



Words of Wellness



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SCHIZOPHRENIA AND CANCER

In a recent article in the journal *Cancer*,¹ a team of researchers from a university department of psychiatry in France looked at cancer rates for people diagnosed with schizophrenia. This was a large-scale study, covering 3470 patients over an 11-year period. The researchers observed that “during the 11-year follow-up, 476 (14%) patients died; the mortality rate was thus nearly 4-fold higher than in the general population. Cancer was the second most frequent cause of mortality.” They went on to observe that lung cancer was the most frequent form of deadly cancer in men, and the second most frequent form of deadly cancer (after breast cancer) in women, and that duration of smoking was a strong predictor of death in both men and women. This study highlights the importance of helping people living with a diagnosis of schizophrenia and other major mental illness to:

- Reduce or eliminate smoking
- Increase their appropriate use of medical screening, in order to detect cancers and other conditions at a point when life can be saved.

DEFINITIONOFWELLNESS.COM

www.definitionofwellness.com is a website, primarily providing information collected from external sources, which provides some basic information about the world of wellness, along with some handy tools. The home/definitions section goes beyond defining ten dimensions and sub-dimensions (Social, Occupational, Spiritual, Physical, Intellectual, Emotional, Environmental, Financial, Mental, and Medical), to provide, for most of these, a self-assessment tool, along with a section variously named “steps to encourage...,” “steps for improving...,” “what are barriers to...,” etc.

¹ Tran E, Rouillon F, Loze JY, Casadebaig F, Philippe A, Vitry F & Limosin F (2009). Cancer mortality in patients with schizophrenia: an 11-year prospective cohort study. *Cancer*; Jun 22 [Epub].

A resources section includes:

- A personal wellness quiz (taken from a 2004 Canadian healthy workplaces initiative).
- A personal wellness goals form (which is more of a checklist for working with a trainer for physical health).
- A “personal wellness plan worksheet,” which is a 2-page tool which seems well organized for some people to plan personal wellness improvements.
- A “personal wellness assessment,” which is another tool for self-assessing individual wellness, with a decent (but not exclusive) focus on diet and physical issues.
- A “wellness pyramid,” which is another tool for conceptualizing personal wellness, and is neither the wellness pyramid promulgated with the “Zone Diet” nor the one put for by Kelley, et. al. in 1995².
- “Top Ten Ways to Improve Personal Wellness,” which is a set of primarily diet-related guidelines which were developed and presented to professionals with sedentary careers.

A link to a “personal wellness checklist” provided by California State University-Pomona is broken. Also included are several articles on walking and wellness.

² Kelley J, Frisch N & Avant K (1995). A trifocal model of nursing diagnosis: wellness reinforced. *Nursing Diagnosis*; Jul-Sep; 6(3):123-8.



A TIMELY THOUGHT ON THE SECOND MAN ON THE MOON

July 21 marks the fortieth anniversary of the first walk by human beings on the moon, an event identified by Apollo XI mission commander Neil Armstrong as “One Small Step for Man, One Giant Leap for Mankind.”

Almost everybody is aware that Armstrong was joined on his walk by New Jersey native and resident Edwin “Buzz” Aldrin. Not everybody is aware of Aldrin’s struggles with alcoholism, depression, and possibly bipolar disorder, or his openness in discussing his psychiatric challenges. In 2001, Aldrin stated “Recovery was not easy. Perhaps the most challenging turnaround was accepting the need for assistance and help. Looking back at it now--with over 22 years of sobriety--this was probably one of my greatest challenges. But it has also been one of the most satisfying because it has given me a sense of comfort and ease with where I am now.”⁴

ECONOMICS OF MEDICATION

It is apparent that the cost of medication for enduring health conditions is an important factor in our health care. The number of medications a person uses, and the high cost of medications which are not available in generic form has economic effects on 3 different populations. People who pay most or all of their medication costs themselves often find themselves spending increasing fractions of their incomes on medications. People who have private health insurance with medication coverage are impacted because insurance premiums have been rising every year, due in large part to increasing medication costs. Those costs are generally borne by the insured party as higher premiums. Medication cost increases also lead health plans

to increase the cost sharing for prescriptions or block access to expensive medications, through a combination of:

