



# The Thermometer Times

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

VOL. 20 NO. 1 Out of darkness . . . January, 2008

## Dates to Remember

### \*\*\*\*\* CARE & SHARE GROUP

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 & map)

**Saturday 10:00 am - 12 noon  
January 5, 12, 19 & 26**

### TO FIND US ONLINE

**Web Site:** [DBSA, Riverside:](http://californiadbsa.org/dbsariv.html)

<http://californiadbsa.org/dbsariv.html>

**E-mail:** [DBSA, Riverside:](mailto:dbsaofriv1@aol.com)

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[DBSA, California:](mailto:dbsaofca1@aol.com) [dbsaofca1@aol.com](mailto:dbsaofca1@aol.com)



**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

## New Book: How Shyness Became a Mental Illness

By Wendy Leopold

NORTHWESTERN UNIVERSITY  
NewsCenter

October 16, 2007

EVANSTON, ILL. --- What's wrong with being shy, and just when and how did bashfulness and other ordinary human behaviors in children and adults become psychiatric disorders treatable with powerful, potentially dangerous drugs, asks a Northwestern University scholar in a new book that already is creating waves in the mental health community.

In "Shyness: How Normal Behavior Became a Sickness" (Yale University Press, October 2007), Northwestern's Christopher Lane chronicles the "highly unscientific Diagnostic and Statistical Manual of Mental Disorders" (DSM), a publication known as the bible sulted daily by in-courts, prisons and sicians and mental

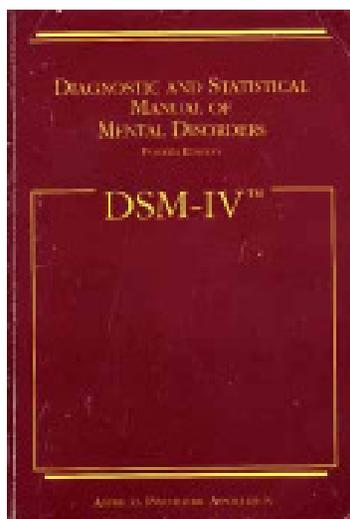
"The number children and adults might exhibit to more than 350 Northwestern's Pearce Miller Rebook that calls in jective research lution, Lane ques-changes, and necessary and suit-

By labeling traits as dysfunction, the doctors pharmaceutical in-pill for every alleged chemical imbalance or biological problem, he adds.

Lane, who meticulously and systematically researched the archives of the American Psychiatric Association, uses social anxiety disorder (first dubbed social phobia) as the lens through which to analyze American psychiatry's extraordinary shift in the last 30 years from a psychoanalytic orientation relying on talk therapy to its current emphasis on neuroscience and drugs.

He draws on previously neglected letters and memos written by the framers of the new disorders to argue that DSM revisions to social phobia or social anxiety

*Continued on page 3 (New Book)*



of psychiatry that is con-surance companies, schools as well as by phy-health workers.

of mental disorders that in the general population leaped from 180 in 1968 in 1994," notes Lane, Herman and Beulah search Professor. In a doubt the facade of ob-behind psychiatry's revo-tions the rationale for the whether all of them were ably precise.

shyness and other human tions with a biological were opened wide to a dustry ready to provide a

a note from the Editor

We invite you to submit material for review and possible publication in the newsletter. Your 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.

Articles, poetry and/or drawings can be on anything pertaining to experiences you have to share regarding depression and/or Bipolar Disorder; what it is to live/cope with it; how you learned of it, what helps, what doesn't. You may write on any other mental health issue or problem that you are passionate about. You can tell us about yourself and how you spend your time and what's important to you. You may want to write a report on a mental health event you attended or a mental health book you have read. We would appreciate that, too.

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: *The Thermometer Times*  
% Jo Ann Martin  
16280 Whispering Spur  
Riverside, CA 92504

E-mail it to: JoAnnMartin1@aol.com

FAX to: 951/780-5758

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

## MOVIE NIGHT AT JO ANNS\*

2nd and 4th Tuesday  
of January

5:30 PM

**Tuesday, January 8**

**"Away From Her"** Julie Christie, Gordon Pinsent,

Olympia Dukakis

Sometimes you have to let go of  
what you can't live without

**Tuesday, January 22**

**"Sicko"** a film by Michael Moore

A hilariously scathing indictment of  
American's failing health system

\*Directions to Jo Ann's home on page 1, bottom of column 1 of this Newsletter.

