

CORNUCOPIA

A place to lead A place to learn
A place to believe in ourselves



August 2005, Vol. 10, No 8

To California man, hiking is a step toward mental health

By Naomi Havlen
Aspen Times Weekly June 26

Three acquaintances and one close friend of Rick McKinney's killed themselves in 2003. McKinney, reeling from the loss of his friends, feared for his own life since he had been suffering from severe depression himself. Two years before, he was living in San Francisco and making a good living in the computer industry. But he woke up every morning wondering whether to jump off the Bay Bridge.

A friend convinced him to go back on medication for his illness, and his condition improved. But with the suicides in 2003, something else nagged at his mind - the need to get moving.

McKinney, a resident of Idyllwild, Calif., put on some shoes in the spring of 2004 and started hiking in Georgia. Six months later he wound up in Maine, having completed the 2,175 miles of the Appalachian Trail.

"I met a lot of people along the way, and it was very therapeutic," he said. "Nature is a great healer. There's something about getting up in the morning and only having to do one thing - walk north. It was nice to not think about anything else."

Suicide awareness will bring McKinney, 38, to Aspen later this summer. On his next long hike, he'll start in

Yellowstone National Park and walk south along the Continental Divide Trail, skipping the basins of southern Wyoming and arriving in Aspen in mid-August.

It was author and Wood Creek resident Hunter S. Thompson's suicide in February that made McKinney conceive this most recent journey.

"I was devastated [by his death]," McKinney said. "It was like one more blow. It made me feel like I had a mission to take what I'd learned and spread the message, as it were."

He started researching death statistics and was surprised to find suicide is the eighth-leading cause of death for men in the United States and that there are about 30,000 suicides annually.

His own experience with suicidal depression makes him want to give back to the world, reducing the stigma that exists around both depression and suicide.

"There is an understanding about depression, but there's still an onus about it that makes people like my close friend Luciano [who killed himself in 2003] not talk about what's going on in his head," McKinney said. "He was ashamed and then we lost him."

By going on medication, McKinney admitted to himself that he had a disease. And by going hiking, he found a larger sense of inner peace that he hopes to communicate to the world.

With a Palm Pilot and a collapsible keyboard in his pockets, McKinney wrote more than 150,000 words during his long journey in 2004. He has compiled his writing into a book, "Dead men hike no trails," that he plans to publish this fall.

"[Depression] is a tough thing to live with, but like any illness, if society becomes more accepting of it, the people who suffer from it wouldn't feel as bad about it," he said.

Australian Institute of Sport to screen for depression

By Nicole Jeffery
The Advertiser June 30

In the week that triple Olympic gold medalist Petria Thomas, a long-time Australian Institute of Sport (AIS) athlete, disclosed that she had taken an overdose of tablets while suffering from depression early in her career, the AIS has revealed that it has been putting processes in place for the past year to improve the mental health of its athletes.

Thomas is the latest high-profile athlete to openly discuss their battles with depression.

Fellow Olympic swimmer Sarah Ryan needed anti-depressant medication to prepare for the 2002 Commonwealth Games. Three months before the Games, she reported crying inconsolably at home and at training for two weeks until the Australian team psychologist Clark Perry recommended medication to help her.

Former Test cricketer Michael Slater has admitted that he was afflicted late in his career by panic attacks and bouts of depression, later diagnosed as a bipolar disorder. AFL players Scott West, Glenn Bowyer and Nathan Thompson have spoken openly in the past few years of struggles with the "black dog".

A survey of AFL players last year found that 8.4 per cent had sought help for depression at some stage.

(continued on p. 7, see "athletes")

"I believe that someone can get out of bed and start hiking and experience the beauty of the forest and the freedom of it," he said. McKinney still takes medication for his depression, and he said that's another critical component of his health. "But I also think you should crawl to the nearest trailhead and start hiking - it's that simple."

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Membership is open to past or present mental health consumers, family members, allies and supporters. Membership entitles you to participate in all activities for the current year (Jan 1- Dec 31) and entitles you to the newsletter. *Computer lessons are only open to consumers.* Participants in Cornucopia agree to help create a safe, friendly drug and alcohol free environment.

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“Can A Psychotic Save A Life”

Dagmar Krause

American author William Cather once said; “Where there is great love there are miracles.” This is a story from the BBC I couldn't get out of my mind.

It's about a young couple from the East Coast who had a premature baby that was not supposed to live. They came every day to see it in the hospital incubator until one day it had vanished.... After some confusion it turned out that a young woman had visited the hospital several times and had talked to a head nurse. She had asked for advice about how to help a premature baby to survive. The young woman stayed at a run down hotel where she had gone through the tragedy of having a stillborn child.

