

CORNUCOPIA

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



July 2004, Vol. 9, No 7

Support is Extremely Important in Your Recovery! Karen Herro, R.N.

Independence is not the key, but interdependence is!

We all "Get by with a little help from our friends!" -The Beatles

"Independence! That's middle-class blasphemy. We are all dependent on one another, every soul of us on earth." -George Bernard Shaw

Do NOT have only one person you can rely on for support. This may cause "burn-out" for that person and be devastating for you if that person becomes unavailable. In other words, "Don't put all of your eggs in one basket."

People have different strengths in the way that they can be helpful to you. For example, some people are good listeners and are helpful to "vent" to while others are good for social distraction. In other words, *Match the Supporter to the Supporter.*

We need different kinds of support at different times:

- Grounding—Someone who makes you feel safe and brings you out of "a mood" simply by hearing the sound of their voice.
- Moving Forward—Someone who can motivate you to get off of the couch, take a shower or go outside when you feel like doing nothing.
- Build-up—Someone who can remind you of your successes when your self-esteem is low.

- Daily Support—Daily living skills assistance.
- Listening/venting—A "shoulder to cry on."
- Advice/problem solving—This can also be a "reality check." If we do not check out suspicions with a trusted person, we may begin to isolate more and more.
- Socializing
- Work/Day structure.
- Someone to help you with finances.
- Someone to help you organize and simplify
- Crisis Situations
- Shake it up—Wakes up the courage in you to try new things. The courage to change.

Communication is the Key!

Do not assume people know what you are thinking or feeling. Also, do not assume you know what they are thinking or feeling (mind-reading). **TELL PEOPLE WHAT YOU WANT!** Be specific and use "I" statements. For example, instead of saying "You never take me to the movies," say "I would like to go to such and such a movie on Friday."

Where the heck do I find the support I need?

- Professional—social workers, case managers, doctors, other care-givers
- Support Groups—NAMI, Mental Health Center
- Cornucopia—a great place to hang

(continued on p. 8, see "support")

Wellstone Green Bus Stops in Madison for Mental Health Fairness Rally

Press release from *Wellstone Action!* www.wellstone.org

At a rally at the Monona Terrace featuring the late Senator Paul Wellstone's famous Green Bus, a group of prominent speakers called on Congress to pass the Paul Wellstone Mental Health Equitable Treatment Act. The bus is headed to the nation's capitol to urge Congress to pass the Act.

In 1992, Senators Paul Wellstone (D-MN) and Pete Domenici (R-NM) introduced the Mental Health Parity Act, which would require insurance companies to treat physical and mental illnesses equally. After four

years of pushing the bill, they succeeded in passing a weakened version that was signed into law by President Clinton in 1996. The final version allowed employers to shift the cost to employees by raising co-payments and deductibles on insurance policies.

In the wake of Wellstone's death, the bill has been renamed the Paul Wellstone Equitable Treatment Act. With 69 co-sponsors in the Senate and 245 co-sponsors in the House, the bill is currently being held up in the Health,

(continued on p. 7, see "fairness bus")

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COMMUNITY CITIZEN
AWARD 2004





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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, however, 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 \$15.00
- Enclosed please find my membership fee of \$7.50 to be paid over two months for a total of \$15.00

OR: I want to subscribe to your newsletter.

- Low income \$6.00
- 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.

- Donation \$_____
- I would like my donation to be anonymous

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.

To the staff of Cornucopia,

I believe the article about Corrie Ten Boom left out a significant point of her character. I feel that as someone who has read and studied about this woman since the 1980s I have a unique perspective on who she was. If her name and work are to be mentioned it is a disservice to her not to mention what being a Christian meant to her life and ministry.

It was unfortunate but not unexpected the article describing Corrie's work in the concentration camps and the Nazis failed to mention her weapon against genocide. Corrie Ten Boom was a "Born Again" Christian. She asked Jesus Christ into her heart and into her life when she was five years old as witnessed by her mother. This was an important point in her first book "The Hiding Place." Corrie's story is not of a crusader who somehow found ways to outsmart the powers of evil. Corrie was a believer in Christ and she shared her belief with everyone her life touched. To eliminate this large aspect of her mission negates what it was about her that made her a survivor. Corrie accepted her call to be put in situations where the souls of people had lost hope; she gave them hope from the great hope chest of her heart. Corrie showed people how to open themselves to a love without boundaries. Many of these people died or continued to live in appalling situations but they had within them God's saving grace and a promise of living again. Corrie liked to tell people to ask for forgiveness of their sins, then imagine throwing them into a lake and posting a sign saying "No Fishing." What a gift to forgive sins, didn't Jesus do something like that too? Don't deprecate a fine human being by writing of her saving works but eliminating her grace. Corrie wouldn't stand for that.

