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DBSA-CA NEWS

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

Volume 14, No 3

Summer 2009

Still Crazy After All These Years

By SCOTT STOSSEL

Does psychotherapy work?

Depends on what you mean by “psychotherapy.” And by “work.”

AMERICAN THERAPY

The Rise of Psychotherapy in the United States

By Jonathan Engel

351 pages. Gotham Books. \$27.50

The answer matters. In trying to ascend from (as Freud once put it) “hysterical misery to ordinary unhappiness,” millions of Americans attend weekly therapy sessions of myriad kinds, at costs that can exceed \$10,000 a year. Large professional edifices, psychiatry, psychology, social work, among others — are constructed atop the notion that psychotherapy works. If it were to be conclusively demonstrated that therapy doesn’t work, therapists would be put out of business; that’s effectively what’s already happened to Freudian psychoanalysts.

Jonathan Engel, a professor of health care policy at Baruch College, begins “American Therapy” by asserting: “Psychotherapy works. Multiple studies conducted over the past half-century have demonstrated that two-thirds of people who engage in psychotherapy improve.” But then, intentionally or not, he dedicates the better part of this fascinating book to complicating that proposition.

For starters, there’s that one-third of patients who don’t get better with psychotherapy; by definition, it doesn’t work for them. And then, perhaps more damningly, there’s the one-third of patients who have been consistently shown to get better without any treatment at all.

And then there’s this: a survey published in the early 1970s found that whereas a majority (59 percent) of people who had visited a professional psychotherapist for mental distress reported having been “helped” or “helped a lot” by the consultation, much larger majorities of people who had consulted a clergyman (78 percent) or a physician without specialized psychological training (76 percent) or — get this — a lawyer (77 percent) reported the same thing. Of course, psychotherapy did develop some pretty wacky offshoots in the 1970S — primal scream therapy, rebirthing therapy and Z-therapy (which seems to have involved, among other things, poking and tickling the patient) — so maybe it’s not surprising that people got more psychic relief from their lawyers than their therapists. But while a 1974 paper by a Johns Hopkins psychiatrist criticized the “charlatans” who “preyed on the gullible and the self-deluded,” these kooky therapies were actually surprisingly effective; many of the patients who underwent them reported themselves cured. This would certainly seem to undermine the claims of mainstream professional psychotherapy to specialized knowledge of any

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STILL CRAZY (Continued from page 1)

particular usefulness. If someone can poke and tickle a neurotic patient to health, why should an aspiring psychotherapist bother to get a graduate degree? Is psychotherapy just a high-priced placebo?

Engel describes an experiment that seems to have been animated by these very questions. In 1979, a Vanderbilt University researcher named Hans Strupp divided 30 patients with psychological problems into two groups, one to be treated by trained psychotherapists, the other by humanities professors with no psychological expertise. The result? The two groups reported improvement at the same rates. "Effective psychotherapy," Engel writes, "seemed to require little more than a willing patient and an intelligent and understanding counselor who met and spoke regularly and in confidence."

A University of Pennsylvania study found that the most successful therapists — regardless of whether they were Freudians or behaviorists, cognitive therapists or Z-therapists — were honest and empathic and connected quickly and well with other people. *(Krupp's humanities professors may have fared so well because they were chosen based on how well liked they were.) Studies like *Krupp's rattled the foundations of the field and, as Engel puts it, "shook therapists' confidence in their own rectitude." But, as Engel takes pains to remind us, if twice as many distressed people improve with therapy as without it — as studies consistently show — those are still pretty good odds for psychotherapy.

The question of effectiveness is only incidental to Engel's main goal, which is to tell the story of how, over the course of less than 100 years, psychotherapy went from being an obscure treatment for upper-middle-class Jews in fin-de-siècle Vienna to being a staple of mainstream American medical practice and a fixture of our popular culture. Mining both medical journals and the popular press, Engel spins a richly textured tale of psychotherapy's rise.

