

# The Compass

A Publication of New Directions Delaware, Inc.

A support group for PEOPLE with DEPRESSION or BIPOLAR DISORDER...and for THEIR FAMILIES AND FRIENDS

Volume 5 Number 3

Winter 2005

## New Directions wins National DBSA Award

**N**ew Directions Delaware is one of two winners of the prestigious Chapter Service Award from the national Depression and Bipolar Support Alliance (DBSA). The award includes a plaque and a \$500 cash prize.

New Directions was selected based on its accomplishments during the year, especially the extensive outreach and education the chapter does to meet community needs. New Directions offers eight free semi-monthly support groups and monthly educational programs. In addition, it sponsors the annual Drew Sopirak Memorial Program (dedicated to the memory of a Brandywine High School and Air Force Academy graduate whose life was taken by his bipolar disorder) with a major nationally recognized

speaker, and the largest mental health fair in Delaware. Another major public offering is a Depression and Bipolar Seminar – a 12 week seminar offered twice a year that offers support, education and local professional speakers on topics of interest to those suffering from these diseases and their family members.

The Depression and Bipolar Support Alliance (DBSA) is the nation's leading patient-directed organization focusing on the most prevalent mental illnesses – depression and bipolar disorder. The organization fosters an understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more

timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

DBSA has a grassroots network of more than 1,000 patient-run support groups across the country. More than 55,000 people attend peer-led support groups every year. Support groups play an important role in recovery with 86 percent of support group members reporting that their group helped with treatment adherence. This is a key finding because treatment adherence means fewer hospital stays, which in turn means lower insurance costs, greater employee productivity and significantly increased quality of life.

DBSA is a not-for-profit 501(c)(3) organization that answers more than 5,000 calls per month on its toll-free information and referral line and receives nearly 101,500 individual visitors monthly to its Web site. Each year it distributes more than 50,000 information packets

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[ed. note: On September 6, 2005, Nicolina G. Murphy, past New Directions President, Director and Depression Seminar Leader, passed away on her farm in Elkton, MD.]

## Goodbye, Nicolina

by Barbara Wxxx

“Hey, Barbara!” was how Nicolina answered the phone.

I met Nicolina when I took the spring 2005 seminar on managing depression and manic depression. She began providing me a ride to the seminar; I was having difficulty with the side effects from the medications I was taking, which made driving unsafe.

Nicolina quickly became a major part of my support circle. I spoke to her nearly every day on the telephone. We always talked for at least an hour, through eight months of the worst period of my illness. She listened non-judgmentally and shared stories about her family, farm, and goats.

One way to describe Nicolina is to tell you about a typical day in her life. The last night I saw her, she told me about her day. She prepared for the seminar, washed five loads of laundry, and provided care for her elderly long-time houseguest. To take care of her goats on her farm, she received an order of feed corn and filled the corn bin. Next, she loaded literally a ton of hay into the barn. Most likely she also spent two or three hours on the telephone supporting those in need. In addition, I knew that after the seminar she

would have two or more hours of work taking care of her goats before retiring.

Nicolina was a wealth of information and amusing stories. She told me how best to kill weeds. From her story, I have a visual image of her walking, in a Tyvek suit and with hands and shoes protected, through poison ivy and applying poison on the stems that she had just cut off. She said plants would take up the poison more quickly from a cut on the stem than from a leaf surface.

She told me her two favorite, somewhat amusing, stories. The first is when the creosote ignited in the chimney of her family’s 120-year-old stone house. She called her husband, Jim, at work and very evenly said: “The house is on fire, we have removed the pictures, what else do you want saved?” She said that Jim never quite forgave her for her aplomb.

“Flying goats,” as Nicolina described them, were both amusing and the bane of her existence. She and her husband raised goats for many years. Every so often one of the goats insisted on “flying.” Once in a while a “hard-headed, stubborn” goat would be born, who insisted on jumping over fences and stalls whether it was tied down or not. Nicolina told me that goats crouch like a cat, using their thigh muscles to jump. In this year’s group, she had an extraordinary goat that “flew” over a six-foot high stall. One of her sons told her, “I would not have believed it if I had not seen it.”

