

OUT OF THE FOG

The monthly newsletter of NAMI San Francisco
www.namifsf.org



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. For more information visit www.nami.org.

May General Meeting Notes

By Roberta Kaye

Speaker: Scott M. Granet, LCSW
Topics: Obsessive Compulsive and Dysmorphic Disorders

The prevalence of both Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) is surprising. The National Institute of Mental Health estimates that 26.2% of Americans ages 18 and older, about one in four adults in a given year, are mentally ill in the United States. This translates to 57.7 million people.* A significant portion of that figure has OCD and/or BDD.

On May 20, 2009 NAMI San Francisco's speaker was Scott M. Granet, LCSW who specializes in the treatment of both these disorders and is the Director of The OCD-BDD Clinic of Northern California.** He

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Thanks to all who joined us on the May 30th Walk! It was a glorious event - more news next issue!



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

The Monthly Meeting

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

July 15
A celebration of our May
NAMI Walk and plans for
the
National Convention.

August
There is no General
Meeting in August -
see you in September!

teaches at local universities and has trained several thousand mental health professionals in the treatment of these challenging mental conditions.

Mr. Granet began his presentation by pointing out that the term OCD was first used in 1992. Experts once thought that it was rare, but it is now known to be more common than other mental illnesses such as schizophrenia and bi-polar disorder affecting approximately six million Americans from all walks of life.

Definition: OCD is an anxiety disorder characterized by recurrent, unwanted thoughts, images and impulses (obsessions) which are intrusive and inappropriate, forcing repetitive behaviors (compulsions) designed to reduce distress from the obsessions. The person with OCD recognizes at some point that the obsessions are excessive, unreasonable and only provide temporary relief but is unable to act on this knowledge without therapy.

Typical obsessions are 1) contamination, dirt, germs, diseases, feces, urine and blood, 2) aggressive unwanted violent thoughts such as hitting someone with a car, throwing objects or harming with sharp objects, 3) need for exactness such as having to be in a certain place, have precise order or symmetry, 4) hoarding/saving for fear of losing something believed to be of value.

Typical compulsions are 1) checking stoves, ovens, windows, doors and locks, 2) cleaning behaviors such as continual washing of self, clothes, shoes, 3) mental activities such as praying or singing and 4) obsessive slowness. The OCD cycle is: 1) the trigger of a fear, 2) the obsessive thought or image, 3) the compulsive behavior and 4) the temporary relief. These activities are on a continuum from mild to intense.

Origin: Scientists have not identified any genes responsible for OCD and are divided as to its origins, with

some theorizing that its cause is biological, and others saying it springs from learned behavior. Some say it is a combination of both environmental and genetic factors. Inadequate levels of serotonin, a chemical neuro-messenger in the brain, may also be to blame. OCD sufferers who take medicines that enhance the action of serotonin, often improve greatly.

Treatment: A form of psychotherapy called cognitive behavioral therapy (CBT) and antidepressant medications (Anafranil, Celexa, Luvox, Paxil, Prozac, & Zoloff) are used to treat OCD. Anafranil is a Tricyclic medication; the others are Selective Serotonin Reuptake Inhibitors (SSRIs) which enhance the brain's ability to use serotonin, a brain chemical that sends and receives messages and plays a crucial role in mood. CBT and medication are often used together and are effective in treating OCD. Anti-psychotics may be needed in addition where delusions are present. CBT involves retraining your thought patterns and routines so that your compulsions are no longer necessary. It challenges distorted beliefs by assessing the true danger of the obsessions. Exposure and Response Therapy is used. It is a technique wherein persons with OCD learn to expose themselves to stimuli that intensify their obsessive thoughts and compulsive urges followed by learning how to resist responding to those thoughts and urges in a compulsive manner.

Mr. Granet then moved to a discussion of BDD, a term first used in 1987 and included in the psychiatric lexicon. It affects as many as three to five million people in this country, men and women equally. The age of onset usually occurs in the early teen years.

Definition: BDD is a preoccupation with an imagined defect in appearance which causes clinically significant distress or impairment in social, occupational or other important areas of functioning. To go out in public seems too overwhelming, having a relationship feels nearly impossible and ability to concentrate is a daily challenge. The condition is frequently misdiagnosed and must be distinguished from other disorders.

