



OUT OF THE FOG

The monthly newsletter of NAMI San Francisco



Walk With Us!

NAMI Walk San Francisco Bay Area

Golden Gate Park

May 12, 2007

5 & 1.5 K

Check-in: 9:30 am, start time: 11 am

Make a difference in the lives of people with mental illness! The money and awareness you raise through NAMIWALKS will support mental illness advocacy, research, education and support programs both locally and nationally. To register, visit www.nami.org and click your way to our walk - it's easy!

- Form a walk team
- Join an existing team
- Walk as an individual
- Sponsor a walker
- Be an event sponsor
- Just donate!



March Meeting Notes

By Suzanne Brady, NAMI-SF Secretary

Our March General Meeting featured a videotaped speech by Dr. Fred Frese, a PhD psychologist and member of the national NAMI board who suffers from schizophrenia. In the speech, Dr. Frese describes his experiences with psychosis and the coping skills he has developed to "act normal."

Dr. Frese began with the story of a young man walking down the street who stopped at every red light, whether he was standing at the corner or not. He then went into a catholic church, helped the priest celebrate mass, and began barking like a dog. He was admitted to a mental institution and subsequently passed into and out of ten hospitals in six states, diagnosed as hopelessly insane. This was Frese as a young man.

For thirty years Dr. Frese didn't speak publicly about the fact that he struggled with schizophrenia. But in recent years, after earning three college degrees and practicing psychology for 15 years, he realized he could offer hope to young people experiencing their first breakdown.

He encourages people with schizophrenia to recognize that their illness is episodic and recurring-a long-term physiological disorder. Just as people with high blood pressure have symptoms that require coping skills to live with-so do "recovering psychotics."

Dr. Frese believes it's very helpful to show people with schizophrenia the physical differences in their brain.

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The Monthly Meeting

April 18

May 16

3rd Wednesday of each month

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

Shawn B. Hersevoort, M.D., M.P.H. CPMC Department of Psychiatry will give us a fresh perspective on new treatments/thinking in the field of psychiatry. Dr. Hersevoort will discuss and answer questions about the latest thinking on the causes and diagnoses of schizophrenia, bipolar, etc. and new areas of research and medication.

Dr. Barnett C. Levin, Ph.D., LMFT, provides individual, couples and family therapy and offers consultation services for families and friends concerned about the welfare of those dealing with anxiety, depression, bi-polar disorder, schizophrenia and substance abuse. Dr. Levin combines a classical theoretical orientation with pragmatic problem solving, genuine interest and support.

In Some States, Maker Oversees Use of Its Drug

By Stephanie Saul, Reprinted from *The New York Times*, 3/23/07

Many states, looking to rein in the cost of expensive antipsychotic drugs like Zyprexa, have turned to an unusual ally for help - the very company that sells the drug.

At more than \$300 for a monthly prescription, Zyprexa, which is used to treat schizophrenia and bipolar disorder, is the single biggest drug cost for state Medicaid budgets. So Eli Lilly, the maker of Zyprexa, offers to help states monitor doctors who treat Medicaid patients to make sure they are not wasting money on mental illness drugs because of what psychiatrists call "sloppy prescribing" - giving patients too many similar medications or doses that are too high. Twenty states use Lilly's free service.

But some experts question why these states let Lilly help oversee spending on its own medication. "I'm skeptical of a drug company program that says, 'We'll hold down use of our drug,'" said Stephen W. Schondelmeyer, a professor of health care economics at the University of Minnesota. He described such programs as thinly disguised marketing.

Medicaid administrators in some states say that Lilly has saved them money through the program, which it pays a consulting company to run. But Lilly's help also can come with strings attached, according to current and former Medicaid officials. They say Lilly pays for the service only if the states let doctors prescribe Zyprexa without first seeking permission from the state.

Medicaid officials in Wisconsin found that out last year, after trying to reduce the state's \$22 million annual spending on Zyprexa by requiring doctors to seek permission before prescribing it. Lilly responded by ending the program.

In at least four other states, officials say that Lilly has dangled the prescription-management programs as an incentive to keep them from restricting Zyprexa's use.

Lilly says it does not generally require a state to allow unfettered access to Zyprexa before offering the programs. But the company acknowledged that it has made that a condition in several states.

And a Lilly spokeswoman, Janice M. Chavers, acknowledged that the company was not currently operating the program in states that required doctors to seek permission to prescribe Zyprexa for Medicaid patients. Wisconsin, Tennessee, Pennsylvania and nine other states have placed Medicaid restrictions on the drug.

