



The Thermometer Times

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

VOL. 21 NO. 7 Out of darkness . . . July 2009

Dates to Remember

CARE & SHARE GROUPS

Clients, guests and professionals are invited to come and participate.
Riverside County Mental Health Administration Building
(see page 9 for address & map)

Saturday 10:00 am -12 noon

July 11, 18 & 25

Web Site for DBSA, Riverside:
<http://californiadbbsa.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

CLEAR—EYED HOPE

by Stephen Pocklington

I was working my way out of a fairly dark place when the email arrived reminding me that my newsletter article on “hope” was overdue. The dark place I was in resulted from someone dear breaking trust and harming others and me, so I wasn’t feeling very hopeful at the time. Frankly, I groaned at the thought of putting on a happy face and breaking into Orphan Annie’s, “the sun will come out tomorrow...”

And then I remembered these words by Jerome Groopman:

Many of us confuse hope with optimism, a prevailing attitude that “things turn out for the best.” But hope differs from optimism. Hope does not arise from being told to “think positively,” or from hearing an overly rosy forecast. Hope, unlike optimism, is rooted in unalloyed reality... Hope is the elevating feeling we experience when we see—in the mind’s eye—a path to a better future. Hope acknowledges the significant obstacles and deep pitfalls along that path... Clear-eyed, hope gives us the courage to confront our circumstances and the capacity to surmount them. (The Anatomy of Hope, 2004)

Remembering these words helped me reconnect with the clear vision I have of my path to a much better future and I felt encouraged. They helped me see the betrayal I had experienced as a mere obstacle on my path, as nothing more than an unfortunate circumstance that I have the courage to confront and the capacity to overcome. But even more importantly, Groopman’s words helped me see again the person I admire in the one who had broken trust.

The clear vision I have of my path to a better future is usually clear-eyed. I can see how we all lose our way from time to time—all our paths are filled with obstacles—but also that stumbling doesn’t change the core of whom we truly are. Stumbling is only human, as is tripping and falling over someone who has stumbled right in front of us. But we are more than only human; we are also gloriously human. Our glorious humanity shines whenever we withhold judgment, whenever we offer a hand up, and especially whenever we illuminate what someone can’t see in him or herself.

Sometimes when I stumble, the light I carry flickers feebly, and sometimes it even goes out. Then, temporarily, I lose sight of my path. For me, in that darkness,

Continued on Page 7 (Hope)



a note from the Editors

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 your personal experiences with depression and/or bipolar disorder; what it is to live and cope with 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.
The Editors

MOVIE NIGHT AT JO ANNS*

2nd and 4th Tuesday of July

6:30 PM

**Tuesday, July 14
Driving Miss Daisy**

Jessie Tandy and Morgan Freeman star in a delightful tale of two different personalities, yet they have a lot in common.

The setting is in Atlanta, Georgia. (1948)

**Tuesday, July 28
The Curious Case of Benjamin Button**

Brad Pitt and Cate Blanchett
"I was born Old" says Benjamin. As he ages, he gets younger. Come and view his amazing adventure.

Enjoy pizza and friends!

*See page one, left lower corner for directions to Jo Ann's home.

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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

Why Do the Mentally Ill Die Younger?

By Kate Torgovnick

Cynthia Scott is your average health-conscious 56 year old. She watches what she eats, drinks lots of water and takes a multivitamin every morning. She goes for frequent walks and visits her doctor regularly for checkups including cholesterol and diabetes screenings.

Scott also has schizoaffective bipolar disorder, a mental illness she keeps in check with a low dose of Zyprexa. If you were to ask Scott, she would say she is a healthy person overall. So she was shocked when the National Association of State Mental Health Program Directors (NASMHPD) published a study two years ago called *Morbidity and Mortality in People with Serious Mental Illness*. The report analyzed data from 16 states and found that, on average, people with severe mental illness die 25 years earlier than the general population. "Hearing that made me so sad," says Scott.

