



National Alliance on Mental Illness

nami

**Northern
Kentucky**

NAMI FOR MENTAL HEALTH

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Editor: James D. Dahmann Ph.D.

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SUN HOSPITAL OPENS THIS MONTH!!! WHAT YOU NEED TO KNOW

SUN Behavioral Health, the new psychiatric hospital on Dolwick Lane in Erlanger, is opening this month! At a community forum December 21, the community's questions were answered. This is a synopsis of that meeting.

SUN stands for "Solving Unmet Needs". They are partnered with St. Elizabeth and NorthKey Community Care. The hospital has 197 beds. This will more than double the number of beds available for inpatient treatment in the region.

Please keep in mind that this is a HUGE endeavor. There will inevitably be problems and some confusion about things in the beginning. Mistakes will be made, things will be done that could be done better, and so on. Please be patient, and work with the staff at the hospital to solve problems if they arise. Remember

that they are human and so fallible, but will surely be trying their best.

1) All services that were at St. Elizabeth Edgewood and Florence and the inpatient child program at NorthKey will eventually be at SUN, except for geriatric psychiatric services. Geriatric services will remain at Edgewood initially, due to the medical needs of this population. Eventually some geriatric services will be at SUN but patients with dementia will remain at St. Elizabeth. SUN's services include both mental health and substance abuse treatment., ages 6 and up. Services will be transferred from St. E. to SUN over a period of months

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2) Once all units and programs are transferred, the hospital will start developing more specialized programs. These are expected to be in place by the end of 2018.

3) Intensive adult outpatient and partial hospitalization programs will be offered for both mental health and substance abuse. Eventually a children's outpatient program will be offered. This will allow a much needed a transition back to the community based programs. The flow will be inpatient > partial hospital > community. Also a patient not needing inpatient treatment can be admitted directly into one of the outpatient programs.

4) Intakes will be admitted either directly by going into SUN, or admitted from hospital emergency departments;. It will no longer be necessary to first go to a hospital emergency room (however, if there are acute medical needs, that would be advisable). Nobody will be turned away unless they have medical needs SUN cannot treat, in which case they will be transported to a physical health hospitals. Nobody will be turned away for financial reasons admissions are accepted 24 hours/day. The normal stay is anticipated to average 8-12 days, though both shorter and longer times will occur.

5) At the time of the December meeting, SUN was seeking a waiver so they can accept Medicaid. They have been told this will be granted.

6) SUN is planning a mobile assessment team but it will not go to private residences.

7) While SUN will not have security officers, the staff will be trained in dealing with and de-escalating behavioral problems. They will be able to place a patient on an involuntary hold if necessary, but every patient will be offered voluntary admission first.

8) If someone who is acutely intoxicated is brought to SUN, they will be assessed to see if they need more intensive medical care than SUN can provide. SUN will not provide medication assisted substance abuse treatment on an outpatient basis.

9) SUN is seeking to have court hearings held in the hospital to avoid transferring patients back and forth.

10) Transportation issues were still being worked out at time of the December meeting.

11) Proposed Timeline

Feb 20, first patient admitted. Patient population will remain low during the accreditation process.

April 15 full accreditation achieved; patients start moving from St. Elizabeth

June/July: All patients have been transferred from St. Elizabeth

2019: Hospital and programs fully operational.



WARNING: BEWARE THE BLUE WHALE CHALLENGE!

The Blue Whale Challenge is a nefarious internet meme that encourages those who embrace it to hurt themselves. Over the course of 50 days, an anonymous administrator is said to assign players escalating dares that involve self harm. The final task is suicide.

