



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 Aves.)

Manhattan East Side on Fridays

Beth Israel Medical Center, Bernstein Pavilion, 2nd floor

Nathan Perlmans 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 & friends.

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

Upcoming Lectures of Note

Fall 2010

You DO Have Options! Resources for Building a Purposeful and Independent Life

Dwayne Mayes

Director, Howie T. Harp Advocacy Peer Specialist Training Center
Tuesday, September 14



We don't often get to meet real-life heroes, but Dwayne Mayes is one. He battled his way up out of unemployment, homelessness, substance abuse and severe depression, and is now a powerhouse advocate for people with psychiatric disabilities. Trust us: you want to meet Dwayne, because he can make your life easier. He's a master of resources and "how-tos" for building an independent and full life.

On September 14 Dwayne will share both his story and his amazing knowledge of mental health resources with us. He'll give us dozens of great ideas for finding employment, housing, continuing education, social networking, and affordable on-going treatment. Bring paper and a pencil. You'll want them for taking notes during this terrifically useful lecture.

Changing MOODS

Welcome to our new, streamlined design for MOODS! This new layout will help us save trees and postage, and hopefully make it easier to find the information you need from us.

The Wizard of Psychopharmacology Is In: Answers to Your Most Pressing Questions

Ivan Goldberg, M.D.

Psychopharmacologist and Medical Advisor to MDSG
Tuesday, October 5

Think you've tried everything under the sun to get your depression under control? Dr. Ivan Goldberg is sure you haven't. Come to our Q&A on October 5 for a healthy dose of creative problem-solving. Dr. Goldberg's reputation as the wizard of psychopharmacology stems from his prodigious knowledge and deep experience in treating seemingly intractable mood disorders.

How to Kick the Mental Habits That Keep Us From Recovery

Dr. Joseph Luciani, PhD.

Clinical Psychologist and noted author
Tuesday, November 9

Are you a worrywart, perfectionist, control freak, procrastinator or compulsive people-pleaser? Have we got the lecture for you! Dr. Joseph Luciani, author of the internationally-bestselling *Self-Coaching* book series, will join us to share his three step technique that can transform insecurity and distrust into security and self-trust, and lack of motivation into action.

Dr. Luciani believes anxiety and depression are fed by habitual thinking patterns that deplete our brain chemistry. The good news: those habits can be broken — and this lecture will teach you how. Mark Tuesday, November 9 on your calendar now. It will be the first day of a new way of looking at recovery.

Ask the Doctor Ivan K. Goldberg, M.D., Psychopharmacologist

Q: Bipolar Disorder runs in my family, and I've been hospitalized twice for unipolar depression. Is it possible that I really have bipolar disorder?

It's quite possible. One study which followed patients who had been hospitalized for unipolar depression for 15 years found that 45% of them eventually experienced one or more episodes of mania or hypomania. In other studies, up to 70% of those initially diagnosed as having unipolar depression eventually were diagnosed with bipolar disorder. Those with three or more episodes of unipolar depres-

sion are especially likely to develop bipolar symptoms.

Q: Among people with Major Depression, who has the best chance of remaining well over many years?

A: Based on a study that followed people for 12 to 25 years, those who have the greatest chance of remaining well for an extended period of time are those who are:

- male
- not neglected or abused as children
- actively involved with friends
- well-educated

- keeping a positive attitude toward their occupation
- not medically ill

Q: Are manic symptoms more likely after getting a great job or some other major success?

A: Research shows that some people with Bipolar Disorder do experience an increase in hypomanic or manic symptoms in the two months after they achieve a major life goal. Others do not. The study showed no changes in depressive symptoms under these circumstances.

