From the Executive Director

NAMI NKY is excited to be partnering with Thomas More University and are excited to announce the Stand Up to Mental Illness 5K Walk/Run. The event, hosted by Alpha Lambda Delta honor society will be held both virtually and onsite at the Thomas More track on September 26th at 3:00 pm. Sign up today and support the community and the mental health needs of everyone. The base cost to participate is only $10, please reach out to NAMI NKY at mharalson@naminky.org for sign up information and a pledge sheet. We welcome and encourage your employer, school or organization to sign up as a team and challenge another employer, school or organization. Lastly, we will be holding a raffle at the end of the run for ALL participants.

Sexual/Gender Minority and Mental Health

Sexual and gender minority (SGMs) individuals are at a higher risk for developing psychiatric disorders and also tend to have poorer access to healthcare resources, according to research in The Oxford Handbook of Sexual and Gender Minority Mental Health. The increased risk for psychiatric disorders is associated with minority stressors, such as childhood trauma and discrimination, but many studies fail to acknowledge the role sexuality and gender may play in this risk.

A new study supports the hypothesis that these are critical factors, finding that mental illness symptom severity and substance use is greatly increased for transgender and gender diverse individuals. The researchers postulate that
the increased risk for psychiatric disorders in SGM individuals is in line with minority stress theory, which states that minorities experience greater health risks due to the unique stress they face in addition to the everyday stresses experienced by the average person.

The results of this study have specific implications for SGMs with a serious mental illness. The increased risks and prevalence for mental illness, including serious mental illness such as major depression, is in part due to the additional stressors that this group faces in daily life as a result of their sexual and gender identities, according to these results. In the past, transgender and non-binary identities have even been labeled as psychotic symptoms, which makes some clinicians reluctant to support gender-affirmative medical interventions or affirm SGM identities. This can result in negative experiences with the healthcare system and make it more difficult for individuals to seek treatment. SGM persons with psychotic disorders often face a “dual stigma.” They face rejection from the LGBTQ community due to their illness and there are widespread accounts of anti-SGM violence and microaggressions in the mental health system. Evidence-based psychosis treatments rarely include SGM-specific treatment, SGM-affirming therapists rarely specialize in serious mental illnesses, and publications regarding SGM-specific treatment rarely include psychotic disorders. It is as if these are two separate worlds—but of course, they exist in one person. Little is currently known about the treatment experiences of SGM persons with serious mental illnesses. More research is needed on SGM individuals with serious mental illness.


TRAUMA INFORMED CARE ESSENTIAL

Once considered a focused style of treatment for a small subset of patients, trauma-informed care (TIC) is now a critical component of mental healthcare for a wide range of conditions. Due to the high rates of trauma exposure within the general US population, this approach is becoming widespread within both inpatient and outpatient settings, for clients of all ages.

Why is this? The collective trauma catalyzed by the pandemic is exponentially expanding the number of individuals who need the support of trauma-informed care—and the majority of those are adolescents and emerging adults. While collective trauma has different effects than childhood trauma, it nevertheless carries a high risk of related mental health issues, including an increased likelihood of suicide.

Trauma in our lives is distressingly common—particularly in childhood. The CDC’s statistics on trauma show that one in four children experience some form of maltreatment (physical, sexual, emotional abuse). Trauma can take many forms and can impact children, adolescents, and adults. Its effects can stem from an acute incident, or derive from ongoing patterns of chronic negative experiences. Given the widespread nature of trauma, the majority of teenagers and young adults who seek treatment have some level of trauma history. Furthermore, individuals who have suffered from trauma may be less likely to seek care in the first place, since the idea of facing one’s past and submitting to physical exams and in-depth assessments may be triggering.
Neuroscientists have identified numerous ways in which the structure and development of the brain is impacted by traumatic experiences. This is especially true during infancy and childhood, when the brain is forging important connections between the neuropathways that govern thoughts, feelings, and behaviors. But this development can be derailed when a child is exposed to trauma, leading to

- Impairment in mood regulation
- Difficulty regulating behavior
- Problems with executive functioning
- Trouble forming healthy interpersonal relationships
- Increased risk for physical health concerns like cardiovascular disease, diabetes, obesity, and more.

The unfortunate prevalence of trauma underscores the critical role that a trauma-informed perspective plays in evidence-based mental healthcare. There are three hallmarks of Trauma-Informed Care

1) A safe environment: The environment should be a safe space in which to access compassionate and caring treatment. It is best if the physical space is intentionally designed as a home-like environment, rather than an institutional setting.

2) A focus on emotional regulation and impulse control: One of the most common symptoms of trauma is a constant state of hypervigilance—remaining fearful of impending threats even when none exist. Survivors may experience startling, involuntary triggers that remind them of the trauma or cause them to emotionally relive the event. This ongoing nervous system arousal damages their ability to control their impulses and emotions in the present, because they are living in a constant state of reactivity. These are all symptoms associated with Post Traumatic Stress Disorder.

3) Honest connections with treatment providers. Trauma damages patients’ ability to form positive connections with others due to past experiences. This can cause them to be wary of vulnerability within any relationship, even the therapeutic one. Research shows that the quality of the relationship between the patient and provider is equally or more important to outcomes than the therapeutic technique itself.

