Symptoms That Start When an Antidepressant Stops

Stopping a drug is not always easier than starting it. Antidepressants may cause uncomfortable, if transient, symptoms when patients quit taking them. Although these symptoms can reasonably be described as a withdrawal reaction, "discontinuation syndrome" is in some ways a preferable term. The word "withdrawal" has certain connotations that do not apply to antidepressants. For many people, it suggests addiction -- craving, drug seeking, desire for a specific sensation, physical tolerance, and a need for higher doses to get the same desired effect. A complex pattern of behavior, along with physical symptoms, undermines the effort to relinquish an addictive drug. Patients taking antidepressants generally do not contend with these problems. They may be dependent on their medication, but only in the way that a person with hypertension is dependent on blood pressure medicine.

The three major classes of antidepressant drugs are tricyclics, including imipramine (Tofranil) and amitryptiline (Elavil); selective serotonin reuptake inhibitors (SSRIs) like fluoxetine (Prozac); and monoamine oxidase inhibitors like phenelzine (Nardil). Each has its own typical discontinuation syndrome.

Patients who stop taking tricyclic antidepressants may develop gastrointestinal symptoms, including appetite loss, nausea, vomiting, or diarrhea; flu-like symptoms such as a runny nose, sweating, muscle aches, or fever; and neuropsychiatric symptoms like tingling, restlessness, insomnia, dizziness, light headedness, anxiety or agitation. These drugs are anticholinergic (they decrease the

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Education & Advocacy Meeting

**Thursday, May 3, 2001**

6:30 - 8:30 p.m.

**Speaker:** Patty Petterson  
**Executive Director**

**Psychiatric Emergency Response Team (PERT)**  
**Topic:** Update on PERT Activities

**PERT Mission Statement**

PERT provides humane and beneficial outcomes for mentally disordered persons who have come to the attention of law enforcement. PERT Teams provide rapid response to in-field officers'/deputies' requests for assistance with mentally disordered individuals or people in crisis. The PERT Program is designed to return uniformed officers/deputies to patrol duties as quickly as possible. The PERT Team will do an evaluation and assessment, and if appropriate, a referral to a community-based resource or treatment facility.

The doors open at 6:30 p.m. with everyone sharing information and welcoming newcomers. At 7:00 p.m. there is a half-hour information session on NAMI San Diego activities, mental health services and related news. The featured program is from 7:30 to 8:30 p.m.

The monthly meeting is open to anyone interested in learning about mental illness. The meetings are held on the first Thursday of the month at the University Christian Church, Friendship Hall, 3900 Cleveland Avenue, San Diego, California (see map)

Additional AMI meetings in the San Diego County area are listed on Page 5

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Continued on page 7 – *Antidepressants*
Support Group Facilitator Training

This is one of those CALL NOW opportunities!! No, we don’t know exactly when or exactly where but we DO know exactly what. Support Group Facilitator Training. A weekend away from your usual hustle and bustle. Total immersion in the skills of facilitating a support group. We DO know that it will be in our own backyard, somewhere here in San Diego County. We DO know that it will be in June. We DO know that the group will be limited to 15. We DO know that some people are already signed up. We DO know that it will be free to you. So, YOU know you should pick up your phone and save your spot now.

Board News

The Board agreed to pay for lodging for trainers and trainees for the Support Group Facilitator Training in June. The materials, trainers’ expenses, and food will be funded by NAMI California.

Family-to-Family Education Program

The waiting list for the next classes is growing by the day. It won’t get any shorter while you are waiting to put your name down. Just to remind you, it is a 12-week class chock full of information balanced by ample opportunity to build skills.

Schizophrenia: Education for Families and Caregivers

A class ended April 18. Another will be scheduled when the waiting list is long enough.

Advocacy Works

We are working on presenting this class again, we hope regularly. We need to know that you are interested in this one-day workshop that provides a tool box of skills families can use in their own advocacy. Please call now.

Living with Schizophrenia & Other Mental Illnesses

Call Chuck Sosebee at 619.275-7165 to schedule a presentation to your group.

To Register for Classes

Call the Albright Center at 800.523.5933 or 619.543.1498 to sign up for any class or workshop described above. All of the classes are provided at no charge.

Celebrating Healthy Minds and Bodies

It is not possible to report on this April event since it is scheduled for April 28 and the newsletter will be mailed before then but look for LOTS of news next month. The enthusiasm so far is terrific.

Our objective this year:
do more of what NAMI does well – better, and in more places.

