NAMI Northern Kentucky

National Alliance on Mental Illness

NAMI FOR MENTAL HEALTH

Volume 1 Issue # 3

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April 2018

Editor: James D. Dahmann Ph.D.

COPING WITH GRIEF

Losing someone you love can change your world. You miss the person who has died and want them back. You may feel sad, alone, or even angry. You might have trouble concentrating or sleeping. If you were a busy caregiver, you might feel lost when you're suddenly faced with lots of unscheduled time. These feelings are normal. The death of a loved one can affect how you feel, how you act, and what you think. Together, these reactions are called grief. It's a natural response to loss. You may even begin to feel the loss of your loved one even before their death. This is called anticipatory grief. It's common among people who are long-term caregivers.

There's no right or wrong way to mourn. Grieving doesn't mean that you have to feel certain emotions. People can grieve in many very different ways. In some cultures, grief is expressed quietly and privately. In others, it can be loud and out in the open. Culture also shapes how long family members are expected to grieve. People often believe they should feel a certain way. These''shoulds" can lead to feeling badly about feeling badly. It's hugely important to give yourself permission to grieve and allow yourself to feel whatever you are feeling
Though people don't often associate them with grief, laughing and smiling are also healthy responses to loss and can be protective.. People who express flexibility in their emotions often cope well with loss and are healthier over time. For instance, a person with emotional flexibility can show positive feelings, like joy, when sharing a happy memory of the person they lost and then switch to expressing sadness or anger when recalling more negative memories.

About 10% of bereaved people experience complicated grief, a condition that makes it harder for some people to adapt to the loss of a loved one. People with this prolonged, intense grief tend to get caught up in certain

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kinds of thinking. They may think the death did not have to happen or happen in the way that it did. They also might judge their grief-questioning if it's too little or too much- and focus on avoiding reminders of the loss. These folks may need to seek professional help in moving along in their lives.

NIH News in Health, October 2017. https://newsinhealth.nih.gov/2017/10/coping-grief

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Benjamin Brewer Obituary

Benjamin C. Brewer

March 14, 1995 - March 16, 2018

Born in Cincinnati, Ohio

Resided in Southgate, KY

Benjamin Charles Brewer, 23, of Southgate, died Friday at home. Ben was a 2013 graduate of Villa Madonna Academy and attended Northern Kentucky University. He was a veteran of the U.S. Air Force.

Ben is survived by his father and step-mother, Charles P. and Susan Brewer of Wilder; his mother, Sue Denny of Philadelphia (formerly of Campbell County); two sisters, Katy of Lexington and Paige of Washington, D.C.; his maternal grandfather, Thomas E. Denny of Glen Mills, Pa.; and loving aunts, uncles and cousins.

A memorial mass was celebrated Tuesday, March 20, at St. Joseph Catholic Church, 4011 Alexandria Pike, Cold Spring.

The family has asked NAMI NKY that the funds we received in Ben's honor are to be used for school based education, seminars for teachers, and parents to raise awareness of the impact mental illness has on everyone's life.

Contributions in Ben's memory may be made to the National Alliance on Mental Illness (NAMI) of Northern Kentucky, 303 Court St, Suite 707, Covington KY 41011.

SUICIDE

According to the U.S. Department of Health and Human Services (HHS) National Center for Health Statistics (NCHS), suicide was the 10th leading cause of death in the United States in 2013. Recent research indicates that suicide is at a 30-year high. In addition, other reports conclude that the suicide rate is rising sharply for males aged 45 to 64, with females aged 45 to 64 having the second-largest percentage increase. Those aged 18 to 25 had a higher percentage of suicidal thoughts (6.9 percent) than other age groups (ranging from 4.6 to 1.6 percent). Overall, 3.5 percent of middle-aged adults had suicidal thoughts in the past year, ranging from 2.5 percent among those aged 60 to 64 to 4.2 percent among those aged 45 to 49. This pattern was the same for males and females.

