



OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

www.namif.org

March Meeting Notes

Minds on the Edge: Facing Mental Illness

Minds on the Edge was produced by the Fred Friendly Seminars and was seen on PBS in October of 2009. The seminar format was moderated by Frank Sesno. A DVD of the program was shown and discussed at NAMI's March meeting. This show's purpose is to explore severe mental illness in America, engaging citizens, professionals in many fields and policy makers at all levels of government. It seeks to advance consensus about how to improve the kinds of support and treatment available for people with mental illness. The DVD was created to be watched by civic groups, professional organizations and leaders in government as a tool to engage the issues posed by severe mental illness, a hidden crisis in this country. The show's format presents a hypothetical scenario and asks the participants how they would handle the situation based on their own experience and areas of expertise. Each participant acted out his or her role in a given situation. The distinguished panel included U.S. Supreme Court Justice Stephen Breyer, Nobel Prize-winning neurologist Eric Kandel, along with attorneys, doctors, legislators and other experts in the field. The show features challenging ethical issues as well as systemic flaws in program and policy design, service coordination and resource allocation that are contributing to a mental health system that is widely acknowledged to be broken.

You can watch the program online. Go to our website: www.namif.org and click on the Facebook button. Then scroll down the page to find the link.

San Francisco Chooses Jail Over Treatment

By Fred J. Martin Jr., *SF Chronicle*, March 22, 2010

An explosion of research shows mentally ill persons treated early often go on to full recovery, gain employment, respond to treatment and live productively. Yet in San Francisco, more mentally ill are in jail than in hospitals, despite a blunt conclusion by Deputy Public Defender Jennifer Johnson: "Treatment is more efficient and cheaper than incarceration."

Johnson represents some 100 to 120 clients before the Behavioral Health Court. Due to a severe reduction in beds, both public and private, for acute treatment, San Francisco is paying a huge price.

Those not given treatment and care are spun out to the streets, often ending up in the criminal justice system. Many ultimately go to state prisons. They are the homeless who live and beg on our streets, consumers of street drugs and both victims and perpetrators of street crime.

Thomas Jefferson, a client in a mental health program run by a partnership of San Francisco General Hospital and UC San Francisco, stabilized with medication. He told a Mental Health Board hearing last month that earlier treatment would have allowed him to function now at a higher level. He considered himself fortunate to have appeared before the Behavioral Health Court, as his schizophrenia and drug addiction were treated. Otherwise, he said, he likely would be in prison.

Continued on page 7

3rd Wednesday of each month
6:30 - 8:00 pm
1010 Gough, San Francisco

The Monthly Meeting

MEETINGS ARE AT 1010 GOUGH

April 21

Barnett C. Levin, PhD, will speak on Crisis Intervention: How to set limits without withdrawing love. He works with mobile crisis.

May 19

Robin Buccheri, DNSc., MHNP, Professor USF School of Nursing, and **Louise Trygstad**. Hearing Voices: a report from The World Congress

June 16

Dr Cameron Quanbeck, SFGH Psych Emergency Services on LPS Reform in 2011: A new vision of progressive mental health law in California.

The APA Needs Your Input Now for DSM V Update!

When we or a loved one seeks treatment for mental illness, the treating professional provides a diagnosis and treatment (hopefully!). The diagnosis comes from a very important manual known as the Diagnostic and Statistical Manual for Mental Disorders (DSM). This manual is periodically revised by the American Psychiatric Association (APA) to reflect current research and knowledge.

From now until April 20th, the APA is soliciting public feedback for recommendations to the DSM. The current version is called DSM-IV; the new version will be called DSM-V. There is an interim version called DSM-IV-TR which has been in use since 2000. That version recognizes anosognosia as an important feature of schizophrenia and it is crucial that it be retained so that persons with severe mental illness who are unable to recognize their illness can still get treatment.

