



The Thermometer Times

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

VOL. 26 NO. 10 Out of Darkness . . . October 2013

Dates to Remember

Weekly Support Group Meetings
No Cost

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

Bring someone and come early for a snack. Bring a notepad and an attitude for pro-wellness, supportiveness, and open to shared ideas for coping.

See Page 9 for location & map

Speakers:

Oct 19

R.J. Keethy, M.D.

“Phenomenology of Bipolar”

Oct 26

Heather Sylvester, MSW

“Motitation for Change”



Web Site for DBSA, Riverside:

<http://DBSAtoday.com>

E-mail for DBSA, Riverside:

DBSAtoday@yahoo.com

E-mail for DBSA, California:

DBSAtoday@yahoo.com

Please include your phone #

Directions to

Jo Ann Martin's Home

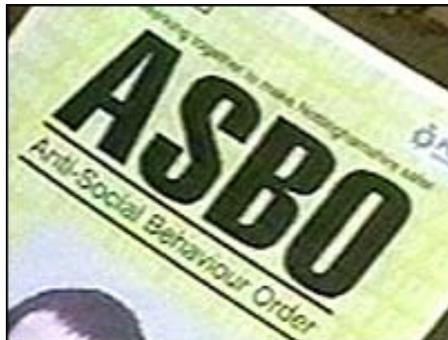
Exit 91 Frwy at Van Buren. Go south
4.2 miles on Van Buren to
Whispering Spur. Turn left.

2nd

driveway
on the right



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



‘Psychiatric Asbos’ were an error says key advisor

Former champion says public safety fears led to adoption of

measures that seriously curtailed patients’ freedoms

SANCHEZ MANNING

Controversial powers to treat mental health patients in the community while seriously curtailing their freedoms have been criticized by one of their strongest supporters.

Popularly known as “psychiatric Asbos”, Community Treatment Orders (CTOs) were introduced five years ago after a series of high-profile cases that involved mentally ill people attacking members of the public. The draconian measures have now been shown to make no clinical difference — and the psychiatrist who championed them is calling for their immediate suspension.

CTOs gave doctors legal authority to impose conditions on their patients after they are released from hospital such as where they must live, what drugs they must take and even how much alcohol they could consume.

If they broke any of these stipulations they could be immediately recalled and sectioned to a psychiatric unit.

It was hoped that the orders would strengthen psychiatrists’ ability to ensure patients stuck to their treatment programs after being discharged.

According to NHS figures, the number of people placed on CTOs has risen steadily since they were first brought in five years ago. The latest statistics show that in 2012 there were 4,764 people subject to orders — 473 more than in 2011, which accounts to an 11 per cent rise.

Now Tom Burns, the psychiatrist who originally advised the government on CTOs, has also come to the conclusion they are ineffective and unnecessary. Professor Burns, once a strong supporter of the new powers, said he has been forced to change his mind after a study he conducted proved the orders “don’t work”.

CTOs were introduced with the aim of reducing the number of readmissions of patients who were regularly in and out of hospital by compelling them to take their medication.

But after leading the UK’s largest randomized trial of CTOs, Professor Burns has discovered that they made absolutely no difference to these so-called “revolving

Continued on page 2 (“Psychiatric Asbos”)

A Note From the Editor

As always I invite you to submit your stories, poetry and/or drawings for review and possible publication in the newsletter. Your articles allow us to get to know you in greater depth and to learn of your accomplishments and your many talents, interests and assets. They also contribute to our readers' well being and recovery.

Your work may be submitted to Jo Ann, 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

I look forward to your contribution. Share your wisdom and experience with your DBSA friends through *The Thermometer Times*.

Thank you.

Lynne Stewart, Sr. Ed.

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

The Thermometer Times 16280 Whispering Spur Riverside, CA 92504

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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.

"PSYCHIATRIC ASBOS" (continued from page 1)

door" patients.

"The evidence is now strong that the use of CTOs does not confer early patient benefits despite substantial curtailment of individual freedoms," said Professor Burns, who is head of the social psychiatry department at Oxford University.

"Their current high usage should be urgently reviewed. I think there should be a moratorium on their use at least for a year or so while we think through how we can improve on the quality of evidence we've got. If we can't do that I think it really is unjustified to continue to use them."

In the study, researchers compared two separate groups of mentally ill patients to test if they experienced fewer hospital admissions. The first set of 166 patients were under CTOs, which can initially last for up to six months and can be renewed at the end of this period. Meanwhile, the other 167 participants tested had been placed on Section 17 leave, which is intended to be only a very short-term solution and can last a matter of days.