Naturally, the story begins with Freud, a thoroughly unlikely candidate to become the progenitor of anything distinctly American. He visited the United States only once, in 1909, and found the country rather barbaric. Practical-minded Americans, for their part, would not seem to have provided a receptive audience for his arcane theory of mind, with its id, ego and superego, and its references to Oedipal crises, castration complexes and penis envy. But the most eminent American psychologists of the day — G. Stanley Hall at Clark University, James Jackson Putnam at Harvard, Adolf Meyer at Johns Hopkins and, later, Harry Stack Sullivan, of the Washington School of Psychiatry, among others — embraced and promoted Freudian theory. Psychoanalysis, Engel observes, "seemed to be compatible with a strain in the American zeitgeist," and the psychoanalytic establishment here "rigidly stood by the Freudian canon for decades" after his death.

For several decades after Freud's visit to America, psychotherapy remained at the margins of American culture;

Continued on page 3 (Still Crazy)

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STILL CRAZY (Continued from page 2)

mental illness was still a little discussed, and highly stigmatized, phenomenon. World War II changed that: when 12 percent of draftees — nearly two million men — were rejected for “neuropsychiatric” reasons, it profoundly altered the American perception of mental illness; psychiatric problems became, in some sense, normal. William Menninger, who was serving as chief psychiatrist of the United States Army, noted that “people are beginning to see that damage of the same kind can be done by a bullet, bacteria or mother-in-law.” After the war, terms like “repression” and “inferiority complex” began cropping up in movies and best-selling novels. “Where the public once turned to the minister, or the captain of industry, or the historian or the scientist,” one social critic observed, “it is now turning more and more to the psychiatrist.” (Engel writes about the fascinating battle lines drawn between psychiatrists and the clergy during this time, with their diametrically opposed notions of guilt)

When Time magazine put Freud on its cover in April 1956, the psychoanalytic moment in America had arrived, and for the next several decades psychoanalysts largely dominated the mental health field. But even as Freudians occupied the top echelons in the psychiatric institutes and the medical school residency programs, and the psychoanalytic idiom was tightly woven into the culture, more and more studies were calling into question the effectiveness of the psychoanalytic enterprise. In 1975, the behavioral psychologist Hans Eysenck declared (controversially) that “Freudian theory is as dead as that attributing neurotic symptoms to demonological influences, and his method of therapy is following exorcism into oblivion.”

The death warrant may actually have been written earlier, in the 1950s, on the first prescriptions for Thorazine, an antipsychotic medication so effective that it became known as “the drug which emptied the hospitals.” Though Freud himself anticipated the age of biological psychiatry (in 1938, he wrote “the future may teach us to exercise a direct influence, by means of particular chemical substances, on the amounts of energy and their distribution in the mental apparatus”), the realization that drugs could so successfully treat some forms of mental illness thoroughly discombobulated the psychoanalytic profession. If drugs worked, that implied an organic, or medical, basis for neurosis, which in turn challenged some of the basic assumptions of psychoanalytically oriented therapy. If mental illness was due to some physical anomaly in the brain, wasn’t the best way to treat the illness by directly addressing that anomaly, with a pill? By the mid-1960s, the psychiatric establishment was moving definitively in a pharmaceutically oriented direction.

Meanwhile, the advent of even better drugs like Prozac (which went on the market in 1987), and the proliferation of cognitive therapies, in which the patient works with a therapist in a focused way to change maladaptive ways of thinking, further diminished Freud’s standing; repeated controlled studies clearly showed both drug and cognitive therapies to be effective in ways that psychoanalysis, with its hours on the couch, has not been shown to be. Though some Freudian analysts continue

to practice today, Engel writes, they resemble “nothing more than a fanatical Essene sect, living apart in the wilderness while they could continue to seek truth in the master’s writings.”

Engel describes how factors like changes in the structure of health insurance shaped (and often distorted) psychiatric care, and his book is studded with fascinating tidbits like this one: in the mid-1960’s, two buildings on the corner of 96th Street and Fifth Avenue in Manhattan had as many analysts as Minnesota, Oregon, Delaware, Oklahoma, Vermont, Wisconsin and Tennessee combined.

