

CORNUCOPIA

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



January 2006, Vol. 10, No. 1

End Human Rights Violations Against People With Mental Health Disorders December 10: International Human Rights Day

Psychology in the News
Xinhua-PRNewswire Dec 7

The World Health Organization (WHO) is dedicating International Human Rights Day, 10 December, to people with mental disorders and the all-too-prevalent violations of their basic human rights. People with mental disorders face an alarming range of human rights abuses in countries throughout the world, yet there are proven ways to dramatically improve the situation.

Misunderstanding and stigma surrounding mental ill health are widespread. Despite the existence of effective treatments for mental disorders, there is a belief that they are untreatable or that people with mental disorders are difficult, not intelligent, or incapable of making decisions. This stigma can lead to abuse, rejection and isolation and exclude people from health care or support. Within the health system, people are too often treated in institutions which resemble human warehouses more than places of healing.

“There are still far too many violations of the human rights of people with mental disorders. However, too often both the health and human rights agendas overlook these problems, and as a result, they slip between the cracks,” said Dr LEE Jong-wook, Director General of WHO. “We have solutions to reverse the situation,

in rich and poor countries alike. I urge countries, international organizations, academia, the healthcare and legal sectors and others to take a hard look at the conditions of people with mental disorders and take action to promote and protect their rights.”

To mark International Human Rights Day, WHO is drawing attention to the problems and the solutions in a new online photo essay: ‘Forgotten People: Mental Health and Human Rights,’ which highlights some of these human rights violations, and gives examples of how they can and must be stopped.

More than 450 million people throughout the world have mental, neurological or behavioural problems. Yet the majority of these people do not receive human rights protection or appropriate mental health treatment and care because of the low priority given to mental health. For example, 64% of countries do not have any mental health legislation, or, that which exists is out-of-date. Much existing mental health legislation fails to protect the rights of people with mental disorders; 30% of countries lack a specified budget for mental health, 20% spend less than 1% of their total health budget on mental health.

More and more countries are modernizing their mental health policies, services and laws, however. The health authorities of around 30 countries have recently joined the new WHO Mental Health Policy Project: Addressing Needs, Improving Services (MHPP). This project provides countries with guidelines, particularly the WHO Mental Health Policy and Service Guidance Package and WHO Resource Book on Mental Health, Human Rights and Legislation, as well as training and support, in order to improve access to

(continued on p. 8, see “who”)

Outlining an alternative to the pain of psychiatric in-patient care

Rethink Dec 8

Rethink in December challenged the mental health world to consider a future without psychiatric beds. Its new research report, Future Perfect, set out a vision of mental health - as seen by service users and carers.

Service users and carers identified hospital in-patient care as amongst their worst experiences, and called for an alternative built around prevention, telephone helpline support, community-based crisis intervention and short-stay “sanctuary” in high quality non-hospital environments.

Rethink Director of Public Affairs Paul Farmer said: “This research is important in setting out a vision for mental health services and highlights the voices of those people who really matter - service users and carers themselves.

“Future Perfect supports the need to make mental health a mainstream issue and shift care away from compulsion in hospital to care in the community.

Faced with the scenario of a world without inpatient beds: Service users and carers articulated retaining a ‘place of sanctuary’ away from home and the need for a secure place for service users during a crisis. These ‘places of safety’ should be small, purpose built homes to help service users recover from a crisis episode. Users talked of a therapeutic environment with open spaces, gardens, complementary therapies and private rooms. Services should be person-centred, holistic and included the provision of therapeutic and recreational activities as well as one-on-one time with staff. Service users articulated a strong sense that ‘prevention is better than cure’ and access to the right services at the

(continued on p.8, see “rethink”)

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MEMBERSHIP

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.

DATE: _____**Yes, I want to be a member of Cornucopia**

- Enclosed please find my membership fee of \$20.00
- Enclosed please find my membership fee of \$10.00 to be paid over two months for a total of \$20.00

OR: I want to subscribe to your newsletter.

- Low income \$6.00 *Dues and subscriptions are not deductible as Charitable Contributions for Income Tax Purposes.*
- Regular \$10.00

Yes, I/we support your mission and would like to make a donation to your organization. I/we wish you the best in achieving your goals of providing a place for people's creativity and self-realization.

Donations are tax-deductible.

- Friend \$25
- Donor \$50
- Sponsor \$100

Name(s) _____

Address _____

City, State, Zip _____

Phone _____

If you're new, how did you hear about us? _____

Please make checks payable to Cornucopia Inc
 Detach and mail this form to **Cornucopia Inc**
306 N Brooks St, Madison WI 53715-1002
 Cornucopia reserves the right to administrate membership.

December 3, 2005

To the editors:

The December 2005 edition of Cornucopia was very informative and interesting. One problem, however.

As the parents of a son with schizophrenia, we have difficulty with the story on page 10 headlined "Schizophrenics fall for no illusions."

The reason for the problem is the description of people with schizophrenia as "schizophrenics." To us, that term identifies a human being as his or her illness and is disrespectful, if not dehumanizing. It is an insensitive term that prolongs the stigma of that illness, in our view.

And the author of the article, Lucy Sheriff, really ought to be sensitized about the terminology she uses.

Our son is not a "schizophrenic." Like many others, he's a bright, decent human being who is recovering from a mental illness called schizophrenia.

Thanks much and keep up the good work.