There has also been an increase in suicide attempts among adults in the United States in recent years, especially among younger adults with less formal education and those with common personality, mood, and anxiety disorders, Much of the increase was attributed to a poor economy. (The study was published in November, 2017; It will be interesting to see, if the rate starts to drop with the economy booming.)

People who are older white, married and military veterans are more likely than young to reveal their suicidal ideation. 23% of suicide victims age 50 or older shared suicidal thoughts with another person in the month before their death. Most often, people who shared suicidal thoughts told an intimate partner or other family member, and not a health professional. People were less likely to share their intentions to commit suicide when they planned to use a gun or try to hang or suffocate themselves than when they were considering other methods, the study also found. Older adults at risk of suicide may not want to disclose their suicide intent if they think family members and healthcare and social service providers may force them into inpatient treatment or dismiss their disclosure. One of the most important warning signs for suicide attempts is talking about wanting to die. Families should take talk of wanting to die seriously and take steps to obtain mental health treatment.

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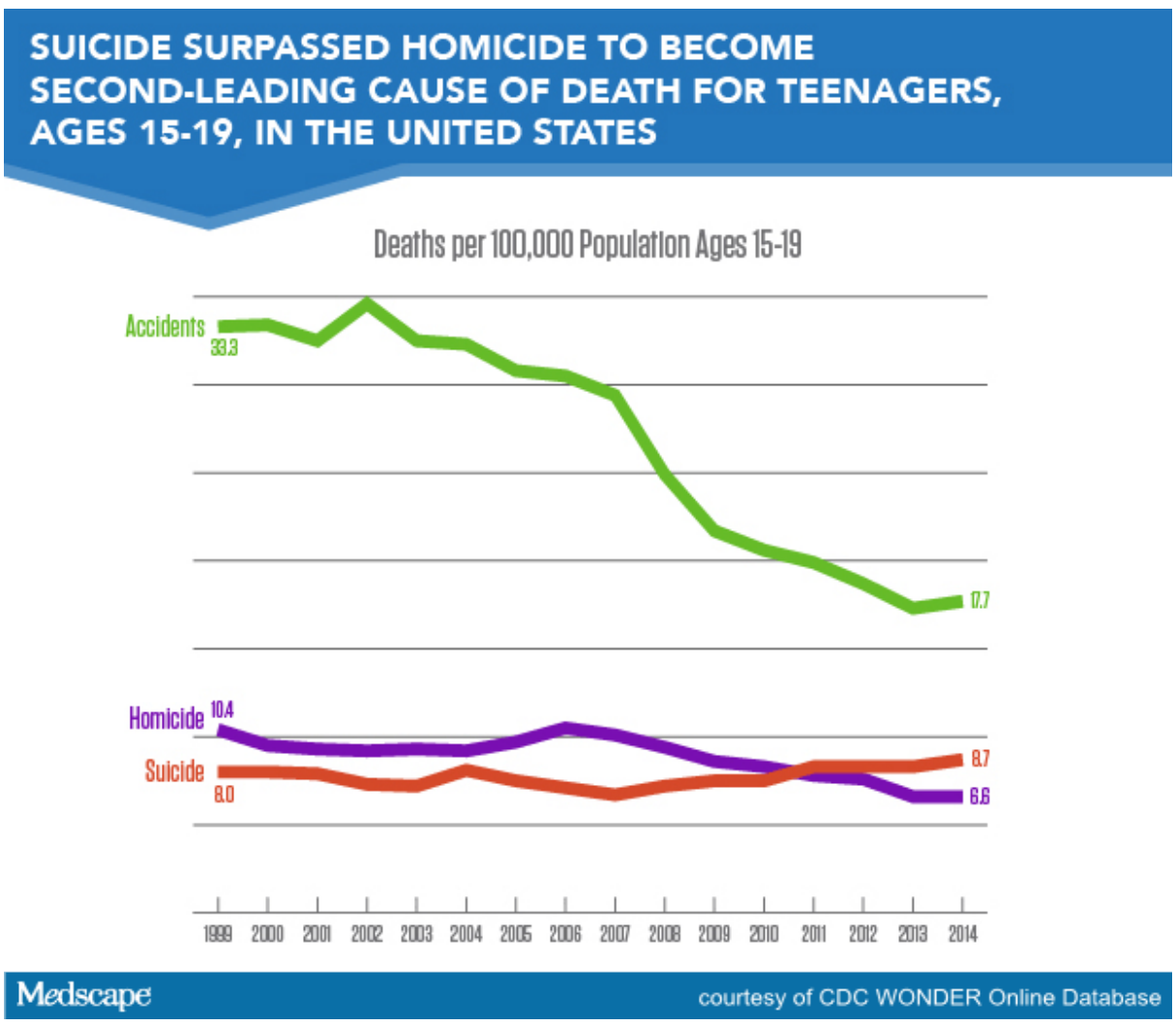
Olfson, M. et. al. (2017). National Trends in Suicide Attempts Among Adults in the United States. JAMA Psychiatry.