Later the story was pieced together of how she smuggled out the baby of the young couple. She wrapped it gently into a warm blanket and hailed a cab. In the cab she tried to take off her skirt because she thought the baby still wasn't warm enough.

The cab driver felt it wasn't a good idea to drive a young woman who took off her clothes. So he convinced her that he had a friend who collected blankets and could spare a few. With these additional blankets she created a warm and cozy little bed in a deserted broom closet in the hotel. She also carefully put a dozen candles in glasses around the crib to create the right temperature for the premature baby.

With the research she had done while the little child was still at the hospital, she was able to put together an almost perfect formula to feed it. Against all odds it survived – but the most important reason that it didn't die (as doctors predicted it would) – was the wisdom in the statement “Where there is great love there are miracles.” Or as one physician put it: “If we truly extend ourselves to one another far more people will survive, in fact far more people truly want to survive because it gives them hope and meaning.” A warm hug with a sick baby or a sad friend can go a long way and it doesn't cost a dime.

I wish there could have been a good ending for this amazing young woman, but in our world of rules and regulations, the only break they gave her was that instead of charging her with kidnapping they declared her to be psychotic and put her in a hospital.

Still who knows; since they need space in these hospitals, perhaps after she was released with her ingenuity and determination she'll be able to commit another “act of insanity” and save a life everybody else had given up on.

Mission

Cornucopia is an arts and wellness center run for and by people with mental health issues and their allies. Through fellowship, we celebrate creativity and diversity. We promote growth and dignity by helping members develop strengths and talents which build personal and community life skills.

Join us!

ACTIVITIES & NEWS BITS



Jen helps Linda learn about color in pastel

Painting the Heart healing with pastels

with Jen Thompson-Hall

Come join us on **Wednesday afternoons** from **1 to 2:30** at Cornucopia to play in pastels.

With pastels we can spontaneously and quickly lay down lots of color in a very tactile way. The emphasis is on the intuitive, though we may work with lighting and perspective. This class will focus on loosening creativity and bringing forth inner experiences, and is for absolutely anyone interested in it!

Join Us for Wednesday night Wellness Group!

Here's the schedule:

August 3rd: Depression

August 10th: Bipolar Disorder

August 17th: Thought Disorders (The Schizophrenias)

August 24th: Anxiety Disorders

August 31st: Personality Disorders

Wednesdays 6:00 to about 7:30 or 8

Karaoke Day:

Friday August 26 1-3pm

As you might have read in the last newsletter, we now have a karaoke machine. People have been playing with it informally, but we are going to have a formal Karaoke Day on the afternoon of August 26. We have dozens of songs. You can sing along with Billy Joel, Elvis Presley, The Four Tops, Bill Haley, Cher, Bette Midler, Cyndi Lauper, Bonnie Raitt, The Beach Boys, Frank Sinatra, Louis Armstrong, and on and on and on... Come join us. It will be guaranteed fun.

Member Art Show In the Gallery

Barbara Grimm and Peter Schwoerer are having an **ART SHOWING** in the Cornucopia gallery in August. The opening will be Friday August 5, 5:30-7:00pm, with refreshments.

Member Art Show In the City

See numerous works by Ida Schroeder at *Company of Thieves* coffee shop, 908 E Johnson in Madison. August 23-Oct 3

Cornucopia Annual Summer Picnic

Tenney Park Shelter, Saturday, September 10, 11:00-3pm
Bring a dish to pass--Sign up at Cornucopia office, if possible. Be there!



Barbara Grimm

Summit Credit Union logo consisting of a grid of small squares forming the letters 'S', 'C', 'U'.

