



# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

## September Speaker - *Must Attend!*

The speaker at the September meeting, **Terrence Ketter**, Professor in Psychiatry & Behavioral Science - Psychopharmacology and a key researcher at Stanford University's Stanford Mood Disorder Clinic, will discuss Bipolar Disorder and its treatments.

Dr. Ketter has done extensive research into the etiology, phenomenology, and treatment of bipolar disorder. His etiologic research has focused on the use of brain imaging methods such as magnetic resonance imaging (MRI), magnetic resonance spectroscopy (MRS), and positron emission tomography (PET) to better understand the neurobiology of mood disorders and to explore the possibility of using these techniques to more effectively target treatments for patients with bipolar disorder.

His phenomenologic research has focused on the development and course of bipolar disorder in late adolescence and young adulthood, particularly in college students, and links between creativity, temperament, and mood disorders. His research into treatment has involved clinical trials of novel medications and combinations of medications in the treatment of bipolar disorder, with an emphasis on the use of anticonvulsants.

### Where do your interests in BD develop from?

My interest in BD arose from an interest in the effects of

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## NAMI StigmaBuster Alert

**June 29, 2007**

By Stella March, NAMI

### Virginia Tech

Since our last StigmaBusters alert, much of NAMI's focus has been on issues flowing from the Virginia Tech tragedy in April, including concerns over stigma and discrimination.

NAMI testified before Congress about stigma and perceptions of violence associated with mental illness. Federal gun control laws currently prohibit people who have been "adjudicated as mental defectives" or "committed to a mental institution" from purchasing firearms. On June 13, the U.S. House of Representatives passed a bill to provide incentives to states to report people to the National Instant Background Check System, but the bill does nothing to correct the vague and stigmatizing language.

NAMI supports efforts to keep guns out of the hands of people who are violent, but wants improvements in the law to eliminate stigma. Please send a message now to your Senators through NAMI's Web site at this URL: <http://capwiz.com/nami/issues/alert/?alertid=9893526&type=CO>

### Mental Illness: The Right to Vote

A New York Times article titled "States Face Decisions on Who Is Mentally Fit to Vote" (6/19/07) has heightened concerns over a possible trend toward exclusion as a

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## The Monthly Meeting

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

**September 19**  
**Terrance Ketter** of the Stanford Mood Disorder Clinic, one of the foremost leaders in bipolar research, will discuss treatments for bipolar.

**October 17**  
Tentative: Consumer Forum

**November 21**  
TBA

anticonvulsants on psychiatric disorders due to neurological illnesses in general and epilepsy in particular. In the final year of my residency in psychiatry at UCSF, I served as psychiatric consultant to the Northern California Epilepsy Center. I was impressed by the emergence of psychiatric symptoms in epilepsy patients discontinuing anticonvulsants to detect the brain regions where seizures started in order to prepare for surgical treatment. Patients frequently experienced increased anxiety and depression, even before they had an increase in seizures. It seemed as if removal of the anticonvulsant had revealed underlying mood problems that had benefited from the anticonvulsant. After residency, I joined the laboratory of Dr. Robert Post at National Institute of Mental Health (NIMH) in Bethesda Maryland, which performed some of the first studies of the use of the anticonvulsant carbamazepine (Equetro, Tegretol) for bipolar disorder. So in a sense I became interested in bipolar disorder through an interest in the mood effects of anticonvulsants.

What follows is an interview Dr. Ketter gave to Standard's Bipolar Clinic Newsletter in Fall 2006.

**Was there one person - a mentor - who had a big impact on your working life?** Dr. Post's interest in not only the mood effects of anticonvulsants, but in bipolar disorder itself was infectious. He has been fascinated by the changes in the illness over time, and developed the "kindling" theory of bipolar disorders. This theory hypothesizes that mood episodes in bipolar disorder can cause the illness episodes can go from reactive (occurring in reaction to stress) to spontaneous (occurring in the absence of stress), become more frequent, more severe, and ultimately resistant to treatment. This concept of progression is a metaphor of a model of the progression of epilepsy. It turns out that patients with epilepsy have an excess of mood problems that can in many cases be relieved by using the right anticonvulsant. This is not to say that the causes of bipolar disorder and

epilepsy are directly related. The link may be that in both bipolar disorder and in the commonest form of epilepsy, function of the same brain regions (in the temporal lobes that mediate emotion) are disturbed. In bipolar disorder the disturbance is biochemical and in epilepsy the disturbance is electrical.

