

# The Alliance Advocate

NAMI San Diego--San Diego's Voice on Mental Illness

Formerly San Diego Alliance for the Mentally Ill

May 2001

Volume V, Issue 5

## Symptoms That Start When an Antidepressant Stops

Stopping a drug is not always easier than starting it. Antidepressants may cause uncomfortable, if transient, symptoms when patients quit taking them. Although these symptoms can reasonably be described as a withdrawal reaction, "discontinuation syndrome" is in some ways a preferable term. The word "withdrawal" has certain connotations that do not apply to antidepressants. For many people, it suggests addiction -- craving, drug seeking, desire for a specific sensation, physical tolerance, and a need for higher doses to get the same desired effect. A complex pattern of behavior, along with physical symptoms, undermines the effort to relinquish an addictive drug. Patients taking antidepressants generally do not contend with these problems. They may be dependent on their medication, but only in the way that a person with hypertension is dependent on blood pressure medicine.

The three major classes of antidepressant drugs are tricyclics, including imipramine (Tofranil) and amitriptyline (Elavil); selective serotonin reuptake inhibitors (SSRIs) like fluoxetine (Prozac); and monoamine oxidase inhibitors like phenelzine (Nardil). Each has its own typical discontinuation syndrome.

Patients who stop taking tricyclic antidepressants may develop gastrointestinal symptoms, including appetite loss, nausea, vomiting, or diarrhea; flu-like symptoms such as a runny nose, sweating, muscle aches, or fever; and neuropsychiatric symptoms like tingling, restlessness, insomnia, dizziness, light-headedness, anxiety or agitation. These drugs are anticholinergic (they decrease the

*Continued on page 7-- Antidepressants*

## Education & Advocacy Meeting

**Thursday, May 3, 2001**

**6:30 - 8:30 p.m.**

**Speaker: Patty Petterson**

**Executive Director**

**Psychiatric Emergency Response Team (PERT)**

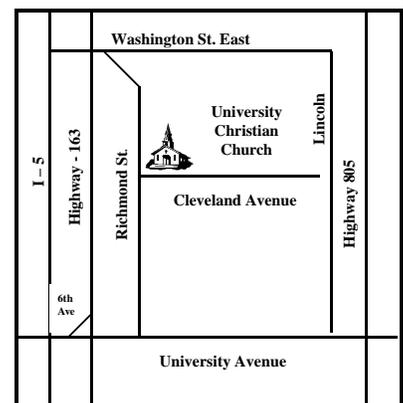
**Topic: Update on PERT Activities**

### PERT Mission Statement

PERT provides humane and beneficial outcomes for mentally disordered persons who have come to the attention of law enforcement. PERT Teams provide rapid response to in-field officers'/deputies' requests for assistance with mentally disordered individuals or people in crisis. The PERT Program is designed to return uniformed officers/deputies to patrol duties as quickly as possible. The PERT Team will do an evaluation and assessment, and if appropriate, a referral to a community-based resource or treatment facility.

The doors open at 6:30 p.m. with everyone sharing information and welcoming newcomers. At 7:00 p.m. there is a half-hour information session on NAMI San Diego activities, mental health services and related news. The featured program is from 7:30 to 8:30 p.m.

**The monthly meeting is open to anyone interested in learning about mental illness. The meetings are held on the first Thursday of the month at the**  
**University Christian Church,**  
**Friendship Hall,**  
**3900 Cleveland Avenue**  
**San Diego, California**  
**(see map)**



**Additional AMI meetings in the San Diego County area are listed on Page 5**

## April-at-a-Glance

Bettie Reinhardt, Executive Director

### Support Group Facilitator Training

This is one of those CALL NOW opportunities!!! No, we don't know exactly when or exactly where but we DO know exactly what. Support Group Facilitator Training. A weekend away from your usual hustle and bustle. Total immersion in the skills of facilitating a support group. We DO know that it will be in our own backyard, somewhere here in San Diego County. We DO know that it will be in June. We DO know that the group will be limited to 15. We DO know that some people are already signed up. We DO know that it will be free to you. So, YOU know you should pick up your phone and save your spot now.

### Board News

The Board agreed to pay for lodging for trainers and trainees for the Support Group Facilitator Training in June. The materials, trainers' expenses, and food will be funded by NAMI California.

### Family-to-Family Education Program

The waiting list for the next classes is growing by the day. It won't get any shorter while you are waiting to put your name down. Just to remind you, it is a 12-week class chock full of information balanced by ample opportunity to build skills.

