



Summits and Valleys  
by Dick Dorworth



Express photos by Willy Cook

**EACH DAY AT THE SAWTOOTH FISH HATCHERY** south of Stanley, Idaho Department of Fish and Game biologists measure and handle massive chinook salmon that have returned to the Sawtooth Valley from the Pacific Ocean. Above, Mallory Robison, 4, of Logan, Utah, said the chinook salmon she saw on Saturday were the biggest fish she ever saw. They were "slimy, big," the bashful little girl said.

Sawtooth Fish Hatchery Assistant Manager Mark Olson, bottom right, went out of his way to accommodate questions from curious onlookers. This fish, the biggest one trapped on Saturday, was 106 centimeters long.

After being anesthetized, handled and measured, most of the chinook salmon trapped on Saturday were released back into the Salmon River, below. Hatchery-raised fish that were kept will be used to bolster the hatchery's broodstock program.

## Idaho's kings return

*Sawtooth hatchery processes chinook*

By GREG STAHL

Express Staff Writer

**A** few of Idaho's kings are returning to the ramparts of the Sawtooth Mountains this year in a big, big way.

Among the chinook salmon returning to Idaho are a few five-year-olds measuring more than 40 inches and weighing nearly 40 pounds. At the Sawtooth Fish Hatchery on Saturday, Idaho Department of Fish and Game biologists measured and released two fish measuring roughly 106 centimeters. That's 42.4 inches or 3.5 feet.

Chinook, sometimes called king salmon, are "quite often" that big, said Sawtooth Hatchery fish culturist Mel Hughes. However, the largest fish this year measured 117 centimeters, he said.

The fish are "slimy, big," said Mallory Robison, 4, from Logan, Utah. Robison, who was visiting the Sawtooth Hatchery with her parents, said the chinook salmon she saw were far-and-away the largest fish she had ever seen.

Each day at 9 a.m. between June and early September, biologists at the Sawtooth Hatchery empty a large fish trap containing salmon that have traveled 900 miles from the Pacific ocean to spawn in the region's cold, clear water.

On Saturday, a group of spectators was well accommodated, and

gasps of excitement emerged from shining faces as the largest of the fish was handled, anesthetized and measured.

Sawtooth Hatchery Assistant Manager Mark Olson said the fish are trapped in order to determine whether they are of hatchery or natural origin, and to return some of the fish to the hatchery's broodstock program. All naturally-born fish are returned to the river, along with some of the returning hatchery-raised fish, he said.

Wearing waders to protect him from the cold water, Tony Herold, a Fish and Game biological aid, climbed into the deep trap and netted the salmon, before passing the net to Olson and Mike Setlock, who immersed the fish in anesthetic.

Once anesthetized, the fish were measured, and genetic samples were taken. A test was also performed to determine if the fish possessed a metal wire in their jaws. Detection of a wire indicated a hatchery-raised fish.

Natural-origin fish, along with some hatchery-raised fish were then placed in the back of a truck, which was used to deliver them back to the river, where they will spawn naturally.

By Saturday, 807 chinook had returned to the Sawtooth Fish Hatchery. Of those, 379 were hatchery-raised, and 428 were born in the wild.



## Early diagnosis, education essential in bipolar disorder

BY BARBARA PERKINS

Special to the Mountain Express

### Part II: Hope for Others

Tim Pollock, a bright, enthusiastic 26-year-old with a profound faith in God, took his life June 3 in a depression fueled by a severe form of mental illness: bipo-

lar disorder.

Tim was diagnosed with bipolar disorder in the fall of 2001 at the age of 24. Adult onset bipolar is often first diagnosed in the late teens or early 20s. Stabilization and retraining of the sufferer's nervous system and thought process may be difficult in severe cases such as Tim's. Diagnosis with bipolar disorder, also

called manic depression, does not always have the same result as Tim's.

### Surprisingly Common

Mental illnesses are disorders of the brain. A person's thinking, feeling, moods and ability to relate to others are disrupted, diminishing the capacity for

copied with ordinary demands of life. Mental illness is actually quite common.

An estimated 22.1 percent of Americans ages 18 and older, or about one in five adults, suffer from a diagnosable mental disorder in a given year, according to statistics from the National Institute for Mental Health, a division of the U.S. National  
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## BIPOLAR

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Institutes of Health in Washington, D.C. That adds up to approximately 44.3 million people or an estimated two out of the 10 people standing in the grocery checkout line.

More than 7 million adults and 5 million children and adolescents suffer from serious, chronic brain disorders, according to the National Alliance for the Mentally Ill, a national organization based in Washington, D.C. In fact, four of the 10 leading causes of disability in the United States and other developed countries are mental disorders, including major depression, bipolar disorder, schizophrenia and obsessive-compulsive disorder with many people suffering from more than one mental disorder at a given time, according to NIMH.

