



# NAMI Sacramento Newsletter

*Sacramento's Voice On Mental Illness*

The National Alliance on Mental Illness

January 2007: Issue No 5.01

## General Meetings

### Monday, January 8

**Speakers:** Dr. Robin Zasio, Licensed Clinical Psychologist and NAMI Sacramento newsletter contributor

Dr. Zasio specializes in Obsessive Compulsive Disorders and has worked in a number of anxiety related programs. She directs *The Anxiety Treatment Center* in Sacramento.

### Monday, February 12

**Speakers:** Directors of the four Regional Service Teams: El Hogar, Human Resource Consultants, Northgate Point, Visions

Each will discuss the services at their facility and then take questions from the audience. Speak directly to the people who care for those with mental illness in our community.

### Meeting Location

SMUD Headquarters Auditorium, 6201 S Street, Sacramento, CA 95817

### Time

General meetings start at 7:30 p.m.

## What's Inside

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## Spring Family-to-Family Classes to Begin

The Family to Family Spring classes will begin Wednesday, February 7 from 6:30 - 9:00 p.m. If you are interested in enrolling in this class please call (916) 399-5762. Please leave your name, address and phone number and you will be contacted in January regarding the class. The course description and online enrollment are also available on the NAMI Sacramento web site.

Family to Family graduated 16 participants in its Fall FtF program. The 12 week series class ended on November 22.

If you have previously attended the class and would be interested in becoming a Family to Family teacher, they are urgently needed. Training and curriculum materials are provided. The next training is planned for late February/early March. We are looking for family members, not mental health experts, so don't be hesitant about volunteering! Teaching this course is a wonderful way to participate. Please contact Jim Johnston:

jim11204803@sbcglobal.net  
(916) 543-9931

## What Is Functionality?

by Tom Wootton  
[www.bipolarinorder.com](http://www.bipolarinorder.com)

*Publication in the NAMI Sacramento Newsletter does not imply official endorsement of an author's opinions by NAMI Sacramento. Publication is meant to encourage education and discussion.*

One of the primary goals of recovery is to increase functionality or restore bipolar patients to full functionality. Functionality is assumed to mean ability to go back to work or find new work that is more compatible with the limitations imposed by the bipolar condition. Too much mania has the downside of causing problems, but depression means loss of functionality that must be addressed. If we take a closer look at what functionality means, we might just find that functionality is a lot more complex than first understood.

From the manic side, functionality actually increases in many bipolar people up to a certain point. In low level states often called

hypomania, we have an increased amount of energy, less need for sleep, increased mental function, creativity, and the ability to see relationships between concepts. As our level of mania increases though, our ability to control the effects becomes clouded and eventually we lose all control of ourselves. We become increasingly erratic, angry, delusional, impatient, etc. Those around us notice pressured speech, aggressiveness, and other symptoms that eventually build to a state where we become a danger to ourselves and others.

The orthodox solution for mania is to keep it from happening for fear that it will get out of control. But what if we could keep it in a range where we could still handle it? Through medication, therapy, personal insight, and determined effort, many people find that they can eventually enter hypomanic states and function just fine. Their increased ability to perform more than makes up for the negative parts. In some cases their

➤ *continued on page 4*



## Support Groups

### **Crisis Information Meeting**

2<sup>nd</sup> Monday of each month from 7:00 - 7:30 p.m., just prior to the General Membership Meeting. "Old" SMUD Headquarters Auditorium, 6201 S Street, Sacramento.

For family members who are newcomers or in great need of information or support.

### **Depression and Bipolar Support Alliance (DBSA)**

2<sup>nd</sup> and 4<sup>th</sup> Wednesday each month from 7:30 – 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento

☞ See: [www.dbsasacramento.org](http://www.dbsasacramento.org)

Contact: Andrea Hillerman at [andrea@mhasc.org](mailto:andrea@mhasc.org) or (916) 366-4601; or Marilyn Hillerman at [marilynhillerman@yahoo.com](mailto:marilynhillerman@yahoo.com) or (916) 684-1358.

### **Dual Recovery Anonymous Group**

Every Monday from 1:00 – 2:00 p.m. Clean and Sober Building, Loaves and Fishes, 1321 North C Street, Sacramento. Every Monday. For more information, please call Susan Young at 916-236-7679.