- increased co-pays
- tiered formularies, where typically the most expensive medications require a higher copay than less expensive meds
- closed formularies in which the plan refuses to pay for certain expensive medications
- pressure through the pharmacy on the prescriber to switch the patient to a similar medication with lower cost
- pressure on the prescriber to avoid the most expensive medications, by requiring inconvenient and time-consuming “prior authorization” paperwork
- fail-first programs, where a patient must be shown not to have been aided by a lower-cost option before the plan will pay for the more expensive med
- Quantity limitations, in which a patient will receive coverage for up to a finite number of doses of the medication in a month, regardless of how many doses he or she needs. This control is often exerted, for example, on the “triptan” medications for migraine headaches.

People who have public health coverage such as Medicare, Medicaid, or State Pharmaceutical Assistance Programs⁵. Such programs have been forced in many cases to employ some of the cost control methods adopted by private insurance. In some states, the costs of medications have caused the programs to make it harder for a person to become eligible for the plan.

It is equally apparent that there is no “easy answer” to this problem. While many people would assert that the costs of new medications in the US are inflated, there is certainly no obvious force which would reduce the costs of new drugs.

The use of generic medications is equally problematic. A generic medicine is one where the original drug maker’s patent has expired, and other companies are legally able to submit an application to

⁴ Source: <http://bipolar.about.com/od/businessmenpoliticians/p/buzzaldrin.htm>

⁵ In New Jersey, Pharmaceutical Aid for the Aged and Disabled, or PAAD.

the

| Med | Dosing/Instructions | Total Daily Dose | Generic | Monthly Cost |
|---------------------------|--|------------------|---------|--------------|
| Buspar | 15Mg T <i>one half tablet</i> Breakfast & Dinner | 15Mg | Yes | \$15 |
| Byetta | 5mcg:Inject as directed 45 mins before Breakfast & Dinner <ul style="list-style-type: none">Keep unopened syringes in fridge | 10mcg | No | \$230 |
| Calcium 600Mg + Vitamin D | Currently taking 1T @ Breakfast | 600Mg | OTC | \$1.50 |
| Depo-Provera | Injected every 3 months | | No | \$75 |
| Glucophage | 500Mg T Breakfast & Dinner | 1000Mg | Yes | \$6 |
| Micatin | Apply to feet as needed when athlete's foot flares up | | OTC/ | \$2.50 |
| Paxil | 20Mg tablet – Breakfast & Bedtime | 40Mg | Yes | \$25 |
| Protonix | 20Mg Breakfast & Dinner <ul style="list-style-type: none">Do not crush or chew | 40Mg | Yes | \$60 |
| Xalatan | 1 drop in each eye daily <ul style="list-style-type: none">Keep unopened bottles in fridge | | No | \$70 |

FDA⁶ and, when approved, manufacture a medication of the same formula of active ingredients. The generic medication is priced significantly lower than the original brand-name drug, due both the absence of research and development costs and competition. The FDA does not require the generic medication to have identical “bioequivalence”⁷ as the original brand-name preparation, but requires the bioequivalence to be demonstrated as in the range of 80%-125% versus the original.

This range of bioequivalence presents a prescribing difficulty. In many cases, the patient switched to a generic medication could be receiving 4/5 of the active ingredient versus the brand-name product. Increasing the prescribed dose by 25% is not an option, because other generic copies of the same medication (or even alternate batches) might have 100% or even 125% of the dose strength of the original. This is particularly problematic for medications which have a narrow “therapeutic window,”⁸ meaning that the dosing range between effective doses and doses which can cause significant side-effects or even death is relatively small.

