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DBSA-CA NEWS

Depression and Bipolar Support Alliance—California
(formerly California Depressive and Manic-Depressive Association)

Volume 14, No 4

Fall 2009

As Economy Tanks, Mental Health Issues Rise

Although there are no formal studies on the number of Americans who are seeking mental health assistance during this recession, there are reports by psychologists of a significant rise in unprecedented numbers of referrals. Mental health professionals consider the rise as collateral damage stemming from the present economic situation.

Clinical psychologists are reporting that 75% of their patients want to discuss their dismal circumstances and bad feelings due to the economy.

About one in five people in this country live with a mental illness. According to predictions, we will see a staggering increase in mental health issues by 2010. We have been made aware through the media and through our direct contact with families and friends of the full impact of the recession and its consequences: lost jobs, loss of wages, loss of insurance, the inability to support the basic necessities of a home, marital tension and divorce due to lack of finances, food bank shortages, homeless people living in tents, and overloads in medical, psychological, and social services. Stress is imploding in communities everywhere. Stress then leads directly to depression.

Job insecurity has also been found by research to be a chronic stressor that leads to depression and anxiety. According to C. David Dooley, author of the 2004 book *The Social Costs of Underemployment*, people threatened with losing their jobs report feeling demoralized and depressed and often more serious emotional problems. Dooley reports that the employment survivors are worse off as well. They may feel survivor's guilt and they are often overworked, being forced to do the work of everyone who used to work there. As Dooley's research shows, job stress, underemployment and unemployment all can affect mental health.

It is important that people know how to handle these stressful problems impacting them, their children and their communities. Awareness of stress related symptoms and how to deal with the first signs of depression are necessary for facilitating quick recovery. Close relatives and friends should encourage others to seek immediate assistance.

So if you find yourself spiraling down into gloom and doom — things are bad, they're going to get worse, I'll lose my job, then my insurance, then my house — consider this spiraling as a cue to seek help so you can begin to think more realistically about the problems, telling yourself that you have been through difficult times before and you will get through this too.

Adapted by Jan Redford. From: Spector, Alyce, "As economy tanks, mental health issues rise." Alyce Spector is president of the Mental Health Association of the Capital Region, Inc. Brink, Susan. "Bad economy, good health? How a troubled economy leads to improved public health." *Los Angeles Times*. (9/9/08).

Source: DBSA MoodPoints
Spring/Summer 2009



The Thinkers: She peers into the brain for cause of bipolar disorder

By Mark Roth,

Mary Phillips peers into the brains of people with bipolar disorder, and what she has found there gives a whole new meaning to the term "bipolar."

Dr. Phillips, a University of Pittsburgh psychiatrist, has discovered that each half of a bipolar patient's brain may be responsible for a different extreme of the illness.

Bipolar patients often cycle between periods of paralyzing depression and hyperactive mania.

Using a brain imaging technique that shows the connections between the different parts of the brain, Dr. Phillips' group has shown that wiring problems in the left half of the brain may cause patients' manic phases, while a different kind of wiring problem on the right half may create the episodes of depression.

Her study focused on a bundle of fibers known as the uncinate fasciculus, which connects an emotion-processing area known as the amygdala, at the bottom of the brain, with a regulatory area known as the orbital prefrontal cortex, at the front of the brain.

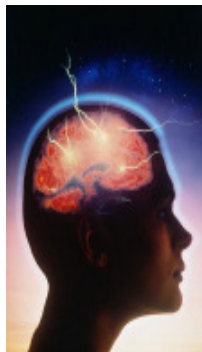
Simply put, she said, the amygdala "allows us to perceive the emotional salience" of things we experience, while the orbital prefrontal cortex areas on either side of the brain "act like brakes on the amygdala."

Her study found that on the left side of the brain, which is associated with more positive feelings, the uncinate fasciculus was much thinner than normal, which could mean the front of the brain was less able to control those feelings in bipolar patients, sending them into hyperactive, sometimes grandiose episodes of mania.