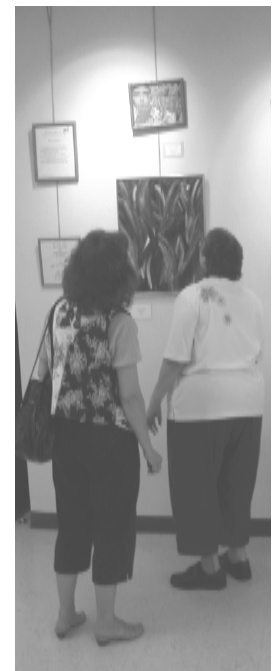
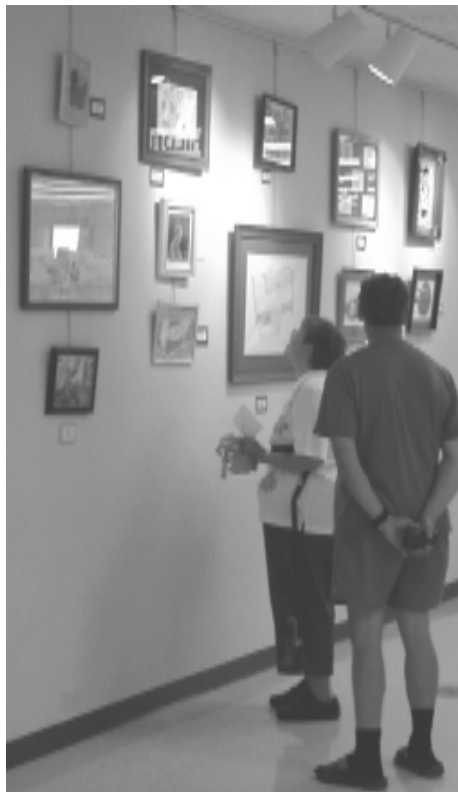
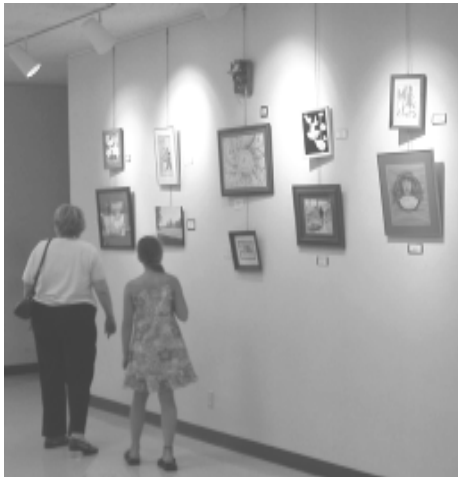
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July Library Show
Pictures from our
reception July 9



Social Network's Healing Power Is Borne Out in Poorer Nations

RAIPUR RANI, India —

By Shankar Vedantam *Washington Post* June 27

People with schizophrenia, a deadly illness characterized by hallucinations, disorganized thinking and social withdrawal, typically do far better in poorer nations such as India, Nigeria and Colombia than in Denmark, England and the United States.

European and U.S. psychiatrists were so shocked by the initial findings in the 1970s three-decade-long study by the World Health Organization that they assumed something was wrong with the study. They repeated it. The second trial produced the same result. The best explanation, researchers concluded, is that the stronger family ties in poorer countries have a profound impact on recovery.

Most people with schizophrenia in India live with their families or other social networks — in sharp contrast to the United States, where most patients are homeless, in group homes or on their own, in psychiatric facilities or in jail. Many Indian patients are given low-stress jobs by a culture that values social connectedness over productivity; patients in the United States are usually excluded from regular workplaces.

Indian families sit in on doctor-patient discussions because families are considered central to the problem and the solution. In America, doctor-patient conversations are confidential — and psychiatrists primarily focus on brain chemistry.

Norman Sartorius, the former head of WHO's mental health program, spearheaded the schizophrenia studies.

In an interview at his home in Geneva, he said Western countries could financially help families take care of their relatives, which would save money on hospitalization and incarceration. Caregivers might be given time off from jobs. And doctors could enlist recreational and religious groups to replace the social networks that patients lose.

"Social factors play a major and important role in the outcome of disease," Sartorius said. "Very few solutions are medical in medicine."

Decades of research have supported the WHO findings, but they have met with stony silence in the United States, in part because anti-psychiatry groups have argued erroneously that the studies prove that drugs and doctors are useless. Most

U.S. psychiatrists see schizophrenia as an organic brain disorder, whose origins and outcome depend on genes and brain chemistry. They acknowledge the psychosocial aspects of disease, but the challenges of connecting patients with jobs, schooling and social networks are neglected — often because they fall outside the bounds of traditional medicine.

Patient advocacy groups are also uneasy about giving families a central role because, in a previous era, a now-discredited theory blamed schizophrenia on poor parenting.

Drug manufacturers, too, are focused elsewhere. "Pharmaceutical companies, which control the scientific production of research at universities, are not interested in saying, 'Social factors are more important than my drug,'" said Jose Bertolote, a WHO psychiatrist. "I'm not against the use of medication, but it's a question of imbalance."

Western doctors cannot write prescriptions for stronger family ties, Bertolote said. But Indian psychiatrists, unlike their Western counterparts, dispense not only drugs but also spiritual advice, family counseling — even matchmaking services. Indian doctors are seen not only as medical experts, but as wise authority figures.

Trend Emerged Slowly

Nigerian, Colombian and Indian patients also seemed less likely to suffer relapses and had longer periods of health between relapses. Doctors in poorer countries stopped drugs when patients became better — whereas doctors in rich countries often required patients to take medication all their lives.

