NAMI Northern Kentucky

National Alliance on Mental Illness

NEWS YOU CAN USE

IN THIS ISSUE

UPCOMING EVENTS

April 6

Board Meeting

March 7 and 21
April 4 and 18

Family to Family and FOCAS Support Groups

March 6 and April 3

Connections Support Group

STAY

March 2017

Editor: James D. Dahmann Ph.D.

Help for Caregivers

Many of our members are in a caregiving role for family members with mental illness, physical disabilities or who are elderly. This is a role that can be demanding, exhausting, and thankless. Here are some things psychologists have found can help you cope, based on both research and their personal experiences being in the caregiver role:

1) Don't go it alone. When you are confused, stuck, or can't figure out a solution, find some assistance to solve the problem. Ask people to help you brainstorm a range of solutions, listing the pros and cons and testing out the options. This is called "active problem solving."

2) Involve the family, reaching out to them for help. Unfortunately, this is often easier said than done, but worth trying if you have not yet done so.

3) The physical and emotional health of caregivers can suffer due to chronic stress, and this can also lead to anger and depression. Taking regular breaks from the caregiver role is essential to avoid this. It does not even have to be a whole day to be beneficial.

4) Sharing activities with the person you are caring for benefits both caregiver and the person needing the care.

5) Keep in mind the positive aspects of caregiving. Caregivers grow personally and

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spiritually, gaining an enhanced sense of purpose form making a difference in someone's life. One thing to keep in mind: Most caregivers are healthier and live longer than people who are not in caregiver roles!

Stringer, H. (2017). Lessons for Caregiving. Monitor on Psychology, 2017, 48 (2)(February), pp. 40-46

Increase Access to Mental Health Service

Training laypeople in resource-poor settings to deliver mental health services may be an effective way of boosting access to psychological services for individuals in need, new research suggests. Among individuals who screened positive for common mental disorders in Zimbabwe, a lay health worker-administered intervention led to improved symptoms at 6 months compared to enhanced usual care.

This study shows "lay health workers can be trained to deliver psychological interventions normally reserved for professionals such as psychologists and psychiatrists and can contribute towards reducing the treatment gap for common mental disorders," Dixon Chibanda, MD, of the Department of Community Medicine Harare, Zimbabwe AIDS Prevention Project-University of Zimbabwe, said. "There is now need to integrate [this] into existing programs, such as those for HIV, maternal, and child health, as part of a scaled-up strategy," he added.

Chibanda,D. et. al. (2016). Effect of a Primary Care-Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe. JAMA.2016;316(24):2618-2626. doi:10.1001/jama.2016.19102

Steps Against Stigma

NAMI Northern Kentucky

SAS Walk is September 30, 2017

NAMI Northern Kentucky and the Northern Kentucky Crisis Intervention Team are partnering to sponsor the 7th Annual Steps Against Stigma Walk on September 30,

2017 at Pioneer Park in Covington, Kentucky.

Each fall, members of the community commemorate World Health Month by participating in Steps Against Stigma. During this event, walkers take steps in advocacy to promote metal health education and support and to bring an end to the social stigma placed upon individuals living with mental illness.

Click Here to Donate Online.

The event includes walking along the park's designated trail, a picnic lunch and a gift basket raffle. Proceeds will go to support programs and services provided by NAMI Northern Kentucky and the Northern Kentucky Crisis Intervention Team.

We are currently seeking sponsors for our event. There are several opportunities available, so if you or someone you know is interested in becoming a sponsor, please contact NAMI NKY at info@naminky.org or 859-392-1730.

Registration information will be published at a later date.

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202(a)
How It Can Be Improved
(An Editorial)

KRS 202(a) is the Involuntary hospitalization law in Kentucky. Last month we explained the law and the multitude of problems with it. Following are some ways your editor thinks it can be improved, these are strictly my personal opinions and do not necessarily reflect the opinion of NAMI Northern Kentucky or NAMI National.

1) Replace the term "warrantless arrest" with "Take into protective custody." Having a mental illness is not a crime, why should someone be arrested for having it?

2) Dispose of the need for someone to be "dangerous". Dangerousness is notoriously difficult to define and identify and impossible to predict. In fact, you can flip a coin and get results as accurate. The same goes for predicting suicide–experts do no better than chance. And how do you define "imminent" and prove that when you can't even determine whether someone IS a danger much less WHEN? These two criteria are totally ridiculous and judgemental. We don't wait for someone with a physical illness to be a "danger" before treating them. We don't wait for a heart attack to be "imminent"–we try to prevent it! Should be do the same for mental illness? Rather than "imminent danger" change the criteria to that used in several European countries: "In need of treatment." Of course, this terminology is also vague and thus is open to abuse, so to prevent that I recommend several changes below. (see items 4 and 5).