### Schizophrenia: Education for Families and Caregivers

A class ended April 18. Another will be scheduled when the waiting list is long enough.

### Advocacy Works

We are working on presenting this class again, we hope regularly. We need to know that you are interested in this one-day workshop that provides a tool box of skills families can use in their own advocacy. Please call now.

### Living with Schizophrenia & Other Mental Illnesses

Call Chuck Sosebee at 619.275-7165 to schedule a presentation to your group.

### To Register for Classes

Call the Albright Center at 800.523.5933 or 619.543.1498 to sign up for any class or workshop described above. All of the classes are provided at no charge.

### Celebrating Healthy Minds and Bodies

It is not possible to report on this April event since it is scheduled for April 28 and the newsletter will be mailed before then but look for LOTS of news next month. The enthusiasm so far is terrific.

***Our objective this year:  
do more of what NAMI does  
well – better, and in more places.***

*To register your opinion on any of these issues, call Bettie Reinhardt at 294-9941 or write to P.O. Box 710761, San Diego, 92171 or fax to (619)543-1498 or email at [exudir@namisandiego.org](mailto:exudir@namisandiego.org) or contact any of the people mentioned in the article.*

## **SUPPORT THE MEETING PLACE, INC.**

**CAR WASH (\$4.00)  
APRIL 26, 9:00 A.M. - 1:00 P.M.**

Come and support the Meeting Place, inc., 4034 Park Blvd.  
(one block north of University Avenue)  
at our monthly car wash.

All proceeds will be used by the members for recreational activities.  
Your support and contributions are greatly appreciated.  
We look forward to seeing you and washing your car.

The Meeting Place is also looking for anyone that may have items that could be donated for our up and coming rummage sale, please contact Jeanette at (619)294-9582.



## The Alliance Advocate

NAMI San Diego is a nonprofit organization that provides self-help advocacy, education, services, and support for consumers, families, and friends of people with severe mental illnesses and is dedicated to eradication of those mental illnesses and to improvement of quality of life of those affected by these diseases.

**NAMI San Diego is an affiliate of  
NAMI and NAMI California**

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**Submission of articles must be received  
by the 15th of the month for consideration for  
publication in the following month's newsletter.**

The opinions expressed in the newsletter  
do not necessarily reflect those of  
NAMI San Diego.

## A Message From NAMI San Diego's President

### Children with Mental Illnesses Many questions - few answers!

Lately I've been meeting more and more families with children who are ill. These young families are often stretched to the limit physically, emotionally, financially, in their careers, and in relationships. It is a real challenge to find a healthy balance for their personal, family, and career lives.

Services for children are even more complex than those for adults, except in regard to privacy. Parents have to work with their schools, private mental health providers, sometimes County Mental Health and other systems such as juvenile court, probation, foster care and residential institutions.

Children spend a good deal of their time in school. Parent of a mentally ill child need to be especially assertive to find out about and get an appropriate education for their child. Special laws apply to these children who are supposed to be a part of the special education system in our public schools. If a mentally ill child is bright or gifted it can be a major challenge to work with school districts to insure the best possible education for each one.

Parents have to deal with the lack of parity in whatever private health care or health maintenance organization they have for their family.

The County Mental Health system only works with children who have MediCal. I have worked with focus groups on MediCal review teams. Many parents of mentally ill children have really impressed me. It is clear that they have had to educate themselves about the laws, services, policies, and procedures of several systems.

I do wonder how many children are not getting the services they need.

I keep asking myself, "How can NAMI San Diego best serve these families?"

- We hope to have a series of classes for families with children (patterned after the Family to Family program) as soon as it is available.
- We hope to work closely with Heartbeat in areas relating to children.
- We hope to gather and make available as much information as we can at the Albright Information & Referral Center.

What else should we be doing? How can we work with others, such as Heartbeat, County Mental Health, the school districts and private health care providers in the county to be sure we are not duplicating efforts? What can we do to assure that there is a better transition from children's services to adult? How can we reach out to the families of these children?