A separate study, in rural China, recently revealed that low doses of medication could be as effective as high doses, and virtually eliminated side effects, said Martin Gittelman, a clinical professor of psychiatry at New York University. And older medications, largely discarded in wealthier countries, were as effective as newer, expensive anti-psychotic drugs.

The secret? The "hand labor" of extended families and primary care workers to constantly monitor patients and bump up medication dosages at the earliest sign of psychotic flare-ups, Gittelman said.

The tight security found at most American psychiatric wards is absent in

Chandigarh: For one thing, it is unaffordable, but Wig also found that relatives are more effective than strangers in calming agitated patients.

Patients at the Chandigarh hospital today pay a dollar a day. That includes meals. As the WHO study got underway, Wig realized there were many patients in India who could not afford even the inexpensive hospital care. The study therefore included patients in the nearby village of Raipur Rani, where doctors could dispense outpatient care.

Wig, who trained as a psychiatrist in England, keeps up with the latest research, but mostly he tells his patients about religious figures who overcame obstacles. He never tells them schizophrenia is a chronic, incurable brain disease. And he encourages patients to complement his treatment with faith-healing techniques.

"In India, people do not accept the medical model of schizophrenia," Wig said. "The medical model says, 'This is a genetic, biochemical thing and you have to keep giving medicine and there is nothing else that can be done.' Indian patients continue to sustain hope."

Treating schizophrenia without anti-psychotic drugs is unthinkable, doctor Naren Wig and Benedetto Saraceno, director of the department of mental health and substance abuse at World Health Organization's headquarters in Geneva said. But the current system in wealthy countries merely brings patients who are in crisis into hospitals, stabilizes them with drugs and discharges them after a few days. Saraceno said that approach is doomed to end in a new crisis—the familiar "revolving" door." Ronald Manderscheid, a public health expert at the U.S. Substance Abuse and Mental Health Services Administration, said policymakers have come to understand that the key to treating schizophrenia lies in integrating cultural and social supports with medicine.



Winter's Fading Light, Donna Holzem

Global Schizophrenia Prevalence May Have Been Overstated

Joan Arehart-Treichel
Psychiatric News July 1

Schizophrenia may not be as prevalent as generally believed. The study that arrived at this conclusion was conducted by John McGrath, M.D., a professor of psychiatry at the University of Queensland in Australia, and coworkers. Results were published in the May *Public Library of Science Medicine*.

McGrath and his colleagues analyzed 188 studies conducted in 46 countries and published between 1965 and 2002. The proportion of individuals in the population who have ever manifested the illness and who are alive on a given day) was 4 per 1,000. *DSM-IV-TR* states that the lifetime prevalence of schizophrenia is often reported to be 5 to 15 per 1,000. The proportion of individuals who manifest the illness at a given point of time) was 4.6 per 1,000. Key policy documents have estimated the point prevalence of schizophrenia to be similar, about 4 per 1,000.

The probability of a person developing the illness during his or her lifetime) was 7 per 1,000. It raises questions about the statement that people often make that "schizophrenia affects about one person in 100," McGrath and his coworkers pointed out in their report, because the statement is usually based on

lifetime morbid risk figures. "If we wish to provide the general public with a measure of the likelihood that individuals will develop schizophrenia during their lifetime, then a more accurate statement would be that 'about seven to eight individuals per 1,000 will be affected.'"

The researchers concluded, "While there is substantial variation between sites, generally the prevalence of schizophrenia ranges from 4 to 7 per 1,000 persons, depending on the type of prevalence estimate used."

The review also suggests, in keeping with some previous studies, that schizophrenia is more prevalent in migrant groups than in native-born populations, adding weight to the argument that migrant status is an important risk factor for the illness.

Yet contrary to some previous findings, the review implies that schizophrenia is about as prevalent among women as among men and that it is not more widespread in urban areas than in rural ones. However, another recent study tends to bolster their gender-related findings: it found a greater prevalence of schizophrenia among females than among males in China. *The study was funded by the Stanley Medical Research Institute.*

Focalin XR Approved for Treatment of ADHD in Adults, Adolescents and Children

Medical News Today 13 Jun

The FDA has just approved focalin XR, a new long-acting medication for adults, adolescents and children who struggle with attention-deficit/hyperactivity disorder also known as ADHD.

Doctor Lenard Adler, NYU School of Medicine: "Ideally when we're looking for effects of ADHD medication, we're looking for a medicine that will start quickly, have effects throughout the day and this is what Focalin XR has been shown to do. When an adult gets their ADHD treated, a variety of things may improve in their life: their work performance may improve, the quality of their relationships may improve, and their ability to get things done may also get better."

