



The Thermometer Times

Published by The Depression and Bipolar Support Alliance of Riverside, California

VOL. 18 NO. 2

Out of darkness . . . February, 2006

Dates to Remember

CARE & SHARE GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome.

Riverside County Mental Health Administration Building
(see page 13 for address)

**Every Saturday,
10 am–12 noon**

**This month, February 4,
11, 18 & 25**



Meetings start promptly at 10 am. Do yourself a good turn: Be on time to visit with friends before the meeting starts. If you come late, please enter quietly. Announcements will be made at the close of the meeting.

Directions to

Jo Ann Martin's Home

Exit 91 Frwy at Van Buren. Go south 4.2 miles on Van Buren to Whispering Spur. Turn left.



2nd
driveway
on the right

16280 Whispering Spur
Riverside, CA 92504 951 / 780-3366

PANIC ATTACKS

The Fear of Fear Itself

IT CAN COME OUT of nowhere. You're shopping for groceries or buckling your seat belt when suddenly your muscles contract and your heart begins to pound.

Panic attacks can be both bewildering and terrifying, but they're not unusual. An estimated 2.4 million people experience one every year. It may begin as tightness in the chest, shortness of breath or a galloping heartbeat. Many sufferers believe they are having a heart attack and rush to the emergency room.

The cause of an attack can be unclear, but they often arise in the face of major life changes, such as childbirth or a new job. Attacks may also follow trauma.

Prevalence rates have been on the up-swing since the 1950s, although many experts believe what seems like a trend is simply better diagnosis.

WHAT IS A PANIC ATTACK? More than a feeling of anxiety, a panic attack produces distinctive physical symptoms. Each person experiences panic differently, but most people report intense fear accompanied by bodily sensations that

Continued on page 4 (PANIC ATTACKS)

a note from the Editor

Our "Monthly Featured Member" is Shelly Bell. She is a courageous and intelligent person. You can get to know her better by reading her article on page 3.

Thank you for your response to this column and your submission of articles and poetry.

We invite you to continue to submit similar material for review and possible publication in the newsletter. These kinds of articles allow us to get to know one another in greater depth and to learn of the many talents, interests and assets of our members.

We again want to solicit articles and poetry from you, for publication in *The Thermometer Times*.

Articles, poetry and/or drawings can be on anything pertaining to:

- *Uplifting affirmations or positive experiences you have to share regarding overcoming.
- * Depression and/or Bipolar Disorder: what it is to live/cope with it; how you learned of it, what helps, what doesn't, etc., etc., etc..
- * Any other mental health issue or problem that you are passionate about.
- *Tell us about yourself and how you spend your time and what's important to you.
- *A report on a mental health event you attended or a mental health book you have read.

Drawings should be black and white, line or half-tone.

Your work may be submitted to JoAnn, Leroy or Lynne at DBSA Riverside meetings.

It may be mailed to:
JoAnn Martin
16280 Whispering Spur
Riverside, CA 92504

E-mail it to: JoAnnMartin1@aol.com

FAX to: 909/780-5758 (if you have a problem with that FAX call JoAnn at 909/841-4774 and she will turn on another FAX machine.)

Materials submitted may or may not be published, at the discretion of the editors, and may be edited for length.

Get your creative juices flowing and share your knowledge and experience with your DBSA friends through *The Thermometer Times*.

Thank you.

Lynne Stewart, Senior Editor

"One of the advantages of being disorderly is one is constantly making exciting discoveries."

-A.A. Milne
Writer

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Please feel free to reprint any of our articles. However, please acknowledge our publication, date, and author or source. It will please the authors and recognize their efforts.

Riverside Suicide Crisis Help Line

Call **(909) 686-HELP [686-4357]** if you need to talk to someone. It is available 24 hours - 7 days a week.

National Suicide Prevention Hotline

Call **1-800-273-TALK (8255)** if you need to talk to someone in any of 109 crisis centers in 42 states. The National Suicide Prevention Lifeline has just been launched by SAMHSA (Substance Abuse and Mental Health Services Administration) as part of the National Suicide Prevention Initiative (NSPI). In addition, a new Web-site has been established at www.suicidepreventionlifeline.org.

I'M A SURVIVOR

by Shelly Bell

Shelly's parent's lived with her mom's dad in a little house on Balboa Island in 1953 when there was nothing out there but sail boats and a Will Wright's ice cream parlor. That's where and when Shelly was born. She grew up in Westminster in Orange County, California and lived in the same house until she got married at age 18. She was the oldest child of four, a very responsible sibling and a very successful student, getting A's and B's. She said that her family was very dysfunctional and she coped by reading a lot and turned to drugs and alcohol at age 18.

Shelly was first diagnosed Manic Depressive and Schizophrenic at 26 after using cocaine, and was hospitalized for about a month. By then she was divorced. Due to her drinking and using she was mostly unemployable. She took off and spent some time in Europe for a while. She had a second marriage that didn't last very long at age 21. Shelly's first two marriages fell apart very violently. She drifted from town to town thinking things would be better, always drinking and using.

Finally, she moved to Riverside in 1979. In 1984 Shelly got clean and sober and started college at Riverside Community College in Humanities. She achieved her A.A. degree and transferred to Cal State San Bernardino and achieved her B.A. in English Literature. She is two classes short of her elementary school teaching credential. In 1983 Shelly was taken off her psychiatric medication by her psychiatrist and told she was not manic depressive and went through her entire college career without medication and clean and sober.

While Shelly was in college she met Harold Bell, her third husband. They were married for eight years. They were divorced in January, 1995.

