



# OUT OF THE FOG

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

## September Meeting Review

By Suzanne Brady

The September General Meeting was an "Ask the Doctor" session featuring Richard Patel, MD, the former Director of PES (Psychiatric Emergency Services) at San Francisco General Hospital. Dr. Patel now works part-time at PES, maintains a private practice, and serves as a forensic psychiatrist in Oakland.

The first question came from a person who wanted Dr. Patel to talk about non-bizarre persecutory disorder (NBPD). In contrast to the bizarre delusions of schizophrenia (i.e., aliens are controlling me with chips in my brain), a person with NBPD experiences delusions that might be true (i.e., someone is trying to poison me). Dr. Patel said that NBPD is very difficult to treat. It does not respond to anti-psychotic medication. And you will not be able to dissuade the person from their belief. He suggested that a family member or professional not argue with the patient about their delusion.

Instead the most effective approach is to say, "I know you believe this. I don't agree with you, and let's keep this between us." Then focus in on the patient's complaints related to the NBPD. Are they losing sleep? Are they really lonely? Treat the symptom that the patient complains about and encourage them not to talk about the NBPD with others. In this way, the patient can be gradually helped to manage the NBPD so it does not disrupt their social life or employment.

*Continued on page 4*

## The 2008 Presidential Election Mental Health: The Candidates & Party Platforms

Visit [nami.org](http://nami.org) Web site, see left side for Presidential Candidates

### Explore the Candidates

In early 2008, NAMI sent a questionnaire to all presidential candidates in each party. We encouraged candidates to provide us with other relevant materials or explanations of their positions on issues involving mental health even if they did not have time to respond to the questionnaire.

NAMI offers these responses and excerpts from party platforms for educational purposes only. NAMI is a non-profit, non-partisan organization. Non-profit charitable organizations, including NAMI state and local affiliates, are prohibited by law from endorsing specific candidates. This information should not be used by any NAMI affiliate to endorse any candidate.

### Explore the Party Platforms

NAMI offers excerpts from the Democratic and Republican party platforms that are relevant to mental health.  
 Health Care  
 Education  
 Veterans

Presidential Candidate Sites  
[www.johnmccain.com](http://www.johnmccain.com)  
[www.barackobama.com](http://www.barackobama.com)

3rd Wednesday of each month

6:30 - 8:00 pm  
 1010 Gough St  
 (between Eddy & Ellis)

## The Monthly Meeting

October 15

Jennifer Keller, PhD of the Stanford Depression Clinic will present: "Mood and Psychotic Disorders: Differential Diagnosis and Treatment"

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!

# Confidentiality Laws Hinder Loved Ones from Helping Mentally Ill Relatives

By Patty Fisher, *The Mercury News*, 9/14/2008

The bus driver recognized Tammy's brother from the flier she had made. Lots of homeless people ride the No. 22 bus, he told her, because the two-hour ride up and down El Camino Real gives them time to catch some sleep.

But he hadn't seen the bearded guy in the picture lately, so Tammy kept looking.

For a week, Tammy and her father searched all the usual places in San Jose for her brilliant schizophrenic brother. They called the jail and the hospitals. They went to St. James Park, combed the campsites along the Guadalupe River, inquired at the libraries and the Julian Street Inn. They filed a missing persons report with the police.

She describes those days as a "miserable combination of worry, helplessness, frustration, fatigue and anxiety."

Families of the mentally ill know those feelings all too well. What frustrates them most is that the law, in an effort to protect the rights of the mentally ill, often denies the family's right to information about the welfare and whereabouts of their loved ones.

Tammy and her father eventually found her brother, now thanks to the police. They contacted NAMI, the National Alliance on Mental Illness, which has an office in Campbell.

"When they came to our office, they were pretty desperate," said John Mitchem, president of the local NAMI chapter.

A NAMI member suggested calling the pay phone in the psych ward at Valley Medical Center. So Mitchem called and asked to speak to Tammy's brother. Sure enough, he was there.

It turned out that her brother had been in the hospital all along. Tammy was worried sick and doesn't understand why no one had told her. If he had been in a car accident, surely someone would have notified the family.

People admitted to the hospital are asked to sign a

consent form so information can be released to family members. But Tammy's brother, in his paranoid state, refused to sign anything. So the hospital couldn't legally even acknowledge that he was there.

"It would be hard for me to understand if it were my brother," said Dr. Michael Meade, medical director for the Santa Clara County Department of Mental Health. "I'd be raging against the system."

