

# NEWSLETTER

*"The two most powerful warriors are patience and time." -Leo Tolstoy*



## MAY IS MENTAL HEALTH AWARENESS MONTH

Every May, we celebrate National Mental Health Month, a time set aside to recognize individuals with behavioral and mental health conditions as well as acknowledge the people who support them. In 2019 alone, 51.5 million U.S. adults struggled with mental health issues and because one in five people will experience some form of mental illness throughout their lifetime, chances are we all know someone who is affected.

Over the course of the past year, the Covid-19 pandemic has taken its toll on the mental health of many people. According to a poll by the Kaiser Family Foundation in the Spring of 2020, 45% of adults in the United States reported that their mental health was negatively impacted due to stress about the virus.

While raising awareness about mental health has always been critical, now more than ever, it is even more important this year as we navigate our recovery from a global pandemic. To do your part, you can educate yourself on both behavioral as well as mental health issues in addition to equipping others on how to effectively reduce social stigmas. Then, you can use this insight to advocate for change now, during and even after National Mental Health Month.

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# MASK, NO MASK

## NEW RULES KEEP AMERICANS RECALIBRATING, HOUR BY HOUR

The C.D.C. said fully vaccinated people could safely go most places without a mask. Not everyone was sure, or ready.

For Americans whose bare faces had scarcely been seen in public for a year, there were suddenly options. Would they leave the mask behind for a jog? What about the coffee shop? What about the neighbor's house? The office?

A sudden loosening this week of federal health guidance on masks has handed Americans a new calculation to make. And it isn't just one calculation, but a maze of many. As people walked through their days, hour by hour, errand by errand, some wondered at every new doorway: Mask or no mask?

In interviews this weekend with dozens of residents from Los Angeles to Atlanta, people said they were mostly encouraged by the Centers for Disease Control and Prevention's finding that masks were no longer needed for fully vaccinated people in most indoor and outdoor situations.

But the details, many said, were perplexing, and had stirred new questions about science, but also about trust, social norms and even politics. How can one be certain that people no longer wearing masks have actually gotten a vaccine? What will the neighbors think if you take yours off? (And what will they think if you don't?) And what if, some asked, you just feel more comfortable in a mask?

Since the start of the pandemic, many conservatives bristled at being told they should wear face coverings, while liberals often took pride in masking, making mask mandates a constant source of debate and division. But now, as something close to the opposite of a mandate was arriving, that, too, was creating tumult within shops, neighborhoods and even families in the parts of the country where masks had remained common. Masking, a rare practice in the United

States just 14 months ago, has become a normal part of American life. Some people questioned the C.D.C.'s abrupt shift in guidance — noting that the agency's position on masks has shifted before — and wondered aloud whether the latest turn was really safe.

In some parts of the country, masks were largely discarded long ago, so the new guidance had little effect. But in states with mask mandates, and in large, liberal cities where masks have been ubiquitous throughout the pandemic, the federal guidance set off a wave of changes that reopened the whole question of masks. Stores set new policies and posted new signs. Customers ventured uneasily into the new landscape, which sometimes looked a lot like the old landscape.

Though masks have been found to slow the spread of the coronavirus, their place in the American wardrobe has become more than just epidemiological. Over the last year, as Republicans pushed back against mask mandates, some Democrats wore masks even while outdoors and alone, and updated their Facebook profile photos to show their mouths and noses covered.

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**DID YOU KNOW:** May 31st is known as World No Tobacco Day. The World Health Organization and its partners use this day to highlight the damaging health consequences of tobacco use and to promote policies that will reduce the worldwide consumption of tobacco. This year's 2021 theme is: Commit to Quit.



# THE DANGERS OF FENTANYL

Deaths from fentanyl and other synthetic opioids (not including methadone), rose a staggering 72 percent in just one year. Government agencies and officials of all types are rightly concerned by what some are describing as the third wave of our ongoing opioid epidemic.

As a concerned parent, whose top priority is keeping your child safe — and alive — the following are the most important things to understand about fentanyl.

## 1. Fentanyl is 50 to 100 times more potent than heroin or morphine.

It is a schedule II prescription drug typically used to treat patients with severe pain or to manage pain after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids. In its prescription form, fentanyl is known by such names as Actiq®, Duragesic® and Sublimaze®.

## 2. It is relatively cheap to produce, increasing its presence in illicit street drugs.

Dealers use it to improve their bottom line. According to a report from the Office of National Drug Control Policy, evidence suggests that fentanyl is being pressed into pills that resemble OxyContin, Xanax, hydrocodone and other sought-after drugs, as well as being cut into heroin & other street drugs. A loved one buying illicit drugs may think they know what



they're getting, but there's a real risk of it containing fentanyl, which can prove deadly.