Free (or Almost Free) Brochures to Help Friends and Family

Families for Depression Awareness pdf files:
(at FamilyAware.org)

Helping Someone Who is Depressed

Bipolar Disorder: Stories of Coping and Courage

National Institute of Mental Health pdf files:
(at NIMH.nih.gov)

Bipolar Disorder (look under health topics/publications)

Depression and Bipolar Support Alliance \$0.25
(order through DBSA.org)

Introduction to Depression and Mood Disorder

Myths and Facts About Depression and Bipolar Disorder

What Helps and What Hurts

Psychiatric Hospitalization: A Guide for Families

Mood Disorders Support Group
New York
MOODS
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Inquire about bulk orders.
MDSG is affiliated with the Depression and Bipolar Support Alliance.

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The Reader's Corner Betsy Naylor

Danger to Self: On the Front Line with an ER Psychiatrist

by Paul Linde, M.D.
253 pp, University of California Press. 2010

Dr. Paul Linde works in the psychiatric emergency room at San Francisco General Hospital. It's a relatively large unit, with four quiet rooms and space for 15 to 20 patients. People can be held up to three days for evaluation.

The emergency room is loud, chaotic, and high pressure, with an overload of the most unruly people imaginable. It's not a popular place for a psychiatrist to work. The staff very much want to help people, but the environment leaves them vulnerable to the raw feelings of burnout. So why does Dr. Linde continue to practice in this setting? Because he's committed to helping the desperate people who arrive here because others think they are dangerous, or as a last stop before suicide, or when people want them to stink and hallucinate out of sight.

I thought the people who read MOODS might be curious about this psychiatric ER, and curious about Paul Linde, who has dedicated himself to

working there. We tend to identify with the patients rather than the doctors; in 1993 I was taken to St. Vincent's in an ambulance, accompanied by two techs and two of New York's finest, in a florid state of mania. (No, they did not put me in handcuffs.) We rarely talk about passing through the ER on our way 'upstairs', if we remember being there at all in the midst of a crisis. Yet the ER is where many crucial decisions are made about people's survival.

Danger to Self consists of ten case studies that give us an inside view of the psych ER from the other side. It allows us to see the hard work and unenviable judgment calls that doctors and support staff have to make. Often there are no easy or certain answers. Dr. Linde describes a time he was asked by a transplant team if the young woman who damaged her liver while attempting suicide with pills will try to kill herself again if she's given a liver transplant. His comment: "I'm discovering what I already suspected, that psychiatrists are not much better than anyone else at predicting patients' behavior."

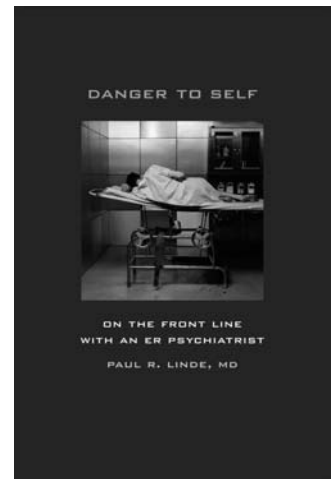
Dr. Linde grapples with the thorny issues of care and rights with intelli-

gence and compassion. He asks, "How does one protect an individual's civil liberties while also taking into account society's need for public safety and its responsibility to help those who are sick and less fortunate?"

During his first two years of residency, Dr. Linde was a white-coated model medical psychiatrist. In his third year, with the help of a trusted mentor, he studied psychological theory, and learned to integrate psychology with biological psychiatry. He feels this has made him a better doctor.

He writes, "Detachment, woodenness, adherence to diagnostic checklists, therapeutic neutrality, and undue formality on the part of a psychiatrist all do much harm to a patient in the context of a clinical interaction that might otherwise offer a wonderful opportunity for healing."

The ER staff at San Francisco General Hospital comment that Dr. Linde is like a good bartender; he's friendly, and puts people at ease right away. He is a likeable guy, and this is an interesting book.



Going to buy the book? Go to MDSG.org and click on the enormous Amazon logo on the home page. A portion of the purchase price will go directly to MSDG.

The Mood Disorders Support Group

Upcoming Lectures – Fall 2010

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.