⁶ US Food and Drug Administration

⁷ A measure of the availability and effects of the drug in an animal body, projected as a measure of its availability in the human body

⁸ Examples include Coumadin (warfarin), Digoxin (digitalis), Lithium, and Tylenol (acetaminophen)

Another problem with using generic medications to control costs comes when there is no generic equivalent of the same medication. The patient and physician may need to consider whether another medication in the same class could accomplish the desired effect at a lower cost. Of course, in many cases there is no lower cost option without negative medical effects.

To illustrate this, we come back to Alexandra Fleming, a fictional patient whose medication list we introduced in our September 1, 2008 issue as an example of good tracking (see list in box above). We are now interested in the cost of her meds. Using mail-order prices, we find that if she does not have any kind of insurance coverage or patient assistance, she would be spending about \$410 per month for this regimen. One medication, Byetta, accounts for over half of her drug costs. Byetta is the only drug in its class, “incretin mimetics,” which are used to treat Type II Diabetes. In Ms. Fleming’s case, she is using this med⁹ in combination with another diabetes medication, Glucophage (metformin). She and her physician probably had a dialog regarding the choice to use Byetta which included:

- Glucophage alone did not provide adequate control of blood sugars
- Other oral medication classes and choices had side-effects/risks (pancreas depletion, cardiac risks, risk of low blood sugars) which were not worth taking
- She could be treated on Byetta without the need to be placed on Insulin, which is a more complicated

⁹ Which she injects twice a day into the skin of her abdomen

regimen that has undesired side-effects (weight gain, risk of low blood sugars).

If Ms. Fleming were without prescription coverage for her Byetta, *and* did not have the money for \$2700 per year worth of Byetta, *and* could not obtain the medication through a Patient Assistance Program¹⁰, she and her physician would need to re-engage in the dialog and consider switching to another medicine with undesirable side-effects due to economics. She could also possibly save \$25 per month if she could switch safely and effectively from Protonix to Prilosec. The only medication with a similar effect (controlling Glaucoma) to Xalatan (Lumigan) is comparable in cost.

CONVENIENCE STORES AND WELLNESS

Some people might view convenience stores as major sources of physical unwellness. Coolers are filled with soft drinks containing large amounts of sugar and caffeine. Shelves are stocked with chips and candies, containing large amounts of carbohydrates with little redeeming nutritional value. People's addictions are fueled by large displays of cigarettes (and other tobacco products), sales of lottery tickets, and in some states, beer and other alcoholic beverages.

This unwellness does not need to be a built-in aspect of convenience stores. Many stores have increased their availability of fresh fruits, yogurts, and cheese snacks. Some offer sandwiches which can be made with reduced-fat meats, or on whole-wheat bread¹¹. Single servings may be available of cereals and other foods which play a role in a healthy diet. Diet beverages, waters, and juices are readily available in the coolers. Even some traditional snack foods like chips and candy may be

available in artificially sweetened or whole-grain versions. The bottom line: *Convenience Stores, like any other setting, can be as healthy or unhealthy as you choose to make them.*

ALTERNATIVES TO CRISIS

A good deal of the literature around current day mental health service system reform is around getting away from (as much as possible) a crisis model, where people become symptomatic, use expensive emergency and inpatient services, and experience being dis-empowered from the decision making and coping which are correlates of recovery. For several years, we have had Children's Mobile Response and Stabilization Services statewide in NJ (call 877-652-7624). Piloted in Monmouth County, the 2nd Floor Youth and Young Adult helpline is now

accessible to teens and young adults around the state (888-222-2228. www.2ndfloor.org).

Such "less than crisis" interventions have been lacking in our adult system. Some money has been given to psychiatric emergency services in many counties to provide "non-crisis intervention." Reports have been mixed. Some people have gotten mobile counseling to avoid a crisis, others have found too much of a "safety assessment" approach and mentality. New Jersey's Mental System Health Wellness Recovery Transformation Action Plan identified the requirement to develop two specific resources, Alternatives to Psychiatric Screening, and a statewide peer support warmline. Alternatives to Screening pilot programs were grant-funded in Atlantic and Morris Counties. No data has been made available about those programs, their contracted characteristics, and their outcome measures.



