



The Thermometer Times

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

VOL. 21 NO. 1 Out of darkness . . . January 2009

Dates to Remember

CARE & SHARE GROUPS

Clients and their guests are invited to come and participate. *Professional care providers very welcome.*
Riverside County Mental Health Administration Building
(see page 9 for address & map)

Saturday 10:00 am -12 noon
January 3, 10 ,17, 24 & 31

January 10: Gary McGuire, MFT.
"How to Be Your Own Best Advocate"

Web Site for DBSA, Riverside:
<http://californiadbsa.org>
E-mail for DBSA, Riverside:
dbsaofriv1@aol.com
E-mail for DBSA, California:
dbsaofca1@aol.com

Meetings start promptly at 10 am. Do yourself a good turn: Be on time...visit with friends before the meeting. If you come late, please enter quietly.



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 Disturbing Mental Health Situation of Returning Soldiers

The military conflicts in Iraq and Afghanistan have led to over 4,700 deaths of U.S. soldiers (in addition to over 1.2 million deaths of Iraqi and Afghan people) and tens of thousands of physical injuries to U.S. soldiers. As we know too well, some of those injuries are catastrophic.

The mental health of returning soldiers has received much less attention, no doubt in part because those injuries are less apparent. Many people still view mental illness as less serious than physical illness, and because of choice myth in the context of mental illness; there is a common presumption that mental illness reflects a weak will (as opposed to biological impairment) of the person and that it can be corrected by the person, if the person so chooses.

Given the horrific conditions of warfare, however, perhaps the mental illness of soldiers will receive more credibility. New revelations about the number of veterans attempting suicide will certainly draw attention to the issue; although the Veterans Health Administration recently claimed that 800 veterans are attempting suicide each year, newly-uncovered e-mails from government officials indicate the actual number of veterans attempting suicide each year is closer to 12,000.

Just released data about the number of soldiers who have returned, and will return, from Iraq and Afghanistan with very serious mental health-related problems should also raise public consciousness. A new study by the RAND Corporation entitled "*Invisible Wounds of War*," indicates a truly jaw-dropping figure: 1 out of every 5 returning soldiers - or about 300,000 total soldiers to date - suffers from either post-traumatic stress disorder or major depression.

The service members and veterans who reported these symptoms represented about 19 percent of the 1.6 million service members who have deployed to war in the last five years, a figure consistent with the most recent findings by military researchers. A 2007 survey of combat army soldiers who had been home for several months found that 17 percent of active-duty troops and 25



Continued on Page 3 (Returning Soldiers)

a letter to the Editor

Dear Editor,

I was moved by Kathi Stringer's article, "Sanctuary for the Soul," in the November 2008 issue of The Thermometer Times. I had forgotten about the struggles there were in opening Jefferson House back in the early 80's. I didn't forget about sitting at the City Council meeting with 100+ neighbors and just a few of us clients. Mostly, I want to thank Kathi for writing about Dorothy Jefferson. She was a tireless advocate for family AND clients. She really understood the client's perspective. I know because Dorothy and Jeff Jefferson let me live in their house for a year until I got on HUD and got my own place. I miss Dorothy a lot. Thank you Kathi, for writing the article. I hope if Jefferson Wellness is threatened by budget cuts (I am now in Sacramento, so I don't know) that every client/consumer will get out there and protest!

Debi Davis

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.

Thank you, Lynne Stewart

MOVIE NIGHT AT JO ANNS*

2nd and 4th Tuesday of January

6:30 PM

Tuesday, January 13

"The Secret"

The secret utterly transformed the lives of those who lived it...Plato, Newton, Carnegie, Beethoven, Shakespeare, & Einstein. It can do the same for you.

Tuesday, January 27

"The Music Man"

Con-man Professor" Harold Hill (Matthew Broderick) arrives in River City, Iowa, promising to teach the small town's children how to play in a magnificent marching band. A warm and family favorite!

Enjoy pizza and an additional movie of your choice!

*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*

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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

RETURNING SOLDIERS *(Cont'd from page 1)*

percent of reservists had screened positive for symptoms of stress disorder.