On the right side, which is more linked to negative feelings, the wiring was thicker and had more cross-connections, which she said "can lead to sort of getting off the point and thinking too much, getting off into this reverberative, ruminative loop" of anxious, melancholy ideas.

In mentally healthy people, that right-side cabling is smoother and more unidirectional, she said, which may allow the front of the brain to short-circuit any excessive negative thoughts.

To measure patients' feelings while they were in the brain scanner, Dr. Phillips' team showed them images of happy and fearful faces. Previous research has shown that people with bipolar disorder react much more strongly to fearful faces than typical people do.



Source: *Pittsburgh Post-Gazette*
Monday, June 29, 2009

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Unlocked: the secrets of schizophrenia

By Steve Connor, science editor

Scientific breakthrough offers hope of new treatments for mental condition

Scientists have discovered a remarkable similarity between the genetic faults behind both schizophrenia and manic depression in a breakthrough that is expected to open the way to new treatments for two of the most common mental illnesses, affecting millions of people.

Previously doctors had assumed that the two conditions were quite separate. But new research shows for the first time that both have a common genetic basis that leads people to develop one or other of the two illnesses.

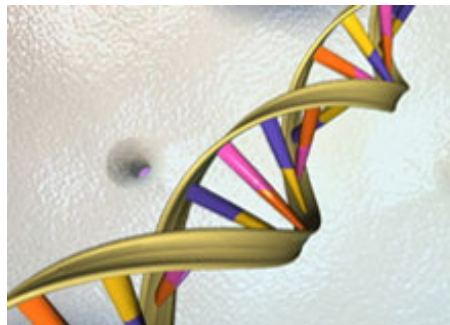
Three different international studies investigated the genetic basis of schizophrenia by pooling their analysis of about 15,000 patients and nearly 50,000 healthy subjects to find that thousands of tiny genetic mutations — known as single nucleotide polymorphisms (SNPs) — are operating in raising the risk of developing the illness.

Each mutation on its own increased the risk of developing schizophrenia by about 0.2 per cent but collectively they were found to account for at least a third of the total risk of developing schizophrenia. The condition is known to have a strong inherited component, accounting for about 80 per cent of the total risk, but it is also influenced by upbringing and environment.

However, one of the most surprising findings to emerge from the three studies was that the same array of genetic variations in SNPs was also linked with bipolar disorder, a discovery that is at odds with the orthodoxy in psychiatry stating that the two conditions are clinically distinct, the scientists said. The findings are a milestone in the understanding of both schizophrenia and manic depression — also known as bipolar disorder — which could eventually lead to new ways of either preventing or treating conditions that cause untold human misery and cost the NHS hundreds of millions of pounds each year.

“If some of the same genetic risks underlie schizophrenia and bipolar disorder, perhaps these disorders originate from some common vulnerability in brain development,” said Thomas Insel, director of the US National Institute for Mental Health in Bethesda, Maryland, which funded the studies. “Of course the big question then is how some people develop bipolar disorder.”

Although the schizophrenia studies of the many thousands of genetic illness, scientists believe it represents a understanding of the condition and the treatments. “This is a pretty major today you could count on the thumb of [genetic] variants that have been reliably Michael O’Donovan, professor of Research Council’s neurogenetics centre



have so far only identified a handful variations implicated in the mental breakthrough that will accelerate the development of new drugs and breakthrough for us because before one hand the number of common identified for schizophrenia,” said psychiatric genetics at the Medical in Cardiff.

“However, what we’ve found so far explains only a tiny fraction of the total risk of schizophrenia. Some of us were surprised to find that not only did these genes contribute to schizophrenia but they also contribute to bipolar disorder. So that really suggests that the two disorders are not really as distinct as we thought in psychiatry.”

The three studies, published in the journal *Nature*, have been possible because of technical advances in the analysis of the genomes of patients, enabling scientists to rifle through vast amounts of DNA in order to make comparisons between patients and healthy “controls”.

