or she is entitled to a court appointed attorney to challenge the claim and has subsequent habeas corpus rights. Services and court order are for 6 months and may be renewable. A person for whom a petition has been filed with the court may also voluntarily settle into receiving the services of Assisted Outpatient Treatment (AOT). The settlement order must be approved by the court and the individual has the right to help develop his or her own treatment plan. The settlement plan has the full authority of the direct court order: the treatment team must diligently work with the individual to help him or her engage in her own recovery and may only hospitalize the person if he or she is seriously deteriorating.

While a treatment plan may require medication compliance and supervision, it does not allow for forced medication in the

community. Forcible medication--- anywhere in the United States-- may *only* be given in a licensed hospital setting. California also requires that patients be entitled to a capacity hearing before they can be forcibly medicated in the hospital. AOT recipients are entitled to the same due process rights and all other rights of individuals with mental illness if they are hospitalized. But, the combination of the intensive community services and court order greatly reduces the chance that they will be hospitalized.

Most people with mental illness who have been treated are thankful for the intervention and have improved their lives as a result of the treatment. New York recipients report a lesser perception of stigma than their counterparts who did not receive AOT. They also reported that AOT helped them gain control over their lives and helped them keep appointments and take medication. Simply put, AOT gave them the ability to get well so they could start to engage in their own treatment and stay well in the community.

Our current system requires that an individual first become well enough to accept treatment prior to receiving society's help ---that's discrimination plain and simple. When San Francisco implements Laura's Law, finally will there be a right to treatment. Laura's Law will save money; more importantly, Laura's Law will save lives.

Charles "Chuck" Sosebee is a person with severe mental illness. He has been a consumer & family advocate for 15 years. He helped start California's "Peer-to-Peer" and "In Our Own Voice" Programs. He leads California Clients for LPS Reform. He is a past member of NAMI California's Board of Directors. Chuck was instrumental in gaining passage of Laura's Law and was the first consumer advocate recipient of the E. Fuller Torrey's Advocacy Award.

Thank You and Best Wishes to Barbara Redfield

Barbara Redfield has retired from her job as our Office Manager. In the 1990's, Barbara was the secretary on the board of directors and editor of our newsletter. She was the one who came in and saved the day when we opened our office in 2007.

We bought office furniture and thought we could set up an office. Little did we know how much work was involved. We struggled along for several months,

when Barbara came to the rescue as our Office Manager.

Soon our office was organized. Bills were getting paid, emails and phone calls answered. Barbara was instrumental in getting our website up and in finding volunteers to help with jobs and special events. And she was once again the editor of our newsletter. As if that were not enough, she trained to become a Family-to-Family teacher.

She has been a natural teacher, empathetic and warm. We will miss her gentle presence in the office. Thank you Barbara for all that you have contributed to NAMI San Francisco.

Pamela Fischer
President Emerita

In Our Own Voice: A Free Presentation by People Living with Mental Illness by Roopa Grewal

Have you ever spilled your guts to someone about the most personal experience in your life? I'm not referring to your therapy sessions. How about in front of a group of people you have never met before? I do it all the time. Sounds scary, right? It also sounds like punishment, doesn't it? Why would you ever tell your secrets to a crowd of people who are completely unknown to you? Quite simply, it's insane... or is it?

For me, getting up there in front of all those people, whose attention is solely on me, and divulging personal information about myself, is brave, exhilarating, empowering even! From the very first time I participated in an In Our Own Voice (IOOV) presentation on behalf of NAMI San Francisco, I loved it. Why, you might ask, would I do such a thing? There are many reasons....

