# Voices

***Our mission*** is to educate about suicide prevention and to speak for suicide survivors.

save.

Suicide Awareness Voices of Education™

Winter 2001


# The Complexities of Dual Diagnosis

## SAVE Public Seminar a Success

*By Georgia Ewing, SAVE Volunteer*

*Dr. Alan Radke*

Although recognition of co-occurring brain illness and substance related disorder is on the increase, the condition remains difficult to treat. Dual diagnosis patients have two primary, chronic, biologic disorders, each requiring specific treatment.

"That's why an integrated treatment approach works best," said Dr. Alan Radke, medical director of the Minnesota Department of Human Services and a nationally known expert on dual diagnosis.

Speaking at a public seminar sponsored by SAVE on Nov. 3, Radke maintained that in order to stabilize acute symptoms and engage patients in a recovery process, a collaborated working relationship between mental health and chemical dependency services is necessary.

"The integrated approach needs to be encouraged and given high priority," he said, adding that a need for advocacy and adequate funding exists.

Radke pointed out that dual disorders involve many psychiatric diseases and many substances that are abused. Such brain illnesses as depression, anxiety and schizophrenia occur along with addiction. Degrees of dysfunction are mild to severe. One study showed that 15 to 18 percent of patients with mental illness have chemical dependency issues, and 19 to 30 percent of patients with chemical dependency have mental illness.

Dual diagnosis patients present a confusing clinical picture. "An example is a patient with depression who isn't getting better," Radke noted. "Perhaps the therapist didn't look for underlying substance abuse. And that substance abuse interferes with treatment."

Knowledge about dual diagnosis is on the upswing, literature is increasing, and treatment advances are taking place. However, there's still a conflict between addiction treatment philosophy and mental health treatment philosophy, Radke allowed. "We know more about epidemiology than how to treat," he said.

Dual disorders lead to premature death, an increase of suicidal behavior, more utilization of hospital and acute-care services, poor medical compliance and inappropriate use of medication. Other occurrences include significant destruction to families, poor work performance, criminal activity and violent behavior.

Citing treatment issues, Radke acknowledged that few skilled personnel are available to deal with dual diagnosis disorders. "Training is inadequate...dual diagnosis is not on many curriculums," he said, noting that nationally there are only a handful of experts on co-occurring disorders. "Patients are considered incurable. There are confusing treatment models and no system of classification. We can't ignore this anymore. We need open conversation or more people will suffer. And evaluation and assessment must be improved."

Radke also covered treatment components, emphasizing that patients must be considered on an individual basis and must be engaged and persuaded to move forward with the therapy and recovery process, which can last for as few as 30 days or a lifetime.

In addition to Radke's keynote speech, the seminar featured a panel whose members shared their experience with dual diagnosis disorders. The event was co-sponsored by the Minnesota Psychiatric Society, Minnesota Association for Counseling and Development, and the Anna Westin Foundation.

## In This Issue


Executive Director 2
President's Message 2
Voices in Action 3
Local Voices 5
Nationwide Voices 6
Hidden Assets 6
Growing SAVE 7
Upcoming Events 8
Voices of Education 9
Order Form 12


## "VOICES" Reader Survey Feedback

**Thanks to all of you, SAVE has received hundreds of responses to our readers' survey. Watch for the results in the spring issue.**

# Inner Voices

## from the president...

*Miriam Olson*

Senator Domenici and Senator Wellstone have been leaders in the United States Senate in urging mental health parity. Both are co-sponsoring (with 63 other Senators) a bill to provide for equal coverage of mental health benefits with respect to health insurance coverage (unless comparable limitations are imposed on medical and surgical benefits). You can find out if your senators have endorsed this bill by visiting www.senate.gov.

On August 15th, Mary Kluesner, SAVE's past President was invited to comment on the bill at a press conference held by Senator Wellstone. Here are excerpts from her remarks, which are quite timely this week as the bill regains momentum in the Senate.

"For me, mental health equitable treatment is a question of justice. There was no justice when Amy Kluesner died of suicide in 1985. We did not know one of the symptoms of clinical depression or any of the signs of suicidal behavior. Amy's college roommate said, 'It never occurred to me that Amy was dying.'

"There was no justice when Michael Kluesner died of suicide in 1997. There was no effective medication for him and there was no standardized and authorized treatment plan. Six weeks after Michael's death, I talked with my nine-year-old grandson Jack about our family's loss. I wanted him to have hope so I said that five or ten years from now there may be medication or treatment that would have saved Uncle Michael. Jack said, 'Grandma, Michael just couldn't wait.'

"There is no justice when group health plans treat mental health different than medical or surgical health. There is no justice when a young woman dies of suicide when she does not seek treatment because it places a personal financial burden on her family because her insurance will not cover her care. There is no justice when there are treatment limitations or financial requirements on mental health coverage when similar limitations don't exist for medical coverage. There is no justice when there are limits on frequency of treatment, number of visits, number of hospital days when similar limitations don't exist for medical coverage, especially when competent clinicians urge otherwise.