Eric Lander, the founding director of the Broad Institute, one of the 11 research centres of the consortium formed from laboratories in the United States, Europe and Australia, which were behind the studies, and a member of Barack Obama’s Council of Advisers on Science and Technology, said that the pace of research into schizophrenia was accelerating fast. “Over the past year, using techniques designed to study common DNA changes, psychiatric disease geneticists have detected more statistically compelling findings than in the previous 100 years,” he said.

Some of the genetic variations associated with schizophrenia appear to occur within a region of the genome known to be involved in controlling the immune system. This might help to explain why babies born in winter and spring when influenza is rife, or to women who have had flu during pregnancy, are at slightly increased risk of developing schizophrenia in later life, the scientists said.

“Discoveries such as these are crucial for teasing out the biology of the disease and making it possible for us to begin to develop drugs targeting the underlying causes and not just the symptoms of the disease,” said Karl Stefansson, the head of deCode Genetics, the Icelandic company involved in one of the three studies. “One of the reasons this study was so successful is its unprecedented size. Pooling our resources has yielded spectacular results, which is what the participants from three

Continued on Page 4 (Unlocked)

(UNLOCKED) Continued from Page 3

continents hoped for.”

The study also found links to schizophrenia with DNA variations in certain genes involved in the growth of nerve cells in the brain and the production of a protein messenger molecule that helps the transmission of signals from one brain cell to another.

Schizophrenia affects one in 100 people at some time in their life. It is a chronic, long-term illness resulting in persistent delusions and hallucinations and is estimated to cost the taxpayer about £2bn a year in care and treatment. The costs to society at large — from the families of affected patients to the money spent by the criminal justice system — are thought to be at least twice as high.

Professor David St Clair, chair of mental health at the University of Aberdeen, said the global drugs bill alone for schizophrenia is £12.5bn, not to mention other huge costs such as hospital stays, lost employment and diminished quality of life. “Our findings are a real scientific breakthrough since they tell us a lot more about the nature of the genetic risk of schizophrenia than we knew as little as a year ago,” he said.

“However, this is not a breakthrough that is going to change clinical practice any time soon. It will still be many years before our findings can be translated into new drug treatments. Much more work is also still required for us to piece together the overall genetic architecture of schizophrenia.”

Curses of the mind



Schizophrenia

Schizophrenia is a severe, chronic brain disorder that usually strikes in late adolescence or early adulthood and is marked by hallucinations and delusions. Sufferers may hear voices or believe that other people are controlling them or reading their minds. Such experiences can be terrifying and can cause fearfulness, withdrawal or extreme agitation. People with schizophrenia have reduced brain receptors for the dopamine messenger. They may not make sense when they talk, or they can appear to be perfectly fine and normal until they are asked what they are really thinking. Treatments can be effective, but most people have some residual symptoms that can stay with them for life.

Bipolar disorder

Bipolar disorder, or manic depression, is marked by unusual shifts in mood, energy, activity levels and the ability to carry out day-to-day tasks. Like schizophrenia, bipolar disorder often manifests itself in late adolescence or early adulthood, although it may not be diagnosed for many years. The ups and downs are different from the normal ones that everyone experiences and they can result in damaged relationships, poor performances in school and jobs and even suicide. Sometimes a person with severe episodes of mania or depression has psychotic symptoms such as hallucinations or delusions, such as believing that he or she is famous or has lots of money.

Source: *The Independent*
London, England
July 2, 2009

Lithium in water 'curbs suicide'

Drinking water which contains the element lithium may reduce the risk of suicide, a Japanese study suggests.

Researchers examined levels of lithium in drinking water and suicide rates in the prefecture of Oita, which has a population of more than one million.

The suicide rate was significantly lower in those areas with the highest levels of the element, they wrote in the *British Journal of Psychiatry*.

High doses of lithium are already used to treat serious mood disorders.

But the team from the universities of Oita and Hiroshima found that even relatively low levels appeared to have a positive impact on suicide rates.

Levels ranged from 0.7 to 59 micrograms per litre. The researchers speculated that while these levels were low, there may be a cumulative protective effect on the brain from years of drinking this tap water.

Added element

At least one previous study has suggested an association between lithium in tap water and suicide. That research on data collected from the 1980s also found a significantly lower rate of suicide in areas with relatively high lithium levels.