The 500-page study is the first exhaustive, private analysis of the psychological and cognitive injuries suffered by service members. The study sought to determine the prevalence of these injuries, gaps in treatment and the costs of treating, or failing to treat, the conditions. RAND researchers conducted a telephone survey from last August to January 2008 with 1,965 service members, reservists and veterans who had deployed to Iraq or Afghanistan in the last five years. Some respondents had deployed more than once. The researchers also gathered data from focus groups. The survey was conducted in 24 communities with high concentrations of service members, reservists and veterans.

The Defense Department said that it was heartened that the data reflected its own findings on the prevalence of mental injuries, and that the study helped highlight the hurdles the military faces in helping veterans. "We're on a long journey, and we've come a long way, but we've got a long way to go," said Colonel Loree Sutton of the army, head of the new Defense Center of Excellence for Psychological Health and Traumatic Brain Injury.

Lisa Jaycox, a senior behavioral scientist at RAND and co-author of this new study said the findings also served to underscore the barriers, some of them self-imposed, that troops face in getting help. War veterans say they are often reluctant to seek treatment, in part out of fear that their medical information will be used to derail their careers. Commanders typically have access to a service member's military medical records. "There is a perception that the record can be used against them," Jaycox said. "That is hard to overcome given that the record is not confidential."

Only 53 percent of service members and veterans who reported symptoms of post-traumatic stress disorder or depression sought treatment. Of those, about half got "minimally adequate treatment," according to the study. "Clearly, that's a finding that concerns us," Sutton said during a meeting with reporters.

"Defense Secretary Robert Gates is considering removing a question about a service member's health care history from security clearance questionnaires," she said. "We think that's going to be a big step forward to help our service members understand that seeking care, in fact, is a sign of strength," Sutton said.

A shortage of well-trained mental health workers in the military and the veterans' health care system compounds the challenge.

The RAND study also estimated the two-year cost of treating service members who return from war with symptoms of post-traumatic stress disorder or depression. It put the figure at \$6.2 billion, an amount that includes medical care, lost productivity and losses from suicide. The better the treatment, the more that the nation saves, the study concluded.

"This is a crisis, and we can't keep muddling around the edges," said Paul Rieckhoff, executive director of Iraq and

Dialectical Behavior Therapy: a way to manage life more effectively

Therapists from the Fulton Stress Unit recently explained a new therapy that they are using to help their outpatient clients learn and use new coping skills.

Kurt Stuckey and Andrew Lesniewicz told the local NAMI group that dialectical behavior therapy (DBT) is a 12-week program to teach people with a mental illness how to manage their life more effectively. The emphasis is to help people learn new skills and strategies to deal with their illness.

"If all you have is a hammer," Lesniewicz said, "then everything looks like a nail. But, if you had more tools than a hammer, you wouldn't have to pound everything."

Actually, DBT was developed by Marsha Linehan, a person with borderline personality disorder, as a more effective way of treating that illness. However, Stuckey noted that the principles behind DBT can be effective with any mental illness.

The therapists explained that life is full of dialectics, or conflicting aspirations and emotions that everyone has to navigate. Many times, compromises are needed and it helps if the person is able to see the situation in terms of black *and* white instead of black *or* white.

For example, someone with borderline personality disorder may have difficulty dealing with painful situations or events — becoming emotionally intense, angry, frustrated, depressed and anxious.

DBT focuses on specific skill sets to address the primary cognitive, behavioral and emotional difficulties experienced by individuals suffering from borderline personality disorder. The four main components of DBT are (1) mindfulness, (2) interpersonal effectiveness, (3) distress tolerance and (4) emotional regulation.

Mindfulness is the key component of DBT and encompasses all the other skill sets. Mindfulness is paying attention to what matters in the present moment. It is complete attention to the experience on a moment by moment basis. With mindfulness, the person is less reactive to what is happening. It's a way of relating to the experience. It is acceptance.