2017;74(11):1095-1103. doi:10.1001/jamapsychiatry.2017.2582

Denchev, P. et. al. (2018) Modeling the Cost-Effectiveness of Interventions to Reduce Suicide Risk Among Hospital Emergency Department Patients. Psychiatric Services, 2018. 69 (1). January 1, 2018. https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600351?journalCode=ps

TEEN SUICIDE RISES

Suicide is now the second most common cause of death (and rising) among teens--a public health failure. By contrast, teenage deaths due to motor vehicle accidents have declined by over 75%-- a public health victory due to the mandatory seat belt laws, automotive engineering advances, and graduated licensing program.



According to data from the US Centers for Disease Control and Prevention, within the past year, almost 1 in 10 teens between the ages of 15 and 19 years have attempted suicide. These almost 10% of teens come from every background. A prep school adolescent juggling five Advanced Placement classes with an eye toward Yale likely has real stress. A teen struggling with the stress of parental opioid addiction faces significant challenges (and risks to his own life). Individuals who struggle with depression, anxiety, and are members of the LGBTQ (lesbian, gay, bisexual, transgender, questioning) community are at higher risk of contemplating or attempting suicide..

Acknowledging the reality that suicide is blind to income or socioeconomic status is the first step in changing the status quo.

With the rise of social media, bullying is epidemic and likely a contributor. Social media plays a significant role in contributing to the anxiety of teens. While social media at first can be attractive to teens who want to "stay in touch" with each other, this idea can quickly lead to FOMO (fear of missing out) and unrealistic expectations. It also provides an opportunity for cyberbullying and a potential decline in the

personal interactions that rely on voice tone and recognition of facial features to decode the context beyond the words in a conversation

Lawton, D.G. (2017). Suicide risk in teens: Look everywhere. Medscape Psychiatry, November 21, 2017. https://www.medscape.com/viewarticle/888611?src=wnl_edit_tpal&uac=200967PN#vp_1