The Japanese researchers called for further research in other countries but they stopped short of any suggestion that lithium be added to drinking water.

The discussion around adding fluoride to water to protect dental health has proved controversial - criticised by some as mass involuntary medication.

In an accompanying editorial, Professor Allan Young of Vancouver's Institute for Mental Health said “this intriguing data should provoke further research.

“Large-scale trials involving the

Continued on Page 9 (Lithium)

Doctoring the mind: Why Psychiatric Treatments Fail by Richard Bentall: review

By Melanie McGrath

If you're reading this review, you probably live in the developed world with access to decent medical provision. So it stands to reason that, if you are unlucky enough to suffer an episode of psychosis, mania, or schizophrenia — and in Britain you have a three per cent lifetime risk of doing just that — your chances of recovery are better than they would be in Africa or India. Right? Wrong.

How can this be? This is the question Richard Bentall, a professor of clinical psychology, tackles in his humane, angry and shocking indictment of the multiple failings of the Western psychiatric tradition, a tradition, he argues, that 'has been profoundly unscientific and... unsuccessful at helping some of the most distressed and vulnerable people in society'.

Last year, the annual global market for antipsychotic drugs reached \$15 billion, but the problem, Bentall argues, runs deeper than the marketing clout of the pharmaceutical companies. Its roots lie in the historical Western definition of major mental illness as a disease of brain chemistry; a definition which, though scientifically unproven, began to be promoted by psychiatrists in the wake of the introduction of the first effective antipsychotic drug, chlorpromazine, in the Fifties. Although the precise mechanism by which chlorpromazine seemed to calm psychotic patients remains unclear to this day, the drug heralded a step forward from the psychiatric treatments that preceded it, which included electroshocks, insulin comas and, most notoriously, crude, ice-pick lobotomies of the sort carried out on Rosemary Kennedy, sister of JFK, leaving her virtually speechless, incontinent and incapable of independent living.

By the late Fifties, the availability of chlorpromazine, coupled with early genetic research, established severe mental illness as the province of brain chemistry and genetics. Its kingdom secured, psychiatry chose to forget how its territory had been won: much of the early work into the heritability of mental illness had been carried out by Nazi psychiatrists; those same men, and occasionally women, who collaborated in the gassing of 70,000 mentally ill people inside German psychiatric hospitals, years before the horrors of Auschwitz and Treblinka.

Yet, even today, Bentall argues, studies on the connection between mental illness, brain chemistry and heritability remain inconclusive. Although there is some evidence indicating a connection between excess dopamine in the brain and the onset of psychosis, the connection between serotonin deficiency and depression, a connection presumed by drugs like Prozac, has never been proven. And while some studies indicate a weak genetic component in severe mental illness, others point to a much stronger correlation with environmental stress. In one of these, quoted by Bentall, the rate of psychosis in adults who

were sexually abused as children was 15 times the national average. A Finnish study of 1,000 children born in 1966 and followed up 28 years later found that the risk of developing psychosis increased fourfold among those adults whose mothers hadn't wanted them. Yet other studies established connections between stress, victimisation and insecurity in childhood and adult-onset psychoses.

The relationship between nature and nurture in severe mental illness is highly complex — at times a little too complex for this lay reader fully to grasp. It is this complexity, says Bentall, which not only shows up the chemical imbalance and genetic theories of mental illness for the simplistic formulas they are, but renders umbrella diagnoses, such as schizophrenia or bipolar disorder, at best unhelpful and at worse self-fulfilling, not least because the definitions of what constitutes these mental disorders are themselves disputed. Bentall quotes the notorious 1972 experiment led by American psychologist David Rosenhan when he and seven other researchers presented themselves anonymously at a number of psychiatric hospitals in a dishevelled state, claiming to be hearing voices saying 'empty', 'hollow' and 'thud'. All eight were admitted and, despite reporting no further aural hallucinations and behaving normally, seven were diagnosed schizophrenic and one was kept in hospital for psychiatric treatment for 52 days.