## *The Thermometer Times* 16280 Whispering Spur Riverside, CA 92504 (951) 780-3366

### **Publisher & Editor in Chief**

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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 (951) 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](http://www.suicidepreventionlifeline.org).

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## NEW BOOK *(Cont'd from pg. 1)*

disorder placed the diagnostic bar too low, turning social anxiety into a mental illness common enough to be considered, according to recent studies, third only to alcoholism and major depression.

The DSM continues to stipulate that social anxiety disorder (SAD) must be “impairing” for a diagnosis to occur. The problem, Lane argues, is that DSM-defined symptoms of impairment in 1980 included fear of eating alone in restaurants, concern about hand trembling while writing checks, fear of public speaking and avoidance of public restrooms.

By 1987 the DSM had removed the key phrase “a compelling desire to avoid,” requiring instead only “marked distress,” and signs of that could include concern about saying the wrong thing. “Impairment became something largely in the eye of the beholder, and anticipated embarrassment was enough to meet the diagnostic threshold,” says Lane.

“That’s a ridiculous way to assess a serious mental disorder, with implications for the way we also view childhood traits and development, given the increased focus on reticence,” Lane adds. “But that didn’t stop SAD from becoming what *Psychology Today* dubbed ‘the disorder of the 1990s.’”

In addition to providing extensive documentation from the American Psychiatric Association archives, Lane includes previously confidential material from the drug companies themselves that present a worrisome history of the antidepressant Paxil.

The drug came onto the marketplace in 1996 despite the fact that its makers earlier had considered shelving it because of poor performance and early signs of side effects in clinical trials. Using a memo circulated among drug company executives, Lane presents evidence that a lot of information about the drug’s poor track record was withheld from the public.

When Paxil became the first drug approved by the Food and Drug Administration for the treatment of social anxiety disorder in 1999, however, its makers launched a \$92 million awareness campaign on the theme “Imagine Being Allergic to People.” This and other advertising campaigns helped change the way Americans think about anxiety and its treatment.

“Every marketer’s dream is to find an unidentified or unknown market and develop it. That’s what we were able to do with social anxiety disorder,” a product director for the drug told *Advertising Age* magazine. In 2001, with 25 million new prescriptions written for Paxil, the drug’s U.S. sales alone increased by 18 percent from the year before.

Although psychiatrists insist that the line between ordinary shyness and social anxiety disorder (SAD) is sharply defined, Lane points to psychiatric literature that repeatedly confuses them, putting patients at risk of over-diagnosis and unnecessary, sometimes harmful treatment.

A professor of English in Northwestern’s Weinberg College of Arts and Sciences, Lane previously directed a psychoanalytic studies program in Emory University’s psychiatry department. Long interested in psychology, he presents evidence of a burgeoning backlash to psychiatry’s current trends in the form of analyses of novels including “The Corrections”

by Jonathan Franzen and “The Diagnosis” by Alan Lightman, as well as the film “Garden State” by Zach Braff.

Lane, who was awarded a Guggenheim Fellowship to study psychopharmacology and ethics, audited medical courses and invited psychiatrists and pharmacologists to review his book, particularly a chapter on rebound syndrome. That term refers to a boomerang effect experienced by some patients on discontinuing Paxil that is more intense and dangerous than the turmoil that caused them to take the drug in the first place.

In examining the American Psychiatric Association archives, Lane — who argues that psychiatry is using drugs with poor track records to treat growing numbers of normal human emotions — even came across a proposal to establish “chronic complaint disorder,” in which people moan about the weather, taxes or the previous night’s racetrack results.

“It might be funny,” he says, save for the fact that the DSM’s next edition, due to be completed in 2012, is likely to establish new categories for apathy, compulsive buying, Internet addiction, binge-eating and compulsive sexual behavior. Don’t look for road rage, however. It’s already in the DSM, under intermittent explosive disorder.

Source:

<http://www.northwestern.edu/newscenter/stories/2007/10/lane.html>

## DBSA Launches New Online Advocacy Center

The National Depression and Bipolar Support Alliance (DBSA) has launched a new advocacy center that it says will help healthcare advocates across the country to get legislators to vote properly on the important legislation and policies concerning mental health.