Social media has enabled these sorts of bizarre internet challenges. The people best positioned to observe the impact of a meme, and the influence it spreads, are those at the social networking companies. These services collect and analyze streams of data about what adolescents discuss. They're sophisticated enough in their ability to parse it that they can sell it to advertisers. We must demand they also direct that sophistication to issues of public health, particularly where adolescents and self-harm are concerned. In the meantime, keep an eye on your teens' social media browsing. You may remember our article about *13 Reasons Why*, Netflix's teen-oriented drama about a high-school student who takes her own life. *13 Reasons Why* managed to break virtually every rule that exists when it comes to portraying suicide, featuring a graphic, prolonged scene of the main character's death in the final episode and glamorizing it as a force for positive change in her community. Like other suicide prevention experts, we at NAMI loudly criticized this show due to concern it could lead to a suicide-contagion effect and a spate of copycat attempts. Suggestions were made to Netflix how to fix this problem, but Netflix's response was to change nothing. Now, research published at the end of July argues that those concerns may have been founded. The study used Google Trends to monitor certain search terms regarding the subject of suicide, like "how to commit suicide," "suicide hotline number," and "teen suicide." Seventeen out of the top 20 searches were significantly elevated, and the biggest increases came with terms related to suicidal thoughts and ideation, like "how to kill yourself." The study's authors write that it's unclear whether an increase in searches regarding suicide meant an increase in actual suicide attempts, although they note that there's typically a correlation between the two.

Hempel, J. (2017). Killing the Blue Whale Challenge. *Get Wired*, July 26, 2017. Reported in National Register of Health Service Providers Newsletter, August 18, 2017. <https://www.wired.com/story/killing-the-blue-whale-challenge/>

Ayers, J.W. et. al. (2017). *JAMA Intern Med.* 2017;177(10):1527-1529. doi:10.1001/jamainternmed.2017.3333.

[https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2646773?](https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2646773?utm_source=Silverchair_Information_Systems&utm_campaign=FTM_07272017&utm_content=news_releases&cmp=1&utm_medium=email&redirect=true)

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PSYCHIATRIST SHORTAGE



As more individuals are seeking treatment for severe mental illness, the shortage of psychiatrists to administer this care is getting worse. Rural America is disproportionately affected by the psychiatrist shortage, with 77% of counties classified as medically under-served in mental healthcare. The Bureau of Health Workforce Health Resources and Services Administration [estimates](#) that 3,500 more psychiatrists are needed to meet the demand, increasing to 6,090 by 2025. Yet, the psychiatric workforce is actually shrinking, due to the aging of the current workforce, low rates of reimbursement, burnout, burdensome documentation requirements and restrictive regulations around sharing clinical information necessary to coordinate care. Fortunately, the recent confirmation of Dr. Elinore McCance-Katz to serve as the assistant secretary of mental health and substance abuse is a glimmer of hope for individuals with serious mental illness and their families. For this first time ever, serious mental illness will be a priority area of focus for a government organization.

For that matter, why aren't there more psychologists? Partly because of the training demands. Only 4% of those obtaining a bachelor's degree in psychology go on to complete a doctorate in psychology-- although 43% go on to obtain some kind of graduate degree in other fields (higher than in most areas of study). Interestingly, 37% of people becoming psychologists obtained a bachelor's degree in a field other than psychology.

Treatment Advocacy Center (2017). Psychiatrist shortage in America. August 14, 2017. http://www.treatmentadvocacycenter.org/fixing-the-system/features-and-news/3897-psychiatrist-shortage-in-america-?utm_source=News+Roundup+-+Week+of+August+7+-+18&utm_campaign=News+Roundup&utm_medium=email

APA Center for Workforce Studies (2017). The path to becoming a psychologist. [Monitor on Psychology](#), 2017, 48, 9 (October), p. 17.

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FOOD AND MENTAL HEALTH LINKED





Can nutrition affect your mental health? Well, an email from Medscape Psychiatry (which I got just before Christmas but held back until after the holidays) says that a Mediterranean diet can lower depression--up to 45% and the effects last up to 6 months. Not bad. Additional good news: adding fish oil to the diet was of no help. Thank goodness! This finding is consistent with a rather large, and growing, body of research on this topic. For example, both a Chinese study and a British study found a link to depression; an Australian study found a connection to the size of the hippocampus (the part of the brain important for memory), and a Spanish study found an association with attention-deficit hyperactivity disorder (ADHD). Other areas studied are improving emotional control after a brain injury, behavioral problems in children, and reducing distress after a natural disaster. At Ohio State University, a psychologist found that omega-3 was helpful in treating depressed children--particularly those with an endogenous (e.g. genetic) depression rather than a situational depression--particularly if combined with psychotherapy. What to avoid? Unfortunately, our typical Western diet.

