

**New York State Psychiatric Institute
Patient and Family Library Annotated Video
Collection**

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How to use this Listing of Videos of the Patient and Family Library:

We have the following subjects in our film collection, in this order:

- Anxiety/Panic Disorders
- Bipolar Disorder
- Depression
- Eating Disorders
- Español
- Medical (General)
- Mental Health (General)
- Mental Health Themed Films
- Obsessive Compulsive Disorder
- Schizophrenia
- Substance Abuse

Note: Titles of films that begin with “the” or “a” are listed under the second word in the title. For example: “The Brain is Wider than the Sky” is cataloged under “B” for Brain since it is the second word in the title. All tapes listed are in alphabetical order first by subject, then by title.

Anxiety Disorders

Dealing With Social Anxiety. Educational Video Network (EVN). USA. 2000. 20min.

Contents of Video: 1) Intro 2) What is Social Anxiety 3) Who develops symptoms of social anxiety 4) Signs and symptoms of social anxiety 5) Panic Disorder 6) Consequences of social anxiety 7) What causes Social Anxiety Disorder 8) What help is available 9) Talk therapy 10) Medication

Healthy Minds: Post-Traumatic Stress Disorder . WLIW. USA. 2006. 25min.

Jeff Borenstein hosts. PTSD has been around for thousands of years. In the Civil War it was known as soldier's horror, in WWI it was known as shell shock, and in WWII it was referred to as combat fatigue. This film mentions that PTSD doesn't only occur to combatants. Statistics regarding PTSD are covered. Co-occurring symptoms are covered. The role of talk therapy and medications in the treatment of PTSD are covered. Leading scientists are interviewed regarding the etiology of the disease. A combat vet talks about his experiences with PTSD.

National Anxiety Disorders Screening Day. Freedom From Fear. USA. 1998. 20min.

This video is intended to be used in conjunction with the NADSD screening questionnaire. It's intended purpose is to familiarize attendees with the symptoms of the five most common anxiety problems. Mary Guardino of Freedom From Fear starts off the video by saying 23 million people in the US suffer from some kind of anxiety disorder.

The five anxiety disorders that occur are the following:

Panic Disorder- Sudden unexplained fearful panic attacks with physical symptoms

Generalized Anxiety Disorder- Always worrying

OCD- Cleaning or other actions that are repetitive. Persistent unwanted thoughts or rituals.

Social Phobia- the fear of "what if", fear of social or performance situations.

PTSD (Post-Traumatic Stress Disorder)- Originates from a traumatic experience and is relived in the mind.

The good news is that with medicine and therapy, these conditions can be ameliorated.

Panic. HBO Studio/HSP Productions. USA. 51:44

Panic disorders have something to do with respiration and carbon dioxide levels which can be self-induced by hyperventilating sometimes and have a panic attack. Some people have agoraphobia, which is the fear of leaving your house (or leaving your husband or wife). People can go to a clinic and get help through a therapist or through medication. One technique to help is desensitization. Only one out of four people seek help. They are taught they won't die or get sick when they do something where they get an attack. Family members can get frustrated because sometimes they can't leave the person by themselves without feeling uncomfortable.

Recognizing Panic Disorder: A Patient Education Video from Pfizer. USA. 1998. 10 min.

The basic condition in panic disorder is fear. The "Fight or Flight" system is on for no good reason, it is on for way too long in people affected. Panic Disorder occurs when a person has repeated panic attacks and then fear in the anticipation of an attack. When those two things occur you have Panic Disorder.

***Trouble In Mind: Panic Disorder.* Ardustry. USA. 1999. 30min.**

What do you do when your body's built in mechanism for survival goes into overdrive? Kate Jackson helps to provide the answer, as she leads viewers through the distressing aspect of Panic Disorder. Dr. Jacques Bradwejn explains an experiment in which the subject experiences a panic attack. Peter Keefe guides viewers through a dramatization of the subtle signs of "panic", and Dr. Edward Shorter reveals how panic and anxiety have affected us from early times. Joe Di Nardo reveals how he found ways of dealing with panic disorder which struck him over 20 years ago.

***Understanding Panic Disorder.* SmithKline Beecham. USA. 1996. 15 min.**

In the US population 15% will have experience with a panic attack. 5 million people in the US have panic disorder. Panic Disorder is diagnosed when a person has: repeated panic attacks, and fear of panic attacks reoccurring. The good news is that with modern treatment, panic disorder is about 90% treatable.

An interesting part of the tape is where the 3 generations of anti-panic-disorder drugs are covered:

1st Generation, Tricyclic Antidepressants- some very bad side-effects in some

2nd Generation, Benzodiazapines are covered. They work, but they are addictive.

3rd Generation, SSRI's like Paxil are effective for panic attacks and generally well-tolerated.

***Understanding Social Anxiety Disorder.* Anxiety Disorders Association of America. USA. 1998. 16min.**

Jerilyn Ross the President of the Anxiety Disorders Association of America presents this tape to outreach to people with Social Anxiety Disorder. Social Anxiety Disorder is one of the most common mental disorders in the world, and it cuts across racial, socio-economic, and all other boundaries. It is extremely under-diagnosed. Social Anxiety Disorder goes well beyond shyness because people can get over shyness. This is a psychiatric condition. The video highlights symptoms of Social Anxiety Disorder such as avoidance of social situations, and this video covers the SSRI medication that is commonly prescribed to help the symptoms of Social Anxiety Disorder.

Bipolar Disorder

ABC-TV Special on Children and Bipolar Disorder, ABC. USA. Date?; 13 minutes

This short documentary is centered around a severely bipolar child, Bobby, and his mother Tammy who cares for Bobby. Bobby is only 5 but he has strong violent urges to hurt people. He bites down hard on his own mother's arm in a parking lot when they are filming the piece. The book "The Bipolar Child" is mentioned in the film and the author of the book speaks a bit about bipolar children. First off he says that parents like Tammy are "Heroes". He says that many bipolar children will do well on medication, many will end up in the criminal justice system, and the key for most of these children is mood stabilizers. Bobby wasn't helped much by his medication. They haven't found a good fit for him yet.

Breaking the Dark Horse: A Family Copes with Manic Depression. TS Media. USA. 1994; 32 Minutes

This is the story of Mindy. When Mindy was growing up, Mindy's mother felt she was walking on "eggshells" around her because she never knew if something her family said or did would result in a tantrum. Mindy has been beset with mental disorders most of her life. As a child Mindy suffered from OCD with misophobia (fear of germs). As an adult she grapples with bipolar disorder. Mindy's family has stuck with her and provides her with a feeling of support. The dark, wild horse in the title is used as a metaphor for her illness in the documentary. When she is in the grip of the bipolar disorder she feels like she is riding bareback on a dark wild horse through a dark tunnel. The documentary stresses that there is a biological cause to bipolar disorder. After the family learns of the bipolar diagnosis, they learn everything they can about it. At the end of the video they list signs of depression and mania. They also mention the National Association on Mental Illness (NAMI) and National Depressive and Manic Depressive Association (NDMDA).

Dark Glasses & Kaleidoscopes: Living With Manic Depression. National Depressive and Manic Depressive Association. USA. 1997. 33min.

For people living with manic-depression illness, the view of life can seem dark and ominous, or deceptively beautiful. In fact, manic depression can twist and distort the minds of very healthy individuals, to the point that their jobs, their families, and even their lives can be lost.

It is important to understand that people with this illness do not cause their disease. Manic depression is a medical disorder, just like arthritis or diabetes. But, the good news, is that this illness is very treatable. People can regain what they lost, and perhaps can live in a world better than they've ever known.

Join Host Tony Dow for an exploration of the symptoms and treatment of manic depression through honest, emotional testimony of people and families who live with this illness. You'll learn, too, of the powerful resources available through the National Depressive and Manic Depressive Association.

This video will provide information, answers, and hope for those who suffer, and for their families and friends. See firsthand that treatment is available and successful for over 80% of the people with manic depression.

***Healthy Minds: Bipolar Disorder with Jane Pauley.* WLIW. USA. 2006. 25min.**

Host Jeff Borenstein presents an in-depth interview with Jane Pauley, the television news personality of Dateline and other shows. Her book *Skywriting* is mentioned. Jane Pauley shares many personal stories and anecdotes regarding her struggles with bipolar disorder. Some of the details of how she maintains her recovery follow. She talks about how sleep is an indicator of how she is doing. She "self monitors" to make sure she doesn't feel too good or too down. She tries to minimize stress. She states her belief that treatment can help because it has helped her.

***Healthy Minds: Bipolar Part 2.* WLIW. USA. 2006. 25min.**

Again, host Jeff Borenstein presents an in-depth interview with film actress and writer Patty Duke. Patty Duke shares her personal story with us in this video. When she was diagnosed, she felt relief, because if what she has has a name, then others have it, and it could possibly be treated. She suffered from the highs and lows of untreated bipolar disorder from age 19-35. She's been on lithium since age 35 and has not had any problems with her therapy other than dry mouth. She mentions her husband is a comforting force for her, and she mentions that there are many new treatments on the horizon.

***Living Well With Bipolar Disorder: A New Look.* Guilford Productions. Australia. 2000. 47min.**

This video was helped into production by the New South Wales Association for Mental Health in Australia. It defines Bipolar I and Bipolar II. It reviews self-medication and its dangers. Describes the phases of Bipolar. Deals with the role of medication and counseling in the treatment of Bipolar disorder. The video helps people recognize early warning signs of relapse. Talks about the role of a support network.

Depression

***Clinical Depression in Older Adults.* Glaxo Wellcome Healthcare Education. USA. 1998. 25:39.**

This video tells the stories of Virginia, George, and Dick. They are all retired older adults and have clinical depression.

Statistics are presented about the prevalence of depression and how many seek help. Facts about depression are presented such as the fact that depression is a clinical disorder and you can't just "snap out of it."

Clinical depression happens when there is an imbalance of the chemicals in the brain otherwise known as neurotransmitters. This creates a lot of feelings that accompany the depression.

In older people it is harder to diagnose clinical depression because it's harder to detect because people think that's "just what happens when people get older".