The DBSA initiative includes a wide range of services, tips and informative Web pages, including information on how the legislative process works, a downloadable advocacy brochure, action alerts, current legislation, and tips on writing letters or making phone calls to legislators. Through the Web site, people can even send letters to their elected representatives, email letters to the editor to newspapers across the country by state, identify their Congressional representatives, and research Congressional voting records.

The new advocacy center Web site is: [www.dbsalliance.org/advocacy/AdvocateMain.html](http://www.dbsalliance.org/advocacy/AdvocateMain.html).

Source: *DBSA Tampa Bay Newsletter*  
June-July-August 2007

**Anger helps straighten out a problem as much as a fan helps straighten out a pile of papers.**

Susan Marcotte

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## Empower Yourself and Others with Prescription Drug Assistance Programs

Many drug companies offer patient assistance programs to provide prescription medicines free of charge or at a reduced cost to physicians whose patients might not otherwise have access to necessary medicines. Each company determines the eligibility criteria for its program. Eligibility criteria and application processes vary.

For information on available medications, or the criteria or application process, your physician should contact the drug company directly. The following is a partial list of organizations that offer information on patient assistance programs, along with the programs' telephone numbers and/or websites.

### Prescription Drug Assistance Program Resources

**Together Rx Access™**

(800) 444-4106

<http://togetherrxaccess.com/>

A prescription discount card for those who have no prescription drug coverage, are not eligible for Medicare and are legal residents of the U.S. or Puerto Rico.

**Express-Scripts**

Rx Outreach

(800) 769-3880

<http://www.rxoutreach.com/>

Offers access to more than 125 safe and affordable medications.

**The Medicine Program**

(800) 921-0072

<http://www.themedicineprogram.com/free-medicine.html>

Assists you in applying to multiple patient assistance programs. Offers free prescription card to help you save up to 65% on medication costs.

**Partnership for Prescription Assistance (PPA)**

(888) 477-2669

<http://www.pparx.org/>

Interactive website sponsored by PhRMA and its 47 member companies, designed to help you find patient assistance programs.

**RxAssist™**

(401) 729-3284

<http://www.rxassist.org/>

A current and comprehensive directory of patient assistance programs.

**RxHope™**

(732) 507-7400

<https://www.rxhope.com/home.asp>

The largest independent Web-based patient assistance program resource. RxHope remains the only one that is supported by both PhRMA and participating pharmaceutical companies.

For more information about prescription drug assistance programs,  
please visit our website at [www.DBSAAlliance.org/PAP](http://www.DBSAAlliance.org/PAP).

# Suicide-Gene Test Could Spawn Customized Drugs

By Alexis Madrigal 10.01.07

After years of unfulfilled promises, genomics finally seems poised to impact health care. Research from the National Institute of Mental Health has associated two genetic markers with suicidal thoughts in patients who take the antidepressant drug Celexa.

And an enterprising company called NeuroMark is piggybacking on the discovery, already offering a test for those gene markers.

“We think this test represents the leading edge of personalized medicine,” said Kim Bechtold, CEO of NeuroMark, which produced the Mark-C test. “And (it’s) a first in neuropsychiatry.”

Genetic testing has been done for years, but most research has focused on rare diseases like cancer or Huntington’s disease, so the impact on public health has been limited. And the Human Genome Project, launched more than a decade ago and completed in 2003, promised to revolutionize health care but has led to few breakthroughs so far.

The latest genetic tests, however, could put a dent in the large number of serious health problems and deaths caused by adverse drug reactions in the United States. Problems such as a disability or life-threatening hospitalization caused by prescription drugs more than doubled between 1998 and 2005 to 468,000, as did the number of deaths, to nearly 90,000.

In September, the FDA approved the first personalized genetic test for people who take a specific drug. The test, developed by Nanosphere, helps identify patients who might be at risk for complications when taking a frequently prescribed blood-thinning drug called warfarin.

Celexa has been prescribed to 8 million people in the United States and 30 million worldwide, according to the drug’s manufacturer Forest Labs.

NeuroMark’s test, which doesn’t require FDA approval but has passed the Clinical Laboratory Improvement Amendments regulatory standards, will be available Monday

for \$500. The NeuroMark test includes the two suicidal-ideation genes identified in the new trial, plus two more that NIMH researchers will discuss in an upcoming paper, Bechtold said.

The test, however, is not yet covered by insurance, which has limited the use of previous tests.

