



The Thermometer Times

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

VOL. 26 NO. 9 Out of Darkness . . . September 2013

Dates to Remember

Weekly Support Group Meetings
No Cost

Saturday 10:00 am - 12 noon
September 7, 14, 21 & 28

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

Speaker:

September 14

Ken Vela

“Dual Diagnosis”

Co-occurring Disorders

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

Predictors of suicidal behaviour found in blood

Changes in gene expression can indicate heightened risk for self-harm.

BRIAN OWENS

People who are intent on taking their own life may not seek counsel or discuss their thoughts with others. Having some ways of predicting the rise of suicidal thoughts could help save at least some of the 1 million people worldwide who die that way every year.

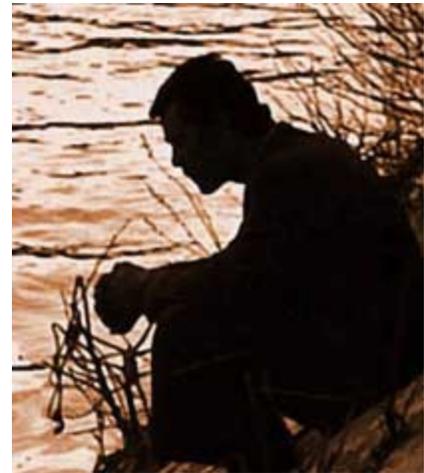
“It’s a preventable tragedy,” says Alexander Niculescu, a psychiatrist at Indiana University in Indianapolis who is looking for biological signs of suicide risk.

Because of the brain’s complexity and inaccessibility, the search for predictors of suicide risk has instead focused on molecular signs, or biomarkers. These biomarkers help to indicate which people are at even higher risk. Niculescu and his colleagues have found six such biomarkers in blood that they say can identify people at risk of committing suicide. Their work is published in *Molecular Psychiatry*¹.

The study by Niculescu and his colleagues had four distinct phases. First, they identified nine men with bipolar disorder from a longitudinal cohort study at Indiana University who, between visits to the lab, had switched from having no suicidal thoughts to scoring highly on a suicide-risk scale. They looked for changes in gene expression in men’s blood cells, and identified candidate biomarkers. These biomarkers were then checked against previous work on genes related to mental illness and suicide to identify 41 most likely to be involved. “It works like a Google search ranking,” says Niculescu. “Those that had the most independent lines of evidence got the highest rank.”

Next, the researchers checked their results against blood samples taken by the coroner from nine men who had committed suicide. This enabled them to narrow their list of candidate biomarkers from 41 to 13. After subjecting the biomarkers to more rigorous statistical tests, Niculescu’s team was left with six which they were reasonably confident were indicative of suicide risk.

To check whether these biomarkers could predict hospitalizations related to suicide or suicide attempts, the researchers analysed gene-expression data from 42



Continued on page 2 (Predictors)

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 (951) 780-3366

Publisher & Editor in Chief
Jo Ann Martin

Senior Editor
Lynne Stewart

Proof Reading
Leroy Merrill
Kathi Stringer - Jo Ann's Assistant

Associate Editors
Nelma Fennimore
Karen Cameron

Medical Advisor
Andrew J. Rooks, M.D.
Child, Adolescent & Adult Psychiatry
American Board of Psychiatry
and Neurology

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.

PREDICTORS (continued from page 1)

men with bipolar disorder and 46 men with schizophrenia, and found correlations with four of their biomarkers, especially in the bipolar group. This indicates that the active genes are not just 'state markers' of immediate risk but 'trait markers' that can indicate long-term risk. When the biomarkers were combined with clinical measures of mood and mental state, the accuracy with which researchers could predict hospitalizations jumped from 65% to more than 80%.

The strongest predictor was a biomarker encoded by a gene called *SAT1*. "It was head and shoulders above the rest," says Niculescu. The work "opens a window into the biology of what's happening," he says.

Ghanshyam Pandey, a psychiatrist at the University of Illinois at Chicago, says that Niculescu's work is an important step in the search for psychiatric biomarkers, but the small sample size means the results will have to be validated in much larger groups and tested for specificity and sensitivity before the results could be used clinically. "That's a big challenge," Pandey says.

