



# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

**Don't Miss the February Meeting!!**

**Join us on February 21st  
for a presentation by  
Kitty Dukakis**

## NAMI Calls for Investigation of Georgia State Hospitals

January 18, 2007

NAMI has called for a federal investigation of neglect, abuse and poor medical care in Georgia's state hospital system, and state leaders are calling for broader reforms.

In a letter to U.S. Attorney General Alberto Gonzales, NAMI executive director Michael Fitzpatrick advised that "Federal action is not only appropriate, but imperative" under the civil rights law that protects institutionalized persons. The request is based on the investigative series, "Hidden Shame" published in the Atlanta Journal Constitution over the past week in which 115 consumer (patient) deaths over five years in the state's seven regional hospitals were found to have occurred under suspicious circumstances.

The scandal also has resulted in calls for broader reform of the state's mental healthcare system, both by the Georgia Mental Health Services Coalition, which includes NAMI Georgia, and some state legislators. The full series appears online at the following URL ...  
*Continued on page 2*

## Right Carbs Help Lose Weight

By Nina Frusztajer Marquis, M.D., an excerpt from NAMI SMC newsletter

...It's not clear why [some anti-depressant] medications lead to weight gain, but patients seem to experience the following similarities: constant obsession about food, particularly sweet and starch carbohydrates, excessive thirst resulting in consumption of calorie-laden beverages, and fatigue that minimizes the amount of daily movement. The [meds] also disrupt sleep, which leads to overeating in an attempt to boost energy levels. The common result is endless consumption of carbohydrate foods, many of which are loaded with fat....The problem for patients on antidepressants is not that they are eating carbohydrates, but that they are eating carbohydrates loaded with fat. ...Also, many patients eat carbs along with or immediately after eating protein, which interferes with the brain's ability to make serotonin.

Dr. Marquis suggests "flipping the meals." Eat meals that include protein for breakfast and lunch, and eat carbs and veggies, not protein, for an afternoon snack and dinner (use whole grains).

Boosting serotonin by eating sweet or starchy carbohydrates at the right time in the right amounts will shut off appetite, cut cravings, and restore good moods. Additional drugs or supplements or herbs aren't necessary.

Here's why. When sweet or starchy carbohydrates are eaten a series of biochemical reactions mediated by insulin occur so that serotonin can be made. Fat slows down the process and protein interferes with the brain's  
*Continued on page 4*

## The Monthly Meeting

**February 21**

**Kitty Dukakis** will be speaking about her life-long battle with serious depression. She has just written a book about how electric shock therapy has been a miracle for her. Dr. Stuart Eisendrath, the head of the Depression Clinic at Langley Porter will appear with her to talk about treatment options and possibilities for depression.

**March 21**

**"The Challenges of Schizophrenia"**  
A video on the story of Dr. Fred Frese, a PhD psychologist and member of the national NAMI board who suffers from schizophrenia. He speaks as a consumer of the coping skills that are required to live in the normal world.

**3rd Wednesday of each month**  
6:30 - 8:00 pm  
1010 Gough St.  
(between Eddy & Ellis)

<http://www.ajc.com/search/content/health/stories/2007/01/04/0107meshabout.html>

Here is component of the series:

### **Feds urged to probe mental hospitals**

By Alan Judd, Andy Miller

Reprinted from *The Atlanta Journal-Constitution*, Jan. 18, 2007

...The suspicious deaths included 36 who died from choking on food, vomit or foreign objects, or by aspirating those substances into their lungs. A similar number died for lack of emergency treatment or from questionable medical care. Twelve committed suicide.

"I cannot emphasize enough the outrage of NAMI members to such conditions," Michael Fitzpatrick, executive director of the Virginia-based group, said in the letter. "The Georgia scandal represents an especially egregious, systemic violation of civil rights."

A Department of Justice spokeswoman said late Wednesday that its Civil Rights Division had not yet received the letter. "But when we do, we will certainly review it," said Cynthia Magnuson, the spokeswoman.

Under a federal civil rights statute intended to protect people in government institutional care, Justice has investigated conditions in mental hospitals and facilities for the mentally retarded in several states. The federal investigations often lead to a state agreement to launch reforms.