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## The Compass

The Newsletter of NEW DIRECTIONS DELAWARE  
(an affiliated chapter of DBSA).

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[publicity@newdirectionsdelaware.org](mailto:publicity@newdirectionsdelaware.org)

## CAPEs: What is it?

by Arlene Hxxxxxxx

**I**n Christiana Care Health System's pamphlet, CAPEs is an acronym for Crisis Assessment and Psychiatric Emergency Services which is a program of the Christiana Care Health System in partnership with the Delaware Division of Substance Abuse and Mental Health.

Reading their pamphlet introduced me to CAPEs, but it also piqued my curiosity. I wanted to know more. So, I called the phone number that was in the pamphlet and spoke with Dr. Sandeep Gupta at Wilmington Hospital. Dr. Gupta, a psychiatrist, is both the director of CAPEs and the director of the Partial Hospital Program there. He graciously let me interview him, introduced me to Dr. Thomas Sweeney, associate chairman of the Emergency Department, with whom he works closely, and allowed me to visit the CAPEs Unit and talk to the staff there (after all patients had gone).

In the following paragraphs, I have included excerpts from the CAPEs pamphlet (in Italics); my questions; and information gleaned from Dr. Gupta and the CAPEs staff. The quotations are Dr. Gupta's. (For simplicity, I have referred to all persons as "he.")

*CAPEs means specially trained psychiatric crisis nurses and the Delaware Mobile Crisis Team. . . .*

- **Who makes up the Delaware Mobile Crisis Team and what is their role and their relationship to CAPEs?**

*"The Mobile Crisis Team existed before CAPEs was created. CAPEs officially opened at Wilmington Hospital in 2004. The Mobile Crisis Team is run by the state of Delaware through the Delaware Division of*

*Substance Abuse and Mental Health. They have a separate office, but they send a Mobile Crisis member to CAPEs to help with the evaluation and disposition of patients." ("Disposition of patients" means where the patient will go and what mental health services he will need.)*

*"A Mobile Crisis Team member also serves as a member of the CAPEs staff and spends 12 to 16 hours a day at the CAPEs Unit with a goal of round-the-clock coverage. A Mobile Crisis person at CAPEs provides information on seriously ill patients who require frequent mental health services; works with various community resources, and facilitates appointments of outpatients."*

- **I know of instances where someone having a psychotic episode was threatening others, but, instead of being hospitalized, the person was arrested. Does calling the Delaware Mobile Crisis Team prevent this from happening?**

*"Most of the time the Mobile Crisis Team can intervene and arrange necessary services for the patient. There are times, when patients are in imminent crisis and may be a danger to themselves or others, and 911 should be called. Most of the time, police or an ambulance will bring these patients to the Emergency Department for psychiatric evaluation."*

- **What is the training of the "specially trained psychiatric crisis nurses"?**

The psychiatric crisis nurses are members of the CAPEs staff. According to the crisis nurse on duty when I visited the CAPEs Unit, the nurses who are part of Wilmington Hospital's CAPEs Unit are registered nurses with many years of experience in psychiatric settings. The nurses are required to participate in annual training in how to deal with psychiatric emergencies—for example, ways of dealing with an agitated or violent patient. They learn how to "de-escalate" the situation—meaning, "calm the patient."

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- **Who is part of the 24-hour CAPES staff?**

The CAPES staff includes a psychiatrist, a Delaware Mobile Crisis Team member, a psychiatric crisis nurse and a mental health associate.

Dr. Gupta is in the hospital five days a week. According to the crisis nurses, with whom I spoke, Dr. Gupta will often come in even when he is not on duty. Dr. Gupta evaluates the CAPES patients and decides if a patient needs inpatient care. He is also the one to recommend commitment when necessary. If Dr. Gupta is not available, then his colleague, Dr. Thomas Sweeney, and his team will make those decisions. If needed, there is a backup on-call psychiatrist available 24 hours a day. The mental health associate assists the other staff members with the patients in CAPES; he performs many of the “hands on” duties like giving out medication or getting patients what they need.