"There is no justice when there are no authorized treatments or treatment plans for mental health patients - when countless patients kill themselves within weeks of leaving an emergency room or psychiatric ward because they've been released without a treatment plan or without notifying family members about how they can support care and treatment. We wouldn't dream of such omissions in the care and treatment of cancer, stroke or diabetes.

"Justice will only result when we treat mental illnesses (really just illnesses of the brain, another organ of the body) just like medical illnesses, relying on the sound medical judgment from clinicians rather than on treatment limitations based on myth, stereotypes and misconceptions about brain illness. We must insist on justice."

Call your senator to tell him/her you support mental health parity legislation.

## from the executive director...

*Jackie Casey*

It is with sadness and hope that I write my comments for this quarter's *Voices*. A few weeks ago, my stepsister, Jennifer Hanson, died. While the following is not the explanation from the medical examiner, she died of complications of depression brought on by the abuse of alcohol most likely to self medicate. Despite the support of a loving family, a career marked by advancement and acknowledgement of her skills and a loving partner, she plummeted into a personal darkness characterized by an increasing sense of hopelessness, helplessness and worthlessness and uncontrollable drinking. For years Jennifer had exhibited other symptoms of depression. I had an opportunity to discuss these with her last Christmas when the Casey and Hansen families were brought together to celebrate the marriage of my mother to their father. She experienced disturbed eating and sleeping patterns, anxiety and panic attacks and isolation. Jennifer also suffered from diabetes. Studies prove that people with diabetes are much more likely to suffer from depression than the general population. Despite this plethora of symptoms and seeking treatment for alcohol abuse, her depression continued to be undiagnosed and untreated. Tragically her life was lost; tragically her death was preventable.

In November, SAVE hosted an educational conference about dual diagnosis: specifically with depression coupled with alcohol abuse. Here my hope begins. The evidence of the connection between alcohol use/abuse and depression has been well documented. Psychiatric professionals have urged the treatment of a person's addiction and depression in order to effectively "heal" her. Now it's time to bring this information to the broader community, especially to consumers, family members and mental health and addictions counseling professionals (all the gatekeepers) who are likely to be in close contact with those who are suffering from dual diagnosis. By bringing this education to gatekeepers, I hope that those suffering like Jennifer will get competent treatment which looks at the interaction between addiction and depression. Without it, we will continue to lose lives to depression through slow suicide of alcoholism.


Editor: Tracy Pierson
Original Design: Monica Robb
Printing/Mailing: Sexton Printing
250 E. Lothenbach Ave.
St. Paul, MN 55118
Copy Editing: Faye Bland, Vicki Bresson
Executive Director: Jackie Casey
Contributors: Thank you!



**Board of Directors**

Miriam Olson, President
Mary Kluesner, Vice President
Trish Mechura, Vice President
Herb Rorke, Secretary/Treasurer

Ramona Advani
Tom Arsenault
Warren Becker
Jan Borman
Vicki Bresson
Launie Cousins
Stan Feldman
Sue Fiedler
Pastor Richard Howell
Teresa Julkowski
Eileen Kelly
Mike Kosmak
Dick Maguire
Jill Marks
Monica Robb
John Ryan


*SAVE is a grassroots national non-profit organization that was started in Minneapolis, MN in 1989 by suicide survivors. Goals are realized largely through volunteer efforts.*

## New SAVE Speakers Ready to Roll

Eighteen new volunteers received speaker training in October. This gifted, talented and diverse group of men and women are now prepared to put SAVE's mission in action: to educate about suicide prevention and to speak for suicide survivors. These new volunteers now join our wonderful team of current volunteer speakers who were instrumental in mentoring this group. Soon the new speakers will deliver presentations to students, school staff, parents, civic groups, churches and healthcare professionals throughout the state. These speakers are committed to accomplishing the following objectives through their presentations:

- Increase knowledge in general about depression and suicide.
- Increase knowledge about symptoms of depression and the warning signs of suicidal thinking and behavior.
- Increase the confidence and competence of participants to make interventions and referrals.
- Increase understanding and use of intervention skills that can help avert the tragedy of suicide.
- Increase knowledge about community resources and how to access and use them.

*SAVE Volunteers participate in Fall Speaker's Bureau training.*
*Back left to right: Dina Colby, Nancy Jones, Dorothy Huber, Char Coal*
*Front center: Mark Brekke*

SAVE is thrilled to have so many new volunteer speakers on board! Please welcome them: Mark Brekke, Joanne Brisse, Char Coal, Dina Colby, Julie Bischke, Bill Dueberry, Suzanne Dishon, Shoshana Elana, Joan Houck, Jayne Hanson, Dorothy Huber, Nancy Jones, Scott Stockhaus, and Mary F. Wawakiyawin.

## SAVE Golf Classic

SAVE's 4th Annual Golf Classic on September 10, 2001, raised $33,000 to provide depression awareness and suicide prevention education.

