



# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

## It Takes a Family to Fight Mental Illness

By Anita Creamer - Bee Columnist

Reprinted from the Sacramento Bee, November 1, 2006

Isabel Bravo managed to keep her son out of prison when he was in trouble with the law more than a dozen years ago. He was sent to a halfway house instead. She agreed to be his conservator, paying his bills and making sure he took his medications, even though as co-owner of Roseville's Old Town Restaurant with her husband, Manuel, she already had her hands full.

So when Isabel Bravo says mental illness is a family disease, she knows the truth behind the words. "Family support for the mentally ill is very important," says Bravo, 71, a longtime member of Placer County's mental health board as well as the National Alliance for the Mentally Ill's Placer chapter.

"If they don't have the support of family, they'll have a hard time. But you have to use a lot of tough love. Don't let them run your life. That's what happens with a lot of caregivers, but I would not let that happen."

More than 1.3 million adults in California have serious mental health issues -- and one in 17 Americans. Think of the vast number of spouses, parents and children that impacts: all the lives affected by a loved one's struggle with these brain chemistry disorders.

According to a recent survey developed by the World Mental Health Federation and Eli Lilly, families wrestle with the emotional, financial and even physical

*Continued on page 2*

## October Meeting Notes

The speakers at the October General Meeting were from Comprehensive Child Crisis Services - a 24-hour mobile intervention program for youths with an acute psychiatric problem or in danger of harming themselves or others. Any child/adolescent in San Francisco is eligible to receive immediate crisis intervention and mental health services from Child Crisis.

Fawn Downs, LCSW, started the meeting by introducing the many services that are available through Child Crisis including: short-term therapy, post-psychiatric hospitalization "bridge" services, Dialectical Behavioral Therapy, Post Traumatic Stress Disorder Intervention, Aggression Replacement Training and Community Violence Response.

Child Crisis started as a program of California Pacific Medical Center but was taken over by San Francisco Community Behavioral Health Services 10 years ago. Children/adolescents are usually referred to them by police officers, firefighters, pediatricians, and emergency room staff. Child Crisis staff is multi-lingual.

*Continued on page 7*

**NAMI SF will be opening an office at the same building where meetings have been held for more than a decade.**

**Opening Dec. 4 at 1010 Gough Street, Room M1. Phone: 415-474-7310 ext. 437.**

**3rd Wednesday of each month**

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

## The Monthly Meeting

### 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.

### January 17

Laura Kleinmann, a therapist, is going to talk about coping with mental illness from the caregiver's perspective.

Board elections will be held. Running for office are: Pam Fischer—president, Dale Milfay—vice president, Tom Purvis—treasurer, Suzanne Brady—secretary

*It Takes a Family from page 1*

consequences that can result from the disruption of treatment and worsening of symptoms.

"The disease takes over," Bravo says. "You're trying to do for them instead of taking care of yourself. I'd be at work wondering what my son was doing. You worry about him. He was working in a warehouse, and he came into the restaurant one day and said, 'I've forgotten to take my meds.' And you wonder, 'Is he going to be able to function?'"

Still, there's a fine line between caring and co-dependency -- between loving and letting go, even when a loved one has been diagnosed with a serious mental illness.

Her son, Manny, was in his early 20s when he was diagnosed with bipolar disorder. In the years since, there have been lapses with medicine, homelessness and two suicide attempts -- a range of difficulties that the families of the mentally ill know all too well. Yet at 43, Manny Bravo now works full time for a pizza chain and helps out several days each week at his parents' restaurant. A musician and artist, he lives alone in a small Roseville duplex.

"I'm living a simple, peaceful life," he says. He's stable, in other words, and it's been several years since his mother has acted as his conservator. These days, he takes care of his own finances and tends to his health needs himself. "It was a choice to have her support me that way," he says. "But now I'm going with the flow." So far, so good.

His mother is the grass-roots advocate, not him. He's participated in a few NAMI panel discussions, but for the most part, he's a quiet person. Besides, he says, "Sometimes, there's too much judgment out there, or something."

Stigma, he means: Even now, when we know that mental illness usually results from inherited biological factors, the negative stereotypes persist, sometimes even among close family members.

"Caregivers have to become educated," says Isabel Bravo. "They have to learn what to expect. They have to learn the symptoms. Caregivers have to hope for the best, and they have to hope they'll get educated enough to know how to assist their family members. "Mental illness is still such a taboo, and it's so hard on people."

Every so often, she says, a customer at the restaurant will call her over to the table and confide that a relative -- a spouse, maybe, or a child -- has suffered an emotional breakdown.

"They know I'm here for them," she says.

They know she's family, too. And they can count on her.