The findings were a bombshell for the rest of the mental health community. "The study jarred the field," says Dr. Bob Glover, the executive director of NASMHPD. After the 2006 report came out, many mental health agencies in the U.S. made it an immediate priority to figure out why their patients die sooner and how to improve their longevity. Says Glover: "Mental health has been late to the dance in terms of looking at the connections between mental health and physical health. It may be moot what you're doing for mental health needs if people are dying so early from physical causes

Indeed, the causes of physical illness and death among psychiatric patients are much the same as those in other groups — cigarette smoking, obesity, diabetes — and are treatable. The problem is that people with serious mental illness tend to be low on the socioeconomic totem pole and often don't get the best available health care. Frequently, their own doctors pay little heed to their patients' physical health. "Medical doctors think, 'Well, they're crazy,' so they don't take their concerns seriously," says Wendy Brennan, executive director of the National Alliance on Mental Illness (NAMI) in New York City. "Their very real physical symptoms are often dismissed."

One of the most common contributors to early death among mentally ill patients, for instance, is smoking. While about 22% of the general population smokes, more than 75% of people with severe mental illness are tobacco-dependent. According to Glover, a study conducted by NASMHPD after the publication of its mortality study found that 44% of all cigarettes in the United States are consumed by people with psychiatric histories. "I used to run state hospitals and we'd use cigarettes as reinforcement — You did good you get a cigarette" he says. "When people didn't do well we took away their tobacco privileges. We were part of the problem." The agency is now working to make state mental hospitals smoke-free by 2011.

Obesity is another big risk factor. People with depression or bipolar disorder are about twice as likely to be obese as the general population; in people with schizophrenia, that likelihood is three times greater. This is in part because so

many psychotropic medications cause weight gain. At many state hospitals, says Glover, "you see a woman be admitted at 120 lbs. Three to six months later, she'd weigh 200."

Obesity-related illnesses, like diabetes, are so prevalent among the mentally ill that health officials call them an epidemic within an epidemic. For example, about 13% of schizophrenic adults in their 50s have received a diabetes diagnosis, compared with 8% of the general population of the same age. In October 2008, the NASMHPD released another report, with recommendations for treating the particular problem of obesity, including giving those with severe mental illness better access to dietary consultations and promoting the prescription of low-weight-gain antipsychotics. The agency is currently working on creating a tool kit for federal health care providers to better inform them on the issue.

At NAMI—New York City, after reading the 2006 mortality report, health workers held focus groups to assess their patients' health concerns. There were many — foremost among them, the simple desire to feel deserving of good health. "The most shocking thing was that people really wanted to be healthy but there was a disconnect," says program associate Katie Lion, who ran the focus groups. "A lot of it came down to self-worth — they didn't feel like they were worthy of taking care of themselves."

Based on participants' responses, NAMI created a program called *Six Weeks to Wellness*, a weekly class that teaches everything from proper nutrition to controlling anxiety through yoga and meditation. "It's been wildly popular," says Lion. "It helps to say, 'Your health is important to us.' They've never heard that before."

For the NASMHPD, the next logical step is to educate the doctors who care for the mentally ill. In December 2008, the agency released guidelines for standardizing the medical tests, assessments and care given to mental health patients in the public system. The recommendations included taking regular measurements of patients' height and weight, checking their glucose levels, and carefully evaluating their medication history. Psychiatrists likewise are not exempt. According to Mental Health America, based in Virginia, a recent survey of people with schizophrenia revealed that they rarely discussed physical health with their psychiatrists. So the organization is working on an initiative with the American Psychological Association to better educate mental health specialists about the physical concerns facing patients with serious mental illness.

As for Cynthia Scott, over the past two years she has taken her health consciousness to a whole new level, regularly attending NAMI's yoga workshops in New York City. "I'm big on taking care of myself" she says.

Source: *TIME* in partnership with CNN www.time.com

As seen in *Life in Balance*

May 2009

Alternative Therapies That Really Work

by Dr. Mark Liponis

ACCORDING TO THE NATIONAL Institutes of Health (NIH), as many as 62% of Americans use some form of alternative medicine. But few of these treatments are covered by the average medical-insurance plan. The NIH estimates that Americans spend between \$36 billion and \$47 billion out of pocket each year on alternative therapies such as acupuncture or meditation.