## 3. Naloxone (Narcan) will work in case of overdose, but extra doses may be needed.

Because fentanyl is far more powerful than other opioids, the standard 1-2 doses of naloxone may not be enough. Calling 911 is the first step in responding to any overdose, but in the case of a fentanyl-related overdose the help of emergency responders, who will have more

naloxone, is critical.

## 4. Even if someone could tell a product had been laced with fentanyl, it may not prevent their use.

Some individuals claim they can tell the difference between product that has been laced with fentanyl and that which hasn't, but overdose statistics would say otherwise. Some harm reduction programs are offering test strips to determine whether heroin has been cut with fentanyl, but that knowledge may not be much of a deterrent to a loved one who just spent their last dollar to get high.

## 5. Getting a loved one into treatment is more critical than ever.

If you need help in determining a course of action, please reach out to a Clayton Center counselor. Call 1.844.438.2778

*Written by Pat Aussem, LPC*

# APOTEMNOPHILIA

Also known as body integrity identity disorder, apotemnophilia is characterized by the “overwhelming desire to amputate healthy parts of [the] body,” according to Medscape. Though not much is known about it, this disorder is believed to be neurological. Those affected may attempt to amputate their own limbs or damage the limb so that surgical amputation is necessary. Apotemnophilia may be related to right parietal lobe damage in the brain. The condition is challenging to treat because people experiencing it often do not seek treatment. However, both cognitive behavioral therapy and aversion therapies can be attempted in order to treat apotemnophilia once treatment is sought.



# EMOTIONALLY UNSTABLE?

## YOU COULD HAVE THIS DISORDER

Borderline Personality Disorder (BPD) is a mental health condition that makes it difficult for a person to regulate their emotions. The prevalence of the condition in the United States is difficult to measure because of the high incidence of misdiagnosis, but the National Alliance on Mental Illness (NAMI) estimates nearly 6 percent of the population may be effected by BPD, suffering from symptoms such as severe mood swings, self-image and behavioral issues.

Since 2008, May has been designated Borderline Personality Awareness Month in an effort to raise awareness and provide resources for people living with a mental health condition that's far more common than the general public understands.

BPD is more common in early adulthood and, left untreated, the symptoms can become severe enough that a person will often have difficulty functioning in day-to-day activities.

### WHAT ARE THE SYMPTOMS OF BORDERLINE PERSONALITY DISORDER?

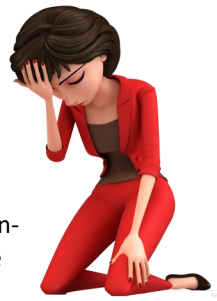
According to the Mayo Clinic, symptoms of borderline personality disorder can include some of the following:

- Persistent feelings of loneliness, emptiness and an intense fear of abandonment

- Damaging behavioral patterns, such as drug abuse, gambling, binge eating, unsafe sexual encounters and impulsive decisions like quitting a promising job or leaving a stable relationship for no apparent reason
- Temporary losses of reality, due to stress-related paranoia, that may last a few minutes or several hours
- Severe mood swings and shifts in self-image, such as feelings that range from intense happiness to being a terrible person to believing they are nonexistent in the eyes of others
- Unjustified, inappropriate anger and temper tantrums that can lead to physical confrontations
- Suicidal thoughts, tendencies and threats, often due to feelings of rejection or impending separation
- It is usually more common for women to be diagnosed with Borderline Personality Disorder.

However, research suggests that men are likely suffering in equal numbers, but are often misdiagnosed with other mental health conditions, such as post-traumatic stress disorder (PTSD) and depression.

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## CAPGRAS SYNDROME

This syndrome is named for Joseph Capgras, a French psychiatrist who explored the illusion of doubles. Those with Capgras syndrome hold the delusional belief that someone in their life, usually a spouse, close friend or family member, has been replaced by an impostor. It can occur in patients with schizophrenia, dementia, epilepsy and after traumatic brain injury. Treatment approaches mirror those utilized for the underlying disorders and often include antipsychotic medications.



If you want life to treat you better, you have to start treating yourself better first. A positive life requires a positive you. Start loving yourself more and you will attract a lot of great things into your life.



## LEARNING THROUGH SERVICE

Service is one way we learn how to function in the world again. Many of the skills we learn in service translate into our working lives but we may sometimes feel like outsiders or imposters in our jobs. However, in service we are full participants. We don't second-guess our primary purpose or our right to participate. In a fellowship where the ultimate authority is a power greater than ourselves, we learn how to work with others as a peer with something to offer and something to learn, rather than seeing ourselves as an authority or a victim. We learn to channel our energy in a constructive direction, and we can practice



staying focused. We stretch beyond our current abilities and find that we can survive and succeed even if we are not perfect. Service counteracts selfishness and increases our feelings of self-worth. We learn to step back and think before we respond and not everything that affects us is personal, and we don't have to return fire every time. The twelve step meetings gives us a safe place to make mistakes, and find out who we are and learn how to relate to people. Also, there are many pathways to recover but for me, I chose Narcotic Anonymous.