(*"athletes", continued from p.1*)

AIS head of performance psychology Michael Martin said the institute planned to introduce a world-first program to identify athletes who were not equipped with adequate coping mechanisms.

"We have athletes here who are going into a high-performance environment where there's a lot of pressure and they have often moved away from home for the first time and they don't have their normal support structure around them.

"The thing that's so great about Petria's book (to be released in Sydney on Friday) is that it shows the general public that these are normal people, that athletes are not exempted from this," he said.

"We should not put them on a pedestal and think they are exceptional in everything they do. They are exceptional at sport, but otherwise they are normal people."

Perry said educating athletes about depression and convincing them that such thoughts were normal was important to prevention.

"The more we can normalise depression and take the stigma away from it, the better we will be. I think that can save lives," he said.

"It has a lot to do with expectations, and people who go into an elite environment have very high expectations of themselves.

"It's no coincidence that Ivy League schools in the US have much higher levels of suicide and depression than other schools."

Martin said the new focus on the mental health of athletes was "part of the evolution of elite sport".



Everlast, Bill Kuban

Insomnia Shows Strong Link To Psychiatric Disorders

Lynne Lamberg

Psychiatric News June 17

Thomas Roth, Ph.D. is director of research and chief of sleep medicine at Henry Ford Health System in Detroit and a clinical professor of psychiatry at the University of Michigan College of Medicine.

About 10 percent to 12 percent of adults across cultures have chronic insomnia, Roth says; of this group, 40 percent have a psychiatric diagnosis. Among the general population, 16 percent have a psychiatric diagnosis.

Insomnia is widely neglected in adolescents, Roth said. His research group found that 32 percent of a large group of adolescents reported having experienced insomnia, 14 percent of them in the preceding month. About 17 percent of adolescents met *DSM-IV* criteria for insomnia; 12 percent had comorbid psychiatric disorders. A report on these findings is in press at the journal *Pediatrics*.

People with any medical condition have a higher prevalence of chronic insomnia than those who are well. About 1

in 4 shift and night workers reports insomnia. Why some people develop insomnia while others with the same illness or occupational risk do not remains unclear, Roth said. Insomnia affects about 25 percent of patients seen in primary care, 70 percent of geriatric patients, and 90 percent of patients seen in psychiatric practices.

People with chronic insomnia use more medical and psychiatric services than the general population; experience more social disability, role impairment, and days of limited activity; and report poorer quality of life.

Some 82 percent of people with depression have insomnia. "This high comorbidity is unique," Roth said. "The association suggests a common pathophysiology." Every disorder with a high risk of insomnia, he added, also carries a high risk of depression.

Eight published studies show that insomnia is a risk factor for psychiatric disorders, he said. People with insomnia have a fivefold or higher risk of developing

depression over time.

A longitudinal study of 1,014 male medical students at Johns Hopkins Medical School found that those who reported having insomnia as students had a significantly higher likelihood of having depression 20 and 40 years after their graduation.

Insomnia also is a possible predictor of mood disorder and relapse; depression rarely precedes insomnia, Roth said. By contrast, in people with generalized anxiety disorder, anxiety shows up before insomnia appears.

The fundamental response to sleep loss in healthy people is sleepiness, Roth noted. In insomniacs, however, it is hyperarousal. Brain imaging, along with elevations in cortisol and changes in circadian rhythms of cortisol secretion, also show evidence of hyperarousal. The pathology in chronic insomnia, he suggested, may be that people with the disorder become more vigilant, even though they are sleeping less. 🐾

The Long, Painful Road From Victim to Advocate

Mark Moran

Psychiatric News July 1

Trisha Meili became known to millions as a symbol of brutal urban violence—"the Central Park jogger." [In] 1989 in New York's Central Park she was raped, severely beaten, and left for dead. Her journey back to health and wholeness has involved the collaborative work of psychiatrists, social workers, experts in rehabilitation medicine, neurology, ophthalmology, internal medicine, and others.

Fourteen years after the attack, Meili revealed herself and her story in a best-selling memoir, *I Am the Center Park Jogger: A Story of Hope and Possibility*.

Today, she speaks at universities, brain-injury associations, sexual assault centers, and hospitals about her recovery. She also gives her time to the Sexual Assault and Violence Intervention Program at Mt. Sinai Hospital; to Gaylord Hospital in Connecticut; and to the Achilles Track Club, which helped her run in the New York City Marathon in 1995.

Meili distilled her experience into four vital lessons: the importance of

"feeding the psyche," the power of living fully in the moment, aggressively pushing the boundaries of what is considered possible, and self-acceptance.