Virginia was depressed since she was 4 until she was 40. It became unbearable for her and she sought help from a doctor. She was placed on anti-depressants and it helped.

George noticed he had depression 7 years ago. He was beaten at his work and that created physical and mental problems. He was fired and could not support his wife, and this made him depressed. His recovery was very slow so he joined an exercise class that helped him manage his depression, and he is off anti-depressants now.

Dick was twenty years old when his first episode of depression hit. Depression ran in his family. He was hospitalized because of his depression and received ECT.

Clinical Depression and Women: Stories of Hope. Glaxo-Wellcome. USA. 1998. 30:46

Women are more likely to be depressed than men, but they can be helped through counseling, medication and other treatments.

The first woman, Donna, was not severely depressed but took antidepressants and eventually didn't need them any more.

The second woman, Vicki, took years of depression to think she needed to be hospitalized- but her doctor said she was just starting to feel her feelings and with the help of a family member became happy again as she viewed a picture from childhood where she appeared as a happy child.

The third woman in the video, Dorothy, was depressed but through electroconvulsive therapy she was helped greatly.

If you are depressed- seek help from family or your doctor- you won't be any good to yourself or anyone if you don't take care of yourself.

Dead Blue: Surviving Depression. America Undercover. USA. 55:44

The film is about 3 notable survivors of clinical depression, their anecdotal experiences, and their families' reaction to depression. Throughout the tape it seems that stigma associated with depression is a main concern. Effects on the family are a main concern. The link between suicide and depression is a concern talked about in the film. Self love and the ending of the psychic pain is discussed. One message relayed to the people suffering with depression: hang on.

- Mike Wallace the 60 Minutes reporter talks about his experiences with depression. His stepson and ex-wife talk about their experiences with Mr. Wallace during his depression. Also, Mr. Wallace's producer talks about his experience with Mr. Wallace at this point in his life.
- Martha Manning, PhD. Clinical Psychologist and Author talks about her experience with depression. She talks about how she went from psychotherapy, to anti-depressive medicine, to ECT. Her husband's reaction to the illness is gone into. Her daughter's reaction and actions to avoid the pain of the illness is gone into. Mrs. Manning's grandmother's "shadow" in her life is discussed.
- William Styron, Pulitzer Prize winning Author talks about his struggle with depression. There is a discussion of the use of the word depression versus the word that used to be used melancholia. The backdrop to this discussion is Martha's

Vineyard. Mr. Styron's wife and daughter's reaction to Mr. Styron's illness is gone into.

Depression at Time of Diagnosis. Time Life Medical. USA. 1996. 30 minutes.

Former Surgeon General C. Everett Koop presents this informative video. This video is broken up into four parts:

- 1) Understanding the Diagnosis: Gives scientific basis for understanding depression
- 2) What Happens Next? Working as a team with your psychiatrist.
- 3) Treatment and Management Medication management and psychotherapy et.al.
- 4) Issues and Answers Among other things: Drugs and alcohol complicating the recovery process

The Doctor Is In: Depression and Manic Depression. Fanlight Productions. USA. 28 min.

Mike Wallace talks about his struggle with depression. He had pain in arms and legs. He was ashamed of it. He's had 3 bouts with depression in his life. He's going to stay on a maintenance dose for the rest of his life.

Signs of manic depression: can't sleep, on the go all the time, talking a lot, many famous people had manic depression, when you have mania you are very energetic, you get very high on your own neurochemistry, but then you crash and get very depressed. Medication can help stabilize these highs and lows. Therapy can help people acquire insight into their illness. Sometime people with manic-depression imagine things that aren't there. Sometimes people with manic depression wish to commit suicide. Manic depression has a genetic component.

ECT; "60 Minutes II". CBS. USA. April 2001. Less than 15 minutes.

Very short video concerning ECT for depression. Introduces William Styren, the author of "Sophie's Choice" and Dr. Martha Manning as well as others as people who have benefitted from ECT. They talk about how ECT helped them. One scene shows our Patient/Family library as a backdrop to an interview. Major point: ECT is now more humane and fine tuned for a therapeutic response.

Electroconvulsive Therapy: E.C.T., The Treatment, The Questions, The Answers. BSN. Michigan. 1988. 16:14

ECT for depression is covered in this video. This video shows an actual ECT being performed. The benefits and risks of ECT are explored by Dr. Grunhaus from a medical perspective. Patients anecdotally talk about their experiences with ECT.

Everything You Always Wanted to Know About Depression. 2007. TimeTrappers. 35 min.

This video is a "talking head" video of a United Kingdom psychiatrist going over, in detail, the signs, symptoms, treatments, supports, criteria for having, and other important matters concerning depression. The information is good. However, it seems that the producers of this video must have thought that Dr. Britto had a very strong UK accent, because as he speaks, there is text much like subtitles that flashes onto the screen. This is a bit distracting. Also, there is the monotony of the talking head format.

However, those things aside, this is a good introduction to depression for those seeking answers.

***Fighting Depression: You're Not Alone.* Glaxo Wellcome. USA. 25:35.**

This movie started out to be about a girl named Rochelle who was a depressed child and entered a beauty contest and won, but then she developed anorexia on top of her depression.

With therapy and medication she got help, and proceeded to other beauty contests with confidence and success. Depression is a treatable disease. As a patient you can't be in denial, you have to face the reality of the depression, and realize it is not your fault and get over any guilt you may have.

If you know someone or have friends who are depressed, you can get help. You don't have to be alone.

Focus on Wellbeing-Understanding Depression. Patient Video Series. Number 1. Glaxo Wellcome. USA, 1996. 7:30.

Doctors Jesse Wright and Regina Balme present in this short video a few points that people with depression should know. When people say, "I'm depressed." It usually means, I'm sad. But, normally sadness goes away by itself. Clinical depression can last months or years if left untreated. Many times an episode of depression will have a "trigger". Sometimes there is no trigger. Neurotransmitter theories of depression exist, and they seem to be onto something because the drugs that exist for depression allow many to experience more happy feelings again. Usually the medicine takes 2-4 weeks to start to work, but 6-8 weeks should elapse before a medicine gives its full effects. The best combination of treatment is medication and psychotherapy. Also, the person suffering with depression should use social supports.

Focus on Wellbeing- Treating Depression. Patient Video Series. Number 2. Glaxo Wellcome. USA. 1996. 8:30.

Many people mistakenly think that depression is a lack of will power, or people who are depressed are weak. Both thoughts are untrue. Depression is an illness, just as diabetes or heart disease are illnesses. Once a diagnosis is made, there are things that can be done that can help the patient. Some people who are thinking of going on medicine for depression are concerned that they might get addicted to the medication. However, antidepressants are not habit forming. This video gives tips on how to remember to take medication. Psychotherapy is highlighted in this video. Issues related to therapy are dealt with. Issues of privacy of the therapy are also covered. Lastly, some groups that concern themselves with support of people with depression are presented.

Focus on Wellbeing- Depression and Relationships. Number 3. . Patient Video Series. Glaxo Wellcome. USA. 1996. 13min.

Again, doctors Jesse Wright and Regina Balme present a patient education video. This tape is about people with depression and their relationships. Topics covered are the following: intimate partners, families, and reaching out to others that share the same diagnosis. The tape mentions that sometimes antidepressants can cause sexual dysfunction. When this happens, the patient should talk to their doctor because all that

may be needed is an adjustment in the medication or switching to another medicine. It may be an easy fix. People should not discontinue medicine without a doctor's approval, as this may make the patient's depression worse and can be dangerous. Raising children despite having depression is covered. People with depression may experience negative feelings about themselves, and this can bite into their family life. Going to psychotherapy can give the depressed person tools to deal with their life on a day to day basis. Reaching out to others when depressed is a very good idea. Many people with depression tend to isolate themselves. Support groups may open these people up again.

Focus on Wellbeing- Managing Depression. Patient Video Series. Number 4. Glaxo Wellcome. USA. 1996. 8 min.

Depression is a once in a lifetime event for some people. But, about half the time depression will be a chronic condition. Some important things you can do to manage your depression are: reduce stress, exercise, and eat right. Reducing stress means taking care of yourself and doing thing for yourself: "me time". Do at least one fun thing a day. In studies, exercise has been shown to help people with depression feel better. Alcohol may make you feel better initially, but alcohol is a depressant, and after the euphoric high you will probably feel worse than before. It's best to limit or cut out alcohol altogether. If your depression does recur, at least you'll know what is happening and you can handle your symptoms before they spiral out of control.

Healthy Minds: Adolescents and Antidepressants. WLIW. USA. 2006. 25min.

Jeff Borenstein hosts. What should be done if an adolescent is depressed? Is treatment safe? These are 2 major questions that are answered by this video. The NAMI NYC Metro organization is featured. According to Kelly Posner, kids don't usually get the help they need. While it is possible for antidepressant meds to increase suicidality, it is well-established that not treating depression increases the risk of suicide. In places where there are increased prescriptions for antidepressant medications, there is a decrease in rates of suicide. The etiology of depression seems to be caused by both nature and nurture. Sharon Carpinello, Commissioner of the NYS Department of Mental Health talks about how depression is blind to demographic factors. Asking about suicide will not increase a person's chance of committing suicide. Stigma blocks people from talking about this illness. Depression is treatable.

Healthy Minds: The Depression of Mike Wallace. WLIW. USA. 2006. 25min.

Mike Wallace of television journalism fame talks about his personal experience with depression, stigma, sleeping pills, his spouse's view, 15 years on Zoloft, the benefits of exercise and doing things you enjoy. Nobel Prize winner Eric Kandel talks about symptoms of depression and the fact that most people will respond to anti-depressant medication, among other things.

Healthy Minds: Depression Part 2. WLIW. USA. 2006. 25min.

Jeff Borenstein hosts. When is depression a normal reaction and when does one need to seek help? Dr. Lloyd Sederer, of the NYC Department of Health and Mental Hygiene is interviewed, and he goes over statistics, concepts such as minimally adequate care, and other topics. Nobel Prize winner, Dr. Eric Kandel talks about the emerging

science. The author of "Lincoln's Melancholy", Joshua Wolf Shenk talks about the improvements in treatment since Lincoln's time and the genealogy of Lincoln's family.