After college, she was substitute teaching in the Riverside Unified School District for Kindergarten through High School. While she was pursuing her teaching credential, she had a "nervous breakdown". It was a combination of the marriage problems, things that came up during therapy, stresses of substitute teaching, and not being on the right medication (she was on anti-depressants by this time) that brought on this crisis. Subsequently, there was a divorce and eventually still unable to work, she went on SSI in 1998.

That is also the year she started attending DBSA meetings.

Shelly said that it took twenty years to find the right medications and it seems that she was always calling out for help when she made 27 suicide attempts and had she not called 911 each time and hung in there and stayed around, she wouldn't be here now. In other words, she said it's worth the wait for the right medication and she's glad she was able to survive through all the difficult times to be able to have the time now to live her



Shelly Bell

life and have the good days she has now. She says "Now I can sleep all night long and I feel stabilized and I don't feel manic."

It was in Beverly Manor in 2001, that Shelly was finally put on the correct medication. She was there for nine months. They have a behavior modification program there, which she was very active in so that she could exticate herself from the Manor as soon as possible. She established herself in an apartment on her own and has been living there ever since.

Since Shelly is dual diagnosed and has an eating disorder, she goes to 12 Step meetings nearly twice a day, plus exercise every day. She reads and writes, does prayer and meditation, and outreach calls for her Program. For entertainment she listens to music or watches DVDs. She's trying to get an older computer going so she can get an incomplete novel, short stories, and poetry completed.

Relatives' criticism worsens bipolar severity

September 15, 2005, BOULDER, CO --- Criticism from relatives and the distress it causes people with bipolar disorder can actually increase the severity of bipolar symptoms, new research indicates.

David J. Miklowitz, PhD, professor of psychology at the University of Colorado in Boulder, along with colleagues, recruited 360 people with bipolar disorder in a one-year study. Participants were rated on measures of depressive and manic symptoms, and the percentage of days spent in recovery status.

Their research, published in the September issue of *Psychiatry Research*, found that as the participants' distress over criticism from relatives increased, their symptoms also worsened.

The researchers said a measure of perception of family relationships may be a useful tool for clinicians in treating people who have bipolar disorder.

In addition, the research team stressed the need for psychosocial interventions for people who have bipolar disorder to address their degree of emotional distress in reaction to criticism.

Source: bp Magazine, Winter, 2006

PANIC ATTACKS (Continued from page 1)

can range from a racing heart to nausea and dizziness. Panic can come on suddenly or slowly and usually lasts no more than 20 minutes at its peak.

WHAT CAUSES A PANIC ATTACK? Scientists believe panic attacks stem from the brain's "fight or flight" system gone awry, often ignited by stress or a traumatic event. In our high-octane society, that response can kick in with no real threat in sight or after the source of stress is long gone.

Research suggests that chronic panic sufferers may be easily flummoxed by their bodily sensations. Someone vulnerable to panic might interpret a rapid heartbeat as a heart attack. If fear overwhelms her, the symptoms intensify in a vicious cycle.

DOES IT RUN IN FAMILIES? Vulnerability to anxiety may have a biological basis. If a parent or sibling has panic attacks, a person's risk increases by about sixfold. A Yale study found that panic attack sufferers had fewer serotonin receptors in their brains, while other studies suggest those with anxiety may have overly sensitive "suffocation alarm systems," which detect a shortage of oxygen even under normal conditions.

WHAT IS PANIC DISORDER? Panic attacks are so frightening that sufferers will do just about anything to avoid another. That may mean staying away from situations associated with anxiety. Someone who once panicked on an airplane might decide not to fly. But the fear often extends to other settings; the plane phobic might start to dread cars and buses as well.

People with full-blown panic disorder, in which attacks are a frequent problem, feel constantly vulnerable, which forces them to be vigilant.

Only about a third of people who get occasional panic attacks will go on to develop panic disorder. Even though men and women report the attacks with equal frequency, women are twice as likely to get the disorder.

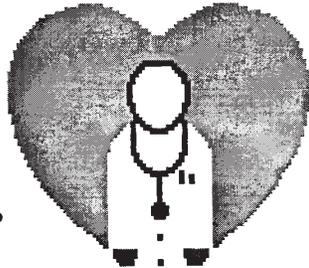
Some scientists think Irritable Bowel Syndrome (IBS) may be linked to panic disorder. Because IBS can be uncomfortable and embarrassing, sufferers dread their next IBS attack and become highly sensitive to their digestive system. When something feels awry, their agitation mounts, causing real stomach upset and pain. Since both panic and IBS symptoms are highly stress-sensitive, sufferers of either condition might find themselves trapped in a feedback loop.

HOW CAN I COPE? Antidepressant medication may help alleviate panic. However, cognitive-behavioral therapy may work even better: researchers estimate that up to 80 percent of panic sufferers can be helped by psychotherapy alone. Therapists often treat panic by exposing the patient to feared settings of increasing intensity. Exposure therapy can also include exposure to the physical sensations of panic—spinning clients in circles to make them dizzy, having them inhale carbon dioxide or breathe through a straw or jog to raise their heart rates. Once clients learn that those feelings do not signal impending doom, they can better withstand panic—and eventually prevent it altogether.

—Darby Saxbe

Source: *Psychology Today*, December, 2005

Ask the Doctor



Question: Won't bipolar disorder change my personality?

Answer by David J. Miklowitz, Ph.D.: The flipside of this "personality versus disorder" question is whether one or more episodes of mania or depression can actually change your personality or character. This is a very complicated question.