Engel gestures at, but doesn’t directly address, some of the most interesting questions prompted by the rise of psychotherapy. Is the enormous growth of the field over the last century simply a case of supply surging to meet demand, or does the volume of neurosis fluctuate over the years? Are anxiety and alienation always symptoms to be treated, or are they sometimes appropriate -- even healthy -- responses to the vicissitudes of late modernity? Is psychotherapy an art or a science, a subcategory of humanism or biology?

But the story Engel does tell is plenty interesting and his conflicted view of Freudianism well worth absorbing: The most influential school of therapy in American history may not have worked very well as a treatment -- but it did revolutionize how we think about the human mind.

Scott Stossel, the deputy editor of The Atlantic, is writing a book about anxiety.

*Correction: December 22, 2008, A review on Dec. 21 about “American Therapy,” by Jonathan Engel, repeated the book’s misstatement of the surname of a Vanderbilt University researcher who in 1979 conducted a study that raised questions about the role of specialized training in effective psychotherapy. He was Hans Strupp, not Krupp.**

*Source: The New York Times
December 21, 2008*

Psychological therapy offers alternative for depression

December 1, 2008, EXETER, United Kingdom—People with recurring depression could benefit from a group-based psychological treatment known as Mindfulness Based Cognitive Therapy (MBCT), according to researchers.

The therapy proved as effective as maintenance antidepressants in preventing relapse and more effective in enhancing people’s quality of life, a new study found.

It’s the first time that a group-based psychological treatment has been shown to be a viable alternative to prescription drugs for dealing with long-term depression, said the researchers.

Professor Willem Kuyken of the University of Exeter said a weakness of antidepressants is that when people come off them they’re vulnerable to relapse. MBCT takes a different approach by teaching people skills for life.

*Source: bp Magazine
Winter 2009*

Teen Angst Turns Deadly

WHY GIRLS ARE KILLING THEMSELVES

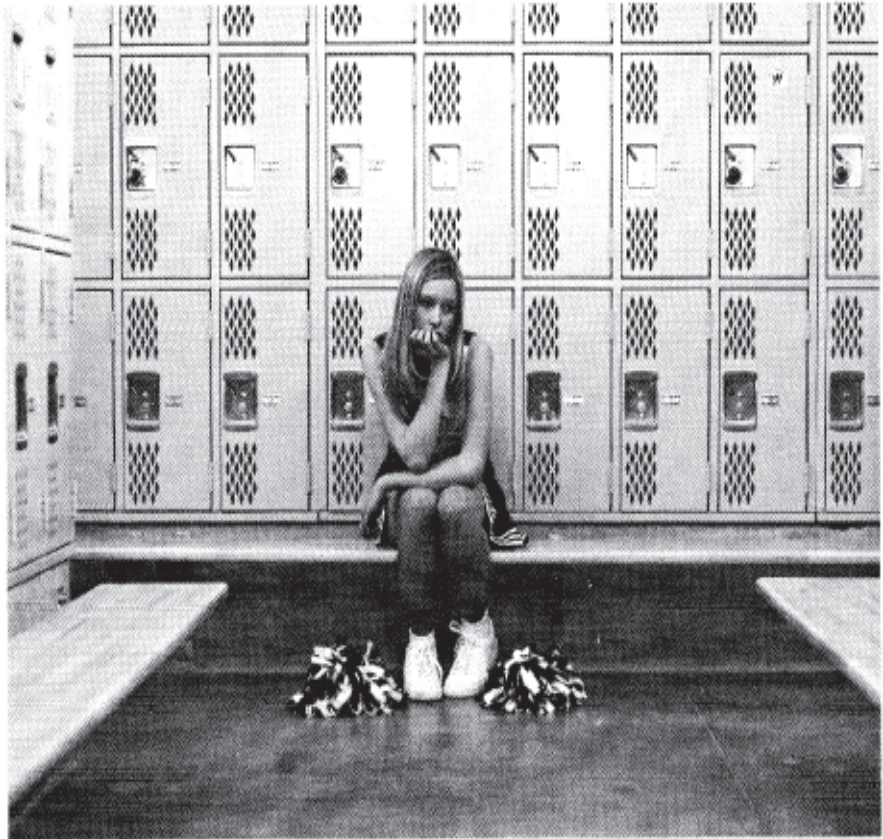
MIDDLE SCHOOL YEARS have never been easy ones for kids, but girls today are having a particularly tough time. The suicide rate for girls ages 10 to 14 increased a whopping 76 percent in 2004, according to the latest numbers available from the Centers for Disease Control and Prevention. For those between 15 and 18, the rate went up more than 30 percent.