Their findings, published in *The Lancet* this month, revealed that 36 percent of patients in both groups were readmitted to hospital within one year. There were no significant differences between the two groups in terms of the frequency and duration of admissions, the study found.

Both sets of patients were also remarkably similar in their social and medical outcomes.

Professor Burns added: "We were all a bit stunned by the result, but it was very clear data and we got a crystal clear result. So I've had to change my mind. I think sadly — because I've supported them for 20-odd years — the evidence is staring us

in the face that CTOs don't work."

The legislation was conceived in the late 1990s in the wake of growing public anxiety about mentally ill patients committing unprovoked attacks because they were failing to take their medication.

This climate of fear had been fuelled by a series of high-profile attacks on unsuspecting victims by patients who had been released into the community. The most famous case was that of the paranoid schizophrenic Christopher Clunis who killed commuter Jonathan Zito on a train platform in London in 1992.

It was against this backdrop that CTOs were brought in as a central plank of the government's controversial 2007 Mental Health Act. But opponents to the legislation — including this newspaper — argued that the restrictions CTOs placed on patients' basic freedoms were unjustified.

A major objection was that research into their use in other countries had shown they had little effect when it came to keeping people on their medication and out of hospital. Matilda Macatram, director of Black Mental Health UK, said the latest findings came as no surprise. Concerns have previously been raised about CTOs being given to

Continued on page 3 ("Psychiatric Asbos")

“PSYCHIATRIC ASBOS” (continued from page 2)

disproportionate numbers of black and ethnic minority patients.

“One of our key concerns when they were introduced was they would extend compulsion and erode the liberty of people who are currently subject to the most coercive treatment in the service. They are just a wholesale violation of the human rights of one of society’s most vulnerable groups,” she said.

Simon Lawton-Smith, head of policy at the charity the Mental Health Foundation, said the decision to bring in CTOs had been politically driven by the public’s fear of attacks. He said the government pressed ahead with the plan in the face of huge opposition and research commissioned by the Department of Health which concluded the orders brought little benefit. He said: “Stranger danger was a serious element behind it.”

The Care Quality Commission has also expressed worries about the overuse of CTOs. In February, it concluded the orders had contributed to an increase in the number of mental health patients being detained because patients were being kept on them for long periods. Patients subject to orders expressed concerns that it was difficult to get off them and regain control of their own lives.

But Mr. Lawton-Srriith cautioned that while Professor Burns’s research has shown there are no overall benefits from the wide use of CTOs, the orders will still have helped some patients stay well in the community. “For one or two people, it may actually be doing the job it’s meant to do, which is to keep them well, help them recover, help them have a social life, get into training and employment,” he said.

A Department of Health spokesman said they welcomed the Burns report. He said: “We will consider the implications of this report carefully.”

‘My Community Treatment Order was the mental health equivalent of having a tag’

Paul Chapman had just got married when he was first placed on a Community Treatment Order (CTO) in 2009. He had a history of mental illness and had been admitted to hospital some 25 times since first being diagnosed with bipolar disorder and other forms of psychosis in 1991.

On this occasion, he had been sectioned to a psychiatric ward after he began hearing voices and his psychotic episodes reignited. After he absconded from the ward, his wife persuaded the hospital that he would be better cared for at home, so he was discharged on the CTO.

However, Paul, from Brigg in Lincolnshire, says what had first seemed like an attractive option turned into something less positive. The 46-year-old describes how being put on a CTO changed his relationship with his family and care: rather than being based on empathy, it became a much more legalistic arrangement.

“Instead of them being concerned out of care and compassion for the problem I was having, there was reason for them to be responsible and have authority over me,” he says.

“I think I had to be seen by my specialist care worker once a fortnight and there was a lockdown on medication — there was no messing with my medication. It was the mental health equivalent of having a tag. If I became unwell again or stopped taking my medication—like reoffending — I would have gone straight back into hospital.”

After a few months, he inquired about being taken off the CTO but was turned down: “I felt stigmatized by it. Because of the nature of my condition, I felt other people might know and think, ‘He must be bad, he’s on a CTO’.”

Paul was readmitted to a hospital last June after his psychosis returned.

*Source: The Independent
April 14, 2013*





Helpful holiday hints



Fall is a difficult time for me

because I start worrying about the upcoming holiday season

Q Why do I feel like my moods fluctuate more during this time of year?