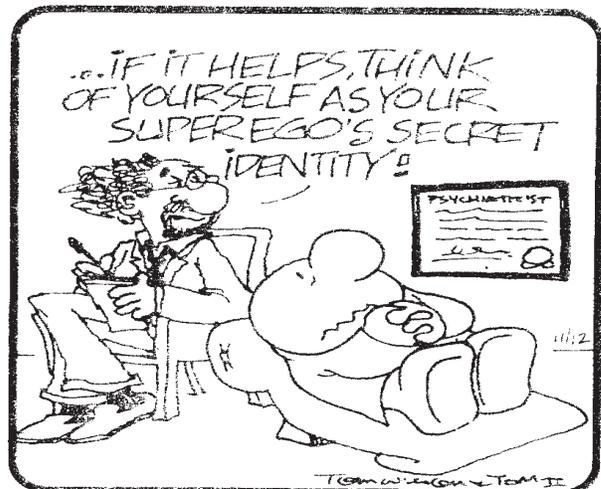
There is some research evidence that very painful events can change the fundamental character of a person. Many people, particularly those who have had many bipolar episodes, feel that the disorder and the experiences of hospitalization, medications, psychotherapy, and painful life events have fundamentally changed who they are. People who have just been diagnosed may not worry so much that their personality will be changed by the diagnosis as that people will relate to them differently because of it — and that they may start acting differently as a result.

David J. Miklowitz, Ph.D., is a professor of Psychology at the University of Colorado, Boulder, where he has been a faculty member since 1989. He is coauthor of the award-winning professional resource: "Bipolar Disorder: A Family-Focused Treatment Approach." His research has been funded by the National Institute of Mental Health and The MacArthur Foundation.

Source: *The Rollercoaster Times*, Winter, 2005

Ziggy

By Tom Wilson



State Plans Medi-Cal Rate Pinch

Doctors who treat the poor are told that their reimbursement will be cut by 5% through 2006. Medical groups say some could drop patients.

By Evan Halper
Times Staff Writer
December 13, 2005

SACRAMENTO--Gov. Arnold Schwarzenegger is planning to cut the rates the state pays doctors to treat the poor, a move medical groups warn would result in more Californians losing access to healthcare.

The administration announced in a bulletin mailed to Medi-Cal providers Monday that it planned to temporarily cut reimbursement rates by 5% through 2006. The news comes at a time when the rates already are so low that many doctors refuse to participate in the program.

"We are paying doctors at the lowest rate of any state," said Dr. Jack Lewin, chief executive of the California Medical Assn. "Half the doctors in this state have dropped out of the program. The rest are staying involved almost as a goodwill service for their communities. This sends the message from the state that these patients are not that important."

Under the current rate system, primary care doctors are paid \$24 for an office visit by a Medi-Cal patient. Administration officials say the cut merely reflects their effort to keep the state budget in balance.

"We recognize that this rate reduction is a hardship to healthcare providers," said Ken August, a spokesman for the California Department of Health Services. "But California continues to face a deficit."

The Medi-Cal cut was authorized by the Legislature under former Gov. Gray Davis but had been held up in court until this year. When it was approved, the state had a projected \$38-billion budget shortfall.

Now California is in much better financial shape. Although the state technically continues to run a deficit — it is on track to spend more money next year than it will bring in — an unexpected surplus in receipts in recent months has left state coffers flush with enough cash to balance it out.

That leaves legislative Democrats questioning why Schwarzenegger is moving ahead with the reduction. 'We are in better financial condition now,' said Assembly Budget Committee Chairman John Laird (D-Santa Cruz). "We've already provided enough money in the budget to let the program continue uncut. Provider rates are not adequate as they are. We should be looking at ways to increase them."

Administration officials say the governor already has softened the blow to doctors by agreeing not to demand back payments from them for the years in which the cut was tied up in court. And they say they are willing to consider alternatives for saving the roughly \$60 million the cut would generate for the state budget — but nobody has stepped forward with any workable alternatives.

"The administration is open to considering all viable options," August said.

California Medical Assn. officials intend to work with the administration in coming weeks on such options.

Lewin said the possibilities for saving money include rule changes that would reduce the number of tests that physicians could order for Medi-Cal patients and receive reimbursement.

"We're hoping to work with the state to prevent a further exodus' of doctors from the program," he said.

The association has launched an aggressive lobbying effort to stop the rate reduction. A "special alert" e-mailed to its 35,000 members Monday urges them to "let lawmakers know that California physicians will not tolerate Medi-Cal payment cuts."

Source: Los Angeles Times
latimes.com.

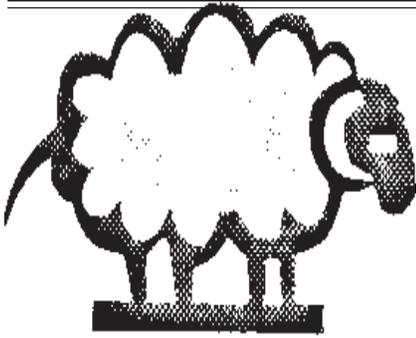
<http://www.latimes.com/news/local/la-medical13dec13.1.5457887.story?coll=la-headlines-clifornia>

"If there is a sin against life, it consists...in hoping for another life and in eluding the implacable grandeur of this life."

--Albert Camus (1913-1960)
Writer

"The greatest results in life are usually attained by simple means and the exercise of ordinary qualities. These may for the most part be summed up in these two -- common sense and perseverance."

--Owen Feltham (c. 1602-1668)
Writer



Can't get to sleep? You're not alone

By Carolyn Susman, Cox News Service

"I can't sleep." How often have we said or heard that lament? We can't fall asleep; we can't stay asleep. Sleep is so basic a function that we tend to obsess over not getting enough. And with recent studies warning that lack of sleep can lead to anything from being overweight to heart disease, that harrumph of the snorer and the drone of the guy counting sheep no longer seem funny. Despite our best efforts, insomnia plagues many of us on occasion. That contributes to the popularity of over-the-counter medications and supplements. Insomnia is a condition characterized by difficulty falling asleep, problems staying asleep, waking prematurely, or feeling that the sleep was nonrestorative.

