



Serving people with depression and manic depression, their families and friends since 1981

Weekly Support Groups

Doors open at 7:00 p.m.; groups begin at 7:30 p.m.

Manhattan West Side on Wednesdays

St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic

411 West 114th St (bet. Amsterdam and Morningside)

Manhattan East Side on Fridays

Beth Israel Medical Center, Bernstein Pavilion, 2nd floor

Nathan Perlman Place (bet. 15th & 16th Streets, First & Second Aves)

Support groups allow participants to share their thoughts, feelings and personal experiences in small, confidential gatherings. Separate groups are available for:

- newcomers
- unipolar (depressive)
- bipolar (manic depressive)
- Under-30s
- family and friends

Groups meet simultaneously. Support groups are free for members, and \$5 for nonmembers.

Upcoming Lecture

Summer 2012

Natural Substances: Gaining Credibility in the Treatment of Mood Disorders

Richard Carlton, M.D.

Psychiatrist and expert on Complementary and Alternative Medicine Therapies

Tuesday, June 5



Acupuncture. Chiropractic. Homeopathy. Herbal medicine. Massage.

Many of us at MDSG have tried one or more of these "alternative" treatments in an attempt to find relief from depression, anxiety or OCD. But is there any proof that they really work? And if so, are there good ways (and better ways) to use them?

On June 5 Dr. Richard Carlton, a psychiatrist with over 35 years of experience in working with Complementary and Alternative Medicine (CAM) will talk to us about the explosion of controlled clinical trials over the last 10 years that have revealed

how natural products can help us. These studies have shown specific ways in which CAM therapies improve brain function and boost the efficacy of SSRIs and cognitive-behavioral therapies.

Ever wonder, for example, what placebo-controlled, double-blind studies actually reveal about the use of St. John's Wart, SAME and Omega-3 fatty acids? How about the role of natural antidepressant therapies like folate, acupuncture and exercise? Dr. Carlton will review the scientific literature in plain English, and give us tools for understanding how nutrients work. He'll also provide great tips on how to approach psychiatrists about using natural products alongside medication. The goal is to work *with* our doctors and help them to make informed decisions about what to try, what to watch out for and what to avoid in the first place.

Use of Complementary and Alternative Medication is growing rapidly; the 2007 National Health Interview Survey (NHIS) found that almost 40% of American adults have used CAM strategies of one sort or another. This isn't too surprising since almost a third of those who struggle with depression, anxiety, and OCD don't get full relief from medication alone. But there's lots of good news and much hope. And Dr. Carlton will talk about how nutrition, herbs, and natural relaxation techniques can help us. We encourage you to join us on June 5.

How do You Define Recovery? by Tory Masters

What does recovery from a mental illness mean? *Recovery* has become a hot topic across the globe, and now national mental health organizations are trying to define it (see story on page 5). What is it? What does it look like? Feel like? How does it pertain to me?

When my world came crashing down many years ago I couldn't imagine getting stable, let alone recovering. But when I picked myself up off the floor to survey the damage and figure out how I

was going to put myself back together, I realized first that I had to accept my disability and learn how to *live with it* and stop denying it. Then I had to modify my aspirations and goals to accommodate the disability. As I moved through this process, I grew more hopeful, found new ways of coping, living and growing. And I was on the path to recovery.

Tell us how *you* define recovery, and we'll try to include it in our next edition. Send your submission to info@mdsg.org with "Recovery" in the subject line.

Ask the Doctor by Ivan K. Golberg, M.D.

Q. Why is it important for a psychiatrist to diagnose depression?

A. Depression may be the result of a medical condition, and psychiatrists are the only mental health professionals who are fully trained to evaluate whether a medical disorder is causing an individual to become depressed. Hypothyroidism, multiple sclerosis, porphyria and Wilson's disease are among the causes of what appears to an uncomplicated depression. In my practice, one in five patients presenting with what looks like a primary mood disorder is actually suffering from a medical condition that is causing depressive or manic symptoms.

Q. Why do primary care physicians often fail to diagnose depression in their patients?

A. Physical complaints -- including headaches, abdominal pain, backaches, fatigue and chest pain -- are present in about three-quarters of people who have depression. When depressed people visit their primary care physicians, 83% complain about physical symptoms but don't discuss the depressed feelings they are experiencing. Physicians may not look beyond the physical symptoms to identify the depression which is the underlying cause.

Q. What percentage of depressed people who receive a prescription for an antidepressant from a primary care physician fail to fill it?

A. In one study, people with depression who received a prescription for an antidepressant from their primary

care physicians, 56% did not fill the prescription within three months of receiving it.

Q. I've been diagnosed with Bipolar Disorder, and although I have depression I never have periods of elation or an increased sense of well-being. Was I misdiagnosed?