**Can you talk about the history of how you came to work at Stanford and the development of bipolar disorder research and treatment here?** In 1995, I was recruited by the Chairman of the Stanford Department of Psychiatry and Behavioral Sciences, Dr. Alan Schatzberg. Dr. Schatzberg has a long and distinguished career as a researcher and educator with a special interest in (unipolar) major depressive disorder. He was in the process of reinvigorating clinical research and education at Stanford, and an important component of this effort was to establish specialty clinics for different psychiatric disorders. I came to Stanford in September of 1995 to establish a Stanford Bipolar Disorders Clinic and Stanford Bipolar Disorders Research Program. This was at the beginning of an ongoing time of tremendous clinical and research opportunities in bipolar disorder. The Food and Drug Administration had just approved use of the anticonvulsant divalproex for acute mania, the first new mood stabilizer approved in over 20 years. This triggered interest in assessing the mood effects of multiple new anticonvulsants and new antipsychotics. Also, at this time genetics and functional neuroimaging methods were beginning to be applied to bipolar disorder. In the last 10 years research in all of these areas has flourished.

Shortly after I came to Stanford, Dr. Kiki Chang started his child and adolescent psychiatry fellowship, and I had the honor of providing mentorship for his fellowship project, in which he performed careful psychiatric evaluations on the offspring of patients in our adult clinic. Kiki went on to join the faculty and establish the Stanford Pediatric Bipolar Disorders Clinic and Stanford Pediatric Bipolar Disorders Research Program. Similarly, I had the honor of providing mentorship for Dr. Po Wang during his fellowship, and Po has joined the faculty and is performing research in psychopharmacology and neuroimaging in bipolar disorders. Dr. Schatzberg was able to recruit an expert in the effects of hormones on mood disorders, Dr. Natalie Rasgon, from UCLA.

Natalie is the Chief of the Stanford Women's Wellness Clinic and the Stanford Behavioral Neuroendocrinology Program, and has collaborated with us extensively in studies of gender specific issues in the treatment of bipolar disorder. In addition, we were fortunate enough to have Dr. Jenifer Culver, a psychologist interested in psychotherapeutic interventions in bipolar

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disorder join our group, providing us with expertise and research capacity in this vital area. Thus, over the last decade Stanford has developed a team of experts in bipolar disorder with interests in the disorder across the life cycle and genders, in civilians and veterans, and in new medications, psychotherapy, hormones, neurimaging, and cognition.

**Where do you feel the field of psychiatry, especially BD, is going?** I believe we will continue to see rapid (in the time frame of years) emergence of interventions that will provide new treatment options that are better tolerated and address the depressive aspects of bipolar illness. We will see increasing use of genetic and neuroimaging information in clinical practice - however the time frame for this is probably over decades rather than over years.

**Bipolar disorder is frequently underdiagnosed or misdiagnosed; you've said before that the average time between a patient's onset of symptoms and accurate diagnosis is 10 years. How important is early and accurate diagnosis? And - do you think awareness of this disease needs to be raised?** Raising awareness of the illness in patients and caregivers can facilitate early accurate diagnosis, which is crucial as it can permit early appropriate treatment that can prevent episodes and illness progression and help to avoid inappropriate treatments such as unopposed (i.e. without an antimanic agent) antidepressants or stimulants which can trigger episodes.

**Studies have shown that up to a quarter of children of bipolar parents develop bipolar disorder or display some other type of mood disorder. Do we understand the genetics behind this disease? What more do we need to know about bipolar?** The familial pattern of bipolar disorder is well known. People who have a parent or sibling with bipolar disorder have a 20% risk, and people with two parents or an identical twin with bipolar disorder have a 70% risk, much higher than the 24% general population risk.

The specific genetics are complex and appear to involve multiple "small effect" genes that may be related to different illness characteristics of bipolar disorder and related illnesses. For example, a single gene may contribute to risk of psychosis for both people with bipolar disorder and schizophrenia.

**If you could provide individuals with one takeaway Message about bipolar disease, what would it be?**

Early accurate diagnosis, along with recent advances in diagnosis and treatment provide new hope for the millions of Americans who have bipolar disorder and schizophrenia.