***Healthy Minds: Suicide Prevention.* WLIW. USA. 2006. 25min.**

Jeff Borenstein hosts. Sharon Carpinello, Commissioner, NYS Office of Mental Health, talks about the numbers and what is being done to ameliorate this public yet very private health issue. Many statistics are used. Suicide is seen to be very preventable. Most people who die have treatable mental health diagnoses. Sharon talks about risk factors and protective factors, and leaves us with this advice: take the risk of suicide seriously. Also, Laurie Flynn of the Columbia Teen Screen program talks about that program. The Teen Screen serves as an "early warning system" for adolescents who may be at risk for suicide, and it can get them get into contact with the help they need.

***Me Depressed? Don't Make Me Laugh!: A Guide to Overcoming Depression.* [s.n.]. USA. 45 min**

This video presents:

- Ways to cope with depression
- This video has stories of Sally, Michael, Ray, and Belinda
- Statistic: 1 in 20 people will suffer from chronic depression in their lifetimes
- 1 in 5 will suffer from depression at some point in their lifetimes

Cognitive therapy :looks at changes of thinking when you are depressed:

3 Steps of Cognitive Therapy:

- 1) Mood Monitor
- 2) Daily Thoughts Diary
- 3) Daily Activities

Mood Monitor

-Fill out a form where you rate your moods from 1 to 10, and this helps you find trends in your moods and what causes them

-Helps you find links between your moods and thoughts

Daily Thoughts Diary

-6 columns: date, situation, emotions, automatic thoughts, rational response, outcome

-You have to analyze your thoughts, to examine if you are blowing things out of proportion

Techniques

-Meditation: Look at things you like to see

-Focusing: Make a connection with something in the outside world

My Activity Plan

-Each day you fill in what you want to do, hour by hour, very detailed. This way you don't drift, and you always have something to think about.

Cognitive therapy can prevent you from getting episodes of depression

-depression is a chemical imbalance

-if you are bi-polar you need medication and if you take medication you'll need some type of therapy.

***More Than Baby Blues: Unmasking Postpartum Depression.* Paraclete Press. USA. 2003. 30 min.**

Statistics of postpartum depression affects 10-15% of postpartum women. Postpartum depression is difficult to identify, because at some point most new mothers feel overwhelmed and unsure of their role, and it can be difficult to determine what is normal and what isn't. In "More than Baby Blues" you will find experts, as well as individuals who have walked through the experience of postpartum depression. Through their experiences and testimonies, the people in this video will help educate new mothers, their family members, and friends.

***Suicide: It's More Common Than You Think:* NAMI. USA. 2004. 8min**

Doctors and Patients talk about suicide. Patients tell how it feels to try to make an attempt at suicide. Doctors tell of warning signs that a person may be contemplating suicide. It says that suicide develops from treatable mental disorders in 90% of the time. Suicide is the 11th most common form of death in the US. One in ten people with schizophrenia will commit suicide during their lifetimes. Explores ways to diffuse suicidal ideation.

***Surviving Depression: There is Hope.* GlaxoWellcome. USA. Aug 1998. 27:30.**

People share their experiences with depression. This message that medicine and therapy helps a lot is repeated through the tape. Doctors liken depression to a physical disease: diabetes or arthritis. The issue that mental disorders carry more stigma than physical diseases is talked about. The fact is that neurotransmitter imbalances in the brain cause depression. "Getting with the program" and becoming an active part of a treatment plan helps the final outcome.

***Teens At Risk: Teenage Depression.* TMW Media Group. USA. 2005. 20min.**

A young teen talks about suicidal ideation and using substances to escape symptoms. Dr. Keith Olsen talks about typical symptoms of depression. A parent in this video talks about her child's depression and suicide.

Dr. Mark Chenven talks about symptoms of teenage depression and the role of nature versus nurture. Dr. Fariden Rezai talks about victims of child molestation are very angry teens. Survivors of suicide share their stories.

***Treating Your Depression: Things You Should Know about Taking Your Anti-Depressant Medication.* Pfizer. USA. 1998. 10 min.**

This is an excellent tape that starts to explain depression from a doctor/patient dialog. Some narrative helps keep tape focused and direct. Answers many questions in a short amount of time. Uses 2 actors for tape. As a general introduction this tape is excellent because it treats the viewer as an intelligent person that may benefit from listening to some intelligent dialog regarding depression.

The tape even deals with issues that may pop up in day-to-day life. Such as calling your doctor to see if a specific over the counter medicine would mix with an antidepressant. Or maybe a concerned spouse doesn't want their loved one to get addicted to the medicine. This video show how to deal with this concern.

Understanding Depression: A Health Education Service by SmithKline Beecham Pharmaceuticals. USA. Oct 1996, 15:35

Hosted by Kathy Cronkite. Her message: depression is a disease just like high blood pressure. Depression can be treated. The medicine takes a few weeks to work. If you get off your meds without a psychiatrist's ok, relapse is probable. Because you start feeling better doesn't mean the underlying condition has cleared. They drop names of a few famous people with depression: Mike Wallace, William Styron, and others. The video brings up the concept of SSRIs and their efficacy and relative lack of side effects.

Eating Disorders

Anorexia and Bulimia: The Truth About Eating Disorders. Educational Video Network (EVN). USA. 2004. 30min.

This video is more clinically oriented compared to NOVA's Dying to be Thin video. This video focuses more on the possible very negative side effects of eating disorders.

Dying To Be Thin. Nova. USA. 2000. 60min.

This is one of the best videos on eating disorders that has ever been produced. Narrated by Susan Sarandon, this video talks with grace, accuracy, and historical perspective about the eating disorders bulimia and anorexia.

Eating Disorders: CNN. USA. 1997. 15min.

This video highlights two women's struggle with anorexia. Sara Lowe was extremely unhappy with her body weighing 85 lbs. She thought she was fat. Another woman, Tina Lower, was more successful in her therapy at the NY State Psychiatric Institute. She gained 44 lbs., reaching 110. She feels better about her appearance when she tries on clothes or puts on makeup.

1-2% of all women in America have anorexia. Even more have bulimia. They've done studies on these diseases and found that these patients have smaller brains than "normals". Despite that there still are people with anorexia who have been successful like Tina Lowes.

Eating Disorders (Anorexia and Bulimia). Time Life Medical Videos. USA. 199?. ~30min.

This video is broken up into four parts:

- Understanding the Diagnosis
- What happens Next
- Treatment and Management
- Issues and Answers.

Although eating disorders have been known about for about 300 years, it was about 30 years ago that they have become widespread. Why do women get these eating disorders? A major reason is society's preoccupation with thinness. Just look at the thin people in the magazines as you are paying for groceries. Also, eating disorders are more commonplace in developed nations than the third world. Increasingly, men and older women are developing eating disorders.

A woman with an eating disorder may stop menstruating because of hormone imbalances. People with eating disorders can have serious heart problems because of low electrolyte levels. Bone density gets lower after a period of time of having an eating disorder. So, fractures of the hip and wrist are more commonplace with that population. Antidepressants seem to help with the eating disorder. It is not known why.

Impact: Wasting Away. CNN/TIME. USA. Aired 11/23/97. 13 min.

This CNN/TIME video talks about anorexia and bulimia, and it uses New York State Psychiatric Institute's efforts in combating these most deadly of mental disorders as

a backdrop. Anorexia affects 1-2% of American women, and, shockingly, it is estimated that during the college years bulimia affects almost up to 20% of the female population. The eating disorders seem to result in part from a smaller brain volume that these patients have even after gaining their weight back. So there seems to be some kind of neurochemical reason for this disease, but the cause is not clear.

***Nutrition: Eat and Be Healthy.* [s.n.]. USA. 17:41.**

Eating unhealthily leads to diseases like cancer, diabetes, heart disease, and high blood pressure. Too much fat or sugar is unhealthy. Try to maximize the grains, fruit, and vegetables you eat.

In the video they show the food pyramid.

Fat
Sugar
Milk | Meat
Veggies | Fruit
Grains

Overweight: Who's in Control? Video Counseling Library, Milner Fenwick. Closed Captioned. 16:01 minutes. Date unavailable.

This video could be of benefit to patients who are gaining weight because of medicine or lifestyle changes.

- 1) Overeating contributes to disease
- 2) It is natural to store fat- and burn it up later, unless we take in more than we burn
- 3) We must eat foods that are low calorie
- 4) Make a schedule for exercise. Start out slowly- walk a little three times per week and build up.
- 5) Drink lots of water (not coffee and sodas)
- 6) To lose and keep off fat we must change our eating habits.

Espanol

Comprendiendo La Depresion= Understanding Depression. SmithKline Beecham. USA. 15:35

Patients speak anecdotally about their experiences with depression and especially with Serotonin Specific Reuptake Inhibitors (SSRIs). This video also goes into a definition along with some statistics about the disease. As it deals specifically with the use of SSRIs, it gives information about them along with how they work in the brain to correct depression and some statistics about their use,

El Programa Familiar para Psicosis de Adolescentes= The Family Program For Adolescent Psychosis. Children's Day Unit (CDU) NYSPI. USA. 2001 10:12

The major concept of this Unit is to work with the entire family. They break their treatment down into 4 parts:

Part 1 is "What is Psychosis?" They define this question along with showing both the positive and negative symptoms.

Part 2 is "What causes Psychosis?" They define this as being a chemical imbalance in the brain and go on to discuss the cascade of events in the brain.

Part 3 is "What is the Treatment for Psychosis?" They liken it to treatment for diabetes as it is caused by an imbalance. When the doctor gives the adolescent their insulin, it helps to control the imbalance, but doesn't cure it. The same can be said of the treatment for psychosis. Also, as with diabetes, they state that should the adolescent stop taking the prescribed medications the disease will return.

Part 4 is "How Can the Family Help?" They advise that should the adolescent be taking medications, the family should learn about the medications and make sure your child takes exactly what was ordered. They suggest that you learn about your child's symptoms to the point where you become an expert and that parents come to all the meetings of the Family Program while your child is here.