In Blaine County, 20 mental and substance abuse hold incidents were recorded in fiscal year 2001, according to statistics from Eileen Rodman at County Health Services. Nineteen were admitted to either Intermountain Hospital or Canyon View Hospital. The number of incidents more than doubled to 49 in FY 2002, according to her statistics.

### Bipolar Disorder

Tim suffered from bipolar disorder, which affects more than 2 million American adults with some estimates running as high as 3 million. The disorder causes episodes of mania and depression, suffered equally by men and women.

Often, clear symptoms of depression don't appear until the teen-ager has left home for college, with manic episodes showing up after the start of that first big job following graduation or another major life event. The sufferer is often far from family and lifelong friends who might recognize personality changes evident during the early stages of the disease.

Aggressive treatment with medications to counter the chemical imbalances in the brain and supportive therapy allow most sufferers to control their symptoms.

"We have good science that early, aggressive treatment is effective," said Dr. Gerald Brooks of Ketchum.

## EDITOR'S NOTE

The Pollock family laid their son Tim to rest June 10 after his feelings of hopelessness, rooted in severe mental illness, overpowered him so that he took his own life. The family's search for understanding has fueled a desire to inform others about bipolar disorder in the hope other families may recognize the symptoms and seek treatment early. Last week, we told Tim's story. This week, in the second of a two-part series, we turn our focus to understanding the numbers, recognizing symptoms of bipolar disorder, or manic depression, as it is also known, and revealing resources for education and treatment.)

The late onset of manic episodes makes the disorder difficult to distinguish from clinical depression in the early stages of the disease when treatment is so effective.

Manic or mania describes the activated phase of bipolar disorder with symptoms that can range from elated, happy moods to, in some individuals, irritable, angry, unpleasant moods.

Increased energy often leads to faster thinking and speech, and fuels ambitious or grandiose plans.

The depression phase can result in apathetic moods, decreased energy, irritability, and slowed thinking and speech. Feelings of helplessness, hopelessness,

worthlessness and thoughts of suicide may prevail. Many symptoms of bipolar can be masked by or are assumed by family and friends to be the result of drug or alcohol abuse.

In addition to swings of mania and depression, some individuals experience what's called a mixed state, according to NAMI, when symptoms of mania and depression occur at the same time, causing depressed moods accompanied by manic activity, sometimes with psychosis and possible suicidal thinking.

### Breaking the Cycle

Thoughts of suicide must be taken seriously. In 2000, 29,350

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**"We have good science that early, aggressive treatment is effective."**

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## BIPOLAR

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people died by suicide in the United States, according to government statistics. Suicide was the third leading cause of death among 15- to 24-year-olds that year. More than 90 percent of them had a diagnosable mental disorder, with more than 60 percent suffering from a depressive or bipolar disorder, according to NIMH.

Patients suffering from depression and bipolar disorder are more likely to take their own lives than individuals are in any other psychiatric or medical risk groups. Without effective treatment, and sometimes even with it, bipolar disorder leads to suicide in nearly 20 percent of cases, according to information on the NAMI/HBO Web site for the documentary "Suicide."

"The families must be involved," said Dr. Brooks, regarding treatment and prevention, but their involvement may not save the patient.

In many cases, family members are the only ones who can recognize a subtle change in mood that indicates the onset of an episode of the illness. A quick adjustment in medicine dosage or counseling is sometimes all that's needed to regain control, according to Dr. Brooks.

Any youngster with a family history of mental illness should be monitored, stressed Dr. Brooks. With early intervention, these bipolar sufferers can teach their nervous system to react in a certain way to calm themselves or avoid triggering situations. As they learn more about their bodies and their illness, they also learn to live with the disorder, just as a diabetic lives with monitoring insulin intake.

### Diagnosis is Difficult

The cause of bipolar disorder is not known. It is believed to be the result of a chemical imbalance in parts of the brain. Although the disorder tends to run in families, it is not always the case.