Alan Berman, a psychologist and director of the American Association of Suicidology in Washington D.C., says although the increase is worrisome, it could be just a random fluctuation. But child and adolescent psychologists report that the prevalence of self-harming behaviors—like cutting and burning—is also rising.

Steve Hinshaw, a clinical and developmental psychologist at the University of California, Berkeley, believes a combination of cultural and parental pressures is to blame. His new book, *The Triple Bind: Saving Our Teenage Girls from Today's Pressures*, argues that girls today are subjected to unrealistic pressures from society and the media, and their once-private identity struggles are now public, thanks to the Internet. Girls are still socialized to be nurturing caregivers but are now pressured to excel academically and athletically as much as boys—all while remaining thin, sexy, and beautiful.

Female role models, Hinshaw says, are “ultra-sexy, ultra-feminized women, like the female surgeons on *Grey's Anatomy* or swimsuit-modeling tennis players” like Ana Ivanovic. Long gone are the days when girls revered women like Dorothy Hamill, Joan Baez, or Gloria Steinem. Now every preteen aspires to be Gabriella Montez, the lead female character in Disney's *High School Musical* franchise, who is not only sexy but a Broadway-caliber dancer and singer and a soon-to-be freshman at Stanford.

Girls feeling pressure to achieve often go frenetically from one activity to the next, leaving little time to develop



coping skills, laments Alec Miller, chief of child and adolescent psychology at the Albert Einstein College of Medicine in New York. “They don't have unstructured time to just hang out with friends,” he says. “Yet this is when kids learn how to tolerate frustration, regulate emotions, and solve problems.”

They also lack the privacy needed to work through the emotional struggles of adolescence because of cell phones, instant messaging, and social networking sites. “Let's say things aren't going well in middle or high school and you email someone about it” Hinshaw says. “Soon it's all over everyone else's e-mail, text messages, MySpace, Facebook. Everyone knows what's going on in your life and they're all talking about it. You can't escape it.” —*Ellene Zimmerman*

PARENTAL CONTROL

What can parents do about the increasing pressures on young girls? Miller advises cutting down extracurricular activities and turning off the computer and cell phone so kids have time just being with themselves: “They should not be continuously connected, because they need time with their own thoughts.” Hinshaw says the answer may be in getting middle-schoolers to think about something other than themselves, like ecology, politics, or community service: “They need a connection to something deeper than themselves, their friends, and their appearance.”

Source: *Psychology Today*
January/February 2009

A Lingering Cloud

A study that began more than 30 years ago in Quincy shows that family arguing leaves a long-lasting imprint on children.

By Elizabeth Cooney, Boston Globe Correspondent April 27, 2009

We've all been there.

The family argument starts over something small. Your spouse promised to be home on time, and wasn't. No apology followed. Resentment festers, and the argument escalates. Before long, it's no longer about punctuality. It's about respect. The volume goes up, the tone turns harsher, the wounds get deeper.

The kids are caught in the crossfire, just as you were when your own parents fought their wars of words. Or maybe you're fighting with them, too, stamping out brush fires of teenage rebellion.

It's just normal family tension, you tell yourself. But what if you knew the effect of such arguments could linger for more than a decade, clouding your child's future?

There is new evidence that family arguing leaves a long-lasting imprint on children, diminishing their future happiness and ability to prosper in the world -- even when the anger is verbal, not physical. The evidence comes from a landmark study that began more than 31 years ago in Quincy kindergartens, and continues with little fanfare today. The Simmons Longitudinal Study has followed more than 300 one-time kindergartners into adulthood, tracking them along the way, recording their childhood experiences, and matching that history against who they are in middle age.