Sincerely, Claire and Frank Ryan

Editors' Response:

As an organization run by and for people with mental health issues, we need to be aware of the language we use. We need to especially be conscious about how others write about us. Thanks for pointing this out!

poem

you know spiders live in
 clocks, digital displays
 mine never had 'em
 now there's a smear
 cobweb obscuring time
 like cataract
 -gris myth

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

Our art program is supported in part by grants from the Wisconsin Arts Board with funds from the State of Wisconsin.



This month at the Saturday Art Workshop
11:00 to 12:30
Papermaking! Cardmaking! Watercolor or inkdrawing...
(Or just do your own thing!)

Watercolor Workshop

with Calvin McFarlane Tuesdays 1-2:30 pm
 Everybody is invited to attend the class! Beginners to advanced. Calvin just recently had a show at the Orpheum and paints abstract watercolors. Join us for this class in watercolors and come play in a medium we haven't offered recently.



Donna Holzem

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We are struggling to find space for everyone's creations. To help with this problem, all unglazed bisqued work is now in a large box, next to the coffee maker. Please claim and glaze your pieces by January 31st. Unclaimed work will be discarded.

Any work in the clay cabinets and around the studio must be labelled with your name and date or it will be considered abandoned. Sometimes work is left for months and we do not know if it is wanted anymore.

Please ask me if you have any questions about this process I am in Cornucopia on Tuesdays, 10-12 am.

You can label your work in several ways:

1. Engrave it when wet.
2. Write with underglaze--black works well.
3. Attach a paper tag.

Please give any work that needs firing to me so that I can pack it for transport.

Thank you! Ali

Join Us for Wednesday night Wellness Group!

Hope to see you there!

- Jan 4: The Importance of a Good Night's Sleep
- Jan 11: *NO CLASS*
- Jan 18: Obsessive-Compulsive Disorder
- Jan 25: Personality Disorders

Wednesdays 6:00 to about 7:30 or 8
 Karen Herro, BSN, RN

Fine art supplies donated by:



Our clay program is sponsored by:



Events near & far

Celebrate Recovery (Christian) small groups
Tues 7:30pm, Mt Horeb Risen Savior Cafe 608-575-2681
Depression & Bipolar Support Alliance support.

Laura 241-5788 / Mindy 233-0303 / dbsa@email.com

Eating disorders support group

Mon 7:15-8:30 Covenant Presb. 274-5115

Eating Disorder Recovery Group Support group for those in active recovery, facilitated by a registered nurse in recovery, 6:30-8 pm Thursdays, St. Marys Hospital (see sign near elevator for room) 831-7592.

Eating Disorders Friends & Family Support Group

For those who have a loved one with an eating disorder
6:30pm Thursdays, Rm. 1101, St. Marys Hosp. 276-7765

Interfaith Depression & Bipolar Support

Thursdays 7-9:00 pm

Christ Lutheran Church, Stoughton Gary 873-1938

Mad Town Secular Recovery

from alcohol or drugs Thur 8pm / Sun 9am

Wil-Mar Neighborhood Ctr 608-220-7045

Madison Hearing Voices Group Thursdays 2:00

Mental Health Center Rm. 14. SOAR 608-446-0104 or
progressiverecovery@hotmail.com.

Mental Health Support Group

Mondays 6pm MH Center Rm. 238, 249-5230

Mild Brain Injury network

Every 3rd Thurs 6:30-8pm at Meriter-Park, Madison

Community Health Education Ctr Atrium 238-3571

New Directions peer support for separation

or loss of relationship. Thur 7-9 St Dennis 245-0829

Rainbow Connection Social group for LGBTQ people who

have experienced some form of mental illness, 1-3 pm 1st &
3rd Fridays of the month. 255-8582.

Recovery Inc.

Tuesdays 7pm Wil-Mar Neighborhood Ctr 294-1106

Self-Management & Recovery Training

Abstain from addictive behavior

Wed 7-9:00pm Wil-Mar Center 608-238-5176 ext.365

Survivors of Suicide of Dane County Support Group

2nd and 4th Tuesday 7-9 pm 280-2700.

NAMI Dane County Support Groups

Peer led, open to all. 249-7188 www.namidaneconomy.org

United Way building, 2059 Atwood, Madison

Significant Others Tue Jan 17 7:00-9:00

Parents Mon Jan 2 & 16 7:00-9:00

Parents of Young Adults Mon Jan 9 7:00-8:30

Meets at Amcore Bank, Mt Horeb

Schizophrenia Sat Jan 14 & 28 1:00

Depression/Bipolar 6:30-8:30 Jan 1, 8, 15, 22 & 29/Weds

Jan 4, 11, 18 & 25

*If you want to attend an event but can't afford it,
call the number listed and ask about scholarships.*

Four Agency Cooperative Effort (FACE) offers
support groups for Dane County residents:

Depression, fear, anger, aggression, ADD, women, men,
loss, abuse, survivors, trans-parenting, body image &
more. En Ingles y Espanol. 256-2358.

