



# OUT OF THE FOG

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

## October Meeting Notes

By Suzanne Brady

The speaker at our October meeting was Jennifer Keller, PhD, a psychologist from the Stanford University Depression Research Clinic. Her topic was "Mood and Psychotic Disorders: Differential Diagnosis and Treatment."

Dr. Keller talked about the challenges of identifying types of mood episodes and recognizing the symptoms that affect diagnosis. An accurate diagnosis leads to patients getting the most effective treatment as soon as possible. Inaccurate diagnoses can lead to delays in treatment, ineffective treatment, and destabilizing treatments.

Some patients may have overlapping or non-standard symptom presentations. Clinicians also have to watch for substance use or medical conditions that may cause various symptoms. Patients often self-medicate their psychiatric symptoms with drugs and alcohol. Once the substance abuse is treated the underlying psychiatric issues may surface and allow for diagnosis. It may also become apparent that the substance abuse was causing the disorder.

On a spectrum, mood disorders and psychotic disorders are opposites. The mood disorders Dr. Keller talked about were major depressive disorder, dysthymia, and cyclothymia. The psychotic disorders Dr. Keller talked about were schizophrenia and delusional disorder. At a mid-point on that spectrum is bipolar disorder, major depressive disorder with psychotic features and schizoaffective disorder.

The disorders at similar points on the spectrum will share many of the same symptoms. What will vary is the duration and severity of symptoms. The pattern of symptoms can also be significant. Clinicians make their diagnosis by talking with patients about their symptoms and using screening tools. Dr. Keller has found that including the family and significant others in the patient's life can improve the quality of a diagnosis. Family history of psychiatric illness is also important.

The mood disorders share the following symptoms: depressed mood, lack of appetite or overeating, insomnia or sleeping more than usual, loss of interest, agitation, lethargy or fatigue, feelings of worthlessness or inappropriate guilt, indecisiveness, trouble concentrating and thoughts of suicide.

Dr. Keeler advised that if you are concerned that a loved one may be feeling suicidal it's okay to ask them. People often fear that bringing up the topic may push the unwell person over the edge. She said that instead, in many cases, it becomes an opportunity for the patient to talk about what they are going through.

A person experiencing a manic episode will exhibit the following symptoms: inflated self-esteem or grandiosity, decreased need for sleep, more talkative than usual, thoughts are racing, highly distractible, increase in goal-directed activity, agitation, and increased risk taking.

People experiencing psychosis may report hallucinations or delusional beliefs and may exhibit personality changes and disorganized thinking or catatonia. The "negative" symptoms of psychosis include affective flattening, lack of speech, lack of initiative and social withdrawal.

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

## The Monthly Meeting

November 19

Teo Ernst, PhD, will speak on PTSD. He has worked in PTSD with SF VA hospital and also worked for RAMS. His website is <http://www.drteoernst.com/home>

December

No meeting -  
 Happy Holidays to you and yours!



# Impaired Awareness of Illness: Anosognosia

## Treatment Advocacy Center Briefing Paper

(www.treatmentadvocacycenter.org)

Impaired awareness of illness (anosognosia) is a major problem because it is the single largest reason why individuals with schizophrenia and bipolar disorder do not take their medications. It is caused by damage to specific parts of the brain, especially the right hemisphere. It affects approximately 50 percent of individuals with schizophrenia and 40 percent of individuals with bipolar disorder. When taking medications, awareness of illness improves in some patients.

Impaired awareness of illness is a strange thing. It is difficult to understand how a person who is sick would not know it. Impaired awareness of illness is very difficult for other people to comprehend. To other people, a person's psychiatric symptoms seem so obvious that it's hard to believe the person is not aware he/she is ill. Oliver Sacks, in his book *The Man Who Mistook His Wife for a Hat*, noted this problem: It is not only difficult, it is impossible for patients with certain righthemisphere syndromes to know their own problems ...And it is singularly difficult, for even the most sensitive observer, to picture the inner state, the 'situation' of such patients, for this is almost unimaginably remote from anything he himself has ever known.

\* \* \*

**What is impaired awareness of illness?** Impaired awareness of illness means that the person does not recognize that he/she is sick. The person believes that their delusions are real (e.g. the woman across the street really is being paid by the CIA to spy on him/her) and that their hallucinations are real (e.g. the voices really are instructions being sent by the President). Impaired awareness of illness is the same thing as lack of insight. The term used by neurologists for impaired awareness of illness is anosognosia, which comes from the Greek word for disease (nosos) and knowledge (gnosis). It literally means "to not know a disease."