There currently is no a CAPES Unit at Christiana Hospital.

- **If someone experiencing a psychiatric or behavioral crisis arrives at Christiana Hospital, what is done? Is the person transported to the Wilmington Hospital CAPES Unit?**

“Occasionally, but not usually, because of the difficulty of transporting a patient in crisis. There are trained psychiatric crisis nurses at Christiana who see and evaluate the patient. If necessary, they can call Dr. Gupta or the psychiatrist on call to discuss the case.”

*“The CAPES Unit is a secured area for adults 18 and over on the first floor of Wilmington Hospital, located within the Emergency Department. The unit has six treatment rooms designed according to American Association of Emergency Psychiatry guidelines.”*

What is meant by “secure” is it’s a camera-monitored, closed unit. It’s locked -- no one can enter or exit without a key card. The pa-

tients have no access to anything that could be harmful (e.g., sharp objects). There are also an area for violent patients; restraints (used only as a last resort); a small pharmacy so the psychiatrist can prescribe medication immediately if it is needed.

- **Is there a special unit for immediate intervention and treatment of teens or children experiencing a psychiatric or behavioral crisis?**

“No, there isn’t, but you can call Child Mental Health, and either take a child or teen or have them taken to Wilmington’s or Christiana’s emergency room where psychiatric crisis nurses will evaluate them. If needed, there are two child psychiatrists on call—Dr. Yanez and Dr. Broudy. If a child or teen needs inpatient care, they will go to the Rockford Center or Terry Center where children and teens are treated for psychiatric illnesses.”

*“An interdisciplinary team of medical and psychiatric professionals will conduct a thorough medical and psychiatric assessment. Patients with a primary psychiatric disorder will be referred to the CAPES Unit for further assessment and short-term (less than 8 hours) stabilization.”*

“The emergency room doctor evaluates the patient to rule out physiological causes for the behavior. If the ER doctor finds the patient medically stable and believes he has a psychiatric or behavioral disorder, the doctor will refer the patient to the CAPES Unit.

Usually, a psychiatric nurse and then the psychiatrist will meet with and evaluate the patient and order lab work if it is deemed necessary. Family members may be contacted and interviewed. Medication may be given and inpatient admission will be recommended for some patients. If the patient’s behavior is due to alcohol intoxication, he may be kept in CAPES until he sobers up. If a patient is under the influence of other drugs—cocaine, for example—he may be referred to an inpatient

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## **Volunteers Wanted with Bipolar Disorder – Mania**

Does your irritability and anger feel out of control?  
Are you impulsively buying things and creating or ending relationships?  
Do you have a decreased need for sleep?  
Talk too much?

Do you feel that others underestimate your abilities?  
If so, you may be suffering from  
Mania Associated with Bipolar Disorder

If you have Mania associated with Bipolar Disorder you may be eligible to participate in a research study testing an investigational medicine.

Receive medication at no cost  
and possibly improve your Bipolar Disorder-Mania

To participate you must:  
Be between the ages of 18 and 65

***Suburban Research Associates***  
***610.891.9024 ext. 102***  
***107 Chesley Drive, Media, PA 19063***  
***www.suburbanresearch.com***

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detox, outpatient rehab, or inpatient psychiatric unit, depending on the situation. Each patient will be referred to the most appropriate level of care based upon the results of the evaluation and their response to crisis intervention.”

Some patients may go to Wilmington Hospital, MeadowWood Hospital, Rockford Center or Delaware Psychiatric Center (DPC), depending on admission status (voluntary versus involuntary), insurance, and availability of beds. Some patients, who are admitted frequently (known as High End Users), have a special treatment plan and are sent to DPC Hospital.

- **What do you do when a patient in crisis refuses inpatient care—especially a patient who is psychotic or violent?**

“I try to get a patient to voluntarily sign himself into inpatient care. When he refuses, the criteria for deciding to commit a patient is if he is a danger to himself or others, or, if he is very psychotic and unable to make decisions for himself.”