BDD sufferers obsess over body parts, experience tremendous shame over their appearance; the mirror and other reflective surfaces are their enemy. They usually seek help first from other physicians, undergo cosmetic surgery and often engage in "camouflaging" to mask a body part. Those with BDD use various cosmetic products, skin care, hair growth all seeking reassurance for their perceived problem. These procedures do not work and, in fact, perpetuate the anxiety.

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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

Cognition Already Seriously Impaired in First Episode of Schizophrenia

Significant and widespread cognitive problems appear to exist in schizophrenia in its earliest phase, making it very hard for people with the disorder to work, study or be social, according to a new study published by the American Psychological Association.

Understanding the early and central role of cognitive problems may help clinicians to more accurately diagnose incipient schizophrenia by telling it apart from other neuropsychiatric disorders that also have cognitive problems, such as attention-deficit hyperactivity disorder (ADHD). It could also allow them to provide more appropriate treatment. Combining schizophrenia's cognitive warning signs with family history and signs of worsening daily functioning may also aid early diagnosis. Should improved early treatments become available, early diagnosis could make it possible to ease or even prevent these problems.

These were among the conclusions of a meta-analysis conducted by researchers at Harvard Medical School and SUNY Upstate Medical University in Syracuse, N.Y. The researchers examined 47 previously published, peer-reviewed studies of first-episode schizophrenia that involved 43 separate samples comprising 2,204 patients and 2,775 largely age- and gender-matched control participants. Results of this new analysis appear in the May issue of *Neuropsychology*, which is published by the American Psychological Association.

The psychologists sorted the studies' collective findings into 10 areas of neurocognition, including general cognitive ability, attention, memory, and various verbal, motor and visuospatial skills. Among their main findings:

- * In the very first episode of schizophrenia, cognitive problems were already broad and serious. Early impairment approached or matched the severity of problems seen in patients who had been sick for a while.
- * People experiencing their first episode of schizophrenia had significantly worse performance on all cognitive measures than healthy controls who were largely matched for gender and age.
- * Patients struggled the most with processing speed and with verbal learning and memory, especially when encoding information. Although many psychiatric and neurological illnesses, such as bipolar disorder, affect processing speed, schizophrenia seems to disrupt it more profoundly.
- * Measured IQ and other cognitive abilities dropped the most between the high-risk period just before symptoms appear and the first acute phases. After that, these cognitive abilities were stable. This cognitive pattern,

when combined with other signs such as clinical symptoms and family history, could suggest a diagnosis of schizophrenia.

The first episode of schizophrenia, which is typically in the late teens or early 20s, brings "a sense of tremendous terror, trauma and shock, along with prominent cognitive disorganization, increasingly compelling unusual and/or paranoid thoughts, altered perceptions, and loss of insight," according to lead co-authors Raquelle Mesholam-Gately, PhD, and Anthony Giuliano, PhD. Popular images of schizophrenia focus on its auditory and visual hallucinations, and strange or distressing behaviors.

However, as the authors noted, people with schizophrenia have experienced a high-risk period for a few months to two years before illness sets in, showing increased problems with daily living that foreshadow full-blown illness. Early intervention for cognitive problems might lessen their intensity and duration, allowing for a better prognosis, lower relapse rates, and better preservation of cognitive and social skills, and of family and social supports, according to the authors. The high-risk, or "prodromal," period is now a focal point for prevention, diagnosis and treatment.

Cognitive testing could also be useful for older children who have a family history of schizophrenia and emerging clinical symptoms. Doctors viewing cognitive impairments in a vacuum might think of something like ADHD, but the researchers said the new findings play up the importance of family history (schizophrenia has a genetic component) and better characterization of clinical or behavioral symptoms, especially around the age of peak risk.

At this time, there are no effective treatments for cognitive problems in schizophrenia. In the United States, the National Institute of Mental Health recently sponsored two nationwide initiatives to develop assessment standards for cognition in schizophrenia and to evaluate medicines that may potentially treat its cognitive problems. They are called Measurement and Treatment Research to Improve Cognition in Schizophrenia, or MATRICS, and Treatment Units for Research on Neurocognition and Schizophrenia, or TURNS.