It is the nation's longest running study of what determines good or bad mental health from childhood. Participants remain anonymous to everyone except each other and the researchers, who continue to observe how lives unfold - and every few years release a study on the lessons therein.

The most recent, published last month in the *Journal of the American Academy of Child & Adolescent Psychiatry*, focused on family arguments and physical violence. It looked at the effects of parents fighting with each other, and with their children.

As might be expected, participants interviewed at age 18 who reported physical violence at home had higher rates of mental and physical troubles at 30. But it also found that 15-year-olds exposed to their parents' verbal battles, or involved

in family arguments, were more likely to be functioning poorly at age 30 than other people in the study who did not live in increasingly fight-filled homes.

The children exposed to family fighting were two to three times more likely to be unemployed, suffer from major depression, or abuse alcohol or other drugs by age 30. They also were more likely to struggle in personal relationships, but that was evident to a somewhat lesser degree.

Helen Reinherz of Simmons College, who has led the Quincy study since its inception in 1977 and watches "her kids" with scientific interest and personal compassion, found the lasting effects surprising.

While it makes sense that physical violence scars children, she said, "the documentation of the potential lasting influence of verbal conflict is significant . . . We believe that exposure to increased family argument in adolescence served as an important marker for impaired functioning into adulthood."

Added Reinherz: "Fifteen-year-olds are very volatile at that age. It's kind of amazing to me that these kids who had arguments, which everybody thinks is part and parcel of being an adolescent, were still at age 30 showing there were strong associations between

existing in that environment and a variety of negative outcomes."

Of course, there are other kinds of adversity that might also account for later problems in life. But even after allowing for such things as poverty or divorce, the study found that growing up amid argument made a difference in later mental and physical health, personal relationships, and career success.

"We've known for a long time that family violence is terribly bad to be around," said Dr. William Beardslee, a Children's Hospital Boston psychiatrist and a coauthor of the most recent paper to emerge from the Simmons study. "Now we also know a climate of argumentativeness, of frequent verbal arguments, is not good for children."

What makes an atmosphere of arguing so toxic? And what can families do to avoid or control the damage?

Continued on page 6 (A Lingering Cloud)



A LINGERING CLOUD (Continued from page 5)

“You almost have to give a prescription to parents who are fighting not to fight in front of their kids,” said Joseph Powers, a family therapist at McLean Hospital.

Parents need to understand the effect of marital bickering, he said, and watch for signs: Some kids pull back from the conflict they see. Others take on the role of mediator, running in to stop the fight. Some become combatants themselves.

“That starts to show itself as a way of coping with stress,” Powers said.

As bad as fighting between parents is, more serious damage can be done when parents lash out at children.

“It’s not just yelling and screaming,” that does the damage, said Dr. Martin Teicher, a developmental psychiatry researcher at McLean. “It’s ‘I wish you were never born’ or ‘You’re not as good as your brother.’”

Teicher has tracked the powerful effects of ridicule and disdain on children, and found the corrosive effect of such repeated parental verbal abuse can be measured in major depression and anxiety. It can rival the damage caused by sexual abuse by someone outside the family, Teicher’s research has found.

Teicher has also explored physical changes in the brain related to witnessing domestic violence or suffering verbal abuse, severe corporal punishment, or sexual abuse. There appears to be a specific effect on the brain related to the type of stress experienced, he said.

Milder stress has also been linked to potential damage. Researchers from the University of California at Los Angeles detected higher rates of a protein linked to cardiovascular disease in teens who reported stressors such as fights with parents, friends, or classmates.

Arguments don’t have to descend into verbal abuse, experts say. The solution is to make the arguments constructive, or, failing that, to swiftly repair the damage of heated words. When ruptures do occur, saying sorry right away can heal the harm.

“There are stresses in the life of a family,” Powers said. “But families also have the capacity to repair that, to come to the person and say, ‘I just blew it, I’m very sorry, and can we do this another way?’”

There are other ways for families to prevent problems.

“It really is about trying to teach people how to be able to communicate what they think and feel in a way that is constructive and not destructive,” said Michelle Fagnano, director of prevention services at the Massachusetts Society for Prevention of Cruelty to Children.