SAVE would like to thank our sponsors for helping make this year's event a huge success:

**Tournament Sponsor**
GlaxoSmithKline
**Cart Sponsor**
Hitchcock Industries
**Beverage Cart Sponsor**
JG Design Associates
**Corporate Hole Sponsors**
Duke Realty Corporation
Hitchcock Industries
Motors Management
George & Shirley Torrey
The Williston Group
**Corporate Foursome Sponsors**
Bailiwick Data

Central Telephone and Data Systems
Davies & Rendall Company
Direct Response Insurance Administrative Services
Fairway Financial Services
Great Clips, Inc.
John C. Larson & Associates
Marquette Financial Services
Matrix Communications
Midwest Fixture Group
Minnetonka Realty
Mooty Family
North Memorial Health Care
Pfizer
**Game Sponsors**
Ceridian Corporation
Gonyea Commercial Properties
Richfield Bank
Saturn
**In-Kind Donations**
JG Design Associates
Katun Corporation
Shapco Printing
Tammy Love
Dr. Ian Land
Signergy Sign Group
Joe and Sue Fiedler

continued on page 4

Save Golf Classic from page 3

# Congratulations to our winners

**1st Place Team**
(no photo available)
Jim Gray, Darryle Henry, Scott Frederiksen, Steve Chirhart

**2nd Place Team**
*left to right: Gary Walen, Charlie Rooney, Bill Fiedler, Joe Fiedler*

**Cabo San Lucas, Mexico, Plaza Las Glorias Resort Winner**
*Susan Kilsch, Grand Prize Raffle Winner*
*(awarded by Phil Kluesner, SAVE Golf Classic Chair)*
A special thank you to Joe and Sue Fiedler for the donation of this fabulous gift.

**3rd Place Team**
*left to right: Todd Erdman, Rick Vanyo, Dan Meilahn, Pete Anderson*

*Longest Marshmallow Drive – Gary Walen*

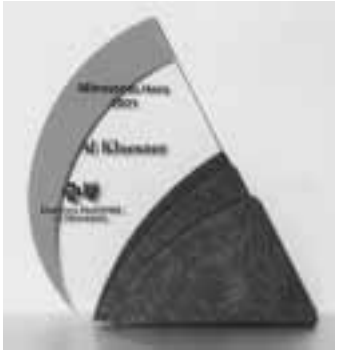
Phil Kluesner, Golf Classic Chairperson, and the dedicated Golf Committee volunteers should be proud of a job well done. Thank you. If you are interested in serving on the 2002 golf planning committee, please call Patty Johnson at 952.946.7998 Ext 15.

# SAVE Volunteer Wins the Ageless Hero Award

*Al Kluesner*

Al Kluesner, one of the founders of SAVE, was awarded The Ageless Hero Award sponsored by Blue Cross Blue Shield of Minnesota and Eldercare Partners, a collaboration of six Minneapolis/St. Paul nonprofits that work with seniors. Because of Al's community involvement in SAVE, Blue Cross Blue Shield of Minnesota honored him along with 13 other outstanding seniors at the fourth annual Ageless Heroes Award Program at the Mall of America.

The Ageless Heroes program recognizes the health, vitality and accomplishments of seniors from all walks of life.



*Ageless Hero Award*

Al Kluesner, who comes from an extensive background in marketing and sales, currently spends about 50 percent of his time on SAVE activities. "The more I do, the more I see I have to do," he said. "And that's for the kids. That's what I do for my kids."

Al spends his time as a direct activist, speaking to schools, hospitals, and other organizations on behalf of suicide prevention. He is a member of the state advisory council for mental health. Recently, he helped form an ad hoc committee of 70-80 people who developed a Minnesota Department of Health report to the Legislature on suicide prevention. He spent a great deal of time with legislators to develop a statewide suicide prevention plan, and Minnesota has since committed funds to suicide prevention.

He also worked with Senator Paul Wellstone, in an effort to gain federal funding for suicide prevention. Kluesner stated, "Last year, federal legislation was passed that devoted $75 million to suicide prevention."

"Al and Mary Kluesner are known all around the country," said Wellstone in a telephone interview from Washington, D.C. "They've become a significant Minnesota and national force. I'd call from half way across the world to be in an interview about them. They're amazing people. I can't say enough about them."

Al may have won the Minnesota award for his involvement and contribution to the community for suicide prevention but there is no doubt that many people across the country would nominate Al as a national hero. Congratulations, Al. You deserve it.

Portions of this article taken from November 7, 2001, *Sun Current* newspaper Edina, Minnesota.

# Depression Screening Day

## *Depression Screening a Great Success*

SAVE and Family & Children's Service successfully partnered with each other to deliver depression screening opportunities to the community on October 3rd. Thirteen sites were selected, including libraries, YMCA's, schools, community centers, and senior centers, throughout the Minneapolis and St. Paul metro area. Nearly three hundred people received information about depression, along with fifty others who participated in the screening.

Daniel Reidenberg, branch director of Family & Children's Service said, "This is a great example of how two organizations can partner together to get the job done. Professionals are recognizing depression as a growing medical concern and it is time that we do something about raising people's awareness." SAVE also provided the suicide prevention tool, QPR (Question, Persuade and Refer) training, to forty Family & Children's Service clinical staff and dispersed publicity pieces throughout the metro area as part of this partnership.

SAVE hopes to continue and expand this type of partnership in the community.