As the psychiatrist for CAPES, Dr. Gupta makes the decision to commit a patient. When he's not available, Dr. Sweeney and his team will make the decision with the help of the crisis nurse and on-call psychiatrist.

According to Dr. Gupta, a patient in crisis who doesn't have health insurance or mental

health insurance can still be referred to and accepted by CAPES and also receive inpatient psychiatric care.

CAPES patients not requiring inpatient care may be referred to community mental health centers, private psychiatrists and therapists, outpatient substance abuse programs, and partial hospital programs at Wilmington Hospital or the Rockford Center. "There are also other dispositions depending on the patient's needs," Dr. Gupta said.

- **If a friend or family member of a person having a psychiatric or behavioral health crisis calls the DE Mobile Crisis Team or the Christiana Care 24-hour Crisis Line, what are the steps, in order, that are taken to get the person in crisis to the hospital?**

"Either a phone assessment is made or a Mobile Crisis Team member makes a home visit to assess the person in crisis. If it is decided that the person in crisis needs immediate attention,

the crisis worker will ask the friend or family member to take the patient to the Emergency Department. If that isn't possible, or the patient is resistant, the Crisis worker may ask the friend or family member to call 911, or if the situation is dangerous, the crisis worker will call 911 to have the police transport the patient to Wilmington Hospital.

**Important Phone Numbers**

For information and referral guidance:  
Admission Services,  
Christiana Care Dept of Psychiatry  
and Behavioral Health

**302-428-4754**

For psychiatric emergencies:  
DE Mobile Crisis Team (NC County)

**302-577-2484**

or  
Christiana Care 24-Hour Crisis Line

**302-428-2118**

**VISIT OUR WEB SITE**

**WWW.NEWDIRECTIONSDELAWARE.ORG**



## Next Depression and Bipolar Seminar Announced

Depression and Bipolar Seminar #27, beginning on January 20, 2006, will be held on 12 consecutive Friday evenings from 6:15 to 9:30 at Aldersgate United Methodist Church, Rm. 137. Cost is \$50; preregistration is required. Mail a \$50 check made out to New Directions and your name, address, and phone number to Carol Marceluk, Treasurer, New Directions, Box 768, Claymont, DE 19703. The course workbook, *The Depression Workbook – A Guide for Depressives & Manic Depressives*, by Mary Ellen Copeland and all materials are included in tuition. For info, call 302-286-1161.

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free of charge to anyone requesting information about mood disorders. DBSA reaches nearly two million people through its educational materials and programs, exhibit materials and media activities.

DBSA advocates in Washington, D.C. on behalf of people living with mood disorders, providing congressional testimony and ensuring the voice of the patient is heard. Current issues include increased research funding, in-

surance parity, patient confidentiality, increased attention for co-morbid illnesses and integrated treatment for dual diagnosis by dually trained professionals.

DBSA holds an annual conference for its constituents, hosts annual international scientific conferences on critical issues related to mood disorder research, publishes in peer-reviewed medical journals and sponsors surveys on issues of importance to those living with mood disorders and those treating these disorders.

## Ask the Doctor

*by Daniel B. Block, M.D.*

**Q: I am interested in using supplements or herbs in addition to my regular medications. However, neither my psychiatrist nor my family doctor is knowledgeable about them or about combining them with medications. Where can I find information?**

First, it needs to be understood that just because something is “all natural” does not imply that it is better, safer or more effective. In some cases, usage of supplements and herbs can be downright dangerous. For instance, St. John’s Wort, which is of dubious efficacy, can actually accelerate the metabolism of many pre-

scription drugs, thus lowering blood levels. Many people are aware of the public backlash over the use of ephedrine in many weight loss supplements – it led to the untimely death of Baltimore Orioles pitcher, Steve Bechsel. Kava kava, taken by many for anxiety, has been linked to several fatal cases of liver failure. Years ago, L-tryptophan was taken off the market after the subsequently discovered contaminant, peak-x, was linked to eosinophilic, myalgic syndrome, which caused nearly 300 deaths. L-tryptophan is back on the market, but only by prescription now. There are numerous reference books about supplements and herbs, but I do not recommend them because to do so would be to encourage self-medication

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**Save the Date: April 24, 2006**  
**Mental Health & Book Fair with Presentation by**  
**Mary Ellen Copeland, MS, MA**

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and would be tacit approval of such treatment.