NAMI began the IOOV program many years ago with a grant from Eli Lilly and Company. The purpose of this public education program is to increase mental health awareness and abolish the stigma of mental illness. The basic format is a presentation that includes two speakers and a DVD and takes about an hour. Oh, and it's free! The speakers introduce themselves and give general information about the NAMI organization before beginning the short DVD, which is comprised of four sections. After each section, one of the speakers pauses the DVD so that both speakers can take turns sharing how that portion of the DVD relates to their own personal experience with mental illness. This continues until all four sections have been viewed and both presenters have given their personal accounts for each. I'm not going to give away what all four sections are, but I will tell you what my favorite one is: "Successes, Hopes, and Dreams!" That's right – the presentation includes how we are now living successfully with mental illness. We share our newfound aspirations and reveal more about what we're doing now that we have overcome / learned to live symbiotically with our mental illness. That is where we get to give others hope! Hey, if we can do it, anyone can!

Between each section of the presentation, and once it is over, we open up the discussion to the audience. Listeners are encouraged to ask questions and no question is off-limits, per se. We want audience members to get involved so that they can really grasp what living with a mental illness is like and what it's like to stay in recovery. I always stress, "Living with mental illness is an everyday thing. In my case, one is never 'cured.'" One is actively coping every single day for the rest of one's life, as with Diabetes or any other physical illness. It will always be there inside me, but it's in a sort of

"remission," where I work hard to make sure it stays for the rest of my time on earth. Again, I did it. So can you.

What are the goals of the IOOV program?

Along with trying to spread mental health awareness and eradicate the stigma of mental illness, the goals of the IOOV program are:

- to meet the need for consumer- run initiatives
- to set a standard for quality education about mental illness from those who have been there
- to offer genuine work opportunities
- to encourage self-confidence and self-esteem in presenters
- to focus on recovery and the message of hope

What makes you an authority on the subject?

Allow me to emphasize, most of us are *not* mental health experts. However, we are experts in our own mental health – illness and recovery. I am an expert in my experience with mental illness. To this note, I am able to share my own experiences on the topic.

Can anyone become an IOOV speaker?

Sure. All you need to do is let your affiliate know you are interested in becoming part of the IOOV program. You will need to go through a specific two-day training that was developed and officiated by NAMI National. All affiliates must use the same model for the training, which is, among other things, very convenient. (No matter where you go in the country, you can pick up and present for IOOV the same way you did before.) It also gives a nice uniformity and standard to the program. Upon completion, you will receive an IOOV certificate. Then, you're all set to go out and share your story with the world!

Here is the NAMI San Francisco web site for the IOOV program.

<http://www.namif.org/ioov.html>

Who normally receives IOOV presentations?

Anyone and everyone. Who do you know of that knows too much about mental health? The IOOV program has been presented to consumer groups, students, hospitals, law enforcement officials, educators, providers, faith community members, politicians, professionals, inmates, interested civic groups, and the list goes on. Did I mention that the presentation is free?

If a group or organization is interested in having an IOOV presentation at their facility, they may request that one be



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given by contacting the NAMI San Francisco administrative office at 415-474-7310 ext. 437 or namisf@fsasf.org.

So, why do you do it?

As I mentioned earlier, there are a lot of reasons I am active in the IOOV program. The main reason I do it is to offer hard evidence and inspiration to children and young adults. Like me, they began struggling with mental illness at a very early age and believe they will never live to see their 18th birthday, or even their next birthday. I want to offer them a real live example of someone who has been there and is still alive today to speak about it. Not only that, but I feel healthy and happy. I want to show these children that they *can* get better (I did), they can live through their suffering (I did), they do not have to give up (I didn't). I never had anyone who could prove that to me, or even understand what I went through. It

Bay Area Walk 2010

The 2010 NAMIWalk SF Bay Area was the most successful yet. Over 167 teams from Santa Cruz to Santa Rosa gathered in San Francisco's Golden Gate Park to raise money to underwrite the seven Bay Area NAMI programs and to fight stigma. With a few more days to go until the books close, we have already raised \$330,000!