# Voices of Contribution

## Friends of save

August 1, 2001 - October 15, 2001

Lois Abrams
Norma Anderson
Susan Ashby
Virginia Bender
Alice Binger
Catholic Community Foundation
Community Solutions Fund
Crisis Support Services of Alameda County
John Dehaven
Ted & Vivian Epstein
David & Carolyn Fedderly
Stan & Carole Feldman
Diane & Joseph Friebe
Greater Twin Cities United Way
M.C. & Jane Green
Philip Heymans
Rosemary & Arthur Janousek
Jim & Deb Jensen
Janet Julien
Rosalyn Kirkel
Steven & Karen Kling
John & Rieta Kopas
Kopp Family Foundation
Donald & Pauline Kurtz
Sue Lasoff
Sarah & John Maney
Bob Meuers
Dan Moran
Tim & Kristi Nasby
Alyce Ness
Reuel & Mary Nygaard
Marguerite & Clifford Olson
Mike Poquette
Doug & Joanne Rehard
Herb & Pat Rorke
Don & Mary Sebring
Jessica Stevenson
Jeffrey & Lisa Taylor
TOSA Foundation
Triangle United Way
United Way of the Bay Area
Carol Wolff
Lyn and Robert Yount

## Nationwide Voices

# SAVE: A collaboration between science, civic leadership and survivors

SAVE's expertise and capacity lies in its long history of suicide prevention programming and in its unique collaboration between staff, Boards and volunteers. SAVE's Board of Directors has been in place since the inception of the organization in 1989. It attends to policy, governance and fundraising. Over the past year, SAVE has recognized the need to add expertise and a national perspective to SAVE's operations. We added a Board of Reference, an Advisory Board and an Honorary Board and would like to take this opportunity to welcome their members to SAVE.

### Board of Reference

Charles Schulz, M.D. - Chair, Department of Psychiatry, University of Minnesota
Joseph Bebchuk, M.D. - Park Nicollet
Lucy Davidson, M.C., E.D.S. - Atlanta, Georgia
William Dikel, M.D. - Minnesota Independent Consulting Psychiatrist
Jan Fawcett, M.D. - Rush Presbyterian-St. Luke's Medical Center
Frederick K. Goodwin, M.D. - George Washington University
Judith Kashtan, M.D. - Practicing Psychiatrist

### Advisory Board

Virgil A. (Al) Kluesner - President of Remington Partners; Survivor
Willbur W. Castor, Ph.D. - Chairman, Marymount College, Los Angeles, CA
Charles Slocum - President, the Williston Group; Survivor
Reuel Nygaard - Vice President, Retired, Fingerhut Companies, Inc.; Survivor
Ron Groat, M.D. - Practicing Psychiatrist
Robert Gebbia - Executive Director, American Foundation for Suicide Prevention
Owen Kane - Vice President, First Union Securities

### Honorary Board

Carla Fine - Author
Mariette Hartley - Actress
Sheila Kiscaden - Minnesota State Senator
Pat Piper - Former State Senator, St. Paul, MN
Jim Ramstad - United States Congressman
Mary Tamborino - Commissioner, Hennepin County, MN
Roy Terwilliger - Minnesota State Senator
Paul Wellstone - United States Senator

## Hidden Assets

# I'll Help...But Not With Fundraising

*John Ryan*

My responsibility as Chairperson of the Fund Development Committee would seem to be clear. I have spent decades as a fundraising professional, but I discovered early that the average person's view of fundraising is quite negative. To illustrate, consider the story of the Minister who announced to his congregation during the annual stewardship drive, "You've got money, we want your money."

Even good friends hesitate to volunteer. When they do, the record shows that few complete their calls and guilt abounds. Converting people from their agendas to your agenda is considered miserable work.

Experience has taught me that in order to accomplish any charitable objective you need two components: human resources and financial resources. The more important component is people, not just anybody but individuals who are passionate about your cause. Guess what? People who care will fund their passion. That's why we chose the theme Hidden Assets for this section of *Voices*. But what does Hidden Assets really mean?

To illustrate, we asked Vicki and Larry Bresson to write our second "Annual Giving Appeal" letter and they agreed without hesitation. Why? "Being involved with SAVE over the past seven years has been incredible for us and for our healing." Vicki and Larry are living examples of SAVE's Hidden Assets.

We are committed to using every means possible including the Internet, to make it easy for people who desperately need what SAVE has to offer to make a connection.

Once we connect we plan to have conversations both by telephone and in person. Many will pick up the torch and you will read about them in future issues. Hidden Assets, when discovered, make the difference.

# Individuals Make a Three-Year Commitment to SAVE

Passionate people who believe that suicide can be prevented are the backbone of SAVE's programming. Through SAVE-A-Life Venture 300 Fund and other opportunities for individuals to contribute, SAVE has legs on which to stand to pursue its expanded vision for the future. The Venture 300 Fund initiative will be an ongoing effort to solidify a stable source of support for SAVE's growing operations. If you would like to know more about joining SAVE-A-Life Venture 300 Fund, please contact Jackie Casey at 952.946.7998 ext. 12.