To register your opinion on any of these issues, call Bettie Reinhardt at 294-9941 or write to P.O. Box 710761, San Diego, 92171 or fax to (619)543-1498 or email at exudir@namisandiego.org or contact any of the people mentioned in the article.

SUPPORT THE MEETING PLACE, INC.

CAR WASH ($4.00)
A PRIL 26, 9:00 A.M. - 1:00 P.M.

Come and support the Meeting Place, inc., 4034 Park Blvd.
(one block north of University Avenue)
at our monthly car wash.

All proceeds will be used by the members for recreational activities.
Your support and contributions are greatly appreciated.
We look forward to seeing you and washing your car.

The Meeting Place is also looking for anyone that may have items that could be donated for our up and coming rummage sale, please contact Jeanette at (619)294-9582.
A Message From NAMI San Diego’s President

Children with Mental Illnesses  
Many questions - few answers!

Lately I’ve been meeting more and more families with children who are ill. These young families are often stretched to the limit physically, emotionally, financially, in their careers, and in relationships. It is a real challenge to find a healthy balance for their personal, family, and career lives.

Services for children are even more complex than those for adults, except in regard to privacy. Parents have to work with their schools, private mental health providers, sometimes County Mental Health and other systems such as juvenile court, probation, foster care and residential institutions.

Children spend a good deal of their time in school. Parent of a mentally ill child need to be especially assertive to find out about and get an appropriate education for their child. Special laws apply to these children who are supposed to be a part of the special education system in our public schools. If a mentally ill child is bright or gifted it can be a major challenge to work with school districts to insure the best possible education for each one.

Parents have to deal with the lack of parity in whatever private health care or health maintenance organization they have for their family.

The County Mental Health system only works with children who have MediCal. I have worked with focus groups on MediCal review teams. Many parents of mentally ill children have really impressed me. It is clear that they have had to educate themselves about the laws, services, policies, and procedures of several systems.

I do wonder how many children are not getting the services they need.

I keep asking myself, “How can NAMI San Diego best serve these families?”

• We hope to have a series of classes for families with children (patterned after the Family to Family program) as soon as it is available.
• We hope to work closely with Heartbeat in areas relating to children.
• We hope to gather and make available as much information as we can at the Albright Information & Referral Center.

What else should we be doing? How can we work with others, such as Heartbeat, County Mental Health, the school districts and private health care providers in the county to be sure we are not duplicating efforts? What can we do to assure that there is a better transition from children’s services to adult? How can we reach out to the families of these children?

Marjorie Joramo  
President
Grand Jury Report

In April the Grand Jury released a report concerning the county public mental health system. This investigation was prompted by a complaint that “Mental Health in San Diego is in Shambles.” The Grand Jury concluded that the system was not in shambles but that it was “critical.” They state that the principal problem is an under funded mental health system which results in an under served mentally ill population. They note that out of 58 counties San Diego ranks 52nd in how much it spends per capita on mental health services. They make 30 recommendations to alleviate the problem, one of which is to hire a grant writer whose sole purpose would be to bring in more funding for mental health into our county.

The investigation was conducted by interviewing stakeholders from numerous organizations involved in the treatment of the mentally ill. Their 37 findings and 30 recommendations were similar to those of the recently published Little Hoover Commission.

The full report can be accessed on the internet:

www.co.san-diego.ca.us/cnty/cntydepts/safety/grand/
mentalhealthadminsd.html

Assembly Bills for LPS Reform

There are three important state assembly bills authored by Assemblywoman Helen Thomson that need our attention.

NAMI California and NAMI San Diego are strongly supporting these bills.

AB1421--The Assisted Outpatient Treatment Demonstration Project of 2001:

This bill would create court-ordered assertive outpatient community treatment, ACT, based on a PACT model in those counties that have received state grants. It would apply to adults suffering from a psychotic disorder that puts him or her at a high risk for a poor outcome. If the person does not comply, a provider may request an involuntary 72 hour hold. This bill has passed the Assembly Health Committee and will be heard next in the Assembly Judiciary Committee.

This bill is the outcome of the Rand study.

AB1422 --Mental Health Advocacy Commission:

This bill would create the Mental Health Advocacy Commission composed of 13 appointed members who would perform various duties for the mentally ill. This bill would eliminate the statement in present law which states that counties are required to provide mental health services only to the extent that resources are available. This bill would result in state mandated local programs. This bill was slated to be heard in the Judiciary Committee April 24.

This bill is a result of recommendations from the Little Hoover Commission report.

