
The Key Update

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse

Volume 1 No. 1 – May 24, 2004

<http://www.mhselfhelp.org>

The Key Update Volume 1 No. 1 May 24, 2004

SPECIAL ANNOUNCEMENTS...

The National Mental Health Consumers' Self-Help Clearinghouse has transformed its monthly email alert, the Key Digest, into a monthly e-newsletter—The Key Update. We hope that you will find its combination of technical assistance information and policy news helpful to your work. As always, we are eager to get your feedback. Also, please stay tuned for improvements to our format in future months.

SELF-ADVOCACY AND SELF-CARE RESOURCES . . .

ASK THE PHARMACIST

Many people feel uncomfortable discussing their concerns about medications with their doctors. Further, in today's managed care environment, doctors are pressured to see more patients and spend less time with each one. However, according to the American Pharmacists Association (APhA), the national professional society of pharmacists, few people take the time to discuss medications with their pharmacists, even though all pharmacists are trained to understand medications' effects and side effects and are willing to take time to discuss them. APhA recommends that every person should be able to answer the following questions before taking any new medication.

1. What is the name of the medication and what is it supposed to do?
2. When and how do I take it?
3. How long should I take it?
4. Does this medication contain anything that can cause an allergic reaction?
5. Should I avoid alcohol, any other medicines, food, and/or activities?
6. Should I expect any side effects?
7. What if I forget to take my medications?
8. Is it safe to become pregnant or to breast-feed while taking this medication?
9. Is there a generic version of the medication that my physician has prescribed?
10. How should I store my medications?

* * *

“THE PEOPLE’S PHARMACY”: PERSPECTIVES ON TAKING MEDICATIONS

For an interesting take on medications and alternative treatments, check out the syndicated radio show “The People’s Pharmacy,” aired on many public radio stations nationwide. The show’s Web site is

You’ve been reading The Key Update, the free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse. To subscribe send a message to: Majordomo@majordomo.dca.net . Leave the subject line blank with the following message in the body: subscribe thekey end. To unsubscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: unsubscribe thekey end. Contact managing editor Bob Turri at 215-751-1810 x.342 or rturri@mhasp.org.

The Key Update

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse

Volume 1 No. 1 – May 24, 2004

<http://www.mhselfhelp.org>

<http://pharmacy.king-online.com/> Pharmacologist Joe Graedon and his wife, Terry, a medical anthropologist, provide some unusual insights during their show and on their Web site

<http://www.healthcentral.com/peoplespharmacy/peoplespharmacy.cfm>

* * *

CONSUMER, PROVIDER COLLABORATION CENTRAL IN PROGRESSIVE SELF-CARE MODELS

Mental health systems across the globe are adopting a more consumer-centered approach to service delivery through study and implementation of self-care and collaborative treatment models. These models are informed by the consumer-empowerment movement, encouraging consumers to be directly involved in their treatment rather than passive recipients of services “prescribed” to them. Underlying this trend is the awareness that consumers of mental health services are the experts on their own recovery: people who are aware of their needs and wants and how recovery is linked to achieving these goals for themselves. Additionally, there is the recognition, as a product of extensive research, that self-management of illness and consumer involvement in treatment lead to better and less costly mental health outcomes. . . . A pilot study in Australia, conducted by the Mental Health Research Institute in Melbourne, is evaluating a collaborative therapy program in which consumers, family members and providers participate in an eight- to 12-week training program to help address mental health needs and encourage self-care on an ongoing basis. Service providers in Australia have also recently adopted a collaborative-care model with consumers' life goals as the focal point of the treatment planning process (termed an Individual Service Plan). Providers in several U.S. states have also been taking steps toward this structure. . . . In a recent study conducted at the University at Washington, 45 percent of consumers with depression who were in a collaborative-care program reported that their symptoms decreased by at least 50 percent over a year as compared to less than 20 percent who were offered standard treatment by the local mental health system (Unutzer, *Journal of the American Medical Association*, 288 [22], 2002).

* * *

RESOURCES FOR CONSUMER-RUN ORGANIZATIONS AND SELF-HELP GROUPS . . .