The company declines to say how much it has spent on the monitoring programs, which are operated by a

pharmaceutical research and consulting company, Comprehensive NeuroScience of White Plains, N. Y. Similar industry-sponsored monitoring programs have been established to manage diseases like diabetes, asthma and chronic heart failure. But in mental health drugs, Lilly's effort is the biggest.

The Lilly program has operated in two dozen states since it began in 2003. Doctors who veer from guidelines on dosage strengths and combinations of medications for Medicaid patients are sent "Dear Doctor" letters pointing out that their prescribing patterns fall outside the norm. Compliance is voluntary.

The program also tracks whether patients are renewing prescriptions. Doctors are notified if patients are not, to prevent setbacks in their condition.

Because many of the nation's mentally ill are poor, Medicaid programs are among the largest purchasers of antipsychotic drugs like Zyprexa. Medicaid agencies spent more than \$1.3 billion on the drug in 2005.

But Zyprexa's cost is only one reason for the caution. Another concern for states is the drug's link to weight gain and increased blood sugar, precursors to diabetes. In 2004, the American Diabetes Association found that Zyprexa was more likely to cause diabetes than many other antipsychotic drugs.

Zyprexa can be highly effective. And Lilly says that a clear connection between the drug and diabetes has never been established.

Separate from the Medicaid monitoring programs, Lilly's marketing of Zyprexa is the subject of lawsuits by seven states that claim the company hid side effects of the drug and promoted it for unapproved uses. Lilly, also under state and federal investigation for its marketing of Zyprexa, denies the accusations and says it has behaved legally and appropriately. Lilly acknowledges that it decided to finance the programs in response to state efforts to cut costs. In some cases, the states were drawing up lists of drugs that were preferred and others that require prior approval.

Lilly says it objects to such lists because it believes


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Remember to donate to the

Community Thrift Store

This is our *best source* of income
for the NAMI SF Chapter!!

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



in open access for all mental health drugs. For people with serious mental illness, the company says, doctors need the freedom to use what works best. "For this population, it's been shown time and time again that drugs are not interchangeable," Jack E. Bailey, a Lilly vice president, said.

On that score, the company has support from many mental health advocates who argue that open access to medications saves money by reducing hospital admissions and keeping patients productive. But current or former officials in Georgia, Kentucky and Tennessee are among those who say Lilly tied the program to unrestricted access to Zyprexa and the company's other mental health drugs.

Lilly's pitch in 2005 was, "we'll fund this program if you put our product on the preferred-drug list," said David Beshara, chief pharmacy officer for Tennessee Medicaid. Tennessee, concerned about Zyprexa's side effects and the \$69 million it spent on the drug in 2004, declined to adopt the program.

Mr. Beshara said the potential savings from the program were unclear. And he cited another concern: the program has been offered in lieu of rebates that companies often pay to states that place their drugs on preferred lists.

In Pennsylvania, the former state deputy secretary for medical assistance, James L. Hardy, said Lilly had offered to pay for a prescription-monitoring program instead of rebates before the state developed its preferred-drug list in 2005. He declined to go along. "I didn't like that commingling of service and rebates," Mr. Hardy said. "I want to manage the benefit, and I want to get the best rebate deal I can. I don't want to settle for half a loaf." Mr. Hardy said Pennsylvania eventually placed Zyprexa on a list of restricted drugs.

Some states, notably Michigan and Missouri, have publicized results showing that the Lilly program helped save money. And they generally praise the program.

"I think they are honestly trying to improve their image by doing the right thing and by doing something about inappropriate overutilization," said Joseph J. Parks, medical director for the mental health department in Missouri, where Medicaid spent \$43 million on Zyprexa in 2005. Dr. Parks has served as a paid consultant to Comprehensive NeuroScience.

Officials in Michigan said that they, too, had saved money with the program. But Ben Hansen, a mental health advocate in that state, has challenged Lilly's assurances that the program is run independently of the company. Mr. Hansen, who describes the program as "incestuous," obtained documents through a Freedom of Information request that showed a Lilly account executive had asked to take part in planning sessions and offered to have Lilly representatives brief doctors.

County Mental Health

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

The Mobile Crisis Unit is
415-355-8300

Michigan officials said that the Lilly account executive had not been involved in policy decisions.

In Oregon, where Lilly set up a program in 2004, the state's former mental health director, David A. Pollack, recalls that he came to suspect a hidden agenda. He said that Comprehensive NeuroScience resisted two cost-saving techniques.