Niculescu says that this type of work is usually done with much larger sample sizes but that he and his colleagues used rigorous, multi-step methods to weed out false positives. The next step, he says, is to look at the levels of these biomarkers in the general population and in other at-risk populations, such as those with depression or suffering from stress or bereavement. "Suicide is not just related to mental illness," he says. "It's a very complex behaviour."

Source: *Nature News and Comment*
August 20, 2013

Dennis the Menace

By Hank Ketcham



"SOMETIMES A HUG WORKS BETTER
THAN A LECTURE."

See "Dennis the Menace" online at www.pe.com/entertainment/comics

What doctors prescribe

BY TRACY WEBER AND CHARLES ORNSTEIN

Your doctor hands you a prescription for a blood pressure drug. But is it the right one for you?

You're searching for a new primary-care physician or a specialist. Is there a way you can know whether the doctor is more partial to expensive, brand-name drugs than his peers?

Or say you've got to find a nursing home for a loved one. Wouldn't you want to know whether the staff doctor regularly prescribes drugs known to be risky for seniors or overuses psychiatric drugs to sedate residents?

For most of us, evaluating a doctor's prescribing habits is just about impossible. Even doctors themselves have little way of knowing whether their drug choices fall in line with those of their peers.

Once they graduate from medical school, physicians often have a tough time keeping up with the latest clinical trials and sorting through the hype on new drugs. Seldom are they monitored to see whether they are prescribing appropriately, and there isn't even universal agreement on what good prescribing is.

This dearth of knowledge and insight matters for both patients and doctors. Drugs are complicated. Most come with side effects and risk-benefit calculations. What may work for one person may be absolutely inappropriate, or even harmful, for someone else.

Antipsychotics, for example, are invaluable for treating severe psychiatric conditions. But they are too often used to sedate older patients suffering from dementia, despite a "black box" warning accompanying the drugs that they increase the risk of death in such patients.

The American Geriatrics Society has also labeled dozens of other drugs risky for elderly patients because they increase the risk of dizziness, fainting and falling, among other things. In most cases, safer alternatives exist. Yet the more dangerous drugs continue to be prescribed for millions of older patients.

And, as has been well documented by the Los Angeles Times and others, powerful painkillers are often misused and overprescribed, with sometimes deadly consequences.

As reporters who have long investigated healthcare and exposed frightening variations in quality, we wondered why so much secrecy shrouds the prescribing habits of doctors.

The information certainly isn't secret to drug companies. They spend millions of dollars buying prescription records from companies that purchase them from pharmacies. The

drug makers then use the data to target their pitches and measure success. But when we tried to purchase the records from the companies that supply them to drug manufacturers, we were told we couldn't have them—at any price.



We next turned to Medicare, a public program that provides drug coverage to 32 million seniors and the disabled and accounts for 1 of 4 prescriptions written annually. We med a Freedom of Information Act request for prescribing data. After months of negotiation with officials, we were given a list of the drugs prescribed by every health professional to enrollees in Medicare's prescription drug program, known as Part D.

What we found was disturbing. Although we didn't have access to patient names or medical records, it was clear that hundreds of physicians across the country were prescribing large numbers of dangerous, inappropriate or unnecessary drugs. And Medicare had done little, if anything, about it.

One Miami psychiatrist, for example, wrote 8,900 prescriptions in 2010 for powerful antipsychotics for patients older than 65, including many with dementia. The doctor said in an interview that he'd never been contacted by Medicare.

A rural Oklahoma doctor regularly prescribed the Alzheimer's drug Namenda for patients younger than 65 who did not have the disease. He told us it was because the drug helped calm the symptoms of autism and other developmental disabilities. But there is scant scientific support for this practice.

Among the top prescribers of the most abused painkillers, we found many who had been charged with crimes, convicted, disciplined by their state medical boards or terminated from state Medicaid programs for the poor. But nearly all remained eligible to prescribe for Medicare patients.

If you or a loved one were a patient of one of these doctors, wouldn't you want to know this?

We have now taken the data and put it into an online database that allows anyone to look up a doctor's prescribing patterns and see how they compare with those of other doctors.

This information is just a start. It can't tell you whether your doctor is doing something wrong, but it can give information that allows you to ask important questions.