We expected rain and instead had a beautiful, sunshine filled day. Trula LaCalle, NAMI California executive director welcomed the crowd of over 2000. Nationally acclaimed jazz guitarist Joyce Cooling poignantly shared her experiences of how her brother's mental illness shaped her families



was never talked about. As a young person who is going through so much pain it is so important to feel that you are not alone. I was. I don't want others to go through the same thing I did. I was unable to receive any sort of help or support from anyone until I had moved out of my parents' house and suffered several breakdowns, upon which a close group of friends urged me to begin therapy (again). Thank God for them! It still wasn't until many, many years later until I was actual diagnosed *correctly* for my mental illness. When that finally happened, I was able to receive the *appropriate* treatment for my particular disorder. The young people of today should not have to go through all that. They should be equipped with the awareness and emotional skills to reach their 100th birthday! It's a start, anyway....

Roopa Grewal is a NAMI San Francisco member and an IOOV graduate.

experiences and mayor Gavin Newsom arrived with baby in tow to show his support.

Seven Bay Area NAMI affiliates work together to produce the event and we rely on the funds raised to underwrite our annual programming.

To make a donation in support of the walk, make checks payable to NAMIWalk SF Bay Area and send to: NAMIWalk SF Bay Area 2010 N. First St. , #535 San Jose , CA 95131 . Make sure to write your name and San Francisco on the memo line of the check so we receive credit for the donation.

NAMI California Conference



**August 27-28, 2010
Marriott in Burlingame**

The theme for this year's NAMI California Conference is **Lighting the Way to Recovery Together.**

San Francisco Airport Marriott
Burlingame, California 94010

If you would like to register for the NAMI California conference, then go to www.namicalifornia.org and click on the conference icon.

Volunteers for NAMI San Francisco

The NAMI San Francisco administrative office is currently seeking volunteers in the following areas:

1. Spanish language translator (written translation of brochures and of the newsletter)
2. Cantonese translator (present NAMI information to groups of community members)
3. Chinese language translator (written translation of brochures and of the newsletter)
4. File Maker Pro expert/advisor
5. Newsletter Editor
6. Phone Hotline
7. Website maintenance

Volunteer commitments can range from one-time opportunities to 6 months or longer.

If you have questions or wish to request a detailed volunteer job description, please contact the administrative office at 415-474-7310 ext. 437 or email namisf@fsasf.org.

May 2010 Monthly Meeting: Hearing Voices By Roberta Kaye

Our speakers, **Robin Buccheri RN, DNSc, MHNP** and **Louise Trygstad RN, DNSc, CNS** are psychiatric nurses and professors at the University of San Francisco.

Through their research they developed a 10 session course and treatment manual that provides strategies for management of persistent auditory hallucinations. The voices, sounds and/or thoughts experienced may vary in frequency, volume, content and distress. The course begins with an individual interview, the sessions are highly structured and supportive, and there is a different strategy discussed at each meeting.

The Treatment Manual's behavior strategies for managing distressing voices:

- 1) Self-monitoring---paying attention to what makes the voices better or worse
- 2) Talking with someone---engaging with another helps
- 3) Listening to music/radio---having an iPod helps, because the choices are personal
- 4) Watching TV or something else that is enjoyed and does not make for anxiety
- 5) Saying "stop" and ignoring the voices or refusing to do what one is told to do
- 6) Using an earplug
- 7) Using relaxation exercises built into a routine
- 8) Keeping busy, helping others
- 9) Taking prescribed medications
- 10) Avoiding drugs and/or alcohol

Outcomes at the end of the course show that participants are more in control, less distressed, anxious and depressed. Improvements are maintained after one year with ongoing support.