De las Tinieblas a La Luz =From Darkness to Light -- 20 minutes (Spanish)

Parents speak freely of having to deal with their children with mental disabilities. These families have become members of an AMI group exclusively for the Spanish speaking. They feel it's made it easier to deal with their child's illness as they have come to understand it better. One of the greatest problems is the lack of mental health services in particular housing, rehabilitation & other resources in Spanish. Being in this group has mobilized them to advocate for their children. One woman states that she has difficulty speaking to her sons' social worker because she doesn't understand English & the social doesn't understand Spanish. She doesn't want to die & leave her son here as a burden to his siblings. She feels that the government should develop funds like those they have available for other people and diseases.

Medical (General)

***Family Talk About Drinking: A Video for Parents on How to Talk to Your Kids About Drinking.* Anheuser-Bush, Inc. USA. 1993. 30min.**

This video shares some very good tips for talking to your children about drinking. The video not only has lecture about facts and theories, but also shows some examples of how to talk to your children about drinking. A young child has a drug awareness education program at school and asks if alcohol is a drug. A slightly older child goes into a liquor cabinet to try some alcohol. How is the parent to deal with this? A child is at a party with adults and notices that her uncle has had too much to drink. How will the parents handle this? A teenager is at a party. Pretty much everybody else is drinking, how will she deal with this situation? These are all situations that come up in the video. Tips are shown as to how to deal with each situation as a good parent and role model.

***Guide to Controlling Your Cholesterol: Healthy Heart Series.* Milner-Fenwick. USA. 199?. 17:10.**

This video goes over some basic heart healthy ideas. Cholesterol is made mostly in the liver and gotten externally by diet choices. Cholesterol is necessary for us to live. However, high levels of cholesterol will eventually restrict blood flow to the heart, and should be controlled for heart health. Cholesterol scores are gone over for people with and without heart disease. The difference between HDL “good” and LDL “bad” fat is gone over. Ideas for lowering fat intake are covered. The food pyramid is explained with fats being the group of foods that should be eaten most sparingly. Saturated fat is the source of LDLs is explained. If you eat right and exercise, this helpful for your cholesterol levels.

***Guide to Stop Smoking: Health Heart Series.* Milner-Fenwick. USA. 199?. 15:28.**

This video shows how to quit smoking and lists some of the reasons people benefit from quitting. The four stages of quitting smoking shown in this video are:

- 1) Pick a quit date.
- 2) Withdrawal
- 3) A few weeks later
- 4) Staying quit

There are a lot of tips and tricks that are gone over in the video. Going “cold turkey” is an option. Or, using smoking cessation aides may help. Nicotine gums, patches, or inhalers help a lot of people to quit. Also, there is Zyban which is not nicotine-based. It too is good to help people quitting. There are symptoms that occur in people who are quitting: mood swings, irritability, hunger, and others. This tape is good to learn some tips and techniques that might help one quit smoking.

***A Healing Journey: Coping with the Stress of Chronic Life-Threatening Disease.* GlaxoWellcome. USA. 1998. 25:17.**

This video shows some people with chronic life-threatening diseases such as asthma, AIDS, and breast cancer. In all cases the point of the video is to get people out of the rut that is too easily fallen into and back into life, enjoying life. A major obstacle to

this optimal lifestyle is stress. The child in the video with asthma was over-protected by his parents until he went to a camp for children with asthma. He then learned that if he took care of his asthma correctly, it need not hinder his life all that much. The men with AIDS in this video has come to the point that he'd rather take his medicines for his disease because it is a lot better than dying. He's come to a point of acceptance of the disease which is something that someone with a chronic disease needs to do. There were two women in the video that have battled breast cancer and have lived to tell the tale. One of them had a very caring faith community to support her in her recovery. The other, Mrs. Lyon, followed the advice she had been giving patients for years. And this help her cope with her cancer treatment. There are a lot of ideas presented in the tape such as relaxation exercises, but it is the personal stories of recovery and acceptance that are probably the most profound.

Taking Charge of Asthma. GlaxoWellcome. USA. 1997. 23min.

This video educates about the causes and treatments of the chronic, debilitating lung disease, asthma. It shows the three causes of asthma: muscle contraction, inflammation, and mucus plugs. It shows the treatments for asthma. The main lesson of the video is that if you treat your asthma correctly, it doesn't have to control your life. Also, prevention of asthma is the key to a better life.

Viagra. Pfizer. USA. 1999. 16:16.

The new term for impotence is erectile dysfunction which is also known as "ED". In this educational film, leading experts discuss the causes of erectile dysfunction. Some common side effects of Viagra are headache, facial flushing, and upset stomach. Some people have thought that ED was connected to psychological reasons— But, now, most experts believe that ED is caused by physical reasons.

Viagra may help improve blood flow to the penis. That is how a man gets an erection. Viagra doesn't increase you sex drive, you still need interest and stimulation to have sex. When a person goes to see the doctor, the doctor asks about medical problems and also what medications the patient is taking. ED doesn't necessarily increase with age, but it can.

Can Viagra work for you? There are side effects, some serious and other not. For example, there are some medications that you cannot combine with Viagra such as nitrates. For example nitroglycerin, which is for angina, cannot be combined with Viagra. Other side effects include, vision problems, an erection that lasts for more than four hours, chest pain, dizziness, and nausea during sex. All these side effects mean you should talk to your doctor immediately.

Mental Health (General)

Atypical Antipsychotics in Multiple Patient Populations: Potential Applications.
Janssen. USA. 1999. 50min.

This video covers a spectrum of disorders that atypical antipsychotics are used to treat: schizophrenia, mood disorders such as unipolar and bipolar disorders, the elderly population's dementia and other problems, problems in youth like hyperactivity, Obsessive Compulsive Disorder is frequently treated by atypical antipsychotics, and aggression is also something that is treated by atypicals. The main reasons that atypical antipsychotics are prescribed for these disorders is that they have a lower chance of producing tardive dyskinesia and they are quite efficacious for the above disorders for reasons not exactly known.

The Brain is Wider than the Sky: A Layman's look at Brain Research in the 90's.
Angus McDonald presents. [s.n.]. USA. [199?]. 55min.

"The Brain is Wider than the Sky" is the title to an Emily Dickinson poem that Angus takes as the title of this presentation. Angus mentions that during the 1990s we learned more about the brain than in all the years proceeding. Amazing.

In the first half of his presentation, Angus McDonald goes over the basic architecture of the individual brain cell- the neuron. Simply put, the neuron is broken up into the axon, dendrites and the main cell body. Angus also talks about some basic neurotransmitters and their function in the brain.

In the 2nd part of his presentation, some exciting news in the field of neuroscience is gone over in the fields of research concerning: Alzheimer's, depression, stroke, schizophrenia, anxiety, and the list goes on. Angus says that these are things that we are just beginning to understand more about in the 90's.

Building a Partnership for Recovery. Astrazeneca. USA. 2002. 25 min.

This tape tells the story of how Seroquel worked well for a small group of patients. They give testimony as to how the Seroquel had made their lives better than the older medicines they were on. Specifically, the typical and atypical antipsychotics were all shown to have more side effects than Seroquel. I'd take this video with a grain of salt because now that Abilify is out, I think Seroquel has been made obsolete.

Cancer: A Personal Journey, Notes from the Edge, the Diary of Peter J. Morgan,
M.D. GlaxoWellcome. USA. 199?. 49 min.

This is the very psychological story of a doctor that was diagnosed with terminal bone cancer and his struggle to live his last days on earth courageously. Peter was trained to be an oncologist, and he was diagnosed with bone cancer at the age of 31. When his friends were getting married and having kids, his life took this horrible turn. He took an experimental treatment that failed. Then he took chemotherapy. In the end, that failed as well. But, he bore his burden with dignity and strength... even positively. While he was being treated for his cancer, he worked as a doctor at Stonybrook University's Medical Center. He didn't just treat diseases. He treated people. He was a doctor until he could no longer be.

The Doctor Is In: Addictions and Mental Illness. Fanlight Productions. USA. 1999. 28min.

This tape talks about the challenges and difficulties of being dually diagnosed with a psychiatric diagnosis and a chemical abuse problem. About half of the mentally ill population “self medicates” with drugs or alcohol. About 1/3 of the population that abuses drugs are also mentally ill, there is a lot of overlap between those two worlds. The tape highlights two people: a Cindy, who has bipolar disorder and previous substance abuse issues, and a man named Mark that has schizophrenia and starting abusing alcohol at the age of four. Both are doing well now. The woman with bipolar disorder is actually off of lithium and has had a child with a loving husband. The man with schizophrenia has been off of illegal drugs now for almost 6 months and is working as a maintenance worker.

Drug-Induced Movement Disorders in the Long-Term Care Environment. AstraZeneca. USA. 2001. 20min.

This short, informative video covers types of movement disorders often found in nursing homes. From tardive dyskensia to akathisia, to parkinsonian symptoms, this video shows examples of those disorders. The newer generation of atypical antipsychotics cause fewer of these symptoms. In the acute care environment of a younger population of patients, this video can show how much better the medications have become.

Families Coping with Mental Illness. The Mental Illness Education Project. USA. [199?]. 43min.

This video is of a group of caretakers of people with mental illness, broken up into focused discussions. The discussions are of the following:

- ❑ Emergency admissions
- ❑ Suggestions for survival
- ❑ Managing your loved one’s money
- ❑ Holidays and other occasions
- ❑ Learning to have your own life
- ❑ Coping with problems that don’t go away
- ❑ Families and the mental health system

Family Life with Tourette Syndrome- Personal Stories: A Six Part Series. Tourette Syndrome Association, Inc. USA. Multiple lengths.

In each of these six part series, an individual with Tourette Syndrome tells their story. The story also interviews family members who share their stories about what it is like to live with a family member with Tourette Syndrome. Each person with TS is different, but all their experiences are the same. Most of these individuals suffer frequent body movements called “tics” and have lived with public discrimination, teased in high school, and found it difficult to make friends because of what people thought of them. Parents of these children before being diagnosed found it frustrating to raise a child who consistently sought attention and became disobedient. After each individual became

diagnosed they were prescribed a medication, and they explained how life is much easier for them now.

