

Health & SCIENCE



SEEKING A HEALTHIER COMMUNITY

The board of directors of Center for Community Mental Health [CCMH] rose from its annual meeting last April with a new plan to help create a healthier North/Northeast community.

Already, CCMH is responding to the mental health care needs of North Portland inner-city neighborhoods with a host of preventative and therapeutic programs.

The plan announced by the non-profit agency's board chairperson Margot Allen seeks increased partnership and support from the public. It also embraces new and creative ways of problem-solving.

Changes in managed care have caused the mental health care center to streamline operations and consolidate services into a more efficient continuum.

"CCMH has responded by combining our children and youth programs into family services and our substances abuse and adult outpatient services into adult services," the agency's executive director, Carol R. Chism, said.

CCMH relies heavily on voluntary donations from well wishers to fulfill its commitment to over 400 clients.

The Center provides treatment services for children and their families, support services for adults, treatment programs for adolescents, mental health support, and chemical dependency treatment programs.

After 3 years of operation, the agency regrettably closed the door of its transitional living facility for chemically dependent women and their children because of lack of funding. Over the years, the facility served a home to about 39 women and 53 children. Five drug-free babies were also born at the house during that time.

"We will work to expand our collaborations and seek varied resources for continuing our work. We need every dollar we can get. We want to respond quickly to these needs," says Chism.

Blood pressure awareness

BY JOEY MURPHY

Over 50 million adults in the US have high blood pressure.

If that doesn't alarm you, it should. High blood pressure, or hypertension, is easy to cure, but if ignored can lead to serious health problems, OHSU nurse practitioner Veronica Legg said.

Studies also show that minorities are more susceptible to hypertension, Legg said. Hypertension is more common in the Southeastern US than in the rest of the nation.

High blood pressure can be normal even in healthy individuals. It's when elevated blood pressure levels become consistent that a physician will diagnose hypertension.

Blood pressure rises naturally with physical activity, excitement, fear, or emotional stress, but such eleva-

tions are usually transient.

There are a number of risk factors for hypertension. Some are unavoidable, like an inherited tendency for hypertension, race, old age and sex, Legg said.

In young adulthood and early middle age, high blood pressure occurs more frequently in men than in women; thereafter the reverse is true.

However, there are also a number of "changeable" risk factors, Legg said.

They include a sedentary lifestyle, overweightness, excessive alcohol consumption, too much salt and not enough calcium Legg said.

Consequences of high blood pressure vary. Legg said hypertension can lead to eye damage, heart enlargement, kidney damage and "car-

diovascular incidence." It causes atherosclerosis, or hardening of the arteries, which contributes to heart attack and stroke.

She recommended "keeping good control of your blood pressure." Checking your blood pres-

sure regularly is also important.

But to maintain a health pressure level, Legg said a balanced diet and regular exercise program is needed.

And if alcohol consumption or weight is also a problem, they need to be reduced.

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Seven myths about contact lenses

Myth: Contact lenses hurt.

Fact: Many patients experience no discomfort when first wearing contact lenses. Contact lens fitting by professional eye care practitioners can minimize the early irritation sometimes associated with new contact lenses. After a brief adjustment period of a few days, most wearers report they can no longer feel contact lenses on their eyes.

Myth: Contact lenses cannot correct astigmatism.

Fact: Contact lenses have made technological advances to meet the needs of patients with astigmatism. Individuals with astigmatism can be fitted with contact lenses designed to correct this problem. The misshapen cornea is precisely measured and special lenses are used to direct light rays to one spot on the retina. More than 60 thousand different contact lens prescriptions are available for this condition, offering the nearly 71 million Americans affected by astigmatism a potential alternative to eyeglasses.

Myth: Young people should start with eyeglasses for vision correction, then switch to contact lenses later in life.

Fact: Teenagers and pre-teens can safely wear contact lenses with guidance from parents, proper professional fitting and instruction in eye care and hygiene. Adolescents are usually appearance-conscious which makes them motivated to properly care for contact lenses. Therefore, contact lenses can be an appropriate initial prescription for vision correction.

Myth: Contact lenses are too delicate for teenagers who might damage or lose their lenses.

Fact: Contact lenses come in a variety of different materials, some of which are stronger and more resistant to tearing. Because teenagers are usually highly motivated to trade eyeglasses for contact lenses, they learn to properly and carefully handle contact lenses. Typically, teenagers do not have a significantly higher incidence of lens loss or damage

than their adult counterparts. As alternatives, single use contact lenses that are worn once and disposable lenses that are worn for a limited time can help minimize loss, handling and associated damage.

Myth: Contact lenses are not appropriate for people who participate in sports.

Fact: Whatever the sport--aerobics, basketball, football, ice hockey, running, biking, tennis or softball--today's contact lenses offer improved depth perception and peripheral vision. Many athletes report that contact lenses offer a wider field of view that is not limited by eyeglass frames. Contact lenses do not fog up or smudge, and they can improve the athlete's ability to judge the distance and speed of objects and other players.

Myth: Contact lenses should not be worn while participating in water sports.

Fact: Contact lenses go well with water sports. Swimmers, surfers, sailors and other water athletes no longer have to worry about wiping of

their glass when splashed with water, or risk losing or breaking their glasses. For swimmers, tight-fitting goggles should be worn to protect the eyes and contact lenses.