The study appears in the October issue of the *American Journal of Psychiatry*. Scientists screened genetic material from 1,915 adult patients with major depression who were being treated with citalopram, Celexa’s generic name. Variants of two genes, GRIK2 and GRIA3, increased the odds that patients would think about suicide. Both genes regulate how the brain processes glutamate, an amino acid that helps mediate communication between neurons in the brain.

“There is more and more information pointing to glutamate as having a significant role in antidepressant-treatment outcomes,” said Dr. Gonzalo Laje, one of the study’s authors. “We’re going to hear a lot more about it in upcoming years.”

The researchers looked at more than 700 gene sites, looking for differences between the 6 percent of patients who reported suicidal ideation and the rest of the trial population. Laje cautioned that this study and one that will be published in early October must be replicated, but said the work was an important step toward personalizing treatment for people suffering from depression.

Over the last several years, studies have shown an increase in suicidal thinking among young people who take antidepressants. In 2004, the FDA required that antidepressants be labeled with a black-box warning about such risks. Data later showed a jump in suicides among teenagers that year. It’s too early to know for sure what created the spike, although some researchers have suggested that a drop in teen antidepressant use contributed to the problem.

Source: *Wirec*  
October 1, 2007

## Mental Health Program to Offer One-On-One Care

Canberra, New South Wales -- A new \$2.5 million mental health trial has been set up in the ACT to help Canberrans with a severe mental illness.

The Personal Helpers and Mentors Program is designed to provide one-on-one assistance to people wanting to improve their quality of life and contribute to society.

Mary Gays from the Mental Health Foundation says the three-year program has been warmly welcomed by people living with a disability.

“It impacts on the whole of your life,” she said.

“So with your family, relationships, with friends, your opportunities for employment, for education.”

“The program works holistically on every issue in a person’s life so that each person identifies themselves.”

Ms Gays says there is hope the trial will continue beyond 2010.

“We’ve been told that there is funding available for five years,” she said.

“It seems there is a whole of government commitment to the model of personal helper and mentor and making that continue in the future.”

Source: *ABC NEWS*  
10/15/07

• **Map: Canberra 2600**



## The Irony of My Life

By Susan Broyles

I've been anxious, fearful, and shy all my life resulting in low self esteem, but not until I was older did I develop a big problem mentally.

After 3 years of college, I met my husband to be. We dated for a year and then were married, both at the age 22. It was 1978, 3 days before our first wedding anniversary, and I was 2 months pregnant, when my husband was in a dirt bike accident. He broke his neck resulting in quadriplegia. The doctors told me that night he would never walk again or possibly get out of bed and live on a respirator. I am so grateful I didn't lose our baby due to this stressor and my inability to eat or sleep in the beginning, since this would be our only chance for a child now.

I continued to work full-time for the County until our daughter was born on Christmas morning of 1979. Luckily my husband was in the county hospital in which I worked in the billing department. I would go on my lunch hour to visit him in the Intensive Care Unit. He struggled with bouts of pneumonia and regaining some use of his arms. He was transferred to a rehab facility in Pomona, California, for six more months. He finally came home shortly after our daughter was born. It was like I had two newborns to take care of while he was adjusting and recuperating from his devastating injury. It was stressful, but I had to be strong for them. I had no time for myself or personal growth.

In the 70's there was no disability awareness or accessibility for wheelchairs and you didn't see disabled people out much. When we would go out some people would literally stop and stare at my husband. This was hard on me because I didn't want attention drawn to me and worried what people thought. But, I finally got over that and could care less now especially since there is so much awareness out there now.

As the years went by I started to develop chest pains and a lump feeling in my throat periodically. I went to an ENT doctor about my throat. Needless to say, nothing was wrong, but the Doctor asked me if I was stressed. I said not that I know of, but told him of my husband's disability. He prescribed my first tranquilizer, which I didn't take. I didn't believe in taking drugs.

It wasn't until my Dad came down with terminal cancer in 1989, that I realized all those years previously the stress had been building. I went deep off the deep end into the "Black Hole" into my first major depressive episode, one of many to come. I would drop 30 pounds immediately with each episode. I think I've tried all of the different antidepressants. Our daughter was 10 years old then. She had become pretty independent and so had my husband. I was lost and didn't have my purpose and role anymore and didn't know how to take care of myself.