**How big a problem is it?** Many studies of individuals with schizophrenia report that approximately half of them have moderate or severe impairment in their awareness of illness. Studies of bipolar disorder suggest that approximately 40 percent of individuals with this disease also have impaired awareness of illness. This is especially true if the person with bipolar disorder also has delusions and/or hallucinations.

**Is this a new problem? I've never heard of it before.** Impaired awareness of illness in individuals with psychiatric disorders has been known for hundreds of years. In 1604 in his play "The Honest Whore," playwright Thomas Dekker has a character say: "That proves you mad because you know it not." Among neurologists unawareness of illness is well known since it also occurs in some individuals with strokes, brain tumors, Alzheimer's disease, and Huntington's disease. The term anosognosia was first used by a French neurologist in 1914. However in psychiatry impaired awareness of illness has only become widely discussed since the late 1980s.

**Is impaired awareness of illness the same thing as denial of illness?** No. Denial is a psychological mechanism which we all use, more or less. Impaired awareness of illness, on the other hand, has a biological basis and is caused by damage to the brain, especially the right brain hemisphere. The specific brain areas which appear to be most involved are the frontal lobe and part of the parietal lobe.

**Can a person be partially aware of their illness?** Yes. Impaired awareness of illness is a relative, not an absolute problem. Some individuals may also fluctuate over time in their awareness, being more aware when they are in remission but losing the awareness when they relapse.

**Are there ways to improve a person's awareness of their illness?** Studies suggest that approximately 1/3 of individuals with schizophrenia improve in awareness of their illness when they take antipsychotic medication. Studies also suggest that a larger percentage of individuals with bipolar disorder improve on medication.

**Why is impaired awareness of illness important in schizophrenia and bipolar disorder?** Impaired awareness of illness is the single biggest reason why individuals with schizophrenia and bipolar disorder do not take medication. They do not believe they are sick, so why should they? Without medication, the person's symptoms become worse. This often makes them more vulnerable to being victimized and committing suicide. It also often leads to rehospitalization, homelessness, being incarcerated in jail or prison, and violent acts against others because of the untreated symptoms

### County Mental Health

The County mental health access line  
for all consumers is  
**415-255-3737**

The Mobile Crisis Unit is  
**415-355-8300**

# Learning How Not to Be Afraid

From the Howard Hughes Medical Institute website, dated October 08, 2008.

Why do some people have the ability to remain calm and relaxed even in the most stressful situations? New experiments in mice by Howard Hughes Medical Institute (HHMI) researchers are providing insight into how the brain changes when the animals learn to feel safe and secure in situations that would normally make them anxious.

HHMI investigator Eric R. Kandel and Daniela D. Pollak conducted experiments in which they conditioned mice to feel safe in stressful situations. Their experiments showed that the mice developed a conditioned inhibition of fear, which Kandel calls "learned safety."

The behavioral changes observed in the mice squelched anxiety as effectively as antidepressant drugs such as Prozac, said Kandel, who is at Columbia University. "It's a little bit like psychotherapy," he noted. "This shows that behavioral intervention works."

The research is reported on October 9, 2008, in the journal *Neuron*. Kandel conducted the study with Pollak, who will soon leave Kandel's lab to assume a position at the Medical University of Vienna.

The new study is noteworthy because it reveals in elegant detail how behavioral conditioning can affect the brain. According to Kandel, knowing how behavioral intervention works at the molecular and cellular levels may prove to be an interesting route to identifying new ways to treat depression and anxiety disorders.

Kandel, who trained as a psychiatrist, is intrigued by the new discoveries. "I've always been interested in how psychoanalysis works," he said. "Since it is a learning experience, there must be a biological basis in the brain."

Two types of fear, instinctive and learned, have deep evolutionary roots and are essential for survival. But in some people, pathological forms of learned fear can lead to debilitating anxiety disorders, post-traumatic stress syndrome, or depression. Learned safety, on the other hand, reduces chronic stress, one of the hallmarks of depression and other psychopathologies. "The ability to identify, develop, and exploit conditions of safety and security is central to survival and mental health," said Kandel, "but little is known of the neurobiology of these processes."