Colleen J. Patterson, subscriber

Author Dagmar Krause replies:

Some of the misunderstanding is cultural, just as Corrie herself had cultural clashes over here, which is rarely mentioned. Like Corrie, I grew up near the North Sea and because of our complicated history where people turn their lives over to their deadly leaders, like Hitler and Stalin, we used the term "born again" with great caution. Corrie decided they could only protect themselves with "tricks" against the Gestapo after she watched horrified when other Christians accidentally betrayed their loved ones with what Corrie labeled their "rigid honesty." "To never tell a lie," as President Carter once said, "can cause people their lives, when you deal with killers."

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!

Art Committee Meeting

Thursday July 8th & Wednesday July 21st
1:00-2:00.

Learn how to mat and frame your pictures for the August art show at the Madison Public Library. This meeting is a must for volunteers and anyone who needs help with framing their art. If you'd like to participate, but can't make this meeting, contact me. Thanks, Dawn



*Cutting mats for finished drawings and paintings.
Come and see our group show
at the Madison public library in August.*

Yoga at Cornucopia Wednesdays 3:00-4:00

Kristin Sage has practiced yoga and meditation for seven years. She has studied Iyengar, Bikram, Ashtanga and Hatha with three local teachers. She is a registered teacher with the National Yoga Alliance.



Regular practice of yog promotes relaxation and ease in the body. Asana (yoga poses) can increase flexibility, strength and balance. A yoga practice can help lead to a calmer state of mind and emotional stability.

Kristin's classes combine asana, gentle pranayam (breath), and meditation. With gentle guidance students are encouraged to participate within their own abilities. Everyone is welcome.

Our two parking spaces are for those who have no way to get here except by automobile. If you can walk, bike, bus or get a ride to Cornucopia, then please do not park your car here.

Thursday poetry

with Sara Sweetman

There will be writing, sharing, some reading of existing poetry, and we'll takesome breaks. I hope you will come even if you don't know anything about it. Learning is fun.

Thursdays 11:00-12:00 / BREAK / 12:30-1:30.

Monday Arts & Crafts moves temporarily to Tuesdays

From July 12 through August 9,
the Monday art class will be held on Tuesdays.
After that the regular schedule will resume.

*Handmade paper from the Saturday art workshop.
Come and see what else we've made,
at the August group show at the Madison public library.*



Events near & far

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

NAMI Dane County Support Groups

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

United Way building, 2059 Atwood, Madison

Adult Children & Siblings Tues Jul 6 6:30

Significant Others Tue Jul 20 7:00-9:00

Parents Mon Jul 5 & 19 7:00-8:30

Schizophrenia Sat Jul 3 & 17 1:00

Depression/Bipolar Weds 4:30-6:00 & 7:30-9:00

Depression & Bipolar Support Alliance support.

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

Interfaith Depression & Bipolar Support

Thursdays 7-9:00 pm

Christ Lutheran Church, Stoughton Gary 873-1938

New Directions peer support for

separation or loss of relationship

Thur 7-9 St Dennis 245-0829

Mild Brain Injury network

Every 3rd Thurs 7-9pm at Meriter-Park, Madison

Community Health Education Ctr Atrium 238-3571

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.

Self-Management & Recovery Training

Abstain from addictive behavior

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

LifeRing Secular Recovery

from alcohol or drugs Thur 8pm / Sun 9am

Wil-Mar Neighborhood Ctr 608-220-7045

Survivors of Suicide of Dane County Support Group

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

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.

Trauma & Healing series for your group

The New Partnerships for Women *Consumer Curriculum Training Series* was created for women with histories of physical or sexual abuse, who have a mental health or substance use problem, and economic hardships. This *Training Series* empowers women to make positive change, with basic information about effects of trauma, and skills for healing and recovery. We are especially interested in visiting rural and minority communities, where services are generally less available. 608-268-1042 npw@choiceonemail.com

128 E Olin Av #202, Madison 53713

Wisc Pub Psych Net Mental Health Teleconference

Thursdays 11:00 to noon Call 608-316-0022, code 1099

Jul 15 **Burnout** David Mays, MD, Mendota Mental Health Institute, Madison

Jul 29 **Suicide Assessment** Ronald Diamond, MD, Wisconsin Psychiatric Institute and Clinics, Madison

14th Annual Children Come First Conference

Tue-Thu **July 27-29** Waukesha \$135 (85/day)

Wraparound, MH/AODA, family-based services, suicide prevention, education. 2 special programs for kids/sibs!