Let the APA know that the DSM-IV-TR already acknowledges anosognosia as a symptom manifesting in many people with severe mental illness. Since the research has demonstrated that anosognosia is present in 40-60% of persons with schizophrenia and bipolar disorder, we are requesting that the APA retain the language currently embodied in the DSM-IV-TR version, including persons with bipolar disorder as follows from page 304, "A majority of individuals with Schizophrenia (and Bipolar Disorder) have poor insight regarding the fact that they have a psychotic illness. Evidence suggests that poor insight is a manifestation of the illness rather than a coping strategy. ..This symptom predisposes the individual to noncompliance with treatment and has been found to be predictive of higher relapse rates, increased number of involuntary hospital admissions, poorer psychological functioning, and a poorer course of illness."

Here's how YOU can make a difference! The following steps take a little time and effort but the payoff is great.

- 1 Log onto <http://www.dsm5.org/Pages/Registration.aspx>;
- 2 Register (and remember your user name);
- 3 Wait until you get an e-mail with your password;
- 4 Go back to the DSM page and click on "Proposed Draft Revisions to DSM Disorders and Criteria";
- 5 On the right hand side of the screen it will say "Participate". Type in user name and password;
- 6 Click onto "Schizophrenia and Other Psychotic Disorders";
- 7 The very last option will say "Schizophrenia";

- 8 At the very bottom there will be a box entitled "My comments to the Proposed Revisions to Schizophrenia". Suggested wording: My brother/sister/son/daughter/partner/spouse has been diagnosed with schizophrenia/bipolar disorder. Lack of insight into the disease has kept him/her from accepting needed, life-supporting treatment. Since the research has demonstrated that anosognosia is present in 40-60% of persons with schizophrenia and bipolar disorder, we are requesting that the APA retain anosognosia as a recognized symptom of schizophrenia, as well as bipolar disorder.

Thank you for taking the time to make a difference!
The Treatment Advocacy Center

Special Needs Planning

April 27, 5:30-7:30 p.m., San Francisco

May 22, 1-3 p.m., San Rafael

June 10, 5:30-7:30 p.m., Los Altos

Kevin Urbatsch with guest Dan Cutter invites you to a FREE seminar. Topics to be covered will include: Setting up Lifetime Plans for Loved Ones with Special Needs, Maximizing Government Benefits, Using Special Needs Trusts and Memorandums of Intent, and Limited Conservatorships. RSVP now—seating is limited. For more information call Ryan Garwin at 415-593-9944.

In Walnut Creek....

Free workshops on Special Needs Trusts and Limited Conservatorships are being held in Walnut Creek. For dates and times, contact:

Nina S. Jones,
Education and Outreach Coordinator
Office: (925) 280-0172
www.dalelawfirm.com

PLAN of California

Two master **Special Needs Trust Plans** are offered to families in California. The plans would designate a minimum of \$150,000 or \$300,000 to contract with PLAN to give oversight of both fiduciary and personal support services without endangering public entitlements.

Contact Baron Miller (415) 522-0500 or
PLAN of California (888) 574-1258

[The following two programs offer certificates in mental health peer counseling, but are slightly different. There are going to be some paid positions created for graduates who can be either consumers or family members. The SFSU program is in a formative stage, and if you are interested and can go to their focus group, they are very interested in hearing from you. The faculties at both campuses are communicating with each other, and developing their plans together.]

Can You Attend A SFSU Focus Group?

San Francisco State University has teamed with Richmond Area Multi-Services, Inc. (RAMS) to offer a Peer Specialist Mental Health Certificate Program at SFSU's downtown campus. We are looking for feedback and suggestions regarding our curriculum objectives and class schedule for the 12-week program starting Fall 2010. Are you available to attend a focus group for consumers and family members on **Thursday, April 29 at 835 Market Street from 12-3pm?** We will serve lunch from 12-1 and start the focus group at 1pm. Your attendance would be valuable to the certificate program as we are educating and training individuals with mental illness and individuals who have a relative with mental illness to become peer specialists. If you have any questions, please call me @ 415.338.1064 or email me @ vaughn@sfsu.edu.

