



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 Ave. and Morningside Drive.)

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 members
- friends.

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

Upcoming Lectures of Note

Winter 2011-12

A Call to Action! Providers, Consumers and their Families Unite for Recovery

*Psychologist Deborah Perlick, PhD
Family Advocate, Judith Carrington and others*

Tuesday, December 6

There's a growing body of important research that shows that when the family is included as part of the treatment team, recovery rates go up and the family as a whole feels and functions much better. The consumer starts to advocate for themselves and feel empowered. The family becomes more effective at fostering recovery, building coping skills and getting their own needs met. Providers get help from a critical ally. Hope and belief in recovery builds and then resilience and a sense of well being starts to take root.

Thinking of family involvement as a solution instead of a problem is a big step forward. Fortunately, the Office of Mental Health is responding with support for this approach, making teamwork Medicaid-reimbursable in PROS programs and ACT teams.

But we need to help build the momentum together! We need to tap into our collective ideas, experiences and our activist muscles to make this treatment team approach a reality for our own recoveries

On December 6, MDSG will host a dynamic **cont'd on P.3**

A Good Night's Sleep: Why Recovery Depends on it and How to Get It



Gary Zammit, PhD.
Executive Director, Sleep Disorders Institute, St. Luke's/Roosevelt Hospital; Clinical Assoc. Professor, Columbia University

How to Rescue Yourself: A Full and Meaningful Recovery is Up to You!

*Christine Foertsch, PhD.
Assistant Clinical Professor in Psychiatry, Columbia Medical School; Private Practitioner, Dialectical Behavioral Therapy*

Tuesday, January 10



The old model of treatment for mental illness focused on stability and symptom management and the consumer was no more than a passive participant in his treatment. We now know that a meaningful and lasting recovery is achievable but *only* if the consumer takes active charge of it.

Dialectical and cognitive behavioral therapies are built on this premise. DBT therapist, Dr. Christine Foertsch, PhD teaches her clients how to become an active partner in treatment, how to self-coach their way to recovery; how to successfully develop their own self-care techniques to add to their wellness program. This pro-active approach also teaches how to let go of the most common emotional barriers to recovery, such as fear of failure *and* success, fear of change, and just as importantly, the wishful thinking that their rescuer will come.

Come find out how to develop your "mental mojo" even when you are feeling the most hopeless and unmotivated. Come find out how you *can* actually rescue yourself and achieve a level of emotional health that you didn't think was possible.

Tuesday, February 7

Sleep disturbance is the first symptom of a mood relapse, and the last symptom to go away after successful treatment. How can we turn bad sleep habits into good ones? Dr. Zammit provides tried-and-true methods — as well as cutting-edge solutions — to help us get the rest we need in order to stay healthy. He'll explain the effects of sleep on our moods, and outline what is required to make sure we sleep right for maximum mental health. *This lecture was re-scheduled from its original date in October, 2011.*

Ask the Doctor Ivan Goldberg, M.D.

Who's more likely to gain weight while on lithium: men or women?

Women are more likely.

What are the symptoms of on-coming lithium toxicity?

The most common symptoms are:

- Mental dullness or confusion
- Drowsiness
- Concentration problems
- Muscle weakness
- Heaviness of arms or legs
- Unsteady gait
- Marked hand tremor
- Tremor in the lower jaw
- Muscle twitches
- Slurred speech
- Nausea/vomiting
- Stomachache
- Diarrhea

If you notice any of these symptoms, refrain from taking any additional lithium and contact

your doctor immediately.

What reasons do people give for stopping lithium without consulting a doctor?

The most common reasons (in descending order) are:

- Bothered by the idea of having a chronic illness
- Bothered by the idea that moods are controlled by lithium
- Felt depressed
- It's a hassle.
- Felt well and saw no need to take medication
- Missed the "highs" in life
- Felt less creative
- Felt less productive
- Felt less attractive to friends or spouse

When I started taking lithium I had a bit of a tremor that later disappeared. Recently it has returned. My lithium blood level was checked and is fine. Is

there anything I can do about the tremor?

Tremors are most common in the early stage of treatment with lithium. But sometimes people who have been on lithium for many years are bothered by tremors, even when blood levels are fine. A slightly lower dose of lithium can often resolve the problem. Also, avoid drinks containing caffeine. If you are in a profession where a tremor could be disabling (like surgery), there are certain beta-blockers that can be taken to alleviate the problem, including nadolol, metoprolol, pindolol (Visken) and propranolol (Inderal).