The National Institutes of Health report that about one third of us complain of sleep problems, and about 10 percent say we can't function well during the day because of sleep disruption. That percentage is even higher in a poll recently released by the National Sleep Foundation, which found in a random sampling of about 1,500 adults that about half complained of daytime sleepiness.

Sleep problems can be transitory — coming and going — writes Michael Krugman, author of the new book "The Insomnia Solution" (\$13.95, Warner Books). That type of sleeplessness usually results from stress: "Did I mail my car payment? Did I tell Bobby's teacher he won't be in school? What if I get fired?" "Falling asleep involves a decrease in metabolism and a gradual cessation of readiness for action whereas the stress response involves a rapid increase in metabolism, sending the organism into a state of preparedness for action," writes Krugman.

He points out that these are antagonistic processes; the one fights the other, disrupting our chances for sleep. And people who suffer this way are those he targets in his book, although he invites anyone to practice his "drug-free way to a good night's sleep." Such methods to induce good sleep appeal to Keriting Baldwin, who has suffered from insomnia for 7 years. The mother of two youngsters, ages 4 and 2, she thinks her sleeplessness is related to her busy lifestyle: running a household and having a full-time job, director of media relations for Memorial Healthcare System in Hollywood, Florida.

She says, "Sometimes I wake up at 3 am. and can't go back to sleep. I toss and turn thinking of all the different assignments I need to do at work, all the calls and emails I need to return, so I lay there worrying about these mundane things and can't go to sleep. Sometimes, I turn on the TV to watch a little, hoping that the need for sleep will return, but when I realize there is no way I'm going back to sleep, I get up, log on to my job's network and begin answering e-mails and getting a jump start on my work day." She hasn't seen a doctor, she says, but has cut back on her caffeine — a known sleep disrupter — especially after 3 p.m., and is seeking to increase her daytime exercise. She doesn't blame any physical or mental illness, such as depression, for her hectic sleep schedule, but doctors advise that if insomnia continues for more than a week, to seek medical care. Sleeplessness may be unrelated to the stress that knocks us out of bed for a night or two. Most cases of insomnia, says the National Institutes of Health, are linked with conditions such as psychiatric diseases — particularly depression — cardiopulmonary disorders, and other conditions that may disrupt sleep. And disruptive sleep patterns can be bad for your health. Sleep apnea, where a sleeper holds his or her breath and suddenly gasps loudly for air, is linked to heart disease and blood-pressure problems for example.

Sleep apnea affects approximately 15 to 20 million Americans, and a majority of individuals suffering from obstructive sleep apnea are undiagnosed and untreated, according to the American Academy of Sleep Medicine. Because of the prevalence and seriousness of sleeping problems, sleep labs have been established around the country to identify and treat those whose sleep problems may be more complicated than occasional floor-walking.

"They are literally sleeping for as long as they can hold their breath," says Mark Pingolt, chief technologist of the Sleep Disorders Center at Martin Memorial Medical Center in Stuart, Florida. "I've seen people with (breath-holding) two- and three-minute apneas that can be life threatening. Treatment ranges from weight loss in overweight sufferers to breathing machines to surgeries. The bottom line is that sleeping problems no longer are, nor should they be, the punch line in jokes. From dangerous daytime sleepiness, to disrupting bed partners, to being linked to life—altering conditions, insomnia can be serious. "Sleep-challenged people are irritable, inattentive and accident—prone," says author Krugman. "Fortunately, there is a brighter side. Sleep, when we get the right quantity and quality of it, is nature's best medicine."

Written by Carolyn Susman Cox News Services As seen in The Orange County Register, Health & Family section, pg. 6, Sunday, October 2, 2005.

Most current Source: The Rollercoaster Times Winter, 2005



**ANNOUNCEMENT
FOR
Gays In Search of Hope**

The meeting dates for Gays In Search of Hope have changed. We will be meeting on the 2nd and 4th Saturdays of each month at the same time of 1pm to 2:30pm. It will be easier to remember and easier to advertise. This isn't my group but yours. We wouldn't exist without you and your support, so we want your input and ideas and we invite you to come back as you are able.

Our next 2 regular meetings are Saturday, February 14 & 28, 2006. For updated information you may email us at gdbsa@aol.com, visit our web page or give us a call.

I hope to see you at the next meeting!

Kevin
Facilitator / Founder

Gays In Search of Hope (GDBSA)
<http://www.geocities.com/gayhopel/index.html>
(951) 359-0739



**Internet-based
journaling
tool now
available**

September 30 2005 KENMORE, WA—A new, free Internet-based journaling and charting tool is available to help people keep track of their moods and symptoms, along with things that affect them.

Called psychTracker, the system was created by Derek Wood, a psychiatric/ mental health registered nurse who works with chronically ill children and adolescents. Wood also has a diagnosis of schizoaffective-bipolar.

The system involves users logging on daily (or multiple times a day) and charting on a scale how they are feeling on a number of symptoms, as well as making note of significant events that occur each day.

When used consistently, the company said, the system can be of tremendous help in managing symptoms and can act as a tool to help in the therapeutic process.

The online version of the tool is available at WWW.psychtracker.com.

*Source: bp MAGAZINE,
Winter, 2006*

Waste not, want not

Counties can soon help the poor get low-cost drugs by recycling unused prescriptions that now are dumped

**By Clea Benson - Bee Capital Bureau
Published Tuesday, December 27, 2005
Sacramento Bee, Politics Section**

Although many Californians find it difficult to afford prescription drugs, nursing homes and other medical facilities literally flush millions of dollars' worth of unused medications down the toilet each year.