Article: "Neurocognition in First-Episode Schizophrenia: A Meta-Analytic Review," Raquelle I. Mesholam-Gately, PhD, and Anthony J. Giuliano, PhD; Kirsten P. Goff, PhD, Harvard Medical School and Private Practice, Kentfield, California; Stephen V. Faraone, PhD, SUNY Upstate Medical University; Larry J. Seidman, PhD, Harvard Medical School; *Neuropsychology*, Vol. 23, No. 3.

(Full text of the article is available from the APA Public Affairs Office and at <http://www.apa.org/journals/releases/neu233315.pdf>)

The American Psychological Association, in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 150,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting health, education and human welfare.

Abraham Low Self-Help Systems Launches Web Site for Recovery International and The Power to Change

May 13, 2009 www.LowSelfHelpSystems.org
Recovery, Inc. is listed in OOF under Consumer Self-Help Groups.
This is added to listing today.

www.LowSelfHelpSystems.org

The Web site provides news and information about the organization and its two peer-based self-help programs, Recovery International and The Power to Change, as well as instructions on how to apply the organization's cognitive behavioral techniques to everyday life.

Highlights of the new site include:

- Informative videos about Recovery International and The Power to Change, including personal testimonials;
- Comprehensive Recovery International community meeting search;
- Free online forums;
- Resources for medical professionals and facilities; and
- Interfaces for submitting personal "Stories of Recovery."

The mission of Abraham Low Self-Help Systems is to use the cognitive-behavioral, peer-to-peer, self-help training system developed by Abraham Low, MD, to help individuals gain skills to lead more peaceful and productive lives.

The nonprofit organization meets this mission by providing self-help programs Recovery International and The Power to Change.

Contact: Chris Jorgensen
(312) 962-5993
chris@LowSelfHelpSystems.org

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

May Meeting Notes from page 4

Origin: While a biological etiology for OCD is established; the cause of BDD is not. A client's history is examined along with other possibilities. It is rarely found without the existence of other psychiatric disorders; major depression and social phobia are quite common.

Treatment: There is no cure for BDD but the use of Cognitive Behavioral Therapy and medications can provide a good result. Therapy involves gaining management and control over the symptoms and recognition of the possibility of a suicide attempt. When medications are prescribed, the first line approach is usually with the SSRI anti-depressants (stated above) as used with OCD.

CBT seeks to confront maladaptive thought patterns, is used to encourage clients to recognize the irrational nature of their obsessions about appearance, and to engage in the behavioral modification technique known as exposure and response prevention as used with OCD. This may include, for example, going out in public wearing less make-up or no

Mr Granet ended by answering many questions and offered to return at another time for more discussion. His contact information is below.

*www.nimh.nih.gov/health/publications
**The OCD-BDD Clinic of Northern California
Scott M. Granet, LCSW, Director
501 Seaport Court, Suite 102
Redwood City, CA 94063
Phone 650-599-3325
Fax 650-593-5037
sgranet@ocd-bddclinic.com
www.hope4ocd.com/foursteps

Great Film

There is a wonderful British film now on DVD about a man with OCD that I highly recommend. It is called "Dirty Filthy Love" and stars Michael Sheehan and Shirley Henderson.

--Barbara Redfield

Presentation For May 16 2009 APA Talk

by Dale Milfay

Thank you for inviting me to say a few words to you today. I am Dale Milfay, Vice President of NAMI San Francisco. We are one of more than 1000 local affiliates of the National Alliance on Mental Illness. Nami is a grassroots, volunteer organization dedicated to assuring a life of quality and dignity, without stigma or discrimination for those suffering these life-threatening diseases.

One in four families in the United States are dealing with mental illness. As of today, these are not preventable diseases, but they are imminently treatable with a combination of medication and therapy. Nami advocates for compassionate treatment that includes the whole family because mental illness in reality is a family disease.

Nami's signature program in SF is our 12 week Family to Family education course, taught by our trained volunteers and offered free to any family member who signs up.