For instance, why is your doctor choosing a drug that his peers seldom do? Does your doctor favor expensive brand-name drugs when cheaper generics are available? Has your doctor been paid to give promotional talks for drug makers?

And we'd like to see the day when all prescribing by all health professionals, not just in Medicare, is a matter of public record.

Continued on page 4 (What Doctors Prescribe)

WHAT DOCTORS PRESCRIBE *(continued from page 3)*

It's not only patients who benefit when medicine is more transparent. Doctors too can gain by comparing themselves to their peers and to those they admire. Clinics can see how their staffs stack up. And researchers can track patterns and examine why doctors prescribe the way they do.

One doctor told us that after studying our online database, he cornered his colleagues and peppered them with questions about their prescribing. Most, he said, were surprised when he told them their drug tallies.

Many aspects of doctors' practices remain private: The number of tests they order and procedures they perform. The number of times they make mistakes. These data could help inform the public too.

In the meantime, arming yourself with prescribing information allows you to be more active in your healthcare, or that of an aging or disabled loved one.

Former Times reporters TRACY WEBER and CHARLES ORNSTETIN are senior reporters at ProPublica, a nonprofit investigative journalism newsroom in New York. Their latest project, including a tool for looking up the prescribing habits of individual doctors, is at propublica.org/checkup.

*Source: Los Angeles Times
July 16, 2013*

A Crime Against Mentally Ill

Thousands are in L.A. County jails;
few get treatment they need

STEVE LOPEZ

If you routinely hear voices, hallucinate, sink into suicidal depression or suffer inescapable torment; Los Angeles has a place for you.

The county jail

On Monday, the jail held 3,200 inmates diagnosed with a mental illness and accused of a crime. Most have not been to trial, many have waited months for their day in court, and the majority have cycled through at least once before. There's no longer enough room to house them all in segregated areas, so 1,000 mentally ill men and 300 women are housed with the general population.

Sheriff Lee Baca has said for decades that he runs the nation's largest mental hospital, but we've heard it so often that the shock has worn off. We know there's something inexcusably wrong with the system — something backward and inhumane. But we shrug and move on, and the failure of public policy persists, at great public expense, while Los Angeles County officials order up another round of studies.



On the seventh floor of the Twin Towers, some of the most severely ill men stood in the locked single cells of a dorm-style bloc Monday, staring into space, banging on walls or howling. On the fifth floor, cells were filled to capacity and bunks were squeezed into the common dining area to handle the overflow. Some of the bunks are two beds high, some three. Privacy and quiet do not exist for inmates or their jailhouse therapists.

If you're trying to figure out what makes for a desirable therapeutic environment, said Sara Hough, who runs the jail clinical program for the county Mental Health Department and takes pride in trying to deliver desperately needed care, "this ain't it."

County sheriff's Sgt. Julie Geary pointed out an inmate who thinks that he's Abraham Lincoln and that he's possessed by a spirit. Near by was a man who's been in and out of jail so many times, Geary is on a first-name basis with him. "You're back," she recalled telling Herman. And she knows which inmates can be expected to complain that poisonous gas is being piped into their cells.

On the fifth floor, a 49-year-old inmate squatted and spoke to me through a small opening in a locked door. He was diagnosed with paranoid schizophrenia as a young man, he said. I asked how many different times he's been in jail since then.

"About 15," he guessed.

And the total amount of time he's been locked up?

"Sir, to be honest with you, about 27 years."

While I spoke to him, another middle-aged man kept gesturing through a window that he wanted to talk, too.

"Sir," he said, "I'm just trying to get into a drug program."

He rattled off a list of diagnoses he's received, including bipolar disorder and schizoaffective disorder. Like the 15-timer, he's been in jail so many times he could only guess at the number.

"About 10," he said.

Clearly, locking these men up over and over again isn't working, and it isn't cheap. But it's what the system has been doing for years in Los Angeles County and in jails and prisons across the country.

Therapists know it. Judges know it, because they see the same offenders churn through their courtrooms, many of them for drug possession and minor offenses in which the underlying cause is often a mental illness. And jailers surely know it, though the problem is not of their making or of any other single agency's.

"We're on the same page here," sheriff's Cmdr. David Fender said Monday when I met with him and mental health officials at the jail. "The entire leadership" of the Sheriff's Department "believes we've got to do something about this."