*Written by Bernice Taylor-Davis*

## GET THE FACTS ABOUT DEPRESSION

Depression is one of the leading causes of disease around the world. Nonetheless, many myths and misconceptions about it persist. People who experience depression often face prejudice due to the stigma attached to mental health disorders. To help combat this prejudice and stigma, it's important to learn the facts about depression.

Learn about some of the common myths and misconceptions surrounding depression, as well as the realities of this disease.

### **"DEPRESSION ISN'T A REAL ILLNESS"**

Many people mistakenly believe that depression is mere sadness or even a weakness of character. But in fact, depression is a complex mental health disorder. It has social, psychological, and biological origins, and it can be treated in a variety of ways.

If you think you may be experiencing depression, don't write it off as normal. Instead, talk to your doctor. They can help you get the support you need to manage your condition.

### **"ANTIDEPRESSANTS ALWAYS CURE DEPRESSION"**

Depression is treatable.

Among other interventions, your doctor may prescribe antidepressant medications. These drugs alter your brain chemistry. They can help address deep-rooted biological issues that may be contributing to your condition. But for many people, antidepressants alone aren't enough. Your doctor may also recommend psychotherapy or talk therapy. Combining medications with talk therapy is a common treatment strategy.

### **"YOU CAN SIMPLY 'SNAP OUT OF IT'"**

No one chooses to be depressed. Some people mistakenly believe that it happens when you allow yourself to wallow in your grief or sadness. They may think it can be cured with positive thoughts or a change in attitude.

In reality, depression isn't a sign of self-pity, weakness, or laziness. It's a medical condition in which your brain chemistry, function, and structure are negatively affected by environmental or biological factors

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**THE CRANE**





# KRISTINA'S STORY - WE DO RECOVER

My name is Kristina and I am a woman in long term recovery and what that means to me is that I haven't found it necessary to use any mind-altering substances since October 25, 2017 and for that I am truly grateful.

My drug use started when I was in high school, with pain pills that I was prescribed to after I injured my back at a track meet. After my injury, I lost the opportunity to get a scholarship, that was offered to me. It wasn't long before I became dependent on the pain medication. After some time, I developed a high tolerance, and had to take more and more of them at a time to even feel high. Each time I went to my pain management doctor I was given something stronger. Eventually the pills no longer had the same effect on me, I started experimenting with other drugs and at that time I never thought I would ever shoot up anything but once I couldn't get that same high from taking the pills, I was shown how to shoot up the OxyContin up at the age of 23. It was game over from that day forward. Eventually when the OxyContin became too expensive, I was introduced to heroin which was cheaper and easier to get, I would find myself many times doing whatever it took to get my next high. I've struggled so much through the years to stay off the opiates. It's been such a vicious cycle. I have attempted so many times to stay clean and sober but when I started shooting up meth and heroin, I completely lost all control of my life. The longer I spi-



raled out of control it seemed like I could have never regained my sanity. I was hopeless and full of despair. I felt like I never stood a chance. It wasn't until I admitted

complete defeat and surrendered my life to my higher power that, I was able to see that I was bound by the disease of addiction.

On October 25, 2017 I was able to get into a detox program at Santa Maria Hostel. I was what they would call a chronic relapser, I've

never been able to maintain my sobriety successfully for an extended period. Having been to treatment for my Substance Use Disorder four (4) different times, it wasn't until I went through the detox program that I was able to stop using opiates completely. Once I started residential treatment, I was given the opportunity to be in the Pilot Program for Vivitrol (naltrexone for extended-release injectable suspension), which was a monthly injection for 16 months. Vivitrol gave me a chance to live a life without any opiates. It was a huge tool to help someone like me who couldn't maintain her sobriety from opiates for any length of time. Today I am 22 months clean and sober. To maintain my sobriety, I attend 12-step meetings, I attend therapy as well as stay connected with my support system. There are so many pathways to Recovery. Today I work as a Recovery Coach with the Youth. I get the opportunity to share my lived experience with others daily. WE DO RECOVER!

*Written by Kristina*



**DID YOU KNOW:** May is Asian Pacific American Heritage Month in the United States. The month of May was chosen to commemorate the immigration of the first Japanese to the United States on May 7, 1843, and to mark the anniversary of the completion of the transcontinental railroad on May 10, 1869. The majority of the workers who laid the tracks on the project were Chinese immigrants.

# WAKE UP TO THE ADDICTION OF SLEEPING PILLS

## What is a Sleeping Pill?

Prescription sleeping pills are sedative medications that help slow down brain activity and make it easier for someone to fall asleep and stay asleep. Mostly, sleeping pills are used to treat insomnia, one of the most common sleep disorders among adults, but sleeping pills can also be used to treat other sleep disorders, like restless leg syndrome.

## What are the most common types of sleeping pills?

Anyone can have trouble sleeping, but certain lifestyle factors can increase the chances of someone suffering from insomnia and nighttime wakefulness. Stressful life events, traveling a lot, and shift work can increase a person's chances of turning to sleeping pills for relief.