A new law that goes into effect Sunday aims to reduce the waste while helping the poor obtain low-cost medicines.

The law, by Sen. Joe Simitian, D-Palo Alto, authorizes counties to collect unused prescriptions from nursing homes, wholesalers and manufacturers, and redistribute them to the low-income uninsured.

So far, only a few counties are preparing to implement drug-recycling programs. But a group of Stanford University medical students who came up with the idea is hoping it will catch on.

"We're going to start a successful redistribution program here locally and show the rest of California how it can work," said Jose Paterno, now a second-year medical student at Stanford.

Paterno and some fellow medical students came up with the idea last year when they were assigned to design a community-service project for a class. Paterno was inspired after he read a newspaper essay by a man lamenting that he had to discard his mother's unused medications, even though they were sealed and untouched.

And Paterno knew there was a need. According to the Kaiser Family Foundation, one in four Americans has no insurance coverage for prescriptions. Among the uninsured, about two in five don't fill prescriptions when they need them because of the cost.

Low-income Californians can often get free or discounted medicines through their county health departments, but the aid is limited by the ability of cash-strapped local governments to pay for it.

As he researched further, Paterno found out that 25 other states had implemented drug-recycling programs - in part because there was so much waste. According to one estimate by the Journal of Family Medicine, about \$1 billion of unused prescriptions are thrown away nationwide each year when patients die or their prescriptions change.

First, the students had to find a local California lawmaker who would help enact the necessary legal changes to authorize counties to recycle drugs. Though federal regulations and

Continued on page 8 (WASTE NOT)

WASTE NOT (Continued from page 7)

state law generally prohibit the reuse of medicines once they have been prescribed, the federal Food and Drug Administration has said it will allow states to authorize recycling programs for drugs that are sealed and unused.

One afternoon, Paterno went to get a haircut in the same shopping mall where Simitian has a district office. In the window, Paterno saw a sign advertising the senator's annual "There Oughta Be a Law" contest, a competition in which average citizens propose legislation. Simitian introduces the winners' bills.

The students entered.

At first, Simitian, who personally reviews all of the entries in his contest, was doubtful.

"My initial reaction was unfavorable," he said. "I thought 'You want to do what?'"

But after he studied it further, Simitian became convinced it was a good idea, especially because the proposal would reduce government spending on medicine for the indigent and prevent water pollution caused by discarded drugs that are often flushed down toilets.

"We can reduce the waste of taxpayer dollars, help people of limited means, and improve water quality," Simitian said. "It's a winner all around."

In February, Simitian introduced the proposal as Senate Bill 798. Environmental groups and anti-poverty organizations signed on in support. Paterno and his colleagues traveled to Sacramento to lobby.

Both the Assembly and Senate approved it by overwhelming margins, and Gov. Arnold Schwarzenegger signed it into law in September.

The law requires counties to pass local ordinances if they want to have a prescription recycling program. It also establishes some safeguards. The confidentiality of the patients originally prescribed the medicines must be maintained. Only unexpired, unopened drugs in tamper-proof packaging will be accepted.

So far, only Santa Cruz, San Mateo and Santa Clara counties have started looking into establishing their own programs.

Santa Clara County has already signed up 37 nursing homes from which it will collect drug donations and is planning to have its recycling program running by the middle of next year...2006. County-run pharmacies will use the drugs to fill prescriptions for the indigent

Meanwhile, Paterno and his fellow medical students are forming a student organization to assist in the county effort by transporting the drug donations from local nursing homes.

Santa Clara pharmacy director Narinder Singh estimated that about \$10 million in drugs is thrown away in the county each year. He expects the program will save Santa Clara about \$100,000 in its first year alone. The county is especially hoping the program will reduce its need to purchase expensive brand-name medications for its poor, uninsured residents.

"From a patient's perspective, nothing changes," Singh said. "As a county, it saves us a ton of money."

NEWLAW AT A GLANCE:

Senate Bill 798 allows counties to establish programs to recycle sealed prescription drugs for distribution to low-income patients.

About the writer:

The Bee's Clea Benson can be reached at (916) 326-5533 or cbenson@sacbee.com.

Documentary goal defeating stigma



Rosalynn Carter

David Satcher, MD

December 4, 2005, SAN DEIGO, CA— Producers of a new documentary airing on local ABC-TV television stations say they hope it will change the way people think about mental illnesses.

Shadow Voices: Finding Hope in Mental Illness, features a host of experts, psychiatric consumers, and high-profile Americans, including former First Lady Rosalynn Carter and David Satcher, MD, former U.S. Surgeon General.

The program was produced for the Vision and Values series for ABC-TV by Harrisonburg, VA—based Mennonite Media in partnership with the Interfaith Broadcasting Commission and the Communication Commission of the National Council of Churches USA.

Burton Buller, producer for the program and director of Mennonite Media, said in a news release that he warns society to rethink the stigma that continues to follow brain disorders.

"We want the viewer to come away from the documentary saying, 'I will never be able to look at or think about mental illness in the same way again,' Buller said.

The documentary was scheduled to air from December 4 to February 4. It was available for purchase on VHS or DVD formats after December 15. For more information, visit www.shadowvoices.com.

Source: *bp MAGAZINE*
Winter, 2006



"Until one has loved an animal, a part of one's soul remains unawakened."

Anatole France

Many have waxed poetic about the human-animal relationship. If you share life with a creature, you already know how petting that soft fur and touching a small, wet nose can brighten your day. Much has been written, too, about the rewards of pet ownership—we'll add to this knowledge as we examine the important role pets play for those who have bipolar.

Feelings—and gratitude—for the role of pets in one's life can be expressed as simply as "Jane" (not her real name) did on the Child and Adolescent Bipolar Foundation forum. "I have two cats," she says. "I like having pets around because I can tell them anything, and whenever I feel bad, I can give them a hug.