In this cogent, convincing and compassionate book, Bentall argues for a new approach to severe mental illness, one which, rather than labeling patients as having 'irrecoverable' conditions manageable only by long term drug regimes, instead advocates the sparing, short-term and episodic use of antipsychotic drugs in conjunction with cognitive and behavioural therapy (though not with psychoanalysis, which Bentall views as unhelpful). In this person-centred model, the patient partly defines his own recovery. He may consider, for example, that he is better off continuing to hear voices (so long as those voices do not trouble him or others) than he is living on a strong drug regime which makes him unable to work, enjoy either a social or a sex life, or contribute to society.

Bentall's approach requires more thought and care than simply prescribing expensive drugs. Nevertheless, the sobering fact with which the author begins his impressive investigations — that recovery rates from serious mental illness are better in the developing world than here, in the fourth richest country on the planet — has much to teach us about what money cannot buy.

Doctoring the Mind: Why Psychiatric Treatments Fail

By Richard Bentall

ALLEN LANE/PENGUIN, £25, 364pp

Available from

0844 871 1516

Source: *Telegraph, United Kingdom*

July 5, 2009

State Medicaid practices have negative effect on mental health

May 1, 2009, ARLINGTON, VA—Certain state Medicaid practices intended to save money are having an adverse effect on people with mental illnesses.

A new study of nearly 600 psychiatrists and more than 1,600 patients in 10 states found practices such as requiring patients to switch to generic medications, placing limits on the number of medications or dosages, requiring prior authorization and use of step therapy or ‘fail-first’ protocols, were associated with a greater number of adverse events such as emergency room visits and psychiatric hospitalizations.

Patients with medication access problems had a nearly four times greater likelihood of experiencing a significant adverse event, the American Psychiatric Association said.

Memorial to honor patients buried at psychiatric hospitals across the United States

June 10, 2009, WASHINGTON, DC— A dedication ceremony was held at Saint Elizabeths Hospital for a memorial planned in memory of the hundreds of thousands of patients who were buried, many in unmarked graves, at state psychiatric hospitals across the United States. Mental Health America held the ceremony in partnership with Saint Elizabeths.

The Gardens at Saint Elizabeths—A National Memorial of Recovered Dignity—will be woven into an existing 10-acre cemetery that holds some 4,500 psychiatric patients who died at the federal facility. Plans call for gardens, a pool of water and metal markers from all 50 states which will list the numbers buried and at which institutions.

“Like the Tomb of the Unknowns, (the markers) will stand as a tribute to the hundreds of thousands lost to custodial institutions and the hope for all during our next hundred years,” said David L. Shern, president and CEO of Mental Health America.

“This memorial will offer the respect due thousands of individuals who were shunned in life and until now were often disrespected in death, while helping to remove stigma and false beliefs,” said John Allen, president of the National Association of Consumer/Survivor Mental Health Administrators, the organization that started the national memorial project.

Broadway show about bipolar disorder wins three Tony Awards

June 7, 2009, New York, NY—In a Tony Awards ceremony dominated by *Billy Elliot, the Musical*, a Broadway production about a suburban family’s experience with bipolar snatched top honors in three categories.

Alice Ripley, who plays troubled mother Diana Goodman, won as best actress in a musical, beating out theater veteran Stockard Channing (*Pal Joey*) and Allison Janney (*9 to 5: The Musical*), among others.

Ripley gained insight into her character’s mental illness from people close to her. She told the *New York Times* she has “a favorite uncle” and a personal assistant with bipolar.

Writer Brian Yorkey and composer Tom Kitt won for best original score.

Kitt and musical collaborator Michael Starobin also took home the award for best orchestration, sharing the honors with *Billy Elliot’s* Martin Koch.

Yorkey and Kitt created *Next to Normal* seven years ago as a short workshop piece. They expanded and revised the musical through several productions, including an off-Broadway run in 2008, before opening on Broadway in April to enthusiastic reviews. For example, *Entertainment Weekly* called it “incongruously, sometimes agonizingly beautiful.”