Most sleeping pills are referred to as Z-drugs. They are similar to benzodiazepines like Xanax since these types of medicines help sedate someone, but sleeping pills are classified as non-benzodiazepine drugs. They help to induce a relaxed state in the brain, so the person can finally drift off to sleep. Almost every prescription sleeping pill on the market today. The three name-brand sleeping pills on the market today are:

- **Ambien:** Ambien is also called Zolpidem.



**FOOD FOR THOUGHT:** Second guessing yesterday will not help you today Holding yourself hostage to what was not will not propel you into what will be. As you accept the reality of what you did not do in the past, you open yourself to the luxury of knowing it does not mean you will not do better in the future.

*Submitted by Donald Moyo*

Unlike benzodiazepines that were once widely prescribed for insomnia, Ambien is marketed as less addictive. The drug has a low tolerance threshold and fading effectiveness. This increases the chances of a user becoming addicted to the drug.



- **Lunesta:** Lunesta, also known as Eszopiclone, is another commonly prescribed sleeping pill. The pills are in a circular shape and come in either a white or blue color. The highest dose of Lunesta someone can get is 3 mg.
- **Sonata:** Also known as Zaleplon, Sonata helps people fall asleep fast. As a time-released capsule, Sonata is famous for being one of the quickest-acting sleeping pills on the market.

## How are Sleeping Pills Abused?

Each of the above medications is designed to be taken orally, but anytime someone uses a drug like a sleeping pill in a way it was not intended, it is considered substance abuse. Taking medication by mouth means that the substances have to go through the digestive tract before hitting the bloodstream, so an oral tablet takes some time to become effective. People who are addicted to sleeping pills, or want to get "high" on them, will do things to make the pills take effect faster. One way to do that is to crush and snort the pills. Snorting the pills means the active chemicals in the medicine can reach the bloodstream quickly through the capillaries in the nasal passages.

Another common way that people abuse sleeping medications is to take far more than prescribed. Also, mixing the pills with other substances is another way to abuse the pills. Alcohol greatly enhances the effects of sleeping pills, as do other sedative-type medications, like painkillers. Mixing sleeping pills and other sedatives is incredibly dangerous and increases the risk of overdose.

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# FACTS ABOUT DUAL DIAGNOSIS

When a person has a dual diagnosis or co-occurring disorder of mental illness and addiction, there are unique challenges to successful treatment.

Note the terms “Dual Diagnosis” and “Co-occurring Disorders” are often used interchangeably.

One common misconception is that drug use alone can cause psychiatric conditions like bipolar disorder or schizophrenia, though symptoms may be similar. The difference is that drug or alcohol-induced psychosis impacts brain chemistry but often goes away as the effects of substance abuse diminish. In contrast, psychosis from mental illness may continue and require specific intervention to treat the disorder.

## What are Common Types of Co-occurring Disorders?

There are many mental health disorders that can contribute to a dual diagnosis condition when combined with drug or alcohol abuse. The list below shows some of the more common disorders:

- Depression
- Bipolar Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Personality Disorders
- Anxiety Disorders

While this is not a complete list, it's important to understand that these are the top-level disorders as they are usually referred to by doctors, therapists, and the general public. Many of these include multiple disorders that are grouped under the psychiatric category listed above.



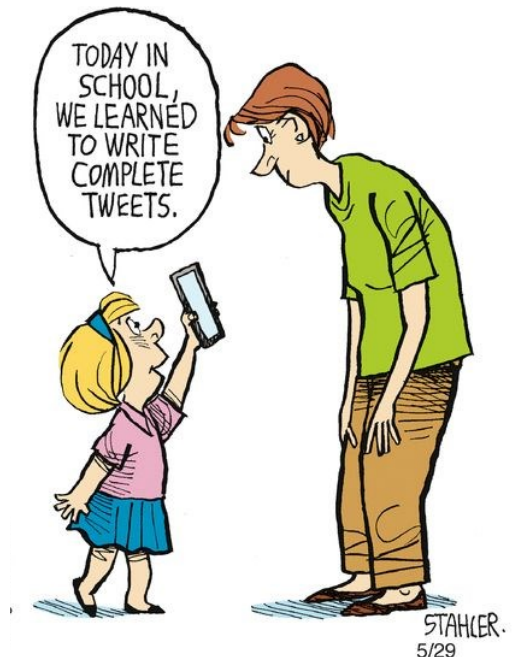
The most beautiful things in life are not things. They are people and places, memories and pictures. They are feelings and moments and smiles and laughter.

For example, according to the latest update of the DSM-5 diagnostic manual, which is used by professionals to diagnose illnesses, there are 10 types of disorders that fall under the category of “Personality Disorders.” These include Borderline Personality Disorder (BPD) and Obsessive-Compulsive Personality Disorder (OCD), among eight others.