Meili said the prayers, gifts, and warm words of encouragement that came from family, friends, and strangers from the around the world—even when she was in a coma and unable to speak—fed her psyche.

She recounted with special feeling the care she received from a West Indian nurse in the very early days of her recovery, when she was still in a coma. When doctors would stand over Meili's bed discussing her bleak prospects as if she were not in the room, Meili's nurse would cradle her in her arms and whisper in her ear, "Don't pay them any mind. What do they know? You are a hero."

"Later, when I did begin to talk," Meili recounted, "she would ask me, 'Who is the captain of the ship?' I would say, 'I am,' and she would say, 'You're absolutely right!' "In hindsight," Meili said, "it was exactly what my psyche needed to hear."

The power of living fully in the present moment was brought home to Meili by virtue of the fact that as she was painstakingly recovering the use of body and

her mind, "nothing came naturally," she said.

She recalled a rehab exercise she practiced with a nearly meditative intensity, a task designed to help her regain manual dexterity requiring her to remove and replace nails in holes drilled in a wooden board.

"I wanted to regain the full use of my hand, so I was entirely focused on the task directly in front of me," she said. "I wasn't thinking about what had happened to me. The past I couldn't change, and I didn't seem to be preoccupied about the future. Working in the present moment was the right place to focus my energy."

The third lesson Meili imparted was about the need to push the boundaries of what one is capable of, and in her recovery she discovered that neuroplasticity was no mere theory.

"I have continued to grow in my recovery by pushing to the edges of what I thought was possible," she said. "Small improvements motivated me to keep pushing ahead, and the process of growing and healing never stopped. From the improvements over many years I became more confident of what I could do, because

(continued on p. 9, see "advocate")

(“advocate”, continued from p.8)

I learned to live inside this body and mind.”

Self-acceptance, especially in terms of accepting that the attack had permanently altered some aspects of her cognitive functioning, was the most difficult lesson that recovery from trauma taught her.

“I came from a family that valued intellect, and I was proud of my academic achievements,” Meili said. “I heard many messages growing up, spoken and unspoken, that smart was good....

“Mentally I will never be the same as I was before the attack. To acknowledge this to myself is, to say the least, not a great feeling. But in another way it gives me peace. I accept it. I can live with it. It’s a giant step in my healing. It’s part of the woman I have become, and, most days, I like that woman.” 🐾

Suicide watches by inmates benefit all

K. Kersting

Monitor on Psychology June 2005

Prison suicide watches done by other inmates, instead of prison staff, reduce the frequency and duration of watches, benefit inmate observers and reduce costs, according to a study conducted by Federal Bureau of Prisons researchers that appears in the summer-fall issue of *Psychological Services* (Vol. 2, No. 1).

The researchers, led by psychologist Gary Junker, PhD, of the Federal Medical Center in Butner, N.C., tracked suicide watches for two 12-week periods among inmates at the Federal Bureau of Prisons Medical Referral Center, which provides mental and physical health care to inmates throughout the federal penal system. During one of those sessions, institution staff conducted the watches, as is typical in prisons; during the other, inmates did the watching.

Junker and his team selected inmate observers from a group of inmates that work and live at the medical center, but who are not mentally or physically ill, Junker says. A psychologist trained the observers to watch suicidal peers, record log entries at 15-minute intervals and call for assistance during emergencies. The

psychologist also gave the observers information about suicidal behaviors, active listening and confidentiality. The inmate observers did not have access to the patient records and were instructed that their job was to observe, not counsel.

For psychotic inmates on suicide watch, the average number of hours spent under watch dropped significantly when inmates were doing the watching, from about 100 hours with staff observers to about 65 hours with inmate observers, Junker says. Results for inmates with personality disorders and mood disorders were less clear, but the researchers found no negative effects.

It’s not clear yet why suicide watch durations shrink with inmate watchers. Junker says it could be that spending time with a peer reduces stress. In addition, suicidal inmates sometimes harm themselves to manipulate staff, a situation removed by the inmate observers.

The arrangement can benefit observers as well; being an observer is a

SACRED WIND WITHIN

by Richard H. Cresswell

All along the Watchtower they abuse you with their rigid rules,
where decorated lonely women have barefoot hungry children.
And everyone is thinking bout what other people do to them,
while they lose their balance with what is left among their friends.

Meanwhile Outside in the cold and Lonely Distance,
The Wildcat takes his time before he decides Who will die.
And in the End you will Hear it said, Once again with feeling,
Two Riders will be Grappling, when the Desert Wind begins to sing.