Do the pets hug back? Absolutely, say many pet owners, who vow they receive emotional hugs, if not actual paws around the shoulder. Christine Marby, age 23, of Dix Hills, New York, is diagnosed bipolar with depression. For her, great pets come in small sizes. "I spoil Lady Godiva rotten and love petting and hand-feeding her," she says. "Lady" is a teddy bear hamster. "Lady's cage is in my room and I have full responsibility for her," says Chris. "She is nocturnal and really only starts to become active around that time [of day]."

The hamster also encourages the human. "My parents have noticed that my behavior is more upbeat with Lady around," says Chris. "I honestly believe that pets help us deal with life. Whenever we're upset, pets help calm us down."

Across the country in Riverside, California, 68 year-old Jo Ann Martin, who has been stabilized in terms of bipolar for 21 years, shares life with three inside cats (they take turns sleeping beside her) and a recently wooed, formerly shy, outside feline. "That cat sleeps in my Acura in the garage," confesses Jo Ann. "She's very special to me."

Parents and pets can make a good team. Pamela Sorensen of Bountiful, Utah, is mom to Rondi, 24, and Aaron, age 30, both of whom have bipolar with additional disorders. Rondi also cuts herself. When she goes into panic and anxiety, the family's purebred American pit bull, "Boomer," age six, "will kiss her, lick her until she starts to laugh," reports Pamela. "The therapeutic value I've witnessed is beyond words; watching their interaction has taught me so much."

Rondi adopted the dog from a shelter after it survived a horrendous mountain lion attack that killed almost all the animals on the ranch. Boomer "wasn't much of anything

when she got him, and wouldn't bark or eat," remembers Rolf Sorensen, Rondi's dad. "She [Rondi] nurtured the dog back to health and he's saved her life more than once.

Aaron keeps two adoring cats in his apartment. "He's able to focus and concentrate on something besides his own problems," says Pamela. This mother appreciates the sense of responsibility fostered in both children because they love and care about another living thing. Moreover, she's certain the pets are aiding in her kids' ongoing recoveries.

"The more the merrier" rings true with a cat, eight dogs, and a horse—part of Tracy Ryder's family in Whitehouse, Texas, along with eldest son, Justin, age 19, who has bipolar. Tracy concurs with Pamela: Her son's mind is better off contemplating the pets than his own emotional challenges. "He has a real good way with them," says Tracy, who adds that at this stage, Justin prefers the calmness, ease of care, and quiet fascination of his fish to more demanding responsibilities of larger animals.

With agoraphobia and bipolar disorder, 46-year-old Christine Rogers of Darisa Beach, Florida, is rarely seen without pals Rocky or Tyson, her Rottweilers who motivate her attendance at support groups. "Everyone focuses on the dog; it helps get me out of the house and I feel safe," she attests. "And he helps the people there too, some of whom are very isolated, [and] may have made family or friends mad. The dogs are never a hindrance."

Kemila Hartwell, age 50, of Reno, has always had a dog—"We're really into cocker spaniels"—and two parakeets. Do the birds talk? Why, of course: Just ask avian owner! "My birds," she says, "really perk me up, those little clowns. They lower my blood pressure, just like petting a dog does."

Kemila's canine companion "stays by my side constantly, even follows me around," she says. When Kemila sleeps off her depressions, the dog snoozes beside her, and "acts concerned." Kemila's dog also helps normalize her day when it goes full speed. "If I'm on the computer too much, hypomanic, the dog will 'nose' me, urging me to do something else," she says. Kemila's canine friend is also a retired psychiatric service animal: These pets do more than just hang around and act cute.

Patrick Gonser, PhD, a nurse practitioner and community mental health-care clinician, is also the founder and executive director of Pets and People: Companions in Therapy and Service (www.petsandpeople.org). This organization helps locate "emotional support animals" for those who apply and are deemed capable of properly caring for them. Such animals are covered by fair housing laws, meaning a landlord cannot deny a person the right to own the pet. Similar terminology is "psychiatric service animal," and yes, you'll usually hear the word "dog" in place of "animal," although cats do work, too.

Dr. Gonser, who is also assistant professor at the University of Southern Alabama, shares the story of a friend in cancer treatment who recently adopted a feline for emotional support. "She doesn't take the cat to a restaurant, or in the car, as you would a 'service animal,' a legally defined term. That type of animal usually has access with their person. Dogs that assist people with disabilities are termed "assistance dogs" or "service dogs." They work with, usually live with one person, and actually need to do something to help with the disability. In return, they are allowed anywhere one could take a medical assistive device, such as a wheelchair. According to the

Continued on page 10 (PETS)

PETS (continued from page 9)

Americans with Disabilities Act (ADA), a service animal must be individually trained to do work or perform tasks of benefit to a disabled individual to be legally elevated from “pet” status to “service animal” status.

A service cat, for instance, could be trained, via a “clicker” and behavior modification with positive reinforcement, to turn lights on or off by hitting a preprogrammed number, says Dr. Gonser. Cats can also dial 911 with a preprogrammed number. The owner, using a specific word, teaches the cat to press a button.

An animal witnessing a bipolar disorder alert could also notify the human partner that a manic or depressive episode is about to happen, using a predetermined, trained activity to accomplish the alert. For dogs, this might be a pawing motion or perhaps a certain bark; for cats, it might entail a certain meow or scratching motion, or jumping up on the person.

Dr. Gonser encourages those with “working pets” to have them certified, i.e., carrying identification, but adds that no national certification agency exists. ADA does not require certification but, cautions this expert, “get your animal certified unless you have thick skin and can deal with access issues. For you may need this certification at some time if you’re going to take an animal out in public and you don’t look disabled.”