*Photo by Jo Ann Martin*

### Susan Broyles

I finally started working again off and on, quitting jobs when they got too stressful. Then I would end up in another depression due to "failure." My last job was with the Riverside Unified School District. I was a clerical temporary for 3 years, then took a permanent job with the district and loved it. Within approximately 3 months the pressure and stressfulness of being responsible for every aspect of the attendance as secretary to the assistant principal, landed me in my first hospital stay at Riverside Center for Behavioral Medicine. I never went back to my job, because I still wasn't well. It was then that I was diagnosed as bipolar type 2 and put on my first mood stabilizer along with the antidepressant. I landed back in the hospital 3 months after the first stay, I believe, because I couldn't get over the "failure" of losing the best job I had achieved — the school district job. I defined myself and my self esteem in my success as a working woman in what I thought was my dream job. I finally surrendered and applied for Social Security disability, which I was awarded within 3 months.

I have been semi-stable with my depression for 3 years now on my meds., but have suffered these 3 years from chronic daily anxiety. I am working on going with the flow of life and accepting my illness and accepting being on disability.

Our daughter is 27 now and has blessed us with 3 wonderful grandsons, ages 8, 5, and 2. My husband is working full-time now at the local college in disabled student services. He is confined to a wheelchair, and paralyzed from the chest down, but has use of his arms. I am so thankful he is supporting us comfortably with great medical benefits that cover the great expenses of my psychiatry and counseling visits, not to mention my psychotropic drugs for depression, mood stability, anxiety and sleep. There was a long time in which we struggled on his social security disability income and medi-caL How ironic it is that he is bringing home a hard earned paycheck and I'm the one on disability now.

When my husband was first in the hospital the social worker told me this is going to be harder on me than if he had died. I couldn't believe she said that. I was shocked, mad and

*Continued on page 9 (Irony)*

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# Calls To End Stigma Of Schizophrenia 'Label'

By Adam Forrest  
sundayherald

November 3, 2007

SCOTLAND -- It is a label that feels like a life sentence, dooming sufferers to a life of verbal abuse and second-class-citizen status.

Ron Coleman, diagnosed with schizophrenia in 1982 and treated with electro-shock therapy and drugs, has cited his own nightmare experience in the psychiatric system to call for the term to be dropped altogether.

The 49-year-old from Fife said: "I lived the schizophrenia label instead of living as a person. People treat you as if you're a piece of crap, talk to you like a non-person. I got people battering on the door, shouting psycho and throwing things at the window. I spent 10 years in a drug-induced, zombied haze.."

"I still hear voices, but I've found a way of living with them. It was only when I turned away from psychiatric medication that my life totally turned around. Since then I've got married, had kids, got a house and love going to work every day."

A growing number of mental health experts in Scotland agree that cases like Coleman's demonstrate the need to scrap the term schizophrenia, since it has, they believe, become a stigmatised and scientifically redundant category.

"It's a loaded, dated label and it can be difficult to see beyond," said Eddie McCann, senior lecturer in mental health at Napier University. "It gives the impression that it is a perpetual state, but people do get better and lead fulfilling lives.

"The label is connected to approaches dating back almost 100 years ago. We have to think about new categories based on different types of distress. Drugs have a place, but there are huge possibilities for therapeutic work."

Traditionally, advocates of the schizophrenia diagnosis argue that the illness is a deteriorating condition arising from increased activity in the brain of the neurotransmitter dopamine. Yet the success of behavioural therapies and counselling at the Scottish Hearing Voices Network in Dundee suggests that it may be traumatic experiences and other social factors that lead to the development of psychoses.

"The idea that you've got a brain disease from which you'll

never recover is just not true," said Paul Hammersley, a cognitive-behavioural therapist leading the Campaign for Abolition of the Schizophrenia Label (CASL). "The claim that there is a medical condition called schizophrenia doesn't stand up, to scrutiny. It's an appallingly stigmatising diagnosis. It can ruin lives."

Coleman added: "It's clear to me that hearing voices was created by my experience of abuse, not biology, not this thing we call schizophrenia, which itself disables people."

In Japan, the term schizophrenia has been replaced with the term "integration disorder", although some believe stigma would soon become attached to any new label. Instead, there is growing support for splitting the symptoms into new sub-categories including sensitivity, anxiety, trauma-related and drug-induced psychosis, since these may point toward more nuanced methods of recovery.