Mark Wehrly, 800-247-6640, 608-284-0580x308

mwehrly@wccf.org, www.wccf.org/CCF

Wisconsin Statewide Prevention Conference

"Weaving a Tapestry of Health: Collaborations Among Substance Abuse Prevention, Mental Health Promotion and Tobacco Control." Includes a specific Native American track. **Aug 10-12** Hotel Mead, Wisconsin Rapids 800-248-9244, wch.uhs.wisc.edu

Recovery Principles & Healthy Systems of Care

Training by Elizabeth Vermilyea

Author of *Growing Beyond Survival: A Self-Help Tool Kit for Managing Symptoms of Traumatic Stress*

Tues Aug 24, 9-4:00

\$15, some scholarships available

Register by Aug 9

BTC Promega Auditorium (off S. Fish Hatchery Rd.)

5445 E Cheryl Pkwy, Madison

Proceeds will benefit New Directions Information Center and other consumer-run programs in Dane County.

Open to consumers of mental health and AOD services, family, service providers, administrators, community members. 6-hour training certificates.

Info: System Redesign/Peggy Michaelis 608-280-2673;

Chrysalis/Kristy Hammes 608-256-3102

Alternatives 2004

Achieving the Promise of Recovery: New Freedom, New Power, New Hope

Oct 13-17, Denver

The only national mental health conference organized by and for consumer/ survivors.

In-depth technical assistance on consumer/survivor-delivered services and self-help/recovery methods.

Recovery, self-determination, diversity, consumers as providers & consumer-operated programs, discrimination & stigma, and community integration. Arts Showcase and arts room. Exhibit Hall. Caucus Space for networking and discussing issues with peers. Drop-in Center. Scent-free Conference.

\$350.00

Horizon Meetings 800-776-1286

www.mhselfhelp.org/alt2004.html

PO Box 500209, Austin TX 78750

Poor Mental Health Puts Women at Risk for Heart Disease

HealthNewsDigest.com May 31

Jennifer Wider, M.D., Society for Womens Health Research

A new study from Emory University in Atlanta found that the prevalence of cardiovascular disease was lowest in adults with good mental health and higher among adults with major or minor depression or other mental health issues. The association between mental health status and heart disease risk was the most pronounced among women aged 45 to 74.

In this study, researchers looked at mental health as an entire state of mind. They examined how people perceived their own well-being and how well they functioned in their day-to-day lives.

Mental health issues are more prevalent in the female population. Depressive disorders affect women two to three times more often than men. Anxiety and panic disorder are also much more common in women.

Women are more vulnerable to social stressors in life, explains Corey Keyes, Ph.D., an associate professor of sociology at Emory and lead researcher of the study.

Research shows that women perceive much more stress than men when it comes to relationships, Keyes said. Certain studies show that a brain

chemical called oxytocin gets triggered at puberty in girls which sets off the need and interest for maintaining social ties. When a breakup occurs, women perceive more stress than their male counterparts.

Women are more likely to assume roles that leave them feeling trapped, increasing the risk for stress and depression. Sociologists have shown that women are expected to be in charge of parenting and care giving and less likely to be rewarded for these roles, Keyes said. Because a man is not expected to assume these roles, he will be rewarded if he does it.

Women in the workforce also have a double shift and run a family and career, Keyes added. This contributes to an increased level of stress.

Cardiovascular disease is the leading killer of women in the United States. According to this and many other studies, women are at higher risk for mental health issues, which add to an already high risk of heart disease.

Getting older is a risk factor for both men and women. For women, menopause is an added complication. There is mounting evidence that the decreased production of estrogen is

associated with things that lead to heart disease such as the reactivity of blood platelets, Keyes said.

This study suggests that poor mental health may be the tipping factor for women.

Mental health adds another complicating factor and may tip older women over the edge, Keyes added. We need to stop looking at mental health as the presence or absence of mental illness. Anything less than flourishing good mental health puts you at elevated risk for heart disease, especially if you're a woman. 🐾



by Barbara Stangler

Study Reveals Hidden Cost of Depression: Large Amounts of Extra Help for Depressed Seniors

American Psychological Association AScribe Newswire May 24

ANN ARBOR, Mich. — A new study reveals that depression among senior citizens carries a huge unrecognized cost: many extra hours of unpaid help with everyday activities, delivered by the depressed seniors' spouses, adult children and friends.

Even moderately depressed seniors, the University of Michigan study finds, require far more hours of care than those without any symptoms of depression, regardless of other health problems they may have.

The findings were published in

the May issue of the American Journal of Psychiatry. The Michigan study analyzed data from 6,651 people over the age of 70 from around the nation. It's the first analysis of its kind.