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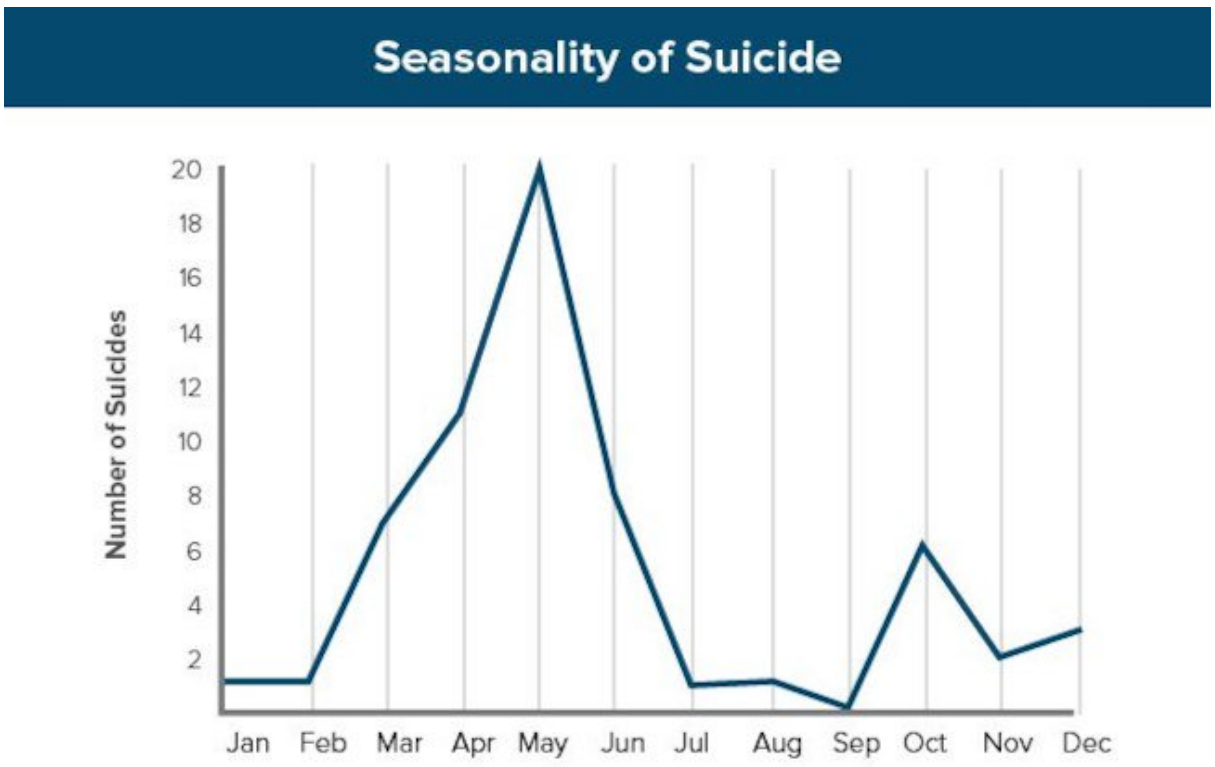
WHEN SUICIDE OCCURS

There are definite peaks of suicide risk. Unlike what most people think, it is not in the winter or around the holidays. Rather, it is in the Spring.

DATA POINTS



As TS Eliot wrote, "April is the cruellest month."

Ghaemi, S.N. (2017). Seasonal Affective Disorder (SAD): Facts and Misconceptions. Medscape, November 21, 2017. https://reference.medscape.com/slideshow/seasonal-affective-disorder-6007256?src=wnl_edit_tpal&uac=200967PN#3

Individuals with Serious Mental Illness who are in prison spend an average of 5.75 years in solitary confinement. 12% are then released directly into the community.

Sinclair, E. (2017). Research Weekly. Treatment Advocacy Center, August 30. 2017. http://webmailb.juno.com/webmail/new/5?userinfo=2166a92c0848a77d4c77f6a91089f6e6&count=1516130950&cf=sp&randid=1141506975

Brain matter loss in patients with schizophrenia may partially explain impaired memory and slower brain processes, two common cognitive deficits in this group.

Kochunov, P. (2017). Association of white matter with core cognitive deficits in patients with schizophrenia. JAMA Psychiatry, 2017, August

The US Food and Drug Administration (FDA) has approved deutetrabenazine (*Austedo*™) for the treatment of tardive dyskinesia in adults. It has also recently approved valbenazine (Ingrezza™) for this purpose. Tardive dyskinesia (TD) is a debilitating and often irreversible movement disorder characterized by repetitive and uncontrollable movements of the tongue, lips, face, trunk, and extremities. TD affects roughly 500,000 people in the United States and is caused by certain medications used to treat psychiatric disorders or gastrointestinal conditions, particularly the older generation antipsychotic medications.