"It's premature for us to comment" on the request for an investigation, said Dena Smith, a spokeswoman for the state Department of Human Resources, which operates the hospitals. Earlier Wednesday, DHR's board met but its top officials did not mention the *Journal-Constitution's* series of four reports.

NAMI describes itself as a grass-roots organization dedicated to improving the lives of people living with serious mental illness and their families. It has about 200,000 members nationally.

Federal intervention "is a last resort," Ron Honberg, legal director for NAMI, said in an interview. "Generally the Justice Department gets involved if there's a pattern of problems that's pervasive."

The group's letter also cited patient overcrowding and hospital understaffing that the newspaper concluded contributed to deaths and abuse cases. Honberg called conditions in Georgia's seven mental hospitals "unacceptable and intolerable."

DHR said earlier Wednesday that its 2008 budget included money for an additional 83 forensic beds for patients who are under court supervision. Since fiscal 2004, the seven hospitals' operating budgets -- which include state and federal money -- have declined by 12 percent. But the average daily number of adult mental health patients will have risen about 12 percent by the end of this fiscal year, officials project.

NAMI's Honberg said federal intervention "is by no means the only potential remedy. We shouldn't hang our hats only on this."

Justice Department action, though, has served as a

catalyst to improve hospitals in states such as Alabama, Vermont and Virginia, NAMI said.

The group's Georgia chapter, along with other advocacy groups in the Mental Health Services Coalition, plans a Tuesday news conference to call for the Legislature to address what they call "a crisis" in mental health services.

To read the investigative report, *A Hidden Shame: Danger and Death in Georgia's Mental Hospitals*, go to [www.ajc.com/hiddenshame](http://www.ajc.com/hiddenshame).

## **County Mental Health**

The County mental health access line

for all consumers is

**415-255-3737**

The Mobile Crisis Unit is

**415-355-8300**

## **Peer Support "Warm" Line**

Do you need someone to talk to?

Are you feeling lonely, feeling down, or feeling anxious?

**575-1400**

**Ask for Peer Support**

This is a support line that is made up of trained peers—"clients like you," to provide a compassionate ear to hear what you have to say. They can offer some referrals. If you're feeling down or alone and just need someone to talk to, call. If you have something you think only a peer can understand, call. You don't have to wait till things get out of your control to talk to someone.

There are people available who speak English, Tagalog, Cantonese, and Spanish. Not all languages are available at all times, English is available seven days a week

Mon. – Tues. 11:00 a.m. - 4:30 p.m.

Wed. – Sun. 11:00 a.m. - 8:30 p.m.

Tagalog: Sun. – Thurs. 11:00 a.m.- 4:30 p.m.

Spanish: Wed. – Sun. 1:00 p.m.- 8:30 p.m.

Cantonese: Wed. – Sun. 1:00 p.m. - 8:30 p.m.

**This is not a crisis line !!!**

*If you are in crisis or feeling suicidal you should call a Suicide Prevention Line.*

**Suicide Prevention – 24 hour Crisis Line: 781-0500**

**Clients Rights Advocacy Service: 1-800-729-7727**

Additional OSH Services available for your use:  
Nurse Practitioner with MSN, Various Groups of Interest, One on one Peer Services, Drop-in Center, Computer Lab, Acupuncture, Reiki

*This service paid for with MHSA/Prop 63 Funds in cooperation with SF-CBHS*

## Gene Variant Linked to Schizophrenia

NIMH, January 23, 2007

Disease appears to have biological roots early in life. A gene implicated in schizophrenia in adults has now also been linked to schizophrenia in children for the first time, strengthening evidence that the gene plays a role in the disease. The gene, *NGR1*, produces neuregulin, a protein crucial to brain development. The research suggests that the gene variation begins adversely affecting brain development long before the onset of psychotic symptoms, and that childhood-onset and adult-onset schizophrenia are related, occurring along a continuum.


Childhood-onset schizophrenia is rare and is marked by severe symptoms appearing before age 13. About 1 percent of the adult U.S. population has schizophrenia.

NIMH researchers led by Anjené Addington, Ph.D., and Judith Rapoport, M.D., published their results in the February issue of *Molecular Psychiatry*. They showed that children who have both the gene variation and schizophrenia have more gray and white matter - bundles of brain cells that process and transmit information - than usual. The researchers also showed that a normal part of brain development during adolescence, the pruning of gray matter, is greatly exaggerated in children with schizophrenia, with even larger losses occurring in those who also have the gene variation. In addition, children with schizophrenia were found to have poor social functioning even before showing symptoms of the disease.