Treatment with herbs and supplements should be done under the supervision of a trained professional, such as a physician knowledgeable in this area, a naturopathic doctor or a licensed herbalist. Remember that because they are nutritional or dietary substances, there is no FDA or other regulation over production, which raises the likelihood of the presence of toxins, contaminants, and inconsistent dosing within each brand and between brands. Many studies have found the presence of heavy metals such as arsenic and mercury, pesticides, and minimal or excessive doses of the active ingredient. For vitamins, make sure the dosing is proper and there is not the potential for overdosing. Excessive iron can cause liver failure and cardiac damage. Too much vitamin A is toxic to the liver and too high a dose of the B vitamins, especially B-6, can cause flushing and headaches as well as peripheral neuropathy. Again, consult with a professional knowledgeable in this area before taking anything beyond a regular multivitamin and mineral supplement.

**Q: It seems to have become common now for psychiatrists to keep adding additional medications to a medication that has become less effective rather than suggesting a change in the first medication. Is this now accepted practice? If so, is there a point where adding more medications becomes dangerous?**

This is an excellent area for discussion, as it is true that with the increasing pharmacologic armamentarium, many people are ending up on a list of medications as opposed to staying on a tidy regimen. While

sometimes it is necessary for polypharmacy, as it is called (such as when certain medications are only partially effective), it needs to be done with great consideration to possible drug-drug interactions and side effect profiles. Combining a mood stabilizer with an anti-psychotic is frequently done and is acceptable practice to try to control bipolar disorder. With the exception of lithium, it is usually better practice to switch to a different medication when the current one has stopped working. Sometimes, another medication is added to combat side effects of the first one, such as anti-Parkinson drugs to help with anti-psychotic side effects or Provigil to help with sedation. Certainly, medications that have overlapping side effect profiles, particularly where the side effects are serious or life threatening, should probably not be combined. For instance, using Tegretol with Clozaril increases the risk for agranulocytosis, a possibly life threatening drop in the white blood cell count. On the other hand, using lithium, which can increase the white count slightly, could be a good strategy in combination with Clozaril. Combining Depakote with Lamictal can cause a drop in Depakote levels and an increase in Lamictal levels, thus causing multiple potential problems, such as an increased risk for life threatening rashes as well as breakthrough bipolar symptoms due to lowered blood levels of Depakote. As is well known, no other antidepressants or stimulants can be added to MAOIs because of the potential for fatal interactions. So, it is only acceptable practice to use polypharmacy if it is done rationally and is clinically indicated. There is no sweeping generalization, however, to suggest that it is standard practice.

## 2006 MEETING SCHEDULE

*Dates are tentative and subject to change*

All meetings are held at Aldersgate United Methodist Church, Concord Pike (Rt. 202) next to Fairfax Shopping Center *unless noted otherwise* (\*). Registration at 6:45 p.m., meeting at 7:15 p.m. Donations are requested to defray expenses. For information, call 302-286-1161 or 610-265-1594.