Brooks, M. (2017) FDA OKs Deutetrabenazine (Austedo) for Tardive Dyskinesia. Medscape Psychiatry, August 30, 2017. https://www.medscape.com/viewarticle/885051?nlid=117589_3901&src=wnl_newsalrt_170830_MSCPEDIT&uac=200967PN&impID=1422472&faf=1
Neurocrine Biosciences, Inc. (2017). Posted September 27, 2017 on WebMD Professional site.

The idea that sound waves may directly affect brain waves has led researchers to explore music as therapy for epilepsy. There is limited and low quality evidence of an antiepileptic effect with the Mozart Sonata K.448. There is no explanation for the apparent effect of music on seizures. However, clinicians should consider musicality when treating patients with antiepileptic medication or preparing patients for epilepsy surgery.

Maguire, M. (20217). Epilepsy and music: Practical notes. Pract. Neurol. 2017, 17(2), 86-95. https://www.medscape.com/viewarticle/884686?

src=wnl_edit_tpal&uac=200967PN

Antidepressant use during pregnancy is associated with modest increases in the risk for various psychiatric disorders in offspring, including autism spectrum disorder, mood disorders, somatoform disorders, and behavioral and emotional disorders, according to a large observational study from Denmark. However, the investigators urge caution in interpreting the findings. They noted the findings may be attributable to the severity of underlying maternal psychiatric disorders rather than the drugs.

Lie, X. et. al. (2017). Antidepressant use during pregnancy and psychiatric disorders in offspring: Danish nationwide register based cohort study. BMJ2017;358:j3668

For the up to one third of depression patients having long-standing, treatment-resistant depression (TRD), there are few proven treatment options. Two novel techniques, one targeting brainwaves and the other utilizing noninvasive stimulation of the vagus nerve, may offer hope for achieving remission, results of two pilot studies suggest.

In one study, investigators assessed neurofeedback, in which patients were taught to vary their brainwaves in response to audio and visual signals. Results showed that eight of the 20 participants with TRD responded to the treatment, and five achieved remission. Moreover, no adverse events were observed. In the second study, researchers examined transcutaneous vagal nerve stimulation (taVNS) as an alternative to surgically implanted stimulators in five patients with TRD. Although use of the device was hampered by technical problems, there was a sign of improvement, indicating further study is warranted.

Davenport, L. (2017). Novel Techniques Offer Hope for Treatment-Resistant Depression. Medscape Psychiatry, September 7, 2017 https://www.medscape.com/viewarticle/885341?src=wnl_edit_tpal&uac=200967PN

Sleep disturbances are predictive of acute suicidal ideation in young adults, independent of depression severity, and can be regarded as acute warning signs, new research shows.

Yasgur, B.S. (2017). Can Sleep Disturbances Increase Risk for Suicidal Behavior? Medscape, September 7, 2017. https://www.medscape.org/viewarticle/882995?src=wnl_tpal_170908_mscpedu&uac=200967PN&impID=1428592

A brief intervention that emphasizes specific patient goals and possible treatment fears appears to significantly improve medication adherence in patients with depression. In fact patients were five times more likely to adhere to a newly prescribed antidepressant 6 weeks later than those who received usual care. In addition, they were three times more likely to adhere to treatment. *(This study was done in a primary care setting where time with a patient is generally minimal--but the small additional investment seems well worth it! Imagine! Patients do better when you include them in the treatment!)*

Sirey, J.A. et. al. (2017) Adherence to Depression Treatment in Primary Care. JAMA Psychiatry. 2017;74(11):1129-1135.

Depression after giving birth is rare (5-15%) among women with no history of psychiatric disorders, but once "postpartum depression" occurs (less than 1% of cases), the odds are 27 to 46 times higher that it will happen again after subsequent births.

Lehman, S. (2017). One Episode of Postpartum Depression Raises Likelihood of More - Medscape - Sep 29, 2017. https://www.medscape.com/viewarticle/886368?src=wnl_edit_tpal&uac=200967PN

SUICIDE UPDATE

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FACT and Criminal Justice Involvement

Forensic assertive community treatment (FACT) is an

emerging model of outpatient treatment for justice-involved individuals with serious mental illness. Previous studies have been mixed on its effectiveness to reduce criminal justice contact among program participants, however, that has been shown to be due to the wide variability in FACT program structure and treatment availability.However, a more controlled research study shows FACT can reduce criminal justice involvement and increase outpatient treatment use.