Interpersonal effectiveness involves strategies to ask for what one needs, as well as being able to say "no" and cope with interpersonal conflicts. Skills are taught which help the

Continued on Page 4 (DBT)

Afghanistan Veterans of America, a nonpartisan advocacy group. "We can pay for mental health care now or pay for the jail cells and cemeteries and alcohol and drug treatment programs later. Not to mention the moral obligation we have to these veterans."

*Source: Edited from [The Situationist Staff](http://www.thesituationist.wordpress.com)
www.thesituationist.wordpress.com
April 30, 2008
& International Herald Tribune article*

DBT (Continued from page 3)

individual achieve effectiveness in obtaining the changes they want, maintaining relationships and maintaining self-respect.

Emotional regulation means being able to change or influence your emotions and how to experience and express your emotions appropriately. Emotional regulation involves increased understanding of one’s emotions, a more accurate observation and description of ones emotions, using emotions as a source of information about one’s experiences and being mindful of and having the ability to tolerate painful emotions. Emotional regulation teaches a person to validate, accept and trust their emotions. In other words: It’s ok to feel what you feel.

Distress tolerance focuses on teaching clients how to tolerate and accept a painful or distressing situation or event instead of trying to change the situation to the way the individual wants or thinks it should be. Radical acceptance is a key component of distress tolerance. For example, Stuckey said, “No one likes pain. However, pain is inevitable... suffering is optional. Acceptance (of pain) doesn’t equate to approval. It’s simply recognizing that it is what it is.

The therapists noted that DBT is an evidence-based therapy model that has been proven successful. However, they also pointed out that DBT is designed to complement and supplement the client’s on-going therapy. It isn’t intended to replace someone’s regular therapist or counselor. In fact, participation in the program requires that the person continues to see their therapist at least once every three weeks.

They explained that six assumptions are made when someone agrees to participate in the DBT program. The person acknowledges...

- (1) At the present, I am doing the very best that I can in dealing with my life.
- (2) I want to do better and be more skillful in dealing with my life.
- (3) I need to do better, try harder and be more motivated to change.
- (4) I may not have created all of my problems, but I have to solve them anyway.
- (5) I am currently unsatisfied with the way I deal with my emotions, and
- (6) I must learn new strategies and behaviors that are relevant in all contexts.

Stuckey and Lesniewicz said they would eventually like to make DBT available to more people: however, they also noted that not all insurance covers the cost of the therapy.

For more information about DBT, you can contact them at the Fulton Stress Unit at 419/337-8661.

*Source: ADAMhs ADVANTAGE
Archibald, Ohio
September/October 2008*

•••••
 • Although the world is full of suffering, •
 • It is also full of the overcoming of it. •
 •
 • ~ Helen Keller ~ •
 •••••

Healing Voices

Edited by Richard C. Morais

Will Hall

Profession: Graduate student

Cause: Treatment alternatives for mental illness

Why I was moved to support this cause:

Since I was a child I’ve struggled with extreme emotions, voices and powerful out of body experiences. I remember falling to the ground once in third grade, writhing in agony because I believed something was grabbing my back. I saw cartoons projected on the ceiling, and my fear was sometimes so strong I fell mute. I often hid away, alone, overwhelmed and unable to describe what was going on.

At age 26, I hit a breaking point and wandered the streets of San Francisco all night hearing angry voices telling me to kill myself. I ended up on a locked psychiatric ward. For the next year, I was in and out of hospitals and homeless shelters.

My diagnosis was schizoaffective schizophrenia, and the treatment was powerful anti-psychotic medications. What the doctors had to offer didn’t help me, however. I left the hospital with more problems than I had going in, and I had to cope with the trauma of restraints, seclusion, plus a stigmatizing label that offered little hope for the future.

With nowhere to turn, I started to search for an answer on my own. In 2000, some friends in the Northampton, Mass., area let me stay with them, and I got a job in a local convenience store. Then I worked in a bookstore. The daily routine of a job, getting away from the memories in San Francisco, the small town tempo—it all helped. Step by step, over these difficult years, I learned a different way of responding to my madness.

