



OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

Sports Must End Denial About Mental Illness

Athletes won't risk being stigmatized by admitting problems, seeking help

From MSN by Bob Cook, September 27, 2006

If news of Terrell Owens' alleged suicide attempt is received with only a little bit of laughter and disdain, then that would be a giant leap forward for erasing the stigma of mental illness among athletes.

It's not going out on a limb to say that 54 years after Jimmy Piersall's infamous nervous breakdown, as dramatized in the 1957 movie "Fear Strikes Out," athletes' attitudes toward mental illness haven't improved much. Even though professional leagues, the NCAA, the U.S. Olympic Committee and other athletic bodies offer referrals to mental health care, athletes are hardly quick to stand up and take it, lest they receive the ridicule from their peers, coaches, fans and even media.

After all, an athlete is supposed to be physically tough AND mentally tough. Playing through pain means not only gritting your teeth through your sprained ankle, but also through your clinical depression — though it's much more acceptable if you mention your ankle and keep your head problems to yourself. The stigma of mental illness is strong enough in general society, but it's incredibly strong in an arena where those engaged are supposed to be better than the rest of us.

When Alex Rodriguez proudly acknowledged how psychotherapy has helped him survive the pressures of

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Shock Therapy Loses Some of Its Shock Value

Reprinted from The New York Times, September 19, 2006

By Jane E. Brody

For an older woman I know who was suffering from "implacable depression" that refused to yield to any medications, electroconvulsive therapy - popularly called shock therapy - was a lifesaver. And Kitty Dukakis, wife of the former governor of Massachusetts and 1988 Democratic presidential nominee, says ECT, as doctors call it, gave her back her life, which had been rendered nearly unlivable by unrelenting despair and the alcohol she used to assuage it.

Neither woman has experienced the most common side effect of ECT: memory disruption, though Mrs. Dukakis recalls nothing of a five-day trip to Paris she took after her treatment.

The television host Dick Cavett, who also had the treatment, wrote in People magazine, "In my case, ECT was miraculous." Mr. Cavett added, "It was like a magic wand."

But for a man I know who was suicidally depressed and given ECT as a last resort, it did nothing to relieve his depression but destroyed some of his long-term memory.

Such differences in effectiveness and side effects are not unusual in medicine and psychiatry, and they are not played down in a new book called "Shock," which Mrs. Dukakis wrote with Larry Tye, a former Boston

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3rd Wednesday of each month

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

The Monthly Meeting

October 18

Fawn Downs will speak about an innovative program called Multi-systemic Therapy. Children who encounter the juvenile criminal justice system are kept with their families and the entire family receives intensive case management.

November 15

Proposition 63, The Mental Health Service Act implementation in San Francisco.
Alice Gleghorn, Deputy Director at CBHS, the person responsible for Prop 63 will speak and answer questions.

Schizophrenia in the Top Four Most Expensive Conditions for Medicaid

The USA's hospital bill totaled more than \$790 billion in 2004, according to a new report by the Healthcare Cost and Utilization Project (HCUP). The bill represents the total amount charged for 39 million hospital stays that year.

Medicaid's top five most expensive conditions included schizophrenia, depression and bipolar disorders.

Table 3. Top 20 most expensive conditions billed to Medicaid in 2004

Rank	Principal diagnosis	Cost (\$ Millions)
1	Mother's pregnancy and delivery	\$15,909
2	Newborn infant	\$14,816
3	Pneumonia	\$3,169
4	Schizophrenia and related disorders	\$2,700
5	Depression & bipolar disorders	\$2,362

Percent Ranking and Hospital Stays

Rank	Principal diagnosis	% of Medicaid's hospital bill,	Number of hospital stays (thousands)
1	Mother's pregnancy and delivery	14.2%	1,737
2	Newborn infant	13.3%	1,767
3	Pneumonia	2.8%	160
4	Schizophrenia, related disorders	2.4%	129
5	Depression and bipolar disorders)	2.1%	187

Source: *The National Hospital Bill: The Most Expensive Conditions*, by Payer, 2004. The HCUP -- the nation's largest source of statistics on hospital inpatient care for all patients regardless of type of insurance or whether they were insured -- is made possible by a Federal-State partnership that brings data together from many sources, and is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

Reprinted from *Schizophrenia.com* at <http://www.schizophrenia.com/sznews/archives/003982.html>

County Mental Health

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

The Mobile Crisis Unit is
415-355-8300

Shock Therapy from page 1

Globe reporter. The book, in which Mrs. Dukakis details her experience with depression and ECT, explores the history, effectiveness and downsides of this nearly 70-year-old treatment, a remedy that has been repeatedly portrayed in film and literature as barbaric, inhuman, even torturous.