Robin Buccheri, RN and Louise Trygstad, RN attended The First World Congress On Hearing Voices in Maastricht - The Netherlands September 2009 organized by Intervoice: www.intervoiceonline.org. Their report follows:

- 1) The "Hearing Voices Network" consists of support groups run by "voice hearers" whose recovery philosophy is to accept not banish the voices. The World Congress focus is on the relationship between childhood trauma and voices rather than on genetic susceptibility to schizophrenia. Telling one's story is considered part of the recovery process. Childhood trauma has a wide range from that experienced pre-memory to sexual abuse.
- 2) There is hope that a person with voices/negative thoughts can find more comfortable management, ability to live with the voices and support knowing that they are not alone.

- 3) Voices and negative thoughts are defined as sounds others do not hear either identified or not, known or unknown, one or many and are sometimes just sounds.
- 4) Voices can be pleasant and, if so, are left alone.
- 5) Approximately 50% of those who hear voices also hear commands to harm oneself or others. It is then necessary to determine whether they mean to act on those commands, have a past history of acting on those commands, have a plan and have the means.
- 6) Those who hear voices or negative thoughts are helped by observing the essence of the Serenity Prayer that is, accepting what we cannot change, having the courage to change what we can and the wisdom to know the difference. One can learn to practice and live despite the experience.
- 7) Families and friends can help through developing knowledge, providing support for the "voice hearer" and by accepting them as they are. They can learn what is helpful or comfortable and what is not, talk to them, be there with them, and spend time doing something that is comfortable and familiar.
- 8) Several things do not help: criticism, nagging, excessive caffeine, lack of sleep, sugar, drugs, alcohol, excessive stimuli (crowds, buses, grocery stores) and not enough stimuli when too often alone.
- 9) Professionals can educate themselves and make inquiries about the experience, talk openly and honestly, use the Unpleasant Voices Scale (1-10), learn and teach strategies.

BEHAVIORAL MANAGEMENT FOR PERSISTENT AUDITORY HALLUCINATIONS COURSE

This 10-session course has been researched and taught many times, mostly for persons with schizophrenia who are outpatients. It is adaptable to inpatient and other settings and is currently being disseminated throughout the VA as a best practice.

It is offered to any mental health professional with group experience wishing to teach the course by its developers, Dr. Robin Buccheri and Dr. Louise Trygstad of the University of San Francisco School of Nursing.

The developers do not charge for sharing their material and are willing to communicate with you to help you in teaching the course and do ask that you complete an evaluation form after teaching the course. For a reference list and information about the course for those who would like to teach it, please email louisetrygstad@hotmail.com

June 2010 Monthly Meeting: A New Vision For Progressive Mental Health Law In California

By Roberta Kaye

Our speaker, Cameron Quanbeck, M.D., is on the staff of San Francisco General Hospital, Psychiatric Emergency Services.

In 1967, the Lanterman-Petris-Short (LPS) Act, California's civil commitment law, was passed. (Cal. Welfare & Inst. Code § 5000). It served as a model for other states that enacted similar reforms. The law was passed during the civil rights movement. Before LPS, commitment to a mental institution only required two psychiatrists to agree on the diagnosis and sign some paper work. The impetus for change was the abuse of power by psychiatrists, some of whom took bribes in exchange for putting someone in a state mental institution.

The LPS Act addressed that commitment abuse by requiring a showing that a person due to a mental illness, is a danger to self or others (indicating that there is a public safety issue under the State's police powers), or is a person who is gravely disabled. Gravely disabled is when a person cannot provide for their own food, clothing, and shelter due to a mental illness and there is no one is willing to take on the responsibility.

Individuals with mental illness often refuse treatment and they cannot be compelled to seek it in the community under current LPS civil commitment law. Consequently, their mental illnesses go untreated and are often exacerbated by substance abuse. Their symptoms can increase and they may become violent. At this point police officers rather than mental health professionals are forced to assume their care in the correctional system. This is both costly for society and ethically questionable. There exists a need to develop new policies and law aimed at diverting the flow of the mentally ill from prisons and jails and into treatment settings.