Andrew Moskowitz, senior lecturer at Aberdeen University's department of mental health, said: "When it was first proposed almost 100 years ago, it was called the group of schizophrenias. There's a long-standing belief in sub-groups. The challenge is in re-classifying an individual's symptoms so you can actually help them."

Yet Marjorie Wallace, chief executive of the mental health charity Sane, believes the word is still necessary to raise awareness and attract funding. "While we recognise that the term can act as a stigmatising label," she said, "without identifying this condition as a serious illness, how can there be any hope of researching it and providing better treatments?"

But Paul Hammersley is adamant that such reluctance is unhelpful. "If schizophrenia is a flawed concept, then we have to question what we're raising awareness and money for," he said.

Dr Andrew Gumley, senior lecturer in clinical psychology at Glasgow University and a consultant at Gartnavel Hospital, said the term schizophrenia told doctors and carers very little about the best modes of recovery. "Scotland has been really strong about new approaches, and there's a growing recognition that there needs to be an individualised understanding of recovery," he said.

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## Wizard of Id

By Brant Parker and Johnny Hart



*To Ann Martin wishes to thank all those who gave her gifts and cards during the holiday season. "It gave me a warm and wonderful feeling, although the best gift came from those who shared Christmas Dinner at my home with me." JM*

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## Mental Health Problems and Mind-Body Wellness—Positive Thinking

People with positive attitudes generally enjoy life more, but are they any healthier? The answer is often “yes.” Optimism is a resource for healing. Optimists are more likely to overcome pain and adversity in their efforts to improve their medical treatment outcomes. For example, optimistic coronary bypass patients generally recover more quickly and have fewer complications after surgery than do patients who are less hopeful.

Your body responds to your thoughts, emotions, and actions. In addition to staying fit, eating right, and managing stress, you can use the following three strategies to help maintain your health:

1. Create positive expectations for health and healing.

Mental and emotional expectations can influence medical outcomes. The effectiveness of any medical treatment depends in part on how useful you expect it to be. The “placebo effect” proves this. A placebo is a drug or treatment that provides no medical benefit except for the patient’s belief that it will help. Many patients who receive placebos report satisfactory relief from their medical problem, even though they received no actual medication.

Changing your expectations from negative to positive may enhance your physical health. Here’s how to make the change:

Stop all negative self-talk. Make positive statements that promote your recovery.

Send yourself a steady stream of affirmations. An affirmation is a phrase or sentence that sends strong, positive statements to you about yourself, such as “I am a capable person” or “My joints are strong and flexible.”

Visualize health and healing. Add mental pictures that support your positive affirmations.

Don’t feel guilty. There is no value in feeling guilty about health problems. While there is a lot you can do to reduce your risk for health problems and improve your chances of recovery, some illnesses may develop and persist no matter

what you do. Some things just are. Do the best you can.

2. Open yourself to humor, friendship, and love.

Positive emotions boost your health. Fortunately, almost anything that makes you feel good about yourself helps you stay healthy.

Laugh. A little humor makes life richer and healthier. Laughter increases creativity, reduces pain, and speeds healing. Keep an emergency laughter kit that contains funny videotapes, jokes, cartoons, and photographs. Put it with your first-aid supplies and keep it well stocked.

Seek out friends. Friendships are vital to good health. Close social ties help you recover more quickly from illness and reduce your risk of developing diseases ranging from arthritis to depression.

Volunteer. People who volunteer live longer and enjoy life more than those who do not volunteer. By helping others, we help ourselves.

Plant a plant and pet a pet. Plants and pets can be highly therapeutic. When you stroke an animal, your blood pressure goes down and your heart rate slows. Animals and plants help us feel needed.

3. Appeal to a higher power.

If you believe in a higher power, ask for support in your pursuit of healing and health. Faith, prayer, and spiritual beliefs can play an important role in recovering from an illness. See healing touch and prayer.

Your sense of spiritual wellness can help you overcome personal trials and things you cannot change. If it suits you, use spiritual images and visualizations, affirmations, and expectations, about your life.

Source: *WebMD Medical Reference*  
from *Healthwise*

<http://www.webmd.com/mental-health/tc/9/28/2007>

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## Extra Depression Care Helps Workers When Depressed Employees Get Better, the Bottom Line May Benefit Too

By Miranda Hitti

Reviewed by Louise Chang, MD

WebMD Medical News

Sept. 25, 2007— Depressed workers may feel better and accomplish more at work if they get a little extra help in addition to standard depression care.