I learned about nutrition and changed my diet. I took classes in yoga and meditation and began to see an acupuncturist. I watched for early warning signs of problems and began to consider the spiritual aspects of what I was going through, listening to the voices I heard and exploring their meaning. At one point back in San Francisco, for example, I heard a loud voice telling me I had to do yoga or I would die. It was frightening, but I realized it was like the voice of an angry parent or guardian looking out for me. So that voice is why I began to practice yoga.

I might be different than most people around me, but being different also means being creative and sensitive. I stopped seeing myself as a broken person with no chance for recovery.

Continued on Page 5 (Will Hall)

WILL HALL *(Continued from page 4)*

More importantly, I reached out to other people who had also been diagnosed as mentally ill, and we began supporting each other in discovering our own pathways to healing. For too long I had been trying to do this all on my own.

The upshot is, as I grew stronger and healthier, I was inspired to dedicate myself to helping others make it through the ordeal I had survived. Though many people find good support from doctors and medications, growing numbers around the world are calling for alternatives to the mainstream “one size fits all” approach to mental health.

What I am personally doing to support this cause:

In 2000, I met Oryx Cohen, a University of Massachusetts graduate student who had suffered similarly to me. We hit it off. We were both looking for treatment alternatives, and we wanted to meet others like us. So in 2001, we co-founded the Freedom Center in Northampton, Massachusetts, starting with a public library computer, a free e-mail account, and one support meeting a month held in a local church. The meetings took off. People came in to share their amazing stories.

Check out the Freedom Center by watching this video

Today we’ve grown to a weekly acupuncture clinic, two yoga classes, a writing group, meditation group and two peer support groups. Thousands have been helped by the Freedom Center. We’re trying to reach people not helped by traditional care, people looking for alternatives to medication and diagnostic labels.

We try and give people space to find their own pathway and treatments and let them explore, with support, a variety of

“wellness resources.” That might include medications or it might not. We do make people aware of the downside of the drugs, but we let them choose how they want to.

Last September, for example, the Freedom Center and the New York-based Icarus Project jointly published a Harm Reduction Guide To Coming Off Psychiatric Drugs. There are a lot of risks coming off psychiatric drugs, and if someone is finding it too intense, we often say, ‘Why don’t you consider going back on the medication and focus for the moment on finding yourself a stable housing situation. Or feeding yourself better.’”

The Freedom Center does a lot of educational work and public events, and we have been invited to talk in places like California, Alaska, Utah, Ireland and Europe. We had a “Bed Push” last summer, where we rolled a hospital bed around town to call for more choice and compassion in hospital care. I also founded “Madness Radio,” a community FM radio show now heard everywhere via the Internet. So the Freedom Center is growing from a local service to a national voice for mental health alternatives.

Hard to know where this will all lead in the future. I myself am now in Portland, Ore., completing a Masters Degree in psychology at the Process Work Institute. I miss my friends in Northampton.

What you can do:

Experiences that get called mental illness are shrouded in fear and misunderstanding. Take the time to listen without judgment or preconception to people diagnosed with mental illness and have the courage to speak up if you’ve ever had a brush with madness yourself.

Continued on Page 6 (Will Hall)

Free Use of Light Box

Seasonal affective disorder (SAD), also known as **winter depression** or **winter blues**, is a **mood disorder** in which people who have normal mental health throughout most of the year experience **depressive symptoms** in the **winter** or, less frequently, in the **summer**,^[1] repeatedly, year after year. The US **National Library of Medicine** notes that “some people experience a serious mood change when the seasons change. They may sleep too much, have little energy, and crave sweets and starchy foods. They may also feel depressed. Though symptoms can be severe, they usually clear up.”^[2] The condition in the summer is often referred to as Reverse Seasonal Affective Disorder, and can also include heightened **anxiety**.^[3]

There are many different treatments for classic (*winter-based*) seasonal affective disorder, including light therapies with bright lights, anti-depression medication, **ionized-air administration**,^[4] cognitive-behavioral therapy, and carefully timed supplementation of the hormone **melatonin**.