One was pill-splitting. Because drugs frequently cost about the same at various strengths, some experts recommend buying higher doses and splitting the pills. Another proposed technique was to have patients who had been prescribed two pills a day take only a single higher-dose pill. "The economics are straightforward," said Dr. Pollack, a psychiatrist. But he said that Comprehensive NeuroScience resisted his effort to incorporate the idea in their letters to doctors. The state paid for its own letters to doctors recommending the techniques.

Comprehensive NeuroScience contends that it did not oppose Oregon's use of the techniques, but says that there is little data on their effectiveness with mental illness patients.

In Kentucky, where Lilly acknowledges having linked support of the program to preferred status for Zyprexa, the company's persistence may pay off. In 2003, after Kentucky Medicaid officials restricted Zyprexa's use, the company offered about \$5 million worth of such management programs in the state, said Robert Hughes, former chairman of a committee in charge of reviewing drugs. "I strongly suspect that it was a way to keep their drug from being prior-authorized," recalled Dr. Hughes, a doctor in Murray, Ky.

At the time, Kentucky spurned Lilly's offer, Dr. Hughes said. But late last year, the state agreed to accept the program financed by Lilly. In exchange, Zyprexa would be placed on the preferred list of medications. The arrangement is awaiting approval by the federal Centers for Medicare and Medicaid Services. Thomas Badgett, the current Medicaid medical director in Kentucky, predicts that the Lilly program will help curtail spending.

But Wisconsin has found that it can save more money without Lilly's help. Since Wisconsin placed restrictions on Zyprexa and three other antipsychotic drugs last year, and Lilly ended its program, the state says its spending on those drugs has declined by \$4 mil.

NAMI StigmaBuster Alert

March 23, 2007

Bumper Cars

It's been a strange winter for car commercials, with several portraying suicide methods or trivializing mental illness. First the General Motors ad showing a depressed robot during the Super Bowl. Then a Volkswagen ad showing a man poised to jump from a building. And then in El Paso, Texas, a local car dealer showed a man in a straitjacket being chased around a car lot by a nurse with a hypodermic needle. In each case, NAMI StigmaBusters helped get the ads cancelled or changed.

Call to Action: Wristcutters

Unfortunately, another offensive--and dangerous--suicide marketing campaign is planned. AfterDark Films will release a film this summer, *Wristcutters: A Love Story*. Described as "a dark romantic comedy," it will be distributed by Lionsgate Entertainment. The film premiered at the Sundance Film Festival in 2006 and has won some film festival awards. NAMI has not had an opportunity to view it, and makes no judgment at this time about its content or creative merit.

Beginning in April, however, AfterDark plans to launch an advertising campaign with cutouts of characters jumping off a bridge, electrocuting and hanging themselves. The signs will be placed on telephone poles and trees in major markets.

"We just hope they don't cause too many accidents," AfterDark's managing partner, Courtney Solomon said. Never mind "suicide contagion," through which portrayals of suicide in the mass media stimulate an increase of "copycat suicides" by people in distress.

Recently, protests forced AfterDark to remove 30 billboards in Los Angeles promoting the release of another film *Captivity* which showed graphic images of women, being kidnapped, confined, tortured and killed. Solomon claimed the billboards had been put up by mistake.

On March 12, NAMI and 13 other national organiza-

tions signed a joint letter to AfterDark and Lionsgate, asking that the graphic suicide marketing campaign be dropped. So far there has been no response by AfterDark. Lionsgate claims they have nothing to do with marketing decisions.

Please contact both companies:

- Stop the *Wristcutters* suicide marketing campaign
- Research shows that portrayals of suicide in mass media generate "suicide contagion." The planned advertising campaign is recklessly indifferent to the risk of promoting real deaths.
- Images of suicide are cruel and offensive to people who have lost family or friends to suicide, or themselves survived suicide attempts.
- Share a short personal story about mental illness, suicide, or stigma

Mr. Jon Feltheimer, CEO & Co-Chairman
Lionsgate Entertainment Corporation
2700 Colorado Ave.
Santa Monica, CA 90404
310- 449-9200 (o)
310- 255-3870 (fax)
general-inquiries@lgf.com

Mr. Courtney Solomon, Partner
AfterDark Films
2161 N. Bronson Ave.
Los Angeles, CA 90068
323-468-9888
info@wristcutters.com

Short handwritten notes sent by regular mail sometimes have a special impact, especially with Lionsgate. If emails to either company bounce back because the inbox is full, please consider calling. If voice mailboxes are full, consider sending a note. Overflowing mailboxes, means other StigmaBusters are also helping to make a difference. The more contact the better, from all directions!


