



OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

www.namif.org

January Meeting Notes

Ask the Doctor Night with Damien Rose, M.D.

By Roberta Kaye

Dr. Damien Rose is a psychiatrist at UCSF-Langley Porter Clinic where he completed his residency in 2006. He was attracted to UCSF's strong clinical training program, which provided varied experiences in the field. In particular he became very interested in the syndrome that we call schizophrenia, thinking about it from the perspective of cognitive neuroscience, that is, thinking about the brain as it develops through adolescence into adulthood. What are the processes that occur during that time and why would these things we call psychotic symptoms tend to develop around that time? Further, how should they be described and treated?

Dr. Rose feels that the concept of a categorical distinction between psychotics and non-psychotics breaks down the more one observes them from the neuroscience perspective. Older notions, expressed earlier in the 20th century, made the assumption that there is a fundamentally different problem when dealing with those described as psychotic. This view has not held up to scrutiny and has resulted in an inadvertent stigma. Psychosis does not have an all or nothing irrevocable nature. We don't work on this assumption with other mental health conditions such as depression, anxiety and mania, which exist along a continuum of mild to severe. Psychosis, on the other hand, has been viewed as "off the chart." In fact there are things that can be done therapeutically for psychosis and sometimes

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City in Peril!

Public Hearing on the Impact of Mental Health Budget Cuts



NAMI-SF and Mental Health Board

February 25, 2010

6:00 - 9:00 pm

City Hall, room 250

San Francisco cannot afford the high cost of failing to treat mental illness. When we cut needed services for people with severe mental illness, we end up paying at our hospitals, in the streets, and in our jails.

Come and hear what works from front-line doctors, police officers, jail staff, homeless advocates, Behavioral Health Court staff, and recovered consumers.

Please bring everyone you know so our presence will be felt. Smart Care can save lives and money! If you can't make it to the meeting, please write or email your comments to our office (info on back page) - we'll try to share those at the meeting.

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

The Monthly Meeting

MEETINGS ARE AT 1010 GOUGH

February 17

Richard Heasley, Executive Director Conard House, will describe the self management program that has been developed over many years at Conard House.

March 17

Special event: Chris Turck, head of Proteomics and Biomarkers Max Planck Institute of Psychiatry will update us on the research begun in 2002 on new targets for treating depression, bipolar and schizophrenia.

April 21

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

Before Or After Birth, Gene Linked To Mental Health Has Different Effects

Source: Johns Hopkins Medical Institutions, 1/5/10

Scientists have long eyed mutations in a gene known as DISC1 as a possible contributor to schizophrenia and mood disorders, including depression and bipolar disorder. Now, new research led by Johns Hopkins researchers suggests that perturbing this gene during prenatal periods, postnatal periods or both may have different effects in mice, leading to separate types of brain alterations and behaviors with resemblance to schizophrenia or mood disorders.

The findings, reported online Jan. 5 in *Molecular Psychiatry*, could eventually help researchers treat mental illness in people or even prevent it.

To manipulate DISC1 expression during different periods, the researchers, led by Associate Professor Mikhail Pletnikov, M.D., Ph.D., crafted a novel mouse model in which a mutant form of the gene could be turned off by feeding the animals small amounts of the antibiotic doxycycline in their chow.

The animals could get the drug directly by eating it or through their mothers during gestation. Withdrawing doxycycline turned this gene on. (All the animals also carried the normal DISC1 gene, which wasn't affected by the drug.)

Using this model, Pletnikov's team generated four groups of mice: those that expressed mutant DISC1 prenatally (Pre), those that expressed mutant DISC1 postnatally (Post), those that expressed it during both periods (Pre+Post), and those that never expressed it (NO).

When the mice were about 2 months old, the researchers put the animals through a battery of behavioral tests designed to measure characteristics similar to schizophrenia and depression in humans, such as abnormal social interactions and heightened aggression under stress, comparing these animals with "control"

animals that didn't express the mutant gene.