Community Mental Health Certificate Program-CCSF

The Health Education Department at City College of San Francisco was awarded a grant (by the SF DPH, MHSA funding) to develop the Community Mental Health Certificate Program. We are currently offering "Introduction to the Recovery Model in Mental Health" a prerequisite to the program. The Certificate program seeks to recruit and train individuals with lived experience, family members, and community allies. Contact Dr. Sal Nunez (snunez@ccsf.edu or 415-452-7387).

NAMI National Convention

June 30 - July 3, Washington DC

We've planned our 2010 National Convention program to end on the evening of July 3rd (our annual banquet). The Hilton's discounted NAMI convention hotel rates of \$155/single and \$165 double are good through July 6. Visit <http://www.nami.org/template.cfm?section=convention>.

GABA Update

Centre for Addiction and Mental Health, March 01, 2010

The next advance in treating major depression may relate to a group of brain chemicals that are involved in virtually all our brain activity, according to a study published today in *Biological Psychiatry*. The study is co-authored by Drs. Andrea J. Levinson and Zafiris J. Daskalakis of the Centre for Addiction and Mental Health (CAMH).

This study shows that compared to healthy individuals, people who have major depressive disorder have altered functions of the neurotransmitter GABA (gamma-aminobutyric acid). In the study, individuals with the most treatment-resistant forms of illness demonstrated the greatest reductions of GABA levels in the brain.

This points to the possibility that medications which correct a GABA imbalance could advance the treatment of major depressive disorder.

Several current medications for mood disorders correct imbalances in neurotransmitters such as serotonin and dopamine. However, many patients do not benefit from these medications. "Our findings build on the idea that some current medications do not help many patients because those drugs don't affect the GABA-related brain chemistry," says study author Dr. Levinson.

Applying the brakes

The GABA neurotransmitter and its receptors are involved in many different brain functions. Imbalances in GABA also are relevant to bipolar disorder, schizophrenia, and anxiety disorder.

The GABA neurotransmitter and its receptors are critical to how humans think and act, Dr. Levinson adds. "We apply so many conscious and unconscious perceptions and judgments to our actions at every second, without even realizing that we are doing so," she says. "GABA is part of the brain system that allows us to fine-tune our moods, thoughts, and actions with an incredible level of detail."

"It's a little like driving a car. You need the accelerator, but at every stage you need the brakes to work. Some of our neurotransmitters apply the spark and the gas to the engine, and GABA supplies the brakes," she says. "GABA provides the necessary inhibitory effect that we need in order to block out excessive brain activity that in depression may lead to excessive negative thinking."

In addition, today's study points to the reason why electroconvulsive therapy is still the most efficacious therapy for major depressive disorder, Dr. Levinson adds. "Electroconvulsive therapy may act on GABA brain chemicals in a way that can reset the balance," she says.

Continued on page 4

Largest study to date

This study of 85 people is the largest such research effort on GABA and major depressive disorder to date. It compared four groups: 25 individuals with treatment-resistant depression, 16 with major depression who were unmedicated, 19 individuals with major depression who were successfully treated with medication and had normal mood, and a control group of 25 healthy individuals.

In all groups, a thumb twitch response to transcranial magnetic (brain) stimulation (TMS) was used to measure how GABA acts physiologically in the brain. GABA receptors were found to be dysfunctional in the three groups with major depressive disorder when compared to healthy subjects. In people who were the least responsive (treatment-resistant) to medications, the physiological effect of GABA in the brain was at its lowest.

Personalized medicine

"We are advancing the goal of a truly personalized medicine," says study co-author Dr. Daskalakis. "It is intriguing to think that we may soon be able to apply simple brain stimulation to identify which treatments are most likely to help the individual person, eliminating the guesswork. That is, through these findings we may be able to one day determine who is and who is not going to respond to traditional pharmacological approaches to depression."

The journal published a separate editorial to highlight the potential for an individualized approach to diagnosing depression, one that would include brain stimulation to identify low levels of the GABA neurotransmitters.