A. Many people with Bipolar Disorder have what are called dysphoric manias. These are states characterized by racing thoughts, irritability, depression, guilt, suicidal thoughts and sometimes paranoid thinking. In a study of 86 people hospitalized while manic, slightly more than half (44) were found to fulfill the criteria for dysphoric mania. Not all mania presents as elation.

Mental Health Care Gets My Vote!

Elections are coming up, and mental health care ought to be an issue of every would-be elected official's agenda. But is it? Not if no one's talking about it with the candidates!

Lots of people believe in the need for political advocacy, but the sad truth is few of us speak up. Part of the reason is that we don't know what to say, or to whom to say it. But a new resource make the process much less awkward: NAMI has just launched an incredibly helpful web page to guide us.

WWW.NAMI.org/election is an easy to use site that's

like a primer for simple, doable political advocacy. It offers sample questions you can ask, tips and techniques to help you come across in a positive light, and a "candidate kit" to get your local hopeful up to speed on the big issues.

Whether you're most concerned about protecting funding or expanding access to mental health care services, your opinion counts more when you let the candidates know that you care.

So write a letter. Ask a question. Make a statement. And make a difference!

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New York
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P.O. Box 30377, NY, NY 10011
Phone: (212) 533-MDSG
Fax: (212) 675-0218
info@mdsg.org www.mdsg.org

Julia Attaway
Editor
Betsy Naylor
Chair

Ivan K. Goldberg, M.D.
Medical Advisor
Marc A. Strauss, Esq.
Pyrros & Serres, LLP
Legal Advisor

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The Reader's Corner by Betsy Naylor

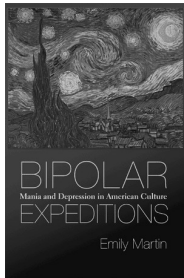
Bipolar Expeditions: Mania and Depression in American Culture

by Emily Martin, PhD
Princeton University Press
2009
(paperback)

So much of what we understand about our mood disorders comes from psychopharmacologists and therapists, books and articles they've recommended (or written!), and our wonderful groups at MDSG. We need that insight, but after a while most of what these sources have to say becomes familiar. Emily Martin, the author of *Bipolar Expeditions*, is different. An anthropologist, Martin looks at Bipolar Disorder from many unusual angles: she's visited sales conferences for psychotropic drugs, DBSA advocacy education groups, professional conferences for psychiatrists, and bipolar support groups on both coasts. Stepping outside the usual perspective, she looks for traits that bipolar people have in common, the types of relationships we tend to have, and most of all she looks at how people with Bipolar Disorder are perceived in different social settings.

While we fill out charts to keep track of our migrating moods, we are creating the kind of raw material an anthropologist loves. When viewed *en masse*, charts can show new characteristics of a particular group,

and can even help measure the effectiveness of medications. Even what's tracked can reflect the society in which we live: an 1833 a mood chart, then called a moral thermometer, contained these options: hot, ungovernable, half-mad, passionate.



One of Martin's observations is that mania -- within limits -- is highly valued by our society.

"Motivation is the part of mania that our economic system places at a premium," Martin writes, noting that we're impressed with enthusiastic people who don't need much sleep, and those who are hardworking and creative. Manic people contribute greatly to fast-moving businesses. They are noteworthy for their talkativeness, intense sociability, and exuberance. People like them, at least until they reach the point of irrationality.

The relationship between New York City and mania is obvious to anyone who has spent time here. Our fast-paced city is cited in *Bipolar Expeditions*, for its manic environment. Not surprisingly, New York's pace and accomplishments attract the speedy. And that energy is contagious. Consider the financial markets with their bipolar rhythms. "Denizens of Wall Street describe a feedback loop between the

state of the market and the moods of stockbrokers," Martin observes. The whole country can be permeated by these ups and downs, and it's not just a modern-day phenomenon. In the 18th century, the goddess of fortune, Fortuna, stood on a ball, a symbol of the precarious nature of the accumulation of wealth.

But personhood -- and credibility -- stops at the hospital door. And when depression hits, the people admired for their edgy energy are denigrated by their colleagues.

The importance of having a touch of mania is played out in other fields as well. In the theater and movies, actors seek a kind of functionally-manic zone. A producer interviewed by Martin pointed out that at first the actor diagnosed with Bipolar Disorder wants no one to know his diagnosis. Then his manager gets involved with the psychiatrist about the actor's meds: not too much, not too little, just enough to preserve the right amount of mania. The goal isn't necessarily health, but to live on the edge.

Martin tells us that she is one of those "living under the description of manic depression," and perhaps this is why she has such insight and compassion. She spent some time with support groups, and I think they helped her (and she liked them). From her portrayal of the group members, they talked about

concrete circumstances in their lives, but not about their feelings. Snippets from these groups appear throughout this book, and they illustrate many of Martin's interesting points. But I wish she'd visited MDSG.