Did you know?...That Supreme Court nominee Sonia Sotomayor volunteered at Trenton Psychiatric Hospital while she was a student at Princeton University. She provided translation and other assistance for Spanish-speaking patients.

¹⁰ See, for example, www.rx4nj.org

¹¹ To lower the glycemic index of a meal and provide additional dietary fiber.

The most recent initiative was the state contracting and funding a statewide mental health warmline through the Mental Health Association in NJ. That line, at [877-292-5588](tel:877-292-5588), is now operational 8am-10pm weekdays, and 5pm-10pm weekends. This is a service where adults experiencing psychiatric symptoms can call and talk to other adults with a mental illness. The state requires line workers employ a model of service known as Intentional Peer Support (IPS), developed by leading mental health peer recovery educator Sherry Mead. In IPS

- Support is about giving and receiving, versus a professional-client relationship which leads to inequities.
- Support is not based on psychiatric models or diagnoses.
- Peers encourage one another to reevaluate how each has come to know what he or she knows.
- Peer support is about creating relationships that challenge people to take a broader worldview.
- Trauma informs the peer support, meaning that relationships starts with “what happened to you?” rather than “what’s wrong with you?”
- Peer support goes into the relationship with a specific intention: to communicate in ways that help both people step outside their current story.

The warmline personnel will also match some people up with “phone friends,” who will be able to provide a long-term reciprocal relationship. The phone friends mostly will not have IPS training.

In addition to the new warmline, adults can, of course, find peer support in other places, including:

- At any self-help group
- At any of New Jersey’s 30+ Self-Help Centers. Each has a peer manager, peer facilitators, and a van/drivers. Centers are open at no charge to anyone in New Jersey who is experiencing or has experienced a mental illness, and/or has received mental health services. While groups and organized activities may or may not be in progress at any given time, someone walking in during center hours should always find a coffeepot, a peer, and a sympathetic ear.
- The initiatives of the Turn-a-Frown-Around Foundation (973-746-7353, www.frowntosmile.org). This group offers phone buddies, visiting

to some psychiatric facilities, and a chance for quite a few people with and without a mental illness to volunteer.

To locate self-help centers or groups anywhere in the state, contact the NJ Self-Help Group Clearinghouse. 800-367-6274. www.njgroups.org.

ALTERNATIVES CONFERENCE CONTINUES TO INNOVATE

The annual Alternatives conference (www.Alternatives-2009.org) is an event where every presentation is made by an individual or team which includes someone living with a mental illness, and which is recognized as the single national conference which seeks to recognize and involve all factions of the mental health consumer/survivor/ex-patient movement. With the wide variety of interests and viewpoints in our community, the conference is well-known for frequent innovations.

This year, one unique effort is a “pre-conference arts institute, “Transforming Lives through the Arts.” Coordinated by noted peer advocate Gayle Bluebird, this will be an all-day event where participants will be offered a variety of hands-on arts activities, including painting, writing, performance, dance, humor and others—all practical for use in peer support work. Also included will be four unique spaces which will operate during the actual conference: an Arts Drop-In Center, a Health and Wellness Fair, A Meditation Room, and a Cultural Drop-In Center.

Would you like to quit smoking? Or would you like to help others quit smoking?

Online resources: www.smokefree.gov

Help is available!

Call 1-800-QUIT NOW

Toll-free telephone centers are available to anyone in the U.S. Each quitline is staffed by trained cessation experts. The quitline counselors tailor a quit plan and advice for each individual caller. A major statewide study, conducted in California, showed that quitline use more than doubled a smoker's chance of successfully quitting.

Call 1-800-QUIT NOW and see for yourself.

UPCOMING TRAININGS/MINI-CALENDAR

Note: Our separate calendar edition will resume publication on or around September 1.