The survey showed that 38 percent of seniors who had many depressive symptoms, and 23 percent of those with a few symptoms, reported receiving informal care from family or friends - but only 11 percent of those without depressive symptoms did.

"People with many depressive symptoms also had a significantly higher

likelihood than others of needing help with tasks such as dressing, bathing, eating, grocery shopping, taking medicines, paying bills and using the telephone," says lead author Ken Langa, M.D., Ph.D., an assistant professor of general medicine and faculty associate of University of Michigan Institute for Social Research. "Even those with just a few depressive symptoms were more likely to need help with these everyday activities than those without signs of depression."

(continued on p. 8, see "seniors")

For Karin & Me:

Be proud of your voices!
Many great leaders
in the history of the world
have heard voices.

Whatever their source,
ask them “why”
and organize them as you
explain them to sympathetic ears:
yours and your friends.

You have a bicameral mind:
a vestige of history
that allows you to hear voices.
They can be used to reorganize your life
and your part of the world.

Accept them as helpers,
and with awe;
train them to be your helpers.
Have self-esteem, and encourage
others to help you with them.

You have much potential
and will look harder
for their positive guidance.

— *Lynne Morris*

Jesus and God Love Me

Sometimes I write without any light.
Because I have the Light of Jesus in my Heart.
His way has showed me how to Love and not to fight.
And not to carry too many worries in one cart.
His Love brings Children from Heaven, as they await,
To start a new life, then back again,
If sins are not too harsh to abate.
God, Jesus, and the Holy Bible have taught me to live again
With the presence of Nature so closeby
I feel my life has been saved so many times
By the hands of Mothers, Jesus, and God so closeby
to lift me up out of some hard times.
So, today, I give thanks for Him in my Life,
For so many things, and for helping me
Through my life, and through pain and strife.
I was blind but now I see
That Jesus and God Love Me.

— *Johanna Osten, written for the day of her
baptism, about a month ago*

morning set:up at 7:00 am
wide awake, happy, refreshed,
comfortable, soft flow,
victory vib.. then
bathroom, cigs (latest improved)
set of coffee, Dressed,
Breakfast (fake copy of, no-cook
from picture of food
to on your table.
soft hair (like rabbit) soft
hair while awake
Then 16 hours up—
(four foot vibs all at once all day)
16 hours—3 different
vibs each hour.

When lay in arms or lay down:
sinking pillow vib.
always cool pillow when awake
8:00 pm BeeBop stereo vib

night sleep
Bedi when lay down
sinky pillow vib, tired
cap for 5 seconds then
asleep & no dreams.

receive messages
in the morning with coffee.

-- *Bonnie Shaw*

My Mother, My Friend

There is someone special,
With love I send,
It is she,
My mother, my friend.
That miraculous day,
She gave me birth,
One of God’s children,
On this Earth.
A special person,
Who makes my day,
Showing me love,
She leads the way,
The heavens above,
Made a woman so rare,
Who loves me always,
And one who cares.
So my mother,
Is a special friend,
I will need her,
To the end.

—*Dylan Abraham*

(“fairness bus” from p. 1)

Education, Labor and Pensions Committee, chaired by Senator Judd Gregg (R-NH). Despite repeated assurances from Senator Gregg and Majority Leader Bill Frist (R-TN), the bill has yet to be moved out of committee. In May, Sen. Min. Leader Tom Daschle began urging Maj. Leader Frist to allow the Senate to vote on the Wellstone Bill before the June 10 “Parity Now” rally at the US Capitol. If brought to a vote, the bill would almost certainly pass the Senate by a wide margin.

The General Accounting Office estimates that nearly 90 percent of the nation’s health plans engage in legal discrimination based on mental health diagnoses. The Wellstone bill would end this discrimination. It does not require employers to provide health insurance, nor does it require employers that provide insurance for mental health coverage. It simply says that for employers that choose to offer mental health benefits, insurers cannot provide more restrictive coverage of mental



health benefits than they do for other medical and surgical benefits.

Two nonpartisan organizations have analyzed the Wellstone bill. The accounting firm of PriceWaterhouseCooper predicts that it will increase health insurance premiums by one percent—about \$1.32 per month for a typical American. The Congressional Budget Office predicts an even smaller average increase: 9/10 of 1%.

Hartford CT Courant Editorial Board, June 4:

The Wellstone bill is based on the provisions in the benefits package already available to federal employees. It would not require group health plans to cover treatment of mental illnesses if they do not already cover them. It does not prevent managed care to contain costs, nor does it mandate specific services. It simply requires that insurance plans covering mental health treatment offer the same terms as they do to people with physical illnesses.