***Guide to a Healthy Mind for African Americans: A Circle of Hope.* National Medical Association/Magic Johnson Foundaton. USA. 1999. 30min.**

This film deals with depression among the African American population. The famous actress Jennifer Holiday talks about her struggle with depression and offers useful, insightful comments throughout the film. Depression is like diabetes, it's a medical condition. Having depression does not make you weak. Also two women who had been friends for a long time, both struggled with depression and they share their stories with us. There are useful tidbits of information about risk factors for depression, other lists of symptoms, and other aspects of treatment covered. This tape is very similar to other tapes on depression with the exception in this film that everyone in this film is an African American.

***Hope is Here.* 60 Minutes. USA. 3rd Segment is on Schizophrenia. 15min.**

This 60 Minutes segment concerns Annick Hollister and her family. Who is Annick Hollister? She was a beautiful blonde 15 year old in California once upon a time. Now she's a thirty-something year old woman that has been diagnosed with schizophrenia for most of her life This segment is a short biography of Annick and her family. Annick started to act rebellious at the age of 15, and she started going to parties with much older people. Then, one day, she had a breakdown and was sent into a mental hospital. For over 10 years the medicines did not do much good for her. Then she got on Clozaril, and since then she has been doing much better. She gets her white blood cell count tested once per week, and keeps busy with various part time jobs. She relaxes with her artwork, and she loves to talk. Her parents have tried to be supportive as much as they were able through Annick's life, and they actually have raised over \$500,000 for NARSAD. How? They sell T-shirts and other items featuring artwork by mentally ill artists.

***Healthy Minds ADHD: Attention Deficit Hyperactivity Disorder.* WLIW. USA. 2006. 25min.**

Jeff Borenstein hosts. This video talks about statistics regarding prevalence of ADHD. A psychiatrist that is being interviewed gives many valuable professional and personal insights about ADHD. The fact that some kids outgrow their ADHD is covered. Medication and sleep seem to be very important for ADHD kids. Diet doesn't help as much as the other two factors, it seems. The film mentions NAMI NYC Metro and their parent matching program. The parent matching program is a place where parents who need support with their ADHD child can go and be understood.

***Healthy Minds: Alzheimer's Disease.* WLIW. USA. 2006. 25min.**

Dr. Borenstein mentions statistics regarding alzheimers diseaser such as there are 5 million people in the US who are suffering from the effects of alzheimer's disease right now. The importance of distinguishing between normal age-related cognitive impairment and alzheimer's disease is discussed. Eric Kandel of Psychiatric Institute is interviewed.

Nobel Laureate Paul Greengard of Rockefeller University talks about what is known and what is not about Alzheimer's. Other leading doctors are also interviewed for this video.

***Healthy Minds: Insomnia.* WLIW. USA. 2006. 25min.**

Dr. Jeffrey Borenstein hosts. The tape gives statistics regarding insomnia. The tape talks about the biology of sleep and sleep disorders. A basic clinical definition of insomnia is given. Reasons for insomnia are covered. The importance of sleep hygiene is discussed. 2 major reasons for the onset of sleep are covered: accumulation of adenosine and the circadian rhythm. Covers why sleep medicines are better than alcohol. Effect of age on sleep. Menopause's effect on sleep. This video shows the inside of a sleep lab in action, and some of the staff are interviewed.

***Hospitalization: A Resource in Psychiatric Treatment. The Patient Education Series.* Solvay Pharmaceuticals. USA. 1997. 10 minutes.**

This short video shows how hospitalization in a psychiatric setting is beneficial to someone who needs it. By using the hospital as a "safe haven", a short term hospitalization can prevent the risk of a patient harming themselves or others. Medication is properly given in the hospital. Also, the time that the psychiatrists and staff have to observe a patient, the more accurate a diagnosis can be given. There were other points in the video, but the main point is summarized by the title of the video. Namely, hospitalization should be viewed as a resource in psychiatric treatment.

***I Love You Like Crazy: Being a Parent with Mental Illness.* Mental Illness Education Project. USA. 1999. 27 min.**

This tape shows a group discussion about what it means to be mentally ill and a parent. The people in the group are people who have successfully dealt with both issues. Their run-ins with family members and the child welfare offices are talked about. The people who are in this group suffer from one of the following diseases: depression, bipolar disorder, and post traumatic stress disorder (PTSD). The consensus seemed to be that despite their difficulties with mental illness, these people found value in raising their own children.

***Imagining Robert: My Brother, Madness, and Survival.* Hott Productions. USA. 2003. 56 min.**

This touching story is primarily of two brothers: Robert and Jay Neugeboren. They grew up in New York City as sons of a lower middle class Jewish family. Around age 19 Robert became very ill. Ultimately, he was taken away to a mental hospital in a straight jacket. Robert lived in institutions around the NYC area for over 30 years. At about the time of this film, Robert's brother, Jay saw that Robert was quite ready to leave the institutional life. He told some of Robert's doctors, and they ultimately responded to Jay that if he wanted action on this to contact the Governor. Jay did. There was an investigation into the practices where Robert was staying, and Robert was released. For two years after his deinstitutionalization Robert has been doing relatively well. He was attending Fountain House and living in a group treatment facility. Ultimately, this is a remarkable movie about the ties that bind a family together.

In Our Own Voice.. Idaho Public Television. HWE Corp. for Public Broadcasting. USA. 60min.

This movie is about several different cases- more severe to less severe. i.e. schizophrenia, bi-polar disorder, and schizoaffective disorder. All the people in the video were treated in the state of Idaho where they don't treat people for mental illness against their will. This is only in the case when they are threat to themselves or others. That being the case- many of these patients stopped taking their medicine and got worse, or much worse. At the same time they encourage that treatment and the use of medication. This movie could make the case for medication compliance. After the patients in this video were treated and on proper medication for an adequate amount of time, they recovered from most of their symptoms.

Jumpin' Johnny Get Back to Work. [s.n.]. USA. 1997. 18min.

Dr. Michael Jordan wrote the screenplay for this cartoon presentation of a video that helps young children better understand a diagnosis of ADHD (Attention Deficit Hyperactivity Disorder). It deals with stigma and medication issues as well. Cartoon is geared towards young children.

Stability in Time of Crisis. Viaticus. USA.199?. 10 minutes.

This short video teaches the concept of a viatical settlement for people with terminal illnesses. Basically, a viatical settlement is when an individual decides to sell his or her life insurance policy to a company for cash in return. The company that the individual sells life insurance policy to gets paid upon the individual's death. The benefit of a viatical settlement is that the person selling the life insurance policy gets to use the money before they die. The drawback is that upon death, the family of the terminally ill person doesn't receive the money. However, the viatical settlement is an important option about which to know

To Lead A Better Life. GlaxoWellcome. USA. 1995. 20 minutes.

This film stresses the proper use of medication. It suggests that going to your pharmacist about health problems or to answer questions about the different reactions people have is a good idea. You can also go to your doctor for help. Some elderly people are overmedicated or they can become confused about the right dose to take.

The pharmacist or the doctor can help, but it is also their responsibility to seek help. The film also conveys that it is very important to stay active and to take care of your own health.

Using medicine in a responsible way will avoid return visits to your physician or worse the ER. And as the narrator Walter Kronkite concludes, "If we would use our medications correctly, it would save others and ourselves an awful lot of money."

Twitch and Shout. PBS. USA. 1995. 60 min.

Tourette syndrome is a genetic, neurological disorder which causes involuntary tics, movements, noises and thoughts. Symptoms may include uncontrollable swearing. The onset of symptoms at around 7-10 year of age. It is found more often in males than in females. In the 1970's there was still no treatment. Some people can cope reasonably

well to live a relatively normal life. Other can have professions but feel isolated and alone because they are different.

Tourette syndrome can have obsessive/compulsive elements to it. This can be used to advantage oftentimes because they persist in doing things over and over until they get it right. 15%-25% are affected with verbal tics in the form of obscenities. Sometimes they are given antipsychotics but that is not necessarily the answer. They can be artists, basketball players... They can find a place in society. And there are groups they can go to where they are not alone. Religion can also help people with Tourettes cope with day to day problems.

Understanding Psychotherapy: Treatments for Mental Health Problems. Solvay Pharmaceuticals. USA. 1997. 8 minutes.

This short video shows how psychotherapy can be helpful in times of crisis. Many aspects of psychotherapy are looked at. The four major types of psychotherapy are mentioned. The fact that psychotherapy has helped millions of people, and is likely to help the person watching the video is explained. Sometimes therapy is given alone, and sometimes it is in conjunction with medication. Sometimes there is individual psychotherapy, and sometimes it is conducted in groups. The point of all psychotherapy is to make the patient feel better.

What To Expect With Reminyl. Janssen/Ortho-McNeil. USA. 2001. 15min.

This tape talks about what to expect with the Alzheimers' drug Reminyl. They disclose that the drug works on the acetylcholine pathways in the brain to maintain better cognitive function longer in patients with Alzheimers. It is not a "miracle drug" but in studies with thousands of patients it seemed to offer better mental functioning longer. Also, issues of caregivers are discussed in this video.

When The Brain Goes Wrong: Seven Short Films About Brain Disorders. Tulip Films. USA. 1992. 45 min.

This film briefly covers: schizophrenia, bipolar disorder, addiction, epilepsy, stroke, brain injury, and headaches. The unifying theme in this film is that these are all disorders of the brain. The film goes briefly into what is thought to be the cause of each of these disorders. It is interesting that in this film classical psychiatric disorders such as schizophrenia, bipolar disorder, and addiction are mixed in with less stigmatized conditions.

Your Medicine, Your Pharmacist, and You. Glaxo, Inc. USA. 1993. Approx 17 min

In the beginning of this video by the American Pharmaceutical Association, it goes over the history of major diseases of the 20th century that have been eradicated by modern medicine. One medicine that has changed the face of disease in the 20th century is the Polio vaccine. The polio vaccine saved many young people from a early death. The tape argues that medicines and vaccines save money when properly administered. The tape says to always ask questions when you are not clear about how to take a medicine you are prescribed. That's part of the pharmacist's job, to make sure you understand how to take your medicine. Because the medicines are now so much more powerful, you need to understand how to take them because of the risk of problems if you don't take them as

prescribed. Also an interesting statistic is that 16% of the sales of the drugs we have today go into research and development of new drugs. Out of every 5,000 compounds that are studied only one goes on to become a marketed drug.