In closing, Emily Martin points out that bipolars and depressives have a unique and wonderful sensitivity. Sometimes we are on top of the world, and fun, excitement and opportunity are all around. Everything changes when depression takes over and the top of the hourglass is empty. It's awful. One's thoughts are filled with a drumbeat of hurt. What's so unique and wonderful about that? We have a wide and wonderful perspective, given all the experiences of going up and down.

Need more reading material? Our web site contains suggestions on great books on all aspects of mood disorders. Go to:

MDSG.org

The Mood Disorders Support Group

Upcoming Lecture – Summer 2012

Held at the Podell Auditorium, Bernstein Pavilion, Beth Israel Medical Center
Enter at Nathan Perlman Place between First and Second Avenues and 15th and 16th Street
Doors open at 7:00 p.m., lectures begin at 7:30 p.m. \$4 for members, \$8 for non-members.

June 5
Tuesday
7:30 p.m.

Richard Carlton, M.D.
Psychiatrist and expert on Complementary and Alternative Medicine Therapies

Natural Substances: Gaining Credibility in the Treatment of Mood Disorders

Complementary and Alternative medicines are rapidly growing in popularity. Are they safe? Effective? What do the studies say? And how do you raise the topic with your psychopharmacologist? Come find out...

There are no lectures during July or August

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Membership in MDSG gives you FREE admission to support groups and a discount on all lectures

Recovery Gets a Makeover

People in high places – and everyday places – are talking about recovery a lot these days. The Substance Abuse and Mental Health Services Administration (SAMHSA) has proposed a new “working definition” of recovery that’s intended to get policy makers, therapists, researchers, medical professionals and us on the same page, working toward the same goals. Here’s what they came up with:

“Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

This definition means that recovery has to encompass health, home, purpose and community. Whether you buy into this specific wording or not, having a personal definition of recovery provides a target to aim for (see article on page 1).

SAMHSA’s working definition was based on extensive feedback to a draft definition posted last August on its blog (blog.samhsa.gov) and at two public forums. According to a press release, over 1,200 comments were received, many of which were incorporated into the current working definition and what SAMHSA calls “principles of recovery.”

A simple definition is only a starting point for understanding recovery, so SAMHSA developed ten principles that are intended to provide a deeper grasp of

what recovery should encompass:

1. Recovery emerges from hope. The belief that recovery is real is what provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

2. Recovery is person-driven. Self-determination and self-direction are the foundations for recovery, as individuals define their own life goals and design their unique path(s).

3. Recovery occurs via many pathways. Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds (including trauma experiences) that affect and determine their pathway(s) to recovery.

4. Recovery is holistic. Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

5. Recovery is supported by peers and allies. Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

6. Recovery is supported through relationship and social networks. An important factor in the recovery

process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

7. Recovery is culturally-based and influenced. Culture and cultural background in all of its diverse representations – including values, traditions, and beliefs – are keys in determining a person’s journey and unique pathway to recovery.

8. Recovery is supported by addressing trauma. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

9. Recovery involves individual, family, and community strengths and responsibility. Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

10. Recovery is based on respect. Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

See related article on front page. And send your definition of recovery to info@mdsg.org so we can include it in the next issue of MOODS.

The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines four major dimensions that support life in recovery:

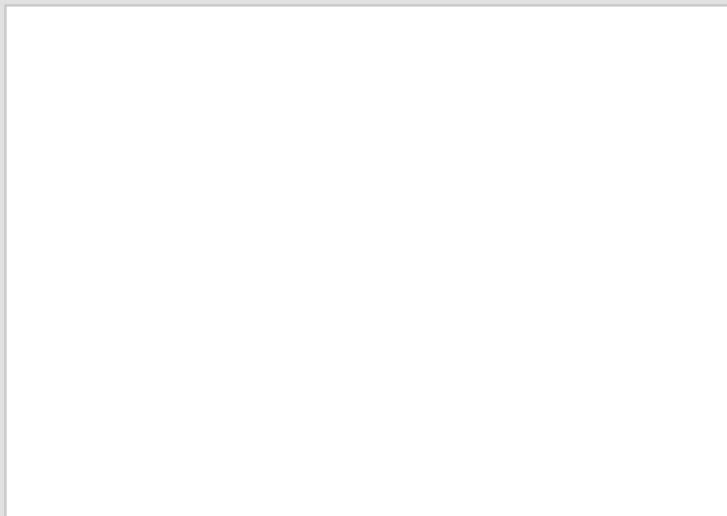
Health: overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way.

Home: a stable and safe place to live

Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

Community: relationships and social networks that provide support, friendship, love and hope

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STAY HEALTHY, KEEP MDSG HEALTHY

We all know it takes a huge amount of work to keep ourselves stable and healthy. MDSG plays a key role in supporting us in those efforts. The cost of membership and lecture admission doesn't come close to covering our expenses. Your financial support is crucial. Please give what you can.

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