Michelle Cobey is resource coordinator for the revered Delta Society—the leading international resource for the human-animal bond. She invites a visit to www.deltasociety.org and its “National Service Dog Center” for those who want to know more. Do your homework before obtaining an animal and a trainer, she advises. The society registers human-animal teams; Cobey says that “most service dog trainers provide their teams with identification, but since it is not required it is possible that there are trainers who don’t.”

It’s not just pet owners who appreciate the benefits of caring critters. Dr. Gonser avidly encourages those with mental health challenges to have a pet. She is a believer in the generally accepted “unconditional love” dimension of having a pet. She believes, as many pet owners do, that “when a person is depressed, the animal just seems to know.”

Dr. Gonser is also in touch with therapists who successfully use pets in the office practice scenario. “If a patient is very agitated ... with an animal they will usually settle down, want to pet it, may even talk to and relate through it,” she explains, noting that some professionals may encourage patients to bring their own pets to facilitate session communication.

Is there ever a time when this marriage of pet and person isn’t such an ideal union; in other words, could a pet be in harm’s way? “Yes, if a person is known to be abusive of animals, they might require a support person to intervene,” says Dr. Gonser. “During mania, they may or may not hurt an animal, although I’ve not personally seen that happen.”

Dr. Gonser notes that “people who have bipolar may also have attention deficit disorder and may not pay attention to an animal as much as they should.”

Teri Wright, PhD, a clinical psychologist in private practice in Orange, California, cautions that if lack of impulse control and mood swings result in patients becoming really angry—acting first, thinking later—it’s obviously dangerous for a pet. Any resulting pet loss “makes it even more tragic,” she says. Dr. Wright, who uses animals in her work with children and sometimes with adults, has not had this occur among her patient

group, but says some have expressed their fears to her.

With a recognized 20-year history of studying human-animal relationships, associate professor emeritus of the University of Pennsylvania, Aaron Katcher, MD, PsyD, has counseled many patients who have lost their pets to illness or other circumstances. He says that frequently therapists miss the significance of pet and owner partnerships, and that’s unfortunate for the patient.

“Unless the professional probes very carefully for sources of social support including that which is non-human, non-traditional, it’s possible to be ignorant of the relationship, to underestimate the significance of the animal or that sad event in the person’s life,” says Dr. Katcher. Necessary and welcome support usually comes from other friends with pets. We know that pet owners love to talk about their animals. Just watch “dog people”—veritable strangers—meeting and comparing notes in the park. In fact, an animal may be a depressed patient’s only link to normal social activity, asserts Dr. Katcher. “For many, their confidence in the nature of the world, perhaps even a precarious hold on that social world, is narrowed down to the animal, to the social relationship they have with it. The depths of their depression may not allow them to make many new contacts.”

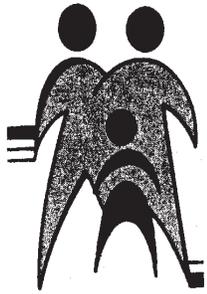
Service, therapy, emotional support plus plain ‘ole’ companionship and fun: Both pet and owner are lucky when they find the perfect match. As the Victorian author George Eliot once wrote, “Animals are such agreeable friends—they ask no questions, they pass no criticisms.” Henry David Thoreau declared that “It often happens that a man is more humanely related to a cat or dog than to any human being.”

Those we met in our story couldn’t agree more.

Stephanie Stephens is a freelance print and broadcast journalist based in Laguna Niguel, California, and Cambridge, New Zealand.

Can’t share life with a pet right now? Try this—

- Get outside and enjoy nature’s pet potpourri: birds, squirrels, rabbits, chipmunks—all there for your viewing pleasure at no charge. Relax and enjoy.
- Consider taking care of friends’ or relatives’ pets. Get plenty of information, ask lots of questions, and remember you’re in charge of someone’s loved ones.
- Visit a zoo, a farm, or a petting zoo—it’s not just for kids.
- Set up an aquarium and bring nature inside. Aquariums may be precarious to balance, but a basic set-up is simple to maintain. Fish develop “personalities” and will respond to you.
- Put a birdfeeder (wild or hummingbird) outside your window or in your yard.
- Volunteer your time at time local animal shelter or humane society. Walk dogs, assist with cleaning, grooming, or adoption duties. The animals need you.
- Watch the Animal Planet network.



Family/Friends Support Groups

Riverside County Dept. of Mental Health Offers Support groups for families and friends of people with severe and persistent mental illness.

These Support Groups are offered throughout the County of Riverside.

The County also offers the **NAMI Family-to-Family Education Program**

This program is a 12-week series of educational meetings for family members.

There is NO COST TO YOU.

For information on dates, times and location, Please contact:

Riverside Co. Dept. of Mental Health
The Family Advocate Program
(909) 358-4987/1-800-330-4522

The Starting Point SUPPORT GROUP FOR DEPRESSIVES AND BIPOLARS

Mesa Clinic, 850 Foothill Blvd., Rialto
Mondays from 10:30 to 12:10
For more info: *82 (909) 864-4404

ORIGINAL MATERIAL WANTED

Do you have a story to tell, or a poem or art work?

We welcome submissions to our newsletter.



If you have something you think we could use, please send it to:

EDITOR

DBSA P.O. Box 51597 Riverside, CA 92517-2597
FAX 951/780-5758



Join us for the Holidays

Picnics or dinners at noon at Jo Ann's

Swimming, badminton, spa, food and more... during summer months.

Friendly sharing during the winter.

Bring a salad, main dish, or dessert.

If you can't bring a dish, come anyway.

Meat & beverage will be furnished.

Holidays include: Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas.