SAVE would like to thank this new effort's initial investors:

Mark and Jan Borman
Launie Cousins
Robert Fayfield
Sue and Joe Fiedler
Dan and Ruth Haggerty
Gregory Hitchcock
Art and Rosemary Janousek
Eileen Kelly and Kelly Erickson
Al and Mary Kluesner
John and Marilyn Larson
Daniel Moran
Tim and Kristi Nasby
Brian Niess
Clifford Olson
Colleen Romanelli
Herb and Pat Rorke
Charles Slocum
Mark and Linda Steinberg

We are on our way toward achieving our goal of reaching out more effectively to individuals who believe in SAVE's mission.

## *Memorializing a Loved One*

In the next phase of the SAVE-A-Life initiative, we will focus on ways individuals can memorialize the life of a loved one through several giving opportunities. These include an annual or major gift (cash or appreciated securities) to yearly operations, to the SAVE endowment fund, or a planned gift (e.g. gift annuity, trust, estate, etc.).

To kick off this phase, on November 17 SAVE hosted a seminar on creating a lasting memorial in the name of a loved one. Conducted by John Ryan, President of Major Gifts, Inc. and the chair of SAVE's fund development committee, the seminar covered the following information:

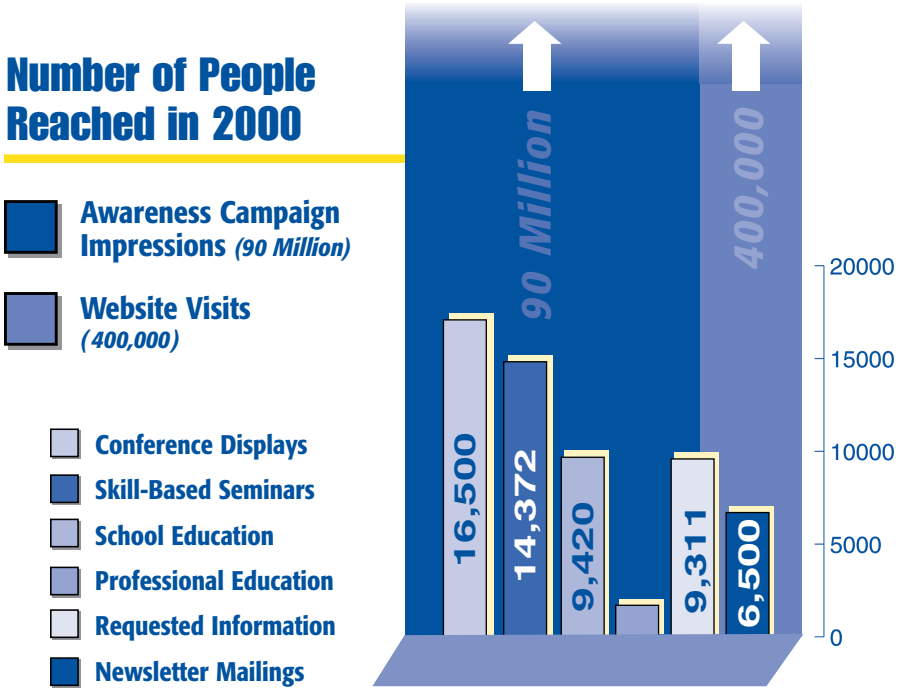
- How to design a personal statement to honor a loved one
- How to recognize the natural events that surface memorial desires
- How to involve other family members in the creation of an appropriate memorial
- How to give guidance on choosing a project in line with your memorial budget

If you would like more information about designing a financial memorial for a loved one or other giving opportunities, please contact Jackie Casey at 952.946.7998 ext.12.

# Ways and Means:

## *United Way, Community Solutions Fund, Community Health Charities*

While SAVE is not yet a member of an employer-based giving campaign, each of these campaigns - United Way, Community Solutions Fund, Community Health Charities, known as federated giving campaigns generally conducted in the workplace - allows givers to designate their contributions to SAVE. If you give to one of these campaigns through your workplace and want those funds used to support SAVE, just write us in as your designated charity. Your employer's human resources department can help you fill out the necessary forms. If you have any questions, please give Cory Kiner a call at 952.946.7998 ext. 10.



# Upcoming Events

**December 2001** - *Register for Family-to-Family Education classes sponsored by National Alliance for the Mentally Ill of MN.* Call 612-645-2948 for details. Classes begin January or February 2002.

**December 4, 2001** - *Police Crisis Intervention Training Update sponsored by Friends of Barbara Schneider Foundation.* Call 612-871-3320 ext. 224 for details.

**December 10-14, 2001** - *Grandir Program 2001 Adult Camp Season, Holiday in the Woods at Camp du Nord.* Price is $375.00. Call 612-825-7148 to obtain an application.

**December 11, 2001** - *A Day in My Shoes presented by Kris Flatten.* 1:00-3:00 PM at 1919 University Ave., 2nd Floor, Ramsey Room. Registration required - Call 651-266-3900 press 8.

**February 1-2, 2002** – *Breaking the Silence: Speaking Out on Mental Illness and Suicide sponsored by NOPCAS, National Organization for People of Color Against Suicide Fifth Annual Conference*, Durham, North Carolina. For more information contact 512-5311-5067 ext 2190 or NOPCAS@ONEBOX.COM.