Mental Health Themed Films

***A Beautiful Mind*. Universal. USA. 2002. 136 min.**

This largely biographical movie speaks to people who have suffered from the devastating mental illness which is called schizophrenia, and also those who have not. The protagonist of this movie is a man who battles with schizophrenia at the same time he has insights of genius into applied mathematics, Nash is the man who created n-person game theory, which has revolutionized many fields.. economics, business, military studies, and more. For this work he ultimately wins a Nobel prize in economics in 1994. In this Hollywood rendition of Nash's life, he has lived a full life, a life worth living. It is a tale worth seeing because of the inspiration and because of the genius. *A Beautiful Mind* received four Oscars, among these the Oscar for "Best Picture" in 2002.

***The Living Museum*: HBO. USA 1998. 80min.**

The Living Museum is a gripping documentary that focuses on patient-artists and Dr. Janos Marton, the man who runs the Living Museum. The Living Museum is an art gallery, in Queens, which takes up a large building on the Creedmor institution's campus that used to be a eating hall for patients. This, indeed, is the physical space of this art museum. However, *The Living Museum* is fascinating not only for the physical, tangible art that is created, but also because of the intangibles that lie behind the art. In this documentary, Jessica Yu weaves a tale that makes us really think... what does art mean? She blurs the lines between artist and art and madness and reality in such a way as to open our eyes anew to what it means to be touched by art and artists that just happen to have a mental illness.

***Nine Innings From Ground Zero: The 2001 World Series*. HBO. USA . 2005. 60min.**

In the wake of September 11, 2001, all Americans, and New Yorkers in particular, were uncertain about how to proceed with their everyday lives. The game of baseball provided a welcome relief and helped galvanize the country that found itself rooting for the NY Yankees, who had come to symbolize the city of New York, in one of the more dramatic and eventful World Series championships ever. *Nine Innings From Ground Zero*, produced in association with Major League Baseball Productions, revisits this remarkable and inspiring story through HBO Sports' acclaimed combination of poignant interviews and remarkable footage. (from back cover of DVD)

***Ordinary People.* Paramount. USA 1980. 124 min**

An extraordinary motion picture, *Ordinary People* is an intense examination of a family being torn apart by tension and tragedy. Donald Sutherland and Mary Tyler Moore star as the upper-middle-class couple whose "ordinary" existence is shattered by the death of their oldest son. The younger son struggles against suicide and guilt left over from the drowning of his older brother. *Ordinary People* is based upon the novel by Judith Guest, and this film was the winner of four Academy Awards, among these, best picture.

***Shock.* AMS Production Group. USA. 2006. 58min.**

This film reveals the gripping personal stories of a dozen people who underwent electroconvulsive therapy for treatment of depression and bipolar disorder, including former Massachusetts First Lady Kitty Dukakis. Featuring candid, intimate interviews with patients and doctors and footage of actual ECT procedures, *Shock* offers insight into the contentious treatment which has been both derided as barbaric and praised as miraculous.

***Son of the Bride.* Sony Pictures Classics. USA. 2001. 124min.**

Son of the Bride is a heartwarming story of love and the appreciation of life. This award-winning Argentine feature was nominated for an Academy Award for Best Foreign-Language Film.

Rafael Belvedere is a 42-year-old divorced father and restaurant owner who is overwhelmed with life. He feels guilty that he doesn't visit his mother, who is stricken with Alzheimer's disease; he lives in his father's shadow; doesn't spend enough time with his daughter; and can't commit to his girlfriend.

Rafael's whole life is put into perspective when a series of unexpected events happen that make him re-evaluate his life. With the help of a childhood friend, he is able to restructure his past and appreciate life's little details.

***Thin.* HBO Home Video. USA. 2006. 102min.**

From Amazon.com: The HBO Documentary film *Thin* takes us inside the walls of Renfrew Center, a residential facility for the treatment of women with eating disorders, closely following four young women (ages 15 - 30) who have spent their lives starving themselves often to the verge of death. The film deftly chronicles the pervasiveness of restrictive eating behaviors (most of the women profiled learned dysfunctional eating habits from their mothers while growing up), as well as the failure of our current health-insurance industry to address its clients' needs, while never shifting focus from the women themselves. Director Lauren Greenfield documents with astonishing depth the daily rituals, spontaneous friendships and startling swings between recovery and relapse that make up life at the center. The result is a powerful new insight into one of our society's most insidious open secrets.

***West 47th Street.* Lichtenstein Creative Media. USA 2003. 83 min.**

This warm and intimate documentary film follows four people with mental illness, off the streets and out of homeless shelters, in and out of the hospital, at home and at work, over three years. The film offers an unprecedented window on the real lives of people who are often feared or ignored, seldom understood, and focuses on their resilience, optimism, and grace. The four "stars" of the Film (Frances, Fitzroy, Zeinab, and Tex) are members of the psychosocial rehabilitation center Fountain House, located in New York City's Hells Kitchen. Winner, Best Documentary Atlanta Film Festival. (from back cover of VHS tape)

Obsessive Compulsive Disorder

***Advances in Obsessive Compulsive Disorder.* Solvay/Upjohn. USA 1994.17:56.**

This video goes over some of the more interesting aspects of OCD from a clinical perspective. The video talks about how serotonin seems to play a large part in the treatment of OCD. This is why SSRIs seem to help 90-95% of people with OCD. Interestingly, depression responds to treatment within weeks, OCD patients usually respond to treatment within a matter of 1-3 months. They mention that fMRI is helping in the search for better treatments for OCD. They touch on many other topics of interest.

***Obsessive Compulsive Disorder: New Help for a Troubling Disease, the Patient Education Series.* Solvay/Upjohn. USA 1997. 15 min.**

This tape provides a quick and comprehensive overview of Obsessive Compulsive Disorder. Obsessions are defined. Compulsions are defined. The neurotransmitter serotonin's role in OCD is talked about. SSRIs are the treatment of choice according to the video. Cognitive behavioral therapy and medication are shown to work best when they work together for OCD. Statistical information about OCD is presented. OCD is not a rare illness.

***Sharing the Hope: A Parental Guide or Managing Obsessive Compulsive Disorder.* Solvay Pharmaceuticals. USA 1997. 18 min.**

This video is about three children: one young child living in the country aged 9, one adolescent living in the country aged 15, and one pre-teen living in suburbia aged 13. The common thread these three children share in their lives is OCD. The OCD gave the children and their families a lot of problems before it was treated with SSRIs in all three cases. The SSRIs with cognitive-behavioral therapy or just the SSRIs alone gave these children their lives back. The SSRIs work on the serotonin system in the brain. They can now look forward to full, happy lives just as any other child can.

***Step on a Crack:Obsessive Compulsive Disorder.* Fanlight Productions. USA 1999. 28 min.**

This video is geared towards people with OCD as an educational tool. By people sharing their personal stories and their experiences with OCD, maybe the people who

watch the video will take something away from it. This video consists of many people with OCD and their personal battles with the disease. The name of the video “Step on a Crack” comes from the child’s rhyme: “Step on a crack, break your mother’s back.” One of the personal stories was of a man who, as a child, would avoid stepping on cracks to avoid that particular fate for his mother. He could not stop it. One thing made clear in the video is that people with OCD do not enjoy their rituals, but they do them to relieve an overwhelming sense of anxiety that they have.

Schizophrenia

20/20 Schizophrenia. ABC News. 2000. 13min.

This DVD deals with interviews done by both Dr. Timothy Johnson and others regarding the disease of Schizophrenia. The first person interviewed is Ken Steele. His disease had its onset at 14 years of age. His voices were present for every minute of the day and night. They started to predict his death and even told him how to electrocute himself. Most of the time women have an onset in their 20’s to 30’s with men having theirs from late teens to early 20’s. They say that the voices are worse at nightfall. Doctors still don’t know why victims have the various hallucinations. It’s felt that verbal hallucinations are the worst type of symptom as they can drive a person to commit suicide. Schizophrenia often strikes people who are creative and intelligent. Researchers at Janssen Pharmaceuticals have created a virtual reality machine called “Walk in their footsteps” which allows a person to experience what it’s like for someone with visual and auditory hallucinations. Dr. Johnson tried it out and later asked Ken to try out the goggles. When he did, he had quite a visceral reaction. He was hyperventilating, shaking and perspiring. When asked, he said it reminded him of the days when he still suffered from symptoms. Ken is fortunate that he has found a medication that ameliorates his symptoms and he now champions the cause of the mentally ill by editing a newspaper called “New York City Voices.” Not all patients are so fortunate.

Donald, formally a biochemist, and other patients who have heard voices due to schizophrenia have tried a new, experimental treatment along with 10 other patients. The treatment is called Transcranial Magnetic Stimulation or TMS. It involves giving short pulses of magnetic stimulation to the left side of the brain. Donald’s voices went away for 7 weeks –it made him feel that every day was Christmas.

Since the airing of this show, Ken Steele has died of natural causes. This DVD leaves one with hopes that, in the future, more effective treatments will be developed.

A Brilliant Madness. PBS. USA. [200?] 60 minutes.

“A Beautiful Mind” was the Hollywood blockbuster movie based on John Nash’s life. “A Brilliant Madness” is less Hollywood, so it tries to come closer to John’s life. John Nash was a genius in the field of mathematics; however, he was also mentally ill. He invented “n player game theory” where n was a number above 2. This revolutionized many fields that dealt with complex interactions, especially economics. All of this he did

early in life. Around age 21. The tape goes on to chronicle John's life, his insulin coma treatments, his marriage, and his children, and ultimately his triumph of winning the Nobel Prize at age 66 in 1994.

