



# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

## February General Meeting Notes

By Suzanne Brady

Our February General Meeting featured **Kitty Dukakis** discussing her lifelong battle with depression and her new book "Shock" that describes her experience with electroconvulsive therapy (ECT). Dr. Stuart Eisendrath, Clinical Director, UCSF Depression Clinic, also spoke and offered information about the range of treatment options available.

NAMI-SF Board Member, Dr. Gifford Boyce-Smith acted as moderator, and the Family Service Agency made room for 100 meeting attendees as our affiliate was honored to welcome Ms. Dukakis as a speaker. Trained as a clinical social worker, Ms. Dukakis is active within the international refugee rights movement. She served for 25 years on the U.S. Holocaust Memorial Commission and in 1990 she published her memoir, *Now You Know*, in which she discussed her struggle with alcoholism.

Ms. Dukakis explained that she suffers a cyclical, annual depression that lasts about four months. Over the years, she has tried medications, talk therapy and every combination of medications and/or talk therapy possible to manage her illness. In 1989 she was hospitalized for the treatment of alcoholism after she turned to drinking alcohol to self-medicate in her ongoing battle with depression.

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## Don't Miss the NAMIWalk Kick-Off Luncheon!

Special Guest Speaker: Katie Cadigan, documentary filmmaker  
"When Medicine Got it Wrong"

**Thursday, March 22, 2007**

**11:30 A.M. - 1:30 P.M.**

San Mateo Elks Lodge,  
229 West 20th Avenue, San Mateo  
(see [sanmateoelks.org](http://sanmateoelks.org) for directions)

This Kick-Off Luncheon is free for anyone interested in learning more about the Walk and how to participate as a Sponsor, Walker, Walk Team Captain or Volunteer

RSVP requested by March 11, 2007 to  
[namismc@sbcglobal.net](mailto:namismc@sbcglobal.net) or 650-638-0800

Seating cannot be guaranteed without RSVP

Donations may be made to  
NAMI Walk San Francisco Bay Area  
P.O. Box 5125 Marin, CA 94948  
Tax Exempt I.D. #68-0005567

[www.namiwalkSFbayarea.org](http://www.namiwalkSFbayarea.org) Phone: 800-556-2401

*Is your calendar marked yet?*

**2007 NAMI Walk San Francisco Bay Area**

**Saturday, May 12, 2007**

**Golden Gate Park**

## *The Monthly Meeting*

3rd Wednesday of each month

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

### 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.

### April 18

**New treatments/thinking in the field of psychiatry** - a presentation by Shawn B. Hersevoort, M.D., M.P.H., CPMC Dept. 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.

# Act Aims to Close Mental Health Coverage Gap

By Edward Carpenter, Reprinted from *The Examiner*, Feb. 22, 2007

Redwood City, Calif. - Mental health and alcohol treatment costs for Suzanne Aubry's daughter have drained her family's nest egg, costing them thousands of dollars in out-of-pocket expenses each year due to limits placed on their insurance coverage.

The price began to soar shortly after one of her four daughters, Jenny, then 14, began to suffer from paranoia and suicidal depression in 1999, said Aubry, who now works as a family liaison in the San Mateo County Office of Consumer and Family Affairs for mental health. And while a portion of the costs to treat Jenny's ongoing mental illness is covered by the family's insurer, there is no coverage for her alcohol addiction, which Jenny developed later after becoming depressed, Aubry told a panel of congressional lawmakers Wednesday during a field hearing on mental health and addiction equity held at the county Hall of Justice.

Like the Aubrys, thousands of families across the country are limited by how much their insurance carriers will pay when it comes to treating mental illness and addiction, said U.S. Rep. Jim Ramstad, R-Minn., sponsor of a new bill, dubbed the Paul Wellstone Mental Health and Addiction Equity Act. Nearly 90 percent of insurance plans impose financial limitations and treatment restrictions on mental health and addiction care, according to the U.S. Government Accountability Office.