So, do they really work? With government funding, science is expanding its study of alternative and complementary treatments. Some, but not all, are showing positive results. And many of the most successful methods involve “mind-body therapies”--techniques that use the power of the mind to help heal the body.

Here are three commonly used mind-body therapies that have scientific backing and have passed the litmus test of rigorous medical inquiry.

Acupuncture

What it is: Acupuncture is a traditional Chinese practice involving the placement of very skinny, sterile needles into the skin at specific points located along “energy meridians.”

How it works: Eastern philosophy says that acupuncture affects the flow of qi (pronounced “chee”), or energy, through the energy meridians. Western science reasons that the needles interact with our nervous system, triggering the release of hormone-like chemicals that affect our mood, perception of pain, and immune response.

What it’s good for: In a 2004 study, acupuncture was shown to be helpful in reducing pain due to knee arthritis. It also could be beneficial for sufferers of post-traumatic stress disorder. And when used along with *in vitro* fertilization, it may be effective in increasing the odds of success in female conception. Stimulating an acupuncture point in the toe even may help correct the breech position of babies in the last trimester and allow more women to avoid C-sections, according to a study in the Journal of the American Medical Association.



Meditation

What it is: Meditation activates the relaxation response and improves blood pressure and hormone balance. The most

popular method is transcendental meditation (TM), in which you focus on repeating a personal mantra as you meditate.

How it works: TM trains you to block out distractions, creating calmer and more powerful brain patterns. Brain-wave measurements of experienced practitioners during meditation show slow, focused waves similar to those found during sleep, as well as synchronization of waves from different areas within the brain.

What it’s good for: Research indicates that TM may have positive effects on blood pressure, insulin, blood sugar, and heart health. It also can improve concentration, reduce anxiety, and help with post-traumatic stress. Just say, “Om.”



Biofeedback

What it is: A relatively new technique, biofeedback teaches you to use the power of your brain to control “automatic” functions of the body, such as blood pressure, pulse rate, stress response, skin temperature, and brain waves.

How it works: Sensors monitor the automatic function, such as heart rate, which is then displayed on a screen so you can see it. By controlling your thoughts, you learn to change the display in a desired direction.

What it’s good for: Studies show that biofeedback can help reduce symptoms in a range of maladies, including high blood pressure, chronic back pain, incontinence, tension headaches, and stress. In experimental research, it even is being used to help paraplegics control artificial limbs with their minds.



Have a health question? Submit it to Dr. Liponis’ all-new video Q&A feature at Parade.com/health

Source: *Parade Magazine*
December 14, 2008

Cigarette Smoking and Mental Illness

A high incidence of people with mental illness smoke cigarettes. There is evidence that smoking is a form of self-medication, since it appears to reduce anxiety, produce sedation and improve concentration in some people. The nicotine in a cigarette can have a calming effect, can increase alertness and improve memory.

However, 4000 chemical compounds have been found in cigarette smoke including fertilizers, pesticides such as DDT, insecticides such as malathion, 40 carcinogenic chemicals, 1000 flavoring agents, and 600 additives.

Plus, studies have shown that smoking increases psychotic symptoms because antipsychotic drugs are flushed out of the body quicker due to the effects smoking has on kidneys.

An extremely high percentage of mentally ill people smoke:

<u>Mental Illness:</u>	<u>Percentage Who are Smokers:</u>
Bipolar Disorder	70%
Major Depression	60%
Schizophrenia	90%
Panic Disorder	56%
Post-Traumatic Stress Disorder	60%

Nicotine

Nicotine can act either as a stimulant or a depressant depending on dose and history of use. Today, scientists are researching nicotine receptors in the central nervous system. The reason why many depressed people feel better after smoking a cigarette is that they are correcting a chemical imbalance altered temporarily by nicotine. The downside of nicotine is that it is extremely addictive, and appears to act chemically like hard drug addictions. New synthetic drugs are being tested which seem to sidestep the negative effects of nicotine. One drug in early human trials is showing promise as a very effective pain medication. A handful of other drugs designed to target nicotine receptors are being tested in patients with Alzheimer's and Parkinson's disease. Studies have shown that the administration of nicotine can improve memory and attention in these patients.