AB1424--Mental Health Involuntary Treatment:

This bill would broaden the types of information that are required to be considered by a hearing officer, court, or jury when considering involuntary commitment. It would require that the historical course of a person’s mental illness, medical and psychiatric records, including information by the person’s family be considered when determining whether probable cause exists to involuntarily detain a person for 72 hour treatment and evaluation. This bill was scheduled to be heard in the Assembly Judiciary Committee on April 24.

We will keep you informed about these bills as they are amended and make their way through the legislative process. Be alert for action calls in the near future.

The complete text of these bills can be accessed at www.leginfo.ca.gov/pub/bill/asm/ab_1401-1450/
Schedule of Meetings

NAMI SAN DIEGO
University Christian Church
3900 Cleveland Ave., San Diego
Call (619) 543-1434 or 1-800-523-5933

First Thursday, April 5
6:30 - 8:30
Speakers: Patty Petterson
Topic: Update on PERT Activities

Morning Sharing and Caring:
Third Tuesday, 10:00 - 12:00 a.m.
University Christian Church
3900 Cleveland Ave., San Diego

Sharp Mesa Vista Hospital
Sharing and Caring
Fourth Thursday, 6:30 – 8:30 p.m.
Executive Conference Room
Sharp Mesa Vista Hospital
7850 Vista Hill Avenue (858) 278-4110

Sibling and Adult Children’s Group
Second Wednesday, 7:00 - 9:00 p.m.
Scripps Well Being Center
Adjacent to the UTC Mall
Call Monica Astorga at (858) 483-9370

Clairemont Area Sharing and Caring
Second Monday, 7:00 - 8:30 p.m.
St. David’s Episcopal Church (Library)
5050 Milton St., (619) 276-4567

La Jolla Sharing & Caring
First Tuesday, 7:15 - 9:00 p.m.
La Jolla Presbyterian Church Lounge
7715 Draper Avenue, (858) 459-4905
(Entrance on Kline St.)

El Cajon (East County)
Second & Fourth Wednesday
6:30–8:00 p.m., 562 E. Main St., El Cajon,
Call Donna Hawkins: (619) 401-5500
or Forough, Douraghi: (619) 401-5440

South Bay—Spanish
Fourth Monday, 6:00 - 8:00 p.m.
Call Luz Fernandez (East County clinic)
for location (619) 401-5500

Filipino Family Support Group
UPAC,
1031 25th St., Broadway & 25th
For information on date and time
call (619) 235-4282

Alpine Special Treatment Center
Sharing & Caring
Last Wednesday - 6:00 - 7:30 p.m.
Community Room
(619) 445-2644, ext. 20 or 800-427-5817 (voice mail)

El Centro Sharing and Caring
Contact Dr. Ng's office for date/time/location (760) 352-8171

NAMI NORTH INLAND
SAN DIEGO COUNTY
P. O. Box 300386
Escondido, CA 92030-0386
(760) 745-8381

Second Tuesday, 7:00 p.m.
Education Meeting
Bradley Center (Kinesis North)
474 W. Vermont Ave., Escondido
(760) 745-8381 or 1-800-523-5933

Second Tuesday, May 8
6:00 p.m.
Annual Potluck Dinner
7:00 - 8:30 p.m.
Speaker: Joyce Morrey, R.N.
Program Manager
Palomar Medical Center
Topic: Psychiatric Hospitalizations
and What to Expect

Share & Care
First, Second, Fourth & Fifth Tuesday
4:00 - 5:30 p.m.
210 Park (Senior Center), Escondido
Call (760)745-8381

NAMI NORTH COASTAL
SAN DIEGO COUNTY
P. O. Box 2235
Carlsbad, CA 92018
(760)722-3754

Third Wednesday, 7:00 p.m.
Education Meeting followed by
Share & Care at 8:40 p.m.
Wednesday, May 16
7:00 p.m.
Speaker: Jeffery Elias
Supervising Attorney
Mental Health Division
Office of the Public Defender
Topic: LPS Conservatorship
Involuntary Civil Commitment

NATIONAL DEPRESSIVE & MANIC DEPRESSIVE ASSOCIATION
Call (800) 826-3632 for meeting places and times.
San Diego-La Jolla Chapter
Sponsored by Dr. John Kelsoe, UCSD

Every Monday at the
VA Hospital La Jolla,
Room 2011 – 6:00 – 8:00 p.m.
(858) 535-4783
Toll Free: 1-800-274-3637
http://groups.yahoo.com/group/SanDiego-LaJolla-DMDA
**Client Corner**

**SCHOLARSHIP FUNDS AVAILABLE**

Mental health clients may apply to NAMI San Diego for scholarship funds for course-related expenses such as tuition, fees, books, and supplies. To apply, call the Albright Center at (619) 543-1434 and request an application.