The program they followed was the Rochester model, a high-fidelity ACT program that utilizes legal leverage to engage individuals into treatment in the community. In addition, program staff are specially trained in criminal justice and there is significant collaboration between the mental health and criminal justice system.
(One can only imagine what a wonderful resource this could be; we have nothing even close. Ed.)

What kind of results did they have? A 50% or greater reduction in negative factors and similar results with positive factors:

- number of arrests (0.8 compared to 1.3 arrests),
- days in jail (21.5 compared to 43.5 days),
- emergency department visits (0.8 compared to 1.9 visits)
- hospitalization days (4.4 compared to 23.8 days).
- days in treatment (305.5 compared to 169.4 days)
- outpatient treatment contacts (112.0 compared to 14.1 contacts).

Just think of the cost savings! Surely it more than covers the cost of the team.

Lamberti, J. S. et al. (2017). A randomized controlled trial of the Rochester forensic assertive community treatment model. *Psychiatric Services, 2017, 68 (10, October), pp. 1016-1024.*

https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600329?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed

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PTSD TREATMENT UPDATE

The APA Clinical Practice Guideline for the Treatment of PTSD in Adults was recently released (www.apa.org/ptsd-guideline). It strongly recommends the use of four treatments: cognitive-behavioral therapy; cognitive processing therapy; cognitive therapy and prolonged exposure therapy. It suggests (but does not strongly recommend) that

the use of three other therapies (brief eclectic psychotherapy, eye-movement desensitization and reprocessing [EMDR], and narrative exposure therapy. With medications, sertraline, paroxetine, fluoxetine and venlafaxine got a conditional recommendation (meaning medication is not the first treatment that should be tried).

Note: Currently only the SSRIs sertraline (Zoloft) and paroxetine (Paxil) are FDA-approved for the treatment of PTSD. Other treatments do not have sufficient evidence of effectiveness. These include relaxation therapy and risperidone (Risperdal).
PTSD is not at all uncommon. 7-6% of people will have PTSD at some point in their lives. In fact, it hits 10% of women and 4% of men.
DeAngelis, T. (2017). PTSD Guideline ready for use. Monitor on Psychology, 2017, 46 (10), 26-27.

POST PARTUM DEPRESSION AND THE LAW

Four months after having her second baby, Jessica Porten started feeling really irritable. Little things would annoy her, like her glider chair. She read online that this could be a symptom of postpartum depression - a condition that affects up to 1 in 7 women during or after pregnancy, according to the American Psychological Association. In California, where Porten lives, those rates are even higher, spurring state lawmakers to introduce a package of bills to improve mental health screening and treatment for new moms.

Porten said she hopes the legislation will help women avoid what she went through. She went to Capital OB/GYN, a women's clinic in Sacramento, Calif., that accepts her Medicaid coverage as payment, to talk about medication options and therapy. Porten admitted to the nurse that she was having some violent thoughts. "But I was very adamant through the entire appointment that I was not going to hurt myself and I was not going to hurt my children."Porten said the nurse's manner toward her changed at that point. "I could see in that moment that she stopped listening to me," Porten said.

The nurse called the police. The police escorted Porten and her baby to a nearby emergency room. Hospital staff made her change into a gown and took her purse, but they let her keep her diaper bag for the baby. They put them both in a room, under constant watch, though the hospital staff was sympathetic, Porten said. Finally, at midnight, 10 hours after she first got to the doctor's office, a social worker sent her home. Porten wrote that the whole thing made her feel like a criminal. "It was all legality," Porten said. "Everybody was protecting their own liability instead of thinking of me."