In previous research, Kandel's group taught mice to associate a specific audible tone with protection from an

## Family To Family Education Class

We are currently enrolling family members and friends of persons with a mental illness in free 12-week course that will start early in 2009.

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!

impending aversive event. Over time, the mice became conditioned to take advantage of sources of safety and security in their environments. In the new *Neuron* study, Pollak and Kandel sought to tease out the behavioral and molecular characteristics of learned safety in mice.

In their experiments, mice were trained to associate safety or fear with specific auditory stimuli (tones). For fear conditioning, the auditory stimulus was paired with a mild shock to the mouse's foot. For safety conditioning, the auditory stimulus was not followed by a shock. The experiments showed that the safety-conditioned mice learned to associate the tone with the absence of danger and displayed less anxiety in the presence of this safety signal.

Moving to a stress test, Kandel's team placed the safety-conditioned mice into a pool of water for a swim test. The forced-swim test is commonly used by researchers to measure how antidepressant drugs affect the behavior of mice. "In this seemingly desperate situation - where the mice have no option to escape from the water - they start to show signs of behavioral despair that are ameliorated by antidepressant medications. We found that the mice trained for safety could overcome their sense of hopelessness in the swim test," Kandel explained. The antidepressant effect in the safety-conditioned mice was

similar and comparable in magnitude to treatment with the drug fluoxetine (Prozac), Kandel noted.

Pollak and Kandel then looked at how learned safety influenced the development of newborn cells in the dentate gyrus, a structure located in a region of the brain called the hippocampus. The dentate gyrus is notable because it is one of the few structures in the brain that spawns new neurons - even in adult animals.

The researchers found that mice that had been conditioned for safety had a greater number of newborn cells in the dentate gyrus. When Kandel's team used

**"I've always been interested in how psychoanalysis works. Since it is a learning experience, there must be a biological basis in the brain."**

*-Eric R. Kandel*

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# What I Learned This Time Around

*From Carol Irwin D.C.  
NAMI family member, Santa Clara County*

I've certainly lost track over the years of the number of times my beautiful daughter has decided to take off from any of her hospital, or board and care residences. Perhaps it is within the 45-50 range. Sounds incredible, sure it is. But what is more incredible is that this may be more common than the public is aware of. How many family members have the time to chase after a loved one and how many family members know who to even contact? The purpose of this article is let you know there are some steps you can take to bring sanity to your life and return your loved one. Doing nothing is just too scary, unfortunately it takes time and emotional strength and not all have the stomach for it. But if you do, these are the measures that can make a difference.

The dreaded number on the cell, the message hidden in the phone log, awaiting to terrorize you with the news. This is what happened to me this time. While at a meeting unbeknownst to me, my daughter had disappeared 24 hours before, and simply put, it was all dumped onto my lap. After, realizing that doing nothing would most likely amount to her death and the dreaded call from the coroner, I contacted all who would speak to me about the last known facts of her disappearance. Believe me when I say, 'all who would speak to me', because quite frankly, most of the professionals would prefer to crawl into a cave than confront the ramifications of missing clients.

So what did I have. I had the sheriff's department, an assigned detective, Santa Clara County NAMI members for comfort, and a contact from them to the San Francisco NAMI for support and many contacts in the city. However, these last contacts were made at week 7 of my daughters disappearance. After working with the


- Interested in being a **Support Group Facilitator**?
- There is a Support Group Facilitator training starting in in December in San Jose - please call our office for more information - 415-905-6264

sheriff's department on a flyer and getting emails from concerned NAMI family members in San Francisco about what they would be willing to do, a plan was set in motion. I was stunned at the response from the San Francisco NAMI, as they were organizing a search party and were waiting for a photo of her. As fate would have it I injured my knee and could barely walk, so it was out of the question that I would be going on the search. In the meantime the sheriff's department networked with their counterparts in the city and low and behold 6 days later my daughter was brought to San Francisco General Hospital and appropriately returned to Santa Clara County. The nurse told me it was the flyer that tipped them off. Wow, how simple, a flyer made the difference. But it was all the foot work that disseminated the flyer that made the difference. I looked forward to being able to sleep again, as she will be safe for the time being. Pick myself up and start my life all over again, ignore the scars and share with you all what I learned.