## **County Mental Health**

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

The Mobile Crisis Unit is  
**415-355-8300**

## **New Film on Schizophrenia - "Canvas"**

*Reprinted from [www.schizophrenia.com](http://www.schizophrenia.com), posted Oct. 17, 2006*

There is a new movie due out this month that looks to be a very high-quality production and is focused on schizophrenia in a family environment. The new movie is titled "Canvas", and stars Academy Award winner Marcia Gay Harden, Emmy-winner Joe Pantaliano, and Devon Gearhart.

On October 21-22, Canvas will have its official world premiere at the Hamptons International Film Festival in New York, the first step toward theatrical release. Written and directed by NAMI member Joe Greco, the film is inspired by his family's experience with mental illness.

A father and young son contend with the mother's battle against schizophrenia. Hope alternates with frustration, while love overcomes stigma. After the mother is hospitalized, the father begins to build a sailboat that recalls a happier time in his life, while the son comes of age and finds relationships transformed. "Canvas is one of the few dramatic films that are authentic in their depiction of schizophrenia," said NAMI executive director Mike Fitzpatrick, after it received an emotional standing ovation at the convention. "It is both heart-breaking and heart-warming."

"It has the potential to touch the general public even more than the movie *A Beautiful Mind*, which was itself a break-through, because it focuses not on a Nobel prize-winning mathematician genius, but on an ordinary family. It is a story that people can identify with."

It also presents break-out role for Pantaliano, whose sensitive portrayal as the father is a dramatic departure from wise-cracking, bad-guy roles that he has played in films such as *Risky Business* and the television series *The Sopranos*.

For more information see the film web site:  
[www.canvasfilm.com](http://www.canvasfilm.com)

—Source: NAMI Connection

## Research Opportunities: Things to Consider

*Editor's Note: The following guidelines for considering whether to participate in research were reprinted from the NAMI's website at [www.nami.org](http://www.nami.org) in the section where they list research initiatives under way nationally.*

We all know that research is crucial for improved understanding, treatment, prevention, and the ultimate cure of serious brain disorders such as schizophrenia, bipolar disorder, and other conditions. But participation in a research project may involve some risks to the volunteer. For each of the studies listed below, we have received verification from the lead scientist on the study that an institutional review board (IRB) has approved the study. Nonetheless, if you are interested in participating in one of these studies, make sure that you can answer the following questions for yourself:

- \* What is the study about?
- \* What will you be asked to do in the study?
- \* What risks might you face?
- \* Who do you contact with questions, concerns, or problems?
- \* How will you be kept informed about the progress and results of the study?

You should feel that you fully understand the project and your role in it before signing an informed consent document. Do not enter any studies you do not fully understand.

Some studies pose more of a risk to you as the research participant than others and require special consideration before you agree to participate. Medication-free studies (also called "washouts" where a participant has to stop all of his or her medications) or studies involving a placebo arm are examples of the type of research that call for careful assessment before you enter such a research study. For some people, studies that are medication-free would be a dangerous choice and should be avoided. Studies that involve genetic testing also require careful thought on the part of research participants. These are newer types of studies that compile information about research participants' genetics and medical records. Genetic studies offer a number of protections for your private health information, but be sure that you check beforehand about the way your information will be protected and that you are comfortable with how the information is handled during and after the study.

Research may help others as scientists better understand the brain and mental illnesses. You should know that you may or may not benefit from participating

in the study. Although for some people, the greatest benefit of participating in research is the gratification of contributing to new advances in knowledge and treatment.

If you do choose to participate in a study, we applaud your important contribution to the science of serious mental illnesses and we want you to be as informed and protected as possible -- a true partner in research.

Remember that all participation in research is voluntary and is not part of your treatment.

## The Bridge of Death

### A Controversial New Film Documents Suicides in Their Final Moments on the Golden Gate Bridge

*EXCERPT—Reprinted from ABCNews.com, October 20, 2006*

There have been more than 1,200 suicides at the Golden Gate Bridge since it opened in 1937, among the most of any location in the world. There is virtually no barrier to someone who is determined to jump -- only a 4-foot safety railing.

The jump is the equivalent of a 4-second, 25-story fall, and although some have survived it, a body is usually shattered when it strikes the water at 75 miles per hour. Whether to build a "suicide barrier" has been a political hot button in San Francisco for decades. But what Eric Steel did raised the heat of that fiery debate by several degrees.

### The Making of a Film


After reading about the number of self-inflicted deaths from the Golden Gate, Eric Steel, a documentary filmmaker, saw a story in the bridge's morbid allure. From January through December 2004, Steel used 10-to-12-person crews to train his cameras day and night on this landmark -- using both close-up lenses and wide angle shots to see the full expanse of the bridge.

By the time he finished, he had taped 23 of the 24  
*Continued on page 5*

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for the NAMI SF Chapter!!