**February 26, 2002** - *Mental Health Day on the Hill.* State Capitol, 75 Constitution Ave., St. Paul, MN. Call the Mental Health Association of MN at 612-331-6840 or 800-862-1799.

**March 21-24, 2002** - *The Shadow Illness: Anxiety Across the Lifespan, Anxiety Disorders Association of America 22nd National Conference,* Hyatt Regency Austin. Call 301-231-9350 or log on to www.adaa.org for details.

**April 10-13, 2002** - *Suicide Prevention: Opportunities and Challenges Along the Continuum of Health and Illness sponsored by the American Association of Suicidology,* Bethesda Hyatt Regency Hotel. Call 202-237-2280 or visit www.suicidology.org for details.

**May 2002** - *Mental Health Month* (watch for listing of events).

**May 2002** - *Walk for Mental Health sponsored by the MN Mental Health Education Network* (watch for details at http://mn.nami.org). All proceeds support the research of NARSAD (National Alliance for Research on Schizophrenia and Depression).

**May 7, 2002** - *Lifesavers Dinner 2002, American Foundation for Suicide Prevention,* New York City (more details to come at www.afsp.org).

**June 26-30, 2002** - *Building Communities of Hope, NAMI 2002 Annual Convention, Cincinnati Convention Center.* Call National Alliance for the Mentally Ill at 1-800-950-NAMI or visit www.nami.org for details.

**September 14-17, 2002** – *First Announcement from Science to Practice, 9th European Symposium on Suicide and Suicidal Behaviour*, University of Warwick. For further information contact Chris James at The Samaritans 01753 216500 or e-mail ess2002@samaritans.org.uk.

## SUGGESTED READING

**Change Your Brain, Change Your Life**
By Daniel G. Amen, M.D.

**When Going Through Hell…. Don't Stop!**
By Douglas Bloch

**It's Nobody's Fault - New Hope and Help for Difficult Children and Their Parents**
By Harold S. Koplewicz, M.D.

**When Nothing Matters Anymore: A Survival Guide for Depressed Teens**
By Bev Cobain

**Night Falls Fast**
By Kay Redfield Jamison

**Suicide: The Forever Decision - For Those Thinking About Suicide, and For Those Who Know, Love, or Counsel Them**
By Paul G. Quinnett

**Suicide: Survivors - A Guide for Those Left Behind**
By Adina Wrobleski


WANTED

VOLUNTEERS

Join the SAVE team

Call Gail Peterson at 952.946.7998 Ext 19 to receive a volunteer packet.

OFFICE FURNITURE

Long conference room table and chairs

Book Cases • Digital Camera • New Color Copier

To help find your quality furniture a new home at the SAVE office, call Cory Kiner at 952.946.7998 Ext 10.

# Dual Diagnosis: An Overview

*The most common cause of psychiatric relapse today is the use of alcohol, marijuana and cocaine.*

*The most common cause of relapse to substance use/abuse today is untreated psychiatric disorder.*

The above statements introduce the first comprehensive report of the National Strategy lead by SAMHSA, the Substance Abuse and Mental Health Services Administration, to call our nation's attention to a national problem affecting millions of individuals. The problem - at least 10 million people in the United States have at least one psychiatric disorder (brain illness) co-occurring with a substance-related disorder. These co-existing disorders are often referred to as dual diagnosis, co-occurring substance abuse and mental health disorders, or co-morbidity.

- According to data from the Epidemiologic Catchment Area Study (ECA), 47% of people who have schizophrenia and 61% of people who have bipolar illness have a substance-related disorder.
- Data from the National Co-morbidity Survey (NCS) show between 41% and 65.5% of those with an addictive disorder also have at least one mental disorder, and 51% of those with a mental disorder have at least one addictive disorder.
- Individuals with co-occurring disorders seek treatment more frequently than those with only one disorder.
- More than 40% of those with three or more disorders have never received any treatment.

Data from the NCS indicate that in the majority of individuals with co-occurring substance abuse and mental disorders, the mental disorder develops first, often in the pre-teen or early teen years. The substance abuse disorder, on average, develops a few years later. Ages of onset vary considerably by gender, geography, culture, and other undetermined factors. Obviously there is a window of opportunity between the development of the first disorder and second disorder for possibly preventing the second, if attention is paid to children and adolescents who are exhibiting symptoms. Many adults could be spared the devastation of dual disorder if treated early in life.

Studies show there are four possible relationships between two or more co-occurring disorders:

- One directly causes the other: For example, there is clinical evidence that repeated use of cocaine may cause panic attacks, psychotic episodes, and depression, as well as medical disorders such as seizures and strokes.
- One indirectly leads to the other(s): For example, social phobia (fear of being with groups of people), panic attacks, or depression may lead to attempts to diminish distress or improve social functioning by the use of alcohol. These are examples of what is commonly referred to as self-medication. In such instances there is a connection between the two disorders, and treatment of the second disorder is less likely to be successful if the first disorder is not adequately treated.
- Two or more disorders develop independently from different causes, but impact on each other: One example might be the development of alcohol abuse in an adolescent who later, largely due to high genetic family loading, independently develops schizophrenia. In such a case, the presence of the alcohol disorder might constitute a stressor or further decrease the individual's compromised coping ability. Even when the two disorders develop independently of each other, they are likely to eventually interact, since they are affecting the personality, emotions, and behavior of the same individual.
- An independent factor, such as severe childhood trauma, might cause both a mental disorder and a substance-related disorder.