National Suicide Prevention Lifeline

1-800-273-TALK www.SuicidePreventionLifeline.org

*Callers receive suicide prevention counseling from trained
staff at the closest certified crisis center in the network.*

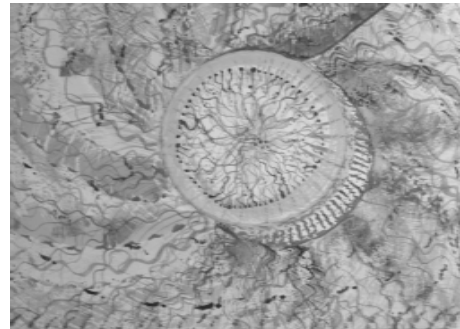
Wisc Pub Psych Net Mental Health Teleconference Thurs-
days 11:00 to noon Call 608-316-0022, code 1099

January 12 Dual Diagnosis

Ken Ninham, Oneida Nation Mental Health

January 26 Pain and Depression

Basil Spyropoulos, M.D., Meriter Hospital



Ida Schroeder

Computer Training

Free basic sessions

10:00-noon Thursdays

Hawthorne Library, Madison

RSVP 608-246-4548

Job Seekers' Network

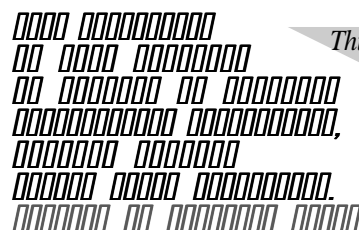
Free job search information & support

9:00-11:00 Mondays

Dane County Job Center

1819 Aberg Av, Room 6, Madison

608-242-4886



*This newsletter is published with
generous support from*



*Tell them you saw the notice here. Let us know if you attend anything listed here.
This helps us know the efficacy of our events page and encourages groups to list events here.*

People With Anxiety Disorders Benefit from Telephone-based Care

Medical News Today Dec 7

A better life for people with general anxiety and panic disorders may only be a phone call away, according to a University of Pittsburgh study published in the December issue of the *Archives of General Psychiatry*.

The researchers report that telephone-based care for people with generalized anxiety disorder and panic disorder significantly improves both their symptoms of anxiety and depression and their mental health-related quality of life. The Pitt researchers also found the intervention results in fewer missed workdays and lower levels of emergency room usage.

This study is among the first to evaluate the efficacy of a telephone-based collaborative care intervention for anxiety disorders in a primary care setting, garnering results that could have far-reaching impact on how patients in all types of communities - urban, suburban and rural - can be helped. "Collaborative care" involves care managers who support patients by taking the time needed to familiarize the patients with their illnesses and treatment options while teaching self-management techniques and promoting adherence with recommended treatments according to evidence-based guidelines and under the direction of the patients' primary care physicians with specialist involvement when necessary. By providing support and monitoring progress, the use of care managers can result in much better outcomes for patients.

More than 30 million Americans have suffered from anxiety disorders at some point in their lives. Approximately 12 to 22 percent of patients present symptoms of anxiety-related distress to their primary care physicians. The direct and indirect costs of anxiety disorders have been estimated at \$42 billion a year in the United States; 10 percent of those costs come from missed work days and other workplace costs. These facts establish the need for cost-effective and generalizable strategies for treating these patients.


Bruce L. Rollman, M.D., M.P.H., associate professor of medicine and psychiatry at the University of Pittsburgh School of Medicine and lead author of the study, said, "We found that having non-mental health specialty care managers

provide patients with information and support over the phone in collaboration with patients' primary care physicians was indeed a very effective way of improving patients' symptoms, quality of life and patterns of employment. Perhaps most importantly, this method can be used in a variety of settings and could prove extremely beneficial to underserved populations."

Researchers enrolled 191 adults between the ages of 18 and 64 years who presented with panic and/or generalized anxiety disorder at one of four primary care practices in the Pittsburgh area. The practices were all affiliated with the University of Pittsburgh Medical Center and included urban, suburban and rural family practices with university-affiliated physicians.

Patients were randomized to receive either their primary care physician's usual care for panic and generalized anxiety disorder or the telephone-based care management intervention. The telephone-based intervention used care managers who provided participants with psychoeducation about their anxiety disorders, discussed the participants' treatment preferences, monitored treatment responses, and relayed this information to the patients' primary care physicians via an electronic medical record system. Intervention patients received a median of 12 telephone contacts from their care managers over the course of twelve months.

At 12-month follow-up, those who participated in the telephone intervention were more likely to experience a decline in anxiety and depressive symptoms, less likely to visit the emergency room, less likely to miss work and able to work more hours than those receiving conventional care.

Co-authors of the study are Bea Herbeck Belnap, Dr. Biol., of the department of medicine and Center for Research on Health Care; Charles F. Reynolds III, M.D., M. Katherine Shear, M.D., Patricia R. Houck, M.S.H., of the department of psychiatry; Sati Mazumdar, Ph.D., Fang Zhu, M.S., of the department of biostatistics, all of the University of Pittsburgh; and William Gardner, Ph.D., department of pediatrics, Ohio State University; and Herbert C. Schulberg, Ph.D., department of psychiatry, Weill Medical College, Cornell University. 

Depression Treatment in Black Women Must Consider Social Factors

Psychiatric News December 2

Eve Bender

African-American women are especially vulnerable to depression due to a convergence of societal and biological factors such as stress related to racial discrimination and high prevalence rates of health problems such as hypertension and cardiovascular disease.

Annelle Primm, M.D., M.P.H. spoke at the APA Institute on Psychiatric Services in San Diego in October. Primm, director of APA's Office of Minority and National Affairs, noted that several studies have found a higher rate of depressive symptoms and psychological distress among African-American and Latino women, compared with white women.