Laura's Law is a California state law that allows for court-ordered outpatient commitment of mental health clients who refuse who have a history of treatment noncompliance. The law was named for Laura Wilcox, a young woman who was killed by a person with a mental illness who had refused treatment.

Modeled on New York's Kendra's Law, the measure was passed by the California Legislature in 2002 and signed into law by Governor Gray Davis. Unfortunately, because the legislation authorizing Laura's Law did not include state funds for implementation, the decision is entirely up to counties whether or not to enforce the bill and opt into implementing a community-based, court-monitored outpatient treatment program. A major obstacle for counties that implement the law is that a County Board of Supervisors must make a finding that implementation does not reduce voluntary mental health services.. As of 2004 only Los Angeles County had chosen enforcement on a limited basis.

As Dr. Quanbeck pointed out, neurobiological research reveals that mental illness is really a medical condition of the brain. If you look at the laws now governing severe mental illness and contrast the laws governing, for example, dementia or asthma, medicine's approach is different one from the other even though they both have a biological basis. In mental illness, the way LPS is written, we are reacting to crises all the time. The equivalent for asthma would be to wait until the patient is turning blue to provide treatment. It is much easier to medically intervene with someone who is refusing treatment for a medical condition than for one with a psychosis. Dr. Quanbeck questions the fairness of this discrepancy.

Research into symptoms of psychoses reveals that these disorders show cognitive dysfunction such as the inability to develop complex planning; there is functional impairment in addition to delusions and hallucinations. A shift of commitment criteria to focus on "need for treatment" would allow community mental health programs to provide medical care to patients who cannot make rational decisions for themselves because of their inability to recognize their mental illness. Many states have determined that their current mental health law is flawed and are striving to make needed changes.

Using AOT, offenders could have their mental illness addressed through the criminal justice system in order to prevent recidivism. Mental health courts could be used to sentence treatment in lieu of a prison or jail. If different mental health laws and treatment approaches are combined with increased funding for community mental health systems, the criminalization of the mentally ill will decline, reducing societal costs but, more important, providing the structured community treatment that patients and their families need. AOT can transform a reactive and expensive system to a preventive and cost effective one for patients in a downward spiral. It allows therapists to anticipate a patient's decompensation and treat them before they become dangerous. Where there are warning signs of a relapse, intervention can prevent a full blown psychotic episode rather than wait for it to reach a crisis point.

Please join us on every third Wednesday of the month for the next featured speaker. Monthly meeting speaker information is found on the 1st page of this newsletter and at www.namif.org

Herpes Complicates Schizophrenia

By Michael Smith, North American Correspondent, MedPage Today

Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco and Dorothy Caputo, MA, RN, BC-ADM, CDE, Nurse Planner

In a small cohort study of schizophrenia patients, exposure to herpes simplex 1 was associated with worse scores on a range of cognitive tests, according to David Schretlen, PhD, of the Johns Hopkins University School of Medicine, and colleagues.

Patients with serum antibodies to the virus also had reduced gray matter volume in the anterior cingulate and parts of the cerebellum -- areas of the brain linked to executive functioning and psychomotor speed, Schretlen and colleagues reported in the May issue of *Schizophrenia Research*.

Moreover, "the most novel and potentially important finding," the researchers said, is that poor cognitive test results correlated with the reductions in brain volume that distinguished between patients exposed to the virus and those not exposed.

"We're finding that some portion of cognitive impairment usually blamed solely on the disease of schizophrenia might actually be a combination of schizophrenia and prior exposure to herpes simplex virus 1 infection, which reproduces in the brain," Schretlen said in a statement.

One clinical implication is that "it might be possible to reduce the risk or the extent of cognitive deficits" by the use of antiviral drugs, if patients exposed to the virus can be identified early, he said.

Cognitive impairment, including problems with psychomotor speed, concentration, learning, and memory, are important symptoms of schizophrenia, and may appear well before traditional symptoms such as delusions or hallucinations.