3) No longer exclude substance abuse disorders. They are mental disorders, brain disorders, just like any other mental disorder. It makes absolutely no sense to not include these disorders in the definition of a mental disorder–no sense medically, no sense psychologically, and no sense humanely. Also, the majority of people today with "mental" illness also have a substance abuse problem, and you must treat both. The current law is archaic in its distinction. Indeed, Indiana has allowed involuntary treatment for substance abuse since the 1970's. It is high time Kentucky catch up.

4) Change to criteria of Qualified Mental Health Provider. Since the criteria for involuntary treatment would be loosened, we should be as sure as possible an appropriate determination is made by someone highly qualified. After all, we are potentially removing or restricting and individual's freedom and that cannot be taken lightly. A QMHP should only be someone with specific training and clinical experience in mental health assessment and diagnosis at a high level. Instead of any physician, the physician should be a psychiatrist. Other providers should also be doctoral level clinicians with specific mental health clinical training. Thus, it should be a clinical psychologist, a clinical social worker, a psychiatric nurse–and all should have doctoral degrees. The evaluator should, whenever feasible, be independent of the entity seeking involuntary treatment. For example, if NorthKey is seeking the involuntary, the evaluator should not be employed by Northkey if possible.

5) Remove the burden from the police whenever possible. Allow any QMHP (as defined above) to initiate and impose an emergency involuntary hospitalization. It is totally unfair to place this burden on police officers, who are not mental health professionals. The documentation should also be done by the QMHP, not the police. In most cases, in fact, this would allow an ambulance to do the transport, which is much safer for the ill person than the police doing it as required now. It also eliminates antagonism between the patient, who may be paranoid and not understand the police are trying to help, and the police since they are removed from the decision making process. However, police will still need the power to take someone into safekeeping when there is no QMHP on scene.

6) Establish an automatic acceptance policy at the hospital. If a QMHP has already determined the person is in need of involuntary hospitalization, and provides the hospital with documentation of this, the person should be automatically admitted as quickly as possible. That way the police and/or EMS are not tied up for hours. This is much safer for the community. However, this will require a modification in requirements of organizations such as JCAHO and possibly state statutes regarding needing to be on staff.

7) Remove the restrictions on use of restraints, sirens, and lights. These are used routinely with medical emergencies as necessary in the judgment of police/EMS, why not treat mental health emergencies the same way? At the same time, eliminate requirements to document use of sirens and lights (restraints should still be documented).

8) Make the final legal determination of need for hospitalization or other treatment made by QMHP's, not lawyers and judges. This should be an independent panel of QMHP's not involved in the individual's treatment. Require lawyers and judges involved in mental health law to have appropriate mental health training and education.

9) Eliminate the current burdens on obtaining forced medication and court-ordered treatment. It does no good to hospitalize someone who is psychotic if they refuse medication (probably due to the illness) and it cannot be given. People who are in a mental state where they cannot make sound judgments should not be making the decisions about the nature of their treatment. For those not in need of inpatient services, but with a history of outpatient noncompliance, court ordered treatment needs to be readily available with the means to enforce it.

10) Make provision for long term involuntary care (to say nothing of the need for long term voluntary care–sorely needed as well). Currently there is no mechanism for this. Either involuntary petitions have to be filed every few months, or the person (most often) is in and out of hospitals, jails, living on the streets, etc. This has resulted from misplaced concern about taking away people's freedom. They have the "right", it is argued by civil libertarians, to be sick if they choose. How can

wandering around psychotic, living under the bridge, etc. be called liberty? It's more like being a slave to the disease. As we know, often people with psychiatric disorders are unaware they are ill (anasognosia) so they really do not have freedom of choice. Society has an obligation to step in an protect them from their illness, whether they understand this or not..

11) Allow the statute to be implemented in a jail setting when it becomes apparent there is a serious mental disorder present, regardless of charges pending. Here, the court should be involved in determining an appropriate safe disposition (e.g. local hospital vs..secure forensic hospital) to protect the community as well as the individual. It is totally unfair and unsafe to put the burden of dealing with very ill individuals on local jails. It is inhumane to the ill person, unfair to jail staff left with no resources or training to deal with this, and also much more expensive.