### **Early Psychosis Family Support Group**

Call for information. Imaging and Research Center Conference Room, UCD Med Center, 4701 X Street, Sacramento. For families with a member having a newly diagnosed brain disease. Contact Jane DuBet at 916-734-2964 for more.

### **Family Members and Consumers**

Held the last Thursday of each month from 5:30 - 7:00 p.m. Conference Room, Human Resources Consultants (HRC), 2220 Watt Ave., Suite B, Sacramento. Contact Deborah Short (916) 485-6500, ext. 260 for further information.

### **NAMI Family Support Group**

Held the third Wednesday of each month from 6:30 – 8:30 p.m. 3135 Woodmark Court, Sacramento 95821. Facilitator Heidi Sanborn (916) 485-7753.

### **Obsessive-Compulsive Support Meeting (OCD)**

Each Monday each month from 7:00 – 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento. Call Jim (916) 223-6541 or Steve at (916) 456-8239

### **Recovery, Inc., Self-Help Mental Health Meetings**

☞ See: [www.recovery-inc.com](http://www.recovery-inc.com)  
Groups meet weekly.

Promotes a cognitive-behavioral approach to managing symptoms and changing attitudes and behavior. Call (916) 483-5616 for meeting locations.

### **Educational Meetings**

#### **Family to Family Education Classes**

Offered twice a year, spring and fall. ☞ [www.namisacramento.org](http://www.namisacramento.org)  
For the current class schedule see the Sacramento NAMI web site or call (916) 399-5762

#### **Peer to Peer Education Classes**

☞ [www.namisacramento.org](http://www.namisacramento.org)  
The NAMI Peer-to-Peer Education Course is a nine-week experiential recovery course for any person with serious mental illness.

### **General Interest Meetings**

#### **Sacramento Mental Health Board Meeting**

Held the 1<sup>st</sup> Wednesday of each month at 7:00 p.m. Sacramento Mental Health Treatment Center (Media Room), 2150 Stockton Blvd., Sacramento.

#### **Sacramento NAMI Board of Director's Meeting**

1<sup>st</sup> Wednesday of each month at 6:30 p.m. Conference Room A, 3331 Power Inn Road, Suite 140, Sacramento, CA 95826.

## Upcoming Events

### **Serving Youth with Emotional Disturbance (ED) and Transition-Aged Youth (TAY)–Best Practices**

January 18-19, 2006; University Union, Sacramento State, 6000 J Street, Sacramento 95819

☞ Michael Laharty, [mlaharty@scoe.net](mailto:mlaharty@scoe.net)  
☎ 916-566-2005

Many breakout sessions, including one by NAMI Sacramento on our Family to Family program.

### **30th Anniversary Celebration Turning Point Community Programs**

Friday, January 19, 2007, from 11:30 am - 1 p.m. Sacramento Convention Center.

☎ 916-364-8395, ext. 22

Join mental health advocate Darrell Steinberg and Turning Point's colorful CEO, John Buck for an inspirational luncheon. World-renowned magician Paul Gertner will appear. Celebrate 30 years of transforming lives!



Janet Thiel and Mark Hopkins, County Jail Discharge Planners, at the November 6 NAMI Sacramento General Meeting.



## A Message From the President



by Heidi Sanborn

Holidays have come and gone once again and we look forward to a new year – 2007. It is still hard for me to believe we are seven years past the millennium and our society is still neglecting those with mental illness. We have a lot of work to do in 2007 – there is a lot of unnecessary suffering that continues – I get the phone calls almost daily from consumers and family members looking for help with housing, treatment, etc... Without NAMI, there would not be the support for many people in times of crisis.

For example, we get a lot of calls from parents with children under the age of 18 who are having trouble in school and who are not getting proper support from the school. Thankfully, we were asked last summer to help the County Office of Education put on a conference January 18-19 on Serving Youth with Emotional Disturbance and Transition-Aged Youth, Best Practices.

The first question I had was why are we calling kids with mental illness “emotionally disturbed?” I think it is just terrible to label a young child “disturbed” as it affects their self-esteem and does not provide a diagnosis to get proper treatment. This conference is for teachers, parents, school administrators and others to get informed but also to discuss how to improve the current situations for kids with mental illness, one of which I hope is to remove the term “emotionally disturbed” from the school’s vocabulary.