Here is what I learned:  
Make sure you have a flyer with all the pertinent information to fax to every organization which deals with the homeless, and the community psychiatric hospitals. Include in the flyer a photo, age, diagnosis, contact phone numbers, date last seen, conserved or not, date of birth, and any alias names used. Fax to all the precincts in the area of which you believe your loved one may be drifting through. If possible, drive to the precincts and bring more flyers to remind them of your loved ones disappearance. Continue to pursue every lead. Never give up, ask friends and NAMI members to pray for you. Make calls at least every couple of days for updates. Keep it alive in the minds of the people who may run into your loved one. And most importantly, take care of yourself. That means, eat well, exercise daily to reduce your stress levels and try to visualize your loved one seeking care.


These are the measures. It is hard? Damn right it is. But what is the alternative?

A very deep and warm thank you to all who have held my hand through this difficult journey. San Francisco NAMI you are a treasure. Kudos to you! Thank you.



**The SFGH CAB  
CLOTHING PROJECT**

**This program is a big help to consumers who are in need of clothes while they are at SF General Hospital.**



**Just call and they will pick up your donation or meet you at the front door of the hospital when you bring it in.**

**Please call Amelia Truman, 415-206-4465**

*Learning How Not to Be Afraid from page 2*

radiation to blunt the birth of new cells in the dentate gyrus, they discovered that their interventions both slowed safety learning and stunted the antidepressant effects of learned safety.

Pollak and Kandel also found that safety learning ramped up expression of brain-derived neurotrophic factor or BDNF in the dentate gyrus. BDNF is a growth factor that promotes the growth and differentiation of new neurons and their connections.

Intriguingly, genetic analyses revealed that in the amygdala, the brain's fear center, learned safety tunes the expression of key components of the dopamine neurotransmitter system and the neuropeptide system. Both systems are thought to influence learning, mood, and cognition.

Kandel said his group was intrigued to find that learned safety did not influence serotonin, the neurotransmitter typically targeted by antidepressant drugs. Learned safety appears to influence levels of both dopamine and neuropeptide neurotransmitters, suggesting new avenues for antidepressant drug development, he said.

"This has given us several interesting insights and led us to a number of potential targets for new drugs," Kandel explained, noting there are already agents in development that influence the dopamine and neuropeptide pathways.

## Research Study at For Bipolar I

Stanford University's Psychology Department is seeking people with Bipolar I disorder for a research study to look at how moods relate to thinking. The study involves several sessions, including an interview about mood changes, different computer tasks and games, and an fMRI brain scan. Eligible participants will be paid \$25 per hour for their time. For more information, call 650-725-5970 or email [Stanford.RewardsStudy@gmail.com](mailto:Stanford.RewardsStudy@gmail.com).

Find more information about Research Studies at [www.med.stanford.edu/clinical trials](http://www.med.stanford.edu/clinical%20trials).

## Conard House Meeting

November 6, 2008  
5:00-5:45 pm

First Unitarian Universalist Center  
1187 Franklin @ Geary

Notice of Designated Public Meeting of  
The Board of Directors of Conard House, Inc.  
30 minutes will be designated for  
public comments and questions.

### Family to Family Teacher Training

This fall in Northern California

NAMI-CA is offering Teacher Training for the Family To Family Education Class. If you've completed the 12-week course and would like to share the popular and enlightening (and easy to teach) class with others, please contact our office. Training is free.

*Share the facts and skills to help families like yours.*  
Call the NAMI office 415-905-6264 for more info.

## Be a Compeer Friend

Compeer San Mateo County invites the San Francisco area to participate in the organization. Compeer connects stable persons with mental illness with a friend in the community, usually for a couple of hours every couple of weeks. They are looking for more friends - could you spare some time to share some friendship? Contact Inge at [contact@compeersanmateo.org](mailto:contact@compeersanmateo.org) or call 650-355-8083 for more information.

## New Site for The Treatment Advocacy Center

<http://www.treatmentadvocacycenter.org/>

The Treatment Advocacy Center is pleased to announce a new website designed to fully equip supporters with the most up-to-date information and advocacy tools. Include the Treatment Advocacy Center website in your favorites and check back often for updates.