And when the Wild Cat Dreams, the Living Wind begins to Scream:
The Riders then will listen to the Ever Lasting Wind Within.
Outside on the Desert there’s a Crescent Moon Revolving;
And all along the Horizon, there’s some Busy People Dying.

While the Crescent Moon is Circling & TearingUp our Broken Dreams,
Everyone will listen then to the Ever Lasting Wind Wherein:
Everyone will listen to the Ever Lasting Love Within,
When We become United for Peace, Warfare will then soon Cease.

The Everlasting Love within will be together with the Blowing Wind.
& All Along the Watchtower, we’ll be working with the Golden Rule.
& Everyone will Worry bout be—Coming Someone Else’s Fool.
Then the EverLasting Love Within will become Your Best Friend. &

The Everlasting Love within will be together with the Blowing Wind.

chance for inmates to demonstrate social interest and practice prosocial behavior, which increase the chance for success upon leaving prison, Junker says. And the prison benefits too: In this case, the medical center saved over \$300,000 in overtime pay by using inmate observers for a year. 🐾



Gothic, Tammi Kimura

Racial Disparities Found in Diagnosing Mental Illness

By Shankar Vedantam

Washington Post June 28

John Zeber recently examined one of the nation's largest databases of psychiatric cases to evaluate how doctors diagnose schizophrenia. The scientist found that blacks in the United States were more than four times as likely to be diagnosed with the disorder as whites. Hispanics were more than three times as likely to be diagnosed as whites.

Zeber, who studies quality, cost and access issues for the U.S. Department of Veterans Affairs, found that differences in wealth, drug addiction and other variables could not explain the disparity in diagnoses: "The only factor that was truly important was race."

The analysis of 135,000 mentally ill patients in a VA registry is by far the largest national sample to show broad ethnic disparities in the diagnosis of serious mental disorders in the United States.

"Because we have no lab test, the only way we can test if someone is psychotic is, we use ourselves as the measure," said Michael Smith, a psychiatrist at the UCLA who studies the effects of culture and ethnicity on psychiatry. "If it sounds unusual to us, we call it psychotic."

When hospitals diversified their staffs to include Spanish-speaking doctors, many cases of psychotic behavior were reassessed, he said: "Half the cases were re-diagnosed as depression. Some doctors think if you don't make eye contact, you can be diagnosed. In some communities, eye contact is a sign of disrespect."

Zeber and a team of other researchers said they do not know why doctors were more likely to diagnose schizophrenia among blacks and Hispanics. Perhaps diagnostic measures developed primarily with white patients in mind do not automatically apply to other groups, said Zeber, who published his results in the journal *Social Psychiatry and Psychiatric Epidemiology*.

Darrel Regier, director of research at the American Psychiatric Association and U.S. editor of the journal, agreed that cultural differences between patients and doctors could result in misdiagnosis.

"I believe bias exists, and there is a risk a psychiatrist with a different cultural

experience than a patient can misinterpret the expression of a psychiatric symptom," he said. "If you have a very religious group of patients and a very secular psychiatrist who thinks beliefs in spirits or hearing the voice of God is not normal, you are going to have misses."

But he added that Zeber's study did not explain what caused the diagnostic disparity among the veterans. Regier also questioned whether the veterans in the study were representative of the general population, or even representative of all veterans. Different ethnic groups seek care in different ways within and outside the VA, he said, and blacks tend to seek care when they are sicker than white patients.

Zeber stood by his findings. The study had carefully eliminated a host of confounding variables, he said, and the analysis had not found that black patients were any sicker than whites.

"If you have an African American patient presenting with elevated paranoia, that has been referred to in some quarters as healthy paranoia based on how they perceive society," said Zeber, who works at the Veterans Affairs Department's Health Services Research and Development center in San Antonio.

"People say minorities don't follow up" in psychiatric care, said Heather Hall, a psychiatrist at the University of California at San Francisco. "Maybe on their

first session they are not heard. Why would they come back? If I tell a therapist I am being brutalized and he thinks I am delusional, why would I come back?"

"In a cross-cultural situation, race or ethnicity is the elephant in the room," said Lillian Comas-Diaz, a psychotherapist in Washington, who added that she always brings up the subject with patients as a way to get hidden issues into the open — and increase trust.

"I say, 'You happen to be Pakistani, and I am not — how do you feel about that?' Sometimes they say, 'Oh, it's not important,' but when certain things happen [later] in therapy, people remember you opened the door and they come inside," she said.

Tina Tong Yee, a psychologist in charge of ensuring San Francisco's mental health services are culturally competent, said Western medicine's secular notions of normality are sometimes an uneasy fit in a deeply religious and increasingly diverse America.