DesMoines Register Editorial Board, June 3:

Untreated mental illness costs businesses \$70 billion a year in lost productivity and increased sick leave, according to the US Surgeon General’s Report on Mental Health. A fix on this issue should come from Washington. Though state laws can help, many insurers are not required to change a thing when state laws change. “Self insured” plans are exempt from state regulation, and it’s estimated 25 percent of Americans are insured by these plans.

Federal Mental Health Parity Bill



(S 486/HR 953) Needs Your Support

Time is running out *Natinal Alliance for the Mentally Ill*

www.NamiDaneCounty.org

The Mental Health Equitable Treatment Act has 69 Senate co-sponsors and 246 House co-sponsors. If Congress does not act before the end of the session in October, the 1996 Act will sunset. We must make our contacts before the campaign season heats up and the August recess empties the U.S. Capitol.

1. *Email President Bush* president@whitehouse.gov or Call the White House comment line at: 202-456-1414, to renew his pledge of support (of two years ago) for mental illness parity legislation. Ask him to press Senate and House leaders to move S486/HR953 forward immediately.
2. *Email Senator Feingold* feingold.senate.gov and *Senator Kohl* senator_kohl@kohl.senate.gov, and ask them to push this legislation forward. Neither Senator has co-sponsored this bill.
3. *Email your U.S. Representative* to ask them to push this legislation forward. Rep. Paul Ryan www.house.gov/ryan Rep. Tammy Baldwin tammy.baldwin@mail.house.gov

Rep. Ron Kind www.house.gov/kind
Rep. Gerald Kleczka www.house.gov/kleczka
Rep. James Sensenbrenner www.sensenbrenner@mail.house.gov
Rep. Thomas Petri www.house.gov/petri
Rep. David Obey www.house.gov/obey
Rep. Mark Green mark.green@mail.house.gov
Always include your mailing address when you email elected officials, or they will not read your email.

Discriminatory insurance coverage of mental illness bankrupts families and places a tremendous burden on taxpayers through higher expenditures for public disability and health benefits, chronic homelessness and inappropriate ‘criminalization’ of mental illness.

Thirty-four states have passed parity laws but these laws offer no protection for workers and their families covered under self-insured employee retirement income security act (ERISA) plans. ERISA plans are exempt from state laws.



(“support” from p.1)

out and get support!

- Take a class! Cooking, art, music, whatever your passion!
- Church, temple, other place of worship

Unfortunately, many of us are rejected by our family and past friends because of stigma and lack of education of others. There are, however, just as many people who accept you as a person apart from having a “mental illness.” The key is to associate with these people. Staying around positive people will bring you up while being around negative people has the opposite effect.

Join Karen Herro and members of Cornucopia Wednesdays at 6:00 for discussion of a different wellness topic every week. 🐾

(“seniors”, from p.5)

Even when the researchers took into account the other chronic health problems that the seniors faced - from heart disease and diabetes to arthritis and vision problems - those with depressive symptoms still needed more care than those without.

If the informal caregivers were paid the median home-health aide hourly wage from the year 2000, around \$8.23 an hour, and if the incidence of symptoms and use of care seen in the study were extrapolated to the entire U.S. population over the age of 70, the total bill for the informal care of seniors with depressive symptoms would be about \$9 billion a year, the researchers calculate.

This is on top of the cost of formal paid care, medications, doctor visits, and other costs related to depression. And, it’s a conservative estimate based only on hours of direct care, not including time spent driving to doctor appointments or the store, or other indirect services.

Adds Langa, “The symptoms of depression make it harder to care for yourself, and those with illnesses that make them less independent often become depressed. But no matter which came first, better recognition and treatment of depression among the elderly could improve a patient’s outlook

and probably reduce the burden on the family. This is especially true for those with other health problems that require complex self-management.”

Senior author Sandeep Vijan, M.D., M.S., adds, “Chronic diseases such as depression have an effect on society that extends beyond the patient. This study shows that the impact on families and caregivers is significant in terms of time and cost. The medical community often overlooks these factors when considering the best way to care for patients, but it is vitally important to consider the broad picture when making decisions on treatment and health policy.

The researchers found that older women, especially those without spouses, were more likely to have many symptoms of depression.

Langa and his colleagues hope their study alerts physicians to the importance of paying extra attention to the depressive symptoms and caregiving needs of older women living alone.

They also hope their results will give physicians, policy makers and others a better sense of the relative importance, and cost, of depression among the elderly.