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# Gene Linked to Autism in Families with More Than One Affected Child

Reprinted from the National Institute of Mental Health, 10/17/06

A version of a gene has been linked to autism in families that have more than one child with the disorder. Inheriting two copies of this version more than doubled a child's risk of developing an autism spectrum disorder, scientists supported by the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH) National Institute on Child Health and Human Development (NICHD) have discovered. In a large sample totaling 1,231 cases, they traced the connection to a tiny variation in the part of the gene that turns it on and off. People with autism spectrum disorders were more likely than others to have inherited this version, which cuts gene expression by half, likely impairing development of parts of the brain implicated in the disorder, report Drs. Daniel Campbell, Pat Levitt, Vanderbilt Kennedy Center at Vanderbilt University, and colleagues, online during the week of the October 16, 2006 in the Proceedings of the National Academy of Sciences.

"This common gene variant likely predisposes for autism in combination with other genes and environmental factors," said Levitt. "It exerts the strongest effect detected thus far among autism candidate genes."

Autism is one of the most heritable mental disorders. If one identical twin has it, so will the other in nearly 9 out of 10 cases. If one sibling has the disorder, the other siblings run a 35-fold greater-than-normal risk of having it. Still, scientists have so far had only mixed success in identifying the genes involved.

While most previous studies had focused on genes expressed in the brain, Levitt's team saw a clue in the fact that some people with autism also have gastrointestinal, immunological or neurological symptoms in addition to behavioral impairments. They focused on a gene that affects such peripheral functions as well as the development of the cortex and cerebellum, brain areas disturbed

in autism. Moreover, it is located in a suspect area of chromosome 7 that has been previously linked to autism spectrum disorders.

This MET receptor tyrosine kinase gene codes for a protein that relays signals that turn on a cell's internal machinery and is known to play a key role in both normal and abnormal development, such as cancer metastases (hence its name). Levitt's group and others had earlier found that impairing the receptor's signaling interferes with neuron migration and disrupts neuronal growth in the cortex and similarly shrinks the cerebellum - abnormalities also seen in autism.

To explore this possible connection, the researchers looked for associations between the brain disorder and nine markers in the MET gene, sites where letters in the genetic code vary among individuals. They tested two samples: the first, 204 families, including 26 with more than one child with autism spectrum disorders, the second, 539 families, including 452 with such multiple affected children.


One marker, the C version, emerged as over-transmitted at "highly significant" levels in people with autism spectrum disorders in both samples. Moreover, this association held only for families with more than one affected child and was strongest in a sub-sample of those with more narrowly-defined autism. The C version was significantly less prevalent in a group of 189 unrelated controls than in the individuals with autism or their parents.

In cell culture tests, the researchers determined that the C version is weak at making the MET receptor protein, resulting in a two-fold reduction in gene expression compared to the other common G version of the gene, with presumably adverse consequences on brain development. Inheriting two copies of the C version boosted risk for autism spectrum disorders 2.26-fold, while inheriting one copy of C and one of G increased risk 1.54-fold.

"Since autism likely involves complex interactions between many different genes and other factors, common genetic predisposing factors are likely more influential in families with multiple affected members," explained Levitt. "Some cases in families with only one affected member more likely stem from rarer genetic glitches or other sporadic events. Hence, finding the link with the MET gene variant only in the former 'multiplex' families strengthens its candidacy."

The researchers propose that in some individuals with autism spectrum disorders who also develop digestive and immune system or non-specific neurological problems, the MET gene variant might play a role in impairing both brain and peripheral organ development.

"We know that autism is the most heritable of neuropsychiatric disorders, but, thus far, we have not



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identified genes that consistently are associated with this developmental brain disease," said NIMH Director Thomas Insel, M.D. "This new finding is an important clue, which if replicated in an independent sample, will take us closer to understanding the genetic basis of autism."

Also participating in the study were: Daniel Campbell, James Sutcliffe, Philip Ebert, Vanderbilt University; Roberto Militerni, Carmela Bravaccio, University of Naples (Italy); Simona Trillo, Associazione Anni Verdi; Maurizio Elia, Oasi Maria SS; Cindy Schneider, Center for Autism Research and Education; Raun Melmed, Southwest Autism Research and Resource Center; Roberto Sacco, Antonio Persico, University Campus Bio-Medico and Fondazione Santa Lucia.

The research was also supported by The Autism Genetic Resource Exchange (AGRE), Cure Autism Now, the Marino Autism Research Institute, Telethon-Italy, National Alliance for Autism Research, Foundation Jerome Lejeune, and NARSAD.

The National Institute of Mental Health (NIMH) mission is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. More information is available at the NIMH website.

The NICHD sponsors research on development, before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation. For more information, visit the Web site at <http://www.nichd.nih.gov/>.

