



## **The Key Update, Volume 2 No. 6, December 2005**

### **ANNOUNCEMENTS**

#### **ABC-TV Documentary to Address Discrimination and Stigma**

“Shadow Voices: Finding Hope in Mental Illness” will air between December 4 and February 4, 2005, at the discretion of local ABC stations (check listings at <http://www.shadowvoices.com>). The one-hour documentary, which includes interviews with former First Lady Rosalynn Carter and former U.S. Surgeon General David Thatcher as well as mental health professionals and advocates, followed several people who have mental illnesses as they went about their daily lives. Its goal is to challenge public attitudes that foster discrimination and stigma.

The documentary includes an interview with Methodist minister Susan Gregg-Schroeder of San Diego, who founded Mental Health Ministries in California and talks about her experience with depression. Among others who were interviewed are Ramiro Guevara, who formerly directed NAMI's In Our Own Voice speakers' bureau. “Sharing my story almost normalized it,” Guevara said. “After a while I said, ‘I don't have a problem with having a mental illness. If you have a problem with that, I'm sorry, but I'm okay.’” Others featured in the program are a woman who used to self-medicate with heroin and alcohol and has since received a master's degree and is a consultant on the new Medicare prescription drug program, an artist and mental health advocate who is diagnosed with schizophrenia, and a pre-med student who is in treatment for depression.

The program was produced by Mennonite Media with the Interfaith Broadcasting Commission and the Communications Commission of the National Council of Churches.

Sources: <http://www.mentalhealthministries.net>  
<http://www.shadowvoices.com>

## SELF-ADVOCACY AND SELF-CARE RESOURCES...

### **Exercise Eases Depression**

Evidence is mounting that exercise -- whether workouts at the gym or a daily run, done in a group or alone, and whatever the duration -- is effective in helping people who have major depression feel better. "What the studies are showing is that exercise, at least when performed in a group setting, seems to be at least as effective as standard antidepressant medications in reducing symptoms in patients with major depression," said James Blumenthal, a Duke University researcher and professor of medical psychology. In fact, he added, other studies may suggest that exercising alone can work just as well as exercising in a group and that how long a person exercised didn't seem important: "What seemed to matter most was whether people were exercising or not," he told HealthDay, an online publication.

Most recently, a study at the University of Texas Southwestern Medical Center at Dallas reported that young adults with depression could cut their symptoms in half by working out aerobically for a half hour three to five times a week.

Blumenthal noted that no one is claiming that exercise can always replace medication, especially for people whose symptoms are severe. "But," he added, "we also know that these drugs aren't effective for everyone." For individuals who do not respond to medication, exercise may be a good alternative, said Blumenthal, who was the lead author on a study five years ago that found that just 10 months of regular, moderate exercise worked more effectively to combat moderate to severe depression in young adults than Zoloft did.

Source: HealthDay News, Nov. 4, 2005

## NEWS AND REPORTS

### **Research Supports Significance of Self-Help Revolution**

A national survey of mental health mutual support groups and self-help organizations operated by and for people with mental illnesses and/or family members, and consumer-operated services, indicates that there has been a paradigm shift in the mental health arena. According to an article about the study, "The mental health 'self-help revolution' has taken root," and mental health self-help is in the mainstream. The article, "National Estimates for Mental Health Mutual Support Groups, Self-Help Organizations, and Consumer-Operated Services," examines the implications of this shift, including the fact that "[I]t is recognized that recovery is possible and that, in addition to traditional mental health services, a home, a job, and meaningful social relationships are critical. Mental health self-help services and supports are key to realizing this vision, as they provide other real and meaningful choices in the array of treatment options and providers, upon which the success of [system] transformation rests."

Source: Administration and Policy in Mental Health and Mental Health Services Research (2005). Springer Science+Business Media, Inc.

## **Journal Focuses on Seclusion and Restraint**

A special section on seclusion and restraint in the September 2005 edition of *Psychiatric Services* covers alternatives to these controversial practices, the economic benefits of reducing or eliminating their use, and an examination of the Pennsylvania state hospital system's successful effort to reduce their use. It also contains two articles that focus on firsthand experience, such as that of one individual, who says, "I was scared, you know, and I was crying . . . I was wondering why they did that to me."