Applications up to $500.00 will be considered.

The scholarships are made possible by a donation made fifteen years ago and are limited to the income from the scholarship fund.

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**The Consumer Center for Health Education and Advocacy**

If you need help getting mental health care services, please call or write us. We are ready to help you.

1475 Sixth Ave., 4th Floor
San Diego CA 92101
1-877-734-3258 Toll Free

**The Meeting Place, Inc.**

4034 Park Blvd., San Diego
(619) 294-9582
Open Tuesday - Saturday
10:00 a.m. - 4:00 p.m.

**Corner Clubhouse**

2852 University (at Utah)
San Diego (North Park) #7 Bus Line
(619) 683-7423
Open Monday - Friday
8:00 a.m. - 4:00 p.m.

**Friend to Friend**

1009 “G” Street
San Diego
(619) 238-2711
Open Monday - Saturday
10:00 a.m. - 6:00 p.m.
A peer advocate is available Thursday, Friday (afternoon) and Saturday

**Mariposa Clubhouse**

560 Greenbrier, Suite .102, Oceanside
(760)439-6006
Open Monday - Friday
8:00 a.m. - 4:00 p.m.
Open Saturday & Sunday
10:00 a.m. - 2:00 p.m Brunch

**Friends**

144 Copper Ave. Vista
(760) 941-2153
Open Saturdays
1:00-4:00 p.m.

**East Corner Clubhouse**

562 East Main St., El Cajon
(between Mollison and Avocado)
(619)401-6902
Fax: (619)401-1751
Open Monday & Friday
8:00 a.m. - 4:00 p.m.
Open Tuesday & Thursday
8:00 a.m. - 12:00 noon
Wednesday - 8:00 a.m. - 6:00 p.m.
Saturday - 10:00 a.m. - 2:00 p.m.

**Visions @ 5th and H**

499 “H” Street, Chula Vista
(619) 420-8603
Open Mon., Wed., Fri., Sat.
Noon - 7:00 p.m.
Sun. -- Noon - 5:00 p.m.

**Employment Services**

1202 Morena Blvd., Suite 201
San Diego, (619) 276-8071

**The Access Center of San Diego**

1295 University Avenue
San Diego, (619) 293-3500

**The Creative Arts Consortium**

P. O. Box 3053
San Diego, 92163-3053
Admin—Call Jane (858) 481-7069
Art—Call Michelle (619) 589-2434
Literature—Call Jim (619) 299-1753

**Job Options**

2727 Camino del Rio South
San Diego
(619) 688-1784 (Valorie)
Open Monday - Friday
8:00 a.m. - 5:00 p.m.

**San Diego Parks and Recreation Disabled Services Program:**

Ask for “The Leisure Seekers” group activities and calendar. No formal registration. Simply call ahead of event and say “I want to sign up for the event” (619) 525-8247

**Patient Advocacy Program**

5384 Linda Vista Road, Suite 304
(619) 543-9998 or 1-800-479-2233
Mon. – Fri.
8:00 a.m. – 5:00 p.m.

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**The Access & Crisis Line**

1-800-479-3339
24-hours a day 7 days a week
• Professional counselors
• Multi-lingual capability
• Spanish speaking counselors

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**Living with Schizophrenia and Other Mental Illnesses**

A recovery-education program presented by trained consumer presenters/facilitators to other consumers, families, friends and professionals.

It is for anyone who needs to know how people with schizophrenia and other serious mental illnesses cope with the realities of their disorder while recovering and reclaiming productive lives with meaning and dignity.

If you are interested in training as a presenter or attending a presentation, please call:

Chuck Sosebee
Coordinator of Consumer Outreach & Education
(619) 275-7165
TTY/TDD (619) 275-7164
Email: EducNamiSD@cs.com

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**San Diego Parks and Recreation**
activity of the neurotransmitter acetylcholine), and a cholinergic rebound may account for some of these symptoms. The symptoms of SSRI discontinuation (which are also precipitated by the discontinuation of clomipramine, a tricyclic drug with strong effects on serotonin) may include dizziness, trouble with balance or coordination, headaches, nausea, fatigue or lethargy, tingling, electric shock-like sensations, insomnia, and vivid dreams. Less common reactions are gastrointestinal discomfort and flu-like symptoms. Sometimes there are also mood changes -- irritability, sadness, anxiety, agitation, and crying spells. The SSRI discontinuation syndrome may be due to a sudden decrease in the availability of serotonin in the space between neurons along with changes in the sensitivity of serotonin nerve receptors. The neurotransmitters dopamine, norepinephrine, and gamma-aminobutyric acid (GABA) may also be involved.