Lehmann, C (2017). Mediterranean diet improves depression. Medscape Psychiatry, December 22, 2017.

https://www.medscape.com/viewarticle/890506?src=wnl_edit_tpal&uac=200967PN

Clay, R.A. (2017). The link between food and mental health. Monitor on Psychology, 2017, 48 (8), pp. 26-28.

WELCOME TO ALEXANDREA BARBER



I would like to introduce you to our new Administrative Assistant Alexandra Barber.

Alex started with us on January 20, 2018. She will replace Tiffany Hannonians in the

Alex started with us on January 29, 2018. She will replace Tiffany Hoppenjans in the position Administrative Assistant. Tiffany I want to thank you for a job well done. You have been a great asset to NAMI NKY.

Alex comes to us with many of the skills I lack on the computer side of the office. But she also has her Masters of Arts in Integrative Studies. Her focus was in Mental Health in the Work Place.

While putting herself through school and raising her daughter Alex has held different positions that will be helpful to NAMI NKY in the future.

Please join me in Welcoming Alex to NAMI NKY.

Dorothy Best

Hello,
As the new administrative assistant I would like to extend an invitation to other organisations and individuals to assist me in our focus to improve the mental health of Northern Kentuckians.
If you would like to meet with me or contact me to discuss involvement with NAMINKY, please contact me at;
E-mail: abarber@naminky.org
Thank you.
Alexandrea Barber

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BRIEF AND INFORMATIVE

--The most common cause of death for male physician residents: suicide. It is also the second most common cause of death for all residents.

Morris, N. P. (2017). Suicide Is Much Too Common among U.S. Physicians. Scientific American, August 11, 2017.
<https://blogs.scientificamerican.com/observations/suicide-is-much-too-common-among-u-s-physicians/>

Most individuals with serious mental illness want to work, and supported employment benefits communities. Nonetheless, only 2% of adults with serious mental illness have access to supported employment services.

Fuller, D.A. (2017). The Sorry State of Supported Employment. Research Weekly, August 22, 2017.
<http://webmailb.juno.com/webmail/new/5?userinfo=2166a92c0848a77d4c77f6a91089f6e6&count=1513904655&cf=sp&randid=1224053603>

A study of 800,000 people in Denmark showed that the prevalence of dementia in the population decreased as lifetime exposure to lithium in drinking water increased. Short-term studies failed to demonstrate an effect of lithium on the cognitive status of Alzheimer's patients, suggesting longer-term exposure might be required to show a beneficial effect. The study adds to 50 years of accumulating data on the benefits of lithium for treating psychiatric disorders.

Kessing LV, et al (2017) Association of lithium in drinking water with the incidence of dementia. JAMA Psychiatry 2017; DOI:10.1001/jamapsychiatry.2017.2362.
McGrath JJ and Berk M. "Could lithium in drinking water reduce the incidence of dementia? JAMA Psychiatry 2017; DOI:10.1001/jamapsychiatry.2017.2336.

Treating negative symptoms in schizophrenia has always been a challenge for clinicians. Currently there are no drugs approved by the US Food and Administration (FDA) for this specific indication. But recent research findings may offer new hope. Those taking the investigational antipsychotic MIN-101 (Minerva Neurosciences) had lower negative

and positive symptoms than those taking a placebo.

Brauser, D. (2017). *New Treatments for Negative Schizophrenia Symptoms Stir Debate*. *Medscape Psychiatry*, August 28, 2017. https://www.medscape.com/viewarticle/884847?src=wnl_edit_tpal&uac=200967PN#vp_1

It is not surprising that victims of bullying are at increased of mental and physical health problems in adulthood. However, we now know that the bullying perpetrators, too, are at the same risks as their victims. Whereas victims tend to had more financial difficulties, more stressful life experiences, and less optimism as adults, the perpetrators were more likely to be aggressive, and more likely to smoke in adulthood.

Winerman, L. (2017). *Bullies and victims*. , *Monitor on Psychology*, 2017, 48 (8), p. 11.

About twice as many females suffer from depression as males worldwide; in adolescence, girls are three times as likely as boys to be depressed, according to a study in *Psychological Bulletin*.