The section's introduction is optimistic about the goal of eliminating seclusion and restraint. As evidence, it cites Pennsylvania – which has experienced "remarkable outcomes" in reducing the use of seclusion and restraint since 1990. In addition, commentary is offered by Charles G. Curie, administrator of the Substance Abuse and Mental Health Services Administration – who initiated the program of moving toward the elimination of seclusion and restraint in Pennsylvania's state hospitals when he was the state's top mental health official – and Robert W. Glover, who heads the National Association of State Mental Health Program Directors. As Curie writes, "Why should practices that risk the lives of and inflict emotional and physical trauma on the people we are trying to heal be an option at all? They should not be."

Source: *Psychiatric Services*, September 2005

## **New Study Shows Link Between Bipolar Disorder and Creativity in Children**

A small Stanford University School of Medicine study lends credence to the theory that there is a link between mood disorders and creativity. The study found that a sample of children who either have bipolar disorder or are at high risk for the disorder earned higher scores on a creativity index than did other children.

The study, published in the November edition of the *Journal of Psychiatric Research*, is the first to examine creativity in the children of parents who have bipolar disorder. Half the children (from 10 to 18 years old) whose parents had bipolar disorder had it themselves; the other half had been diagnosed with attention deficit hyperactivity disorder (ADHD), which many believe to be a precursor of bipolar disorder in the children of parents who have been diagnosed with that disorder. Most of the research subjects who had either bipolar disorder or ADHD were taking medication. Kiki Chang, M.D., assistant professor of psychiatry and behavioral sciences, who co-authored the paper, said, "There is a reason that many people who have bipolar disorder become very successful, and these findings address the positive aspects of having this illness."

Source: Stanford University School of Medicine Office of Communication & Public Affairs  
<http://mednews.stanford.edu>

### **New SAMHSA Web Site Helps People Who Are Homeless Get SSI/SSDI**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a new Web site to help service providers and advocates assist people who are homeless in applying for Social Security disability benefits: Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). Among its resources are "Stepping Stones to Recovery," a downloadable manual providing help with SSI and SSDI applications, which includes information on how to document disabilities as part of the application process. To join SAMHSA's new SOAR list serve , which will announce new tools and information related to expediting SSI and SSDI for people who are homeless, send an e-mail to [soar@prainc.com](mailto:soar@prainc.com). The SOAR (SSI/SSDI Outreach, Access and Recovery) Web page is at <http://www.pathprogram.samhsa.gov/SOAR>.

Source: CMHS Consumer Affairs E-News, 11/28/05.

### **Project Manager Sought for Soteria-Alaska**

Soteria-Alaska, Inc., which is working to establish an alternative to traditional psychiatric hospitalization modeled on Dr. Loren Mosher's Soteria House, is seeking applicants for the position of Project Manager for inclusion in a proposal to be submitted to the Alaska Mental Health Trust Authority. "If the Project Manager position is funded at the Trust Authority's February 2006 meeting, the task will be to develop a full-blown project proposal, including a detailed business plan from start-up to being fully operational," writes Jim Gottstein, president and CEO of the Law Project for Psychiatric Rights. This is "a tremendous opportunity for someone who wants to get a Soteria-type program running and then run it."

Gottstein adds that "funding is by no means assured, but there is a reasonable prospect for such funding." If the position is funded, the start date might be as early as March 1, 2006, he writes; the goal would be to open the program in July 2007 or shortly thereafter.

Soteria House was designed as a drug-free treatment environment. According to an article by Dr. Mosher, the program was "as successful as anti-psychotic drug treatment in reducing psychotic symptoms in six weeks."

Applicants, who must be familiar with "Soteria: Through Madness to Deliverance," should submit a letter of interest and a resume to Jim Gottstein ([jim@soteria-alaska.com](mailto:jim@soteria-alaska.com)) and Aron Wolf, M.D. ([aronwolf@aol.com](mailto:aronwolf@aol.com)).

Sources:

E-mail from Jim Gottstein, 11/28/05

<http://www.moshersoteria.com/soteri.htm>

## **Eating Well, Feeling Well**

Studies show that older adults with poor eating habits are more vulnerable to depression than their peers who eat well. It has been shown that low levels of the nutrients folate, zinc, B-6 and B-12 can lead to an increased risk of depression. Conversely, those who are clinically depressed often do not maintain a balanced diet, either by eating too much or too little. 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, director of consumer education of the Positive Aging Resource Center, at [ndowning@partners.org](mailto:ndowning@partners.org) and share your story.

Source: Positive Aging Resource Center

### **The Key Update**

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse  
Volume 2 No. 6 – December 2005 <http://www.mhselfhelp.org>

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