Some of the risk factors for depression in women, such as low socioeconomic status and educational attainment, single marital status, and being a working mother, are more prevalent among African-American women than among white women.

Primm pointed out that development of depression is affected by chronic stress and the "subsequent immuno-regulatory effects associated with living as a member of a marginalized racial and gender group."

Social forces such as racism and sexism "impose continuous psychological stress and increase the likelihood of developing physical and mental illnesses," she noted.

Obesity may also contribute to an increased risk for developing depression in African-American women, Primm pointed out. "There is a negative association between obesity and mental well-being," she said.

African-American women have a greater prevalence of obesity (37.7 percent) when compared with white women (23.5 percent), she said, and overeating may begin as a strategy to cope with sexual abuse, racism, classism, and poverty in African-American women.

She said, "we know that people of color who are able to access services are less likely to receive quality mental health

(continued on p. 6, see "depression")

Medicare Part D Made Easier

James H. Scully, Jr., M.D.

Psychiatr News December 2

The odds are that the majority of beneficiaries attempting to take advantage of the prescription drug coverage that started January 1, 2006, will need help.

Many beneficiaries will save money and may enjoy greater access to needed prescription drugs.

The needs of regular Medicare beneficiaries will differ from those who are dually eligible for Medicare and Medicaid. Dual eligibles, for example, are already being enrolled automatically, and randomly, into the lower cost plans in their area—plans that may not be optimal for them because of formulary or other limits to access.

Regular Medicare beneficiaries face this warning from the Centers for Medicare and Medicaid Services (CMS): “If you don’t sign up when you are first eligible or by May 15, 2006, you may pay a penalty. Your next opportunity to enroll is from November 15, 2006, to December 31, 2006.”

A successful enrollment and plan choice, then, will accrue to those beneficiaries who gather as much relevant information as thoroughly and promptly as possible.

Medicare offers a “plan finder” on its Web site at <www.medicare.gov> to assist. Most everyone who has tested the plan finder says that it is cumbersome and slow.

To help both psychiatrists and patients, APA and seven partner organizations have launched a new Web site at <www.MentalHealthPartD.org>. (A link to the site is on APA’s homepage at <www.psych.org> and our consumer information site at <HealthyMinds.org>.) Importantly, the Part D site has a section specifically for patients, so they can seek out answers independently.



Dawn Gifford

Internet addiction is latest psychiatric problem

By Andrew Gumbel

The Independent Dec 3

Some people spend so much time online they stop going out, their marriages implode and they are overwhelmed by depression and suicidal feelings. According to estimates cited by the New York Times, as many as 10 per cent of the 189 million Internet users in the United States might be said to be addicted to their computers and handheld devices. Other professionals are not so sure — wondering if Internet addiction is not merely a new platform for other pathologies such as gambling or obsession with pornography, and dismissing the very idea of Internet addiction as a fad.

Others still agonise about categorising the problem. Is obsessive e-mail checking in the same category as spending multiple hours each day playing EverQuest or another online game? Is instant messaging as harmful as online gambling? Is sex talk with strangers in adult chatrooms as serious a marital issue as sexual infidelity? Hilarie Cash, who heads Internet/Computer Addiction Services in

Microsoft’s home town of Redmond, outside Seattle, has identified a specific chemical rush — a dopamine high — generated by games, or even something as simple as receiving an e-mail. And she told the New York Times she has seen multiple instances of anxiety and depression in her patients. Other pioneers in the field have developed 12-step programmes to wean people off their online addiction, or started cyberwidows’ groups for the spouses of addicts conducting online “affairs”.

Of the many definitions of Internet addiction disorder, one by Jennifer Ferris, a psychologist from Virginia, points to seven tell-tale signs including a thirst for ever more time spent online, trembling or even involuntary finger movements when the users is away from the computer, dysfunctions in day-to-day relations with friends and co-workers and, at the extreme, the loss of a job or a marriage. Internet use generally is on the rise. A report by the Pew Internet and American Life Project over the summer found that more than half of American teenagers were online every day, compared with 42 per cent five years ago.

(“depression”, continued from p. 6)

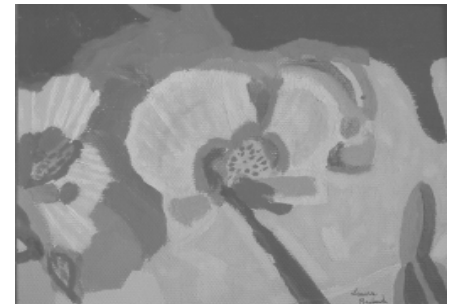
care,” which can be partially attributed to a lack of culturally and linguistically competent mental health care clinicians.

On a broad level, policies that target poverty reduction would “greatly benefit mental health outcomes” for African-American women.

More specifically, successful depression-prevention campaigns should incorporate “resiliency factors” employed by many African-American women, such as spirituality, which may help some to cope with depressive symptoms.

Preventive strategies should also incorporate nutrition and exercise, Primm noted.

She also recommended that depression screening be implemented to a greater extent at prenatal clinics located in public health facilities, welfare programs, and vocational-assistance programs.



Laura Ragland

In addition, it is crucial that screening programs link women who show depression symptoms to culturally competent treatment services in their community.

“What is good for African-American women in terms of preventing depression is good for all women in general and for the whole country,” Primm declared.