“Physicians have long been aware of the difficulties faced by caregivers of patients with dementia, and the time commitment of caring for

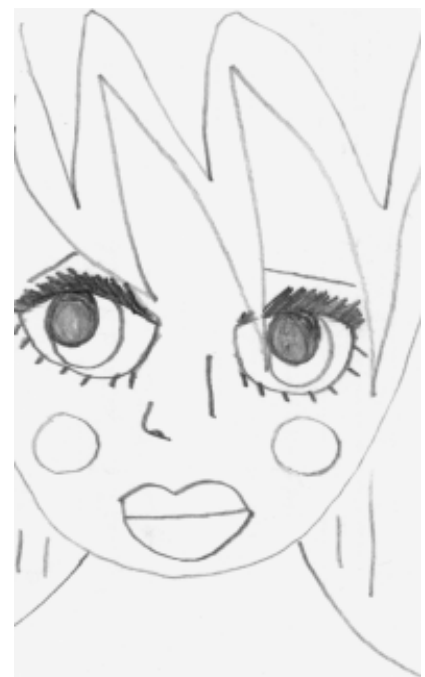
them,” says Valenstein. “This study shows that we also need to be tuned in to the time commitments and stress faced by caregivers of people with depression.”

For more information, contact Kara Gavin or Mary Beth Reilly, University of Michigan Health System Media Coordinators, at 734-764-2220, or kegavin@umich.edu or reillymb@umich.edu. 🐾

The Positive Side Of Life

from Madison Jewish Community Council Monthly Reporter
by Kurt Bergen

- Living on Earth is expensive, but it does include a free trip around the sun every year.
- Birthdays are good for you; the more you have, the longer you live.
- Happiness comes through doors you didn’t even know you left open.
- Ever notice that the people who are late are often much jollier than the people who have to wait for them?
- If Wal-Mart is lowering prices every day, how come nothing is free yet?
- You may be only one person in the world, but you may also be the world to one person.
- Some mistakes are too much fun to only make once.
- Don’t cry because it’s over; smile because it happened.
- Have an awesome day, and know that someone who thinks you’re great has thought about you today!



by Barbara Stangler

Psychiatric Drugs Sometimes Survive Medicaid Restrictions

Some good news is buried in a pattern of increasingly restrictive policies concerning access to prescription drugs for Medicaid beneficiaries. Kate Mulligan/American Psychiatric Association *Psychiatric News* June 4

States have enacted a complicated array of policies to restrict access to prescription drugs for Medicaid beneficiaries.

The Bazelon Center for Mental Health Law has identified the prevalence in states of five restrictive policies:

Prior authorization: A particular drug must receive authorization before it can be prescribed (49 states).

Preferred drug list (PDL): Drugs are placed on a PDL and become exempt from prior authorization (26 states; 12 additional states have authorized).

[Both are being considered in Wisconsin.]

Use of generics, "Fail-first" policies, and Prescription limits.

These policies are being applied in various combinations to antipsychotics (typical and atypical), antidepressants (SSRIs and others), anticonvulsants, antiparkinsonian medications, stimulants, and sedatives/hypnotics/anxiolytics.

The good news with regard to these developments, according to Koyanagi, is the extent to which states are exempting drugs used to treat mentally ill people from those policies.

Thirty-one of the 49 states requiring prior authorization have "some exclusions" for such drugs. Of the 31, most do not require prior authorization for antipsychotics and anticonvulsants. States more frequently require prior authorization for antidepressants,

stimulants, and sedatives/hypnotics/anxiolytics.

The use of a PDL is the most rapidly growing restrictive practice, said Koyanagi. Of the 26 states with operational PDLs, 15 have some form of exclusion for one or more of the drugs used to treat mental illness. Thirteen states with PDLs do not subject antipsychotic medications to PDL restrictions.

Koyanagi told the audience that states will continue to try to control prescription-drug costs and that mental health advocates should work with Medicaid officials to identify cuts that avoid a "meat-axe" approach.

Advice for Advocates

Chris Koyanagi, policy director of the Bazelon Center for Mental Health Law has advised mental health advocates to encourage states to do the following:

Include more than one drug in a class on a preferred drug list (PDL).

Permit "grandfathering" of medications that are not on PDLs for people with chronic conditions. Consider making the use of PDLs voluntary for physicians.

Promote appropriate cost savings, such as the use of generic drugs, when substantiated by expert opinion.

Consider pooling prescription-drug purchases with those by other states to gain additional rebates.

Target polypharmacy when it is misused. Missouri and Massachusetts state officials use Medicaid prescribing data to identify physicians whose prescribing practices are expensive and of questionable efficacy and to direct voluntary, educational efforts to them (*Psychiatric News*, November 21, 2003; May 16, 2003).