Because previous studies have shown that male mice with mutant DISC1 have such altered traits, the researchers tested male mice in each of the groups by placing them in a cage with a normal male mouse and allowing them to mingle for 10 minutes. They counted various social behaviors, including sniffing, following and attacks. Pletnikov and his colleagues found that the Pre+Post and Post groups spent significantly less time in non-aggressive social interaction with their partners than the mice of the NO group. Those in the Pre+Post group also demonstrated significantly more aggressive attacks on their partners than control mice that did not express mutant DISC1.

To look for behaviors reflecting depression, the researchers gave animals of both sexes in all the groups a forced swim test and a tail suspension test. In both tests, the animals participated in unpleasant activities - being made to swim in a pool, or being lifted by their tails - and were timed for how long they struggled. Mice thought to exhibit depression-like behavior spend more time immobile than non-depressed mice.

Pletnikov's team found that only female mice of the Post group spent significantly more time immobile in the forced swim test than mice that did not express mutant DISC1. Female mice in the Pre+Post group spent significantly more time immobile in the tail suspension test than control mice. Male mice in each of the groups displayed similar behavior in these tests.

Finally, when the researchers examined the brains of the mice, they found significant differences between animals in different groups. Those in the Pre group had significantly smaller brain volume than the other mice. Mice in the Post and Pre+Post groups had significantly larger lateral ventricles and decreased content of dopamine, a pleasure-producing brain chemical, in the frontal cortex. Both female and male mice in the Pre, Post and Pre+Post groups had fewer neurons that produce GABA, a brain chemical that regulates nerve cell firing, than mice in the NO group.

The researchers say both the behavioral and physiological findings suggest that expressing mutant DISC1 at different time points during fetal or early childhood development can lead to different outcomes. While selective prenatal expression led to smaller brain volumes but mild behavioral effects, pre- and postnatal expression led to behaviors and brain alterations in male mice similar to schizophrenic humans, and postnatal expression produced abnormalities in female mice similar to depression.

The researchers aren't sure why the animals varied according to sex. However, Pletnikov notes, schizophrenia and depression also vary between the sexes in humans, with schizophrenia more prevalent in males and depression more prevalent in females. He and his team plan to study these sex-related differences in future studies.

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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

The team also plans to try to narrow the time periods in which mutant DISC1 is turned on in their model to study particular stages, such as early postnatal development, sexual maturity, adulthood and aging, since triggers at each of these stages might bring on mental illness.

The goal, says Pletnikov, is to use these findings to develop new therapies to treat psychiatric disorders.

"Right now," he says, "we cannot treat or reverse all the abnormalities associated with schizophrenia or major mood disorders, but our research gives us hope that we can eventually target some of these abnormalities that are currently considered incurable. If we catch these problems early enough, we may someday be able to prevent schizophrenia or depression from developing."

This study was supported by grants from the National Institute of Mental Health, Autism Speaks, the National Alliance for Research on Schizophrenia and Depression, and the Mortimer W. Sackler Foundation. Other Johns Hopkins researchers who participated in this study include Yavuz Ayhan, M.D.; Bagrat Abazyan, M.D.; Jun Nomura, Ph.D.; Roy Kim; Akira Sawa, M.D., Ph.D.; Russell L. Margolis, M.D; and Christopher A. Ross, M.D., Ph.D.

Family To Family Class Starting In February

To enroll in the class, please call the hotline, 415-905-6264, and leave your name and phone number, or email the NAMI San Francisco office at namisf@fsasf.org, and you will be contacted by one of the teachers.

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



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)

Social Security Administration Hearing in San Francisco

Note by Barbara Redfield

In San Francisco on November 18, 2009, the Social Security Administration held a hearing on the subject of **compassionate allowances** for people with schizophrenia in an effort to figure out a way to get people who do not know about or acknowledge their illness, but are showing all the symptoms that indicate they have the disease, to get started on SSI or SSDI as quickly as possible. This hearing was absolutely stunning for me. They are my heroes and Social Security seems to me to be the only institution (besides NAMI) that gets what we and our loved ones are going through!