—Stella March, National Coordinator, NAMI StigmaBusters

NAMI National Convention

June 20-24 in San Diego

NAMI's 2007 Annual Convention offers four days of top-notch educational opportunities, our ever popular ask-the-doctor sessions, exhibitor booths, and dozens of workshops to give you up-to-the-minute information related to mental illness.

Registering online with a credit card is fast, easy, and secure. Just visit www.nami.org and start making plans to join us in southern California this summer!



**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

This helps to illustrate that, "your brain is different from the norm, causing you to think, see and perceive," differently. "It's not that you are crazy, insane, bonkers or berserk. Schizophrenia is a physical malfunction," he said.

Throughout the videotape Dr. Frese displayed an easygoing sense of humor while addressing difficult topics. Like most of us, Dr. Frese is not satisfied with referring to people who struggle with severe, chronic mental illnesses as "consumers." With a smile, he said he prefers to be called, "a person with a high-density of dopamine 2 receptors on my basal ganglia" and referred to the rest of society as "normals" or "chronically normal people" (CNP's).

He talked about how, compared to normals, people with schizophrenia are more sensitive to criticism and prone to overstimulation in bright noisy places like shopping malls or NAMI conferences. In fact, Dr. Frese has learned to increase his medication prior to attending NAMI conventions just for that reason.

He has also learned to arrange his life to minimize stressful situations. However, when he can't avoid such situations, Dr. Frese knows his illness may cause him to lose control of certain mental functions—he may lose the ability to speak, he may not be able to organize his thoughts as usual. So he carries a card in his pocket that he can hand to people in these situations. It explains that he suffers with schizophrenia and may become emotionally ill when under stress. He also suggested that people with schizophrenia to take time for themselves and identify peaceful, quiet places they can withdraw to when overwhelmed by their illness.

Dr. Frese cited a psychological study that describes how the communications skills of people with schizophrenia are different from those of normal people. Generally, their timing is off in what looks like—from the outside—a delayed reaction. Actually, from the inside, Dr. Frese said, the consumer's mind has so much internal material to work on that he or she has to put the outside world on hold, work through all the thoughts, then return to the conversation.

"When normals talk," he said, "they look for facial cues from the other person, feedback to signal that their meaning is getting through. Recovered psychotics are processing so much information that they don't give these signals. Then the normals get angry."

Recovered persons need to know they do this and that the lack of signals makes normals feel uncomfortable. He suggested that consumers learn to compensate and modify their behavior in order for the normal to feel comfortable again. Consumers also tend to be easily

distracted by the rapid eye movements of the normal, who is searching for facial cues. That is why the recovered psychotic may stare at the wall or off into space when talking, because it's easier to respond without having to make difficult eye contact. "This staring into space also makes normals uncomfortable," Dr. Frese said.

Consumers tend to go from rational, linear logic to a less direct, metaphoric logic, sometimes called "paleo-logic" or "circumstantiality" by psychologists. "If we go into it too deeply, we get lost, and that's where we get into trouble," Dr. Frese said.

He gave the example of a party where everyone was talking excitedly about the World Series with the Atlanta Braves. The consumer might focus on the word "brave," and say something like, "Well, those people who fought in the Gulf War, they were very brave to do that." He has made a connection that is well outside the conversation, and once again the normals will perceive the consumer as odd.

"If you have the disorder," Dr. Frese said, "if you know what it is and how it affects you, then you can work out ways that let you interact in a socially acceptable manner."

3rd Annual Bipolar Education Day at Stanford

**Saturday, July 14, 2007
9am to 1:30 pm**

**Sherman Fairchild Auditorium
291 Campus Drive, Stanford**

Presented by the Stanford University School of Medicine, Dr. Terence Ketter, MD Director, Bipolar Disorders Clinic

Additional Speakers:

Dr. Natalie Rasgon - Women's Wellness Program
Dr. Po Wang & Dr. Jenifer Culver-Bipolar Disorders Clinic
Dr. Manasi Rana - Pediatric Bipolar Disorders Program
Krista Radojevich - NAMI
Marilyn and Andrea Hillerman - DBSA

Individuals with Bipolar disorders, family members, caregivers, friends and all community members interested in adult, pediatric and women's issues related to Bipolar Disorders are invited to attend.