The SSRIs most likely to cause these symptoms are the ones that leave the body rapidly -- paroxetine (Paxil) and fluvoxamine (Luvox). Fluoxetine and its major breakdown product remain in the body for a long time, so it is less likely to cause the problem. One way to help a patient who is having troubles stopping one of the shorter-acting SSRIs is to switch to fluoxetine and then gradually lower the dose. Sertraline (Zoloft) and citalopram (Celexa) persist in the body longer than paroxetine and not so long as fluoxetine; they create a moderate risk of discontinuation symptoms.

Monoamine oxidase inhibitors can produce the potentially most disturbing discontinuation effects. In some ways they resemble stimulants like amphetamine, and abrupt discontinuation may cause reactions that resemble amphetamine withdrawal -- anxiety, agitation, sleeplessness, and sometimes a psychosis with hallucinations or paranoid ideas. The more dramatic symptoms are unlikely to occur if the dose is reduced gradually.

Some newer antidepressants belong to none of the three major categories. Venlafaxine (Effexor), with a mixture of serotonin and norepinephrine effects, is eliminated from the body fairly quickly and therefore often causes a discontinuation syndrome which may be quite severe. Discontinuation symptoms similar to those caused by tricyclics and SSRIs have been reported by patients taking trazadone (Desyrel), nefazodone (Serzone), and mirtazapine (Remeron).

Because the discontinuation syndrome may include emotional states like depression and anxiety, they are sometimes confused with a relapse or recurrence of the original illness. The best way to tell the difference is to wait for a while. The discontinuation symptoms will almost always disappear within several days or a few weeks.

The symptoms that develop when patients stop taking antidepressants are rarely, if ever, dangerous, but they can be distressing. Patients should be informed about the subject, since a significant number of them (perhaps a third) stop taking antidepressants on their own in the first month of treatment. That information may guide the process of discontinuation, helping patients to tolerate any mild symptoms that emerge as the dose is gradually reduced and avoid interruptions in work or other activities. Unfortunately, many physicians are unfamiliar with these syndromes. In one recent study, more than 25% of psychiatrists and almost 75% of general practitioners responding to a questionnaire were not aware of the problem. With better education and preparation and active management, patients and doctors will be able to avoid many of the discomforts of antidepressant discontinuation.

--Michael Craig Miller, M.D.

(Source: The Harvard Mental Health Letter, Vol. 17, Number 8, February 2001.)
introduced a further bias by including an unusually high proportion of hospitalized patients. The threat of suicide is one of the main reasons for hospitalizing depressed patients, and the months after leaving a hospital are a time when they are especially likely to commit suicide.

The Mayo Clinic researchers prefer to measure suicide risk by case fatality rather than proportionate mortality -- the number of suicides in a given period divided by the total number of patients rather than the total number of deaths. In the example above, with 1,000 patients and 15 suicides, the case fatality would be 1.5% -- one-tenth of the proportionate mortality. The only bias here lies in the failure to count suicides that occur after patients are no longer being observed. The authors argue that this bias is relatively small because the suicide rate is highest at an early stage of the illness.

When real case fatality data were used to recalculate suicide risk, the result was not quite as dramatic as the hypothetical example above, but it came close. The reviewers analyzed more than 100 studies with a follow-up of at least two years (excluding short-term studies because of the extraordinarily high proportionate mortality). They also calculated case fatality rates from the older meta-analyses. In all their calculations, they made a point of distinguishing among three categories of patients: outpatients (not hospitalized), inpatients (hospitalized), and suicidal inpatients. The combined average figures for proportionate mortality ranged from 25% for outpatients to 32% for suicidal inpatients. Average case fatality rates were 2% for outpatients, 4% for inpatients, and 6% for suicidal inpatients. For the older meta-analyses alone, overall case fatality matched the inpatient rate: 3% - 5%.

If you agree with the authors and assume that case fatality is the best available practical measure of lifetime suicide risk among depressed patients, you must conclude that the risk is at most one-fifth of the present textbook

As we eat our breakfast today, 50,000 Californians with mental illness are having the luxury of eating out of dumpsters and finding shelter under a bridge.