## "Daughters of Madness"

### A New Book on Growing Up with a Mentally Ill Mother

By Michelle Roberts, Post 8/23/07, [www.schizophrenia.com](http://www.schizophrenia.com)

*Excerpt:*

Daughters of Madness is a new book on daughter's experiences of growing up with mentally ill mothers. The book is unique in that it includes an introduction on how children are affected by mentally ill parents and also covers the related research. The rest of the book is full of interviews, and personal stories of women who have experienced a mother suffering from mental illness. Although the book is about daughters and their mothers, anyone with a mentally ill parent or family member may find it beneficial.

Below is an extensive [excerpt] Q&A with Susan.

#### **What are some of the topics covered in the book?**

Some of the major topics addressed include:

- Feelings of guilt in the child - Is it my fault?
- Keeping the secret (and why that's bad for the child)
- Role reversal - when child acts as parent
- Fear of the same fate
- Building resilience and accepting help
- Insights from daughters of mothers who were schizophrenic, psychotic, severely depressed, paranoid, and personality-disordered.

#### **What would be some of the suggestions to children who are in their teens on how to overcome challenges of a mentally ill mother?**

My first suggestion would be a very strong one: find someone to talk to about your mentally ill family member. If at all possible, find a mental health professional - any professional degree - who seems to "get it." That might very well be a school guidance counselor. If not, it might be somebody in a clinic, it might be your pediatrician. It's very important to talk to someone, though, and not carry this as a shameful secret. Find some adult to talk to.

If there's anyone in the family to form a bond with on this, find that person and talk to them and let them know what's happening. That could be a brother or sister, father, aunt, uncle, grandparent, whoever. If they deny or minimize it, go to someone else.

It can also be really important to find other adults to turn to, to get support from, and spend time with. The teen doesn't necessarily have to tell the whole story to everyone, but it's ok to let a coach or a teacher or an employer that

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### **County Mental Health**

The County mental health access line  
for all consumers is

**415-255-3737**

The Mobile Crisis Unit is

**415-355-8300**

result of Virginia Tech. But the issue actually is an old one, which arises occasionally when someone seeks to enforce existing provisions of state law that prohibit certain people with mental illnesses from voting. NAMI considers such laws to be unconstitutional.

For discussion of the issue, listen to NAMI's advocacy on National Public Radio's "Tell Me More" (15 minutes) show in which "StigmaBusters" are mentioned twice. A longer discussion (45 minutes) also is available in Wisconsin Public Radio's "At Issue" archive (6/19 at 4PM).

### **Reader's Digest: Normal or Nuts?**

Many StigmaBusters were outraged by the tone of "Are You Normal or Nuts?" in the June 2007 issue of Reader's Digest.

"There's no such thing as normal" and "the line between quirk and crisis is very thin," the article declared. People suffer from "anxiety, calm, depression, anxiety, and love" because we are all "human, flawed, and colorful in our own way." But for some people with obsessive-compulsive disorder (OCD), it acknowledged, "the most effective treatment is a combination of antidepressants and behavioral therapy with a trained physician."

Then in the July 2007 issue of the magazine, a humorous "word to the wise" appeared. "Manorexic"-a play on the word "anorexic"-was defined as "characterizing a man who eats an extremely large amount of food yet gains no weight."

What do you think?

Is Reader's Digest trivializing mental illness and contributing to stigma. Would a "quirky" article or humorous word play be published about cancer or diabetes? Or does humor help promote education?

Contact:

You Said It, Reader's Digest

Box 200, Pleasantville, NY 10572-0200

letters@rd.com

"Worried about your quirk?" the magazine also has asked. "Submit your questions at [www.rd.com/nuts](http://www.rd.com/nuts) for us to analyze in a future issue." Maybe StigmaBusters should offer real questions based on real symptoms.

### **CANVAS: Sailing Forward**

NAMI has honored the movie CANVAS with an Outstanding Media Award for a dramatic motion picture. It is scheduled for release in theaters in October 2007, but successful, broad distribution depends on support and publicity from the grassroots.

Visit the movie's Web site -- <http://www.canvasthefilm.com/>

-- to see a preview and to sign

up for updates in months ahead.

Please also contact the Oprah Winfrey Show and ask that the director and cast be interviewed on the show. It would help educate people about the real-life experiences of families who battle schizophrenia, promote the movie, and recognize extraordinary performances by Marcia Gay Harden, Joe Pantoliano, and Devon Gearhart who "got it right" in their movie roles.