****(see first note)Critical Connections: A Schizophrenia Awareness Video Produced by the American Psychiatric Association through a grant from Zeneca Pharmaceuticals. USA 1997. 30 min.***

*Some patients found this video very helpful, and felt that it accurately portrayed what it is like to experience various hallucinations as a result of schizophrenia. Please be advised, however, that others found its use of music and special effects to be distracting, anxiety-provoking, and at times offensive.

This tape covers the false beliefs that either only medication or only therapy helps people with schizophrenia. The support network people with schizophrenia have helps a lot. When someone tries to learn about their disability- it helps the final outcome. Believe in a higher power and recuperation is discussed briefly. One of the doctors in the video has suffered from schizophrenia including visual hallucinations in the past. The fact that better drugs are coming out all the time is discussed. People with schizophrenia are doing things that would have been impossible fifty years ago.

First Break. Fanlight Productions. Boston MA. 1997. 50:55.

This video entwines the stories of three young adults: Simon, Adriene, and Shely. Their "First Break" experiences are gone into in this tape. The reason the producers chose these young adults is because the majority of people with mental illness break in their late teens and early 20's.

Simon has diagnosed himself with schizophrenia after he and an ex-girlfriend of his did some research into this symptoms such as hearing voices. Simon tries to deal with the schizophrenia without medication for a time, and he finally goes to a hospital to be treated. His first meds don't work so they try him on clozapine which works well for him. He ends up going back to college to study computer science, which was his choice of study before his first break.

Adriene is diagnosed bipolar, and this tape chronicles her experience with dealing with her illness with the help of her family. She moves out of her parent's place for independence and at the end of the video she is producing a book of poetry by people with depression and manic depression.

Shely is different than Simon and Adriene in that her family is not supportive of her. Shely doesn't stay on meds and a year later, she is still doing well. She has a young daughter that she takes care of. In the end Shely is working in a social worker type position for a social services organization.

Healthy Body, Healthy Mind: Understanding Mental Illness and Schizophrenia. Information Television Network, Inc. 2006. 30 min.

Schizophrenia is a brain disease that affects people's behavior just as any physical disease affects the body. This mental illness affects 15 million people (in the USA), affecting thoughts, moods and coping ability. It can strike any time. Medication, education and compassion are key to understanding this disease. Evaluation and

diagnosis are needed for professional psychiatric care. An estimated \$113 billion dollars is lost, per year, in the US due to mental illnesses. This is due to loss of productivity, medical costs, and social cost. Schizophrenia usually is detected in the teen years. Fear and stigma are inexorably linked to this brain disorder. People who suffer with schizophrenia can hear voices, have delusions, paranoia, and fear. It is thought that neurotransmitters in the brain are not functioning properly, and thus may contribute to this disease. However, with the proper medication and therapy many people are helped, and they can become a functional part of society again.

Bipolar (Manic Depression) and depression are other diseases of the mind. Bipolar symptoms are mood swing from hyper-elation to clinical depression which may involve suicide attempt. Depression can lead to death (suicide) when undetected and untreated. Depressed people have trouble even getting out of bed, they lose appetite, and they can lose interest in things that previously gave them pleasure. Medication along with the support of mental health professionals and the help of family and friends can bring them back to health and normalcy.

***Healthy Minds: Schizophrenia.* WLIW. USA. 2006. 25min.**

Jeff Borenstein hosts. This tape goes over statistics regarding schizophrenia. It dispels myths regarding schizophrenia, such as the belief that schizophrenia is a multiple personality. Nature versus nurture in the etiology of schizophrenia is covered. The fact that schizophrenia effects the entire family is discussed. Dr. Jeffrey Lieberman is interviewed by Dr. Borenstein regarding what is known about schizophrenia. Jay Neugenboren, author of "Imagining Robert" is interviewed. He talks about his brother's long struggle with schizophrenia.

***I'm Still Here.* NARSAD. USA 1997. 65min.**

This film mixed personal stories of people with schizophrenia, family stories of people who love someone with schizophrenia, and clinicians talk about the newer, better, medicines among other scientific things regarding schizophrenia. A short part of the film is a homeless outreach group that operates in Central Park, New York City. They do good work trying to do outreach with people that live in the park. This film has a depth to it that leaves one satisfied. It's good to see people with schizophrenia "making it" and fighting the good fight against their mental problems. A person who has schizophrenia is no more a "schizophrenic" than someone with a broken humerus is themselves "broken arm".

***Ken Steele: Schizophrenia from a Patient's Viewpoint.* WNBC-TV, Channel 4. USA August 1998. 6:41.**

Ken Steele is introduced as an advocate and hero for the mentally ill. A brief autobiographical sketch is drawn. The fact that he was a straight "A" student when he was younger is mentioned. Also, the fact that at the age of 15 he started hearing voices that would be with him until Risperdal helped quiet the voices was mentioned. He started the Voter Empowerment Project which registers many people with mental illness to vote. This is to give people with mental illness clout with their elected representatives. Also,

he is said to be the founder of New York City Voices, the consumer mental health newspaper.

Living with Schizophrenia. TRUST. Pfizer. USA 2001. 17min.

This video had 3 short biographies of three people successfully coping with schizophrenia: Renee, Misial, and Jason.

Renee is an African-American woman that had lived with schizophrenia for over 15 years at the creation of this tape. She heard voices. She wandered the streets of New York because she was afraid to go home. Eventually, she ended up in a ward over at Saint Vincents. Her sister stepped in to help. Now, with the help of new medication Renee is able to work full time as a homeless advocate, watch movies and enjoy them, and do other things.

Misial is a Latino American wandered around with voices in his head for years before his family stepped in because in his words “they were sick of it”. Now, with help from the new medications, he is taking his meds every day, going to a clinic 5 days a week, does weightlifting, and generally takes better care of himself.

Jason is a young male Caucasian American who is now asymptomatic due to the new medications he takes. He is working full time, and blends in with other “normal” friends, and his message: there is hope. He thinks the right medication is the single most important aspect in someone’s recovery from schizophrenia. Family and friends helped him in his recovery, but the person he’s relied on most for his recovery? Himself.

Mending Lives: A New Century, Part II: Conversations with People Taking Risperdal and Their Caregivers. Janssen. USA. 2001. 26min.

This video is primarily concerned with touting the benefits of Risperdal. Two people on Risperdal tell their stories: Bill and Joanne.

Bill’s story is presented first. Bill and his wife talk about the importance of medication compliance. Also, Bill says that Risperdal was the only medication that worked for him. Before Risperdal, he was going in and out of a local mental hospital. Bill’s mother said that she was happy that her son was “almost where he should be in life.” Bill also speaks to people to try to give them hope that schizophrenia is a treatable illness.

Joanne suffered with schizophrenia for thirty years. Her bouts with schizophrenia started in her mid 20’s. Her message is that people these days are luckier than when she first had her first psychotic break because the treatments are better now. She also says that she can feel emotions now that she is on Risperdal and that on her old antipsychotic, Navane, that was not the case.

Mental Illness in the Family: What Happens When Mental Illness Enters a Family’s Life? The Bonnie Tapes. Mental Illness Education Project Videos. USA . 1989. 26 min.

Bonnie has schizophrenia. This tape is one aspect of her story. Her first breakdown was when she was sixteen. She told her family that she was possessed and they called a priest for an exorcism. Nobody knew what was wrong with her. She was afraid that people wanted to kill her. She was afraid that if she would talk to anybody about these thoughts that they would kill whomever she told as well. When she found

out what was wrong, that she had paranoid schizophrenia, she didn't tell anyone for an entire year. Until she got help.

Bonnie's family members feel very guilty about her development of schizophrenia. Her siblings feel a lot of pressure to be perfect. They feel pressure to be normal.

My Sister is Mentally Ill: The Bonnie Tapes. Mental Illness Education Project Videos. USA. 1997. 22min.

Bonnie was diagnosed with paranoid schizophrenia at age 16. The conversation on this tape is between Kathy, Bonnie's older sister, and a therapist. The conversation occurs 14 years after Bonnie's first break. The therapist interviews Kathy for what she went through because of Bonnie's illness. The video touches upon "survivor's guilt", day to day effects on Kathy's life, and Kathy's need to be "the good one" and the "well" one after Bonnie got ill.

Preserving Cognitive Function in Schizophrenia: Implications for Antipsychotic Therapy. American Medical Communications. USA. 1997. 30min.

Traditionally, schizophrenia has been broken down into positive and negative symptoms of schizophrenia. This tape promotes that a third measure should be cognitive function. Why? Because from 1885 to 1985 the same number of people were able to work. Yes the medications helped people with schizophrenia with positive symptoms and sometimes with negative symptoms. However, the job statistic stands as it is because of the cognitive deficits. Starting with the addition of the atypical clozapine, cognitive function has been getting better in the patient population. It is conjectured that serotonin effects by these newer "atypicals" is the reason for superior efficacy. Monotherapy, or treatment with only one drug for schizophrenia is a very new and exciting concept in 1997.

Recovering From Mental Illness. The Bonnie Tapes. Mental Illness Education Project Videos. USA. 1989. 27min.

The last time Bonnie had a breakdown was four years ago- she saw ghosts and shadows. She would be driving in her car and think that God was telling her where to go. She still hears voices but now when she hears them she can tell herself that they are not real.

It is important to separate the person from the illness. Medication makes the symptoms better and sometimes even stop, but the illness is still there. Sometimes instead of Bonnie's voices just stopping, they would be neutral instead of saying mean things.

Schizophrenia & Depression: The Cutting Edge Medical Report #401. ITV and NARSAD. USA. [199?] 20 min.

This report was created before Titan abandoned Zomaril and before Geodon came out. So, it was in the late 1990's most probably. This tape gives a short introduction to dopamine and dopamine systems. The economic cost of schizophrenia is about 33 billion per year in the US alone. This figure in no way takes into account the psychic suffering

of the people who live with schizophrenia. The difference between typical and atypical antipsychotics is discussed with atypicals being said to be the better drugs.