Meade said the law is very protective of patient confidentiality. "It really kind of puts us in a bind," he admitted. "But the laws have been written to side with the rights of the patient,"

I understand the need to protect the privacy of those with mental illness. That's why I'm not using Tammy's brother's name. And yet, it does seem that there is something wrong with the system.

When the brain is diseased, the decision-making ability is impaired, the patient cannot make decisions in his best interests. And cutting him off from those who care about him is cruel.

Tammy's brother doesn't even know that he's ill. A computer scientist with a PhD from a prestigious university and a 160 IQ, he had a distinguished Silicon Valley career until the disease took over his life two years ago.

When he was diagnosed with paranoid schizophrenia, Tammy assumed the scientist would deal with the news rationally.

"To me it seemed perfectly clear that when they told him what was wrong with him, he would take medication," she said.

Instead, she watched him deteriorate until he had lost his job, his home, his marriage.

It's an all too common situation. And I'm not sure what the answer is. Fifty years ago it was relatively easy to lock up your mentally ill relative for life. Clearly there were abuses, and the system needed to be changed.

But have we gone too far in the other direction? Our streets, jails and shelters are filled with sick people who are denied the help they need because they don't know they need it.

It's a shame that those who care most about them are shut out of the picture.

## County Mental Health

The County mental health access line  
for all consumers is

**415-255-3737**

The Mobile Crisis Unit is

**415-355-8300**

## 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.

# Risks Found for Youths in New Antipsychotics

Excerpted from New York Times article published September 15, 2008

By Benedict Carey

A new government study has found that the medicines most often prescribed for schizophrenia in children and adolescents are no more effective than older, less expensive drugs and are more likely to cause some harmful side effects. The standards for treating the disorder should be changed to include some older medications that have fallen out of use, the study's authors said.

The results, being published online by The American Journal of Psychiatry, are likely to alter treatment for an estimated one million children and teenagers with schizophrenia and to intensify a broader controversy in child psychiatry over the newer medications, experts said.

Prescription rates for the newer drugs, called atypical antipsychotics, have increased more than fivefold for children over the past decades and a half, and doctors now use them to settle outbursts and aggression in children with a wide variety of diagnoses, despite serious side effects.

A consortium of state Medicaid directors is currently evaluating the use of these drugs in children on state Medicaid rolls, to ensure they are being prescribed properly.

The study compared two of the newer antipsychotics, Zyprexa from Eli Lilly and Risperdal from Janssen, with an older medication and found that all three relieved symptoms of schizophrenia, like auditory hallucinations, in many young patients. Yet half of the children in the study stopped taking their drug within two months, either because it had no effect or was causing serious side effects, like rapid weight gain. The children receiving Zyprexa gained so much weight that a government oversight panel monitoring safety ordered that they be taken off the drug.

The long-anticipated study, financed by the National Institute of Mental Health, is the most rigorous, head-to-head trial of the drugs in children and adolescents with this disorder. About three million Americans suffer from schizophrenia, and perhaps 40 percent first show symptoms in their teens or earlier.

Dr. Jon McClellan of the University of Washington, a co-author of the new study and of the current guidelines for treating childhood schizophrenia, said in a telephone interview that older schizophrenia drugs should now be considered as an alternative in some cases.

"Some of the children in this study gained 15 pounds or more in eight weeks," Dr. McClellan said. "That's as much as adults gain in a year on these medications. Children are especially susceptible to these side effects, and this has broad implications across the board, for the use of these agents to treat any disorder."

Studies have found that more than 80 percent of

## Family To Family Education Class

We are currently enrolling family members and friends of persons with a mental illness in a free 12-week course which starts soon.

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!

prescriptions for atypical antipsychotics for children are to treat something other than schizophrenia, like autism-related aggression, bipolar disorder or attention-deficit problems. Some of these are approved uses; others are not.

The researchers, led by Dr. Linmarie Sikich of the University of North Carolina, recruited 119 young people, ages 8 to 19, who suffer from psychotic symptoms. The children received either Zyprexa, Risperdal or molindone, an older drug used to blunt psychosis. Neither the young patients nor the doctors treating them knew which drug was being taken, but the researchers told the youngsters and their parents that, if the medication was not working out, the family could switch to another one.

After eight weeks, 34 percent of the children taking Zyprexa, 46 percent of those on Risperdal, and 50 percent of those receiving molindone showed significant improvement.

But by that time so many of the patients had stopped taking the drug they were on that it was not clear that those differences were significant. Many had gained a lot of weight: an average of about nine pounds for those in the Risperdal group, and 13 pounds in the Zyprexa group.