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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**

## Support Groups



### Family Members' Groups

#### *African American Family Support*

1st Thursdays, 5:30-7:30 pm at  
1380 Howard St., Rm 537. Call Wanda at 255-3694

#### *San Francisco Family Support Group*

Tuesdays, 5:15-6:45 p.m. at SF General Hospital, 1001 Potrero St., Room 7M30. Info: Susanne at 415-558-5900

#### *Sibling & Adult Children Network*

Call Mary Gullekson at 474-7010 for information

#### *Berkeley Sibling Support Group*

Call Carolyn Defay at (510) 644-8579

#### *Support Group for Family Members, Friends & Care Givers*

Tuesdays, 5:30- 7:30 pm at Mission Mental Health,  
2712 Mission St. Child care and refreshments provided.  
Call Carmen Burgos at 415-401-2733

### Bilingual & Monolingual Support Groups

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

*Spanish Language Support Group* for family members and caregivers has started. Info: Carmen Burgos 415-401-2733.

Tuesdays 5:30-7:30 p.m. at Mission Mental Health, 2712 Mission Street in San Francisco.

### 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 pm  
1380 Howard St., 5th floor. 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



## NAMI-SF Support Groups

### 1) For Caregivers and Friends Only

1010 Gough  
2<sup>nd</sup> Wednesday at 6:30  
Contact Vickie at 661-5208

### 2) San Francisco General Hospital

7<sup>th</sup> Floor, Room 7 M 30  
Tuesdays, 5:15 – 6:45 p.m.  
Call Susanne Killing at 558-5900

### 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

## 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 at 415-519-0171 or Harry at 650-430-2909 for information.

#### Location:

2nd floor of St. Francis Hospital  
900 Hyde St.

between Pine and Bush in San Francisco  
Conference rooms B, C, and D

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.

# 2009 NAMI National Convention

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## July 6–9, 2009 in San Francisco

Celebrating our 30th year! We've got lots of special events planned to celebrate this milestone in our history. We'll take a look back at some of our major accomplishments, and equip you with the information and tools you need to tackle the challenges that still lay ahead of us. And all of this will be taking place in one of the world's great cities!

Don't miss this opportunity to join thousands of your NAMI friends and advocates to celebrate our past while we stand together to look to the future.

Dr. Marsha Linehan, creator of dialectical behavioral therapy, a revolutionary treatment for people with borderline personality disorder, will present at the Research Plenary during the upcoming convention. Dr. Linehan is a professor of psychology at the University of Washington in Seattle and director of the Behavioral Research and Therapy Clinics. She originally developed the therapy to help chronically suicidal people. It has since been adapted for a variety of settings as well as for a number of other seemingly intractable behavioral disorders.

All activities will be held in the SF Hilton and Towers located at 333 O'Farrell Street, 1-800-HILTONS, (415) 777-1400.

Dr. Keller explained that the symptoms of psychosis are frequently separated into "positive" --thoughts and feelings that are "added on" to how a person usually thinks and feels and "negative" categories, -- things that are "taken away" such as motivation. For example, a hallucination is a "positive" symptom because it is a distortion of ordinary perceptions.

Anti-psychotic medication typically treats positive symptoms most successfully. For a long time the medical establishment was satisfied if medications reduced hallucinations and delusions. It was thought that patients had to just accept affective flattening, lack of speech, lack of initiative and social withdrawal. However, she said, there are medications now in research that aim to address both the positive and negative symptoms of psychosis.

Schizoaffective disorder is a psychiatric diagnosis describing a situation where both the symptoms of mood disorder and psychosis are present. Dr. Keller said it is very challenging to diagnose because there are several psychiatric illnesses that may present with a similar range of symptoms.



*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**

1010 Gough  
San Francisco, CA 94109  
415-474-7310 ext 437  
[namisf@fsasf.org](mailto:namisf@fsasf.org)

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

President: Gifford Boyce-Smith, MD  
President Emeritus: Pamela Fischer  
Vice President: Dale Milfay  
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### **Board Members at Large**

Melanie Allison  
LaVaughn King  
Tom Purvis  
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Carla Villalba

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

Carla Villalba (Chair) Dale Milfay  
Susan Bronstein Mary Vogt  
Eileen Lemus LaVaughn King

### **NAMI SF Board Committees**

Internal: Wanda Materre  
External: Dale Milfay & Ellie Shukert  
Governance: Dr. Gifford Boyce-Smith  
Family-to-Family: Vicki Evans  
Hospitality and Support Groups: Vicki and Bob Evans  
In Our Own Voice: Cara Hoepner  
Out of the Fog: Roopa Grewal & Dale Milfay  
PLAN: Baron Miller  
WALK: Ellie Shukert

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

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Other \_\_\_\_\_

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• \$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

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San Francisco, CA 94109

*Return Service Requested*

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