Myth: Contact lenses require time-consuming daily maintenance.

Fact: While daily maintenance is necessary for many types of contact lenses, regular cleaning of lenses has become much more convenient than in the past. Multi-purpose lens care products make caring for contact lenses quick and easy. Popular alternatives include single use contact lenses, which typically require no maintenance because they are designed to be worn once, and disposable lenses that are worn for only a limited time.

Living will to protect

Every 75 seconds, an American citizen is involuntarily committed to a psychiatric institution and treated against their will; and if you are African American, you are twice as likely to be committed than someone white.

The Citizens Commission on Human Rights International, however, has come up with a means for people to protect themselves from unwanted psychiatric intrusion.

Called a "Letter of Protection from Incarceration and/or Treatment" or a psychiatric "living will," the idea is the brain-child of CCHR's Honorary Co-founder and Commissioner, Dr. Thomas Szasz, professor of psychiatry emeritus, State University New York.

The will is signed by people "of sound mind" and prohibits psychiatric intervention should others dream that the person needs psychiatric hospitalization or treatment. It authorizes attorneys to take appropriate criminal and civil action against anyone who violates the declaration.

The will is an expression of an individual's right to refuse psycho-

logical or psychiatric treatment and sends a clear warning to psychiatrists and their institutions and organizations to keep their hands off or face litigation or criminal proceedings.

A strong measure, but one that International President of CCHR, Ms. Jan Eastgate, said is necessary. She recently released the psychiatric living will and other safeguards against psychiatric interference, at a European Hearing into Psychiatric Sexual Abuse and Other Human Rights Violations held in Brussels.

This week she released the will in the U.S. saying that CCHR plans to get millions of copies of the will distributed, including through its new Web Site (<http://www.cchr.org>).

"People need legal protection against involuntary commitment which deprives people of their liberty, or against enforced psychiatric treatment which takes away their freedom of choice and frequently results in a person being drugged senseless, electroshock and even being sexually abused.

Psychiatric sexual abuse destroys

lives, electroshock damages minds and powerful psychotropic (mind altering) drugs ruin people. If protection is not provided by governments, then the protection must rest with the public itself. The psychiatric living will is a step towards achieving this," Ms. Eastgate said.

CCHR also recommends that it be mandatory for psychiatrists, psychologist and psychotherapists to sign Loyalty Oath For Mental Practice before they are allowed to practice.

Internationally, there is a move to strengthen the Ethics Codes of psychiatrists, with the United Nations referring to this in their 1991 guidelines for the protection of the mentally ill, and the Council of Europe Recommendation on Psychiatry and Human Rights in 1994.

Ms. Eastgate said that if these practitioners cannot sign the oath, then they shouldn't be tampering with people's mind. "The signing of the oath is essential; it is a written contract with the patient and not just a code psychiatrists are expected to, but don't often, keep," she said.

Free Vision screenings before school reconvenes

The Pacific University College of Optometry Family Vision Centers, and affiliate clinics, provide a year-around program of free vision screenings for all ages including infants, pre-schoolers, school-age children, and adults. Vision screenings are especially beneficial in assuring proper development of learning skills for infants and children if they are received prior to or early in the school year.

Free screenings offered through the Pacific University College of Optometry are scheduled by appointment, take about 30 minutes to complete, and do not cause discomfort.

Screenings may be scheduled during evenings and weekends as well as regular business hours. In addition to free screenings at Pacific's Family Vision Centers, vision screenings are also available on an off-site basis for schools, businesses, and community organizations. Off-site screenings are provided without charge for non-profit organizations, and at a nominal charge to for-profit groups.

The American Optometric Association recommends that infants and children receive vision screenings and examinations beginning at six months; and at three years, five years, and every year thereafter throughout

school years. Although vision screenings do not substitute for a complete vision examination, they do provide important information about clarity of vision, eye health, and how well the eyes are working together as a team. This information is essential for assuring correct development of important learning skills such as reading and writing, and for avoiding a reduction in classroom performance and self-esteem.

Statistics identify that approximately one out of four patients receiving screenings at Pacific's Vision Centers fail because of various vision problems.

Make Self Care A Priority

Making a personal commitment to take time out for you may mean reshuffling priorities.

With our unique roles as mother, wife, sisters, career women - and sometimes all of the above - our schedule is already full.

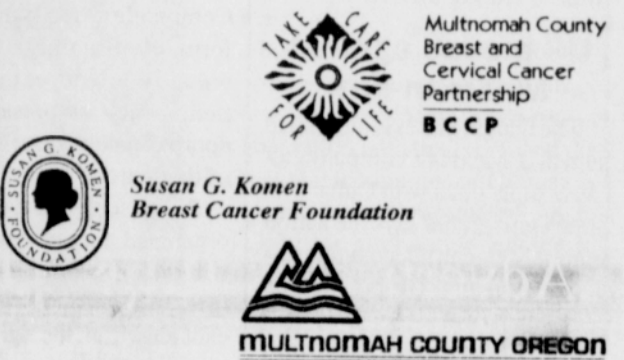
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It is recommended that women 40 and older get annual health exams. Early detection saves lives.

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