We have a monthly speaker program with presenters from the research community, therapists, psychiatrists, authors and political advocates. We offer support groups in English and one is Spanish. We also have In Our Own Voice; a program where people in varying stages of recovery speak about their experience to venues in the community. This program is in collaboration with the Behavioral Health Court in SF. Many of our speakers got their first treatment for their illness in the SF jail. This year we instituted a new program called Peer to Peer in which one client is trained to help another. All of our programs are free. (We are not a service provider, we do not have social workers, case managers or doctors but families helping families)

We get no funding from the City, county or the State. We rely on minimum dues donations and our yearly fundraiser: the Nami Walk for the Mind of America. This event will be on May 30 at 11:00AM in Golden Gate Park, flyers are on the table outside. Seven Bay Area Nami chapters join in this anti stigma event. (Last year we raised \$300,000 and the money is divided among the affiliates to support their individual programs.) I urge all of you to join us, it costs nothing to walk but if you raise \$100 you get a T shirt.

It is a sad fact that more people commit suicide in our nation annually than die of AIDS. More mentally ill people are incarcerated than are treated in hospitals. residential treatment programs or long term care facili-

ties. The results of such denial of care are seen daily in the streets of San Francisco. It is most ironic that this conference of hope, with talks on the latest evidence based practice and new insights from research is being held in a city whose department of health is decimating programs. In fact, people who suffer from severe mental illness, those who do not easily respond to medication, who are denied the adjunct therapy needed to help them understand their disease are in a more precarious position than they were 100 years ago when Dorthia Dix started the asylum movement. Therefore I urge those of you presenting today and those attending this conference to not only take notes: become an active advocate. Help Nami to help our loved ones by joining our organization, petitioning your local govts and congress and never ever give up on your loved one.

Interesting Web Site

www.healthyplace.com

They call themselves America's Mental Health Channel, and there is information on many topics, along with interactive and video sections. This is what the site says about itself:

HealthyPlace.com is the largest consumer mental health site, providing comprehensive, trusted information on psychological disorders and psychiatric medications from both a consumer and expert point of view. We have an active mental health social network for support, online psychological tests, breaking mental health news, mental health videos, our documentary films, a live mental health tv show, unique tools like our "mediminder" and more. We're glad you found us.

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
www.communitythriftsf.org

(check with us about acceptable items to donate)

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 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., 2nd Floor Conf. Room. Call 519-0171

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)

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
2nd Wednesday at 6:30
Contact Vicki Evans at 661-5208
- 2) SF General Hospital
7th 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

We currently have two classes in progress in San Francisco. If you would like to sign up for a future class, please call the hotline at 415-905-6264 or email us at namisf@fsasf.org.

What does the course include?

- * Current information about schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, borderline personality disorder, and co-occurring brain disorders and addictive disorders
- * Up-to-date information about medications, side effects, and strategies for medication adherence
- * Current research related to the biology of brain disorders and the evidence-based, most effective treatments to promote recovery
- * Gaining empathy by understanding the subjective, lived experience of a person with mental illness
- * Learning in special workshops for problem solving, listening, and communication techniques
- * Acquiring strategies for handling crises and relapse
- * Focusing on care for the caregiver: coping with worry, stress, and emotional overload
- * Guidance on locating appropriate supports and services within the community
 - * Information on advocacy initiatives designed to improve and expand services

What people have to say about Family-to-Family

"Family members who take the NAMI Family-to-Family course are better equipped to work with mental health clinicians in a collaborative manner. My bottom-line recommendation? Take this course. It will help you learn to cope successfully with a major challenge in your life, and that, in turn, will help your loved one as he or she works toward recovery."

-- Peter Weiden, M.D., author of *Breakthroughs in Antipsychotic Medications*. Information from www.nami.org

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.namisf.org

NAMI San Francisco

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namisf@fsasf.org

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PLAN: Baron Miller
WALK: Ellie Shukert

Send newsletter additions/submissions/
change requests to 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 _____

(Please Print)

ADDRESS _____

CITY _____ ZIP _____

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

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San Francisco, CA 94109

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