No doubt, so what's the plan?

The county Board of Supervisors is pushing ahead, after years of delay, with plans to update jail facilities in hopes of fending off possible federal intervention following myriad reports of inmate abuse and deplorable conditions. Earlier this year, the supes hired a consultant to make proposals for demolishing the dungeon-like Men's Central Jail, building a new facility in its place and up-dating other detention centers.

Continued on page 4 (A Crime Against Mentally Ill)

A CRIME AGAINST MENTALLY ILL (cont'd from pg. 4)

At Tuesday's board meeting, five proposals were aired, including construction of a jail devoted entirely to inmates with medical and mental health problems.

But would that be a new direction, or the same failed strategy in a new and improved building? Even when inmates get counseling and meds in jail, the majority of them leave with no long-term recovery plan or supervision on the outside, so guess where they end up.

The costs of the proposals ranged from \$1.32 billion to \$1.62 billion, and no doubt some upgrades are needed. But several dozen demonstrators at the meeting called for no new jails, and many of them stepped to the mike to demand a greater investment in steering people out of detention.

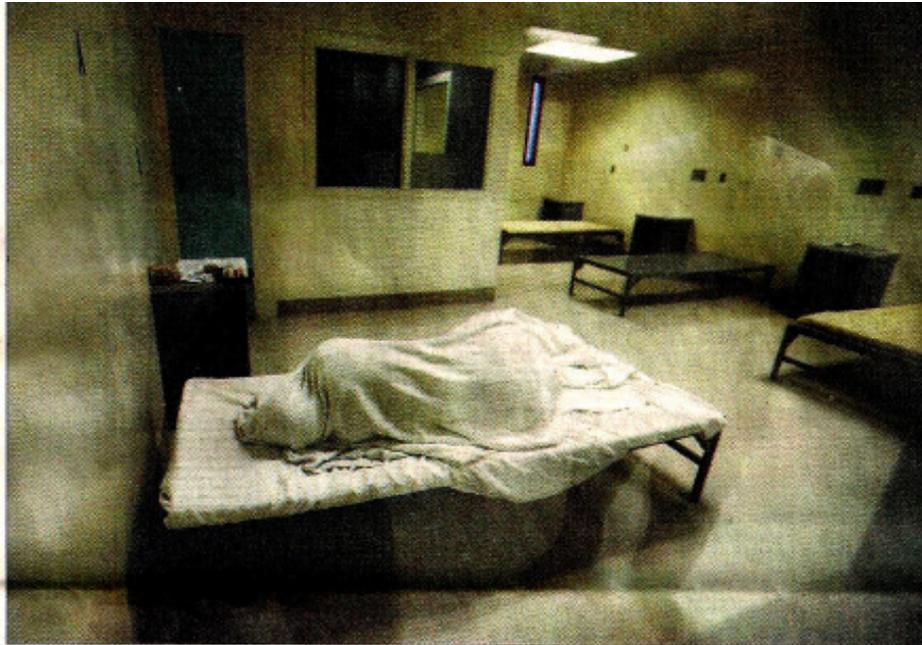
One of the speakers, Marsha Temple, cited an earlier study recommending community treatment centers rather than incarceration for many of those with mental health problems. She points out that permanent supportive housing and treatment would offer a far better chance at recovery, and would cost a fraction of what it takes to throw someone into a jail cell.

"Why are we locking up people who are mentally ill?" Temple asked me rhetorically Tuesday afternoon, her tone suggesting the practice is nothing short of barbaric. And she said declining birth rates and crime rates make her fear that

more jail space will lead to more warehousing of those who ought to be in treatment rather than in jail

Temple runs the LA nonprofit Integrated Recovery Network, which contacts inmates before their release, then follows them back out with supportive services like housing

assistance, job training and mental health counseling. But her group can handle only a fraction of the need. Temple has been strategizing with judges, attorneys and treatment providers to push for similar services at the time of arraignment, with the goal of avoiding incarceration all together, particularly



AN INMATE sleeps in the medical unit of L.A. County's Twin Towers jail in Los Angeles. Efforts to steer the mentally ill into treatment rather than incarcerating them have borne little fruit. ROBERT GAUTHIER, Los Angeles Times

for the nonviolent offenders.