*Marjorie Joramo*  
*President*

## Legislative Update

by Caroline Hamlin

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### Grand Jury Report

In April the Grand Jury released a report concerning the county public mental health system. This investigation was prompted by a complaint that "Mental Health in San Diego is in Shambles." The Grand Jury concluded that the system was not in shambles but that it was "critical." They state that the principal problem is an under funded mental health system which results in an under served mentally ill population. They note that out of 58 counties San Diego ranks 52nd in how much it spends per capita on mental health services. They make 30 recommendations to alleviate the problem, one of which is to hire a grant writer whose sole purpose would be to bring in more funding for mental health into our county.

The investigation was conducted by interviewing stakeholders from numerous organizations involved in the treatment of the mentally ill. Their 37 findings and 30 recommendations were similar to those of the recently published Little Hoover Commission.

The full report can be accessed on the internet:

[www.co.san-diego.ca.us/cnty/cntydepts/safety/grand/mentalhealthadmins.html](http://www.co.san-diego.ca.us/cnty/cntydepts/safety/grand/mentalhealthadmins.html)

### Assembly Bills for LPS Reform

There are three important state assembly bills authored by Assemblywoman Helen Thomson that need our attention.

**NAMI California and NAMI San Diego  
are strongly supporting these bills.**

**AB1421--**The Assisted Outpatient Treatment Demonstration Project of 2001:

This bill would create court-ordered assertive outpatient community treatment, ACT, based on a PACT model in those counties that have received state grants. It would apply to adults suffering from a psychotic disorder that puts him or her at a high risk for a poor outcome. If the person does not comply, a provider may request an involuntary 72 hour hold. This bill has passed the Assembly Health Committee and will be heard next in the Assembly Judiciary Committee.

This bill is the outcome of the Rand study.

**AB1422 --Mental Health Advocacy Commission:**

This bill would create the Mental Health Advocacy Commission composed of 13 appointed members who would perform various duties for the mentally ill. This bill would

eliminate the statement in present law which states that counties are required to provide mental health services only to the extent that resources are available. This bill would result in state mandated local programs. This bill was slated to be heard in the Judiciary Committee April 24.

This bill is a result of recommendations from the Little Hoover Commission report.

**AB1424--Mental Health Involuntary Treatment:**

This bill would broaden the types of information that are required to be considered by a hearing officer, court, or jury when considering involuntary commitment. It would require that the historical course of a person's mental illness, medical and psychiatric records, including information by the person's family be considered when determining whether probable cause exists to involuntarily detain a person for 72 hour treatment and evaluation. This bill was scheduled to be heard in the Assembly Judiciary Committee on April 24.

We will keep you informed about these bills as they are amended and make their way through the legislative process. Be alert for action calls in the near future.

The complete text of these bills can be accessed at [www.leginfo.ca.gov/pub/bill/asm/ab\\_1401-1450/](http://www.leginfo.ca.gov/pub/bill/asm/ab_1401-1450/)

*Open Your Mind*



*Mental Illnesses  
are Brain Disorders*

## Schedule of Meetings

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### **NAMI SAN DIEGO**

University Christian Church  
3900 Cleveland Ave., San Diego  
Call (619) 543-1434 or 1-800-523-5933

#### **First Thursday, April 5**

6:30 - 8:30

**Speakers: Patty Petterson**

**Topic: Update on PERT Activities**

#### **Third Thursday, 6:45 p.m.**

**Sharing & Caring**

#### **Morning Sharing and Caring:**

Third Tuesday, 10:00 - 12:00 a.m.  
University Christian Church  
3900 Cleveland Ave., San Diego

#### **Sharp Mesa Vista Hospital**

##### **Sharing and Caring**

Fourth Thursday, 6:30 – 8:30 p.m.  
Executive Conference Room  
Sharp Mesa Vista Hospital  
7850 Vista Hill Avenue (858) 278-4110

#### **Sibling and Adult Children's Group**

Second Wednesday, 7:00 - 9:00 p.m.  
Scripps Well Being Center  
Adjacent to the UTC Mall  
Call Monica Astorga at (858) 483-9370

#### **Clairemont Area Sharing and Caring**

Second Monday, 7:00 - 8:30 p.m.  
St. David's Episcopal Church (Library)  
5050 Milton St., (619) 276-4567

#### **La Jolla Sharing & Caring**

First Tuesday, 7:15 - 9:00 p.m.  
La Jolla Presbyterian Church Lounge  
7715 Draper Avenue, (858) 459-4905  
(Entrance on Kline St.)