Both groups also showed changes in cholesterol and insulin levels that are risk factors for diabetes. Those taking molindone gained less than a pound, on average, and had little metabolic changes.

Dr. Sikich, the study's lead researcher, said, "One implication of this study is that the guidelines for treating schizophrenia need to be revised, so that some of the milder, traditional or older medications are considered first-line treatments in some cases." She added: "The other significant thing is that none of these medications were as well tolerated as we had hoped. We really need to find better alternatives."

Spokesmen for Eli Lilly and Janssen said that their drugs were not approved to treat schizophrenia in children and that, given the limited number of options for such patients, there was a need for new therapies.

"I think the reason the use of these newer drugs has gone up so fast is that there was this widespread assumption that they were safer and more effective than what we had before," Dr. McClellan said. "Well, we're seeing now that that's not the whole story."

The next question referred to a recent article in the New York Times about the efficacy of the newer anti-psychotics for youths. In answer, Dr. Patel referred to the results of the NIMH Clinical Antipsychotic Trials of Intervention Effectiveness Study (CATIE)-the older anti-psychotics are just as effective as the newer ones. He added that drug efficacy depends on the individual and has to be evaluated on a patient-by-patient basis.

Then a person asked about the best way for psychiatrists to work with the families of patients given confidentiality concerns. At any time a family member, friend or anyone who knows a patient can leave a doctor a phone message about the patient. There is only a violation of confidentiality laws when medical professionals give family members information without the patient's approval. PES is moving towards outreach to families--to collect information--despite patient's requesting them to not contact family, Patel said. In addition, he encouraged families to advocate for patients with mental illnesses.

"There are less resources than ever before," Patel said. "You have to advocate for your family member."

If the doctor or caregiver is busy ask, "When can I call you back?" or "If you're not able to talk to me, who can I talk to?" He reminded everyone that, due to funding cuts, caregivers are being asked to do more and more so be kind, but be persistent.

Another question came from a young man who had to have his mother hospitalized against her will when she stopped taking her psychotropic medication and became ill. The son was ready to apply for a conservatorship but after 72 hours the judge was ready to release her. The doctor explained to the son that his mother would have to be admitted to the hospital numerous times before she would be kept beyond 72 hours. The young

man asked Dr. Patel where he can find better care for his mother.

Dr. Patel explained that due to historic mistreatment of psychiatric patients, the United States legal system (and the Bay Area in particular) leans heavily towards the individual rights of the patient (varying in degree from one Bay Area county to another). Due to those facts and the underfunding of mental health services, Dr. Patel estimated that for every 10 people who are chronically psychotic and in need of hospitalization only 1 person gets the treatment they need.


He advised people to get care for a family member as soon as they begin to decompensate. Do not wait until they are experiencing their worst symptoms. He also warned that 50 to 75% of the people released from the hospital after a psychiatric emergency will still be experiencing psychiatric symptoms. A 72-hour hold can calm a client. It does not resolve an acute psychotic break. The problem is that too often patients are released from the hospital with no realistic community care plan in place. This led to a discussion of the deep cuts to psychiatric service implemented in the 2008-09 San Francisco city/county budget.

"These are the most drastic cuts done in the 15 years I've been here," Dr Patel said.

Twenty beds were cut from PES in the new budget (from 80 beds to 60). At the same time, the city funded 12 beds at a new Progress Foundation Psychiatric Urgent Care Center/Acute Diversion Unit (UCC/ADU). The city claims that patients were hospitalized longer than necessary at PES and that Progress Foundation's UCC/ADU will provide a more appropriate level of care in a community setting.

The UCC/ADU is located on Dore Street between Howard and Folsom Streets. Patients must be brought to the facility by police officers to be considered for inpatient services. Dr. Patel expressed support of the UCC/ADU but said its services are no substitute for the inpatient services at PES. In addition, he said that the 12 promised beds have been reduced to eight.

Major resources need to be invested in providing robust day-treatment services in the community, Dr Patel said. Such a setting would include on-site psychiatric care, licensed clinicians, and case managers with a reasonable case load so clients don't fall through the cracks. In addition, long-term treatment facilities for San Francisco residents with psychiatric illnesses and alcohol or drug addictions are badly needed.



**Remember to donate to the**  
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This is one of our *best*  
*sources* of income for the  
NAMI SF Chapter!!