The following **FREE** trainings are presented by our institute to the mental health recovery community, including individuals pursuing recoveries, practitioners, and family members. Trainings do fill up, and advance registration is requested¹². When you register, you will receive a confirmation which will include directions to the training location.

Wellness 101: A Framework for Living & Working. Many people living with a diagnosis of mental illness are dying too young and/or living with chronic health conditions largely due to lifestyle choices and habits. This workshop is an overview of this health crisis and will examine how we can proactively develop a lifestyle centered on wellness.

- ~~July 16, 10am-2pm, Clifton~~
WORKSHOP FULL
- July 17, 10am-2pm,, Eatontown

Wellness 102: Creating and Sustaining Lifestyle Habits & Routines. This workshop will empower participants to explore lifestyle choices and habits that can have a positive impact on their overall sense of well-being. Building from the wellness framework, participants will be able to discuss and strategize how they can adopt healthy lifestyle choices to create and sustain a personally defined wellness lifestyle.

- August 14, 10am-2pm, Clifton
- August 21, 10am-2pm, Eatontown

NAMI NEW JERSEY (www.naminj.org) will host a **FREE**¹³ three-day facilitator training for New Jersey residents who are willing to commit to co-facilitating a weekly mental health support group¹⁴. September 11-13, Piscataway. NAMI NEW JERSEY has also scheduled:

- Its second annual NAMI En Español conference for October 3 in New Brunswick.
- Its annual AACT-NOW¹⁵ forum for October 24 in New Brunswick.

The Institute for Prevention will host an all-day program on Friday, October 9 in Livingston. **The Changing Role of the Health Care Provider in an Increasingly Tobacco-Free World** is planned as a symposium for all professionals working with tobacco dependent individuals including those who deal with mental illness or addiction. 732-9143815.
www.njamha.org/links/newswire/tobaccoSTD.pdf

Alternatives 2009 will be the 23rd annual occurrence of the only national mental health conference organized by and for people diagnosed with mental illnesses. It will take place October 28 through November 1 in Omaha, Nebraska. See story above.

The National Caregiver Conference will take place on Thursday, October 29 in Woodbridge.
www.nationalcaregiversconference.org

The **New Jersey Psychiatric Rehabilitation Association** (www.njpra.org) will host its annual conference on November 12-13 at the Sheraton Raritan Center, Edison. . Keynote speakers are:

- Priscilla Ridgway (Thursday)
- Victoria Maxwell (Friday)

www.njpra.org.

The **Supportive Housing Association (SHA) in New Jersey** will conduct its annual conference on Friday, December 4 at the Pines Manor, Edison. SHA also conducts monthly meetings, often featuring senior state officials involved in housing and related services. SHA is also a resource for:

- A wide variety of agency and community initiatives to initiate and sustain supportive housing.
- A monthly newsletter.
- A regularly updated web-based listing of supportive housing and mental health employment opportunities.

www.shanj.org.

¹² Send an e-mail to WEC@cspnj.org

¹³ NAMI will also cover all meals, transportation, and lodging

¹⁴ 866-464-3267. jyudof@hotmail.com

¹⁵ African-American Community Takes New Outreach Worldwide

CSPNJ has scheduled our annual wellness and recovery conference for March 18-19, 2010 at the Pines Manor in Edison, NJ. Watch this newsletter for further details!

WORDS OF WELLNESS

As part of its broad array of services to foster wellness and recovery for individuals with disabilities, the Institute for Wellness and Recovery Initiatives at Collaborative Support Programs of New Jersey (CSPNJ) offers this monthly newsletter, Words of Wellness. This publication features valuable information and resources, including details about educational events, to help people to achieve and maintain wellness. The purpose of this newsletter is to bring useful information to all of our readers, whether pursuing recovery themselves, supporting recovery in clients or family members, helping to administer and change our mental health and related services system, or researching the field and educating future practitioners. Words of Wellness co-editors are Jay Yudof and Peggy Swarbrick. Free e-mail subscriptions are available from nleditor@cspnj.org. We also welcome submissions and feedback at that address.