#### **El Cajon (East County)**

Second & Fourth Wednesday  
6:30–8:00 p.m., 562 E. Main St., El  
Cajon,  
Call Donna Hawkins: (619) 401-5500  
or Forough, Douraghi: (619) 401-5440

#### **South Bay—Spanish**

Fourth Monday, 6:00 - 8:00 p.m.  
Call Luz Fernandez (East County clinic)  
for location (619) 401-5500

#### **Filipino Family Support Group**

UPAC,  
1031 25th St., Broadway & 25th  
For information on date and time  
call (619) 235-4282

#### **Alpine Special Treatment Center**

##### **Sharing & Caring**

Last Wednesday - 6:00 - 7:30 p.m.  
Community Room  
(619) 445-2644, ext. 20 or  
800-427-5817 (voice mail)

#### **El Centro Sharing and Caring**

Contact Dr. Ng's office for  
date/time/location (760) 352-8171

### **NAMI NORTH INLAND SAN DIEGO COUNTY**

P. O. Box 300386  
Escondido, CA 92030-0386  
(760) 745-8381

Second Tuesday, 7:00 p.m.

Education Meeting

Bradley Center (Kinesis North)  
474 W. Vermont Ave, Escondido  
(760) 745-8381 or 1-800-523-5933

**Second Tuesday, May 8**

**6:00 p.m.**

**Annual Potluck Dinner**

**7:00 - 8:30 p.m.**

**Speaker: Joyce Morrey, R.N.**

**Program Manager**

**Palomar Medical Center**

**Topic: Psychiatric Hospitalizations  
and What to Expect**

#### **Share & Care**

First, Second, Fourth & Fifth Tuesday  
4:00 - 5:30 p.m.  
210 Park (Senior Center), Escondido  
Call (760)745-8381

### **NAMI NORTH COASTAL SAN DIEGO COUNTY**

P. O. Box 2235  
Carlsbad, CA 92018  
(760)722-3754

St. Michael's by the Sea Episcopal  
Church Parish Hall, 2775 Carlsbad Blvd.  
(760) 722-3754 or (800) 523-5933

**Third Wednesday, 7:00 p.m.**

**Education Meeting followed by**

**Share & Care at 8:40 p.m.**

**Wednesday, May 16**

**7:00 p.m.**

**Speaker: Jeffery Elias**

**Supervising Attorney**

**Mental Health Division**

**Office of the Public Defender**

**Topic: LPS Conservatorship  
Involuntary Civil Commitment**

#### **Share & Care**

Fourth Tuesday - 5:00-6:30 p.m..  
North Coastal Mental Health Center  
1701 Mission Avenue #A, Oceanside  
(760) 967-4475 or (760) 722-3754

#### **Share and Care**

Second Thursday at 6:00 - 7:00 p.m.  
Tri-City Medical Center, Mental Health  
Unit, 4002 West Vista Way  
Oceanside (760)940-5700

#### **Pastoral Share & Care**

Fourth Thursday - 7:30 p.m.  
2807 Ocean St., Apt. 301, Carlsbad  
Jane or Tim Hird, (760)435-2536  
Call first for security reasons.

### **PATTON AMI**

**c/o Patton State Hospital  
3102 E. Highland Avenue  
Patton, CA 92369  
Fax: (714) 963-9961**

Third Sunday, 11:45 a.m. - 1:15 p.m.

Administrative Meeting Room  
3102 East Highland Avenue  
Patton, CA (909)425-7392

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### **NATIONAL DEPRESSIVE & MANIC DEPRESSIVE ASSOCIATION**

Call (800) 826-3632  
for meeting places and times.

### **San Diego-La Jolla Chapter Sponsored by Dr. John Kelsoe, UCSD**

Every Monday at the  
VA Hospital La Jolla,  
Room 2011 – 6:00 – 8:00 p.m.  
(858) 535-4783  
Toll Free: 1-800-274-3637  
<http://groups.yahoo.com/group/San-Diego-La-Jolla-DMDA>

## Client Corner

### SCHOLARSHIP FUNDS AVAILABLE

Mental health clients may apply to NAMI San Diego for scholarship funds for course-related expenses such as tuition, fees, books, and supplies.

To apply, call the Albright Center at (619) 543-1434 and request an application.



Applications up to \$500.00 will be considered.

The scholarships are made possible by a donation made fifteen years ago and are limited to the income from the scholarship fund.

### Living with Schizophrenia And Other Mental Illnesses

A recovery-education program presented by trained consumer presenters/facilitators to other consumers, families, friends and professionals.