“It does take work to undo some of the damage that gets done,” she said. “No family is perfect and every family in one way or another argues, but it is what you do with that argument that will have the greater impact in the long haul.”

Reinherz says just learning to talk to each other is essential. “The family is such an important crucible,” she said. “That’s why it’s so important to help families communicate with each other.”

Elizabeth Cooney can be reached at LizCooney@gmail.com.

Study Links Depression to Brain Abnormality

Even before the sadness settles in, the brains of people with a family history of depression look different and work differently from those of people with no depressive family history, researchers have found.

In a new study, published Monday in the Proceedings of the National Academy of sciences, researchers from Columbia University provide some insight into how—for those with a family history of depression — the illness progresses from symptoms that are barely perceptible to a disabling mood disorder.

On average, people with a family history of depression appear to have brains that are 28 percent thinner in the right cortex—the outermost layer of the brain—than those with no known family history of the disease. That cortical thinning, said the researchers, is on a scale similar to that seen in patients with Alzheimer’s disease or schizophrenia.



“These are really impressive anatomical differences” said Dr. Bradley Peterson, the lead author of the study. The greater the anatomical differences seen in patients, on average, the more severe were their symptoms of intellectual impairment.

But thinning on the right side was associated with cognitive problems only; when thinning began to occur on the left side of the cortex, the hallmark symptoms of depression or anxiety became evident as well.

People who suffer from major depressive disorder are sad, yes. But researchers have long noted that most depressives have a wide range of other cognitive problems: They often have trouble concentrating, they frequently fail to pick up on social cues that don’t conform with their negative thoughts and their memories sometimes seem full of holes.

Columbia University researchers used functional magnetic resonance imaging to peer into the brains of 131 subjects between 6 and 54 years old, with and without a family history of depression. Comparing the two populations—and the brains of those with overt symptoms of depression and those merely at hereditary risk—allowed the researchers to sketch a road map to the development of depression in those with a family history.

*Source: Los Angeles Times
As seen in NAMI Tulare County
May 2009*

NEW CAMPAIGN HELPS AMERICANS DEAL WITH STRESSFUL TIMES

Mental Health America's "Live Your Life Well"

Offers 10 Proven Tools to Combat Stress and Promote Well-Being

Sacramento, CA (May 13, 2009) — From financial worries to family responsibilities, Americans are dealing with ever-increasing stress in their lives. To help handle these challenges, Mental Health America launched an innovative public education campaign to provide people with tools to deal with stressful times. Called **Live Your Life Well**, it features a wealth of research-based information, coupled with strategies that can help combat stress and promote well-being.

"The economic crisis has added to the daily stress that all American families face, and may be increasing their risk of depression and anxiety as well," said Zima Khanna, Project Director. "**Live Your Life Well** is the first program in the U.S. that brings together the information needed to help all Americans in difficult times and throughout their lives. Good mental health is much more than just the absence of illness — it's about being able to handle life's challenges and even flourish."

The heart of the program is the **Live Your Life Well** Web site (www.LiveYourLifeWell.org), which provides 10 evidence-based tools to bolster mental health. "Research is clear that good mental health is essential for overall health and well-being," said Sonja Lyubomirsky, Ph.D., noted author of *The How of Happiness: A Scientific Approach for Getting the Life You Want*, and a psychologist at University of California Riverside. "There are actions that people can take that can improve their mental health and increase their well-being, and even modest changes can make a real difference."

Live Your Life Well is unlike any other public education campaign. It offers scientific evidence for a range of concrete actions that promote mental wellness. The contents are derived from decades of behavioral and medical research with thousands of individuals, often conducted at major universities or funded by government agencies. Written in consumer-friendly language, the program offers dozens of easy-to-follow suggestions from behavioral health experts and tips on sustaining the advice.

