



# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco



**WALK! You do it every day. Now do it with purpose!**

*This year's Walk takes place on*

**Saturday May 12, 2007**

**Golden Gate Park's Speedway Meadow**

**You don't need to be registered ahead of time ... You don't need to be on a team.  
Just show up ... and register with a small donation.**

**You can also walk as part of ... or donate in the name off ... our affiliate team, the NAMI SF Boardwalkers!  
It's an opportunity to talk with friends, family and colleagues about mental health, why you volunteer for  
NAMI, and all the work that still needs to be done.**

**Visit the San Francisco Bay Area NAMI Walk home page to see our sponsors to date and consider how  
you or someone you know can benefit by participating:  
see [www.nami.org](http://www.nami.org) and keep clicking to our Walk page.**

**Musician Joyce Cooling chose San Francisco as the city to stage the premier of her new music video that  
accompanies her latest CD, Revolving Door, aptly named for her family's experience with mental illness.**

**A portion of the proceeds from the sale of the CD go to NAMI. She also is a major sponsor for a NAMI  
Walks team in San Francisco, Music for the Mind. Check our her website for information on local events,  
her walk team and her latest CD. [http://www.joycecooling.com/p2p\\_welcome.html](http://www.joycecooling.com/p2p_welcome.html)**

## *The Monthly Meeting*

May 16

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

*Please send in questions for  
June and July meetings!*

June 20

Dr Firestone will be speaking on HIPPA, which promises to be a well attended event!

July 18

A presentation on the BHC.

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

# The Virginia Tech Tragedy: Distinguishing Mental Illness from Violence

Statement of Ken Duckworth, MD, NAMI Medical Director, 4/18/07

The National Alliance on Mental Illness (NAMI) extends its sympathy to all the families who have lost loved ones in the terrible tragedy at the Virginia Polytechnic Institute. We are an organization of individuals and families whose lives have been affected by serious mental illnesses.

Despite media reports, Cho Seung Hui, the shooter in the tragedy, may not actually have had a serious mental illness relative to other diagnoses. But the possibility opens the door for reflection on the nature of mental illnesses-what they are and what they are not-with regard to symptoms, treatment and risks of violence.

The U.S. Surgeon General has reported that the likelihood of violence by people with mental illness is low. In fact, "the overall contribution of mental disorders to the total level of violence in society is exceptionally small." More often, people living with mental illness are the victims of violence.

Severe mental illnesses are medical illnesses. They are different from episodic conditions. They are different from sociopathic disorders.

Acts of violence are exceptional.

Treatment works, but only if a person gets it.

Questions must be answered about whether the mental health care system responded appropriately in this case. We know that Cho Seung Hui was referred to a mental health facility for assessment. Did he receive the right treatment and follow-up? If not, why not?

Check NAMI's Web site for the federal government's authoritative language on perceptions of violence: Surgeon General's Report on Mental Health (1999) at [www.surgeongeneral.gov/library/mentalhealth](http://www.surgeongeneral.gov/library/mentalhealth)

Are people with mental disorders truly more violent? Research supports some public concerns, but the overall likelihood of violence is low.

The greatest risk of violence is from those who have dual diagnoses, i.e., individuals who have a mental disorder as well as a substance abuse disorder. There is a small elevation in risk of violence from individuals with severe mental disorders (e.g., psychosis), especially if they are noncompliant with their medication.... Yet to put this all in perspective, the overall contribution of mental

disorders to the total level of violence in society is exceptionally small.

*National Institute of Mental Health (2006),  
<http://www.nimh.nih.gov/press/schizophreniaviolence.cfm>*

A study of adults with schizophrenia showed that symptoms of losing contact with reality, such as delusions and hallucinations, increased the odds of serious violence nearly threefold. The odds were only about one-fourth as high in patients with symptoms of reduced emotions and behaviors, such as flat facial expression, social withdrawal, and infrequent speaking.

Overall, the amount of violence committed by people with schizophrenia is small, and only 1 percent of the U.S. population has schizophrenia... By comparison, about 2 percent of the general population without psychiatric disorder engages in any violent behavior in a one-year period.

The researchers found that the odds of violence also varied with factors other than psychotic symptoms. For example, serious violence was associated with depressive symptoms, conduct problems in childhood, and having been victimized, physically or sexually; minor violence was associated with co-occurring substance abuse.