It is for anyone who needs to know how people with schizophrenia and other serious mental illnesses cope with the realities of their disorder while recovering and reclaiming productive lives with meaning and dignity.

If you are interested in training as a presenter or attending a presentation, please call:



Chuck Sosebee  
Coordinator of  
Consumer Outreach & Education  
(619) 275-7165  
TTY/TDD (619) 275-7164  
Email: EducNamiSD@cs.com

### The Consumer Center for Health Education and Advocacy

If you need help getting mental health care services, please call or write us. We are ready to help you.  
1475 Sixth Ave., 4th Floor  
San Diego CA 92101  
1-877-734-3258 Toll Free

### The Meeting Place, Inc.

4034 Park Blvd., San Diego  
(619) 294-9582  
*Open Tuesday - Saturday*  
10:00 a.m. - 4:00 p.m.

### Corner Clubhouse

2852 University (at Utah)  
San Diego (North Park) #7 Bus Line  
(619) 683-7423  
*Open Monday - Friday*  
8:00 a.m. - 4:00 p.m.

### Friend to Friend

1009 "G" Street  
San Diego  
(619) 238-2711  
*Open Monday - Saturday*  
10:00 a.m. - 6:00 p.m.  
A peer advocate is available  
Thursday, Friday (afternoon) and  
Saturday

### Mariposa Clubhouse

560 Greenbrier, Suite .102, Oceanside  
(760)439-6006  
*Open Monday - Friday*  
8:00 a.m. - 4:00 p.m.  
*Open Saturday & Sunday*  
10:00 a.m. - 2:00 p.m Brunch

### Friends

144 Copper Ave. Vista  
(760) 941-2153  
*Open Saturdays*  
1:00-4:00 p.m.

### East Corner Clubhouse

562 East Main St., El Cajon  
(between Mollison and Avocado)  
(619)401-6902  
Fax: (619)401-1751  
*Open Monday & Friday*  
8:00 a.m. - 4:00 p.m.  
*Tuesday & Thursday*  
8:00 a.m. - 12:00 noon  
*Wednesday - 8:00 a.m. - 6:00 p.m.*  
*Saturday - 10:00 a.m. - 2:00 p.m.*

### Visions @ 5<sup>th</sup> and H

499 "H" Street, Chula Vista  
(619) 420-8603  
*Open Mon., Wed., Fri., Sat.*  
Noon - 7:00 p.m.  
*Sun. -- Noon - 5:00 p.m.*

### Employment Services

1202 Morena Blvd., Suite 201  
San Diego, (619) 276-8071

### The Access Center of San Diego

1295 University Avenue  
San Diego, (619) 293-3500

### The Creative Arts Consortium

P. O. Box 3053  
San Diego, CA 92163-3053  
Admin—Call Jane (858) 481-7069  
Art—Call Michelle (619) 589-2434  
Literature—Call Jim (619) 299-1753

### Job Options

2727 Camino del Rio South  
San Diego  
(619) 688-1784 (Valorie)  
*Open Monday - Friday*  
8:00 a.m. - 5:00 p.m.

### San Diego Parks and Recreation Disabled Services Program:

Ask for "The Leisure Seekers" group activities and calendar. No formal registration. Simply call ahead of event and say "I want to sign up for the event"  
(619) 525-8247

### Patient Advocacy Program

5384 Linda Vista Road, Suite 304  
(619) 543-9998 or 1-800-479-2233  
Mon. – Fri.  
8:00 a.m. – 5:00 p.m.

### The Access & Crisis Line

1-800-479-3339

24-hours a day 7 days a week

- Professional counselors
- Multi-lingual capability
- Spanish speaking counselors

activity of the neurotransmitter acetylcholine), and a cholinergic rebound may account for some of these symptoms.

The symptoms of SSRI discontinuation (which are also precipitated by the discontinuation of clomipramine, a tricyclic drug with strong effects on serotonin) may include dizziness, trouble with balance or coordination, headaches, nausea, fatigue or lethargy, tingling, electric shock-like sensations, insomnia, and vivid dreams. Less common reactions are gastrointestinal discomfort and flu-like symptoms. Sometimes there are also mood changes -- irritability, sadness, anxiety, agitation, and crying spells. The SSRI discontinuation syndrome may be due to a sudden decrease in the availability of serotonin in the space between neurons along with changes in the sensitivity of serotonin nerve receptors. The neurotransmitters dopamine, norepinephrine, and gamma-aminobutyric acid (GABA) may also be involved.