Few people seem to know that ECT has undergone significant changes in recent decades, placing it more in line with widely accepted treatments like those used to restart a stopped heart or to correct an abnormal heart rhythm. After a rather precipitous decline in the 1960's when effective antidepressant drugs became available, ECT since the 1980's has experienced something of a comeback, and is used primarily in these circumstances:

- When rapid reversal of a severe or suicidal depression is needed.
- When depression is complicated by psychosis or catatonia.
- When antidepressants and psychotherapy fail to alleviate a crippling depression.
- When antidepressants cannot safely be used, such as during pregnancy.
- When mania or bipolar disorder do not respond to drug therapy.

Though there is no official count, experts estimate that more than 100,000 patients undergo ECT each year in the United States.

ECT was developed in the 1930's by an Italian neurologist, Ugo Cerletti, who "tamed" difficult mental patients with electric shocks to the brain after noting that such shocks given to hogs before slaughter rendered them unconscious but did not kill them. In its first decades of use, ECT was administered to fully conscious patients, causing them to lose consciousness and experience violent seizures and uncontrolled muscle movements that sometimes broke bones. It was sometimes used in patients without their consent, or at least without informed consent.

And while evidence for its effectiveness did not extend much beyond depression, for a time ECT was applied to patients with all kinds of emotional disturbances, including schizophrenia. It was also widely used in mental hospitals to punish or sedate difficult patients, as was graphically depicted by Jack Nicholson in the movie "One Flew Over the Cuckoo's Nest."

Some people may also recall that Ernest Hemingway, who suffered from life-long and often self-medicated depression, committed suicide in 1961 shortly after undergoing ECT. He had told his biographer: "Well, what is the sense of ruining my head and erasing my memory,

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which is my capital, and putting me out of business? It was a brilliant cure, but we lost the patient."

A Modified Treatment

Though the impression of ECT left in the public mind by such films and writings persists, ECT today is a far more refined and limited therapy. Most important, perhaps, is the use of anesthesia and muscle relaxants before administering the shock, which causes a 30-second convulsion in the brain without the accompanying movements. Thus, there is no physical damage. The pretreatment also leaves no memory of the therapy itself.

The amount of current used today is lower and the pulse of electricity much shorter - about two seconds - reducing the risk of post-treatment confusion and memory disruption. While memory losses still occur in some patients, now the most serious risk associated with ECT is that of anesthesia.

Most patients require a series of six to eight treatments, delivered over several weeks. As my friend discovered, however, it is not universally effective. About three-fourths of patients are relieved of their debilitating symptoms at least temporarily. The remaining one-quarter are not helped, and some may be harmed.

Despite its long history, no one knows how ECT works to ease depression and mania. There is some evidence that it reorders the release of neurotransmitters, favoring an increase of substances like serotonin, which counters depression. Some experts view it as a pacemaker for the brain that disrupts negative circuitry.

The beauty of ECT is the speed with which it works. Antidepressants can take as long as six weeks to relieve serious depression. Mrs. Dukakis reported that she had begun to feel better after the first in an initial series of five outpatient ECT treatments given over a two-week period.

A Stopgap Measure

But - and this is a big but - ECT is not a cure for depression. It is more like a stopgap measure that brings patients to a point where other approaches, including antidepressants and cognitive behavioral therapy, can work to stave off relapses. Although some ECT patients never relapse, most are like Mrs. Dukakis, who over the course of four years has come back for seven more rounds of ECT. She explained that while she used to deny the early signs of a recurring depression, she now calls her doctor "as soon as I spot the gathering clouds."

"ECT has wiped away that foreboding," she wrote, and "given me a sense of control, of hope." It has also helped her get off antidepressants, which had side effects like bowel, sexual and sleep disturbances and an


inability to experience "the full range of my feelings."

ECT should not be administered without the patient's (or the patient's surrogate's) fully informed consent, which includes consideration of all possible side effects. The most common side effects are headache, muscle soreness and confusion shortly after the procedure, as well as short-term memory loss, which usually improves over a period of days to months.

But according to the American Psychiatric Association, there is no evidence that ECT causes brain damage. Abuse of the procedure has declined strikingly. Today fewer than 2 percent of patients hospitalized in psychiatric facilities in New York State receive ECT. Properly used, it can be lifesaving.


Though there is not nearly the money to be made from ECT that there is in selling antidepressants, work on improvements continues. Modern ECT is sometimes delivered to only one side of the brain, reducing the chances of memory deficits.

Another new approach uses a magnetically induced current that can be aimed at specific regions of the brain, possibly altering them permanently. An advantage of this treatment, however, is that it does not require the use of anesthesia.