NEW BOOK WILL REVIEW IMPORTANT OUTCOMES RESEARCH FOR CONSUMER-RUN PROGRAMS

You've been reading The Key Update, the free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse. To subscribe send a message to: Majordomo@majordomo.dca.net . Leave the subject line blank with the following message in the body: subscribe thekey end. To unsubscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: unsubscribe thekey end. Contact managing editor Bob Turri at 215-751-1810 x.342 or rturri@mhasp.org.

The Key Update

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse

Volume 1 No. 1 – May 24, 2004

<http://www.mhselfhelp.org>

Vanderbilt University Press has announced a new book describing findings from The Consumer-Operated Services Program (COSP) Multisite Research Initiative. "On Our Own, Together: Peer Programs for People with Mental Illness" is a collection of writings about the research initiative's eight consumer-operated program study sites. It is edited by Sally Clay, with Bonnie Schell, Patrick W. Corrigan, Psy.D., and Ruth O. Ralph, Ph.D. The COSP Multisite Research Initiative is an extensive national effort to document the effectiveness of consumer-operated programs as an adjunct to traditional mental health services. The COSP program is directed by consumer researcher Jean Campbell, Ph.D., of the Missouri Institute of Mental Health, and received substantial funding from the Substance Abuse and Mental Health Services Administration. The final data and analysis from the project will be made public this autumn. The book will not be available until January 2005, but those who order now will receive a pre-publication discount: <http://home.earthlink.net/~sallyclay/z.together/ClayFlyer.pdf>

* * *

HUMAN RIGHTS . . .

TWO POWERFUL EXHIBITS EXPLORE HORRIFIC PAST

Exhibits in two museums provide a window into a terrible past when people with mental illnesses were murdered en masse, tortured in the name of "treatment," or simply locked away from society and abandoned until their lonely deaths, decades later. "Lost Cases, Recovered Lives: Suitcases from a State Hospital Attic" will be on display at the New York State Museum in Albany <http://www.nysm.nysed.gov/> until September 19, 2004. This exhibit chronicles the lives of 12 deceased patients, using photographs and documents stored among the 400 suitcases discovered in the attic of a building that was part of Willard Psychiatric Center, 65 miles southwest of Syracuse, N.Y. The suitcases were forgotten, "covered by decades of dust and pigeon droppings," according to an article about the exhibit in the Village Voice <http://www.villagevoice.com/issues/0404/gonnerman.php>. One story is about Madeline C. (1896-1986). Madeline, born in France, was a graduate of the Sorbonne, and taught French literature in several major U.S. cities. She arrived at Willard in 1939 after seeking help during a period of unemployment in the Depression, and was held against her will for 47 years. During that time, she developed tardive dyskinesia (TD) as a result of the psychiatric medications she was given. However, since doctors at the time did not understand the cause of the facial twitches and other "fidgety" movements characteristic of TD, these symptoms were used as reasons she could not be set free. Instead, she was sent to "attitude therapy" to put a stop to her grimacing. When she was finally released, she was 79 years old. . . . "Deadly Medicine" Creating the Master Race," which will be exhibited at the Holocaust Museum <http://www.ushmm.org/> in Washington, D.C., through October 2005, covers the years 1933 through 1945. As the museum describes the exhibit, "From 1933 to 1945, Nazi Germany carried out a campaign to 'cleanse' German society of individuals viewed as biological threats to the nation's 'health.' Enlisting the help of physicians and medically trained geneticists,

You've been reading The Key Update, the free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse. To subscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: subscribe thekey end. To unsubscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: unsubscribe thekey end. Contact managing editor Bob Turri at 215-751-1810 x.342 or rturri@mhasp.org.