The additional costs were in the form of emergency mental health services, partial hospitalization, and visits to community mental health centers, according to the September 8, 1994, *New England Journal of Medicine*.

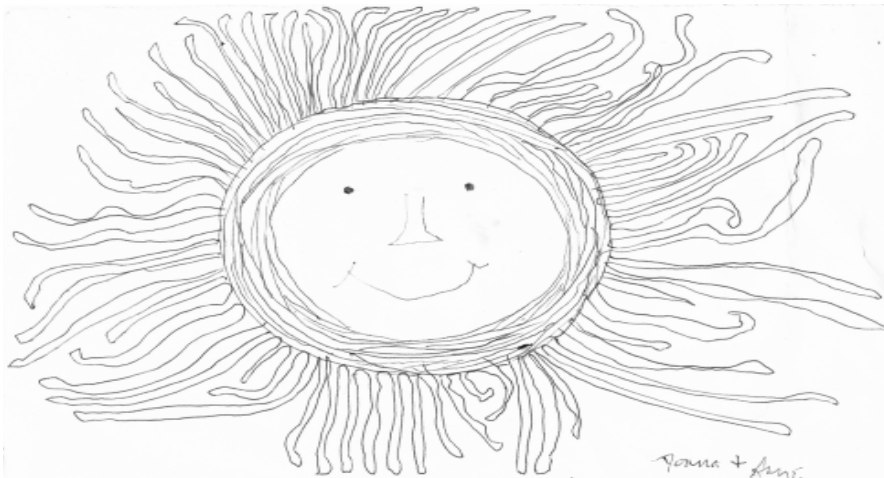
From Disability Advocates Wisconsin Network (www.dawninfo.org):

Keeping open access to mental health medications saves money and lives.

- For every \$1 increase in spending on newer prescription medicines, nearly \$4 is saved in non-drug medical spending such as hospitalizations and doctor visits (Source: Columbia Univ.).
- A study of Medicaid costs for treating schizophrenia found that an increased budget for medication resulted in a decrease in hospital costs and overall costs per patient.

The Kaiser Commission on Medicaid and the Uninsured recommends exempting psychotropic medications from prior authorization under Medicaid. About a dozen states that have prior authorization for drugs or preferred drug lists have come to the same conclusion.

Missouri has implemented a utilization review program by Dr. Richard C. Surles who presented to the DHFS last year and could be retained to assist with its implementation here in Wisconsin. This project costs approximately \$250,000 per year and is being paid for by pharmaceutical companies. Other states to look to for utilization reviews models are Texas, California and Iowa.



Infectious Schizophrenia? Ivanhoe Newswire June 7

Years of research is uncovering something other than genetics that plays a role in who gets schizophrenia: infections. Dr. Robert Yolken from Johns Hopkins School in Baltimore says, "Infections at different times in life seem to impose an increased risk of schizophrenia in some individuals."

The infectious hypothesis states that viral — possibly even bacterial — infections that occur at critical points during brain development could increase the risk of mental illness. Infections like herpes simplex, and even influenza have been linked to an elevated risk of schizophrenia. Researchers say this could be indirectly related to immunological reactions that change brain chemistry or wiring at key developmental stages.

The infectious hypothesis has been around for years, but proponents say they are just now starting to be taken seriously. Several studies show an elevated risk of schizophrenia is linked to infections during gestation. Infections in the second trimester appear to also have an effect.

In 2001, researchers from Columbia University found a 20-percent

incidence of schizophrenia in more than 50 people whose mothers had rubella during pregnancy. In a study that followed more than 20,000 pregnancies, researchers found the risk for schizophrenia tripled when the mother was exposed to influenza during early to middle pregnancy.

It's important to point out, few experts who support the infectious hypothesis believe infections are solely to blame. Many believe it's a combination of gene/environment interactions.

According to Dr. Yolken, about one third of schizophrenics have the herpes infection known as cytomegalovirus. Dr. Yolken and his team tested the antiviral drug valacyclovir on patients with schizophrenia. There was a significant improvement in overall psychiatric symptoms.

Dr. Yolken says research like this could have great impact on schizophrenia. "By preventing the infection or suppressing the infection, we may make the other drugs work more effectively and, therefore, improve the balance in the brain." 🐾

Drink Enhances Mental Illness Medication

OXFORD, England, Jun 09, 2004 (United Press International via COMTEX) — British scientists have developed a drink that enhances the efficacy of medication used to treat psychiatric illness like mania and schizophrenia.

Researchers at Oxford University said the drink, called Tyrodep, is high in amino acids that, when taken with proper medication, help control the increased levels of chemicals in the brains of patients who suffer from the diseases.