I am happy to say that we are working with the NAMI Nevada County affiliate to come present as they have had support groups for parents with young children with mental illness for years and working with NAMI Idaho and NAMI National to possibly bring the Parents and Teachers as

Allies program to our affiliate. These are all important efforts to consider so we can better help parents of young children get their kids and themselves, the help they need. If you want to attend the conference, as a NAMI member you can still register for free. Just fax the registration form located on the NAMI web site under events and note you are with NAMI.

Working with our community partners, such as the schools and other NAMI affiliates to reduce stigma and increase awareness about mental illness, NAMI will be far more successful than working alone. I look forward to another great year will a full board and willing volunteers so that we can change the world, one person at a time.

With gratitude,  
Heidi

## New Schizophrenia Drug Wins Approval

(AP) Johnson & Johnson won federal approval Wednesday for a schizophrenia drug derived from another top-selling anti-psychotic medicine.

The Food and Drug Administration said Invega will add to the treatment options for the disabling mental disorder, which affects about 2 million Americans.

Invega, also called paliperidone, is derived from Risperdal. The body breaks down Risperdal to form paliperidone.

Unlike Risperdal, Invega will be sold in extended-release tablet form. The company didn’t disclose the drug’s cost, saying only that it would be priced competitively with other anti-psychotics.

Schizophrenia is marked by hallucinations, delusions, disordered thinking and movements and cognitive deficits, the FDA said.

## New Stanford Study Seeks Participants

The Stanford University Bipolar Disorders Clinic is looking for participants for current research studies.

A new study begins in a few weeks: *Geodon in Weight Loss Study for Bipolar Disorders*. The study examines the use of ziprasidone (Geodon) in the treatment of patients currently experiencing possible weight gain due to use of a mood stabilizer and/or an antipsychotic in Bipolar Disorder. In this study, after an initial evaluation phase, patients will be instructed to replace Geodon to their current stable medication regimen for a period of 12 weeks while being monitored by a psychiatrist using clinical and laboratory measures.

For some studies, time and travel expenses are compensated. If you would like to learn more about the clinic and its current research programs, please visit the web site:

www.bipolar.org  
650-498-4968

## Volunteer of the Month: Norm Pobanz

We want to give special thanks this month to Norm Pobanz as our volunteer of the month. He is the Family to Family (FtF) co-coordinator for Sacramento. He organizes the curriculum for the FtF classes and coordinates the Spring classes - i.e. arranges for classrooms, contacts trained FtF teachers and develops the class roster - contacting those who are interested and putting them into a class.

The FtF classes change peoples lives for the better, and we want Norm to know how much he is appreciated!



## ➤ *What Is Functionality, from p. 1*

efforts to control themselves becomes strong enough that they are able to control the negatives and, at least for low levels of mania, they are indeed enhanced by the condition.

Over time the need to medicate so strongly that we are kept out of mania goes down. With the lower dose, the hypomania has a greater tendency to escalate. With therapy, insight, and hard work we can learn to function without the negatives creeping in. Is it possible to get to the point that we can function in higher manic states while still controlling the negative effects? I believe it can be done, but it takes an effort much greater than most people are willing to make. The effort has rewards that redefine what it means to be fully functional. The ability to function in higher manic states without negative effects means getting the advantages offered from the bipolar condition without the adverse effects so often encountered.

The lack of functionality in depression is an entirely different problem from the manic side of bipolar. By the common definitions of functionality, depression is the worst part of the condition. Although extreme mania can lead to suicide, depression is most often the cause of complete loss of functionality otherwise known as death. As the level of depression increases from mild to suicidal, functionality gets progressively worse until we are completely bedridden and unable to even think beyond thoughts of suicide. It is pretty clear to everyone that depression is a state of progressively less functionality to the point that depression and lack of functionality become almost synonymous.

The orthodox solution, once again, is to prevent depression from happening for fear that it will get out of control. Although people learn to function at least enough to work at low levels of depression, it is not a pleasant experience and there is no perceived

benefit to be gained from it. The problem here is completely different from mania. As we define functionality, mania has increased functionality to a point and is only turned into a disorder when the negative aspects become greater than the positives.

For depression, the problem is in the definition of functionality itself.

If I were to accomplish many things, I would be considered productive. If I could produce more things than most people, one might even say I was 'highly functional.' For example, if I could write a book in a week, people would consider this a major accomplishment. I did write a book in a week. But during that time I did not interact with anyone. I barely ate. I didn't sleep. I ran my body ragged. I was impatient and crabby, and I was no fun to be around.