Winerman, L. (2017). *Gender and depression*. , *Monitor on Psychology*, 2017, 48 (8), p. 12.

Contrary to popular belief, smiling does NOT make you look younger. In fact, smiling ages faces in photos by an average of two years! Who knew? Guess I'll start frowning more!

Winerman, L. (2017). *Smile! (Or Don't)*. , *Monitor on Psychology*, 2017, 48 (8), p. 14.

Teenage girls and young women who suffer a concussion have increased risk of abnormal menstrual cycles, possibly due to damage to the brain system regulating the cycles. Snook, M.L. et al. (2017) *Association of Concussion With Abnormal Menstrual Patterns in Adolescent and Young Women*. *JAMA Pediatrics*, 2017;171(9):879-886. doi:10.1001/jamapediatrics.2017.1140

DEATH PENALTY AND MENTAL ILLNESS

In 2002, the Supreme Court prohibited imposing the death penalty on offenders who are intellectually disabled; in 2005 it excluded offenders under the age of 18 at the time of the offense. In 2006, the American Bar Association, American Psychiatric Association, American Psychological Association, and NAMI adopted resolutions opposing the use of the death penalty for individuals with severe mental illness. Recently, Indiana tried to pass Senate Bill 155, prohibiting the death penalty for offenders with serious mental illness, but the bill never got to the floor. Indeed, in the more than 10 years since APA, ABA, ApA and NAMI adopted their resolutions, not a single state has enacted a law preventing execution of the severely mentally ill. What will it take?

DeMatteo, D. & Lankford, C. (2017) *Limiting the reach of the death penalty*. *Monitor on Psychology*, 2017, 48 (8), p.337.

NAMI of Northern Kentucky

would like to hold a **Facilitator's Training** here in NKY. We are search of encouraging and thoughtful individuals that can commit to the role for support groups.



Dorothy Best Executive Director

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Back to Basics

3 week classes will begin;

Wednesday, April 11th

Wednesday, April 18th

Wednesday, April 25th

From 9 a.m. to 3 p.m.

Family to Family

six week classes will begin on Monday April 9th and continue through;

- **Thursday, April 12th**
- **Monday, April 16th**
- **Thursday, April 19th**
- **Monday, April 23rd**
- **Thursday, April 26th**
- **Monday, April 30th**
- **Thursday, May 3rd**
- **Monday, May 7th**
- **Thursday, May 10th**
- **Monday, May 14th**
- **Thursday, May 17th**
- **From 6 p.m. to 8 p.m.**



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- Visit www.kroger.com
- Click Register/Sign-In to create/access your online account.
- Add your Plus Card or Plus Card Alt ID (Hint: Older cards may not upload. Contact customer service or create a new digital card and new alt id.)
- Under "Community Rewards" choose NAMI Northern Kentucky (Organization #825338).

Remke Rewards:

- Visit www.remke.com
- Click Register/Sign-In to create/access your online account.
- Add your Plus Card or Plus Card Alt ID (Hint: Older cards may not upload. Contact customer service or create a new digital card and new alt id).
- Under "Caring Neighbor" choose NAMI Northern Kentucky.

Amazon Smile:

- Shop Amazon via <https://smile.amazon.com> (Remember: Donations to NOT apply to purchases made through www.amazon.com or Amazon's mobile app.)
- Login or create a new account.
- Under "Your Account," scroll to "Your AmazonSmile."
- Choose NAMI Northern Kentucky as your charity and start shopping.

Volunteer for NAMI NKY



An international team of psychologists has found that helping others triggers changes in the brain, specifically the temperamental

triggers changes in the brain -- specifically the temporoparietal junction and the ventral striatum. Why is this important? These are regions associated with reward, pleasure, and happiness. Even **small acts of generosity had significant effects**. So, if you want to feel happier, consider a donation to NAMI NKY. Better yet, gain the additional psychological and physical benefits of exercise by volunteering--for NAMI NKY, of course!

The Week, July 28, 2017, pg. 19

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.

To become a volunteer, go to www.naminky.org and fill out a volunteer form.

(Note: Some volunteer opportunities may require specific NAMI training)



SPREAD THE WORD

Have information or an article you would like to share?
Email NAMI NKY at info@naminky.org

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