That's already being done on a small scale, with the county's Homeless Alternative to Living on the Streets program. But 3,200 people with a mental illness are behind bars (17% of the jail population).

That's shameful, and once you've looked into their eyes, you're haunted by the conviction that many of them are serving time for the crime of being afflicted. If the supervisors have trouble finding the will to do right by such a vulnerable, stigmatized population, maybe they should take one more tour of the nation's largest mental hospital.

stevlopez@latime.com

Source: Los Angeles Times
July 17, 2013

White House Conference Hits Stigma

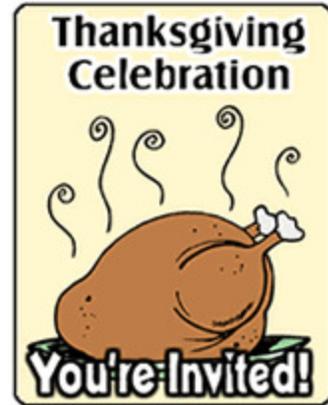
June 3, 2013, Washington, D.C.--Mental health organizations applauded President Obama's leadership in convening the White House Conference on Mental Health.

Michael J. Fitzpatrick, executive director of the National Alliance on Mental Illness (NAMI), said the conference and many activities to follow in the months ahead are part of the national dialogue on mental health that the president promised in the wake of the tragic mass shooting in Newtown, Connecticut, last December.

"The challenge is to expand awareness and support for improving the lives of individuals and families affected by mental illness," said Fitzpatrick. "That means creating a mental health care system that is truly accessible to all who need it, when they need it."

Wayne W. Lindstrom, PhD, president and CEO of Mental Health America, noted the importance of raising awareness and challenging stigma. "While millions of Americans struggle with mental health problems, those who need help are too often afraid to seek it because of the shame and secrecy associated with mental illness," he said.

Source: esperanza, Summer 2013



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.

L a b o r D a y

Come Join Your Friends

At Jo Ann Martin's

Franklin Park

Monday,

September 2nd

Tour the grounds!



DJ + Live Music



LABOR DAY



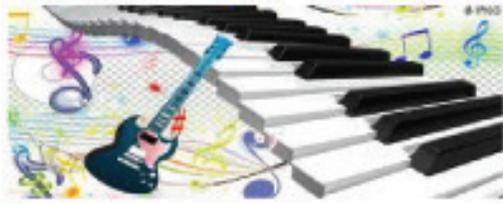
Fun!

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

Picnic at 12:00 Noon

Bring a salad, main dish or dessert, if you can't bring a dish, come anyway.

Meat & beverages will be furnished.



LIVE MUSIC!

**Performing
Paul Sinclair Anderson**



Enjoy a day on the lawn
Or take a swim in the pool!



*** Directions**
Jo Ann Martin's home

Exit 91 Freeway 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



Have a hotdog or burger friends

LABOR DAY



Make it a family day!

See You There!



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:

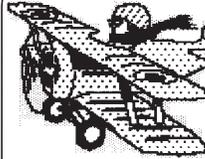
Riverside Co. Dept. of Mental Health
The Family Advocate Program
951 358-4987/1-800-330-4522

Phone Friends

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

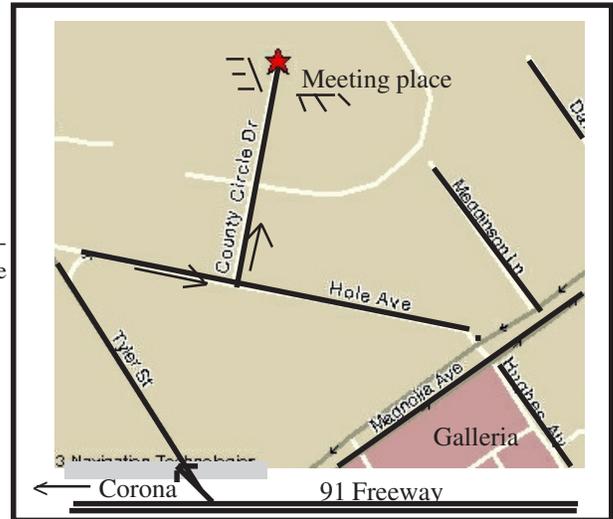
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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