That news appears in *The Journal of the American Association*.

Many employers may “experience a positive return on investment from outreach and enhanced treatment of depressed workers,” write the researchers.

They included Philip Wang, MD DrPH, of the National Institute of Mental Health.

Wang’s team contacted thousands of employees at 16 large

companies, including workers in the airline, insurance, banking, public utility, and manufacturing fields, as well as state government workers.

Interested employees completed surveys about their depression symptoms. Based on the results, the researchers focused on 604 depressed employees.

All of those depressed workers were eligible to get standard depression treatment. Roughly half also got a depression workbook and phone calls from trained counselors.

The counselors offered support and checked on the patients’ progress, especially for depressed workers who refused to get in-person therapy.

Over the next year, the workers contacted by the phone counselors reported more improvement in their depression symptoms.

They also worked about two hours more per week than the other depressed workers and tended to keep their jobs.

Wang and colleagues called for further studies to see if the findings apply to other groups of workers including people in blue-collar jobs.

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# Police tactics cut risk to mentally ill

## Arrests: Agencies are providing training to make interactions safer and more productive

BY SONJA BJELLAND  
THE PRESS-ENTERPRISE

As the Riverside Police Department faces lawsuits and complaints about how it treats the mentally ill, the agency is trying a new approach.

"We were not doing anything, and that was one of the issues," said Lt. Vance Hardin.

Now all officers are taking a 30-hour class and soon mental-health workers will be responding with officers to people in a crisis. The agency hopes the new approach will not only decrease violent confrontations with mentally ill persons but also reduce the number of repeat 911 callers.

They aren't alone in acting to resolve this issue.

The San Bernardino County Department of Behavioral Health will start a 40-hour training course with officers and deputies from several agencies on Dec. 3, said Dr. Ralph Ortiz, the Behavioral Health deputy director of emergency services. The department is also requesting money to start a countywide team to deal with adults in crisis, similar to its program for juveniles.

Riverside officers handle on average 7.5 calls per day involving mental issues. Between 2000 and 2006 the number of such calls increased 31 percent to 2,731, according to data from the county Department of Mental Health. That outpaces burglary and auto-theft calls.

### UNCERTAINTY ON SCENE

Officers responding to a call have no idea what person

### IRONY (Cont'd from pg. 6)

sad. Now thinking back I believe her. It's been a hard road and as my husband ages he is starting to get more complications, in which he needs more help again, but I love him and am thankful I still have him. He has a great sense of humor, which helps me tremendously. We have been married 29 years now and he has been in a chair 28 years. He supports me in my episodes and I am there for him and his disability and physical needs.

They say you have to have a predisposition to a mental illness, but stress brings it on. Boy, do I believe that. My middle brother has been recently diagnosed with bipolar, type 2 also after years of depression, and my oldest brother was an alcoholic and drug user for years, which they list as a mental illness in the medical diagnosis book.

So life goes on — with the stability of my deep depression and the support of DBSA, friends and family I continue to hang in there one minute at a time. I've had to learn my stressors and avoid them, to curb my stress and stay well.

could be hearing voices, feeling paranoid or be suicidal. He can be violent or not able to respond to the officer's orders. Before the new approach, officers had limited options that included detaining the person and taking him to a mental-health facility for a 72-hour evaluation. On rare occasions, the person ended up shot.

Riverside has been sued by families of people killed by police and has paid out thousands of dollars in settlements. A lawsuit has been filed against the city in the death of Lee Deante Brown as the Community Police Review Commission finishes its report on the case. The commissioners voted 6-1 that the shooting was within department policy.

Brown was a diagnosed paranoid schizophrenic and had a history of drug arrests. When police encountered him he was yelling for "Mariah." The police say he got a hold of a Taser and was threatening an officer when he was shot and killed.

For years, Inland neurologist Ron Bailey has been calling for changes in how the department deals with both the mentally ill and medically impaired, such as people with substance abuse or diabetes issues.

He is pleased with the new strategies.

"I felt finally the Riverside Police Department had swallowed its pride," Bailey said.

### OFFICERS HEAR VOICES, TOO

More than 100 officers have completed the 30-hour course, which includes sessions with mentally ill people the officers encountered as well as their families. The officers learn whether an individual is just speaking to himself or if he is in danger of harming someone because of the voices he hears. Reports of mentally ill persons can be some of the most stressful and dangerous calls for officers.