## What Are the Symptoms of Dual Diagnosis?

While there are many varying dual diagnosis symptoms, typical symptoms can include:

- Confusion
- Impulsiveness
- Aggressiveness
- Mood swings
- Strained personal relationships
- Isolation from friends and family
- Poor hygiene
- Poor physical health
- Poor work performance, potentially leading to unemployment
- Increased risk of homelessness
- Increased risk of injury and disease





## SHINING STARS

I can close my eyes and go back in time to the house where I grew up. I remember stargazing with my father. We took turns squinting through his telescope, trying to focus on glowing dots that shimmered and winked. These pinpricks of light, born of heat and fire, stood out in sharp contrast to the smooth, ink-black sky.

Do you consider yourself to be a shining star? I'm not talking about reaching the heights of human achievement, but standing out against a dark background of brokenness and evil. The apostle Paul told the Philippian believers that God would shine in and through them as they held "firmly to the word of life" and avoided grumbling and arguing (Philippians 2:14–16).

Our unity with other believers and our faithfulness to God can set us apart from the world. The problem is that these things don't come naturally. We constantly strive to overcome temptation so we can maintain a close relationship with God. We wrestle against selfishness to have harmony with our spiritual brothers and sisters.

But still, there's hope. Alive in each believer, God's Spirit empowers us to be self-controlled, kind, and faithful (Galatians 5:22–23). Just as we are called to live beyond our natural capacity, God's supernatural help makes this possible (Philippians 2:13). If every believer became a "shining

star" through the power of the Spirit, just imagine how the light of God would repel the darkness around us!

*By: Jennifer Benson Schuldts*



## BE KIND

You never really know the true impact you have on those around you. You never know how much someone needed that smile you gave them. You never know how much your kindness turned someone's entire life around. You never know how much someone needed that long hug or deep talk. So don't wait to be kind. Don't wait for someone else to be kind first. Don't wait for better circumstances or for someone to change. Just be kind, because you never know how much someone needs it.

*Submitted by Robin Quintero-Juez*



## JUST SMILE

### The Store

I went down the street to a 24-hour grocery store. When I got there, the guy was locking the front door. I said, "Hey! The sign says you're open 24 hours." He said, "Yes, but not in a row!"



### Dr.'s Visit

A lady comes home from her doctor's appointment grinning from ear to ear. Her husband asks, "Why are you so happy?" The wife says, "The doctor told me that for a forty-five year old woman, I have the breasts of a eighteen year old." "Oh yeah?" quipped her husband, "What did he say about your forty-five year old ass?" She said, "Your name never came up in the conversation."



### Short Story

Contest in a girl's college: write a short story which contains religion, sex and mystery.

**Winner's story:** "Oh god, I am pregnant, I wonder who did it."



## MAY CELEBRITY BIRTHDAYS

<b>MAY 2</b> Dwayne Johnson	<b>MAY 2</b> David Beckham	<b>MAY 3</b> Angela Wilson	<b>MAY 4</b> Randy Travis
<b>MAY 5</b> Henry Cavill	<b>MAY 5</b> Adele	<b>MAY 6</b> George Clooney	<b>MAY 6</b> Tom Bergeron
<b>MAY 8</b> Enrique Iglesias	<b>MAY 8</b> Don Rickles	<b>MAY 9</b> Rosario Dawson	<b>MAY 9</b> Candice Bergen
<b>MAY 9</b> Billy Joel	<b>MAY 10</b> Bono	<b>MAY 10</b> Kenan Thompson	<b>MAY 11</b> Vanessa Range
<b>MAY 12</b> Ving Rhames	<b>MAY 12</b> Steven Baldwin	<b>MAY 13</b> Stevie Wonder	<b>MAY 14</b> George Lucas
<b>MAY 16</b> Janet Jackson	<b>MAY 17</b> Kandi Burruss	<b>MAY 18</b> Tina Fey	<b>MAY 20</b> Cher
<b>MAY 21</b> Mr. T	<b>MAY 23</b> Drew Carey	<b>MAY 24</b> Bob Dylan	<b>MAY 25</b> Mike Myers
<b>MAY 25</b> Octavia Spencer	<b>MAY 26</b> Stevie Nicks	<b>MAY 26</b> Pam Grier	<b>MAY 27</b> Louis Gossett Jr.
<b>MAY 29</b> Annette Bening	<b>MAY 29</b> Rupert Everett	<b>MAY 30</b> Wyonna Judd	<b>MAY 30</b> Bob Dylan
<b>MAY 31</b> Clint Eastwood	<b>MAY 31</b> Colin Farrell	<b>MAY 31</b> Lea Thompson	<b>MAY 31</b> Brooke Shields

## GET THE FACTS ABOUT DEPRESSION

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### **"If your parents have depression, so will you"**

If you have a history of depression in your family, you're more likely to develop it yourself,

warns the Mayo Clinic. But

experts aren't sure how significant genetics are in

determining your risk of

depression. Just because your parents or other family members have experienced it doesn't

mean that you will too.