## NAMI SF has a New Office and Address

Make sure you note our new address - and tell your friends! We are now located at

**1010 Gough St.  
San Francisco, CA 94109**

More information is available on pages 7 and 8

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**



# HOUSE calls for NAMI

## The hit television drama HOUSE is helping NAMI

April 26, 2007

At a packed press conference on the Los Angeles stage where the show is produced, cast crew and producers launched a promotion this week to benefit the National Alliance on Mental Illness (NAMI) and its work in education, support, and advocacy for individuals and families affected by mental illness.

Right now—for a limited time only—T-shirts from the show are being sold on-line for \$19.95 at [www.housecharitytees.com](http://www.housecharitytees.com). They are emblazoned with the phrase "Everybody Lies," one of the best-known "House-isms" often uttered by the brilliant, but cynical diagnostician Dr. Gregory House.

Beginning May 1, an on-line auction will run for seven days to sell five special autographed items:

- One t-shirt signed by the entire cast
- One cast photo signed by entire cast
- One House Season 1 DVD signed by Hugh Laurie
- One House Season 2 DVD signed by Hugh Laurie
- One original House script signed by entire cast

All proceeds from the sale of the t-shirts, as well as from the online auction, will be donated to NAMI.

Fans of HOUSE will recognize the "House-ism" and are the primary audience to which the promotion is being targeted. In the process, many will learn about NAMI, possibly for the first time, and receive a message to care about mental illness.

"Everybody Lies" is also message about stigma. Myths surround mental illness. In the context of the TV show, the phrase is a reference to the fact that people who are being diagnosed—relative to any illness—often withhold information because they are afraid, ashamed, embarrassed, or conflicted. That is a consequence of stigma, a familiar experience for many NAMI members. Too often, Hollywood has been indifferent to stigma concerns. This time, the producers and cast of a TV show stepped forward to help

"Mental illness is stigmatized and misunderstood in our society, and we're trying to do something about that," said HOUSE executive producer Katie Jacobs. "We're very fortunate to be celebrating an extremely successful third season for HOUSE, and we'd like to give something back to a cause we feel is both worthy and overlooked."

"HOUSE is making an enormous contribution to public education by lending the show's celebrity profile

to raise funds," said NAMI executive director Mike Fitzpatrick. "On behalf of every individual and family who live with major depression, bipolar disorder, schizophrenia and other mental illnesses, NAMI thanks the show and cast. They are making a difference in people's lives."

HOUSE stars Laurie as an infectious disease specialist and brilliant diagnostician who thrives on the challenge of solving impossible medical mysteries, but will do anything to avoid actual contact with his patients. HOUSE is the #1 scripted series on FOX and was recently renewed for a fourth season. HOUSE is from Heel and Toe Films, Shore Z Productions and Bad Hat Harry Productions in association with NBC Universal Television Studio.

## Poetry from La Posada

What is wrong with you today?  
You have no grasp on your pain.  
You always leave me out in the cold, cold rain.  
That one day my thoughts may be considered insane,  
It's not the mishaps, it's just what you saw.  
I saw something nice.  
I would like to be somewhere else throwing dice.

—A group effort by the clients at La Posada

I don't feel good  
All I would like to do  
Is lay around like a piece of wood.  
Man I just don't feel good.  
Sleeping is the best thing around  
That is how most people who don't feel good  
Get down.  
Man I just don't feel good.

—A client at La Posada

### County Mental Health

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

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

# NAMI National Convention

June 20-24 in San Diego

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

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

## A Path To Mental Health

**Looking at the need to incorporate routine mental-health screening and prevention programs into adolescent medical care and school counseling**

—*U.S. News & World Report, by Bernadine Healy M.D., 5/1/07*

A tortured young mind went on a deadly rampage two weeks ago, leaving families forever devastated, a campus weeping, and a nation mourning. In the aftermath, it is only natural, if not obligatory, to seek explanations and look for ways we can prevent or mitigate such tragedy. The problem is complex. But at the center is a human being desperate for psychiatric intervention. This catastrophic event, though rare, should be a wake-up call that we need to incorporate routine mental-health screening and prevention programs into adolescent medical care and school counseling. Such efforts could potentially thwart at least some of the psychopathy that underlies school shootings, since medicine now can help even the most severely ill. And they would also benefit the many young people struggling with far less extreme brain disorders.