In other words, I was highly functional in one part of my life but dysfunctional in other important aspects. Yet by our society's standards, the book was a great accomplishment.

Still, I would say that other weeks – entire weeks when I never got out of bed because I was so depressed – were far more productive. During those weeks, depression gave me something far more valuable than a mere book. Depression gave me insight and the ability to change the way I see the world.

Like those in mania, many depressed people find that they can function in low levels of depression while controlling the negative effects. With the aid of medication, therapy, insight, and our own hard work, we learn to lessen the negative aspects of depression while learning to gain from the experience. Eventually we get to the point where we can go deeper into depression without being overwhelmed by the pain, despair, delusion and suicidal ideation. We become stronger. Our ability to empathize with and help others increases. We begin to gain perspective. We find that deeper states

of depression start to lose their grip on us. Our ability to perceive becomes greater and we notice a change in ourselves. We resolve to make changes in the way we treat other people. We develop a greater appreciation for simple things in life. We become better people. As insights increase, we start to place a higher value on personal growth than on the accomplishment of things. We begin to see light in the darkness.

We have redefined functionality because we have found the ability to accomplish great things WITHIN.

My definition of functionality has become one based on personal growth above all other things. By that definition, depression is the most functional state I know. Every great change in my life was precipitated by insights gained during depression. As far as the outside world was concerned, I was not functioning at all. Weeks, and sometimes months would go by when I rarely got out of bed. I was profoundly sad to the point of despair. The accumulation of horrible symptoms can be described as hell. Yet depression has served the function of changing my life for the better.

Increasing functionality means expanding our ability to function in both manic and depressed states. Our natural ability to experience states outside the range of normal people can become the greatest gift. The gift comes with side effects originally beyond our control, but that does not mean that we cannot learn to function in higher states of mania and deeper states of depression. We can control those states and turn them to our advantage. The path is difficult and fraught with danger. It is much easier to just avoid anything outside a narrow range. But how can you call that functioning when so much more is available?



## A Busy Year: NAMI National 2006 Highlights

NAMI National, [www.nami.org](http://www.nami.org)

2006 was a busy year at the national level. Here are some of the major highlights:

### State and local initiatives

- NAMI's released Grading the States 2006 in March. The U.S. earns a "D" overall for its mental health care system, but the report also finds examples of innovative programs in virtually every state.
- NAMI worked to help states prevent changes to Medicaid that would cut or limit vitally needed services for people with serious mental illnesses. For example, a Medicaid tool-kit was developed with fact sheets and other resources to assist advocates in understanding and impacting on these changes.
- NAMI's CIT Technical Assistance Resource Center provided help to many communities working on developing programs to train police officers about serious mental illness and how to respond appropriately to people with these illnesses.
- NAMI convened its first Multicultural Strategic Summit during NAMI's 2006 Annual Convention. Several organizations and more than 300 advocates participated in the Summit and helped draft a national action plan to eliminate disparities in mental health for racial/ethnic communities.
- NAMI rolled out the Parents and Teachers as Allies In-Service Education Program for School Professionals to help them better understand the early warning signs of mental illnesses in children and adolescents.
- NAMI is developing a family network to promote the broader dissemination of evidence-based practices in

children's mental health, with support from the MacArthur Foundation.

### Federal Initiatives

- NAMI's advocacy resulted in the renewal of guidance about the new Medicare Part D prescription drug benefit from the federal Centers for Medicare and Medicaid Services, requiring prescription drug plans to cover all or substantially all anti-psychotic, anti-depressant, and anti-convulsant medications.
- NAMI's advocacy was instrumental in restoring \$120 million to a federal housing program for people with serious mental illnesses. The HUD Section 811 program provides funding for congregate and supportive housing options for those with serious mental illnesses and other disabilities.
- NAMI continued its advocacy to achieve funding for the federal "Mentally Ill Offender Treatment and Crime Reduction Act" administered by the U.S. Department of Justice. These efforts resulted in level funding of \$5 million for this program in fiscal year 2007.
- NAMI produced a series of press releases, teleconferences, and written educational materials designed to help prepare advocates to protect individualized access to medications. This was in response to the release in 2006 of a series of long-term medication studies on schizophrenia, bipolar disorder, and major depression by the National Institute of Mental Health (NIMH) that led to increased consideration of limitations on access to specific psychiatric medications.