Not only is medication effectiveness increased, the drink also could reduce complicated side effects associated with traditional treatment, such as shakiness, permanent movement of the mouth and tongue, weight gain and sexual problems.

"The drink we've developed, when taken alongside medication, has proven to be a real step forward," Professor Guy Goodwin, who led the research team, said in a statement. "It may be both more acceptable to patients and help to reduce the unwanted side effects people get from their treatment."

SENATE PUBLIC HEARING

Committee on Health, Children, Families, Aging and Long Term Care

Thursday, July 8, 9:00 am State Capital, 411 South

SSI Managed Care:

Mandatory enrollment in managed care plans for Medical Assistance recipients who receive SSI

Attend this hearing if you can, to listen, learn and show by numbers in the audience that people care about this issue.

The 2003-05 state budget directed the Department of Health and Family Services to require adults who are eligible for SSI to enroll in managed care plans.

If your psychiatrist or doctor or therapist under Medicaid are NOT part of the Managed Care- HMO that is selected in your area, then you would have to switch and use the Managed Care- HMO doctors.

Each Managed Care- HMO is allowed to have their own policies about how they handle prescription drugs. For example if you are currently using your Medicaid card to purchase the Wellbutrin that your doctor prescribes, once you enroll in Managed Care the HMO can refuse to pay for it and force you on a different cheaper drug. The State is allowing each HMO to decide for themselves what they will and will not pay for.

In Milwaukee the state DHFS had planned to start this program in July and make it mandatory for folks to

enroll in January 2005, and never told us or asked for input from consumers, advocates, psychiatrists, county staff. We have worked to slow things down, now they won't start until January. That gives us 6 months to do something about it.

Dane County is putting together their own Managed Care program. Dane county is using a non-profit agency to do managed care. **Need more specific info? Contact Molly at Grassroots Empowerment: mollycisco@msn.com.** 🐾

July 2004

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 Poetry/Sara 11:00-12:00 /12:30-1:30 CHAS Dinner 5:00	2 Music 1:30 w/Cindy	3 Art Workshop with Kerry 11:00-12:30
4	5 Arts & Crafts with Mary 1:30-3:00	6 Clay with Ali 10:00-12:00 CHAS Lunch 12: Games / Rich 12:30	7 CHAS Lunch 12: Yoga/Kristin 3:00-4:00 Wellness/ Open Night Karen H. 6:00	8 Poetry/Sara 11:00-12:00 /12:30-1:30 Art Committee 1:00 CHAS Dinner 5:00	9 Music 1:30 w/Cindy	10 Art Workshop with Kerry 11:00-12:30
11 <i>cars by Jovani Frierson</i> 	12	13 Clay with Ali 10:00-12:00 CHAS Lunch 12: Games / Rich 12:30 Arts & Crafts with Mary 1:30-3:00	14 CHAS Lunch 12: Yoga/Kristin 3:00-4:00 Wellness/ Open Night Karen H. 6:00	15 Poetry/Sara 11:00-12:00 /12:30-1:30 CHAS Dinner 5:00	16 Music 1:30 w/Cindy	17 Art Workshop with Kerry 11:00-12:30
18	19	20 Clay with Ali 10:00-12:00 CHAS Lunch 12: Games / Rich 12:30 Arts & Crafts with Mary 1:30-3:00	21 CHAS Lunch 12: Art Committee 1:00-2:00 Yoga/Kristin 3:00 Wellness Karen H. 6:00	22 Poetry/Sara 11:00-12:00 /12:30-1:30 CHAS Dinner 5:00	23 Music 1:30 w/Cindy	24 Art Workshop with Kerry 11:00-12:30 
25	26 Board Mtg 5:30-7:00	27 Clay with Ali 10:00-12:00 CHAS Lunch 12: Games / Rich 12:30 Arts & Crafts with Mary 1:30-3:00	28 CHAS Lunch 12: Yoga/Kristin 3:00-4:00 Wellness/ Open Night Karen H. 6:00	29 Poetry/Sara 11:00-12:00 /12:30-1:30 CHAS Dinner 5:00	30 Music 1:30 w/Cindy	31 Art Workshop with Kerry 11:00-12:30

Cornucopia is located at 306 N Brooks Street in Madison.

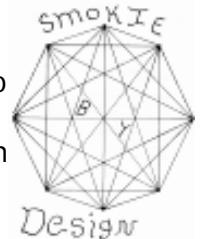


***National
fairness
in health
insurance
tour***

**(Story
on
page
1)**

*Now showing at
Cornucopia gallery
306 N Brooks St Madison:
Preview of the group exhibition
by artists of Cornucopia
to be shown in August
at the Madison public library.*

**AND
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