And previous research has shown that schizophrenic patients with antibodies to herpes are likely to have more severe cognitive deficits than those without, while other studies have shown that exposure to the virus is linked to reduction in gray matter volume. But, the researchers said, it has not been clear if the cognitive deficits are directly related to the decreased brain volume.

To help clarify the issue, they analyzed data from 40 schizophrenic patients from two Baltimore hospitals, 25 of whom had antibodies to the virus.

Cognitive abilities were tested using the Trail Making Test to assess psychomotor speed, the Brief Test of Attention to assess auditory divided attention, the revised Hopkins Verbal Learning Test Verbal and Brief Visuospatial Memory Test for verbal and visual memory, and the modified Wisconsin Card Sorting Test to measure executive functioning.

The researchers also used magnetic resonance imaging to assess brain volume differences between the two groups.

Analysis showed the herpes-exposed patients did worse on all the cognitive tests than their non-exposed counterparts, although the differences reached significance on only two measures.

Specifically, exposed patients did worse on the tests for psychomotor speed and verbal memory. Both differences were significant at $P < 0.027$ after correction for repeated measurements.

Schretlen and colleagues also found that, among herpes-exposed patients, MRI scans showed decreased gray

matter volume in regions including the right cingulate gyrus BA 32, the right cerebellar fastigium, the left thalamus, and the right pallidus.

A multiple regression analysis showed that poor performance in the Trail Making Test of psychomotor speed was correlated with decreased gray matter volume in the bilateral cingulate gyrus, the right anterior cingulate, and the right parahippocampal gyrus, as well as in the occipital lobe and cerebellum bilaterally -- all at $P < 0.001$.

Because herpes replicates in the brain it is possible the virus is directly causing the cognitive deficits by attacking these brain regions, Schretlen said.

The researchers noted that the study had two main limitations: It might have been too small to detect some important gray matter abnormalities, especially in the temporal lobes, and it's not possible to say whether herpes status alone accounts for the observed differences in cognitive functioning and brain structure.

The study was supported by the Stanley Medical Research Institute. Schretlen reported getting royalties from sales of the Brief Test of Attention. No other potential conflicts were reported.

(permission to re-print granted by the MedPage)

Community Support Groups-Consumers

Depression and Bipolar Support Alliance of San Francisco

Regular Support Group Meetings

Every Monday from 6:45PM to 8:15PM

Every Saturday from 1:30PM to 3:00PM

Meetings are held in Conference Room B or C on the lower level of St. Francis Hospital. Call 519-0171

Other groups offered by DBSASE:

Young Adults Support Group (ages 18-30)

Friends and Family Support Group.

Call 519-0171 or 650-430-2909 for more information

Oasis (Office of Self Help)

1095 Market Street at 7th, Suite 202 415-575-1400

RECOVERY, Inc. For nervous ailments.

415-333-6454 Community Miracles Center

2269 Market Street (between Noe and Sanchez)

Narcotics Anonymous:

415-621-8600

Consumers with Schizophrenia

3rd Wednesdays of the month, 5:30 pm—6:45pm

1010 Gough Street, contact Susanne at 558-5900

Hoarding and Cluttering Support

2nd Monday and 4th Wednesday of each month.

Antonio - 415-421-2926 ext 306

Health and Wellness Action Advocacy

1st Thursday of each month, 1-3pm

Antonio - 415-421-2926 ext 306

Mental Illness Drop-In Support Group

(for Consumers, Families, Friends)

First Thursdays from 7-9

at Congregation Beth Shalom

Call 221-8736 or e-mail maureensamson@comcast.net

Alcoholics Anonymous

415-621-1326

Community Support Groups-Families, Friends, Caregivers

Healing Circle African American Family Support

1st Thursdays, 6 pm -7:45 pm at 1099 Sunnvale Ave. (The Village). Contact LaVaughn King at 415-832-9616

Sibling & Adult Children Network

Meets twice a year (June and December)

Contact Mary Gulletson at 415-474-7010

Asian Mental Health Resources

www.asianmentalhealth.info or 925-938-9988

Chinese Family Alliance

Support groups available in Cantonese

Contact Ed Koo at 415-352-2047

Spanish Language Support Group

For family members and caregivers:

1st Tuesday 5:30-7:30 pm at Mission Mental Health, 2712 Mission Street

Call Anita Madrigal at 415-867-8172 or

Manuel Payes at 415-401-2733 (8:30am-5:00pm).