Administrators at Capital OB/GYN declined to comment. A spokesman for Sutter Health, which runs the emergency room where Porten was taken, said once a patient arrives in the ER for assessment, hospital staff must follow strict protocols. The laws and medical protocols don't

always line up, a hospital spokesperson said. *There are times when clinician are forced to rely on legal reasoning over clinical judgment. In other words, the law--not the health care provider--is determining the course of treatment.*

One of the new bills being proposed would require doctors to screen new moms for depression - under current law in California, it's voluntary. That would also educate a woman in that situation that this is an issue that may impact her. There is also a new federal pot of money set aside for postpartum programs and awareness campaigns. It was established under the 21st Century Cures Act.

Demosky, A (2018). Nurse Calls Cops After New Mom Seeks Help for Depression. Medscape Psychiatry, February 7, 2018 https://www.medscape.com/viewarticle/892426?src=wnl_edit_tpal&uac=200967PN#vp_2

STIGMA: What's in a Name?

Renaming an illness can help laypeople update their understanding of a disease when public perceptions of the disease's cause and treatment are out of date. In a recent study, almost 200 participants completed a questionnaire asking about the causes of and treatment for gout.

However, half of the questionnaires used the name "urate crystal arthritis (UCA)." Overall, participants rated gout as more likely to be caused by patients' behavior (poor diet and alcohol use) and UCA as more likely to be caused by aging. Gout was also seen as more socially embarrassing, and as controllable through diet, while UCA was more likely to be seen as requiring long-term medication.

In recent years, we have seen relabeling used for mental illness ("behavioral disorder", a perfectly horrid term), mental retardation ("intellection disability") and perhaps the worst, "consumer" for patient/client. Have these reduced stigma related to mental illness at all?

Petrie, K. J., MacKrill, K., Derksen, C., & Dalbeth, N. (2018). An illness by any other name: The effect of renaming gout on illness and treatment perceptions. Health Psychology, 37(1), 37-41.

CIT NEWS

Long-time readers know about NAMI Northern Kentucky's close, positive relationship with the local CIT Steering Committee, which provides Crisis Intervention Training to police and monitors the training's implementation and effectiveness (see March issue of this newsletter). NAMI is a member of the Committee and also several NAMI members are CIT trainers and assist with the training program. Last year we joined forces in our major annual fundraiser, Steps

Against Stigma which worked out very well.

Therefore, we are very excited to announce that the 2018 Annual Kentucky CIT Conference will be held in Northern Kentucky this coming Fall! We will have CIT trained officers and supervisory staff coming from all over the state. NAMI will be working closely with the CIT Committee to support this conference. Laura Wilson, from the Cincinnati Academy of Professional Psychology, is bringing her expertise to us (Laura assisted us with the successful "She's Crazy" play). We will keep you posted and may be asking for *your* help! We want to present Northern Kentucky in the positive light it deserves.

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so, we offer alternatives

In the last issue of this newsletter, we wrote about some concerns with antidepressant medications. (If you did not preserve the March issue for posterity, you can still access it on the NAMI NKy web page). In addition, some people simply do not respond to antidepressant drugs. In fact, some get *worse*. This is particularly true for people with bipolar disorder, major depression with mixed features, depression with brief episodes of hypomania, people with borderline personality disorder, children through young adults, and people with certain genetic traits (including short arms, of all things!).

Allow us, then, to offer (only slightly tongue in cheek) an alternative to medication! Try sleep deprivation instead? Sleep deprivation therapy consistently shows a rapid, albeit short-lived, reduction in depressive symptoms in up to half of patients. Treatment involving a partial night of sleep deprivation seems no less effective than with a full night. A "late" partial sleep deprivation approach, involving deprivation of sleep during the latter 4 hours of the night, seems generally more effective than "early" deprivation during the first four hours. Use of antidepressant medications was not associated with either added benefit or reduced effectiveness--they made no difference whatsoever!

The short-lived response is one of the reasons sleep deprivation is not routinely used outside of research settings. Most improvement is typically lost after the next full night of sleep, with research showing 80% relapsing. Sleep deprivation therapy is practiced as a component of cognitive-behavioral treatment of insomnia (CBT-I) and has been shown to benefit patients with depression in that context.