Answers to Quiz on p. 5

1. **B.** New York Hospital.
 2. **A.** The belief that mental illness was caused by sin was prevalent during the colonial period. One building of the Bloomingdale Asylum remains on what is now the Columbia University campus: Buell Hall.
 3. **B.** State Commission in Lunacy
 4. **D.**
 5. **A and B.**
 6. **D.**
 7. **A.**
 8. **B.** Medicaid didn't include benefits for mentally ill people under the age of 65. Social Security and SSDI had a far more significant impact on independent living.
 9. **C** (1960s and 70s), **A** (1980s), **B** (1990s), **D** (current)
10. **D**

Sources: *Overview of Mental Health in New York and the Nation*, NY State Archives

Overview of Mental Health Services, surgeongeneral.gov

History of the Consumer Movement, stopstigma.samhsa.gov

Mood Disorders Support Group
New York
MOODS
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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

Michael Roth
Webmaster

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The Reader's Corner Betsy Naylor

Touched with Fire: Manic Depressive Illness and the Artistic Temperament

by Kay Redfield Jamison, PhD
Free Press, 1993

Recently some of my group members discussed whether they could become one of the famous artists known to be depressed or manic depressed. The talk reminded me of *Touched with Fire*, the classic book that looks at the connection between mood disorders and creativity.

When *Touched by Fire* was published in 1993, it opened the inquiry into the correlation between artists and their mental health. Deeply respectful of both artist and those who suffer from mood disorders, the book is built around scientific research and the letters and writings of famous artists and their families.

Numerous studies have found that artists suffer from mood disorders in disproportionate numbers. But the correlation between creativity and troubled moods does not tell us anything about causality. Author Kay Jamison, a professor of psychiatry at Johns Hopkins, asks, "Do artists create in spite of their often-debilitating problems with moods? Or... is there something about the experience of prolonged periods of melancholia - broken at times by periods of manic intensity and expansiveness - that leads to a different kind of insight, compassion, and expression of the human condition?" She suggests that manic energy feeds productivity because the artist feels uninhibited, expansive, and hyper-aware. Interspersed with the discussion of research are quotes about (or by) famous people known to have had mood disorders. For example, a quote

about Virginia Woolf:

"She talked without stopping for two or three days, paying no attention to anyone in the room or anything said to her. For about a day what she said was coherent; the sentences meant something, though it was nearly all wildly insane. Then gradually it became completely incoherent, a mere jumble of dissociated words."

On the other end of the mood pendulum is this observation by composer Hector Berlioz:

"It is difficult to put into words what I suffered - the longing that seemed to be tearing my heart out by the roots, the dreadful sense of being alone in an empty universe, the agonies that thrilled through me as if the blood were running ice-cold in my veins, the disgust with living, the impossibility of dying."

Most people who suffer depression and mania will not produce great art because they lack the necessary talent, intelligence, and imagination to create enduring artwork. The artists discussed in *Touched With Fire* are an atypical group, both in their artistic genius and in their profound illness. They lived in an era before lithium and antidepressants, and many turned to whatever relief they could find, primarily alcohol. Without medication, their manic depressive illness got worse.

The book notes that manic depression and depression are often hereditary, and the family trees of some famous artists are shot through with illness. The mood pathology shows up in children, siblings, mother, father, and the occasional aunt or grandparent. Jamison examines these and calculates an amazing number of suicides. She also

examines which months of the year have the most episodes:

Depression - Most common in March, followed by May and September

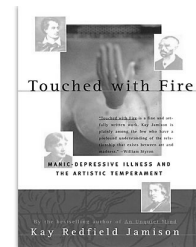
Mania - most common in September, then July and August

And there are twice as many suicides in in May as in July and August.

Touched by Fire raises some interesting questions that we don't usually ask. It's a well-written book on many levels, especially if you have an interest in the connection between mood disorders and creativity.

* * *

Kay Jameson has also written *An Unquiet Mind* (her life with manic depression), *Night Falls Fast* about suicide, *Exuberance*, and *Nothing was Ever the Same* about grief.



A Call to Action

cont'd from P. 1

community forum to explore how we can to do that. We'll have a high-octane panel of informed and active consumers, outstanding providers, involved family members on hand to stimulate the discussion.

Panelists will include Dr. Deborah A. Perlick and family advocate Judith Carrington. We'll have MDSG moderators and consumers on hand to contribute. Topics up for discussion include why family matters, the best ways to foster teamwork, and what we can do to advocate for universal coverage reimbursement.

Visit our web site at MDSG.org for links to favorite books and resources about mood disorders

The Mood Disorders Support Group

Upcoming Lectures – Winter 2011-12

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.

Dec 6
Tuesday
7:30 p.m.