A You're on the right track to ask this question, because fall is the best time to start thinking about preventive planning for the holidays. First of all, daylight hours get shorter as we move from fall to winter, and this can have an effect on mood. Then, as the holidays approach, some of us start to feel anxious about the countless activities and expectations associated with the season, while others dread the opposite: loneliness, isolation, and an inability to enter into the festive spirit that "everyone else" seems to be enjoying

Holidays can magnify the stresses of everyday life even if you don't have bipolar illness, with its challenge of dealing with mood swings, relationship problems, or impulse control issues, such as money management or substance abuse. Seeing others so delighted with their plans and lists, their shopping and parties, can feel like a slap in the face. When we reconnect with relatives and friends we haven't seen all year, we might wonder what we have to talk about besides our experience with our ups and downs. Our everyday relationships can be challenging, as well. We may be grieving for happier holidays gone by, mourning the loss of relatives or former friends, or fretting about whether we will be included in holiday get-togethers this year.

All of these dynamics and more can have a very strong impact—but with well thought-out strategies, they are dynamics we can identify and manage. Whether you anticipate your mood sinking to the basement or soaring to the heavens, fall is the time to begin preparing for a smoother holiday season.

Jane Mountain, MD, says, "You get two of me---a



person who has learned to live successfully with bipolar disorder and a retired doctor who understands it medically." Check out Dr. Jane as speaker and author of two books about wellness and bipolar illness at BeyondBipolar.com.

Q How can treatment and wellness skills help me handle the holidays better this year?

A You can begin by making a 'holiday notebook' you can use in treatment, in your support group, or in talking with a trusted friend or relative. Jot down your thoughts and memories, and identify issues you will want to deal with. Take an inventory of what the last few holidays have been like for you: What made you feel good? What made you feel bad? What would you like to do differently that will help you be healthier this holiday season?

Here are some questions to get you started. For each one that seems significant to you, start a separate section in your notebook. Remember: you don't have to *solve* the issues, just identify them.

- Could a change or the addition of medication help early on if you see your energy or sleep pattern changing?
- * Can you plan your holiday schedule so it won't be overwhelmingly full or too empty?
- Are there significant relationships that are typically troublesome during the holidays?
- Are you burdened by expectations—from yourself or from others—to spend money on gifts when this is just not possible for you?
- Is holiday drinking or drug use a special challenge for you?
- What *is* the true meaning of the holidays for you personally, and are there ways you can focus on these aspects of the holidays that are important to you?

Once you have your notebook started, set aside some time to think about what you can do about these issues. Utilize all your resources—treatment, a support group, community resources, and articles and websites that deal with holiday stress. A trusted friend or relative may be able to help you. The goal is to *plan* your holidays instead of just letting them happen.

Begin with one or two of your top concerns from your notebook. Consider how you might deal with them creatively to change a negative into a positive. It will be helpful to consider your energy level and balance your holiday season with a mix of activity and quiet time to pull back from higher-energy pursuits.

And to help soften the post-holiday letdown so many people experience, be sure to plan something special for *after* the holidays.

ASK DR. JANE Is there a question you would like to see Dr. Jane address in this column? Email your questions to mailbag@bphope.com.

Source: bp magazine
Fall 2012

New report finds that effects of child abuse and neglect, if untreated, can last a lifetime

BY BRIGID SCHULTE,

In the first major study of child abuse and neglect in 20 years, Researchers with the National Academy of Sciences reported Thursday that the damaging consequences of abuse can not only reshape a child's brain but also last a lifetime.

Untreated, the effects of child abuse and neglect, the researchers found, can profoundly influence victims' physical and mental health, their ability to control emotions and impulses, their achievement in school, and the relationships they form as children and as adults.

The researchers recommended an "immediate, coordinated" national strategy to better understand, treat and prevent child abuse and neglect, noting that each year, abuse and neglect costs an estimated \$80 billion in the direct costs of hospitalization, law enforcement and child welfare and the indirect costs of special education, juvenile and adult criminal justice, adult homelessness, and lost work productivity.

"Child abuse and neglect is a serious public health problem which requires immediate urgent attention," said Aime Petersen, a professor at the Center for Human Growth and Development at the University of Michigan who chaired the research committee for the Institute of Medicine and the National Research Council of the National Academies. "The consequences can last into adulthood, with significant costs to the individual, to families, and to society."

The report, produced at the request of the U.S. Department of Health and Human Services, found that while rates of physical and sexual child abuse have declined in the past 20 years, rates of emotional and psychological abuse, the kind that can produce the most serious long-lasting effects, have increased. Rates of neglect have held fairly steady. Researchers said they do not know why.