***Schizophrenia: Managing Your Symptoms with Zyprexa.* Eli Lilly&Co., USA. 1998. 24min.**

This is a very Zyprexa-oriented video. This video is a vehicle for talking about Zyprexa and schizophrenia. How to take Zyprexa is given time. What to expect while taking Zyprexa is discussed. Discussion of positive and negative symptoms of schizophrenia and disorganized thinking are defined. This video encourages talking to your doctor about smoking and drinking. There is also a discussion of neurochemistry and how Zyprexa can help. The strange thing about this video is that there are very few people who actually have schizophrenia in the video and the ones that do have schizophrenia are given very little time. Most of the people with schizophrenia in this video are actually actors.

***Schizophrenia: Stolen Minds, Stolen Lives.* Discovery Channel. USA. 2001. 47 min.**

This tape focuses on the personal cost of schizophrenia and the hope for recovery. It tells the stories of several families, including Nobel prize winning mathematician, John Nash and his son Johnny, who both have the brain disorder. It also presents the latest research on schizophrenia and profiles top scientists, such as long-time NAMI member Nancy Andreasen, MD, PhD who recently received the National Medal of Science for her research on mental illness.

***Success Stories: Group Therapy Tools For Inpatient Psychiatric Care.* AstraZeneca. USA. 2005. 13min.**

This video alternately shows patients talking about an aspect of recovery and then pauses on what is thought to be a major thought in their dialog.

Substance Abuse

***Adolescent Treatment Approaches.* NCADI Video Resource Program. USA. [199?] 25:10.]**

In this video it is said that, teenagers are different than adults in that they still see themselves at the center of the world. Adults can see themselves in a larger picture, and when designing a drug treatment program for adults if you optimize the program for adults at age 30, it will also work well for adults who are 25 or 35. However, a program for 13 year olds will not work for 18 year olds.

The two settings for treating adolescents with substance abuse issues in this video are inpatient and outpatient. The outpatient is for adolescents with something “positive” working for them. They are not completely out of control. For example if a parent drives their child to an inpatient setting, it is said they will probably be rejected from treatment. Why? Because the child consented to go with the parent, this shows the child is not completely out of control. Adolescents work on trust in the inpatient setting as one of their biggest hurdles out of the life of drug abuse and breaking the law. In the outpatient setting parents are coached to be part of the solution to their child that is acting out and

doing drugs. Even when parents are viewed as part of the problem, a concerted effort is made to make them part of a positive answer to their children's issues.

Coming Together On Prevention. NCADI Video Resource Program. USA. [1994.] 26 min.

Drug abuse usually begins in young people. NIDA is studying three models that work on prevention of drug abuse behavior. These three models concentrate on school, family, and community. Respectively, they are named: Reconnecting At Risk Youth which is based in Seattle, WA, Strengthening Family Ties is based in Denver, CO, and Project Star was run out of Kansas City.

In the school-based program: *Reconnecting At Risk Youth* the educator leading the class focuses on: self esteem enhancement, decision making skills, personal control, and interpersonal communication skills. According to MEDLINE: "Tests of the preventive intervention demonstrated its efficacy for decreasing school deviance, drug involvement, and suicide potential among high-risk youth."

In the Family Based Program, *Strengthening Family Ties* the skill set that is given to the parents includes: how to relax, problem solving, how to give direction, and how alcohol and drugs affect their family. Endpoint information for this program could not be found.

In the community based program, *Project Star*, the intervention focuses on mass media, school curriculum, health policies, community training, and parental education. According to CSAP's Western Center for the Application of Prevention Technologies' Web site: "The results of extensive evaluations in Kansas City and Indianapolis indicate that Project STAR is an effective multicomponent, community-wide universal prevention strategy for reducing youth substance abuse and changing students' attitudes toward drug and alcohol abuse."

Drug Abuse and HIV: Reaching Those at Risk. NCADI Video Resource Program. USA. 16:40. 1995.

HIV transmission rates among intravenous drug users and their sexual partners are high. Contrary to popular conception, these people do care about their health and will try to avoid contracting HIV if given the education and supplies to reduce their risk of infection. One program featured in the video reduced risky behavior from the program's inception to its end by over 80%. This decrease in risky behavior in the injecting drug population will not stop the transmission of HIV, but it will slow its spread. The indigenous Leader Intervention Program is in part credited for that large drop in risky behavior by a large group of drug users. The Leader is a recovered drug addict that goes back into the drug dens and educates and provides materials to reduce risk of HIV infection.

Drug Abuse And The Brain. The NCADI Video Resource Program. USA. [199?]. 26:00.

This tape goes over the idea that people are not "morally wrong" when they abuse drugs. It explains that drug addiction is a disease of the brain, and the actions and perceptions people have when they are on drugs or when they are detoxing are colored by the drugs effect. One of the researchers in the beginning of the tape said that your mind

is your window on the world, and drugs alter the mind. Therefore, drugs alter your perceptions and your "window on the world", or how you view the world.

Drugs affect certain structures in the brain directly to induce highs. Neurotransmitters and the drugs effect on them are explained. The mechanism of action of agonists like heroin are explained. Heroin mimics the endorphins in the brain. And antagonists like cocaine are explained as well. Antagonists block receptor sites so that the levels of neurotransmitters in the brain get much higher, producing a high. A mixture of behavioral therapy and sometimes pharmacotherapy is put forth as a model of treatment for people who abuse drugs.

Drugs at Work. NCADI Video Resource Program. USA. [199?]. 24 min.

The statistics are there. One in ten people in America is an alcoholic. One in twenty is on illicit drugs. Even more people abuse over the counter substances. Drug use costs the US economy over 60 billion dollars a year in lost worker productivity.

Under President Regan the Employee Assistance Programs were instituted to advocate for people with drug abuse problems and other social issues. Awareness and education are the two ways that people can be prevented from developing a drug problem, and also keep them functional in a work environment.

Drug testing has two conflicting and shifting value judgments. The public's need for protection versus Amendment 4 no unreasonable search or seizure.

Dual Diagnosis. NCADI Video Resource Program. USA. 1993. 27min.

This video talks about what was a relatively new concept in 1993: dual diagnosis. What is dual diagnosis? It is co-occurring mental illness with substance abuse. Many times when a patient has a dual diagnosis, it is difficult to tell where a mental illness ends and an addiction problem begins. This tape highlights the unique problems and the techniques to be used when dealing with a person with dual diagnosis. We hear from psychiatrists, psychiatric nurses, and substance abuse counselors. The video notes some of the self-help group's de facto counterproductive realites. Some peopel in Al-Anon and Alcoholics Anonomous believe that one should be completely drug free. To them, this includes psychiatric drugs. However, if a person with a mental illness stops their medicine their probability of relapse is greatly increased, and with relapse the chance of starting drug use again goes way up. Near the end of the tape, a "triple diagnosis" of drug abuse, mental illness, and HIV is covered, and as one of the mental health workers in the tape says.. this "triple diagnosis" is not uncommon.

Healthy Minds: Chemical Dependency. WLIW. 2006. 25min.

Jeff Borenstein deals with chemical dependency as an illness in this video. An important part of this video is an interview with a survivor of 13 years of substance abuse. His name is Todd Crandell, and he founded the group "Racing for Recovery" to help others. Racing for Recovery's focus is to prevent youth from getting involved in the drug culture, and it also focuses on the people who are struggling with sobriety. The nature versus nurture aspect of this disease is covered, as well as the "enabler" that is in many chemical abuser's lives.

***Marijuana: What Can Parents Do?* The NCADI Video Resource Program. USA. 1995. 14 min.**

This tape tells parents that they should talk to their children about the dangers of marijuana, even if the parents have done it themselves. It lists dangers of Marijuana such as damaging short term memory. When short term memory is damaged, school becomes much more difficult because the student cannot concentrate. Also discussed is that there is a lifestyle that comes with drug use that can lead to promiscuous sex and impaired judgement. People should not smoke marijuana and drive because of impaired judgement and delayed reaction times due to the drug. One of the teens being interviewed on this tape said she had sex with people she ordinarily never wouldn't because of the drug. That marijuana is viewed as a "gateway" drug to harder drugs is discussed. The current research that is not discussed on this tape is that it seems like marijuana use can increase the likelihood of developing schizophrenia.

***Methadone: Where We Are.* NCADI Video Resource Program. USA. [199?]. 33 min.**

Methadone is a medication that helps people with opiate addiction to stop the rollercoaster ride of highs and lows that they experience on opiates. Methadone stabilizes people so they can concentrate on their lives-- instead of the drugs. Methadone treatment should be given in conjunction with counseling for optimal results. In the video it is quoted that 80% need to stay on methadone long term, and that many people come to the clinic with unrealistic expectations. When the amount of methadone in the patient's system is enough, if they shoot up with heroin, they should not feel a rush. Also, methadone calms their cravings for the opioids. This is important because with the AIDS crisis, now more than ever it becomes a matter of public health when people inject drugs. Women that are on methadone deliver smaller birth weight children; however, the babies are otherwise healthy. There is a lot of stigma in society against people who use methadone, and sometimes people using methadone internalize this stigma. However, if you look at the alternatives to what people would do if they didn't have methadone you can safely conclude that methadone is a useful tool in the physician's armamentarium.

***Relapse Prevention.* NCADI Video Resource Program. USA. [199?]. 24min.**

Relapse for people that struggle with drug abuse is common. Tools to avoid relapse and to tools to get back on track after a temporary setback are essential for people in recovery. Cognitive-behavioral techniques are gone over in the video. Various techniques dealing with relapse prevention are covered, including using prescription drugs to help the patient with cravings. Naltrexone and methadone are viewed as tools to aid in the recovery of the former drug abuser by helping their craving.

***Treatment Issues For Women.* NCADI Video Resource Program. USA. [199?]. 23min.**

Drug abuse rehabilitation for women is different from treating drug abuse in men. Drug abuse recovery programs are usually designed for men. Generally, women are placed in the same drug abuse treatment system as the men, and this is not ideal. Women's problems are unique to their population. Sure, women share some common problems with the men: infections, HIV, and impoverished living conditions. However, women are motivated to recover by their children. Children and the men in their lives are

the two most important entities in these women's lives. Most of these women have had abusive relationships with men in the past. This negative cycle of abuse with men sometimes starts with incest. Many of these women are developmentally arrested at a younger age. Many times they act as old as they were the age they started using drugs. Education can play a role in the rehabilitation of these women.