The National Institutes of Health (NIH) - The Nation's Medical Research Agency - includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit [www.nih.gov](http://www.nih.gov).

## PLAN of California

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

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

*The Bridge of Death from page 3*

suicides that occurred that year. Now he has released a documentary called "The Bridge" that shows some of the jumps. The film has produced both praise and condemnation for his choices.

"I've been working on this film for three years now," Steel said in an interview with "20/20's" Bob Brown. "I can tell you, the first time I saw someone die was incredibly painful," he said. "And even now when I watch it in the theaters, or if I watch it on a small screen, it still affects me deeply."

"The strange part about that is, almost everyone who made those comments made them before they'd seen a single frame of footage," Steel said. "I think the film is incredibly sensitive. And I think people were quick to judge, because it's something they're very afraid of."

But the documentary has raised hackles over the appropriateness of documenting suicide, and heightened fears that it could encourage copycat suicide acts. Celia Kupersmith, CEO and general manager of the Golden Gate Bridge Highway and Transportation District said that when Steel's film first began to get publicity in festivals earlier this year, there was an increase in suicide attempts at the bridge.

"I don't think it's just his movie," Kupersmith said. "Any sort of press coverage of this phenomenon here causes people to get ideas."

"Most suicides are the end product of a long struggle with mental illness," Steel said. "They're not the end product of seeing images of people killing themselves. We don't show anything that people don't already know. The images themselves I don't think are the things that are driving people to the bridge."

Steel said that if he or any of his crew members thought they were about to witness a suicide, they had their phones set to speed dial the bridge authority and inform them.

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## Stanford Study On Meds and Diabetes

Stanford University is seeking people who are 30-66 years old, overweight, and already taking one of these meds:

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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

### 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., 2<sup>nd</sup> Floor Conf. Room. Call 519-0171

#### *SPIRITMENDERS Community Drop-in Center*

2940 – 16<sup>th</sup> Street #B2 (415) 552-8565

#### *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 (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  
2<sup>nd</sup> Wednesday at 6:30  
Contact Vickie at (415) 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

## 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.

Following Downs' introduction to the agency, Julian Philipp, MFT, talked about Child Crisis' Multisystemic Therapy Program—a pilot program started in November 2005. Multisystemic Therapy (MST) is an intensive family and community-based treatment that addresses serious behavior problems in probation youth.

MST interventions aim to: decrease youth's association with deviant peers, increase youth's association with pro-social peers, improve caregiver discipline practices, enhance family relations, improve youth's school or vocational performance and develop a community support network of extended family, neighbors and friends to help parents/caregivers achieve and maintain their child's behavior improvements. Although youths are brought into MST most often by a probation officer, the focus of the intervention is on the family.

Youths who are referred to the Child Crisis MST program are at-risk of being removed from their family home and placed in a juvenile detention facility. They are involved with stealing, truancy, drug use, MUNI incidents, vandalism, violence, guns or have run away from home.

There are currently 22 families in the three-to-five month program. Each of the six therapists on staff handle up to six families. MST therapist may have daily contact with a family and will work on specific goals that the family has identified. To date 20 families have graduated from the program and only one youth has resurfaced in the probation system. Participation in MST is voluntary.

One of the primary goals of MST is to keep families together by working with parents/caregivers to identify gaps in supervision and discipline practices that need to improve. For example, if the parents are working and their child/adolescent is unsupervised and getting into trouble after school, MST will help the family find a recreation program for their child and a way to monitor if the child attends. Or if a parent works early in the morning and no one is at home to wake the kids and make sure they go to school, MST might help a family identify a family member or friend who can help.

MST brings about the "change we want to see in the youth" through the parent/guardian and by connecting that family with resources in their community, Philipp said. Child Crisis also has a staff psychiatrist who screens youths if the case manager begins to believe that a severe mental illness is contributing to the problem behaviors. Families may also be referred to other Child Crisis services as appropriate.

The MST program was developed by a private company in South Carolina. It has been in operation in Los Angeles for five years and has proven to be very successful. The program expanded to San Francisco and Contra Costa counties based on that success. Additional funding may be made available to San Francisco by the federal Department of Health's Substance Abuse and Mental Health Services Administration (SAMSHA) if this pilot program proves to be successful.

For more information about Comprehensive Child Crisis Services or the Multisystemic Therapy Program, please call Program Director, Fawn Downs at 415-970-3830 or Clinical Supervisor, Julian Philipp at 415-970-3885.

*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**

5214 -F Diamond Heights Blvd., Box 426  
San Francisco, CA 94131  
415-905-NAMI  
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Send newsletter additions/submissions/change requests to [renee.deger@sbcglobal.net](mailto: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"

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