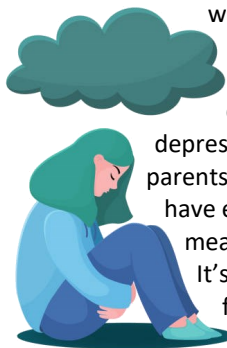
It's wise to be aware of your family history. But try not to worry too much about

risk factors you can't control. Instead, focus on factors that you can manage. For example, avoid abusing alcohol or drugs to help lower your risk of depression.

### **"Antidepressants can and will change your personality"**

Antidepressants change your brain chemistry. This might seem scary. You might worry that you'll feel like an entirely different person when you're taking them.

It's helpful to recognize that antidepressants are designed to change only certain chemicals in your brain. They may help relieve your symptoms of depression without changing your underlying personality. *See page 11*



# MASK, NO MASK

## NEW RULES KEEP AMERICANS RECALIBRATING, HOUR BY HOUR

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The new guidance seemed to scramble all the presumptions people had come to understand about who wears masks and who does not.

Someone with no mask might still signify that they oppose masks and doubt the risks of Covid-19 — or it now might mean the person is fully vaccinated and following C.D.C. guidance to the letter. And someone with a mask might now be signaling their support for virus-control efforts but rejection of the latest C.D.C. guidance — or it might mean that a person is unvaccinated and following the rules to stay masked. Or it might mean something else altogether. Easy labels have vanished.

With no national system to check who is vaccinated and who is not, the new federal guidance leaves an unavoidable — but gaping — hole, some people said. There's no guarantee, they said, that unvaccinated people will not discard their masks along with the vaccinated ones, potentially creating a risk that the virus will continue to circulate.

Inertia, too, is a force. A few people said they had gotten used to masks and had come to (almost) like their presence — as a fashion acces-

sory, a protection against common colds, a chance for anonymity along the street. Some people said they just needed more time to get used to the idea of a switchback.

The shifting guidance was a relief for some, especially those who had long been mask skeptics.

Marina Zaslavskaya, 34, a fitness instructor and college student in Massachusetts, said she resented mask mandates and was eager for them to end. As she lounged on the grass with her boyfriend in front of a public library in Cambridge, she said she never wore masks outside and, at times, had people yell at her.

"I think they should let us live our lives and be responsible for ourselves," said Ms. Zaslavskaya, who said she planned to eventually get vaccinated.

But for some who had long followed federal mask guidance, the new suggestions meant a move toward normalcy. Dave Rubin, 66, said he was ready to start going out more without wearing a mask. But he was taking a cautious approach, especially at crowded places like movie theaters.

"I'm not going to run around 100 percent without my mask," said Mr. Rubin, who lives in Orlando, Fla. "I'll always have a mask in my pocket."

*By Mitch Smith*



## GET THE FACTS ABOUT DEPRESSION

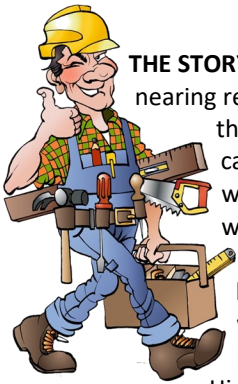
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After taking them, many people with depression begin to feel like themselves again. If you don't like how you feel while taking antidepressants, talk to your doctor about your treatment options.

Depression is a serious illness that's shrouded in many misconceptions. Some of these myths contribute to the stigma around depression, as well antidepressants and therapy. But recognizing when you have depression and getting

help is important.

If you're diagnosed with depression, your doctor may prescribe a variety of treatments. For example, they may recommend a combination of: Medication, psychotherapy, medical procedures, alternative therapies, lifestyle changes. If you suspect you have depression, call your doctor today to make an appointment. Ask them for more information about your treatment options.



## WAIT...WHAT?

**THE STORY:** A carpenter who was nearing retirement told his boss that he was ready to end his career and spend his time with his wife and family. He would miss his work, but he felt it was time to spend his time with the people who were important to him.

His boss was saddened by this news, as this carpenter had been a good, reliable employee for many years. He asked the carpenter if he could do him a favor and build just one more house.

The carpenter reluctantly conceded, even though his passion for building had faded. While he was building this last house, his normal work ethic faded and his efforts were mediocre, at best. He used inexpensive and inferior materials and cut corners wherever he could. It was a poor way to finish such a dedicated career that he once had. When the carpenter was finished, his boss

came to look at the house. He gave the key to the carpenter and said, "This house is my gift to you for all of the hard work you have done for me over the years." The carpenter was astonished.

What a generous gift this was to receive from his boss, but if he had known he was building a house for himself, he would have made his usual efforts to create a high-quality home.