The study also showed that some children who have the gene variation don't develop schizophrenia or these changes in gray and white matter, suggesting that variations in additional genes may be necessary to induce the illness.

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**

## Different Families, Different Characteristics - Different Kinds of Bipolar Disorder?

NIMH, January 3, 2007

People with bipolar disorder (BPD) tend to share similarities in certain characteristics with other members of their families, NIMH-funded researchers have shown. Because the levels of similarity vary from family to family, the findings suggest the existence of different subtypes of BPD and may help determine if the subtypes have different causes.

The researchers reported in the December 2006 issue of the *Archives of General Psychiatry* that good social functioning "ran in the families" of some people with BPD, and poor social functioning ran in the families of others, with varying levels in between. In either case, the quality of social functioning was among the strongest similarities between members of each family. The researchers also found that about 20 percent of the difference in social functioning had a genetic basis, although influence of shared family environment could not be ruled out as a contributor.

Other characteristics included the levels of substance abuse, alcoholism, psychosis, and suicide attempts within families. As with social functioning, some families tended to share high levels of these characteristics, while other families shared low levels. In either case, the level "ran in the family" of the person with BPD.

Breaking up the broad diagnosis of BPD into subtypes by including these familial characteristics can help researchers untangle the mix of genetic and environmental factors that contribute to this complex disorder. It will, for example, enable researchers to make better decisions about which characteristics to focus on in studies seeking genetic and other biological underpinnings of BPD. Ultimately, this may lead to better diagnosis and treatment.

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## NAMIWalks Kick-Off Luncheon

**Thursday, March 22**

Please *Mark Your Calendar* for for the NAMIWalks Kick-off Luncheon at the Elks Club in San Mateo (this is a change from previously set dates). More details to come - or call the NAMI SMC office if you have questions (638-0800).

ability to make serotonin. The problem for patients on antidepressants is not that they are eating carbohydrates, but that they are eating carbohydrates loaded with fat. Not only does fat add excess calories, it also leads to a feeling of sluggishness, which doesn't help their fatigue. Also, many patients eat carbs along with or immediately after eating protein, which interferes with the brain's ability to make serotonin.

"After gaining 45 pounds in 2 years after starting antidepressants, I was hopeless..." Eleanor, a 54 year old nurse described. "...But I was so desperate I was willing to try anything. ...On the first day, I started with graham crackers as a snack an hour before dinner and immediately I noticed they took the edge off my appetite, and I didn't need to eat so much for dinner. I was thrilled!"

Eleanor was even more thrilled a year later when, after following the serotonin-boosting diet, she was back down to her pre-medication weight and still getting the benefits of her medication regimen.

It's amazing but true: The right carbs during the day make the pounds go away.

## National Anti-Stigma Campaign Launched

The U.S. Department of Health & Human Services and the Ad Council have launched the National Anti Stigma Campaign (NASC), releasing a national survey of public attitudes on stigma and unveiling free multimedia public service announcements (PSAs).

For the first time in history, the authority of the federal government is being put behind a sustained national PSA campaign to reduce stigma and encourage support of people with mental illnesses. It is also the first time that the tremendous leverage of the Ad Council—the folks who created Smokey the Bear—is being made available to the entire mental health community.

The PSAs are specifically targeted to 18-25 year olds. Starting today, resources will be available at [www.whatadifference.org](http://www.whatadifference.org). An Ad Council fact sheet also is available now on the NAMI Web site.

In recent months, many NAMI state leaders participated in regional training meetings in DC, LA and Chicago around these PSAs. Special thanks goes to these NAMI state leaders and StigmaBusters who have been involved in preparations for the launch for three years, and to all In Our Own Voice presenters, who have been a model for a key part of the grassroots campaign.

The work is not yet complete, however. Grassroots action still is needed to ensure placement of these PSAs in the media. To find out what you can do, visit [www.whatadifference.org](http://www.whatadifference.org) and click on "Partner/Grassroots Organizations."