**Educational/Speaker Meetings** for consumers, their families and friends, and the general public.

- Jan. 23      ***Handling a Psychiatric Emergency – CAPES, 911 Calls, and Psychiatric Interventions*** – Speakers: Dr. Saleem Gupta, Dept. of Psychiatry, Wilmington Hospital, CCHS; Lt. Gary Kresge, Delaware State Police
- Feb. 27      ***When Someone You Love is Depressed*** [focus on spouse or significant other] – Speaker  
Stephen C. DiJulio, Ph.D., Licensed private practice psychologist, Behavioral Health Associates, and Clinical Director of S.O.A.R., Inc.
- Mar. 27      ***Depression in the Elderly*** – Speaker: Emily Adams, Ph.D., RN, FNP, CS-C, MHC, registered nurse, family nurse practitioner, licensed psychologist, Associates in Health Psychology
- April 24\*     ***Drew Sopirak Memorial Program – Recovery: New Ways for a New Time***  
Speaker: Mary Ellen Copeland, MS, MA, consumer and author of *The Depression Workbook*, Brandywine High School, Foulk Rd., Wilmington — Mental Health Fair/  
Book Fair 6 pm; Program 8:00 p.m.
- May 22      ***Diagnosis & Treatment of Adult Depression*** – Speaker: Michael Marcus, M.D., Medical Director of Out-patient Psychiatry, Department of Psychiatry, Wilmington Hospital, CCHS
- June 26      ***Psychotherapy for the Treatment of Depression & Bipolar Disorder*** – Speaker: Jonathan Lewis, Ph.D., private practice psychologist and Psychological Advisor to New Directions Delaware
- July 24\*     ***Annual Barbecue in Brandywine Springs State Park***
- August 28    ***Summer Break*** – No Educational Meeting
- Sept. 25\*    ***Managing Stress in an Environment of Depression & Mania*** – Speaker: Sharon Jacobs, Ph.D., Associates in Health Psychology
- Oct. 23      ***Diagnosis & Treatment of Bipolar Disorder & Seasonal Affective Disorder (SADS)*** – Speaker: Daniel Block, M.D., private practice psychiatrist, Psychiatric Advisor to New Directions
- Nov. 27      ***New Directions Delaware Member Success Stories and 2006 Awards Program***
- Dec. 18      ***Catherine Adams Memorial Spirituality Program / Annual Holiday Gathering*** – Speaker: James Walsh, PA, Ph.D., LPCMH, Pastoral Counselor

**Monday Night Support Meetings:** 1/9 - 2/13 & 20 – 3/13 & 20 – 4/10 – 5/8 & 15 – 6/12 & 19 – 7/10 & 17 – 8/14 & 21 – 9/11 & 18 – 10/9 & 16 – 11/13 & 20 – 12/11

# Annual Fundraising Appeal

**T**his past year we have made our support meetings FREE. Our hopes that this would make our meetings more accessible and that it would result in an increase in support group attendance have proven out – **our attendance at support groups is up 20% over last year!**

Next year we meet another challenge. Due to rising facility costs, the rent we pay for our meetings has increased significantly. For us to afford this, we must either reduce our number of meetings or we must increase our income. Your contributions are our major source of income, and because we have no paid staff or rented office space, virtually 100% of your contributions are used to provide support and education to persons with depression, bipolar disorder and their families and friends.

As you consider your gift to New Directions, remember that we offer eight monthly support groups, monthly education programs, two 12 week seminars, and several wellness programs each year. We do this as volunteers because we have a commitment to helping others. We welcome you to call and offer your time as well, but we also need your financial support.

Keep in mind that New Directions has a Federal 501(c)(3) nonprofit designation so that all donations are tax deductible to the extent of the law.

## We Thank our Contributors

J

I wish to contribute the following to help New Directions Delaware achieve its purpose to educate, inform, and support individuals, families and professionals about depression and bipolar disorder

<i>Friend - \$15</i>	<i>Contributor - \$25</i>	<i>Sponsor - \$50</i>	<i>Patron - \$100 up</i>	<i>Other Amount</i>

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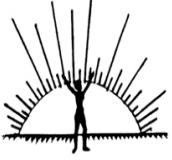
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**The Compass Newsletter, Volume 5 Number 3**

*Reader Feedback Survey*

(Please use additional paper if necessary)

1. Did you find the *Compass* informative?    \_\_\_Yes \_\_\_No
2. Was the information presented clearly?    \_\_\_Yes \_\_\_No
3. Was there an article you particularly liked? (Please indicate title) \_\_\_\_\_
4. What would you like to see in future issues? \_\_\_\_\_

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return address shown.

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