Personal notes sent by regular mail have the greatest impact. For stigma-busting, it could be the most important letter you write all year.

Ms. Oprah Winfrey

The Oprah Winfrey Show - Harpo Productions

110 North Carpenter Street

Chicago, Illinois 60607-2104

[oprah@aol.com](mailto:oprah@aol.com)

## **Discovery Leads to Schizophrenia Questions**

*By Joseph Serna, Tuesday, August 21, 2007, The Daily Pilot*

UC Irvine researchers have discovered that an unfamiliar link between auditory brain cells plays a vital role in sound cognition, a finding that could have widespread implications in the way scientists study sensory information processing in the brain.

Raju Metherate, the author of the study, published Sunday in Nature Neuroscience magazine, and fellow researchers Hideki Kawai and Ronit Lazar, found that the axon, the insulated hair-like fibers transmitting impulses from one cell to another, not only serves as a connection, but also as a regulator for information going through.

"This discovery was huge," Metherate said. "This is a part of the brain that was thought did not do cognitive processes." The idea of the axon doing more than transporting information between brain cells is a novel one and could lead to more research on what role it may play in psychological disorders such as schizophrenia. For those not familiar with neurobiology jargon, Metherate put it this way:

Imagine speaking into a landline telephone. When a person speaks into the handset, the sound waves are transferred into electrical energy, which flow through the phone cords to the handset the other person is listening to. When the electrical signal gets there, it is converted into the sound we hear coming through the earpiece.

Metherate's team discovered that besides the volume controls on either party's phone, the brain also has a volume control on the phone cord itself, or the axon.

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"The result of our study suggests that we must consider the axons as sites of information processing - and of potential problems when things go wrong," Metherate said.

Brain cells have dozens of dendrites and one axon which branches off, all sending and receiving information at the same time. What you get is one immensely complex network of electrical impulses and chemical reactions. Any kind of irregularity can be a symptom of a psychological disorder.

Schizophrenics, for example, sometimes have trouble hearing a person's voice inflection, making it hard for them to tell if someone is happy or mad.

A part of that could be because schizophrenics generally have less "white matter" in the brain, Kawai suggested. White matter is a major axons crossroads in the brain. There are no brain cells there, only the white-colored, crisscrossing axons sending their information from the thalamus, where sensory information is received, to the cerebral cortex, where the information is interpreted.

Kawai points out that smoking has been known to regulate auditory function in schizophrenics, the nicotine making up chemical ground their brain cannot. Confirming nicotine's role in auditory processing in 2004 led to this year's discovery.

In 2004, Metherate's team was using the brains of mice to confirm that the drug nicotine alters enhances cognition. Cognitive function occurs when millions of brain cells (there are about 100 billion of them) communicate with each other at the same time. This is the case in adult humans as well.

While the scientists were searching for answers in the cell body or in its receiving terminal called a dendrite, the nicotine was attaching itself to receptors along the early part of the axon - where information flows before it meets another cell's dendrites. "Nobody thought receptors would be there," Kawai said. "That's the biggest part of this discovery."

When processing thought, a chemical called acetylcholine latches onto the axon, among other things, enabling the information to run smoothly between brain cells. For schizophrenics the question becomes, are there not enough axon receptors, or simply not enough axons?

The team, in conjunction with fellow UCI neurobiologists, is already on the first task of answering that question - locating the receptors on the axon. "We're trying to find them as we speak," Kawai said. UC Irvine scientists discovered cognitive processes on axons, fibers linking brain cells, opening the door for deeper exploration into sensory processing and psychological disorders such as schizophrenia.

The discovery, three years in the making, confirms why researchers were previously unable to explain nicotine's positive effects on cognition. Scientists will now move to locating the axon's chemical receptors - the key to information processing - and seeing what role they may play in how schizophrenics process sound.

—Reprinted from *The Daily Pilot*

things are tough at home. Find outside activities that you like, where you can do well and make your mark. Don't take on the responsibility of keeping the household together emotionally. The kids who do best usually have some outside thing that's all their own, that's separate from the family. Don't forego chances to do things, or the chance to go away to school, in order to take care of the family. If you're bearing the whole burden of taking care of the family, then that's a big red flag that things are too far gone, and you need to get some help.