Community Mental Health

ACCESS Line:

415-255-3737

The Mobile Crisis Unit:

415-355-8300

Substance Abuse Treatment Access

1380 Howard, First Floor

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

UCSF-Research Study

Do you need help with transition services for your son or daughter (ages 14-25)?

A team from the University of California - SF and Support for Families of Children with Disabilities is conducting a study about teenagers and young adults with chronic disabilities and transition to adulthood.

Learn more about the study by contacting Lucy Fisher, RN, PhD or Kate Topolski at (415) 476 4659

NAMI San Francisco Programs and Services

What is NAMI?

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI has over 1,100 affiliates in communities across the country who engage in advocacy, research, support and education. Members of NAMI are families, friends and people living with mental illnesses such as major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder.

NAMI San Francisco Hotline:
415-905-NAMI (6264)

NAMI San Francisco Support Groups

For Family Members, Caregivers & Friends

1. 1010 Gough Street
2nd Wednesdays; 6:30 pm
Contact Vicki Evans at 415-661-5208
2. SF General Hospital
7th Floor, Room 7M30
Tuesdays, 5:15 pm—6:45 pm
Call Susanne Killing at 415-558-5900
3. Kaiser Hospital, French Campus at
4141 Geary, Room 2 (free parking)
2nd Saturdays, 10:30 am—12pm
Contact Pam Polos at 650-862-2886 or
pamelapolos@camcast.net

Family-to-Family

Family-to-Family is a free, 12-week course for families, partners and friends of individuals with serious mental illness taught by more than 3,500 trained NAMI family members and care givers of individuals living with mental illness. The course dwells on the emotional responses families have to the trauma of mental illness; many family members describe their experience in the program as life-changing.

Peer-to-Peer

Peer-to-Peer is a free, 10-week, peer-led, recovery education course open to any person with a serious mental illness. Peer-to-Peer emphasizes recovery from mental illness as a feasible, supportable goal and challenges the stigma often wrongly associated with mental illness.

To sign up for Family-to-Family or Peer-to-Peer classes, phone 415-474-7310 ext 437 or email namisf@fsasf.org

Board of Directors

Executive Board

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NAMI SAN FRANCISCO

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Permit No. 11751

Please join NAMI San Francisco

Complete the form below and mail with your payment or go online to the NAMI National website at www.nami.org and choose San Francisco as your affiliate.

NAMI San Francisco's annual membership dues is \$45; low-income consumers qualify for a lower rate of \$10. When you become a member of NAMI San Francisco, you automatically become a member of NAMI National and NAMI California.

If you are solicited for membership or from the NAMI California or NAMI National, please designate NAMI San Francisco as your local affiliate if you wish to maintain membership with us.

NAMI San Francisco needs your membership support. Please let us count on you. There is power in numbers, and we need the support of consumers, families, friends, professionals and others who share our goals. Your dues help us pay for the printing of the newsletter, educational materials, mailings and programs support.

Write your check to "NAMI San Francisco"

Please mail to:

NAMI San Francisco
77 Geary Street, 5th Floor
San Francisco, CA 94108

Name _____

Address _____

City _____ Zipcode _____

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Email _____

This is a *New Membership *Renewal *Donation

What is your relationship to a person with mental illness?

*self *parent *sibling *spouse *professional

Please Circle 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 am enclosing a donation of \$ _____