Gene for nurture reasserts itself in who humans are

Ian Johnston

The Scotsman November 26

What makes us who we are is far more complex and the study of “epigenetics” - the way genes are expressed - has thrown up evidence that being cuddled as a young child, what you eat, what the weather is like and even who are your friends can change the way your genes behave.

And it would appear some of these altered genes are passed on to future generations with a range of studies emerging to support the idea:

- By looking at the records of harvests, births and deaths in a remote town in northern Sweden, researchers found evidence that famine at a critical time in the life of one person could affect the genes of their grandchildren.
- Pregnant women who were near the World Trade Centre in New York on 11 September appear to have passed on the effects of becoming stressed to their children.
- Last year, Professor Moshe Szyf and colleagues at McGill University in Montreal showed that if a young rat was not licked and groomed enough by its mother, this altered the way its genes were expressed and the rat

grew up to be more anxious than a well-groomed sibling.

This year Prof Szyf’s team found that the expression of rats’ genes could be changed permanently by giving them a specific amino acid, in work that suggests food supplements could be used to change people’s behaviour for the better and even stop the effects of schizophrenia and other brain diseases.

Prof Szyf said: “Yes, you do get an inheritance of genes, but you can change that both ways, by the kind of upbringing you get, the kind of food you eat and experiences you have. “Epigenetics kind of bridges the gap between the social and natural sciences and raises the idea that people are not to be seen only as individuals but in the context of their community and their environment.

“We all know it is important how you raise your children; now we know it also has a chemical impact,” Prof Szyf said. “There might be genetic differences between their children that makes one more temperamental, but with upbringing you can erase those differences.”

He is predicting a renaissance in scientific thinking as a result of

epigenetics and believes it will be “the next big thing” in medicine, with epigenetic drugs already being used to treat some cancers. New treatments for behavioural disorders, brain and other disease could all be found in drugs that manipulate the expression of genes.

Steve Jones, professor of genetics at University College London, agreed and was scathing of those who believe genes can be easily linked to specific human attributes.

Sequencing the human genome was a great achievement, but Prof Jones said it simply completed the study of human anatomy.

“We have now finished dissecting the human being, but a doctor needs more than anatomy - a human being is alive and DNA isn’t,” he said. “DNA is stupid because it’s a chemical. Chemistry is stupid and biology is smart. Epigenetics is a crucial step in understanding how you get from chemistry to biology.

“Clearly the environment is always involved. Every single gene whatever it does is influenced by nurture and every single human attribute is influenced by nature, by genes.” 🐾

Schizophrenia is no longer seen as a genetically predetermined disease

By Tara Pepper

Newsweek International Dec. 12

Scientists are beginning to uncover evidence that schizophrenia is heavily influenced by environmental factors. Their research has huge implications for treatment. Doctors now believe that therapy and social work are the preferred method of treatment for most schizophrenics. “Patients really must have therapy in order to improve,” says University of Newcastle psychiatrist Dr. Douglas Turkington. “Medication alone will not do it.”

A study published last month in *Acta Psychiatrica Scandinavica*, the most definitive look at schizophrenia to date, argues that trauma or childhood abuse is a factor in the development of the disease. While schizophrenia is the product of a complex interplay between a host of environmental and genetic factors, it seems that “genes do not cause the outcome, but identify those who might be susceptible to the environmental risks,” says Dr. Mary Clarke, a psychiatric researcher at Ireland’s Royal College of Surgeons. A review of 46 studies of people with schizophrenia by

Auckland University psychologist John Read found that 59 percent of male inpatients and 69 percent of females had experienced childhood physical or sexual abuse. In a separate study, which included physical neglect and physical or emotional abuse, the level rose to 85 percent of males and 100 percent of women. Says Read: “We have around the world millions of people with a diagnosis that masks the true social causes, and therefore prevents people from getting help which would be more effective and humane.”

Responding to early signs of schizophrenia, the findings suggest, could save patients from a lifetime dependency on debilitating drugs. Indeed, suffering a breakdown—often characterized by disorganized thinking, delusions and hallucinations—in your late teens or early 20s could be seen as an opportunity to intervene with therapy to mitigate the disease. “If worked through properly, it could become a breakthrough,” says psychiatrist Dr. Shankarnarayan Srinath. “If people are helped at that stage, they will begin to make meaning of their suffering.

If they don’t have help to work it through, it’s likely they will become a chronic, lifelong psychiatric patient.”

The findings don’t rule out a significant genetic contribution to schizophrenia. Scientists believe that chains of hundreds of genes combine incrementally to create a predisposition to the disease. But “genes can’t function without the environment,” says Dr. David Taylor, medical director at London’s Tavistock and Portman Clinic. Few genes have been identified as having any direct effect on mental health. “Twenty years ago [schizophrenia researchers] were saying, once we have the genome sorted out we can all go home—it’s going to turn out to be two or three genes that contribute to it,” says psychiatrist Dr. E. Fuller Torrey, author of *Beasts of the Earth: Animals, Humans, Disease*. “It’s quite clear that’s not the case.”

Schizophrenia usually strikes just as a young person is on the threshold of living on his own. A renewed focus on psychotherapeutic and social treatments may help more of them cross that line. 🐾

(“who”, continued from p.1)

high quality care in the community, end cruel and abusive treatment, eliminate stigma and discrimination, promote and protect human rights, and ultimately improve the lives of people with mental disorders.