You can either watch videos of this hearing on their website, or download and read the testimony that was given that day. Take special notice of Dr. Kenneth Duckworth, Medical Director for NAMI National, and our own members: Eileen Lemus, Noah King and Dale Milfay. You can get there by entering the following site in the http: box on your computer, or go to www.SSA.gov and use their search box for compassionate allowances hearings.

www.socialsecurity.gov/compassionateallowances/hearings111809.htm

} **Hope doesn't come from calculating
whether the good news is winning out over
the bad. It's simply a choice to take action.** }

—Anna Lappe, O Magazine, June 2003

URGENT:

Budget Proposal Threatens MHSA Funds

At this time, we have a matter of great urgency. The Governor is proposing placing Proposition 63 on the ballot again in June in order to allow for the supplantation of funds from the Mental Health Services Act to cover existing mental health services. We only have until March 1 when the legislature's special session ends and we need continued family member and consumer support to fight this proposal. Please go to the state NAMI web site, www.namicalifornia.org for more information.



Volunteer and Part Time Job Opportunities

There are some volunteer and paid opportunities in the NAMI San Francisco Office

If you have time and some skills, especially

- bookkeeping in Quickbooks
- computer/internet communications
- database management
- Newsletter articles and ideas

Please call or email Barbara Redfield at namis@fsasf.org or call 415-474-7310, x437

Recent Local Finds:

If you're looking for helpful therapy, try these books by Jon Kabat-Zinn! *The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness* and *Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*.

I just discovered Mindfulness-Based Cognitive Therapy, offered at Haight Ashbury Psych Services. I took a daylong workshop with Lee Lipp, PhD.

For meditation, check out www.sfinsight.org.

SAVE THE DATE!

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

Saturday, May 22, 2010

Join thousands of NAMI walkers as we raise awareness & funds for our FREE mental health programs in: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Solano counties

- Family & Peer Education & Support
- Speakers Bureau
- Anti-Stigma Advocacy

There are so many ways to participate:

- Register to Walk!
- Be a Team Captain!
- Recruit an Event Sponsor!
- Volunteer at the Kick-Off Luncheon!
- Volunteer on Walk Day!

For more information or to volunteer:

www.namiwalkSFbay.org or

info@namiwalkSFbay.org

800-556-2401

NAMI CA State Convention

August 20 - 21, 2010

Marriott in Burlingame

This year's NAMI California State Convention will be held in Northern California. NAMI CA is welcoming all to participate in the convention committee since it's in our back yard. If you're interested, please join the conference call on Tuesday, February 9, at 4:00pm. Dial 1-800-944-8766, participant code is 75481. Be thinking of a conference theme and any ways you might have to improve over past conferences. Please call Coleen Peters at 661-747-9001 if interested, and also let the NAMI San Francisco office know you are interested.

sustained remission of symptoms can be found making a long term difference. Given this understanding the PREP (Prevention and Recovery in Early Psychosis) was established. Its stated goal is to provide comprehensive, evidence-based services to people suffering from signs and symptoms of serious mental illness. It has been about two years in the making and information is available on its website: (prepwellness.org)

The PREP program started at UCSF with the recognition that research programs, which had been up and running for awhile, must find a new way of thinking about psychosis. The population for which they were providing cognitive therapy really did not have community services; there wasn't much of a system that was going to use UCSF's language, share the PREP program's vision or have its realistic optimism. These were real obstacles until the Family Services Agency (www.fsasf.org) was found which provides a system of care that has a large mental health component, a local investment in the community, a variety of programs and the vision to sustain their services. PREP had been interested in collaborating with community organizations for a while but needed an organization that understood how aid is provided and was willing to embark collaboratively on a two year program, while finding grant money to make it possible. Funding mechanisms presented a big challenge, which was solved when services could be structured using the early intervention grant in the Mental Health Services Act (MHSA). It defines a group of therapists, medical providers, case managers and program directors, who can provide a full multi-disciplinary system designed to bring evidence-based practice to, eventually, anybody in the county with persistent psychotic symptoms lasting three to five years. There are several pieces to it: providing medication, medical management and clinic expansion under the direction of a nurse practitioner.