Dr. Daskalakis has international expertise in the electrophysiology of psychiatric disorders, particularly related to GABA. This study was conducted at the Centre for Addiction and Mental Health, with coauthors in Melbourne, Australia. Funders of the study were the Ontario Mental Health Foundation, the Canadian Institutes of Health Research, and NARSAD.

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital and is among the top five such research facilities world-wide. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

For further information: Media Contact: Michael Torres, CAMH Media Relations; (416) 595-6015 or Media@camh.net



Saturday, May 22, 2010

SF Bay Area NAMIWALK Speedway Meadow, Golden Gate Park San Francisco

Did you know that the dollars you raise when you join the NAMIWalk help underwrite the free NAMI programming in our county? The 2010 NAMIWalk is NAMI San Francisco's largest fundraiser of the year.

For more information on the NAMI Walk or to volunteer: www.namiwalkSFbay.org or info@namiwalkSFbay.org
800-556-2401

NAMI California State Convention

August 27 - 28, 2010
Marriott in Burlingame



The theme for this year's NAMI California Annual Conference is **Lighting The Way To Recovery Together**. There is a new way to register for the conference. Please click on this registration link: <http://guest.event.com/EVENTS/Info/Summary.aspx?e=2747d37e-f1f4-4d83-a622-872632f796cc> --- or go to namicalifornia.org and hit the conference icon.

Low Cost/Sliding Scale Programs at UC Berkeley

The Mood Clinic at UC Berkeley provides two low cost/sliding scale programs: one for adults with bipolar disorder, and another for their relatives and loved ones. Our aim in both groups is to provide information, as well as tools to enhance coping with the disorder. Both programs are led by doctoral students in clinical psychology who are supervised by Ph.D. level psychologists. Additional information about either program can be learned by calling the Psychology Clinic at: 510-642-2055.

The Pentagon Tragedy: Mental Illness, Violence and What Reporters Should Ask

<http://www.prnewswire.com/news-releases/the-pentagon-tragedy-mental-illness-violence-and-what-reporters-should-ask-86723462.html>

ARLINGTON, Va., March 6 /PRNewswire-USNewswire/

The National Alliance on Mental Illness (NAMI) has issued the following statement on the death of John Patrick Bedell from his attack on Pentagon guards on March 4, 2010:

"News reports indicate that Patrick Bedell struggled for some time with a severe mental illness," said NAMI executive director Michael J. Fitzpatrick. "NAMI's members include individuals and families affected by mental illness. We know first-hand the difficulties in getting people help when they need it. The Bedell family's statement following the death of their son could have been made by any American family:

To us, he was a beloved son, brother, grandson, nephew and cousin. We may never know why he made this terrible decision. One thing is clear though: his actions were caused by an illness and not a defective character.

NAMI calls on news media to look carefully and in depth at the facts of the tragedy. Look beyond sensationalism and provide balanced perspective and education on mental illness, treatment and recovery.

The U.S. Surgeon General has reported that the likelihood of violence by people with mental illness is low: 'The overall contribution of mental disorders to the total level of violence in society is exceptionally small.' In fact, people with mental illness are 10 times more likely than other Americans to be victims of violence.

Because acts of violence are exceptional, they are a sign that something has gone terribly wrong. Issues that

reporters and others should pursue in any case of this nature include:

- Was there an actual diagnosis? What were the symptoms?
- What was the full medical history?
- Did the person or family seek treatment, but get delayed or denied? When?
- Where seen? By whom? How often?
- Was follow-up care provided?
- Was treatment coordinated among different professionals?
- What kind of social and peer support was the person getting?
- Taking medication? Why or why not?
- Were side-effects a factor in discontinuation? Did doctor recently change diagnosis or prescriptions?
- Was there substance abuse?
- What events may have triggered the psychiatric crisis?
- Did family members receive education and support?
- Were there past interactions with police or courts?
- Was court-ordered treatment ever utilized? Why or why not?

Early news reports have indicated that many of these questions are relevant in understanding what happened in this case.