“There has been a growing commitment to human rights in some of these policy and legal reform efforts,” said Dr Michelle Funk, Coordinator, Mental Health Policy and Service Development at WHO. “However an enormous amount of work remains before us. We must continue to do everything in our power to end human rights violations, discrimination and stigma.” The photo essay, ‘Forgotten People: Mental Health and Human Rights,’ and supporting WHO mental health and human rights activities are undertaken with support from the Geneva International Academic Network (GIAN/RUIG) and the Swiss Agency for Development and Cooperation, as well as the collaboration of the University of Geneva. *Additional examples of human rights violations of people with mental health disorders*

Some people are isolated and locked in cage-like rooms or restrained to their beds for extended periods of time with little or no human contact. Others are subject to the misuse of psychotropic medications. In some institutions patients lack proper clothing, clean water, adequate food or functioning toilet facilities. In many care situations, patients are not provided with a sense of purpose or community and are isolated from family, friends and opportunities for work, all of which are detrimental to improved mental health.

The International Human Rights Day photo story ‘Forgotten People: Mental Health and Human Rights,’ along with testimonials of abuse and personal, community and country examples can be viewed at: <http://www.who.int/en>.

WHO Mental Health Policy Project: Addressing Needs, Improving Services (MHPP) can be viewed at http://www.who.int/mental_health/policy/en.

John Riddle



Canada to Reform Troubled Mental Health Care System

Joan Arehart-Treichel
Psychiatr News Dec 2

Canadians are often thought to have a public health service system that is taking care of everyone, but that does not appear to be so, since only 30 percent of Canadians needing mental health services are receiving adequate care.

So reported Wilbert Keon, M.D., at the annual Canadian Psychiatric Association meeting in Vancouver in November. In addition to being an innovator in cardiovascular surgery, Keon is a Canadian senator from Ontario and deputy chair of Canada’s Standing Senate Committee on Social Affairs, Science, and Technology

Psychologists’ and social workers’ services are not covered by public health insurance, which may limit access to mental health treatment

Canada has a good physician-hospital system, but not a good system for getting patients integrated back into the community after they have been treated.

Patients need to have their mental health care needs met in a culturally sensitive manner, which is a huge challenge in Canada, with so many ethnic groups and native peoples.


Severely mentally ill Canadians need to recover enough so that they can

interact usefully in society, not just wander the streets or stay in jail.

Currently, mental health services are fragmented—a maze of independent federal, provincial, community, public, and private programs. “We have to find a way to integrate them,” Keon stressed. Mental health services also need to be better linked with police and emergency services.

Private health insurance in Canada is viewed by many Canadians as a supplement to public health services. Most Canadians do not want to move to an essentially private health insurance system as in the United States.

There is a big advantage to having a single-payer universal health insurance system, such as Canada’s, over a multipayer universal health insurance system, such as in Germany—and that is low overhead, he said. Nonetheless, competition can still play a role in the Canadian health system. The idea is to get away from service providers having monopolies, whether the providers operate on a public or private basis, Keon said.

“We hope that with such strategies we can bring people suffering from mental illness and addiction into the [public/private mental health care] system,” Keon concluded. 

(“rethink”, continued from p. 1)

right time was crucial in preventing crisis. Service users clearly articulated the need for more community health centres which were accessible at all times for support to avoid hospitalisation. Such centres were described as needing to be open and accessible at all times so users can access support during evenings, nights and weekends, able to provide information on ‘self-management’ for users and education in mental health for carers. The vision put forward by service users and carers leads Rethink to suggest the following recommendations for the future of mental health:

1. A comprehensive and fully funded national anti-discrimination programme owned by the mental health community.
2. New and accessible routes into care: innovative and comprehensive day or ‘community health’ centres where service

users and carers can access information and advice and help in a crisis.

3. Alternatives to inpatient care: new therapeutic environments in the form of crisis houses, retreats or hotels.

4. Modernising day services: A more open, accessible and engaging form of day or resource centre where people can access help, information and support.

5. Support and recognition for carers.

6. Opportunities for employment. Rethink is a campaigning membership charity involving people with severe mental illness and carers, with a network of mutual support groups around Great Britain. For further information on the charity and its please continue to browse this site: www.rethink.org or call 0845 456 0455.



Japan implements ADHD treatment program

myDNA News Nov 28

William Pelham Jr.'s nationally regarded Summer Treatment Program for children with ADHD, based at the University at Buffalo, was implemented over the summer at Japan's Kurume University, with the assistance of two of Pelham's veteran staff members. Next year, it will start up in locations throughout the city of Kurume. The program provides intensive behavioral therapy in a summer camp setting for children with ADHD.

The program in Kurume was directed by Yushiro Yamashita, M.D., professor of pediatrics at Kurume University and a member of the committee developing Japan's new ADHD guidelines. Pelham says he hopes his work in Japan will help create a treatment environment - unlike that which has evolved in the United States - where behavior therapy is as accessible as medication, and medication is not overprescribed. An outspoken critic of the overuse of medication to treat ADHD in the United States, Pelham has shown through his research that behavior therapy, when

used by itself or in combination with small doses of medication, is more effective and carries lower risks of long-term side effects than ADHD medication when used alone.

"ADHD medication is just beginning to be used in Japan," says Pelham, who helped develop Concerta and who has conducted many other trials involving other stimulant drugs. "My impression is the non-pharmaceutical interventions are preferred at every level of society in Japan.