Yorkey and Kitt drew on research, input from medical advisors and feed-back from playgoers with bipolar to hone a realistic portrayal of Diana’s complicated relationships not only with her husband and children, but also with her doctors and treatment, which includes medications and electroshock therapy.



Source: *bp Magazine* Summer 2009

Alice Ripley won Best Performance by a Leading Actress in a Musical for *Next to Normal* at the “Tony” Awards in New York City on June 7, 2009. Photo: JOAN MARCUS

Recent Research

Research finds brain differences in intermediate-onset bipolar

June 1, 2009, PARIS, France—Researchers from France, Germany and Finland say they've found differences in the brains of people who develop bipolar disorder before age 25 compared to those who develop it later in life.

Using magnetic resonance imaging, they examined the cerebral cortex of participants' brains to study folding of the tissue. They found the people who had intermediate-onset bipolar had significantly less folding in an area known as the right dorsolateral pre-frontal cortex compared to people with earlier-onset bipolar or people who didn't have the disorder.

The researchers said the study provides the first evidence of anatomic differences between intermediate-onset and earlier-onset bipolar, which lends support to the existence of distinct sub-groups of bipolar based on age of onset.

The study, which appeared in the journal *Bipolar Disorders*, was entitled "Cortical folding difference between patients with early-onset and patients with intermediate-onset bipolar disorder."

New treatment models show promise for people with bipolar

June 1, 2009, PITTSBURGH, PA—People with bipolar disorder can benefit from new treatment models, but even so, many will experience reoccurring symptoms, a new study has found.

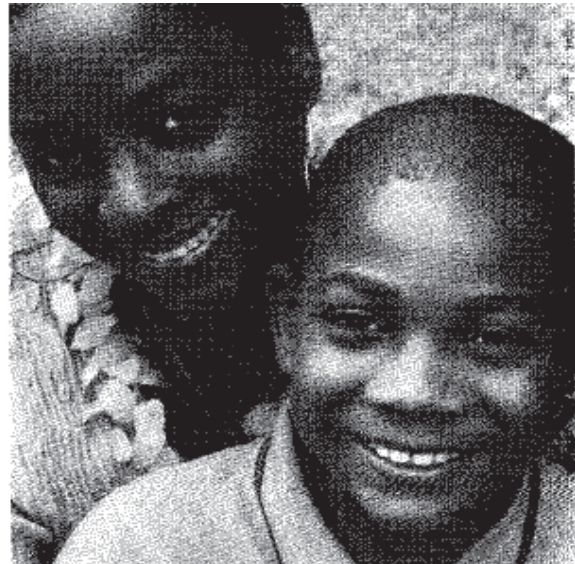
Researchers from Pittsburgh tested whether interventions called Specialized Care for Bipolar Disorder (SCBD) and Enhanced Clinical Intervention (ECI) would improve people's symptoms. They tested SCBD alone, and in combination with ECI, on 463 people with bipolar I or II, with bipolar "not otherwise specified," or a form of schizoaffective disorder.

Both the SCBD-alone group and the group receiving both SCBD and ECI treatment significantly improved over time, the researchers found. Of the 299 participants who had symptoms at the start of the study, the majority achieved recovery over two years. However, many also developed new episodes during that time. Adolescents in the study were less likely to experience a recurrence.

The researchers concluded SCBD, alone or combined with ECI, is effective. They also said the study demonstrated that new mood episodes are frequent in people with bipolar who achieve recovery, and are likely to occur in spite of specialized,

Course of child-onset bipolar more serious in adulthood

June 1, 2009, BOSTON, MA—Individuals who developed bipolar disorder during childhood are more likely to struggle with the disorder during adulthood than people who didn't



have early-onset bipolar, a study has found.

Researchers from Massachusetts, Indiana, Colorado, Ohio and Pennsylvania said that while symptoms of bipolar are increasingly being recognized among children and teens, little is known about the course of bipolar among adults who had onset of symptoms during childhood.