Dr. Rose pointed out that if you look at the provision of services in a community system, unlike the approach taken at UCSF, there will be a surprisingly small number of psychiatrists with an evidence-based practice. This doesn't suggest that these are people who don't care, but rather indicates a lack of fidelity to 40 to 50 years of literature on how to provide anti-psychotic medication and treatment.

An evidence-based practice requires repeated checking and rechecking to establish that there is justification for every treatment decision. There are individual weekly meetings with consumers for four months targeting broad psycho-therapeutic goals. There is the recognition that during the stage in life when schizophrenia's onset typically occurs (between the ages of 16 and 25) a lot of development is occurring and

schizophrenia's symptoms tend to disrupt function. Often it is found that the patient has three medications, the wrong medication or too much medication. In addition, recommended treatments such as Cognitive Behavioral Therapy is not part of the treatment s/he is receiving. The PREP team recognizes that particular needs must be targeted. Independence, for example, is a big issue in this stage of life and family must be brought into the process. More staffing to expand CBT is needed as well as more substance abuse treatment and more formal connections with Medi-Cal and Medi-Care established.

A question period followed this background presentation

- In response to a question as to why the treated PREP population could not be expanded to include a wider age range, Dr. Rose said that the treatment was limited to a younger transitional age group because it has a lot of available evidence and the approach can be multidisciplinary with a family that is still involved with the consumer. With that evidence one can be on much firmer ground. Also this age group allowed UCSF to get funding which requires that specific goals be established.
- He was asked about extending the PREP program to those with bipolar disorder? He answered that the research program has been defined specifically for schizophrenia or schizoaffective disorder as required by the grant terms.
- Dr. Rose was asked whether mental illness diagnoses are possibly just the choice of one particular interviewer or another and he said that, if the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) is used correctly, it is relatively consistent and one can be pretty sure that definitions are understood. However, the problem from a scientific perspective is that one is clinically bound by DSM IV criteria noting that there is a lot of overlap in mental illness conditions and treatment issues tend to be similar.
- With regard to the health hazards of medications Dr. Rose said one needs a risk/benefit analysis. Clearly,

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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 LaVaughn 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 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., 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.

for the whole population of those with a mental illness, medications help but when used exclusively become problematical. Medications must be implemented with all the other evidence-based treatments available. Most schizophrenics without treatment do not become symptom free. We are now beginning to ask prospective questions about risk and look to intervention prevention strategies in a help-seeking population. Those with an ultra high risk, roughly one third, will get schizophrenia or schizoaffective disorder within a year of being seen. The clinical question requires a determination of whether the risk is great enough to start an intervention program. Dr. Rose stated emphatically that psychosis is not inherently pathological. There is nothing that says having an hallucination means that there is something wrong unless hallucinations are chronic.

- On the issue of older versus newer anti-psychotic drugs, the latest data suggests that neither is significantly better or worse. The major differences among the medications are their side effects and efficacy rather than whether they are older or newer. One of the worst offenders causes tardive dyskinesia, which is very difficult to reverse. Identifying it early is more effective than trying to get treatment later. Many side effects are reversible, so those taking the anti-psychotics should be

monitored watching for weight gain, cholesterol levels and blood sugar results.

- A question was asked about using Abilify in treating schizophrenia. It is one of the first choices because risks are quite low in both weight gain and tardive dyskinesia. Also in theory you cannot overdose with Abilify. On average it is probably slightly less effective than some of the comparable medications

Those interested in seeking help can call 415-476-7278. The PREP program is an academic-community partnership established between the University of California, Family Service Agency (FSASF) of San Francisco and The Mental Health Association of San Francisco (MHASF).

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

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

NAMI San Francisco

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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 _____

(Please Print)

ADDRESS _____

CITY _____ ZIP _____

PHONE _____

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***.

NAMI SAN FRANCISCO

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San Francisco, CA 94108

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