The SSRIs most likely to cause these symptoms are the ones that leave the body rapidly -- paroxetine (Paxil) and fluvoxamine (Luvox). Fluoxetine and its major breakdown product remain in the body for a long time, so it is less likely to cause the problem. One way to help a patient who is having troubles stopping one of the shorter-acting SSRIs is to switch to fluoxetine and then gradually lower the dose. Sertraline (Zoloft) and citalopram (Celexa) persist in the body longer than paroxetine and not so long as fluoxetine; they create a moderate risk of discontinuation symptoms.

Monoamine oxidase inhibitors can produce the potentially most disturbing discontinuation effects. In some ways they resemble stimulants like amphetamine, and abrupt discontinuation may cause reactions that resemble amphetamine withdrawal -- anxiety, agitation, sleeplessness, and sometimes a psychosis with hallucinations or paranoid ideas. The more dramatic symptoms are unlikely to occur if the dose is

reduced gradually.

Some newer antidepressants belong to none of the three major categories. Venlafaxine (Effexor), with a mixture of serotonin and norepinephrine effects, is eliminated from the body fairly quickly and therefore often causes a discontinuation syndrome which may be quite severe. Discontinuation symptoms similar to those caused by tricyclics and SSRIs have been reported by patients taking trazodone (Desyrel), nefazodone (Serzone), and mirtazapine (Remeron).

Because the discontinuation syndrome may include emotional states like depression and anxiety, they are sometime confused with a relapse or recurrence of the original illness. The best way to tell the difference is to wait for a while. The discontinuation symptoms will almost always disappear within several days or a few weeks.

The symptoms that develop when patients stop taking antidepressants are rarely, if ever, dangerous, but they can be distressing. Patients should be informed about the subject, since a significant number of them (perhaps a third) stop taking antidepressants on their own in the first month of treatment. That information may guide the process of discontinuation, helping patients to tolerate any mild symptoms that emerge as the dose is gradually reduced and avoid interruptions in work or other activities. Unfortunately, many physicians are unfamiliar with these syndromes. In one recent study, more than 25% of psychiatrists and almost 75% of general practitioners responding to a questionnaire were not aware of the problem. With better education and preparation and active management, patients and doctors will be able to avoid many of the discomforts of antidepressant discontinuation.

--Michael Craig Miller, M.D.

(Source: *The Harvard Mental Health Letter*, Vol. 17, Number 8, February 2001.)

## Depression and Suicide: What Is the True Risk?

Textbooks set the rate of suicide among patients diagnosed with major depression at an alarming 15% -- nearly 1 out of 6, or 30 times the lifetime rate in the general population. That number is based mainly on two reviews conducted in 1970 and 1990, each involving a combined analysis of many studies. In new research based on a different method of computation, reviewers at the Mayo Clinic have come up with a different, less discouraging number.

In the older studies, suicide risk was stated in terms of proportionate mortality -- the number of patients who commit suicide during a given period divided by the number who die from all causes. The calculation works this way: in a large number of studies, patients treated for depression are observed for varying lengths of time and their deaths are recorded. Analysts combine the results of all these studies and find that out of, say, 1,000 patients, 100 died during the period of observation, 15 of them by suicide. Of all the deaths, then, 15% were suicides.

The authors point out that this method contains an important bias. It has been impossible, in practice, to observe patients and record their deaths for more than a few years after they are first treated. If the proportion of suicides to total deaths were the same throughout life, that would not be a problem. But suicide is much more common, as a proportion of total deaths, in younger people, before aging and chronic illness have taken their toll. Furthermore depressed people are most likely to commit suicide at an early stage of the illness, and they are most likely to seek treatment during periods when they are most despairing. In fact, if the follow-up period is short enough, proportionate mortality could be close to 100%. So figures based on that formula overstate the lifetime risk of suicide. The older meta-analyses in-

Continued on page 8 - Depression & Suicide

## Letter to the Editor

troduced a further bias by including an unusually high proportion of hospitalized patients. The threat of suicide is one of the main reasons for hospitalizing depressed patients, and the months after leaving a hospital are a time when they are especially likely to commit suicide.