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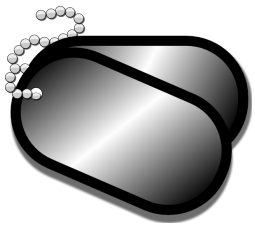
CIT Update

Our next CIT class is being held this month! CIT (Crisis Intervention Training) is a course designed primarily for police officers though other first responders have also found it helpful. The course teaches officers what the different mental illnesses are, how to identify them, and how to interact with the mentally ill individual. The result of this training has been reduced officer injuries, reduced injuries to people with mental illness, and increased diversion of people with mental illness to the treatment system rather than jail. NAMI NKY helps present the week-long course in coordination with NorthKey, Mental Health America, and the Airport, Alexandria, Boone County Sheriff, Covington, and Erlanger police departments. We also furnish lunch for the class one day. This class is full, with a waiting list; the next class will be in October.



A General Commits Suicide

Maj. Gen. John Rossi committed suicide on July 31, making him the highest-ranking soldier ever to have taken his own life. Rossi, who was 55, was just two days from pinning on his third star and taking command of Army Space and Missile Command when he killed himself at his home. Investigators could find no event, infidelity, misconduct or drug or alcohol abuse, that triggered Rossi's suicide. It appears that Rossi was overwhelmed by his responsibilities, said an official who was not

authorized to speak publicly about the investigation.

Rossi himself talked in March about suicide at a conference on preventing troops from killing themselves. Rossi led off the event by reading the reports of recent suicide attempts to the soldiers at the event, according to a news story on the Army's web site. He told the conference he received reports of four soldiers per week thinking about or attempting suicide. He held up a card from his wallet with photos of 10 soldiers who had died under his command at Fort Sill, Okla. Four of them had committed suicide.

"We are ultimately responsible for soldiers both on and off duty," Rossi said.

The Army, the armed forces and its veterans have struggled with the scourge of suicide since the 9/11 terror attacks and the wars that followed in Afghanistan and Iraq. About 20 veterans a day kill themselves, according to the Department of Veterans Affairs, putting them at 21% higher risk of suicide compared with civilian adults.

Brook T.V. (2016). General is most senior Army officer to kill self. USA Today, October 28, 2016. http://www.usatoday.com/story/news/politics/2016/10/28/army-generals-death-ruled-suicide/92880986/

Trauma and Children

What are the effects of trauma on children? While it varies with intensity, type, and extent of the trauma, two things are found in common: the younger the child when traumatized, the more serious the consequences; and experiencing four or more trauma types (out of 10)–no matter how severe or prolonged–greatly raises the risk of negative consequences. Specifically, when there are four or more traumas we see a 50% increase in major depression, increases in COPD, cancer, suicide, likelihood of being a rape victim later in life, and a shorter life span. There is also a drop of 8 points in IQ–compared with a 4 point drop from lead poisoning. The key to preventing this? Rapid involvement of the child in treatment–preferably within 2 weeks of the traumatic event.

Messer, E.P. (2017). The aftermath of trauma in children and adolescents: What we can expect and what we can do. Presented to The Cincinnati Academy of Professional Psychology, February 6, 2017.

Schizophrenia and Urban Living

Research starting in the early 1900's has consistently showed a higher proportion of people with schizophrenia live in an urban, rather than rural, environment. The question is whether the environment somehow is a factor in causing the schizophrenia (for example, due to social isolation), or if people with schizophrenia gravitate to poor, urban areas ("social drift"). It might seem like common sense that living in a run-down, inner-city neighborhood would wear away at your psychological wellbeing. But here is where the cultural cliché breaks down, because while the data

wellbeing. But here is where the cultural cliche breaks down, because while the data shows that urban environments reliably increase the chances of being diagnosed with schizophrenia, this is not the case for other mental health problems such as depression or mood instability. On the other hand, social drift makes sense–someone hitting 'rock bottom' due to the disabling effects of psychosis might be forced into such an environment–but we know this can't explain that time spent in the city is also associated with your future chance of developing these experiences. So the mystery remains, and we simply cannot answer the question: "why?"

Bell, V. (2016). The mystery of urban psychosis. The Atlantic, July 15, 2016, http://www.theatlantic.com/health/archive/2016/07/the-enigma-of-urban-psychosis/491141/

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Some Brief Things of Interest

1) We all know about the escalating problem with dementia with our aging population, but here is some good news: rates of dementia have decreased among older Americans! In 2000, the rate was 11.6%; in 2012 it dropped to 8.8%. It is thought this is due to higher educational levels, which are linked to lower risk of dementia. Another way to ward off Alzheimer's recently found: going to a sauna 4-7 times a week!