One in five families are touched by mental illness at some point in their lives, with one in 17 people affected, according to the National Alliance on Mental Illness.

Ramstad, along with co-sponsor Rep. Patrick Kennedy, D-R.I., spoke and listened to local health professionals and families at hearings chaired by Rep. Anna Eshoo, D-Palo Alto.

The act, now making its way through Congress, would amend existing law to prevent insurance plans with 50 or more people from charging higher premiums and co-pays for mental illness and addiction treatments, Kennedy said.

The American Insurance Association, which represents the insurance industry, couldn't be reached after-hours for comment Wednesday.

"Americans with these physiological diseases of the brain pay their premiums like everyone else and their insurance should be there when they need it, like it is for everyone else," Kennedy said.

Combined, untreated mental illness and addiction costs government and business an estimate \$1 trillion a year nationwide, according to Rep. Ramstad's office.

Many plans limit treatment to 45- or 90-day in-patient treatment, creating large gaps in coverage, said Alison Mills, a member of San Mateo County's Mental Health Board.

Aside from parity in costs, many plans only cover those classified with "serious" mental illness, leaving out any hope of arresting mental illness early, said Gale Battaille, mental health director for San Mateo County.

## County Mental Health

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

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

## Men and Depression: New Treatments

By Julie Scelfo, Reprinted from *Newsweek*, Feb. 26, 2007

For nearly a decade, while serving as an elected official and working as an attorney, Massachusetts state Sen. Bob Antonioni struggled with depression, although he didn't know it. Most days, he attended Senate meetings and appeared on behalf of clients at the courthouse. But privately, he was irritable and short-tempered, ruminating endlessly over his cases and becoming easily frustrated by small things, like deciding which TV show to watch with his girlfriend. After a morning at the state house, he'd be so exhausted by noon that he'd drive home and collapse on the couch, unable to move for the rest of the day.

When his younger brother, who was similarly moody, killed himself in 1999, Antonioni, then 40, decided to seek help. For three years, he clandestinely saw a therapist, paying in cash so there would be no record. He took antidepressants, but had his prescriptions filled at a pharmacy 20 miles away. His depression was his burden, and his secret. He couldn't bear for his image to be any less than what he thought it should be. "I didn't want to sound like I couldn't take care of myself, that I wasn't a man," says Antonioni.

Then, in 2002, his chief of staff discovered him on the floor of his state-house office, unable to stop crying. Antonioni, now 48, decided he had to open up to his friends and family. A few months later, invited to speak at a mental-health vigil, he found the courage to talk

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publicly about his problem. Soon after, a local reporter wrote about Antonioni's ongoing struggle with the disease. Instead of being greeted with jeers, he was hailed as a hero, and inundated with cards and letters from his constituents. "The response was universally positive. I was astounded."

Six million American men will be diagnosed with depression this year. But millions more suffer silently, unaware that their problem has a name or unwilling to seek treatment. In a confessional culture in which Americans are increasingly obsessed with their health, it may seem clichéd—men are from Mars, women from Venus, and all that—to say that men tend not to take care of themselves and are reluctant to own up to mental illness. But the facts suggest that, well, men tend not to take care of themselves and are reluctant to own up to mental illness. Although depression is emotionally crippling and has numerous medical implications—some of them deadly—many men fail to recognize the symptoms. Instead of talking about their feelings, men may mask them with alcohol, drug abuse, gambling, anger or by becoming workaholics. And even when they do realize they have a problem, men often view asking for help as an admission of weakness, a betrayal of their male identities.