The affected individual typically has numerous serious problems, but often does not understand the complex interactivity between the disorders. As a result, there is often confusion and disagreement about cause, cure, responsibility and remedy.

- Most individuals with co-occurring disorder do not understand how the disorders interact to produce their painful symptoms. Depression, low self-esteem, anxiety and panic are commonplace. Unemployment, multiple hospitalizations, failures in mental health and/or substance abuse treatment - to the extent that treatment is available - are equally common. Co-occurring disorders can not only result in involvement in the criminal justice system, divorce, and abuse to self and others, but can be life threatening. Families, friends, substance abuse counselors, mental health therapists, and the community may share in the bewilderment of the individual suffering.
- For those who have been treated, often one problem is diagnosed while the other is missed. Cocaine abuse may be known, but attention deficit disorder with hyperactivity may be missed. Schizophrenia may be diagnosed, but frequent marijuana use may be unsuspected or considered insignificant.
- For those who have been treated for both disorders, most have had to go to two offices or agencies and have been sent back and forth: 'We'll help you with your depression when you've been sober for six months.' Or, 'We'll be happy to enroll you in our alcoholism counseling program when you have had six months free of suicide attempts and are off medication.'
- Researchers agree that it is unusual for an individual with co-occurring disorders to be diagnosed promptly and correctly, and to receive simultaneous or sequenced treatment by one clinician trained to treat both. Yet it is the consensus of these same experts that integrated treatment is the preferred treatment response to co-occurring diagnosis. Although SAMHSA and many of the experts who contributed to the National Strategy on dual diagnosis recommend integrated treatment, it can be difficult to achieve due to the fact that many mental health professionals may have received little or no training about

continued on page 10

## Symptoms of Clinical Depression

- Persistent sad or "empty" mood.
- Feelings of hopelessness, helplessness, guilt, pessimism or worthlessness
- Substance abuse.
- Fatigue or loss of interest in ordinary activities, including sex.
- Disturbances in eating and sleeping patterns.
- Irritability, increased crying; anxiety and panic attacks.
- Difficulty concentrating, remembering or making decisions.
- Thoughts of suicide; suicide plans or attempts.
- Persistent physical symptoms or pains that do not respond to treatment.

## Warning Signs of Suicide

- Talking about suicide.
- Previous suicide attempts.
- Statements about hopelessness, helplessness or worthlessness.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Unusual visiting or calling people one cares about.
- Making arrangements; setting one's affairs in order.
- Giving things away.
- Acquiring guns or stockpiling pills.

A suicidal person urgently needs to see a doctor or psychiatrist. In crisis, call National Hopeline Network 1-800-SUICIDE (784-2433).

Dual Diagnosis continued from page 9

addictive disorders. Similarly, many addiction counselors have had little or no training and education about mental disorders (brain illnesses).

It is a widely held belief that the identification, prevention and treatment of co-occurring psychiatric illnesses and substance-related disorders must take top priority to save individuals and society from the destruction these disorders cause. Not only will prevention and treatment enhance people's lives, it will save them.

*To read the entire report from SAMHSA on dual diagnosis, log on to www.toad.net/~arcturus/dd/ddhome.htm and click on Dual Diagnosis Treatment Report.*

# Treating Anxiety May Reduce Risk of Substance-Related Disorders

Anxiety disorders are the most common psychiatric illnesses in America, affecting one in 10 young people. Untreated anxiety can lead to disabling substance-related disorders like alcoholism and drug use. Clinical depression combined with anxiety and substance use dramatically increases suicide risk, e.g., alcohol and drug use can increase impulsiveness and decrease any inhibitions (or fear) a person might have when thinking about suicide.

Many people report first drinking alcohol to "calm their nerves," "reduce fear in a social situation," or to "silence the continual worry and self-doubt."

Common anxiety disorders (in children and adults) include:

- Panic Disorder — Characterized by panic attacks, panic disorder results in sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, feelings of unreality, and fear of dying.
- Obsessive-compulsive Disorder (OCD) — OCD is characterized by repeated, intrusive, and unwanted thoughts (obsessions) and/or rituals that seem impossible to control (compulsions). Adolescents may be aware that their symptoms don't make sense and are excessive, but younger children may be distressed only when they are prevented from carrying out their compulsive habits. Compulsive behaviors often include counting, arranging and rearranging objects, and excessive hand washing.
- Post-traumatic Stress Disorder — Persistent symptoms of this disorder occur after experiencing a trauma such as abuse, natural disasters, or extreme violence. Symptoms include nightmares; flashbacks; the numbing of emotions; depression; feeling angry, irritable, and distracted; and being easily startled.
- Phobias — A phobia is a disabling and irrational fear of something that really poses little or no actual danger. The fear leads to avoidance of objects or situations and can cause extreme feelings of terror, dread, and panic, which can substantially restrict one's life.
- Generalized Anxiety Disorder — Chronic, exaggerated worry about everyday, routine life events and activities that lasts at least six months is indicative of generalized anxiety disorder. Children and adolescents with this disorder usually anticipate the worst and often complain of fatigue, tension, headaches, and nausea.