Georgia De Groat won a light box at our conference in October. She has graciously donated this to DBSA for people to use during the winter months.

If you are interested, please call 951 / 780 - 3366 to set up a time you would like to set aside to come to Jo Ann’s. The light box will be in the library.



Kids with older dads at higher bipolar risk

By Michael Kahn

LONDON (Reuters) - Children born to fathers older than 30 are more likely to develop bipolar disorder, a common condition sometimes known as manic depression, researchers reported on Monday.

The paternal risk also grows with the age of a father, rising to 37 percent by the time a man is 55 years, said Emma Frans, an epidemiologist at the Karolinska Institute in Sweden, who led the study.

The brain disorder causes extreme shifts in mood, energy and ability to function. It is marked by high periods of elation or irritability and low periods of sadness and hopelessness that can last months.

The findings published in the Archives of General Psychiatry bolster evidence that children of older fathers are at higher risk of psychological conditions such as bipolar disorder, autism and schizophrenia, the researchers said.

“Advanced paternal age is a risk factor for bipolar disorder in the offspring,” Frans and colleagues wrote.

One explanation could be that a man’s degraded sperm quality as he ages could increase the likelihood of genetic mutations that may lead to bipolar disorder, Frans said.

“Despite the robust evidence supporting the association between paternal age and severe mental disorders, the association between advanced paternal age and bipolar disorder has not been investigated,” the team added.

The findings are another step toward unraveling the mystery of how the condition affecting an estimated 1 percent to 3 percent of adults worldwide arises, the researchers said.

Last month, an international research team linked two genetic variants to an increased risk for the disease, which is often treated with AstraZeneca Plc’s blockbuster drug Seroquel. The condition often runs in families.

The Swedish researchers used a national medical registry to identify nearly 14,000 men and women diagnosed with bipolar disorder. For each person, they also randomly selected five people of the same sex and age without the condition.

After factoring for maternal age, the researchers found that children born to fathers older than 30 had an 11 percent higher risk of developing bipolar disorder compared to younger fathers. Children whose fathers were older than 55 had a 37 percent increased risk.

Frans said the findings did not mean that older men should not father children because the overall risk is still low, she added.

“The study sheds light on the negative effect of older fathers but most older men will still have healthy children,” she said in a telephone interview.

Source: Reuters
September 1, 2008

Eli Lilly

To ‘Reveal’ Doctor Stipends

INDUSTRY FIRST Congress looks to crack down on payments that improperly influence medical decisions.

BY KEVIN FREKING
THE ASSOCIATED PRESS

WASHINGTON — In an industry first, Eli Lilly and Co. says it will begin disclosing how much money it paid to individual doctors nationally for advice, speeches and other services.

The drug company’s move comes as members of Congress push a disclosure bill in an effort to prevent such payments from improperly influencing medical decisions.

Beginning next year, Eli Lilly will disclose payments of more than \$500 to doctors for their roles as advisers and for speaking at education seminars. In later years, the Congress will expand the types of payments disclosed to include such things as travel, entertainment and gifts.

Some have voiced concerns that doctors are influenced by these payments in their treatment decisions and that this in-

Continued on Page 8 (Stipends)

WILL HALL *(Continued from page 5)*

I invite you to learn about alternative and holistic approaches and to take a stand for greater choice and options in treatments and care. And, if you are in Massachusetts, please come by and visit one of our acupuncture sessions or yoga classes.

Or visit our Web site, Freedom Center, to make a tax-deductible donation to help us spread our message of hope and vision for change. All of the Freedom Center’s services are free and run by people who themselves have a psychiatric diagnosis, so our budget is just \$21,000 for the 2009 fiscal year. The volunteer-run Freedom Center is not itself a 501 (C)3, but it is supported by the mental health non-profit, Choices. This umbrella group provides us with backroom services and charges us 5% for the gifts run through their organization. So tax-deductible donations are made to “Freedom Center/CHOICES Inc.”

[These are the two web sites mentioned in the article:
www.theicarusproject.net and www.freedom-center.org].

Source: *Forbes.com*
August 29, 2008