The Mayo Clinic researchers prefer to measure suicide risk by case fatality rather than proportionate mortality -- the number of suicides in a given period divided by the total number of patients rather than the total number of deaths. In the example above, with 1,000 patients and 15 suicides, the case fatality would be 1.5% -- one-tenth of the proportionate mortality. The only bias here lies in the failure to count suicides that occur after patients are no longer being observed. The authors argue that this bias is relatively small because the suicide rate is highest at an early stage of the illness.

When real case fatality data were used to recalculate suicide risk, the result was not quite as dramatic as the hypothetical example above, but it came close. The reviewers analyzed more than 100 studies with a follow-up of at least two years (excluding short-term studies because of the extraordinarily high proportionate mortality). They also calculated case fatality rates from the older meta-analyses. In all their calculations, they made a point of distinguishing among three categories of patients: outpatients (not hospitalized), inpatients (hospitalized), and suicidal inpatients. The combined average figures for proportionate mortality ranged from 25% for outpatients to 32% for suicidal inpatients. Average case fatality rates were 2% for outpatients, 4% for inpatients, and 6% for suicidal inpatients. For the older meta-analyses alone, overall case fatality matched the inpatient rate: 3% - 5%.

If you agree with the authors and assume that case fatality is the best available practical measure of lifetime suicide risk among depressed patients, you must conclude that the risk is at most one-fifth of the present textbook

As we eat our breakfast today, 50,000 Californians with mental illness are having the luxury of eating out of dumpsters and finding shelter under a bridge.

It is only by help of involuntary treatment and a case manager who valued me before I could love and value myself, that I am no longer one of them. It was not the voice in California that screams for my civil rights that saved me. Treatment did.

Think about it. Mental illness is the only illness that convinces you that you are not sick. It robs you of your free will and the ability to knowingly exercise your rights.

Instead of realizing I had a brain disorder that would respond to treatment, I thought if I only I had a better job, a relationship, material things, my pain would be over. I got those things and the pain remained. And, then I became homeless. I went into the tunnel, which had no light until it ended in another of my countless suicide attempts. But, then through involuntary treatment and the love and support of my case manager, I was finally given the chance to recover.

Because of treatment I am no longer likely to die with my civil rights on, another example of our state of neglect. I am now a taxpaying citizen. I work as Coordinator of Consumer Education and Outreach for NAMI San Diego. I no longer cost the state of California money. I get to give to my community. With the same treatment and care that I received, other people too can recover.

I look for the time we won't be saying there are 50,000 fellow Californians with mental illness on the

figure and only 5 or 6 (rather than 30) times the rate in the general population.

*Bostwick JM et al. "Affective Disorders and Suicide Risk: A re-examination," American Journal of Psychiatry (December 2000) : Vol. 157, No. 12 pp 1925-32*

streets. We won't be lamenting the cost of 30,000 people with mental illness in our jails and prisons. Instead these citizens will be part of our community, working, playing, and giving of themselves to make life better for others.

I stand here as living proof that people with mental illness can recover. But first there must be treatment.

Instead of building fences, California needs to build treatment. There is a new voice in California, and that is the voice of people, who through the help of treatment, have recovered. We will not be silent anymore. Nor will we allow people to speak for us who do not value treatment. Our voice. . .the voice of the NAMI consumer--is the voice of reason. It is time that this reason becomes part of the public policy table because through it even more people with mental illness can recover.

### Let me end by saying that

*NAMI is more than a family member organization. Today, we have over 1800 individuals amongst our 14,000 NAMI California members who can be identified as consumers. As such, we are the largest consumer organization in our state, just as NAMI is the largest in the Nation. I, as Chair of NAMI California's Consumer Council and Vice-Chair of the NAMI California Legislative Work Group, pledge to bring our consumer voice to all legislators. I look forward to working with you all.*

*Chuck Sosebee*



**2001  
MEMBERSHIP  
RENEWAL**

**A Friendly Reminder!  
If you have not renewed your  
membership complete the 2001  
membership application on page  
10 and send to NAMI San Diego  
today.**

# NAMI 2001 ANNUAL CONVENTION

*July 11 - 15*  
**Washington Hilton and Towers Hotel**  
**Washington DC.**



*Some 2,500 NAMI activists from all over the U.S. will come together with movement leaders from all over the world to discuss strategies, examine what works, and be updated by some of the world's best scientific and strategic thinkers.*



## NAMI -- CALIFORNIA STATE CONFERENCE SEPTEMBER 6 - 7, 2001 MARRIOTT HOTEL TORRANCE, CALIFORNIA

This conference will feature medical researchers, government leaders and other experts who share the very latest information on such things as the status of new medications.