The **Live Your Life Well** program details the 10 tools and many of their benefits, including:

- **Connect with Others.** Research suggests that people who feel connected are happier and healthier — and may even live longer.
- **Stay Positive.** People who regularly focus on the positive in their lives are less upset by painful memories.
- **Get Physically Active.** Exercise relieves tense muscles, improves mood and sleep, and increases energy and strength.
- **Help Others.** Research suggests that those who consistently help other people experience less depression, greater calm and fewer pains.
- **Get Enough Rest.** People who don't get enough sleep face a number of possible health risks, including weight gain, decreased memory, impaired driving and heart problems.
- **Create Joy and Satisfaction.** Positive emotions can boost a person's ability to bounce back from stress.
- **Eat Well.** Eating healthy food and regular meals can increase energy, lower the risk of developing certain diseases and influence mood.
- **Take Care of Your Spirit.** People who have strong spiritual lives may be healthier and live longer. Spirituality seems to cut the stress that can contribute to disease.
- **Deal Better with Hard Times.** People who get support, problem-solve or focus on the positives in their lives are likely to handle tough times better.
- **Get Professional Help if You Need It.** If the problems in life are stopping a person from functioning well or feeling good, professional help can make a big difference.

"Just as Americans have learned there are things they can do to reduce their risk of heart disease and other illnesses, the Mental Health Association in California wants to help people learn what they can do both to protect their mental health in tough times and also to improve their mental well-being throughout their lives," explained Khanna.

The campaign is being launched for Mental Health Month in May. More details on each of the tools are available on the campaign Web site, which is free to the public at www.LiveYourLifeWell.org. Additionally, people in California can contact the Mental Health Association in California for more information, to locate mental health resources or help finding a mental health professional, by calling 916 / 557 - 1167 or visiting www.mhac.org.

Celebrating 100 years of mental health education and advocacy, Mental Health America is the country's leading nonprofit dedicated to helping all people live mentally healthier lives.

The mission of the Mental Health Association in California is to provide advocacy, education, information and other assistance necessary to ensure that all people who require mental health services are able to receive the mental health and other services that they need, and are not denied any other benefits, services, rights, or opportunities based on their need for mental health services. The Mental Health Associations have a mission that transcends that of being a provider, recipient or a family member of recipients of services. As the so-called "glue" that holds the California Coalition for Mental Health together, the Mental Health Association in California must not only have a strong presence in Sacramento, but also must have a strong presence in every community in California.

Source: Mental Health Association in California

Contact: Zima Khanna, 916-557-1167, Email: zkhanna@mhac.org

Ending Medical Perks Urged

DRUG COMPANIES: An advisory group says the free lunches and other cash outlays don't benefit patients.

BY MATTHEW PERRONE
THE ASSOCIATED PRESS

WASHINGTON — Millions of dollars in gifts, travel and consulting fees from the pharmaceutical industry should be eliminated to stop companies from influencing how doctors practice medicine, a report by the government's top medical advisers says.

The sweeping recommendations from the Institute of Medicine call on medical professionals — from university professors to family doctors — to shun financial arrangements with companies that have flourished over the past three decades.

Taking free lunches from company salespeople, giving paid lectures on their behalf and other practices “erode public trust while providing no meaningful benefits to patients or society,” institute panel chairman Dr. Bernard Lo said in a statement. The report calls on medical schools, hospitals and physician groups to:

- publicly report funding they receive from companies.
- not accept free meals, gifts or other items from companies.
- prohibit doctors who have a financial conflict of interest from testing new therapies on people.

The 353-page document arrives as lawmakers bolster efforts to require companies to publicly report the money they spend courting physicians.

The American Medical Association and other groups have taken some steps in that direction, for instance, phasing out company-paid trips to luxury resorts. But consumer advocates say more dramatic changes are needed.

The IOM advises the federal government on health care matters. While its recommendations are not binding, many executives and physicians are likely to heed the advice to avoid scrutiny from lawmakers.

In the past year, Sen. Charles Grassley, R-Iowa, has uncovered more than a half-dozen questionable arrangements between leading researchers and drug companies. In one case, the chairman of Emory University's psychiatric department was removed after failing to report hundreds of thousands of dollars in payments from a company whose drugs he was studying. The head of Stanford University's psychiatry department is scheduled to step down after similar payments were publicized.

Grassley and Sen. Herb Kohl, D-Wis., are pushing a bill that would require companies to disclose all payments to physicians over \$100. But the IOM report goes even further, calling for disclosure of payments to patient groups and other nonprofits that are often funded by industry dollars.