Success Story

Gerald started smoking at a very young age. He suffered from depression and smoking helped him feel calm. After a diagnosis of bipolar disorder in his late teens he started to smoke more.

As the years passed, knowing all the dangers of smoking, he tried to quit smoking many times. At age 32 he had trouble breathing. He quit again, this time he used nicotine replacement therapy. He chose nicotine lozenges. He followed the 12 week program as it was stated in the instruction manual. After 12 weeks of success, he only used a lozenge here and there for slight cravings.

As the weeks turned into months, Gerald's cravings for a cigarette diminished. He began eating very healthy, cutting sugar out of his diet and counting calories until his body adjusted to his new lifestyle. Today Gerald can breathe without a problem, has no smoker's cough, no longer smells like smoke, has more time to do what he enjoys, and has saved a considerable amount of money.

When Smokers Quit-The Health Benefits of Smoking Cessation

20 Minutes After Quitting: Blood pressure drops to normal, pulse rates drop to normal & temperature of hands & feet increases to normal.

8 Hours After Quitting: Carbon monoxide level in blood drops to normal and oxygen level in blood increases to normal

24 Hours After Quitting: Chance of heart attack decreases

48 Hours After Quitting: Nerve endings start regrowing

& ability to smell and taste is enhanced

2 Weeks to 3 Months After Quitting:

Circulation improves, walking becomes easier & lung function increases up to 30%

1 to 9 Months After quitting:

Coughing, sinus congestion, fatigue, shortness of breath decrease. Cilia regrow in lungs, increasing ability to handle mucus, clean the lungs and reduce infection. Overall energy increases.

1 Year After Quitting: Risk of coronary heart disease is half that of a smoker

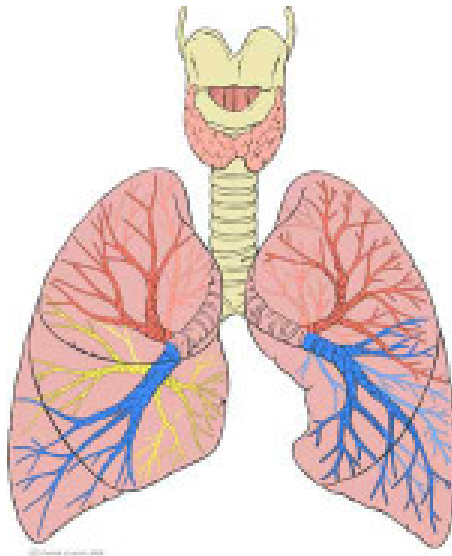
5 Years After Quitting: Stroke risk is reduced to that of a nonsmoker

5 to 15 Years After Quitting: Risk of cancer of the mouth, throat and esophagus is half that of a smoker

10 Years After Quitting: Lung cancer death rate is about half of a

continuing smoker's, precancerous cells are replaced, risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decrease

15 Years After Quitting: Risk of coronary heart disease is that of a nonsmoker



Source: Edited from www.bipolarworld.net

As seen in *Life in Balance*

May 2009

DBSA

California

Depression & Bipolar Support Alliance

19th Annual Conference



Rivers of Change



We've Been There.
We Can Help.

DBSA California
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Riverside, California 92504
Phone: 951-780-3366
Fax: 951-780-5758
Email: dbsaofca@aol.com

www.californiadbsa.org

October 16-17, 2009
(Friday and Saturday)

Radisson Hotel Sacramento
500 Leisure Lane
Sacramento, CA 95815
Telephone: (916) 922-2020

For More Information:
(951) 780-3366 or Marilyn Hillerman (916) 684-1358

*To improve the lives of people
living with mood disorders*

HOPE (Cont'd from pg. 1)

it is seldom helpful for someone merely to talk of hope or to say they "hold hope for me." What I need is their light. And what I need most is for them to shine their light, not on their path, and not on the thing I stumbled over; I need them to shine their light on me... I need them to shine their light on what they see in me that is equal to the task of getting up and getting beyond the obstacle I tripped over. I need the light of others to find my own.