**Call NAMI San Diego for details on the above conferences-- (619) 294-9941**

## Medi-Cal Services Available

The Center for Counseling  
Catholic Charities

Now Provides Counseling for Medi-Cal Certified Families and Individuals

Professional, Practical and Realistic  
Counseling  
Spanish Speaking Services Available

Call: (619) 231-2828 (ext. 306)  
Monday thru Friday, 12:00 - 4:00 p.m.

349 Cedar Street  
(Corner of 4th Avenue & Cedar)  
San Diego

No Psychiatric Management On Site

## Visit NAMI San Diego Offices

1094 Cudahy Place, Suite 120,  
San Diego, CA 92110

*Directions to the office and the Al-  
bright Information  
and Referral Center:*

- 1 Going north on I-5 toward I-8, take the Morena Boulevard exit from the east bound I-8 ramp.
- 2 Going west on I-8 toward I-5, take the Morena Boulevard exit just before the I-5 exit.
- 3 Stay in the left lane of Morena Boulevard, which becomes West Morena Boulevard.
- 4 Turn left on Buenos Avenue. The three-story building called the Morena Office Center 1094 will immediately be on your left.
- 5 Going south on I-5 toward I-8, exit at Tecolote Road/Sea World. Go left on Tecolote Road and right on Morena Boulevard and right again at the first traffic light (Buenos Avenue). Cross West Morena Boulevard and the office building will immediately be on your left.

## ALBRIGHT INFORMATION & REFERRAL CENTER

1094 Cudahy Place, Suite 120  
San Diego, CA 92110-3932

Do you need information about  
mental illness?

Talk to someone who understands  
Call the Albright I & R Center  
(619)543-1434 or  
1-800-523-5933  
7 Days a Week  
24 Hours a Day

We have a library of books and tapes  
available for you.

**Attend NAMI San Diego meetings  
listed in this issue  
"Schedule of Meetings"  
and receive educational materials  
to send to your far away family  
members and friends who  
do not understand.**

## Volunteers Needed. Make a Difference.



**Wanted:  
Individuals who want to  
make a difference.  
Training provided.**

**Call NAMI San Diego at  
(800) 523-5933  
for an application.**

# The Alliance Advocate

Vol. V, Issue 5, May 2001

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## RETURN SERVICE REQUESTED

### Inside This Issue:

#### April-at-a-Glance

*Symptoms That Start When an Antidepressant Stops*

*Depression and Suicide: What is the True Risk?*

*Legislative Update*

*Calendar of Events & Meetings*



## 2001 MEMBERSHIP APPLICATION

NAMI San Diego relies on its membership and your generous contribution to continue providing support and services to people with mental illness and their families. To join NAMI San Diego, renew your membership or make a contribution, complete the information below and **enclose your check payable to NAMI San Diego and mail to: P. O. Box 710761, San Diego CA 92171-0761.**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Dues are from January 1 to December 31 of each year and include membership and newsletter subscription to NAMI and NAMI California.**

**I would like to join NAMI San Diego at the following level:**

- \_\_\_\_\_ Regular Membership – \$35.00 Check one: ( ) New Member ( ) Renewal
- \_\_\_\_\_ Professional Membership – \$75.00 (includes office display of NAMI brochures)
- \_\_\_\_\_ Consumer Membership – \$10.00 \_\_\_\_\_ Newsletter Subscription Only – \$15.00
- \_\_\_\_\_ Open Door Membership \$3.00 (consumer, consumer family & friends in financial need)

### ANNUAL SUSTAINING DONORS

- \_\_\_\_\_ Bronze Donor – up to \$99.00 \_\_\_\_\_ Benefactor – \$500.00 – \$999.00
- \_\_\_\_\_ Silver Donor – \$100.00–\$249.00 \_\_\_\_\_ Patron – \$1,000 +
- \_\_\_\_\_ Gold Donor – \$250.00–\$499.00 \_\_\_\_\_ I prefer my contribution to be anonymous

\_\_\_\_\_ Donation for Open Door Memberships (\$ \_\_\_\_\_)  
(to help consumer, consumer family & friends in financial need)

### Check relation to client:

- \_\_\_\_\_ Parent of Adult
- \_\_\_\_\_ Parent of child (under 18)
- \_\_\_\_\_ Sibling
- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Professional
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Self

\_\_\_\_\_ Please send me volunteer information and application.