For more, see:

[www.nami.org](http://www.nami.org)

## A Special Thank You to the Lyon's Real Estate Office in Elk Grove

This year the Lyon's Real Estate Office in Elk Grove once again provided a generous donation – \$600 – to NAMI Sacramento. This type of support is essential to our ongoing service to the mentally ill and the region's mental health community. Thank you!

### 2006 BOARD OF DIRECTORS

#### PRESIDENT

*Heidi Sanborn*, [bhsan@comcast.net](mailto:bhsan@comcast.net)  
(916) 485-7753

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*John Gilbert*, [jgilb1@pacbell.net](mailto:jgilb1@pacbell.net)

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*Caroline Prod*, [c.prod@att.net](mailto:c.prod@att.net)

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### COUNTY SUPPORT STAFF

*Marilyn Hillerman*, Adult Family Advocate, 916-875-5644

*Andrea Hillerman*, Adult Consumer Advocate, 916-875-4710

*Dave Schroeder*, Family and Youth Advocate, 916-875-4183



## NAMI Sacramento's Web Site Offers an Array of New Content for Web Users

As a result of the dedicated efforts of Linda Beilharz, the NAMI Sacramento web site sports a wealth of new information and tools. Among the newly posted content:

- Information about the NAMI Library in the Resources section.
- Expanded Local Resources section with a list of psychiatric hospitals and a lot of new information about local organizations and Sacramento County services for adults and children. We are planning to add more information to help people understand how to navigate the county system to get access to services.
- Advocacy section describes how members can advocate for better mental health care, including a Legislator Search page and contact information for all levels of government.
- Fundraising section includes information about Entertainment Books 2007, our benefactor recording artist Joyce Cooley, information about how people can benefit NAMI Sacramento by making their Amazon purchases through our web site, and information on how people can benefit NAMI National by making their travel arrangements through NAMI Travel.
- Ongoing effort to implement online membership registration and donations.
- Support group information.
- Expanded Crisis Help section, now including *Recognizing an Emergency*, *What To Do in an Emergency*, crisis numbers to call, and forms.
- Education section now includes new pages for Family-to-Family, Peer-to-Peer, and In Our Own Voice, including online registration.
- Expanded area for current volunteers,

including Police Training information.

Please take some time to look at the web site. It's become quite a resource and it the produce of many hours of work. As you move through the pages, please note what items you might want to see posted in the future. Send your comments, and compliments, to Linda:

[linda@clarityweb.com](mailto:linda@clarityweb.com).

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## Depression Gene Affects Negative Brain Area

*Reuters, November 9, 2006*

A gene associated with depression and other forms of mental illness may enlarge an area of the brain that handles negative emotions, U.S. researchers reported on Wednesday.

The study is one in a number which shows that the brains of people with depression are structurally different than the brains of people who are not depressed.

Writing in the journal *Biological Psychiatry*, researchers from the University of Texas Southwestern Medical Center looked at a serotonin transporter gene, which has two forms, or variants – short, or SERT-s, and long, SERT-l.

People with two SERT-s genes had pulvinars, a brain region which handles negative emotions, that were 20 percent larger and contained 20 percent more nerve cells than people with either one or two SERT-l genes.

The gene also affects serotonin, a message-carrying chemical or neurotransmitter associated with mood, and one targeted by certain classes of antidepressant drugs, said the researchers, who had studied the brains of 49 people who had died.

The gene is a serotonin transporter

since when brain cells release serotonin, the gene brings it back into the cell.

Depression drugs slow this process down, making serotonin available to the cells for longer.

Depression is a common condition, affecting about 121 million people worldwide, according to the World Health Organization.

In the United States an estimated 21 million American adults – or 9.5 percent of the population – have depression at some point.

Dr. Dwight German, a professor of psychiatry who worked on the study, said similar studies have shown that certain other areas of the brain are smaller in people with the SERT-s gene.

German's team estimated that about 17 percent of the population has two copies of the SERT-s gene. These people appear to be more sensitive to emotional stimuli and more likely to experience depression than people with one or no SERT-s genes, they said.

Some experts believe that antidepressants help remodel the brain.

"The brain is wired differently in people who have depression, and probably from the point of view of treatment, we should try to identify these people as early as possible and intervene before the 'hard-wiring' gets altered," German said.

Many brain regions are involved in depression, and studies show that several different types of treatment, including drugs and cognitive therapy, are usually needed before patients can be cured.