"That's why we make that a research priority in our recommendations," said Lucy Berliner, a professor at the University of Washington's School of Social Work and a committee member. "We need to understand better the reasons behind these trends"

Berliner said the committee is proposing a coordinated strategy, because it found so much variation among states, in how abuse and neglect are defined and how local officials are trained to respond to it. "Some states had dramatic, 100 percent increases in cases of neglect," she said. "And others had 100 percent decreases. That speaks to the complexity of the problem."

Every year, child-protection agencies receive 3 million referrals for child abuse and neglect involving about 6 million

children, the report found, though with unreported instances, the actual number is probably much higher, the researchers said. And, the report noted, about 80 percent of the children in investigated abuse and neglect cases are not removed from the home.

Child victims are equally likely to be male or female, the report found. The majority are younger than 5. About 80 percent of the perpetrators are parents, the vast majority biological parents. More than half of the perpetrators are female.

Angela Diaz, director of the Mount Sinai Adolescent Health Center and another committee member, said the report found three risk factors that increased the likelihood of child abuse: parental depression, parental substance abuse and whether the parents had been abused or neglected as children.

The researchers did not find an association between rates of abuse and times of economic hardship such as the recent Great Recession,

"Researchers found relationships that were hard to make sense of: increases in child abuse in relationship to mortgage foreclosure but not to unemployment rates," Berliner said. "It's not all that straightforward. After welfare reform in the 1990s, there was a concern that as people lost their benefits, that would cause a spike in child-abuse referrals. Instead, that was a period of the greatest reduction in child-abuse referrals"

While so much remains a mystery about the causes of abuse, and why some children respond to treatment and recover and others do not, the researchers said advances in brain science in the past 20 years show just how devastating and long-lasting the effects of abuse can be on the structure and the function of the brain.

Research has found that abuse and neglect can influence the amygdala, the part of the brain that regulates emotions, particularly fear and anxiety. Abuse also has been shown to change how the prefrontal cortex functions, the part of the brain responsible for thinking, planning, reasoning and decision making, which can lead to behavioral and academic problems

But there is hope, researchers said.

"The effects seen on abused children's brain and behavioral development are not static," said committee member Mary Dozier, chairman of child development at the University of Delaware. "If we can intervene and change a child's environment, we actually see plasticity in the brain. So, we see negative changes when a child is abused, but we also see positive brain changes when the abuse ends and they are more supported. Interventions can be very effective."

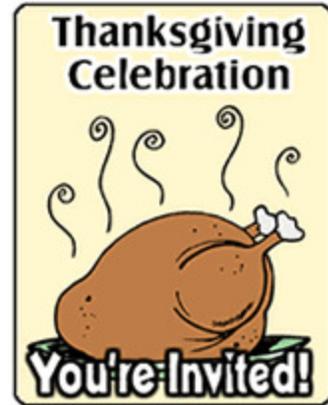
*Source: The Washington Post
September 12, 2013*

Ability is of little account without opportunity.

Lucille Ball

One sign of maturity is the ability to be comfortable with people who are not like us.

Virgil A. Kraft



Cancelled
Halloween
&
Thanksgiving
at

Jo Ann Martin's

**Please be courteous and do not disturb the occupants at
Jo Ann Martin's, 16280 Whispering Spur, Riverside, CA 92504
on these holidays.**

Thank you in advance for your consideration.

Practice the Positive

Think like an optimist

Train yourself out of the pessimistic outlook that contributes to anxiety and depression. Psychologist Timothy J. Sharp, founder of The Happiness Institute, lists three elements of a positive mindset in his book *100 Ways to Happiness*.

Optimists tend to see setbacks as...

Temporary: Say you had to complete a report at work with very little notice and it didn't come out great. Recognize that things didn't go well *this time*; but you'll have other chances to do better.

Specific: Remind yourself that one poor result doesn't mean you're no good at what you do.

External: Stifle your tendency to self-blame and consider the circumstances. Not "I didn't work hard enough," but rather, "I didn't have enough time."