## Could Mental Illness Be Written In A Face?

### McLean researchers explore genetic links between schizophrenia and family traits

*From The Boston Globe by Carey Goldberg, January 22, 2007*

They are not things anyone would typically notice: Do your eyes fall behind as you try to follow a cursor zipping across a computer screen? Is the roof of your mouth a touch high? Do you sometimes use words in a way that, on closer examination, does not quite make sense?

They don't matter at all in daily life, those funny little traits. But researchers at Harvard's McLean Hospital believe they may contain important clues about the elusive genes of schizophrenia, the devastating psychiatric disorder that affects 1 percent of the population.

To further explore this provocative theory, the hospital's Psychology Research Laboratory recently won a \$3 million federal grant.

Consider, said Deborah Levy, the lab's director: "The incidence of schizophrenia is stable at about 1 percent, and schizophrenics have very low reproductive rates. So what is keeping those genes going? One hypothesis is that most of the people carrying the schizophrenia genes are not the patients. Rather, they are some of the well parents and well siblings, most of whom never show signs of the illness."

The idea, she and other researchers say, is that schizophrenia results from a critical combination of genes, perhaps a variable handful of them. Well relatives may carry one or more of those genes, but not the critical complement that bring on the disease.

The effects of such genes may show up in a variety of subtle ways, they say -- including faulty eye-tracking and asymmetry in facial features so hard to detect that it is best measured by highly specialized 3-D cameras.

Figuring out the genetics of a complex disease like schizophrenia is like fitting together an incredibly hard jigsaw puzzle, said Dr. Linda Brzustowicz, a psychiatrist and professor of genetics at Rutgers University who is collaborating with Levy.

Recent genomic research suggests that perhaps 15 genes may be involved in schizophrenia, she said, but "there's still a lot of murkiness," and many findings initially offer hope but then cannot be replicated.

The traits that Levy's lab is exploring are unlikely to tell the whole genetic story of schizophrenia, Brzustowicz said, and many other geneticists are pinning their hopes instead on high-powered examination of the entire genome.

*Continued on page 5*

But the traits are easily tested and do seem to be linked. In a jigsaw puzzle, Brzustowicz said, "the more pieces you can get in initially, the easier it is to fit in the remaining pieces. And there's no shame in starting with the corners and the edges."

Levy's approach also raises a question about whether past research overlooked genes involved in schizophrenia. Researchers have typically assumed that genes carried by healthy relatives could not contribute to risk for schizophrenia. But if the relatives actually carried the genes for traits linked to schizophrenia, it would be wrong to rule them out.

At Levy's lab, people with schizophrenia and their relatives undergo 10 to 12 hours of tests. They give blood for DNA testing. They answer questions about a wide range of symptoms. They describe what they see in inkblots. A special camera records their eye movements as they track a ball moving across a monitor. They listen to various beeps and tones as their brain responses are measured -- responses that are yet another trait Levy and others believe may be linked to schizophrenia.

The faces are measured in minute detail by Curtis Deutsch, a genetics expert who focuses on facial variations and their links to various diseases. Most people do not know it, Deutsch said, but in embryos, the brain and the face develop at around the same time from the same embryonic area and are shaped by similar forces.

So, subtle abnormalities in the shape and layout of a face may reflect specific abnormalities in brain structure, he said. Thus far, he said, he has found that some schizophrenics do have certain minor facial anomalies -- none of them visible to the naked eye -- as do some of their healthy relatives.

Deutsch and the other researchers emphasized that their testing is purely at the level of genetic research at

this point. They say it would be premature to screen for signs of impending schizophrenia, though they express hope that some day, that may be possible.

For all this testing, Levy's lab pays the subjects a modest \$100.

Participants, though, are not usually motivated by the money.

Peter and Doug Pease, brothers who first got tested years ago and have since recruited cousins to the cause, see the testing as a way to help schizophrenics like their beloved younger brother and families like their own.

(The brother asked Peter, a Boston lawyer, and Doug, an advertising executive, not to identify him in print, and he declined to be interviewed.)

For the two older Peases, it is as if their brother "got dealt the joker," Doug Pease said. He was full of life until the disease struck him at 18, and he ended up "shut out of any sort of normal life, of any sort of career, any sort of lasting partner relationship, lasting friendships, because he was not capable. It's criminal."