## The Doctor's Corner

Each month, Dr. Robin Zasio, a local Licensed Clinical Psychologist and owner of The Anxiety Treatment Center ([www.anxietytreatmentexperts.com](http://www.anxietytreatmentexperts.com)), will address mental health questions submitted by NAMI Sacramento members, consumers, and readers.

Submit your questions to:



[drrobin@sierrabg.com](mailto:drrobin@sierrabg.com)

>> *How can I tell the difference between being an advocate and being an enabler? Sometimes, figuring out what is helping versus what might make things worse is difficult?*  
– Delores

Dear Delores,

If you are offering help and support, yet there is not positive change in behavior, then the help you are offering may be enabling them.

Let me give you an example. I was working with the father of a young man who was suffering from Obsessive Compulsive Disorder. The father paid all of his son's expenses in hope that it would reduce his stress and need to work, thereby promoting the opportunity to seek treatment for his condition. The father allowed the son to live at home, come and go freely, and access to a credit card. When the father questioned his son about getting treatment, the son would provide plans that were never carried out.

This occurred for over four years. The father was fearful that eliminating financial support might make his son's condition worse without recognizing that as long as the son was comfortable financially, there was little motivation to get

treatment, and eventually return to school and seek employment. When the father recognized that while trying to support his child, he was actually enabling him, he eliminated the credit card, which made things a little more uncomfortable. He remained firm and eventually his son agreed to seek treatment.

It has been my experience that it can be difficult for family members to take advice or encouragement to seek treatment. I think the bottom line is that if you have been trying the same strategies and they are not effective, try something new.

>> *I see that you are the owner of The Anxiety Treatment Center. I have been suffering from anxiety for as long as I can remember, but think there is nothing that can be done because I have had it so long. I have been to therapist's before who have tried relaxation and deep breathing, but it just doesn't seem to help. What do you think?*  
– Megan

Dear Megan,

The exciting news that I have for you is that clinical anxiety is definitely treatable. It does not matter how long you have had the symptoms to have a positive response to treatment, or a reduction of anxiety. The key factor is that you have someone that understands how anxiety is treated.

Breathing and relaxation are only a small component of the treatment. It is important that the triggers producing the anxiety are identified. For instance, are social situations causing the anxiety, fear of panic attacks (or the physiological symptoms themselves), pressure to perform in certain situations, relational issues, etc? Next, once those triggers have been identified, they can be directly addressed

by uncovering the fear that is creating and maintaining the anxiety. One can then work toward becoming desensitized to that fear. It is a systematic process and amazingly effective.

Fortunately, we are now learning about the chemical and situational aspects that drive anxiety, along with clear and concrete treatment options. You may also want to consider medication if you have not already explored this option. The research suggests that a combination of medications and Cognitive Behavioral Therapy produce the highest positive treatment outcome over any other treatment modality. The good news is many people can experience a significant reduction of these distressing symptoms.

## The Volunteer Corner

### Become a NAMI Volunteer

NAMI is currently recruiting volunteers for the following positions:

- Treasurers Assistant
- Office Support Staff
- Children's Services Advocate
- Consumer Program Co-Lead
- Church outreach assistance
- Family to Family Teachers
- Newsletter Editor

Please contact Office Manager Kim Johnson at 916-874-9416.

### February Newsletter Contributions

Submit by January 8. As always, submissions are welcome from all.



# NAMI-Sacramento Membership Form

**Please Join Us!** Join thousands of Americans dedicated to improving the lives of people with mental illness. Become part of the revolution in your community. Detach and mail in this membership form today. You can make a difference!

*Please print your information.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Membership

New     Renewal

Consumer, \$15

Individual/Family, \$35

Additional Donation; consider giving an additional \$25 (or more) to NAMI Sacramento. Your donations help support local efforts to assist the mentally ill.

Make checks payable to: "NAMI Sacramento"

## Mail This Form To:

NAMI Sacramento  
Membership Chair  
PO Box 2154  
Fair Oaks, California 95628

I would like to receive the NAMI Sacramento newsletter via e-mail only. By agreeing to receive newsletters via e-mail, it saves money that can be used for vital NAMI programs.

## Volunteer With NAMI Sacramento

NAMI Sacramento relies on the efforts of its volunteers to help the mentally ill in the Sacramento region.

You can help.

Contact Me About Volunteering with NAMI Sacramento

RETURN SERVICE REQUESTED

NAMI Sacramento Chapter  
PO Box 2154  
Fair Oaks, CA 95628



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