**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

Family To Family Teacher Training

Family to Family Education Program teachers are needed! If you've experienced this dynamic program, you'll get even more out of it when you share it with others - it's highly rewarding and easy to do! A training session will be offered in South Bay on Nov. 10-12. Email renee.deger@sbcglobal.net for information.

NAMI StigmaBuster Alert

September 8, 2006
By Stella March
Contact: smarch@nami.org

Group Therapy?

On September 26, ABC-TV premiered Help Me Help You starring Ted Danson (formerly of Cheers), who is described as a doctor leading "a gaggle of eccentric folk in group therapy," except that he might be "the craziest and most self-obsessed of all." If you saw it, please let us know your reaction.

One StigmaBuster has reminded us that The Bob Newhart Show in the 1970s involved a psychiatrist and occasionally, members of a therapy group - and was very funny, with the psychiatrist being the butt of most jokes.

Laughter: The Best Medicine?

Last month's alert solicited StigmaBuster views on whether mental illness could ever be funny. We received about 250 responses, falling roughly in the following categories:

- 50% -- Yes, but only when it's not stigmatizing in nature; i.e., making fun of the illness, not the person, and especially if it educates others or helps a person cope.
- 25% -- Yes, but only when we are laughing among ourselves, consumers, families and therapists.
- 14% -- Never
- 11% -- Yes. Lighten up. Laughter is the best medicine.

Those in the first category left a lot of room for discussion about the nature of stigma and what different kinds of humor may work best to educate, and in what contexts. We expect we will hear more on the topic.

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

playing for the New York Yankees, he hoped it would encourage others to seek help. Instead, it further contributed to his image among many fans (and perhaps even his own teammates) as a soft player with no heart. When Oakland Raiders center Barrett Robbins, on the eve of Super Bowl XVIII, went on a drinking binge that led him to suicidal thoughts and to the hospital following his failure to take his medication — a common occurrence among bipolar disorder sufferers such as Robbins — some teammates offered not their understanding, but their rage.

The only good kind of therapy is sports psychology, as popularized by John Smoltz after using such a technique to go from struggling young pitcher to baseball's elite. After all, it's not that Smoltz had anything wrong in his head — it was all about improving performance.

Athletes' unwillingness to recognize or treat mental illnesses, and the locker room culture's unwillingness to see them as legitimate problems instead of a sign of softness, makes you wonder how many so-called "problem athletes" are problems because they have an undiagnosed condition.

Up to his overdose on pain medication, which he denied during a news conference Wednesday, Owens has been an easy target for his egomania. Now the laughing, preening "T.O." appears to be a facade, one that might have covered up longstanding problems with depression, problems Owens might not have even acknowledged before this incident.

Too often, the first cry for help is the most extreme — not just among athletes, but among anybody suffering a mental illness.

Think of the 2002 suicide of Western Kentucky basketball player Nathan Eisert, whose family and teammates never knew he had problems until his death. Or the attempted suicide of Miami Dolphins defensive lineman Dimitrius Underwood in 1999 (the first of two attempts), or the police standoff with suicidal Chicago

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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

1,500 will Walk in Dark to Enlighten People on Suicide, Mental Illness

Raising \$1 million for research is goal of third such event

Carolyn Zinko, Chronicle Staff Writer

Reprinted from the San Francisco Chronicle, 7/19/06

Once-stigmatized diseases such as breast cancer and AIDS are today the common fare of talk shows. Now mental health advocates hope to propel mental illness into a similar spotlight.

For the first time, the American Foundation for Suicide Prevention will stage its "Out of the Darkness Overnight Walk" on the West Coast, beginning at sunset Saturday and concluding at sunrise Sunday. More than 1,500 participants will trek an 18.2-mile route in San Francisco from Crissy Field through city streets and along the Embarcadero in an attempt to raise \$1 million for 138 mental health researchers worldwide.

The first such walk in Washington, D.C., in 2002 raised \$1.1 million. A second in Chicago in 2005 raised \$1.3 million.

Foundation officials said that in the United States, more than 20 million people suffer from depression annually and that untreated depression is the leading cause of suicide, with an estimated 1 million suicide attempts each year.

"Look at the difference in terms of how much we talk about breast cancer and HIV/AIDS and other major health problems," said Bob Gebbia, executive director of the suicide foundation. "A person who dies by suicide has died from the complication of an illness, just the way people die of heart disease or cancer, except that here, something's gone wrong with the brain."

The foundation is awarding \$2 million to 25 new academic research projects this year, including the impact of adolescent bullying on depression and suicide among young adults; the effectiveness of cognitive therapy in reducing the impulsivity associated with suicide; and comparisons of brain tissue from suicide victims who suffered from depression, schizophrenia or natural causes.