2) Unfortunately, A new study found depression in old age is often unrecognized and untreated. Of those treated, almost half received inappropriate drug treatment with

anxiolytics or hypnotics, both of which can worsen depression. In other words, only 25% of depressed elderly receive appropriate treatment with either proper drugs or psychotherapy. (The study defined "elderly" as those over 60, which made me depressed!)

3) The depression rate among teen girls has risen by 37% in the past 10 years, from 13.1% to 17.3%.

4) Despite decades of research, suicide risk factors such as depression, previous suicide attempts, stressful life events, and substance abuse do not predict suicidal behavior any better than chance.

5) If your depressive symptoms don't respond to drugs, try yoga breathing. While the study finding this helpful was only a pilot study, it cannot hurt (doesn't mean stopping the drugs without consulting with the prescriber, though!).

6) Trauma affects the brains of boys and girls differently. In traumatized boys, a specific part of the brain was larger than in non-traumatized boys; in girls, it was smaller–just the opposite reaction. The two sexes really are from different planets, apparently!

7)A trauma often overlooked, but which commonly leads to PTSD, is early pregnancy loss or miscarriage. It is estimated more than one third of women who

miscarry or have an ectopic or tubal pregnancy develop PTSD. This is due to several factors, including a tendency for women not to share this information openly, being exposed to constant reminders of their loss, and that everyone tends to sweep it under the rug, with no follow-up care or counseling routinely provided. We also have to consider the father in these cases, who is also deeply affected. The death of a child is one of the most traumatic things a person can go through so these findings really should not be surprising, but something rarely considered by the OB/GYN.

8) A new drug, experimentally called ABT-436, has been found to help people with alcohol problems stop drinking, particularly if they are under stress. Much more testing is needed to see if early results hold up.

9) The amount of "screen time" (TV, computer, phone, etc.) kids spend is correlated with depression. Interestingly, there is a cutoff of two hours. Kids spending less than two hours/day on screen time had a lower risk of depression; those with more than two hours had a higher risk of depression.

10) Adolescents who are becoming depressed may be irritable, fearful, or anxious rather than sad.

11) One in six adults use psychiatric drugs in a given year.

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Lazzara, B. (2017). Sauna bathing and dementia risk. Neurology Times, January 26, 2017. http://www.neurologytimes.com/alzheimer-disease/sauna-bathing-and-dementia-risk?GUID=35310303-0989-48C8-8155-286012918D2A&XGUID=&rememberme=1&ts=29012017. Lowry, F. (2016). Depression in older adutls: unrecognized, untreated. Medscape Medical News, August 12, 2016. http://www.medscape.com/viewarticle/867416?src=wnl_edit_tpal#vp_2. Winderman, L. (2017). In brief. Monitor on Psychology, 2017, 48(2).pp. 9-14; Rettner, R. (2016). New drug may help people with alcohol addiction reduce drinking. Farren, J. et. al. (2016). Post-traumatic stress, anxiety and depression following miscarrige or ectopic pregnancy: a prospective cohort study. BMJ Open, 2016;6:e011864. doi: 10.1136/bmjopen-2016-011864. Fox News Health, September 30,. 2016. http://www.foxnews.com/health/2016/09/30/new-drug-may-help-people-with-alcohol-addiction-reduce-drinking.html. Liu, M. (2016). Dose-Response Association of Screen Time-Based Sedentary Behaviour in Children and Adolescents and Depression British Journal of Sports Medicine, 2016, 50(20), pp. 1252-1258. Brooks, M. (2016). Irritability, anxiety precede depression in children. Medscape Medical News, December 12, 2016. http://www.medscape.com/viewarticle/873192?src=wnl_edit_tpal&uac=200967PN Duggel, N.E. (2016), 1 in 6 adults use psychiatric drugs in a year. Medpage Today, December 12, 2016. http://www.medpagetoday.com/Psychiatry/GeneralPsychiatry/62018?xid=nl_mpt_SRPsychiatry2016-12-15&eun=g826113d0r

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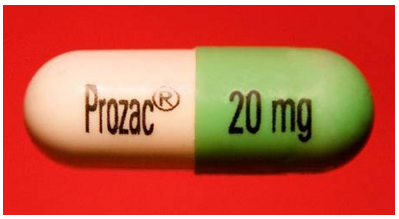
Good News About Dark Chocolate

Probiotics, the live bacteria found in foods such as yogurt, are known to regulate the body's immune response. This is one of the reasons they are known as "good bacteria." With immune response implicated in mania, the treatment potential of probiotics has become a subject of study. What I was not aware of, until coming across this article, was the probiotics are also contained in dark chocolate. Goodbye, yogurt! The research is looking at whether probiotic supplements reduce negative outcomes from mania. Results are not yet available, but none of the subjects has dropped out. (Imagine that!) As they say, an ounce of (dark chocolate) prevention is...yummy!