The result is a hidden epidemic of despair that is destroying marriages, disrupting careers, filling jail cells, clogging emergency rooms and costing society billions of dollars in lost productivity and medical bills. It is also creating a cohort of children who carry the burden of their fathers' pain for the rest of their lives. The Gary Cooper model of manhood—what Tony Soprano called "the strong, silent type" to his psychiatrist, Dr. Melfi—is so deeply embedded in our social psyche that some men would rather kill themselves than confront the fact that they feel despondent, inadequate or helpless. "Our definition of a successful man in this culture does not include being depressed, down or sad," says Michael Addis, chair of psychology at Clark University in Massachusetts. "In many ways it's the exact opposite. A successful man is always up, positive, in charge and in control of his emotions."

As awareness of the problem grows—among the public and medical professionals alike—the stigma surrounding male depression is beginning to lift. New tools for diagnosing the disease—which ranges from the chronic inability to feel good, to major depression, to bipolar disorder—and new approaches to treating it, offer hope for millions. And as scientists gain insight into how depression occurs in the brain, their findings are spurring research into an array of new treatments including faster-acting, more-effective drugs that could benefit

those who struggle with what Winston Churchill called his "black dog."

For decades, psychologists believed that men experienced depression at only a fraction of the rate of women. But this overly rosy view, doctors now recognize, was due to the fact that men were better at hiding their feelings. Depressed women often weep and talk about feeling bad; depressed men are more likely to get into bar fights, scream at their wives, have affairs or become enraged by small inconveniences like lousy service at a restaurant. "Men's irritability is usually seen as a character flaw," says Harvard Medical School's William Pollack, "not as a sign of depression." In many cases, however, that's exactly what it is: depression.

If modern psychologists were slow to understand how men's emotions affect their behaviors, it's only because their predecessors long ago decided that having a uterus was the main risk factor for mental illness. During the last two centuries, depression was largely viewed as a female problem, an outgrowth of hormonal fluctuations stemming from puberty, childbirth and menopause. Even the most skilled psychologists and psychiatrists missed their male patients' mood disorders, believing that depressed men, like depressed women, would talk openly about feeling blue. "I misdiagnosed male depression for years and years," says psychologist Archibald Hart, author of "Unmasking Male Depression."

Some of the symptoms of depression are so severe, like gambling addiction or alcoholism, they are often mistaken for the problem. David Feherty, the affable CBS golf commentator and former golf pro, began drinking at such a young age it became part of his personality. "I drank a bottle of whisky in order to get ready to start drinking," he jokes. By his 40s, he routinely consumed two bottles of whisky a day, and was in such physical pain, he thought he suffered from "some kind of degenerative muscle disease." During that period, he maintained a jovial front, and kept up a steady stream of on-air wisecracks during golf tournaments. "It was a problem that just, I don't know, ate itself up and got


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bigger and bigger and then, one day, bang, I disappeared." When he finally learned in 2005 that he suffered from depression, he felt a combination of shock and relief. "That was the most stunning thing. I just thought I was a lousy husband and miserable bastard and a drunk," says Feherty, now 48. "A mental illness? Me? I had no idea."

The widespread failure to recognize depression in men has enormous medical and financial consequences. Depression has been linked to heart disease, heart attacks and strokes, problems that affect men at a higher rate and an earlier age than women. Men with depression and heart disease are two or three times more likely to die than men with heart disease who are not depressed. Lost productivity due to adult depression is estimated at \$83 billion a year. Over the past 50 years, American men of all ages have killed themselves at four or more times the rate of women, depending on the specific age range.

A general practitioner is usually the first-and often, the only-medical professional a depressed man encounters. In 1990, when Mark Totten began sleeping a lot, refusing food and acting sullen, his sister, Julie, suggested he see a doctor, but never for a moment did she think it was life threatening. "I didn't know anything about depression back then," says Julie. In November of that year, Mark, 24, lay down on an Iowa train track and ended his life. Totten learned afterward that her brother had indeed visited his primary-care physician but complained only of stomachaches, headaches and just generally "not feeling so great," she says. The doctor didn't make the connection.