The U.S. Secret Service, which studies "targeted violence," provides insight on the urgency of the need in its 2002 "Safe School Initiative" report: School attacks, instead of being the random impulsive acts of brawling rowdies, are well-planned events mostly carried out by a single student—who is not evil but mentally ill. Except for being male, the 41 attackers studied fit no profile of family background, race, ethnicity, or even academic performance. Many were A and B students. Few had a history of violent or criminal behavior. But their thoughts were of violence, and their behavior was often intimidating. They frequently expressed violent themes in their writings, in one instance portraying homicide and suicide as solutions to feelings of despair. The perpetrators often had telegraphed to other students and teachers their depression or desperation and either talked about or had

attempted suicide. Feelings of persecution by others were common and led to festering resentment and anger.

Psychiatrists and psychologists recognize that these are red flags demanding medical intervention. Yet one of the most striking findings in the report was that the vast majority of these students never had a mental-health evaluation. No wonder only 17 percent were diagnosed with a psychiatric illness—it wasn't looked for. That alone points to a huge mental health gap: If the distress of these students didn't trigger medical attention, it's unlikely that less severe struggles that are seen in as many as 15 to 20 percent of other students will do so.

### Still A Chance

Yet the school years are a critical time in the development of minds and brains. In fact, the brain does not fully mature until late adolescence and early adulthood, when the prefrontal cortex undergoes the final stages of building and organization. This area controls impulses, moral reasoning, judgment, and rational thinking and accounts for that magical time parents yearn for when their emotion-driven teens morph into people capable of nuanced thinking. This is also the time when two major brain illnesses emerge—schizophrenia, a disorder marked by irrational thought, and bipolar or manic-depressive illness, a disorder of mood. Henry Nasrallah, a schizophrenia researcher at the University of Cincinnati, notes that the experiences of a 20-year-old student struggling with messages from within or perceived signals from without and putting the wrong meaning on other people's actions (and behaving accordingly) are all signs of an emerging schizophrenia. Rarely—and he stresses rarely—does it lead to violence. But when these illnesses erupt into psychoses, the patient loses touch with reality and displays bizarre and inexplicable behavior.

Only recently have we learned that these are neurodevelopmental disorders whose early signs might well be picked up in routine pediatric screening. For example, a classic behavior in a child that can precede psychosis later in life is speaking to almost no one, even family, says Nasrallah. Genes are known to confer vulnerability, but equally important is the environment. Stress or great disappointment can exacerbate symptoms; connecting with an adult in an ongoing relationship can do the opposite. Interventions like social-skills training combined with talk therapy and targeted medication can make a huge difference. Early treatment can lessen the frequency and intensity of psychotic episodes, leaving many patients with only the mildest of symptoms. And the younger the brain, the more malleable it is. The ultimate goal is to not only modify evolution of disease but keep it from arising in the first place. This is achievable, and the path to get there is becoming clear.

—*Source: U.S. News & World Report*

# Mentally Ill Die 25 Years Earlier, On Average

By Marilyn Elias, Reprinted from USA Today

Adults with serious mental illness treated in public systems die about 25 years earlier than Americans overall, a gap that's widened since the early '90s when major mental disorders cut life spans by 10 to 15 years, according to a report due Monday.

"We're going in the wrong direction and have to change course," says Joseph Parks, director of psychiatric services for the Missouri Department of Mental Health. He's lead author of the report from eight states - Maine, Massachusetts, Rhode Island, Oklahoma, Missouri, Texas, Utah and Arizona - that will be released at a meeting of state hospital directors in Bethesda, Md.

About 60% of the 10.3 million people with serious mental illness get care in public facilities, 90% as outpatients, Parks says. They have illnesses such as schizophrenia, bipolar disorder and major depression. Although the mentally ill have high accident and suicide rates, about 3 out of 5 die from mostly preventable diseases, he says.

Obesity is a serious problem. These patients often get little exercise, and many take a newer type of anti-psychotic, on the market for 18 years, that can cause drastic weight gains, promoting diabetes and heart disease, Parks says. He thinks these drugs are contributing to deaths from cardiovascular disease.

Recent studies question the advantage of the newer drugs. "Many could be switched to safer medicines," Parks says. Schizophrenics are thought to have a higher risk for diabetes already, he says.

Mentally ill adults also are more likely than others to have alcohol and drug-abuse problems, and to smoke.