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| Sept 14
Tuesday
7:30 p.m. | Dwayne Mayes
<i>Outspoken mental health advocate;
Director, Howie T. Harp Advocacy Peer
Specialist Training Center</i> | You DO Have Options! A master of resourcefulness shows how to find help with employment, housing, education and affordable treatment. |
| Oct 5
Tuesday
7:30 p.m. | Ivan Goldberg, M.D.
<i>Renowned psychopharmacologist and
MDSG Medical Advisor</i> | The Psychopharmacologist is In! Bring your questions about medication, treatment strategies, and how to improve doctor-patient relationships. |
| Nov 9
Tuesday
7:30 p.m. | Joseph Luciani, PhD.
<i>Clinical psychologist, bestselling author</i> | How to Kick the Mental Habits That Keep Us From Recovery
Learn how to break the negative thinking patterns that can prevent recovery. |

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MDSG Annual Membership

Send your check, *payable to MDSG, Inc.* to: MDSG, Inc., P.O. Box 30377, NY, NY 10011

\$45 Individual Membership \$65 Family Membership Renewal? Y N

Name _____

Address _____

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Your contributions are tax-deductible. Thanks for your support.

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

Ten Things NOT to say to Someone with a Mood Disorder

10. Are you eating right?
9. Life isn't meant to be easy.
8. Do something nice for yourself and you'll feel better!
7. I've had bad days too. You'll feel better tomorrow.
6. You just need to snap out of it!
5. Cheer up. Just think happy thoughts.
4. Quit feeling sorry for yourself...it's not that bad.
3. Yeah, I know how you feel. Did I ever tell you about when I.....
2. It's probably all those medications you are taking
1. You are so self-absorbed. You just have to think about others!



Eight Ways to Help Someone with a Mood Disorder

1. **Educate yourself.** Bipolar Disorder is an illness, not a weakness. Do some research at good web sites like NAMI.org or DBSAlliance.org to understand what Bipolar Disorder is.
2. **Learn when to take it personally (and when not to).** Your loved one may say hurtful or emotion-grating things during a manic or depressive episode. Try to remember that this is 'the illness talking'. If you can respond to the underlying feelings instead of reacting to the words, you have a better chance of diffusing the situation.
3. **Make some rules.** If you smell smoke or see flames, you know to call 911. Similarly, you should know your loved one's symptoms of mania and depression (crying, insomnia, inability to get out of bed, etc.), and have a plan in place for what to do when the symptoms appear.
4. **Plan some more.** You should know what to do and whom to call if your bipolar companion becomes very ill. Have the names and numbers of the psychiatrist and psychologist written down. Learn the quirks of insurance coverage *before* you're facing a crisis.
5. **Listen.** Advice often comes across as condescending. Simply being there, and being a loving presence, may be the best thing you can do.
6. **Be gentle, and try to be patient.** Exasperating behavior is often a symptom of the disease, even if it feels like it's directed at you, personally. A little kindness can go a long way toward helping someone recover more quickly.
7. **Laugh together.** Humor reduces anxiety, tension, anger, and depression. As the saying goes, if you can laugh at it, you can live with it.
8. **Support yourself.** Caregiving is draining. Make sure you're taking care of your own needs, and have a good support network. MDSG has weekly support groups for friends and family -- join one!

MDSG offers weekly support groups for friends and family of people with mood disorders.

Courage is knowing what to fear

— Plato

Adapted with permission from *8 Ways to Help Your Bipolar Loved One Cope* on Belief-Net.com, by Therese Borchard, author of *Beyond Blue*. Look for other articles on living with someone with Bipolar Disorder at findingoptimism.com

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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. Membership fees and the price of lecture admissions don't come close to covering our expenses. Your financial support is crucial. Please give what you can.

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New York, NY 10011

Make your check payable to MDSG, Inc.

Name _____

Address _____

E-mail _____

Fear less, hope more;

Eat less, chew more;

Whine less, breathe more;

Talk less, say more;

Love more, and many good things will be yours.

— Swedish proverb

I've enclosed: \$1,000 \$500 \$250 \$100 \$75