They looked at nearly 3,700 adults with bipolar I or II taking part in a multi-center study (Systematic Treatment Enhanced Program for Bipolar Disorder, STEP-BD) and identified when their symptoms first began. They found that the people whose symptoms started before the age of 13 had an earlier recurrence of symptoms after initial remission, had fewer days without symptoms and had a greater impairment in functioning and in quality of life.

The study, which appeared in the journal *Bipolar Disorders*, was entitled "Retrospective age at onset of bipolar disorder and outcome during two-year follow-up: Results from the STEP-BD study."

guideline-based treatments.

The study, which appeared in the journal *Bipolar Disorders*, was entitled "Enhancing outcomes in patients with bipolar disorder: Results from the Bipolar Disorder Center for Pennsylvanians Study."

Source : *bp Magazine*
Summer 2009

Bitterness Illness

You know them. I know them. And, increasingly psychiatrists know them. People who feel they have been wronged by someone and are so bitter they can barely function other than to ruminate about their circumstances.

This behavior is so common --- and so deeply destructive — that some psychiatrists are urging it be identified as a mental illness under the name post-traumatic embitterment disorder. The behavior was discussed before an enthusiastic audience last week at a meeting of the American Psychiatric Assn. in San Francisco.

The disorder is modeled after post-traumatic stress disorder because it too is a response to a trauma that endures. People with PTSD are left fearful and anxious. Embittered people are left seething for revenge.

‘They feel the world has treated them unfairly. It’s one step more complex than anger. They’re angry plus helpless, says Dr. Michael Linden, a German psychiatrist who named the behavior.

Embittered people are typically good people who have worked hard at something important, such as a job, relationship or activity, Linden says. When something unexpectedly awful happens — they don’t get the promotion, their spouse files for divorce or they fail to make the Olympic team — a profound sense of injustice overtakes them. Instead of dealing with the loss with the help of family and friends, they cannot let go of the feeling of being victimized. Almost immediately after the traumatic event, they become angry, pessimistic, aggressive, hopeless haters.

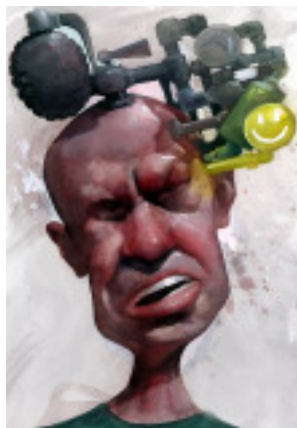
“Embitterment is a violation of basic beliefs,” Linden says. “It causes a very severe emotional reaction. We are always coping with negative life events. It’s the reaction that varies.”

There are only a handful of studies on the condition, but psychiatrists at the meeting agreed that much more research is needed on identifying and helping these people. One estimate is that 1% to 2% of the population is embittered, says Linden, who has published several studies on the condition.

“These people usually don’t come to treatment because ‘the world has to change, not me,’” Linden says. “They are almost treatment resistant . . . Revenge is not a treatment.”

Nevertheless, Linden suggests that people once known as loving, normal individuals who suddenly snap and kill their family and themselves may have post-traumatic embitterment syndrome. That’s reason enough for researchers to study how to treat the destructive emotion of bitterness.

Source: *LA Times*
May 25, 2009



EMDR Therapy

By Baird Helgeson

Eye Movement Desensitization and Reprocessing



(EMDR) is a comprehensive, integrative non-drug psychotherapy approach. It is being widely used with good results reported by patients who have finished the course of treatments. It contains elements of many effective psychotherapies in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies.

EMDR is an information processing therapy and uses an eight phase approach to address the experiential contributors of a wide range of pathologies. It attends to the past experiences that have set the groundwork for pathology, the current situations that trigger dysfunctional emotions, beliefs and sensations, and the positive experience needed to enhance future adaptive behaviors and mental health.

During treatment various procedures and protocols are used to address the entire clinical picture. One of the procedural elements is “dual stimulation” using either bilateral eye movements, tones or taps. During the reprocessing phases the client attends momentarily to past memories, present triggers, or anticipated future experiences while simultaneously focusing on a set of external stimulus. During that time, clients generally experience the emergence of insight, changes in memories, or new associations. The clinician assists the client to focus on appropriate material before initiation of each subsequent set.