See page 1, lower left column of this newsletter for directions.

Check us out on the web!

Website for DBSA Riverside:

<http://www.geocities.com/mddariv>

E-mail addresses: DBSA, Riverside: dbsaofriv1@aol.com.

DBSA, California: dbsaofca1@aol.com.

Do you have a Medic Alert Bracelet?

Do you wear it? All the time?

In an emergency, would others know what medication you are taking and why?

Always wear your Medic Alert bracelet. It could save your life.

If you don't have one, **ORDER ONE TODAY!**

(Available through most pharmacies)





Phone Phriends

If you need someone to talk with, you may call one of the following members at the specified time.

Leroy

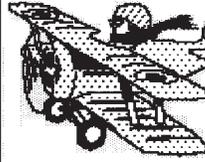
6 a.m. to 9 p.m.
951/686-5047

Yen

951/315-7315

Kevin

kevin2004n@aol.com



ANNOUNCEMENTS

TEMECULA DMDA

Mark Monroe
951/926-8393

UPLAND DMDA

FONTANA DMDA

Meet Thursday evenings
Call David or Samantha Johns
909/947-1307 OR
e-Mail dmjbf@aol.com

HEMET SUPPORT GROUP

Hemet Support group meets at Trinity Lutheran Church
Tuesdays, 7 to 9 pm. Fridays,
1:30 to 3:30 pm
Please call 951/658-0181 (Lyla)

THE UPLIFTERS

(Christian emphasis) meets at The Grove Community Church
Contact Sheri 951/789-6564
s1-matsumoto@sbcglobal.net

For Support People:

NAMI - Riverside Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month 951/369-1913 - Rosanna
No meeting July or August

Calling all interested consumers!

NAMI—In Our Own Voice:

Living With Mental Illness

We are looking for consumers who are interested in sharing their personal recovery stories. In Our Own Voice: Living With Mental Illness (*IOOV*) is a recovery-education program conducted by trained presenters for other consumers, family members, friends, and professional and lay audiences. Individuals need not be active in mental health advocacy at this time, but

- ▶ They have "been there."
- ▶ They are able to present professionally.
- ▶ They are in recovery.
- ▶ They have the time to be trained.
- ▶ They believe in treatment, with medication as the cornerstone for recovery
- ▶ They periodically present at 1½-2 hour workshops, during working hrs.



Stipends will be paid for presentations.



For more information, or to be put on a waiting list, please call:

Allison Hoover, IOOV Coordinator
951/ 686-5484

A collaborative effort brought to you by:
—The Riverside County Mental Health Department—
—NAMI, Western Riverside County—
—Jefferson Transitional Programs—

GAY, LESBIAN, BISEXUAL AND TRANSGENDERED FRIENDS OF THE INLAND EMPIRE



Gays In Search of Hope

<http://www.geocities.com/gayhope1/index.html>

THIS IS A GAY, LESBIAN, BISEXUAL AND TRANSGENDERED DEPRESSION AND BIPOLAR SUPPORT GROUP
Parents, family and friends are welcome here and are encouraged to participate in the support group in a relaxed non-threatening atmosphere. Please join us!
No One Should Suffer in Silence!!!

WHERE: County of Riverside,
Mental Health Administration Building
4095 County Circle Drive, Room A
Riverside, CA 93503

WHEN: The 2nd and 4th Saturdays, 1p to 2:30p



Kevin: (951) 359-0739
E-Mail: gdsba@aol.com

Flyer Updated 1/7/2006

DBSA-Riverside

Map Legend

★ Meeting Location

TTTT = Parking

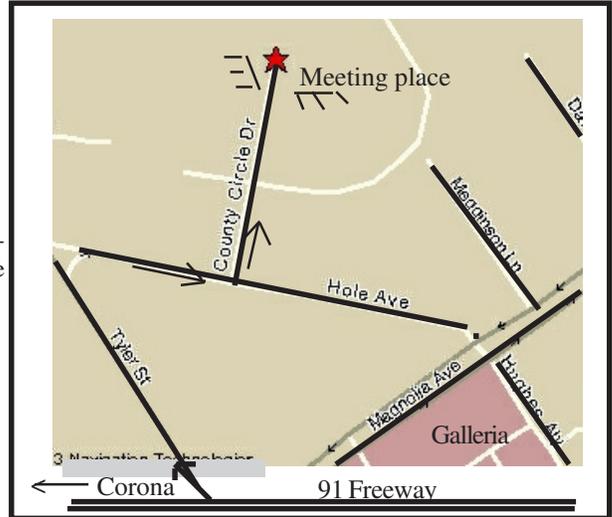
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For meeting-day

route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. * as well as other parts of Riverside.

About DBSA-Riverside

DBSA of Riverside is a support group for people who have depression or bipolar (manic-depressive) disorder and who have sought or are seeking treatment for their illness. DBSA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time

is held at the home of JoAnn Martin on the Saturday afternoon following the last sharing meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach JoAnn or Leroy at 951/ 780-3366. Our sharing meetings are held every Saturday of each week from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Magnolia), Room A. We welcome professional care providers and adult family members and friends. Please note our new area code - 951, effective on July 17, 2004.



MEMBERSHIP INFORMATION

Individual membership for the Depression and Bipolar Support Alliance of Riverside is \$20.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is \$10.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, please indicate below.

Mail to DBSA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ Please Print New Renewal
NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____
ZIP _____ E-MAIL ADDRESS _____

Please check one of the following:

I have: Bipolar Disorder (Manic-Depression) Depression
I am a Family Member Professional
None of the above

Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for DBSA Membership _____ \$20.00 (includes newsletter).

Enclosed is my donation of \$ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only. \$10.00 (12 issues per year).

I would like to volunteer my time and talent to help.