We must use it as an opportunity to fix any holes that exist in the mental health care system -and at a time when massive state budget cuts are destroying mental health services, to protect and strengthen those that do exist.

Family To Family Education Class Teacher Training

If you have taken the NAMI Family to Family Education course and would like to give back to the community by presenting this wonderful program, now is your chance! Sign up now for the Family to Family Teacher Training on April 9-11 in San Jose. If you are interested or have more questions, please call us at 415-474-7310 ext 437.


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)



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

Support Groups



Family Members' Groups

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

Sibling & Adult Children Network meets twice a year in June and December.
Call Mary Gullekson at 474-7010 for information

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 Tuesdays 5:30-7:30 pm at Mission Mental Health, 2712 Mission Street. Call Anita Madrigal at 415-867-8172.

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., Lower Level meeting 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 & 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
- 3) Kaiser Hospital, French Campus at
4141 Geary, Room 2 (free parking!)
2nd Saturdays, 10:30-Noon
Contact Pam Polos at 650-862-2886 or
pamelapolos@comcast.net



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:

for 18 to 25+ year old people

1st and 3rd Mondays, 6:45-8:15pm

Contact Harry at 650-430-2909 for information.

Friends And Family Support Group:

1st and 3rd Mondays, 6:45-8:15pm.

2nd Floor Conf. Room

Info: Jane Norbeck at 415-519-0171
or Harry Walters at 650-430-2909.

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.

Annette Robinson, diagnosed as bipolar, praised Behavioral Health Court staff and caseworkers, adding: "When ... arrested ... I went to jail. I don't think anybody knew how to help me. My mind was totally gone." On medication, she said, the Behavioral Health Court staff "have shown me an unconditional care about how my life turns out. I do need help still. "They have allowed me to get to a place where I can do things on my own... start to go back to work. I am going to school now."

Police bring disturbed individuals to San Francisco General Hospital's Psych Emergency Services. In 2007, the hospital had 87 locked ward beds. The 2010 budget would convert them to 22 acute beds and 36 sub-acute beds. Acute wards are locked wards with around-the-clock supervision, and provide an alternative to jail for the most severely ill persons, generally those with schizophrenia or bipolar illnesses, brought in by police under a 14-day hold permitted under state law and reimbursed by Medicare. Sub-acute wards are for those patients who are medically stabilized. For the seriously ill, an acute ward is the only alternative to jail.

Lt. Mark Solomon of the San Francisco Police Department and Dr. Cameron Quanbeck, a forensic psychiatrist, said the bottleneck of too many mentally ill for too few acute care beds creates a revolving door, resulting in patients being discharged to the streets or jail

with unresolved psychiatric problems. Inevitably, they return to the hospital and the cycle begins anew. For more information

View the Feb. 25 Mental Health Board hearing on SFGOVTV on the impact of mental health budget cuts on life in San Francisco. Go to sfg.ly/9X4j8p, then click on the word video in the line that reads "Mental Health Board." In the new screen that comes up, click on "continue with this video."

Fred J. Martin Jr. is a retired director of governmental relations for the Bank of America. He chaired the 2002 program on mental illness and public policy at UC Berkeley. Copyright 2010 SF Chronicle

County Mental Health

ACCESS Line: 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

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.namifsf.org

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Please Join NAMI SF

When you join NAMI **San Francisco**, \$10 pays your dues for NAMI National and \$10 for NAMI California. (\$45 is three memberships in one!) NAMI San Francisco needs your membership support. Please let us count you. There is power in numbers, and 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 for the Family- to-Family Education Course, an invaluable resource for people who love someone with a mental illness, and for In Our Own Voice and Peer to Peer empowering programs for consumers.

Write your check to "NAMI San Francisco"
Please mail to:
NAMI-San Francisco Treasurer
77 Geary Blvd., 5th Floor
San Francisco, CA 94108

NAME _____

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ADDRESS _____

CITY _____ ZIP _____

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EMAIL _____

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***.