Continental Breakfast and light lunch will be provided
Free parking in front of auditorium
Pre-registration or RSVP not required

For additional information, please contact: Kristine Keller at 650-498-4968 or email at kkeller@stanford.edu

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

Bilingual & Monolingual Support Groups

Chinese Families Mental Health Alliance. Ed Koo 352-2047

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

SPIRITMENDERS Community Drop-in Center

2940 – 16th Street #B2 (415) 552-8565

OASIS (Office of Self Help)

1095 Market Street at 7th, Suite 202 (415) 575-1400

RECOVERY, Inc. for nervous ailments.

(415) 333-6454 (meets at California Pacific in SF)

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

Anxiety & Panic Self Help Group: John (650) 755-0883

Alcoholics Anonymous: San Fran: (415) 621-1326

Marin: (415) 499-0400 San Mateo: (650) 573-6811

Narcotics Anonymous SF Helpline: (415) 621-8600

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.

New Support Group

Wednesday, May 3

6:00 P.M. to 7:30 P.M.

at Jewish Family Service Agency, 2150 Post Street
Facilitator: Ms. Laura Kleinman, M.S.W.



NAMI-SF Support Groups

- 1) 1010 Gough
2nd Wednesday at 6:30
Contact Vickie at (415) 661-5208
- 2) San Francisco 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

*(formerly San Francisco Depressive
and Manic Depressive Association)*



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.

Study Sheds Light on Treatment Options for Bipolar Disorder

Reprinted from the NIMH website, 3/28/07, Colleen Labbe

For depressed people with bipolar disorder who are taking a mood stabilizer, adding an antidepressant medication is no more effective than a placebo (sugar pill), according to results published online on March 28, 2007 in the New England Journal of Medicine. The results are part of the large-scale, multi-site Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD), a \$26.8 million clinical trial funded by the National Institutes of Health's National Institute of Mental Health (NIMH).

Bipolar disorder, a sometimes debilitating illness marked by severe mood swings between depression and mania, is usually treated with mood stabilizers such as lithium, valproate, carbamazepine or other medications that reduce mania. However, depression is more common than mania in bipolar disorder, and depressive episodes tend to last longer than episodes of mania. Antidepressant medications are often used in addition to a mood stabilizer for treating bipolar depression, but they are thought to confer a serious risk of a switch from a depressive episode to a manic episode.

Finding the right treatment balance for people with bipolar disorder is a constant challenge; STEP-BD aims to identify the best treatment options. "Treating depression in people with bipolar disorder is notoriously difficult," said NIMH Director Thomas R. Insel. "STEP-BD sought to determine if adding an antidepressant to a mood stabilizer is effective and safe in treating depressive episodes. The results suggest that antidepressants are safe but not more effective than placebo as assessed in a large number of people with bipolar disorder."

Lead author Gary Sachs, M.D., of Massachusetts General Hospital and colleagues studied 366 participants at 22 sites across the country. Unlike most clinical studies, participants were recruited from clinical settings and were included in the study even if they were being treated for co-existing disorders such as substance abuse, anxiety or psychotic symptoms. Such open recruitment criteria allows the study's results to have broader applicability than a tightly controlled trial in which people are excluded from participating if they have co-existing disorders.

Before participants were randomized to one of two antidepressants-bupropion (Wellbutrin) or paroxetine (Paxil)-or to a placebo, doctors trained in the treatment of bipolar disorder adjusted participants' mood stabilizer doses to optimal levels, ensuring that they were receiving the most appropriate amount.

After about 26 weeks, Sachs and colleagues found that 24% of those who had been randomized to the antidepressants stayed well for at least eight consecutive weeks-the study's stringent standard for recovery; 27% of those randomized to a placebo stayed well long enough to meet the eight-week recovery standard, indicating no difference between adding an antidepressant or adding placebo. In addition, about 10% of each group experienced emerging symptoms of mania, indicating that the antidepressants did not trigger a manic switch any more than placebo. Finally, when comparing the two antidepressants to each other, both showed similar rates of response and manic switch.

"Results of STEP-BD indicate that careful management of mood stabilizer medications is a reasonable alternative to adding an antidepressant medication for treating bipolar depression," said Dr. Sachs.

Future STEP-BD results will shed light on other treatment options for bipolar disorder, including psychotherapeutic treatments.

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.

NAMI San Francisco

1010 Gough St.
San Francisco, CA 94109
415-905-NAMI
415-905-6264
www.namif.org

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Send newsletter additions/submissions/change requests to renee.deger@yahoo.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
PMB 426
1010 Gough St.
San Francisco, CA 94109

NAME _____

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This is a: •New Membership •Renewal •Address change

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

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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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