"Seeing ghosts in my family was part of growing up," she said. "If I brought it up in therapy, you don't want someone to make that delusional."

Behavioral problems are different than other kinds of ailments, she added: "What you are reading is not a pulse, but how people act and behave and how you react to it. In a cross-cultural setting, it's ripe for misunderstanding." 🐼



"Who, Me?" Lori Kinnard

August 2005

Sunday

Monday

Tuesday



Wednesday

Thursday

Friday

Saturday

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HOURS :	10-3:30	10-3	10-8	10-3	10-3	11-12:30
	1 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary 1:30-3:00</i>	2 Clay with Ali <i>10:00-12:00</i>	3 Wellness/ Open Night <i>Karen H. 6:00</i>	4 Songs <i>w/Jon 1-2:30</i>  <i>new moon</i>	5 Oil Painting <i>11:00-1:00</i>  Gallery Reception <i>B.Grimm & P.Schwoerer 5:30-7:00</i>	6 Art Workshop <i>with Kerry 11:00-12:30</i> <i>at Cornucopia</i>
7	8 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary 1:30-3:00</i>	9 Clay with Ali <i>10:00-12:00</i>	10 Wellness/ Open Night <i>Karen H. 6:00</i>	11 Songs <i>w/Jon 1-2:30</i>	12 Oil Painting <i>with Scott 11:00-1:00</i>	13 Art Workshop <i>with Kerry 11:00-12:30</i>
14	15 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary 1:30-3:00</i>	16 Clay with Ali <i>10:00-12:00</i>	17 Wellness/ Open Night <i>Karen H. 6:00</i>	18 Songs <i>w/Jon 1-2:30</i>	19 Oil Painting <i>with Scott 11:00-1:00</i>  <i>full moon</i>	20 Art Workshop <i>with Kerry 11:00-12:30</i>
21	22 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary 1:30-3:00</i>	23 Clay with Ali <i>10:00-12:00</i>	24 Wellness/ Open Night <i>Karen H. 6:00</i>	25 Songs <i>w/Jon 1-2:30</i>	26 Oil Painting <i>with Scott 11:00-1:00</i>  Karaoke Day <i>with Karen 1:00-3:00</i>	27 Art Workshop <i>with Kerry 11:00-12:30</i>
28	29 Games 12:30 <i>Rich</i> Arts & Crafts <i>Mary 1:30</i>  Board Meeting 5:30-7:00	30 Clay with Ali <i>10:00-12:00</i>	31 Wellness/ Open Night <i>Karen H. 6:00</i>	 <i>Robert Parks</i>		

Cornucopia is located at 306 N Brooks Street in Madison.

Events on this calendar may change. If you haven't attended a particular group recently, call to confirm day & time.

How Can Professionals Help People Recover From a Disabling Psychiatric Condition?

The Center for Psychiatric Rehabilitation at Boston University is conducting a brief anonymous survey in order to develop a new instrument assessing the extent to which relationships with mental health and rehabilitation providers contribute to the recovery process of people with psychiatric conditions

We invite the opinions of people who have experienced a psychiatric condition and who are currently receiving mental health and/or rehabilitation services

Please Visit our Web-site www.bu.edu/cpr/rprs

Dr. Zlatka Russinova
Center for Psychiatric Rehabilitation, Boston University
940 Commonwealth Av W, Boston, MA 02215
Phone (collect) 617/353-3549, Voice-mail 617/353-1113
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(Or Gregory Smith, stonesoup@charter.net, 206-3346)

Partnership for Prescription Assistance/Wisconsin

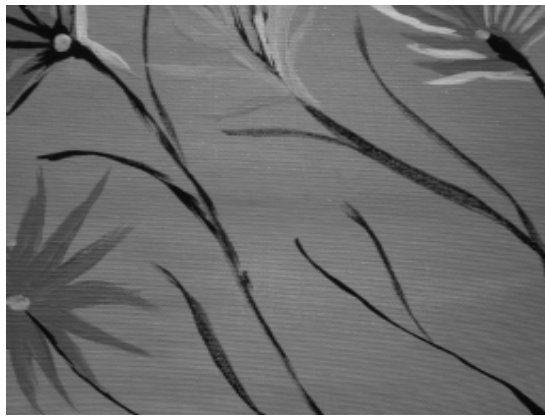
PPARxWI.org is a program that connects qualified, low-income people with discount prescription drugs, direct from the pharmaceutical manufacturer. PPARxWI.org offers a single point of access to public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies.

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Jen and Betty at work with pastels



Julie Clark: Pink with blue and Pale Green Flowers