The Key Update

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse

Volume 1 No. 1 – May 24, 2004

<http://www.mhselfhelp.org>

psychiatrists, and anthropologists, the Nazis developed racial health policies that began with the mass sterilization of 'genetically diseased' persons and ended with the near annihilation of European Jewry. To relate this history, the United States Holocaust Memorial Museum has assembled objects, photographs, documents, and historic film footage from European and American collections and presents them in settings evoking medical and scientific environments. *Deadly Medicine: Creating the Master Race* provokes reflection on the continuing attraction of biological utopias that promote the possibility of human perfection. From the early twentieth-century international eugenics movements to present-day dreams of eliminating inherited disabilities through genetic manipulation, the issues remain timely." The Washington Post recently ran an article about the exhibit:

<http://www.washingtonpost.com/wp-dyn/articles/A32933-2004Apr21.html>

* * *

PARC CORNER — OLDER ADULTS AND MENTAL HEALTH . . .

EATING WELL, FEELING WELL

There is an association between proper nutrition and depression; and, as we age, the importance of eating well becomes more and more significant. So how do poor nutrition and depression relate to each other, aside from having many of the same origins? Studies show that older adults with poor eating habits are more vulnerable to depression (Boult, *Journal of the American Geriatric Society*, 47, 1999). It has been shown that low levels of the nutrients folate (Alpert, *Nutrition*, 16, 2000), zinc (Pepersack, *Archives of Gerontology and Geriatrics*, 33 [3], 2001; McLoughlin, *Acta Psychiatrica Scandinavica*, 82 [6], 1990), B-6 and B-12 (Bender, *Neurochemistry International*, 6 [3], 1984) can lead to an increased risk of depression. Conversely, those who are clinically depressed often do not maintain a nutritionally balanced diet, either by eating too much or too little (Cohen, *Primary Care*, 21 [1], 1994). Thus, poor nutrition can lead to depressive symptoms and vice versa, resulting in a downward spiral of increasing depression and decreasing nutrition. Proper nutrition and eating habits can help older adults to improve their general health and quality of life and, in turn, ward off some of the physical and mental ailments associated with a higher risk of depression. . . . If you have ever felt that eating a healthy and balanced diet has improved your mood, please write Noelle Downing at ndowning@partners.org and share your story.

* * *

COMMUNITY INTEGRATION POLICY . . .

MORE ENCOURAGING INFORMATION ABOUT SUPPORTIVE HOUSING

You've been reading The Key Update, the free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse. To subscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: subscribe thekey end. To unsubscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: unsubscribe thekey end. Contact managing editor Bob Turri at 215-751-1810 x.342 or rturri@mhasp.org.

The Key Update

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse

Volume 1 No. 1 – May 24, 2004

<http://www.mhselfhelp.org>

Throughout the nation, segregated residential treatment facilities are being replaced with supportive housing initiatives. Supportive housing (often called supported housing) allows people to live in housing of their own choice while receiving voluntary, flexible supports that allow them to keep their homes. Unlike residential treatment settings, in which people must move to different facilities when their support needs changes, people who benefit from supportive housing placements remain in their own homes and simply receive different types of supports. Data gathered about supportive housing has repeatedly shown that supportive housing is both effective and cost-effective. Studies have indicated that supportive housing incurs similar or lower costs than congregate living facilities while producing superior outcomes and greater consumer satisfaction. Recent studies provide even more support for shifting housing resources toward supportive housing. For example, researchers at Yale University and the Department of Veterans Affairs (VA) found that placement in supportive housing programs resulted in larger social networks and decreased homelessness when compared to placement in traditional residential programs, at only modestly increased costs. See <http://archpsyc.ama-assn.org/cgi/content/abstract/60/9/940> Some of the same researchers also determined that prior placement in a residential facility does not improve outcomes in supportive housing, and therefore homeless veterans with psychiatric and substance abuse disorders should be placed directly into supportive housing. See http://www.hsrdr.research.va.gov/about/national_meeting/2004/abstracts/1055.htm An interesting study at Johns Hopkins University found that placement in buildings in good repair and with fewer apartments resulted in reduced use of mental health services. See http://www.jhu.edu/~ips/research/children_youth/housing.htm For general information about supportive housing, visit the Corporation for Supportive Housing at <http://www.csh.org/>

* * *

NEBRASKA MOVES TO EXPAND COMMUNITY-BASED SERVICES BY CLOSING STATE-SUPPORTED HOSPITALS

In April, Nebraska's Governor Mike Johanns signed legislation to reform the state's mental health system by closing two regional psychiatric centers and shifting resources to community-based services, according to the Omaha World-Herald (5/8). The reform plan, advanced by the governor amid political controversy, will apparently allow the state to draw down additional Medicaid funds from the federal government and will require the Nebraska Health and Human Services System to form an oversight committee. Community-based services will be put in place prior to the closing of the hospitals. A copy of the legislation, bill LB 1083, can be obtained from the Nebraska legislature's Web site, <http://www.unicam.state.ne.us> .