**You stated that many children were "shamed into silence about the mothers conditions, because of the stigma and prejudices surrounding mental illness." What kind of impact can this silence have on a child growing up?**

When a child feels deeply ashamed of a parent, and shamed-by-association with a parent who is stigmatized, this has a huge impact on the child. The child often feels damaged and flawed by having a close family member who is "wrong" or "bad" in some way. Children often feel in a very deep way that it's a reflection on them when something is wrong with their parent.

Second, the child keeps important secrets from other people and that has a big impact on the way the child lives in the world. Ideally, children should be free to go to school, make friends, let people get to know them, be able to be unguarded about who they are and what's important to them. If a child has to avoid a whole huge topic like "my family" then they have to be on guard all the time. They learn to mistrust other kids and adults, which means they have fewer resources in times of trouble. They isolate themselves either internally or externally. Some kids have lots of friends but no close friends, because no friend can ever come to the house to play, and no friend is allowed to know what's really going on. Some kids just isolate themselves and have trouble even making friends. Trust is a huge problem.

**Since silence is not the best way for a child to deal with a mentally ill parent, how can someone discuss mental illness with a child? Is it better to acknowledge that their parent is sick and be direct and open about it?**

Yes, is the short answer! Adults often want to protect kids, and think that if the child seems not to notice anything, they can just not tell them anything and they'll be fine. Children pick up an amazing amount of information in the family, and even if they don't know what's going on, they pick up on the emotional tone. Left to their own devices, they usually make up incorrect and damaging explanations for things.

Only one woman I interviewed had a really excellent experience with being told exactly what was wrong with her mother. Her father consulted a very enlightened psychiatrist who directed the father to tell the children, in an uncomplicated and matter-of-fact way, that their mother had an illness, that it has a name, that it wasn't caused by anything the mother or the children did, and that sometimes the mother would need to take medicine for it or go to a special hospital for

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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.



## NAMI-SF Support Groups

- 1) **For Caregivers and Friends Only**  
1010 Gough  
2<sup>nd</sup> Wednesday at 6:30  
Contact Vickie at 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 meeting location change:**

**The latest word from Jo Beth Welsh, Director of Volunteer Services at St Francis Hospital, is that we will holding our DBSA SF Support Meetings at our old location ( 2nd Floor, Conference Rooms B&C ) until July 21st and then move to the Lower Level, Conference Rooms A, B and C.**

## 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.

people with that illness. They were told that their father and the doctor would take care of everything and they could ask any questions they wanted to ask.

There's been research done with families and children of mentally ill mothers, and the overwhelming result of that research is that children want to be told, they want to be included, and informed. And they want resources, they want someone to call or talk to if things are difficult. Interestingly enough they also want to be able to help and alert professionals to problems that might be developing at home.

So yes, the best course is to explain calmly what the problem is, and to explain that it has nothing to do with the child, and to convey that the adults are handling the situation. An older child might well want to be included in helping and if feasible, that would be good. Most of the mental health field focuses on the negative, or what's "wrong." But clearly many people have overcome difficult obstacles, and lead healthy fulfilling lives. What do you see as some of the protective factors that foster resilience in children of mentally ill parents?

There's a lot that we know about resilience, and I think a lot we don't know, too - there's always that question of how someone survived difficulties so well. First of all, even when a child is very resilient, it doesn't mean that damage isn't done. That used to be the misconception, that resilient children were "fine." But their ability to overcome and go forward often comes

from having someone else in the environment who is supportive and loving, even if for a short time. So a teacher, a coach, a neighbor, the father, or another relative - any of these people can have a huge positive influence. If that person can be consistent, and loving, and supportive, that can have an enormous impact. I found, too, that many of the women I interviewed had very active imaginations as children. They pretended that their dolls were families and they acted out scenes of happy family life, or they made their stuffed animals into comforting friends. Many of them found some place outside the home where they had a more positive life: school, a part-time job, church, sports. They often had almost two separate lives which they carefully kept apart so in one part of their world, they felt good, competent, appreciated, and worthwhile. Some kids spent a lot of time in nature and found solace and comfort in that. Then as adults they were able to build on the positives even though there were still many struggles.

Resilience, too, comes from knowledge and information. Being told about their mother's illness in a straightforward way was always, 100% of the time, helpful no matter at what age they got the information. Even women in their 20s and 30s, when they found out objective clear information about their mothers, found that it made a big difference in their ability to live their own lives in a healthier way.

—See full article in *Schizophrenia.com*

<http://www.schizophrenia.com/sznews/archives/005387.html>

*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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## 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?

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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*

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