The greatest gift one man can give another is to see the light in him that he cannot see in himself. (Benjamin Disraeli)

This is the path I see to a better future. It's a path where we shine light on the goodness and beauty we see in each other whenever our separate paths intersect. It's a path I hope to travel for as long as I live. And it is my dearest hope to stumble on in the company of people who will share their light and inspire me to share my own.

Source: *MaryEllenCopeland Mental Health Recovery & WRAP*
April 2009

The National Mental Health Consumers' Self-Help Clearinghouse

announces

Alternatives 2009

the 23rd national mental health conference
organized by and for mental health
consumers/survivors

Hilton Omaha, Nebraska
October 28 — November 1, 2009.

"Uniting Our Movement for Change"

Although our movement can encompass a wide array of philosophies, we can unite around common goals: to guarantee that individuals diagnosed with mental illnesses have all the opportunities, rights and responsibilities available to everyone else, including the right to pursue a meaningful life and, to echo Nebraska's state motto, "equality before the law."

For more information go to: www.alternatives2009.org
or phone: 1-888-776-1286 x 103

DBSA National Conference

September 10 - September 13, 2009

Indianapolis, Indiana
Hyatt Regency Indianapolis

PEER CONNECTIONS

A PEER-CENTERED
MENTAL HEALTH CONFERENCE
FOR
CONSUMERS, FAMILY MEMBERS, AND
PROVIDERS

For more information go to:
www.DBSAAlliance.org/Conference2009
or Phone: (800) 826-3632

Ziggy

By Tom Wilson





Join Your DBSA Friends

at Jo Ann Martin's home
for our annual

4th of July Picnic

**Saturday, July 4th, 2009
at 12:00 noon**

Swimming, badminton, spa, food
and more...

Bring a salad, main dish,
or dessert.

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

Meat & beverage will be
furnished.

See page 1, lower left column of this newsletter
for directions to Jo Ann's

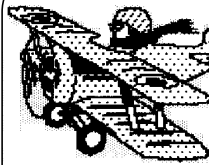
Phone Friends

If you need someone to talk with:

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

Roger and Lorraine
daytime 909 / 980 - 3692

Andie (Amanda)
9:30 a.m. to 7:30 p.m. 909 / 824 - 5385



ANNOUNCEMENTS

TEMECULA DMDA

Mark Monroe
951/926-8393

UPLAND DMDA

Meet Thursday evenings
Call David or Samantha Johns
909/944-1964 OR
e-Mail dmjbf@aol.com

DBSA - Rancho Cucamonga

Roger or Lorraine
909/980-3692

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
19900 Grove Community Drive
(off Trautwein) Riv. 92508

951/571-9090 - meets 1st & 3rd
Saturday, Room # D-2.

Contact Sheri 951/565-8131
s2_matsumoto@charter.net

DBSA - Loma Linda

909/534-2228 Babs

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

Calling all interested consumers!

NAMI—In Our Own Voice:

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 a component 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:

Lisa Partaker, IOOV Coordinator
(951)686-5484, ext. 102

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

DBSA- Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

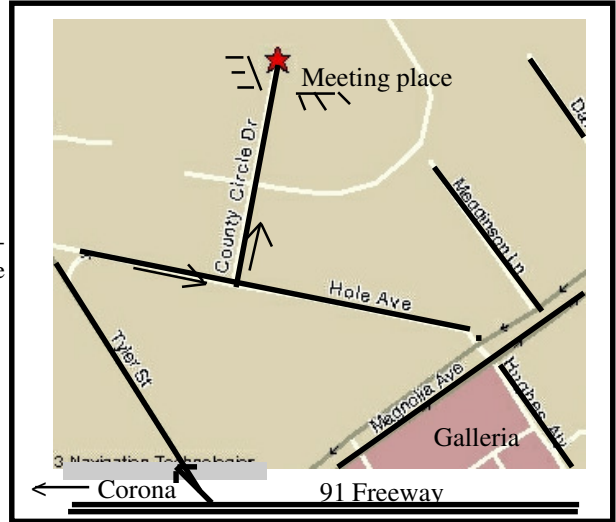
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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