Confronted with a patient making vague medical complaints who is unwilling (or unable) to talk about his feelings, the hurried primary-care physician often finds it difficult if not impossible to assess a patient's emotional state. To help clear that hurdle, researchers developed a simple screening test for doctors to use: Over the last two weeks, have you been bothered by either of the following problems: (a) little interest or pleasure in doing things? or (b) feeling down, depressed or hopeless? If a patient responds "yes," seven more questions can be administered, which result in a 0 to 27 rating. Score in hand, many physicians feel more comfortable broaching the subject of depression, and men seem more willing to discuss it. "It's a way of making it more concrete," says Indiana University's Dr. Kurt Kroenke, who helped design the questionnaires. "Patients can see how severe their scores are, just like if you showed them blood-sugar or cholesterol levels."

Depression-screening tests are so effective at early detection and may prevent so many future problems (and expenses) that the U.S. Army is rolling out a new, enhanced screening program for soldiers returning from Iraq. College health-center Web sites nationwide provide the service to their students, and even the San Francisco Giants organization offers these tests to its employees.

At Clark University in Massachusetts, where Sigmund Freud introduced his theories to America, researchers are developing new clinical strategies to encourage men to seek help. The Men's Coping Project, led by Michael Addis, recruits men for interviews and discussion groups that focus

not on depression but on how they deal with "the stresses of living." At a recent staff meeting, the team reviewed the file of a middle-aged local man who described himself as stressed, angry and isolated, but vehemently denied that he was depressed. In a questionnaire, the man indicated that he preferred "to just suck it up" rather than dwell on his problems and that he believed part of being a man was "being in control." Researchers decided that rather than say "you have a problem" or "you need help," they would praise his self-reliance and emotional discipline, and suggest that meeting with a counselor might be the most effective way for him to "take charge of the situation." So far, Addis and his team have met with 50 men, some of whom said they would seek counseling, and they plan to interview another 50 before the program concludes next year.

For decades, scientists believed the main cause of depression was low levels of the neurotransmitters serotonin and norepinephrine. Newer research, however, focuses on the nerve cells themselves and how the brain's circuitry can be permanently damaged by hyperactive stress responses, brought on by genetic predisposition, prolonged exposure to stress or even a single traumatic event. "When the stress responses are stuck in the 'on' position, that has a negative effect on mood regulation overall," says Dr. Michael C. Miller, editor of the Harvard Mental Health Letter. A depressed brain is not necessarily underproducing something, says Dr. Thomas Insel, head of the National Institute of Mental Health-it's doing too much.

These discoveries have opened up broad new possibilities for treatment. Instead of focusing on boosting neurotransmitters (the function of antidepressants in the popular SSRI category such as Prozac and Zoloft), scientists are developing medications that block the production of excess stress chemicals, hoping to reduce damage to otherwise healthy nerve cells. They are also looking at hormones. In a recent study, DHEA, an over-the-counter hormonal therapy, was shown to be effective in treating major and minor midlife-onset depression. And Canadian scientists have had success with deep brain stimulation-a procedure in which two thin electrodes are implanted in the brain to send a continuous electrical current to Area 25, a tiny, almond-shaped node thought to play a role in controlling emotions. In recent trials involving patients who got no relief from other forms of treatment, all the subjects reported mood improvements within six months and, remarkably, most said they were completely cured of depression.


Researchers at the NIMH are also experimenting with the idea of fast-acting antidepressants that would relieve symptoms in a few hours instead of the eight weeks or more needed for most antidepressants to take effect. In clinical trials, scientists found that a single, IV-administered dose of ketamine, an animal tranquilizer, reduced the symptoms of depression in just two to three hours and had long-lasting effects. Because of its hallucinogenic side effects, ketamine can never be used out of controlled environments. But the success of the trial is giving scientists new ideas about drugs and methods of administering them.