*Source: Riverside Press-Enterprise
April 29, 2009*

Sunlight Linked To Summer Suicide Spike

STOCKHOLM, Sweden, May 8 (UPI) — Suicide rates in Greenland increase during the summer, peaking in June, perhaps due to the insomnia caused by incessant daylight, researchers in Sweden say.

The study, published in the journal *BMC Psychiatry*, finds there was a concentration of suicides in the summer months, and this seasonal effect was especially pronounced in the north of the country — an area where the sun doesn't set between the end of April and the end of August.

Study leader Krin Sparring Bjorksten of the Karolinska Institute in Sweden and colleagues studied the seasonal variation of suicides in all of Greenland from 1968-2002.

The researchers find most suicides occurred in young men and employed violent methods, such as shooting, hanging and jumping. No seasonal variation in alcohol consumption was found.

The authors speculate light-generated imbalances in turnover of the neurotransmitter serotonin may lead to increased impulsiveness that, in combination with lack of sleep, may explain the increased suicide rates in the summer.

“People living at high latitudes need extreme flexibility in light adaptation. During the long periods of constant light, it is crucial to keep some circadian rhythm to get enough sleep and sustain mental health,” Bjorksten says in a statement. “A weak serotonin system may cause difficulties in adaptation.”

*Source: UPI.com
May 8, 2009*



Greenland Town in Summer

The Magic of Believing

Jefferson Transitional Programs put on a truly magical afternoon and evening event on the grounds of Saul Kent and Jo Ann Martin last May 16th. The fundraiser featured a treasure hunt through winding gardens, musical performances, a silent auction and much more.

JTP offers educational and vocational programs plus sober living support for individuals with chronic mental illness. The program featured artist Greg Adamson who painted a portrait upside down right before our eyes. Some of the excitement is captured in the photos below. Support was raised for JTP's new art center (ArtWorks) located on 6th Street in Riverside near the Mission Inn.



Before the event



"Merlin" Mark Borquet



Saul Kent and Jo Ann Martin



Ann McManis



Erin McManis, Barrie Getz, Kenneth White, Julie Carlson, & Rebecca Manfredonia



Outback Steakhouse provided food

More Photos of the Magic Of Believing Event



Susanne Munyori, Lyne Stewart & guest



Drew Oberjuerge, director of JTP's Artworks



Mary Parks, Channel 4 NBC



Greg Adamson, Union Bank & JTP Board of Directors shown by the painting he completed on the lawn.



Sue Moreland, CEO, JTP, Hal Adams & Juanita Adams (NAMI)



Kenneth White, Magician by the Silent auction

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

SAVE THE DATE NAMI - California

Annual Conference

August 21 & 22, 2009

Torrance Marriott Hotel



Torrance, CA

To submit a workshop
proposal or to register
go to:

www.namicalifornia.org



Dinner Theatre in the Park

Don't miss our gala fundraiser

Friday, August 28th 2009 and

Saturday, August 29th at 7 pm.

On the lawn at 16280 Whispering Spur, Riverside

\$50.00 per person (tax deductible)

Santa Fe Station

Join the host of Santa Fe Station, Cal McCray and his cast of colorful
sidekicks as they meet and greet the wonderful folk of Santa Fe, New

Mexico. Live music and a pre-show dinner catered by

“Wayne’s Western Bar-B-que”, and raffles during the show.

Please call 951 / 789 - 8461 to purchase tickets

Proceeds will support DBSA- CA's 19 th Annual conference

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 man-
aged 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.

DBSA

National Conference

September 10 - September 13, 2009

Indianapolis, Indiana

Hyatt Regency Indianapolis

PEER

CONNECTIONS

A PEER-CENTERED
MENTAL HEALTH CONFERENCE

FOR CONSUMERS, FAMILY

MEMBERS, AND PROVIDERS

For more information go to:

www.DBSAAlliance.org/Conference2009

or Phone: (800) 826-3632

DBSA-California
16280 Whispering Spur
Riverside, CA 92504