More information on this subject can be found at <http://www.emdr.com/>

Source: *DBSA TAMPA BAY Newsletter*
July - August - September 2009

Educational Resources

American Psychiatric Association
202 / 682-6220 • www.psych.org

American Psychological Association
800 / 374-2721 • www.apa.org
Advocacy Center

800 / 342-0823 • www.advocacycenter.com
Child & Adolescent Bipolar
Foundation

847 / 256-8525 • www.bpkids.org

DBSA-California

(909) 780-3366

National Alliance

for the Mentally Ill (NAMI)

800/ 950-6264 • www.nami.org

National Association for the

Dually Diagnosed

800/ 331-5362

National Depression and Bipolar Support
Alliance

800 / 826-3632 • DBSAlliance.org

National Family Caregivers

Association

301 / 942-6430

National Foundation for

Depressive Illnesses

800 / 248-4344

National Institute of Mental Health

800 / 421-4211 • www.nimh.nih.gov

Panic Disorder Line:

800 / 64PANIC (647-2642)

Anxiety Disorder Line:

888 / 826-9438

National Mental Health Association

800 / 989-6642 • www.nmha.org

Confidential depression screening:

www.depression-screening.org

People with mental health problems get poorer medical care

June 2, 2009, LONDON, England— A new British study shows people with pre-existing mental health problems receive inferior medical care, even though these people in many cases have more contact with doctors.

Dr. Alex Mitchell of the University of Leicester, who led the study along with American and New Zealand researchers, said they were surprised to find that inferior quality of medical care did not depend on the presence of current psychiatric problems. Instead, the study found that poorer care was delivered to those with a previous or current mental health diagnosis.

Mitchell said it's important to understand if doctors working in medical specialties treat those with mental health problems differently and how poor quality of care affects the physical health of people who may be at high risk of medical complications such as diabetes, cardiovascular disease and high cholesterol disorders.

Source: bp Magazine Summer 2009

Women's health hit hard by recession

May 1, 2009, ARLINGTON, VA— More than two-thirds of American women interviewed for a survey by the American Psychiatric Association say that the nation's sagging economy has negatively affected their lives or the lives of their loved ones. The findings also indicate women may be neglecting their own needs while focusing on other concerns.

The survey examined the impact of the economic crisis on the mental well-being of women both nationally and in Clinton County, Ohio, where survey respondents report significantly higher levels of hardship amid deep job cuts. Women in the survey reported sharp increases in stress, anxiety, frustration and other negative mental health indicators. ~

Source: bp Magazine Summer 2009

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addition of lithium to drinking water supplies may then be feasible, although this would undoubtedly be subject to considerable debate. Following up on these findings will not be straightforward or inexpensive, but the eventual benefits for community mental health may be considerable."

Sophie Corlett, external relations director at mental health charity Mind said the research "certainly merits more investigation.

"We already know that lithium can act as a powerful mood stabiliser for people with bipolar disorder, and treating people with lithium is also associated with lower suicide rates.

"However, lithium also has significant and unpleasant side effects in higher doses, and can be toxic. Any suggestion that it should be added, even in tiny amounts, to drinking water should be treated with caution and researched very thoroughly."

Source: BBC NEWS May 1, 2009

Medi-Cal Mental Health Ombudsman's Office

1-800-896-4042

Help with Medi-Cal mental health services.



Health Rights Hotline

1-888-354-4474 TDD 916-551-2180

Local calls 916-551-2100 Fax 916-551-2158

<http://www/hrh.org>

Tells consumers in El Dorado, Placer, Sacramento and Yolo counties about their health care rights, and answers questions about health care coverage and managed care. HRH also has advocacy materials and referrals to other resources. HRH can help with HMOs, PPOs, Medicare, Medi-Cal, and CHAMPUS.

ADA Home Page — USDOJ

800-514-0301 800-514-0383 (TDD)

<http://www.usdoj.gov/crt/ada/adahom1.htm>

ADA technical assistance, information line, enforcement, settlement information, regulations, mediation, and more.

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