Source: *esperanza*
Spring 2013



Life isn't about
finding yourself
Life is about creating
Yourself

"Let your food be your medicine, and let your medicine be your food." Hippocrates

FOOD/HABITS TO IMPROVE MENTAL HEALTH

- Drink plenty of water
- Eat a variety of colorful fruits and vegetables every day
- Choose protein sources such as: reduced fat dairy, soy, eggs, nuts, dried beans and peas, legumes and poultry. Have low intake of meat and meat products; moderate to high intake of cold water fish (halibut, herring, mackerel, salmon, sardines, tuna)
- Choose whole grains and grain products as carbohydrate choices every meal
- Cook your foods daily with vegetable oils (extra virgin olive, grapeseed, canola, sesame, peanut, avocado, rice bran, and walnut)
- Use generous helpings of herbs and spices — basil, caelantro, cinnamon, garlic, ginger, oregano, parsley, paprika, rosemary, thyme, turmeric, etc
- Nibble on dark chocolate (70% minimum of cocoa solids)
- Get regular medical checkups dental, eye, blood work if you have chronic illness
- Regularly challenge your brain with new skills, games, knowledge, and tasks
- Exercise every day. Walk, dance, anything that you enjoy at least 30 minutes. Make quality sleep your top priority <http://www.sleepfoundation.org>)
- Find ways for stress management
- Engage in regular enjoyable social interaction (through volunteering, traveling, or joining social clubs). Do not isolate yourself

Source: *Newsletter, DBSA,*
Alliance-Fox Valley
Summer 2013



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
951 358-4987/1-800-330-4522

Phone Phriends

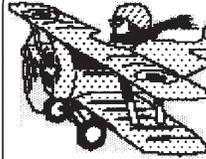
If you need someone to talk with:

Leroy

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

Ms. Carly Jenkins

951 / 522 - 3500
10 am to 8 pm



ANNOUNCEMENTS

DBSA Temecula

Mike Clark @ 951 / 551-1186

Rancho Cucamonga DBSA

Meets Thursdays
Contact: Gena Fulmer
909 / 367 - 8944 OR
e-mail: genafulmer@yahoo.com

DBSA Hemet

Trinity Lutheran Church
Mondays, 5 to 7 pm.
Lyla @ 951 / 658 - 0181

NAMI Recovery Support Group

(Various Mental Illnesses)
951/361-2721

Rialto SPPT GR

Keith Vaughn
909 / 820-4944

Stigma Reduction and Suicide Prevention

AdEase/Riv.Cou.Mental Health:
Julia Sullivan 619 / 243 - 2290
www.adeaseonline.com

DBSA Riverside (Uplifters)

Grove Community Church
Mon 7:00 pm. Room B8
951/571-9090

For Family Support People: NAMI

Riverside County Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month
800 / 330 - 4522 (se habla espanol)
951/369-2721

RECOVERY INNOVATIONS

Invites you to

AFTER WORKS!

AFTER WORKS is a FREE art social event that takes place at Art Works Gallery on Fridays from 5-7 PM. The goal of the program is to bring local professionals, artists, peers and families together in a relaxing environment to create and to learn a new arts skill. Past programming included artist and exhibition receptions, poetry readings, as well as workshops such as mixed media collage, zine-making, and drumming. No experience required!

For more information, visit
www.jtpfriends.org or call Art
Works at (951) 683-1279.

Art Works Gallery
3741 Sixth Street
Riverside, CA 92501



DBSA - Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

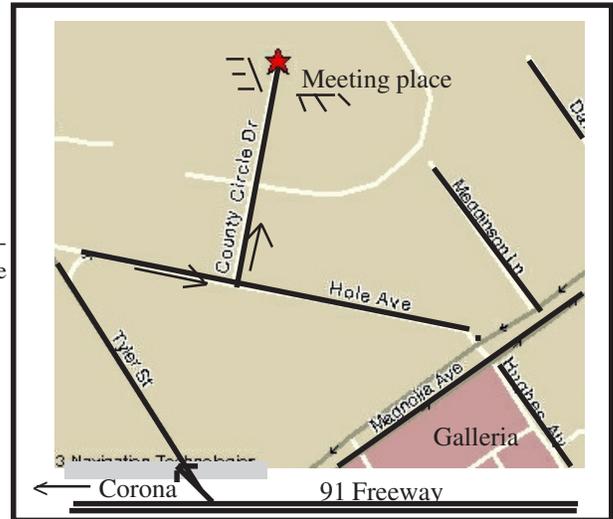
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For 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. Zip: 92503** We welcome professional care providers and adult family members and friends.



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.

DBSA OF RIVERSIDE
16280 Whispering Spur
Riverside, CA 92504

HELP US KEEP COSTS DOWN

We're using a computer mailing list

Please help us keep costs down by

making sure your name and address
are correct. If there is an error or if

you are receiving more than one
newsletter, please let us know.

Print legibly so that mistakes can be
avoided.

Your help and patience are greatly
appreciated.