**THE MORAL:** The same idea applies to how you build your life. Every day that you wake up offers an opportunity for you to put your best foot forward, yet we often do mediocre work, saving the more important things for "another" day. Then one day, we find ourselves shocked that our lives aren't what we had hoped they would be. The "house" we built to live in has a lot of flaws due to a lack of effort.

However, you can't go back and rebuild it in a day or two. As people say, "Life is a do-it-yourself project." Your attitude and choices help build the life you will live tomorrow. Build carefully.

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## CHALLENGES OF DUAL DIAGNOSIS TREATMENT

There are many reasons why it's difficult to treat people that have a mental health disorder combined with an alcohol or substance addiction, most notably because two things need to be addressed at the same time for treatment to be successful. The causes and symptoms for each also often overlap making it difficult to know which came first – the mental health disorder or substance addiction.

Co-occurring disorders are a very serious problem for patients and their doctors. Below are some facts that show how they tie together.

- Drugs and alcohol can intensify mental disorder severity, presenting symptoms that mimic or mask mental disorders. Both severe intoxication and detox can appear as mental illness and vice versa.

- Approximately 50% of individuals with severe mental disorders experience substance abuse.
- According to the National Alliance on Mental Illness, about a third of the people with a substance abuse problem also have a mental illness.
- People with Bipolar Disorder are 7 times more likely to have substance abuse problems than non-bipolar individuals.
- More than 33% of schizophrenics meet the criteria for Alcohol Use Disorder, and 47% of schizophrenics also have substance abuse disorders. That is more than 4 times greater than the general population.

A person with a dual diagnosis needs specialized professional care.

## ALIEN HAND SYNDROME

This syndrome is characterized by the belief that one's hand "does not belong to oneself, but that it has its own life," Medscape says. Individuals experiencing alien hand syndrome have normal sensation but feel their hand is autonomous, with a "will of its own." Those with alien hand syndrome may personify the limb as a separate entity: the unaffected hand is under the individual's control while the affected hand has its own agenda. This syndrome may occur in individuals who have damage to the corpus callosum, which connects the two cerebral hemispheres of the brain. Other causes include stroke and damage to the parietal lobe. The hands then appear to be in "intermanual conflict" or "ideomotor apraxia," meaning they act in opposition to one another.

### **Here are a few facts about alien hand syndrome:**

- It was first recorded in 1909.
- Alien hand syndrome usually affects the left or nondominant hand.
- A few cases have reported that the alien hand will try to harm the individual.
- Some people name their alien hand.



*From  
healthline*

## WAKE UP TO THE ADDICTION OF SLEEPING PILLS

*Continued from page 7*

Because sleeping pills are a legal prescription, many people are misinformed about the risks of taking the pills. A lot of insomnia patients may think that a legal prescription like sleeping pills can't be addictive, but that's not true.



Misuse of the pills and long-term use of sleeping pills increases someone's chances of becoming physically dependent and psychologically addicted to sleeping pills. Since people take the pills as part of a nightly routine, it can be difficult for them to realize they have a physical dependence on the drugs. Below are some of the common signs of sleeping pill addiction:

- Developing a tolerance to the drug and requiring ever-increasing doses to get the same effect
- Taking more sleeping pills than prescribed without input from a doctor
- Attempting to quit or cutback, but being unable to
- Experiencing withdrawal symptoms when quitting or cutting back
- Using the pills, but forcing themselves to stay awake to get "high."
- Cravings for sleeping pills
- Doctor shopping to get more prescriptions
- Continued use of sleeping pills despite negative consequences
- Memory loss
- Engaging in risky behaviors while on sleeping pills, like driving

Sleeping pill addiction is a severe problem. It can increase the chances of fatal falls and accidents or overdose. While insomnia may be a terrible condition to have, overmedicating with sleeping pills, or replacing insomnia with an addiction disorder is not the answer. Fortunately, there is help for people with insomnia and sleeping pill addiction. Are you or a loved one struggling with cravings and withdrawal symptoms from sleeping pill misuses? We can help. Contact the dedicated addiction counselors at Clayton Center today to explore your treatment options. The Centralized scheduling number is 1.844.438.2778



# MAY IS MENTAL HEALTH AWARENESS MONTH

*continued from page 1*

## Differences Between Behavioral and Mental Health

Even though people often confuse the two, behavioral health is a general term that usually includes mental health. Since behavioral health examines how your habits impact your overall physical and mental wellbeing, behavioral health disorders commonly co-occur with mental health illnesses.

On the other hand, mental health is defined by the World Health Organization as a "state of well-being that allows an individual to reach his or her potential". There are a few factors that contribute to mental health including biology, psychology and life trauma, all of which influence how we cope with stress, interact with others as well as determine our own value within society.

## Why We Need to Address Mental Health Stigmas

Although mental health conditions are common, very few people seek the care they actually need. Considering this research from the National Alliance for Mental Illness (NAMI), 20.6% of U.S. adults experienced mental illness in 2019, yet only 43.8% of them received treatment.