Because of their mental disorder, patients often aren't good health advocates for themselves, says Andrew Leuchter of the UCLA School of Medicine. When patients do seek help, "I hear of great difficulty getting appointments even for simple problems like high blood pressure. ... The public health system is underfunded, and it's gotten worse over the years."

Medical needs of the mentally ill are least likely to fall through the cracks when psychiatrists and primary care doctors practice in the same facility, according to a 2003 report from the Bazelon Center for Mental Health Law. But integrated clinics are "quite rare," says Bazelon policy director Chris Koyanagi.

Sometimes internists disregard medical symptoms of the mentally ill, chalking them up to the patient's disorder, says Kenneth Duckworth of the National Alliance on

Mental Illness. And needed treatment may be harder to get. He points to a study showing that after the mentally ill suffer heart attacks, they're less likely than other patients to get state-of-the-art care.

Parks thinks agencies such as the Centers for Disease Control and Prevention should track the health of adults with mental illness, just as they do other vulnerable groups, to identify problems and solutions. "Many struggle for decades to overcome mental illness," he says, "and after all that struggle, it's particularly cruel to think that you would die young."

## 3rd Annual Bipolar Education Day at Stanford

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

Sherman Fairchild Auditorium  
291 Campus Drive, Stanford

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


Additional Speakers:

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

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


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

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



**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.

# Write to Oppose Cuts!!

Use this letter as your guide to writing to the Governor about his proposed cuts to mental health care! Remember – hand-written letters work great! They prove that someone actually wrote them so don't worry about the letter looking professional or slick. Just write one to one of the people listed below, like your elected official and one other state bureaucrat!

Governor Arnold Schwarzenegger  
1st Floor, State Capitol  
Sacramento, California 94814

RE: Department of Mental Health Budget – Elimination of Adult System of Care Homeless Mentally Ill Program - \$55 Million

Dear Governor Schwarzenegger:

NAMI California and its 16,500 members are in strong opposition to your budget proposal to eliminate the \$55 million homeless program for mentally ill adults – known as the AB 34/ 2034 program.

Your proposal to eliminate this exceptionally successful program with the suggestion that it can be funded with Proposition 63/Mental Health Services Act revenue is in violation of the Mental Health Services Act's "no supplantation" requirement. The language in

the Act is clear that MHSA funds are to expand mental health services and cannot be used to replace existing state or county funding. The Act further requires that the state maintain funding for existing programs at the 2004-05 funding level. If this program were to be eliminated, many of our mentally ill family members currently receiving services from this funding source would be relegated to living in the streets, eating from dumpsters and most likely wind up in jail or prison.

When the voters passed Proposition 63 they were voting to improve services to unserved and underserved mentally ill individuals in an effort to reduce the growing number of homeless people as well as reduce the number of mentally ill individuals who end up being inappropriately incarcerated for lack of quality services.

The People of the State of California trusted us to do what was promised in the initiative. We must not violate their trust. Your proposal, if enacted, would set a dangerous precedence and our members are already asking – "What's next"? We respectfully request that you reconsider this proposal to eliminate state funding of the AB 34/2034 program.

Sincerely,  
(your name)

\*\*\* Please write another letter just like this one to your legislators! \*\*\*

*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)  
Contact us at [namif@fsasf.org](mailto:namif@fsasf.org)

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

President: Pamela Fischer      Secretary: Suzanne Brady  
Vice President: Dale Milfay      Treasurer: Tom Purvis

## **Committees**

Family to Family: Vicki Evans  
Hospitality and Support Groups: Vickie and Bob Evans  
PLAN: Baron Miller  
Out of the Fog: Renee Deger, Ruan Frenette and Dale Milfay  
Speaker's Bureau: Baron Miller  
Database Manager: Suzanne Brady

## **Hotline Answering Team**

Carla Villalba (Chair)  
Susan Bronstein  
Eileen Lemus  
Dale Milfay  
Mary Vogt  
LaVaughn King

## **Members at Large Board**

Dr. Gifford Boyce-Smith  
Vicki Evans  
Florence Fee  
Cara Hoepner  
Dale Milfay

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

NAME \_\_\_\_\_

(Please Print)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

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  
Other \_\_\_\_\_

Please Check One:

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

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

## NAMI SAN FRANCISCO

1010 Gough St.  
San Francisco, CA 94109

*Return Service Requested*

PRESORTED  
STANDARD MAIL  
U.S. Postage  
PAID  
San Francisco, CA  
Permit No. 11751