"Even in the U.S., parents are willing to use medication if it is necessary, but they prefer to use non-pharmacological approaches such as behavior modification first," he says.

Yamashita says ADHD diagnoses have increased over the past decade in Japan, but the number of psychiatrists, psychologists and pediatric neurologists trained to treat ADHD has remained stagnant.

"There is growing awareness of ADHD in Japan, not only in the field of medicine but in the field of education," he

says. "More and more children are being diagnosed, but there are only 200 child psychiatrists and about 300 pediatric neurologists who see children with developmental disorders in Japan.

"I am sure that the comprehensive Summer Treatment Program in Buffalo will be just as beneficial for children with ADHD and parents in Japan," Yamashita adds. "If we could run the program in several places in Japan, collaboration among teachers, doctors and psychologists will be promoted, and we can provide training for undergraduate students."

According to Yamashita, methylphenidate (MPH), the stimulant used in popular ADHD drugs Concerta and Ritalin, has not yet been approved for use in Japan, and behavior-modification therapies are not covered by national insurance. Clinical trials of Concerta, however, recently were completed, and approval from the Japanese government is expected very soon. The first trial of Concerta in children in the United States, where it is the top-selling ADHD medication, was conducted by Pelham's laboratory.

Much of the pressure to make ADHD treatments available more readily is coming from a growing number of parent associations in Japan, according to Yamashita. The largest is the Edison Club, with more than 2,000 members.

"The parents who have difficulties at home wish to have whatever effective treatments are available," Yamashita explains. But he says he worries that once MPH becomes readily available in Japan, as in the United States, it will be overprescribed by doctors who don't have sufficient knowledge of ADHD. He also worries that alternative treatments will not be as available to parents.

"Pharmacological therapy has its limitations," Yamashita says. "We need to establish behavior-modification therapy programs at home and in schools. We need comprehensive treatment of children with ADHD by a team of specialists."

Pelham says he is happy to play even a small role in helping his Japanese colleagues develop these interventions. "Hopefully, this will result in a more balanced approach to treatment of ADHD in Japan, avoiding the overmedication that has characterized U.S. treatment in recent years."

Russia's version of Dr. Phil

By Maria Danilova
The Associated Press

Psychotherapy was reviled by communism as a bourgeois indulgence but now is making inroads both on private couches and on TV shows.

While Soviet academics studied psychology as a pure science, experts say practical therapy was virtually nonexistent, and the state routinely used psychiatry to commit dissidents to grim institutions.

Even the term "psychoanalysis" was officially forbidden until the early 1990s, being considered a "bourgeois" and dissident branch of psychology, said Olga Kvasova, a lecturer at the Moscow State University's Psychology Faculty.

Colleges with psychology programs also are experiencing an influx of students, with tens of thousands of psychologists graduating every year. Kvasova said there are 55 schools with psychologist-training programs in Moscow alone, compared with a mere dozen for the whole of Russia some 15 years ago. Some students and specialists also get trained abroad.

"This field is becoming popular. A greater number of people are interested in

psychology and want to study it," Kvasova said.

But for now, seeing a therapist is almost exclusively for the urban rich, with sessions costing \$20 to \$100 an hour in a country with an average monthly salary of \$300.

For the less well-heeled there's "We'll Solve Everything" — a new talk show on Russia's Domashny channel. It's hosted by Dr. Andrei Kurpatov, a 31-year-old St. Petersburg psychotherapist who has written more than 20 books on psychological problems and was counseling Valentina in a Moscow apartment — under the TV lights.

Kurpatov says that one point of his show is simply to "show that psychotherapy exists, that one can come and get help." Some experts criticize Kurpatov for sometimes lecturing his TV patients on what to do and think but acknowledge that his show is educating Russians about the benefits of psychotherapy.

A big barrier to mental health, Kurpatov said, is that having been raised in a Soviet state that controlled both their public and private lives, many older Russians are reluctant to take charge of their lives.

Mixing Up Drugs with Similar Names Can Cause Potentially Deadly Medication Errors

Newsinferno Nov 28

In September, an elderly man who entered Brockton Hospital in Boston with bipolar disorder. He was lucid and had no life-threatening illnesses. Unfortunately, four days later he was dead; killed by a massive dose of the wrong medication.

The patient was given 60 times the recommended dose of Librium when he was supposed to have received Lithium.

Even after a nurse discovered the initial mistake, the hospital continued to give the man other antidepressants and sedatives. He also received two doses of antibiotics over six hours late.

The hospital attempted to engage in damage control by claiming telling *The Patriot Ledger* that autopsy results showed the man had died of pneumonia.

According to a hospital spokesman: "When the error was found the doctor and the patient's family were immediately notified. Brockton Hospital immediately launched an investigation and has taken several steps to ensure that this will not happen again."

The errors started when a pharmacist ordered Librium, a sedative taken for anxiety, for the patient instead of Lithium, which was the drug actually prescribed for his bipolar disorder.

Amazingly, the pharmacist told investigators that even though he realized his mistake immediately, after failing to reach a nurse by telephone, he "forgot to follow through" on the matter. There was plenty of time in which to correct the mistake since the medication was not administered until the next morning.