It is only by help of involuntary treatment and a case manager who valued me before I could love and value myself, that I am no longer one of them. It was not the voice in California that screams for my civil rights that saved me. Treatment did.

Think about it. Mental illness is the only illness that convinces you that your are not sick. It robs you of your free will and the ability to knowingly exercise your rights.

Instead of realizing I had a brain disorder that would respond to treatment, I thought if only I had a better job, a relationship, material things, my pain would be over. I got those things and the pain remained. And, then I became homeless. I went into the tunnel, which had no light until it ended in another of my countless suicide attempts. But, then through involuntary treatment and the love and support of my case manager, I was finally given the chance to recover.

Because of treatment I am no longer likely to die with my civil rights on, another example of our state of neglect. I am now a taxpaying citizen. I work as Coordinator of Consumer Education and Outreach for NAMI San Diego. I no longer cost the state of California money. I get to give to my community. With the same treatment and care that I received, other people too can recover.

I look for the time we won't be lamenting the streets. We won't be lamenting the cost of 30,000 people with mental illness in our jails and prisons. Instead these citizens will be part of our community, working, playing, and giving of themselves to make life better for others.

I stand here as living proof that people with mental illness can recover. But first there must be treatment.

Instead of building fences, California needs to build treatment. There is a new voice in California, and that is the voice of people, who through the help of treatment, have recovered. We will not be silent anymore. Nor will we allow people to speak for us who do not value treatment. Our voice...the voice of the NAMI consumer--is the voice of reason. It is time that this reason becomes part of the public policy table because through it even more people with mental illness can recover.

Let me end by saying that
NAMI is more than a family member organization. Today, we have over 1800 individuals amongst our 14,000 NAMI California members who can be identified as consumers. As such, we are the largest consumer organization in our state, just as NAMI is the largest in the Nation. I, as Chair of NAMI California’s Consumer Council and Vice-Chair of the NAMI California Legislative Work Group, pledge to bring our consumer voice to all legislators. I look forward to working with you all.

Chuck Sosebee
ALBRIGHT INFORMATION & REFERRAL CENTER
1094 Cudahy Place, Suite 120
San Diego, CA 92110-3932

Do you need information about mental illness?
Talk to someone who understands
Call the Albright I & R Center
(619)543-1434 or 1-800-523-5933
7 Days a Week
24 Hours a Day

We have a library of books and tapes available for you.
Attend NAMI San Diego meetings listed in this issue
"Schedule of Meetings" and receive educational materials
to send to your far away family members and friends who do not understand.

Volunteers Needed.
Make a Difference.

Wanted:
Individuals who want to make a difference. Training provided.

Call NAMI San Diego at (800) 523-5933 for an application.
Inside This Issue:

April-at-a-Glance

Symptoms That Start When an Antidepressant Stops

Depression and Suicide: What is the True Risk?

Legislative Update

Calendar of Events & Meetings

2001 MEMBERSHIP APPLICATION

NAMI San Diego relies on its membership and your generous contribution to continue providing support and services to people with mental illness and their families. To join NAMI San Diego, renew your membership or make a contribution, complete the information below and enclose your check payable to NAMI San Diego and mail to: P. O. Box 710761, San Diego CA 92171-0761.

Name: ____________________________________________________________________________________________________________
Street: ____________________________________________________________________________ Home Phone # __________________
City, State, Zip: _______________________________________________________________________ Work Phone # __________________

Dues are from January 1 to December 31 of each year and include membership and newsletter subscription to NAMI and NAMI California.

I would like to join NAMI San Diego at the following level:

_____ Regular Membership – $35.00 Check one: ( ) New Member ( ) Renewal
_____ Professional Membership – $75.00 (includes office display of NAMI brochures)
_____ Consumer Membership – $10.00 ( ) Newsletter Subscription Only – $15.00
_____ Open Door Membership $3.00 (consumer, consumer family & friends in financial need)

ANNUAL SUSTAINING DONORS

_____ Bronze Donor – up to $99.00 ( ) Benefactor – $500.00 – $999.00
_____ Silver Donor – $100.00 – $249.00 ( ) Patron – $1,000 +
_____ Gold Donor – $250.00 – $499.00 ( ) I prefer my contribution to be anonymous
_____ Donation for Open Door Memberships ($ ________) (to help consumer, consumer family & friends in financial need)

Check relation to client:

_____ Parent of Adult
_____ Parent of child (under 18)
_____ Sibling
_____ Spouse
_____ Professional
_____ Other ___________________
_____ Self

_____ Please send me volunteer information and application.