One theory for the mechanism by which sleep deprivation reduces depressive symptoms is that the effects may be brought about by a "resetting" of the body's circadian rhythms. Other studies suggest effects on specific brain regions and neurotransmitter systems.

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GENETIC ADVANCES

Recent years have witnessed a dramatic increase in the diagnosis of psychiatric disorders, including autism spectrum disorder, schizophrenia, attention deficit hyperactivity disorder (ADHD), intellectual disability, major mood disorders and bipolar disorder. This increase is in part due to more inclusive definitions and increased attention by parents, educators and clinicians. In particular, the rate of autism among infants has

reached the level of epidemics with a tremendous social impact. Because the mechanisms and the cellular pathology underlying these conditions are mostly unknown at this time, the treatments currently available only address the most salient symptoms, but not the underlying problems. We treat the symptoms (and not very well), but not the cause.

In simple diseases where one faulty gene can be identified, the obvious therapeutic target would be the mutant gene, because correcting the deleterious consequences of the mutation should eliminate all the symptoms. Unfortunately, although both autism and schizophrenia have strong inherited components, genetic risk seems to be distributed in *hundreds* of variants, each conferring low risk.

The implication of genes involved in maintaining the nervous system pathways strongly support abnormal nerve cell connections and abnormal synaptic activity (messaging between one cell and another) as the basis of, particularly, autism and schizophrenia. These mechanisms are consistent with the absence of large, visible changes in the brains of patients, suggesting instead the problem is at the cellular (synaptic) level. The most surprising revelation of the genetic studies is the connection with the immune system and the possible role of this in these disorders. It seems these developmental problems can be partially compensated until stimulatory demands following birth and environmental factors like maternal infections, nervous system inflammation, and other immune reactions trigger the symptoms.

It is hoped that these genetic advances will soon lead to significant progress in understanding the causes of these prominent psychiatric disorders and enable the development of improved therapies for these devastating conditions.

Liu, X. et. al. (2017). Genetics Implicate Common Mechanisms in Autism and Schizophrenia. Journal of Medical Genetics, 2017;54(8):511-520.

MAGIC MUSHROOMS, ANYONE?

Are "magic mushrooms",. a hallucinogen popular in the '60's, making a comeback? Psilocybin, the psychoactive compound in "magic mushrooms," is a promising intervention for patients with treatment-resistant depression (TRD) and appears to offer a rapid, sustained effect, new research shows. The patients experience dramatic improvements in depressive symptoms 1 day following treatment; close

to half met criteria for full response at 5 weeks. Prior research has found that psilocybin is helpful in treating a variety of psychiatric conditions, including end-of-life anxiety and depression, alcohol and tobacco addiction, and obsessive-compulsive disorder.

Whole-brain analyses showed post-treatment decreases in cerebral blood flow (CBF) in the temporal cortex, including the amygdala, which correlated with reduced depressive symptoms..The amygdala, which is related to negative emotion, calmed down, which is what happens if a person takes antidepressants for a few weeks and is one of the most reliable impacts of antidepressants.

Some connections were enhanced during the study, and others were reduced following treatment, consistent with the idea that the drug remodels brain connectivity. Patients described their posttreatment experience as a "reset" or a "reboot, Although the brains of healthy volunteers do also "reset" following administration of psilocybin, they "reset differently" from those of patients with depression.

WARNING: This was a very small study with no control group. All it indicates is that further research is justified.
***Individuals should not try to self-medicate with psilocybin*.** **For one thing, it remains illegal. Equally or even more important, we don't yet understand how, why, or under what conditions it is effective. However, this research can lead to other clinical trials, which, if successful, could lead to clinical application. Ed.**

Carhart-Haris, R.L. et. al. (2017). Psilocybin for treatment-resistant depression: fMRI-measured brain mechanisms. Scientific Reports 7, Article number: 13187 (2017)

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

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