Other recognized anxiety disorders include agoraphobia, acute stress disorder, anxiety disorder due to medical conditions (such as thyroid abnormalities), and substance-induced anxiety disorder (such as from too much caffeine).

Know what anxiety looks like in people. Know that it is one of the most easily treated brain disorders.

*Excerpts from this article taken from NAMI's Helpline Fact Sheet entitled, Anxiety Disorders in Children and Adolescents. To read the fact sheet in its entirety visit the National Alliance for the Mentally Ill at www.nami.org/helpline/anxiety.htm*

# Did You Know…?

- Untreated or mistreated major depression triples the chance of cardiac death, and even minor depression increases the risk by more than half; physiological factors explain some of it, since depression impairs platelet functions, decreases insulin resistance, and increases blood pressure and steroid production, all of which can raise the risk of heart trouble. Other reports link depression to strokes, and say it can induce heart attacks and slow recovery from them.
- Last month, scientists published compelling evidence which showed that people with major mental illness can expect to die nearly nine years earlier than they would otherwise.
- The engineers and chemists who gave us the catalytic converter, more fuel-efficient cars and reformulated gasoline were looking to save the environment. But their work also has wrought an unforeseen benefit — it's saving lives. The number of suicides by carbon monoxide poisoning has dropped dramatically since the mid-1980s while the overall suicide rate declined only slightly. The trend hasn't been studied or publicized extensively, but doctors and scientists who have noticed say there's a clear cause: Newer, cleaner cars have dramatically decreased carbon monoxide suicides. At their peak in 1987, 2,683 people in the United States ended their lives by carbon monoxide poisoning. By 1998, the last year for which data is available, that number had dropped to 1,329.
- Many people visit their doctor before their suicide — 20% within 24 hours of the suicide, 41% within a week and 75% within the previous month.

# SAVE Publications and Educational Materials
# Order Form

## Suicide: Surviors
### A Guide for Those Left Behind
***by Adina Wrobleski***

*"Suicide: Survivors* is the best book on suicide I've read in the five years since Brad's death."

*Mary Swanson, mother of a son who died by suicide*
*Edina, MN*

## Suicide: Why?
### 85 Questions & Answers About Suicide
***by Adina Wrobleski***

*"Suicide: Why?* is clearly and simply written. Many of our people work with youth and need good resources on suicide. This book will meet a real need in our churches."

*Nancy V. Rodman, Director*
*Monmouth Presbytery*
*Resource and Service Center*
*Tennent, NJ*

| BOOKS | Qty. | Cost | TOTAL |
|---|---|---|---|
| Suicide: Survivors<br>A Guide for Those Left Behind | _____ | $15.95 | _____ |
| Suicide: Why?<br>85 Questions & Answers About Suicide | _____ | $12.95 | _____ |
| **INFORMATIONAL MATERIALS** | | | |
| Depression and Suicide Prevention Information Everyone Can Use (10) | _____ | $20.00 | _____ |
| Adult Symptoms & Warning Signs Wallet Card (Pack of 100) | _____ | $10.00 | _____ |
| Adult Poster (Pack of 10) | _____ | $10.00 | _____ |
| What To Do, A Suicide Prevention Guide for Young People (Pack of 25) | _____ | $20.00 | _____ |
| Student Symptoms & Warning Signs Wallet Card (Pack of 100) | _____ | $10.00 | _____ |
| Youth Poster (Pack of 10) | _____ | $10.00 | _____ |
| Grief After Suicide (Pack of 10) | _____ | $20.00 | _____ |
| SAVE Corporate Brochure (Pack of 25) | _____ | $5.00 | _____ |
| Suicide Prevention Community Action Kit<br>(Please note $4.95 shipping charge below) | _____ | $98.00 | _____ |

Subtotal $_____

MN residents add 6.5% sales tax $_____

Shipping Charges $_____
1-4 units: add $3.00; 5+ units: add $6.00; Kit $4.95 each

Total Amount Enclosed $_____

Please charge to my ❑ VISA ❑ MasterCard Signature _____

Number _____/_____/_____/_____/ Exp. date _____

Name _____ Address_____

City _____ State _____ Zip _____ Phone _____

E-mail _____

## United Way Donor Choice Program

**SAVE** is receiving contributions from people who have designated **SAVE** as their choice program for United Way giving. Please consider this option for your charitable contributions.

*Please give **SAVE** a call at 952.946.7998 x10 or e-mail ckiner@save.org if your address has changed. Thank you.*

save • Suicide Awareness Voices of Education™

7317 Cahill Rd., Suite 207, Minneapolis, MN 55439
Tel 952.946.7998 or 1.888.511.SAVE • fax 952.829.0841 • www.save.org

Address Service Requested

NONPROFIT ORG.
U.S. POSTAGE
PAID
MINNEAPOLIS, MN
PERMIT NO. 26157