Aidan O'Lee, 36, a sales account executive from San Francisco, was 4 when her mother committed suicide. She will participate in the walk to support children

whose parents committed suicide and left them behind.

"Growing up, whenever anybody asked me about my mom, I had to say she had passed away. But there was always that hesitation when they asked what happened," she said. "I could have made something up, like cancer; but I always told the truth and I always felt damaged afterward, because they would look at me differently. There was shame attached to someone committing suicide."

When her best friend, a 31-year-old lawyer, killed herself for reasons unknown on May 11, the walk took on a new purpose.

"She was loved by everyone, with an amazing successful career, making all the right decisions in life," O'Lee said. "The one decision she didn't make was to let somebody know how she was feeling inside. She didn't ask for help."

Tom Bentley, 57, a retired investment banker from Atherton, is not looking forward to joining in the walk, but he will do so in memory of his mother, who committed suicide 20 years ago.

"Other walks are celebratory, but these walks are

heart-rending," he said. "These are survivors coming together, and there's a residual feeling of, 'What could I have done to prevent it?'"

When his mother was saddled with depression, his family felt the best way to deal with it was "externally -- to visit with her and talk to her," he said. "We didn't recognize it for the illness it was."

To cope, Bentley joined

the board of the suicide foundation. Research the group has sponsored, he said, indicates that mental illness has genetic roots and is not simply "a character flaw."

"It's a neglected field, and we'd like to believe that every one of these suicides can be prevented," Bentley said. "If we could do things differently, we could really make a difference."

By the numbers

SUICIDE

31,000: number of Americans who committed suicide in 2002 (National Institutes of Health).

\$33 mil.: amount granted by the National Institutes of Health for the study of suicidal behavior in 2004.

BREAST CANCER

40,410: number of deaths expected from breast cancer in 2005 (Centers for Disease Control and Prevention).

\$700 million: amount granted by the National Institutes of Health for breast cancer research in 2005 (National Breast Cancer Coalition).

HIV/AIDS

15,798: number of deaths expected from AIDS in 2005 (CDC).

\$18 billion: amount earmarked for domestic HIV/AIDS programs in the president's budget proposal to Congress for 2006 (Henry J. Kaiser Family Foundation).

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.

Bears defensive tackle Alonzo Spellman in 1998. In Underwood and Spellman's cases, their bipolar conditions were undiagnosed at the time of their incidents.

Medical studies are mixed in terms of whether athletes are more apt to suffer from depression and other mental illnesses than others, but there is wide acknowledgement that sometimes being an athlete can exacerbate problems that never get addressed. For example, depression can be a side effect of multiple concussions (as happened with Hockey Hall of Famer Pat LaFontaine). It's also a long acknowledged side effect of long-term anabolic steroid use.

Also, the public pressure to perform and the constant travel can play a part in blowing up mental problems. Athletes often can be their worst enemy — many tales have been told about the high-achieving student-athlete who looked like he or she had it all on the outside, but depression or something else was making them empty on the inside. For example, Penn football player Kyle Ambrogi, who carried a 3.5 grade-point average at Wharton School of Business yet struggled with depression and killed himself soon after scoring two touchdowns in a game almost exactly a year ago.

Various mental-health professionals have written about how athletes who feel like they are not measuring up, or are facing a life without sports because of the end of their careers, are particularly prone to problems. For

example, there was the case of race walker Al Heppner. He killed himself by jumping off a bridge in his native San Diego days after failing to qualify for the U.S. Olympic team as a 50-kilometer race walker.

To the credit of most sports organizations, they are trying to at least find ways to link athletes up with the help they might need. At the pro and college level, many programs have offered referrals to mental-health services or, particularly at the college level, in-house counseling and help, such as Tennessee's Team Enhance. That is a pioneer program in addressing athletes' issues, started in 1989 after a female athlete suffered an overdose (she survived), and as a school survey determined 25 percent of female athletes suffered from eating disorders.

But it's relatively easy to treat a broken bone. It's not so easy to treat a broken mind. And it's especially not easy to treat the broken mind of an athlete who fears an acknowledgement of such a problem will draw a harshly negative reaction — or an athlete who refuses to acknowledge such a problem because he or she thinks the best medicine is to just suck it up and tough it out.

Even in the best of circumstances, dealing with a mental illness is difficult. All the laughs we've had at Owens' expense as he made a sideshow of himself needs to cease right now. Instead, it's time to think about how to make the sporting world more accepting of mental illness before someone else follows in Owens' unfortunate footsteps.

Source: MSN

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

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www.namisanf.org

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Send newsletter additions/submissions/change requests to renee.deger@sbcglobal.net



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:

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• 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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