**625 Valencia Street at 17th Street**  
**415-861-4910**

- 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

## Stanford University Medical Center Hosted 4th Annual Schizophrenia Education Day

By Pam Polos

Attendees to the 4th Annual Schizophrenia Education Day on Saturday, September 20 were presented with multi-faceted approaches to treatment as well as inspiring and hopeful stories from NAMI In Our Own Voice and Peer to Peer presenters.


Director of the Stanford Schizophrenia Disorders Clinic, Stanford University School of Medicine, Ira D. Glick, MD presented new findings on treatment including clinical and pharmacological interventions. He stressed the need for better treatment in the future since currently symptoms are only partially treated. According to Dr. Glick, studies on the genetic components of schizophrenia are just beginning. At this point, there is some consensus that the illness may be polygenetic. Dr. Glick described his research which shows that despite some recent press, new generation antipsychotic medications have proven to be more effective than the old generation antipsychotics.

Maurice W. Fried, PhD, a Clinical Research Associate at the Stanford Schizophrenia Disorders Clinic presented a psychosocial/family interventions and rehabilitation model which emphasizes the importance of group and family therapy as well as individual psychotherapy. The treatment provides experiences in interaction and better helps the patient understand the dynamics of communication. Dr. Fried's studies have shown that on average, psychosocial treatment decreases relapse within a 9 to 18-month period.

"Entering the Golden Age of Schizophrenia Treatment" was presented by Sophia Vinogradov, MD, Professor of Psychiatry, UCSF. Dr. Vinogradov described her research which uses neuroscience-guided cognitive training to improve patient function. The research stems from the new concept of neuroplasticity which posits that the brain can change its own structure and function through thought and activity. Dr. Vinogradov is conducting a research study through UCSF to see if specialized computer training helps young people (16-30) with schizophrenia lessen their symptoms


and improve their thinking. The procedures consist of interviews and questionnaires, computer and paper and pencil tests, brain imaging tests and blood tests. Since current medications do not improve cognitive deficits, this is an area that has heretofore been neglected. Dr. Vinogradov believes that cognition is a key building block for recovery; consequently, this is one of the more hopeful new developments in the treatment of schizophrenia.

The most compelling presentations of the day however were those made by Robert Villanueva and Harry Nicholas. Each man spoke about his 20+ year struggle with the illness-their confusion, isolation, anger, sadness, relapses and eventual recovery. Currently, both are active NAMI speakers: Mr. Nicholas in California and Mr. Villanueva nationally. Both of them emphasized the importance of intense therapy, compliance in medication, a clear understanding of their illness and most importantly peer support. They are dedicated to helping other victims of schizophrenia, and by their example they offer hope for recovery.



**The SFCH 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, 415-206-4463**

## 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.

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## 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.

## California Parity Bill (AB 1887-Beall)

AB 1887 has been passed in the Legislature and is being sent to the Governor for his signature after the State budget is approved. AB 1887 ends the discrimination against those suffering from mental health and substance abuse disorders by requiring health insurance plans to cover these illnesses the same way that other chronic health conditions such as asthma and diabetes are covered.

Please write to Governor Arnold Schwarzenegger and First Lady Maria Shriver to encourage him to sign the bill!

First Lady Maria Shriver  
State Capitol Building, Sacramento, CA 95814  
Fax: 916-558-3160

Governor Arnold Schwarzenegger  
State Capitol Building, Sacramento, CA 95814  
Fax: 916-558-3160

Sample support letters (for individuals and organizations) can be found on Assemblyman Jim Beall's website at: [democrats.assembly.ca.gov/members/a24/parity.aspx](http://democrats.assembly.ca.gov/members/a24/parity.aspx).

## New Outreach Website

[www.whatadifference.org](http://www.whatadifference.org)

The Substance Abuse and Mental Health Services Administration (SAMHSA) launched the Mental Health Campaign for Mental Health Recovery to encourage, educate, and inspire people between the ages of 18-25 to support their friends who are experiencing mental health problems.

The prevalence of serious mental health conditions in this age group is almost double that of the general population, yet young people have the lowest rate of help-seeking behaviors. This website has three sections: learn, support and listen.

**LEARN** about mental illness. There are links to myths and facts as well as real personal stories.

**SUPPORT** means know how to help. Start by just being there and offering your reassurance, companionship, emotional strength, and acceptance. Additional resources are listed.

**LISTEN** to what's being said. This has links to several personal stories.

*This is worth checking out!*

*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  
[namif@fsasf.org](mailto:namif@fsasf.org)

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

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

#### **Answering Team**

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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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What is your relationship to a person with a mental illness?  
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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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