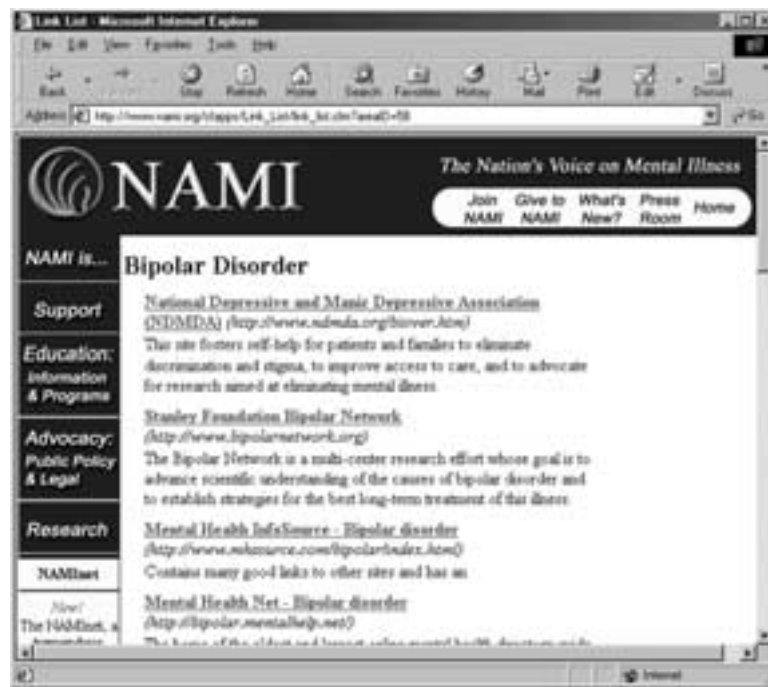
Diagnosis is difficult even with a family's history in hand, and often takes place after a serious life event (such as a serious loss, chronic illness or financial problem) triggers an episode. A bipolar episode may also occur without any obvious trigger.

Misdiagnosis can trigger it. Studies show that treating depression in a bipolar individual with an antidepressant medication may trigger a switch to the manic state, according to NAMI. Sleep deprivation may trigger mania or hypothyroidism may produce depression, according to literature on the disorder.

Bipolar disorder is highly treatable after an accurate diagnosis in 80 to 90 percent of cases. Medication is an essential part of successful treatment, despite the side effects, along with family support, therapy and education to understand the disease, its triggers and methods of coping with the episodes.

Failure to treat the illness can have a destructive and costly effect on the person, family members and society, yet many sufferers do not recognize they are sick.

People experiencing the "high" of mania often feel on top of things, productive, sociable and confident, which although exaggerated makes them feel more creative, active, intelligent and sexual. In states of hypomania,



## RESOURCES

### General Information

The Center for Mental Health Services Knowledge Exchange Network, with information and resources on prevention, treatment, and rehabilitation services for mental illness, <http://www.mentalhealth.org>

U.S. Surgeon General's site, <http://www.surgeongeneral.gov>

Substance Abuse and Mental Health Services Administration (SAMHSA), <http://www.samhsa.gov>

### Associations

National Association for Rural Mental Health, [www.narmh.org/index.html](http://www.narmh.org/index.html)

National Institute of Mental Health, <http://www.nimh.nih.gov/>

National Mental Health Association, <http://www.nmha.org/>

NAMI - National Alliance for the Mentally Ill, <http://www.nami.org/>

NAMI - in Idaho, <http://www.namiidaho.org/>

American Association of Suicidology, <http://www.suicidology.org/>

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nia, they may accomplish tremendous amounts of work.

It's difficult for the sufferer to comprehend how this state could possibly be abnormal and considered part of the disease. The feelings associated with hypomania are very appealing, especially to someone moving out of a state of depression.

Unfortunately, the "high" may not remain at that level, instead moving up the ladder to mania where moods become more elevated, behavior more unpredictable and judgment more impaired. Reckless decisions are often made during periods of mania, such as spending sprees or alcohol and drug abuse. Periods of perceived self-importance and empowerment could cause the person to lose his connection with reality.

Individuals suffering a manic episode rarely seek treatment because they do not recognize anything is wrong despite their risky activities and poor judgment, according to NAMI, yet seeking treatment during a period of depression can lead to misdiagnosis as clinical depression. Information from family and friends is crucial to making a correct diagnosis.

Another hurdle to diagnosis is the wide range of symptoms and severity associated with bipolar disorder.

Some sufferers only have occasional episodes of mania and frequent depression. Others experience predominately the mania or hypomania with few periods of depression. Mania and depression may also occur together in

what's called a mixed state.

### Living as Bipolar

Once correctly diagnosed, acceptance of the diagnosis by the individual is key to successful treatment. If someone has high blood pressure or epilepsy, he or she must take medication, exercise and watch that diet. It's the same with bipolar disorder.

Life-changing decisions may need to be made, including possibly a new line of work. A sufferer of bipolar disorder generally must avoid high-stress jobs.

Informing family, friends and co-workers of the situation can help individuals be more aware of shifts in mood indicative of an oncoming episode in time to seek treatment or adjust medication levels.

Bipolar disorder is not curable. Treatment is life long and surrounding oneself with caring, supportive people who understand this is an illness, not a behavior problem, is essential to leading a productive life with the disorder.

Support groups and educational resources are available in the Wood River Valley and on the Internet. The National Alliance for the Mentally Ill has a Wood River Valley chapter. For information on local support group meetings, contact Tom Hanson at 788-3178. NAMI also has a web site chock full of information and resources at [www.nami.org](http://www.nami.org).

The Crisis Hotline is a 24-7 emergency counseling organization that can be reached locally at 726-3596 or 788-3596 any time.

The Idaho Suicide Prevention Hotline is at 800-564-2120.