Community Forum with Expert Panelists *Including Deborah Perlick, PhD, Family advocate Judith Carrington, and others*

A Call to Action! Providers, Consumers and Families Unite for Recovery Join the team – and head for recovery. A lively, productive discussion of how we can accelerate progress.

Jan 10
Tuesday
7:30 p.m.

Christine Foertsch, PhD.
Assistant Clinical Professor in Psychiatry, Columbia Medical School; Private Practitioner, Dialectical Behavioral Therapy

How to Rescue Yourself: A Full and Meaningful Recovery is Up to You!
 Want to take charge of your recovery, but think you don't have what it takes to master self-care? Tips and techniques for getting yourself motivated – even in the midst of depression.

Feb 7
Tuesday
7:30 p.m.

Gary Zammit, PhD.
Executive Director, Sleep Disorders Institute, St. Luke's/Roosevelt Hospital; Clinical Associate Professor, Columbia University College of Physicians and Surgeons.

A Good Night's Sleep: Why Recovery Depends on it and How to Get It The sleep expert explains how shut-eye (or lack of it) can trigger or reset our moods – with practical tips on how to get better sleep.

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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

Whaddaya Know? The History of Mental Health Care in New York

As we look back on the 30 years since the founding of MDSG, it's also interesting to consider how far mental health care has come in our state. How many of these questions can you answer correctly?

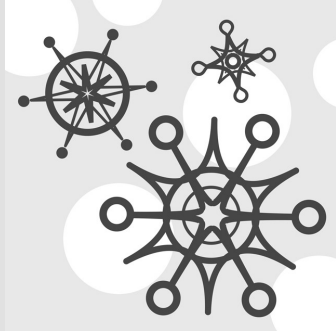
- The first State funding for the care of the mentally ill was legislated in 1806. It provided for \$12,000 to be spent over 50 years, and was given to the only hospital designated to care for the 'institutionally insane'. That hospital was:
 - King's County Hospital
 - New York Hospital
 - Bellevue Hospital
- In 1821 the Bloomingdale Asylum opened. It used "moral treatment" for the mentally ill. Which of the following is NOT a characteristic of "moral treatment"? The belief that:
 - Mental illness is caused by sin.
 - Mental illness is a disease, and therefore curable
 - The best way to help those with mental illness is to provide relief from the stresses of society, along with a regular routine of work, relaxation, and exercise
- In 1889 the State created a new commission which marked the separation of care for the poor from care for the mentally ill. The name of this new commission was:
 - Commission for the Care of the Insane
 - State Commission in Lunacy
 - Commission of Compassion
- The early 20th century marked the emergence of the Mental Hygiene Movement. This new framework was based on the belief that mental illness was a progressive – and preventable – problem. As a result, which of the following occurred?
 - Outpatient clinics were formed, to care for people in the community.
 - Child psychiatry became its own specialization.
 - Special hospitals for psychopathology came into being
 - All of the above
- During and after World War II, which TWO of the following helped raise awareness of the deplorable conditions of State hospitals?
 - The large influx of Conscientious Objectors who were forced to work in the hospitals, and voiced their concerns
 - The large number of returning veterans suffering from PTSD
 - Frequent escapes, which alerted area residents to the neglect patients faced
 - Skyrocketing costs, which conflicted with the need to support the war
- In the 1950s, "Social Milieu" therapy became popular, replacing surgery as the treatment of choice. This hospital-based approach to treating mental illness focused on which of the following:
 - Cheerful surrounding, good food and plenty of light
 - Music therapy, poetry, singing.
 - Personal hygiene and group activities.
 - All of the above
- New York's inpatient population peaked at 93,600 in:
 - 1955
 - 1965
 - 1975
- Which of the following had a significant impact on the ability of the mentally ill to live independently?
 - The establishment of Medicaid and Medicare in 1965
 - The establishment of Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) in 1972.
 - The transfer of the NIMH to the Department of Health and Human Services' newly created Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) in 1973
- Put the following events in the Consumer Movement in proper order:
 - NIMH funds technical assistance manuals written by consumers to help others organize for advocacy and peer support
 - Consumers begin to be represented on Mental Health Services Committees
 - People get together informally to express anger about the way they were treated in institutions.
 - Peer and Support Specialist training and certification programs are reimbursed by States and Medicaid
- The Peer Recovery Movement has been proven effective by:
 - Reducing the number of hospital readmissions.
 - Increasing employment of people with Bipolar Disorder
 - Improved self-sufficiency in community living
 - All of the above

Answers on page 2



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

MDSG, Inc.
PO Box 30377
NEW YORK, NY 10011



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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