The most effective remedy remains a combination of medication and therapy, but finding the right drug and


dosage is still more art than science. The nation's largest depression-treatment study, STAR\*D, a three-year NIMH-funded project, found that 67 percent of patients who complete from one to four treatment steps, such as trying a different medication or seeking counseling, can reach remission. The process can be onerous and frustrating, and the potential side effects, including a low libido, can be hard to take-especially for men. Stephen Akinduro, 35, an unemployed phone operator in Georgia whose mother had committed suicide, tried two different drugs over a three-year period, but both resulted in weight gain, fatigue and a diminished sexual performance. "When that happened I was, like, 'What is going on here?'" says Akinduro. Frustrated, he gave up on antidepressants. Today he gets free counseling through his church and a local support group. Twelve years after his diagnosis, he is still struggling.

Often the person who seeks treatment isn't the depressed man, but his fed-up wife. Terrence Real, author of "I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression," says most men in counseling are what he calls "wife-mandated referrals." When depression left Phil Aronson unable to get out of bed, feed himself or even pick up the phone, his wife, Emme, the well-known model, physically helped him into the shower, found doctors and therapists, and drove him to appointments, even escorting him inside. At one point, when Phil became suicidal, doctors told Emme it was her job to make sure he continued taking his medication and keep him safe from himself. "It was such an incredibly awesome, all-encompassing responsibility,"

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**The SFGH CAB  
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**Please call Amelia Truman, 415-206-4465**

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She counts herself as "blessed" to have a doctor she trusts to help her cope with her medical problems. However, Ms. Dukakis and her "very supportive" husband, Mike, the former governor of Massachusetts, were both wary six years ago when her psychiatrist asked her to consider ECT as a depression treatment. Like most of us, she had seen the movie "One Flew Over the Cuckoo's Nest" and had heard horror stories related to ECT from the 1950s. But, her doctor provided Ms. Dukakis with educational materials on the changes in ECT and, as a result, she and her husband decided that if she became deeply depressed again, she would try it.

Since then, ECT has become her preferred treatment for managing her chronic and disabling depression. She co-authored the book "Shock" with an experienced journalist to dispel the myths and stigma surrounding ECT and encourage other people suffering with chronic treatment-resistant depression to consider ECT.

Memory loss is the most common negative side effect of ECT and Ms. Dukakis has experienced her share of it. She has forgotten a week long vacation in Paris. She can get lost on otherwise familiar streets in the weeks following a treatment. But, for her, the relief from her depressive symptoms is worth it.

"Today a real joy in my life is I know this treatment works," Ms. Dukakis said. "I'm not sure I would be here today if it weren't for ECT."

Dr. Eisendrath, Clinical Director of the Depression Clinic at UCSF, said the center was developed because depression is the most common psychiatric diagnosis for UCSF's patients—a fact that is consistent with national figures. It surpasses coronary artery disease and cancer as the most disabling disease in North America. It's also the most disabling condition around the world.

Depending on the individual UCSF patient, depression treatment may consist of interpersonal therapy, mindfulness-based cognitive therapy, ECT, problem solving therapy, or cognitive behavioral therapy. ECT is the most rapidly acting treatment with the highest efficacy rate, Dr. Eisendrath said. However, it is not a "first-line" treatment because even as an outpatient treatment it is a complex procedure that requires anesthetizing the patient and giving them a muscle relaxant to minimize the convulsions it causes.

Any of these treatments may be combined with prescription medications. The UCSF Depression Clinic is committed to educating patients and their families about the basics of depression to help fight the disease, he said. All UCSF Depression Clinic treatments are measurement based with patients taking a depression inventory at the start and every 12 weeks. Adjustments are made to treatments based on the patient's depression inventory measurement results.

"There are a lot of exciting psychotherapies available for treating depression," Dr. Eisendrath said. "But we're up against a very challenging disease."