"You can't communicate with them because they're not hearing what you have to say," Hardin said. "You can't reason with them. They may say they see a monster there and you're not going to convince them otherwise."

To assist in those situations the training includes a device that simulates hearing voices while having someone trying to speak to the officer. The idea is to make the officer understand how overwhelmed the mentally ill person feels, Hardin said.

The families of people in crisis have already told the county that this is helping, said Dr. Jerry Dennis, Riverside County Department of Mental Health medical director.

Besides the training, the county is hiring four mental health clinicians to work at the Police Department. They will respond with officers to mental-health calls and follow up on frequent 911 callers with mental-health issues, Dennis said.

*Continued on page 10 (Police Cut Risk)*

## POLICE CUT RISK *(Cont'd from pg. 9)*

The goal is to find services for mentally ill people and substance abusers.

"The whole thing is to try to divert them from being put in jail," Dennis said.

### SUCCESS ELSEWHERE

In San Bernardino County, the workers who respond with police to calls for mentally ill children know when someone just needs to be heard and when the child needs hospitalization.

The program was tried in San Bernardino city, but funding ran out in 2004. Sgt. Siobhan Sansone still said the training was helpful because it increased safety for the individual as well as the officer.

San Diego also started with the city police department before expanding countywide and is now considered a model, said Jim Fix, executive director of PERT Inc. (Psychiatric Emergency Response Teams). The city started with the program in 1998 because of a number of officer-involved shootings.

Officers were leery of having a non-sworn person in the car and questioned the value.

But that changed immediately, Fix said. The clinicians kept situations from getting out of control, evaluated the person's needs and could keep them out of the emergency room. They were also able to return officers to their patrols more quickly, Fix said.

Reach Sonja Bjelland at 951-368-9642 or [sbjelland@PE.com](mailto:sbjelland@PE.com)

## MENTAL HEALTH CALLS

The Riverside Police Department is trying new tactics to handle the calls from people in a mental-health crisis.

- Calls increased 31 percent from 2000 to 2006
- Officers respond to an average of 7.5 calls per day
- July sees the most calls

SOURCE:: RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH

*Source: Riverside Press-Enterprise  
November 25, 2007*

## Meditative Breathing Can Lower Stress Levels

BY JENNIFER E. O'BRIEN

ALBANY TIMES UNION

What's the fitness/mental health secret that won't cost you a cent and doesn't require any fancy equipment or awkward poses? Breathing.

OK, we know you already do that. But we're talking about meditative breathing, which involves thinking about and focusing on your breath. It's harder than you think, but the results are well worth it.

In the short term, it can help you to destress in a moment and clear your head. An extended practice can help lower your blood pressure and stress levels.

Cathy Prescott, a registered yoga teacher who teaches adult, prenatal, and mom and baby classes, finds that meditative breathing can definitely be challenging for new students.

"It's hard to just stop --- it goes against the nature of our society," she says.

For home practice, Prescott recommends students find a quiet spot where they can sit and just concentrate on their breath and try to clear out distracting thoughts for five minutes. For some students, counting their breaths --- "Inhale 1, Exhale 1"--- helps to keep them focused on their breathing.

"Set a timer," she says, "because five minutes will seem much longer to you."

While sitting still and just breathing might seem incredibly tedious, the health benefits are numerous, Prescott says.

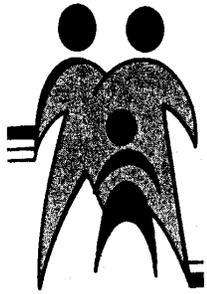
In taking deep breaths, also known as "belly breathing," you can slow your breath, which will in turn slow down your heart rate. When breathing, deep into the diaphragm, Prescott explains, you can massage the vagus nerve, which will stimulate relaxation.

Harriett Rubinstein, a licensed clinical social worker who practices in upstate New York, often recommends the technique to clients who are dealing with anxiety or stress, and she makes it a daily personal habit as well.

"I haven't met anyone who said that it wasn't helpful," says Rubinstein.

*Source: Riverside Press-Enterprise  
October 29, 2007*





### 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  
951 / 358-4987 or 800 / 330-4522

Join friends of DBSA-Riverside

*At Jo Ann Martin's\**

for the

## Holidays

Picnics or dinners  
at noon

~

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.

~

### \*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



### 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

## Do you have a Medic Alert Bracelet?

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