* * *

You've been reading The Key Update, the free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse. To subscribe send a message to: Majordomo@majordomo.dca.net . Leave the subject line blank with the following message in the body: subscribe thekey end. To unsubscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: unsubscribe thekey end. Contact managing editor Bob Turri at 215-751-1810 x.342 or rturri@mhasp.org.

The Key Update

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse

Volume 1 No. 1 – May 24, 2004

<http://www.mhselfhelp.org>

MENTAL HEALTH TREATMENT AND SERVICES . . .

SAM-e COMBINED WITH ANTIDEPRESSANTS MORE EFFECTIVE IN RELIEVING DEPRESSION THAN MEDICATION ALONE

A recent study at Boston-based Massachusetts General Hospital indicated that the addition of dietary supplement S-adenosylmethione, also know as SAM-e (pronounced “sammy”), to someone’s current selective serotonin reuptake inhibitor (SSRI) improved the individual’s response. Jonathan Alpert, M.D., Ph.D., lead investigator of the trial, indicated that SAM-e combined with an SSRI was comparable to two antidepressants, with fewer side effects and a quicker response. The trial was designed to evaluate the efficacy, tolerability and safety of oral SAM-e as an antidepressant adjunct. When SAM-e was combined with antidepressants the following responses were noted: reductions in sexual dysfunction, anxiety symptoms, and homocysteine levels; and no weight gain. Because of the promising results of the trial, a larger, more controlled follow-up study will be funded by the National Institutes of Health.

<http://www.pharmalive.com/News/index.cfm?articleid=134202&categoryid=40>

ANNOUNCEMENTS...

Organizational development and capacity-building grants available for consumer and consumer-supporter organizations: The National Mental Health Association (NMHA) through the National Consumer Supporter Technical Assistance Center (NCSTAC) announces the availability of three sets of mini-grants for the establishment and development of consumer and consumer-supporter organizations. Two organizational development mini-grants of up to five thousand dollars are available as seed money for groups that are interested in developing consumer organizations. Three capacity building mini-grants of up to two thousand dollars are available for consumer organizations that would like to strengthen the capacity of their organization. One five thousand dollar min-grant is available for consumer-supporter organizations to assist groups that are interested in establishing a consumer-run organization. Deadline for applications is June 18, 2004. To obtain more information about the grant visit NCSTAC’s website at: www.ncstac.org.

Key Update is published on a monthly basis by the National Mental Health Consumers’ Self-Help Clearinghouse. Our managing editor is “Bronco” Bob Turri.

PARC Corner material in this newsletter is provided by the Positive Aging Resource Center of the Harvard Medical School.

You’ve been reading The Key Update, the free monthly e-newsletter of the National Mental Health Consumers’ Self-Help Clearinghouse. To subscribe send a message to: Majordomo@majordomo.dca.net . Leave the subject line blank with the following message in the body: subscribe thekey end. To unsubscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: unsubscribe thekey end. Contact managing editor Bob Turri at 215-751-1810 x.342 or rturri@mhasp.org.

The Key Update

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse

Volume 1 No. 1 – May 24, 2004

<http://www.mhselfhelp.org>

You've been reading The Key Update, the free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse. To subscribe send a message to: Majordomo@majordomo.dca.net . Leave the subject line blank with the following message in the body: subscribe thekey end. To unsubscribe send a message to: Majordomo@majordomo.dca.net. Leave the subject line blank with the following message in the body: unsubscribe thekey end. Contact managing editor Bob Turri at 215-751-1810 x.342 or rturri@hasp.org.