After Dr. Eisendrath spoke, the moderator opened up the meeting to questions and comments from the audience. One topic discussed was the fact that California law regarding ECT is more restrictive than other states. In California, once a psychiatrist orders ECT for a patient, a second psychiatrist to determine that a patient has to evaluate the patient and ensure they have the capacity to give informed consent to the treatment. In response to a question, Dr. Eisendrath said that in most cases ECT is covered by insurance companies.

## 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.

*Men and Depression from page 5*

says Emme, who became the sole caretaker of Toby, their daughter, then 2 years old. Even when the depression began to lift, her husband's moodiness took a toll on their marriage and Emme's career. "I had to be caretaker, I had to be a supportive wife, I had to leave my work. I was developing a new TV show and had to drop it." Today Phil is recovered, and Emme is thrilled to once again have a partner who makes her laugh, contributes to the relationship and helps parent Toby, now 5.

Success and wealth offer no protection from the ravages of depression. At 46, Philip Burguières was running a Fortune 500 company, traveling constantly and meeting with shareholders, when, in the middle of a staff meeting on a Tuesday afternoon, he suddenly collapsed. Doctors diagnosed him with depression and encouraged him to leave his high-stress job. But after a short hospital stay, he was back in the game and by the following year was running Weatherford International, an energy-services company with \$3 billion in revenues. The pressure became unbearable, and in 1996 he once again took a medical leave. "The second one was a grade-A, level-10, atomic-bomb depression," he says. In his darkest moments, he was certain the world would be better off without him, but even then, he felt enormous pressure to succeed. "I want out, but am stuck because I have never quit anything in my life," he wrote in a hospital diary. Strengthened by counseling and a friendship with a similarly depressed CEO, Burguières attained what he describes as a "full recovery" and stepped down as CEO. He found new work running a family investment company and as vice chairman of the NFL's Houston Texans, positions that permit him to delegate more responsibility and have more fun. He also found that helping other people was the

best way for him to get better, and since 1998, he has been privately counseling the numerous depressed CEOs who seek him out. "You get outside yourself; you don't obsess on your own issues," he says.

Fading social stigmas are already making it easier for young men to come forward. Recently, Zach Braff, filmmaker and star of TV's "Scrubs," told a reporter from Parade magazine that he thinks he suffers from "mild depression." At colleges and universities across the nation, health officials are putting mental-health care front and center. At UCLA, the Student Psychological Services moved two years ago from a basement office to a bright building in the center of campus across from Pauley Pavilion. In January, center director Elizabeth Gong-Guy walked through the waiting room and noticed that every person there was male. "It was amazing to me," she says. "I've been doing this for 18 years and that's not something you would have seen even three years ago."

Social attitudes toward depression are changing, thanks in part to men themselves. John Aberle is a sales and marketing consultant, retired Air Force security specialist, part-time radio talk-show host, devoted husband, active father and a 6-foot-4, 250-pound body-builder who twice faced a depression so deep, he cried on his knees. He readily tells other men it's their duty to get better. "There's no crime in having a disorder, whatever it is," says Aberle, 38. "The crime is not dealing with it. It's your responsibility to be at the top of your game." Taking care of yourself physically, mentally and emotionally—maybe that's the real definition of what it means to be a man.

—With Karen Springen in Chicago and Mary Carmichael in Boston. URL: <http://www.msnbc.msn.com/id/17190411/site/newsweek/from/ET/>

*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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San Francisco, CA 94109  
415-905-NAMI  
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[www.namif.org](http://www.namif.org)

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

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

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

•self • parent • sibling • spouse • health care/professional  
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Please Check One:

- \$10 Consumer
- \$45 Individual or Family Membership
- \$100 Organization or Benefactor Membership
- \$250 or more for Patron Membership
- \$500 or more for Sustaining Membership

• I cannot join NAMI-San Francisco at this time but I would like to receive *Out of the Fog* or I am enclosing a donation of \$ \_\_\_\_\_ to help cover the cost of *Out of the Fog*.

## NAMI SAN FRANCISCO

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March 22 in San Mateo - see page 1**