Another potentially serious mix-up that warrants another review exists between three drugs with similar names but vastly different effects have led to serious health problems. The drugs are:

- TOPROL-XL® (metoprolol succinate) – AstraZeneca – a beta blocker used to treat high blood pressure, heart failure, and angina used to treat hypertension, chest pain and some kinds of heart failure.
- TOPAMAX® (topiramate) – Ortho-McNeil Neurologics Inc. – used to treat epilepsy and to prevent migraines.
- TEGRETOL® (carbamazepine) – Novartis – used to treat some kinds of seizures and trigeminal neuralgia.

Patients should:

- Get printed information about the medication from the pharmacist when picking up a prescription for either drug.
- Become better informed about their medications by knowing the brand name of each medication, what the medications looks like, and what side-effects they may experience.
- Look at the medication before they take it. If it does not look like what they usually take, they should contact their healthcare professional immediately to find out why.
- Keep medications in the original, labeled containers to help identify each pill and follow proper directions.
- Ask their healthcare professional for more information if they have any questions about their medications, including the benefits and risks.

Medical professionals who encounter any medication error involving TOPAMAX® should report them immediately to Ortho-McNeil Neurologics, Inc., at 1-800-682-6532, and, if TOPROL-XL® is involved, also to AstraZeneca at 1-800-236-9933. 🐾

Might OCD Respond to Antibiotics?

Joan Arehart-Treichel
Psychiatr News Dec 2

In the psychiatric domain, infectious agents may produce some surprises. For instance, evidence has been building since the late 1980s that the streptococcus bacterium might cause, or at least contribute to, certain cases of obsessive-compulsive disorder (OCD). And now a new study out of London bolsters that argument.

Isobel Heyman, M.D., Ph.D., a consulting child and adolescent psychiatrist at the Institute of Psychiatry in London, and coworkers drew blood from 50 children and adolescents with DSM-IV-defined OCD, 100 children and adolescents with other conditions (stroke, metabolic movement disorders, or encephalitis), and 40 healthy children and adolescents.

They then determined whether antibodies in the blood samples reacted with a specific antigen—delipidated human basal ganglia (caudate and putamen)—since the basal ganglia has been heavily implicated in OCD.

They found anti-basal ganglia antibodies in 42 percent of subjects with OCD, but only in 2 percent to 10 percent of the control groups—a highly significant difference.

These results, Heyman and her group concluded in the October *British Journal of Psychiatry*, thus suggest that "central nervous system autoimmunity may have a role in a significant subgroup of cases of OCD." They also imply that the autoimmunity is provoked by the strep bacterium since patients with a neurological disorder robustly established as a post-strep autoimmune disorder—Sydenham's chorea—usually test positive for antibodies that attack basal ganglia.

"It will be important to research whether children with OCD who have evidence of previous strep infection respond any differently to these standard treatments. Our current clinical view is that they respond in the same way, with up to 80 percent of children showing a good response to treatment." 🐾






Tree--Lori Mertes

January 2006

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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HOURS :	10-3:30	10-3	10-8	10-3	10-3	11:00-12:30
1	2 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	3 Clay with Ali 10:00-12:00 Watercolors <i>with Calvin</i> 1:00-2:30	4 Wellness/ Open Night <i>Karen H. 6:00</i> <u>Importance of Good Night's Sleep</u>	5 Songs <i>with Jon</i> 1:00 - 2:30	6 Water Oils 1:00-2:30 <i>w/Peter S.</i>	7 Art Workshop <i>with Kerry</i> 11:00-12:30
8	9 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	10 Clay with Ali 10:00-12:00 Watercolors <i>with Calvin</i> 1:00-2:30 Massage with Thomas 1:00-3:00	11 Wellness/ Open Night <i>Karen H. 6:00</i> <u>NO CLASS</u>	12 Songs <i>with Jon</i> 1:00 - 2:30	13 Water Oils 1:00-2:30 <i>w/Peter S.</i>	14 Art Workshop <i>with Kerry</i> 11:00-12:30  <i>full moon</i>
15	16 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	17 Clay with Ali 10:00-12:00 Watercolors <i>with Calvin</i> 1:00-2:30	18 Wellness/ Open Night <i>Karen H. 6:00</i> <u>Obsessive- Compulsive Disorder</u>	19 Songs <i>with Jon</i> 1:00 - 2:30	20 Water Oils 1:00-2:30 <i>w/Peter S.</i>	21 Art Workshop <i>with Kerry</i> 11:00-12:30
22	23 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	24 Clay with Ali 10:00-12:00 Watercolors <i>with Calvin</i> 1:00-2:30 Massage with Thomas 1:00-3:00	25 Wellness/ Open Night <i>Karen H. 6:00</i> <u>Personality Disorders</u>	26 Songs <i>with Jon</i> 1:00 - 2:30	27 Water Oils 1:00-2:30 <i>w/Peter S.</i>	28 Art Workshop <i>with Kerry</i> 11:00-12:30
29	30 Games 12:30 Arts & Crafts 1:30 -3:00 Board meeting 5:30   <i>new moon</i>	31 Clay with Ali 10:00-12:00 Watercolors <i>with Calvin</i> 1:00-2:30				

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.

Every week at Cornucopia

*Mondays 12:30 Games
1:30 Arts & Crafts*

*Tuesdays 10:00 Clay
1:00 Watercolor
2nd/4th Tues 1:30 Massage*

Wednesdays 6:00 Wellness Talk

Fridays 1:00 Oil Painting (water base)

Saturdays 11:00 Art workshop

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