Also under study is a use of sulforaphane as a treatment for schizophrenia. Sulforaphane is the antioxidant found in Brussels sprouts, broccoli, kale and other

cruciferous plants recognized for their health benefits. This study has just started. I suspect more subjects may drop out of this one.

Fuller, D.A. (2016). New SMI studies from outside the box. Research Weekly, December 13, 2016.



Prozac Update

If the picture above looks familiar, perhaps you saw a photo of Carrie Fisher's funeral, where her ashes were buried in a giant Prozac capsule. Prozac has certainly come full circle. Originally embraced as the cure for nearly everything (at least in Hollywood circles), this first of a new breed of antidepressant drugs called SSRI's (Selective Serotonin Reuptake Inhibitor) was enormously successful. Then it began being blamed for people "going postal" and other awful things, none of which turned out to be true. One rather critical book was "Listening to Prozac": by Dr. Peter Kramer, a psychiatrist. A Newsweek cover story reported (rather irresponsibly, in my opinion) that studies suggest that the whole class of drugs (SSRI's) were no more effective than a placebo.

Now, 23 years later, Dr. Kramer is instead coming to the drug's defense! Kramer has written "Ordinarily Well: The Case for Antidepressants" to address what he feels is a destructive level of ignorance and confusion about this class of drugs. To sum up his position, SSRI's work-not all the time, and not for all people, but in lots of ways for lots of people. How they work remains a partial mystery, and how well they work has a subjective component-as do the afflictions the drugs treat-but they do work. Carrie Fisher was so appreciative of its help she is buried in one.

Rosen, J. (2016). The assault on antidepressants. The Atlantic, 2016 (July/August)
http://www.theatlantic.com/magazine/archive/2016/07/the-assault-on-antidepressants/485588/

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A New Series:

Psychiatric Treatments Throughout History - Odd, Outlandish or On the Right Track...

Attempts to treat mental illness date back to the ancient Greeks and Egyptians and contain-perhaps more so than in any other field of medicine-an array of unusual treatments that today may make us cringe. A few make a degree of scientific sense, some were genuine breakthroughs, and most were disasters.

Over the next year, we will present some of the more odd, outlandish and intriguing

psychiatric therapies proposed throughout human civilization.

Mesmerism

In the early 1770s, the Austrian physician and theologian Franz Friedrich Anton Mesmer put forward his notion of "animal magnetism," later to be termed "mesmerism." Mesmer theorized that any number of ailments were caused by naturally occurring magnetic fields, which could then be realigned to improve health. He initially administered high-dose iron to patients, which would be guided through the body with strategically placed magnets. Other variations called for patients to be seated in chemical-filled tubs with iron rods applied to the affected areas of the body. Eventually, Mesmer claimed to possess magnetic powers of his own, and would use the suggestive energy of his hands alone to treat patients. With a flair for the dramatic and claims of having cured hysterical blindness with his therapies, Mesmer charmed his way into the upper echelons of Parisian society. His

persuasiveness met its limits in a skeptical King Louis XVI, who created a royal commission of scientists (including then US ambassador to France, Benjamin Franklin) that eventually debunked Mesmer's claims. Nonetheless, Mesmer's theories laid the groundwork for the practice of hypnotism and various strains of American psychospiritualism.

tetka, B.S. & Watson, J. (2016). Odd and Outlandish Psychiatric Treatments Through History. Medscape, April 23, 2016. http://www.medscape.com/features/slideshow/odd-psychiatric-treatments?src=WNL_infoc_160724_MSCPEDIT_v2&uac=200967PN&impID=1163609&faf=1

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Volunteer for NAMI NKY

NAMI NKY welcomes the members of the community to share his or her time and talents in spreading our mission and local mental health awareness.

We currently have volunteer opportunities open for accounting and clerical support, support group facilitators, Family to Family and Basic Course teachers, and Steps-Against-Stigma annual walk preparation.

To become a volunteer, go to www.naminky.org and fill out a volunteer form.
(Note: Some volunteer opportunities may require specific NAMI training)

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