Any kind of cure seems a distant prospect, Peter said. But they wanted to contribute, Doug said, to "anything that would help unlock any answers so that other people wouldn't have to go through this."

The McLean lab is currently following about 100 such families and hoping to recruit at least 50 more, Levy said.

One of the great challenges of genetic research on schizophrenia is that though the disease clearly has a genetic component, few members of any given family actually get the disease. This makes it much harder for researchers to find the relevant genes for schizophrenia than for diseases that occur more often within families.

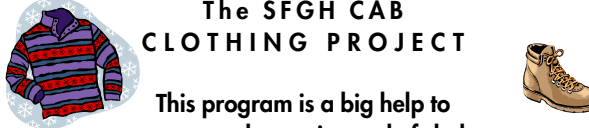
But the traits that Levy's lab is interested in occur at a much higher rate than schizophrenia does.

"The key value of this approach is that it amplifies the genetic signal," helping to identify healthy relatives who are carriers of the disease, said Levy, crediting her lab's approach to its founder, the late Dr. Philip Holzman.

Levy's tests detect basic brain abnormalities much as a technician can check a computer for electronic malfunctions, said Dr. Robert Freedman, editor of the *American Journal of Psychiatry*.

Now, using new data from the human genome, "she can begin to find the genetic changes giving rise to the abnormalities," he said. "If she can, she'll be able to connect the abnormality to the illness, and so to a change in gene, which hopefully might point the way to a specific therapy."

Source: *The Boston Globe*



**The SFGH CAB  
CLOTHING PROJECT**

**This program is a big help to  
consumers who are in need of clothes  
while they are at SF General Hospital.**

**Just call and they will pick up your donation or meet you at  
the front door of the hospital when you bring it in.**

**Please call Amelia Truman, 415-206-4465**

## Support Groups



### Family Members' Groups

#### *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.

# Caring for Adult Children with Mental Illness Study

By Sarah Bruyn Jones

TUSCALOOSA | Researchers at the University of Alabama are seeking to teach older parents of children with severe mental illness how to better cope with stress to reduce the burden on caregivers and the mental health system.

The pilot study is called the HOPES Project, an acronym for Helping Older Parents Engage Successfully. It focuses on parents who provide some care to children with schizophrenia or schizoaffective disorder.

"I'm really excited that they are doing something for caregivers and for families," said Cecilia Laurie, president of the Tuscaloosa chapter of the National Alliance on Mental Illness, a grassroots advocacy group. "There really is a lot of stress. I think what people don't know is that one of the untold costs of mental illness is the stress on the family members, because they are not as productive as they could be."

While many adults with schizophrenia or schizoaffective disorder are independent to some extent, they tend to rely on parents for assistance and support. Issues of independent housing and emotional well-being are two areas where parents often continue to assist their adult children.

"Even though my son lives independently, he still depends on me for transportation and emotional support.

And I'm constantly talking to him and communicating with him about his struggles," said Laurie, who has a 36-year-old son with schizophrenia.

When mental health care shifted away from institutions to a community care system, much of the burden fell to families, said Allan Kaufman, professor of social work at UA and the principle investigator.

Additionally, Kaufman said, the mental health system concentrates on keeping up with medication compliance, leaving little time to focus on how the illness affects the entire family. By focusing on the well-being of the family, and specifically the parent, the goal is for the person with the mental illness will receive better care.

"Ultimately, when you help the parents, you're helping the person with serious mental illness," Kaufman said. "If we can get the mental health system to adopt this approach, it would help."

Kaufman also has the emotional well-being of aging parents in mind. The study will offer a 10-session, in-home, problem-solving intervention individualized for each caregiver. Because Kaufman and his fellow researchers believe the one-on-one sessions will help reduce the stress of caregivers, the control group will receive the same treatment after a 14-week waiting period.

**Eligibility requirements:** Caregiver is 60 years old or older, adult son or daughter has been diagnosed with schizophrenia or schizoaffective disorder, and caregiver has frequent contact with son or daughter  
For Information: 205-348-7419 or 205-348-3941

*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](http://www.namif.org)

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Send newsletter additions/submissions/change requests to [renee.deger@yahoo.com](mailto: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

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- \$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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**BIG NEWS inside ... special visit by Kitty Dukakis at Feb 21st meeting ...  
TAKE A LOOK!**