During National Mental Health Month, we aim to not only support mental health awareness but most importantly, address the stigmas associated with both behavioral

and mental health issues. One way to conquer these stigmas is by advocating for policies that make mental health treatment more accessible. We can also educate the public with informative resources and help normalize discussions regarding typical conditions such as anxiety, depression, eating disorders and more. Through these efforts, we can significantly reduce negative perceptions about mental illness and encourage people to get the care they need without feeling ostracized or alone.

## How Covid-19 Has Affected Mental Health Worldwide

It is obvious that the Covid-19 pandemic--with its stressors and extensive limits to social interaction--has made mental health challenges even more prevalent, so much so, that as we start to move into the new "normal," we will continue to see the widespread effects it has on the future of public health.

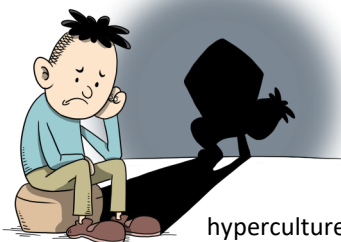
What can we do? Well, we know that previous health crises have been associated with increased rates of substance abuse, post-traumatic stress disorder and depression, but this May, we must fight harder to help our communities rebound from the setbacks of Covid-19. Keep reading to discover ways you can advocate for real change!

*Written by Melinda Curle*



## STENDHAL SYNDROME

Those with Stendhal syndrome experience physical and emotional anxiety as well as panic attacks, dissociative experiences, confusion and hallucinations when exposed to art. These symptoms are usually triggered by "art that is perceived as particularly beautiful or when the individual is exposed to large quantities of art that are concentrated in a single place," such as a museum or gallery, Medscape says. However, individuals may experience similar reactions to beauty in nature. This syndrome is named after a 19th-century French author who experienced the symptoms during a trip to Florence in 1817. Stendhal syndrome may also be called hyperculturemia or Florence syndrome.



# WHAT'S COMING UP AT THE CRANE?

## MAY 21ST DIALOGUE DIARIES

Join us for the third installment of Dialogue Diaries, a luncheon featuring guest speaker, Kat H., with great food, and a positive atmosphere. Join us in person by calling in your RSVP to 770.960.2009. You can also join us virtually on Zoom, ID: 838..951.2807, Passcode: 1792

### GET FIT WITH THE CRANE

The spring quarter of our Get Fit Challenge is in full effect. Classes consist of Body Toning, Step Aerobics, ZUMBA, Walking, Meditation & Nutritional Cooking Classes. Check our webpage for session dates and times

### EVERY MONDAY & WEDNESDAY IN MAY

No, we are not officially opened to the public, but if you have registered with us, you can join us as we host virtual NA & AA Meetings, at 12 noon.

## MAY 10TH

Join us virtually for Recovery Community Connections, a conversation on addiction and recovery in Clayton County, Co hosted by The Crane, Recovery Warriors and One Life Many Journeys. 12 pm Via Zoom: ID 898.5341.7845, Passcode: recovery

### ALL MAY

HIV and HEP C Appointments  
Call for an Appointment

### ONE ON ONE APPOINTMENTS

Monday - Friday, Call or visit website to book appointment with CARES Specialists

## PEER GROUPS

With Certified Addiction Recovery Empowerment Specialists  
2:00 pm ■ M-F ■ Virtual on Zoom



## WHAT CAUSES BORDERLINE PERSONALITY DISORDER?

*continued from page 4*

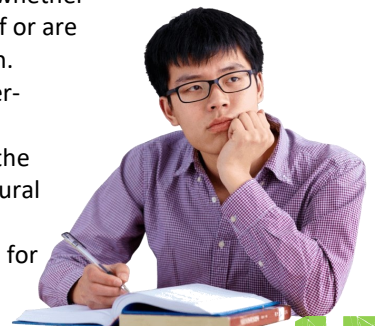
Many people who suffer from this mental health condition very frequently experienced tumultuous, abusive or traumatic events as children.

Genetics can also play a factor, in that people with a family member who had BPD are more likely to develop the disorder themselves.

Studies have shown functional differences in the areas of the brain that regulate impulse control and emotional response. But scientists are unclear about whether those differences in the brain function cause the disorder itself or are a result of BPD, reports the National Institute of Mental Health. Ultimately, research is inconclusive on the root cause of borderline personality disorder.

It is clear, though, that following factors are likely to increase the risk of developing the condition: Genetics, Brain function, Cultural factors, Environmental influences and Social circumstances. The good news is that advances in evidence-based treatments for BPD have improved patients' quality of life.

*From Inspire Malibu*



# THE CRANE

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1792 MT. ZION ROAD, STE A, MORROW GA 30260 ▪ PHONE: 770.960.2009 ▪ FAX: 770.960.2024  
WEB: THECRANE.ORG ▪ FACEBOOK & INSTAGRAM: PAULA CRANE CENTER