Fortunately more and more providers have been trained in Trauma Informed Care.

CIT HELP NEEDED

For many, many years, Lt. Natalie Selby has chaired our local CIT Committee (one of the few actually active in Kentucky) and also organized the CIT Training twice each year. However, NEXT MONTH is Lt. Selby’s FINAL CLASS. She is preparing to retire next year from police work and has a lot to do before she can do so.

We desperately need a law enforcement officer to take over this function. The work is not difficult and you have a fantastic team from various local police departments, NorthKey, and of course NAMI to support you. If you are interested please contact Lt. Selby at the Alexandria Police Department!

Patients with Tardive Dyskinesia on Social Media

The first study to use social media listening (SML) analysis of unsolicited patient and caregiver insights might give a better look into the perspective of patients with tardive dyskinesia (TD). (TD is a movement disorder commonly associated with prolonged exposure to dopamine receptor blocking agents such as antipsychotic medications. The condition, once acquired, is permanent.)

Social media was used because it can allow access to difficult-to-reach populations, provide accurate and automatic capture of data, and possibly result in greater self-disclosure by patients. And when dealing with having TD, the sentiments leaned were loud and clear, with 64% responses being negative, 33% neutral, and only 3% positive. Three themes emerged: anger, insecurity, and symptoms. Common sentiments showed patients were angry about developing TD from a medication used to treat another of their conditions, insecure about feeling unaccepted by society, and afraid of being judged.


Kids + Pollution = Mental Illness
A multidecade study of young adults living in the United Kingdom has found higher rates of mental illness symptoms among those exposed to higher levels of traffic-related air pollutants, particularly nitrogen oxides, during childhood and adolescence. Previous studies have identified a link between air pollution and the risk of specific mental disorders, including depression and anxiety, but this study looked at changes in mental health that span all forms of mental disorders associated with exposure to traffic-related air pollutants. The link between air pollution exposure and young adult mental illness symptoms is modest, but "because harmful exposures are so widespread around the world, outdoor air pollutants could be a significant contributor to the global burden of psychiatric disease.


New Help Diagnosing Autism

An aid to help healthcare providers diagnose autism spectrum disorder (ASD) in children with potential ASD symptoms earned approval from the FDA in May.

The Cognoa ASD Diagnosis Aid (Canvas Dx) uses a machine learning algorithm and information from parents or caregivers, video analysts, and healthcare providers to help evaluate patients ages 18 months through 5 years. The device is indicated as an aid in the diagnosis of ASD for children at risk of developmental delay. It is not indicated for use as a stand-alone diagnostic device, but as an adjunct to the diagnostic process.

The ASD diagnosis aid has three main parts: a mobile app for caregivers and parents to answer questions about behavior problems and to upload videos of their child, a portal for specialists to analyze patient videos, and a portal for healthcare providers to answer questions about behavior problems, track information from parents or caregivers, and review results. If there's enough information for the algorithm, the aid reports a positive or negative diagnosis. If there's not enough information, it indicates that no result can be generated.

The current mental health system is already at a breaking point as it is unable to provide early diagnoses and intervention opportunities to many children and families. With rapidly-rising autism rates, this crisis will only worsen without new approaches and innovations. This will be a significant help.


It IS the Moon Afterall?
For many centuries, mental illness was thought to be somehow linked to the moon and its phases--that is where the pejorative terms lunacy and lunatic come from. To date, no research has ever supported this idea. Research also does not support that idea that the full moon leads to more crises situations. (Many emergency room staff question this--Ed.)

BUT--some of this may change.

For several nights preceding a full moon, people fall asleep later in the evening and sleep for less time, according to research in *Science Advances*. Using wrist activity monitors, researchers tracked sleep patterns of 98 adults in three Indigenous communities in Argentina, which varied in having no, limited, or full access to electric lighting. Participants in each community showed similar synchronizations of their sleep patterns to the moon’s cycle, which led to overall later sleep onset and less sleep duration.

But of course, changes in light would impact sleep. If you have no electricity, are you not more dependent on natural light, including that from the moon? Turns out--no. The researchers found a similar synchronization of sleep to the lunar cycle in 464 undergraduate students living in an urban area of the United States, so electric lighting does not change our response to the moon.

There is, however, NO connection to mental illness.


Alzheimer’s and Schizophrenia

This is news that we’d rather not have to share.

According to a recent study published in *JAMA Psychiatry*, by 66 years of age, 27.9% of individuals with schizophrenia will have a dementia diagnosis compared with 1.3% of individuals without schizophrenia. This trend continues as individuals get older, according to the results. At 80 years of age, 70.2% of individuals with schizophrenia will have a dementia diagnosis, compared to 11.3% of individuals without schizophrenia. These results may be due to the cognitive and functional decline that can impact those with schizophrenia, which can increase the risk and exacerbate symptoms of dementia.

These findings will have major implications for future treatment and service utilization surrounding both dementia and schizophrenia, as well as the care of older adults who may have both diagnoses.


Racial Disparities with Schizophrenia
Black Americans with schizophrenia had lower scores in neurocognition, social cognition and everyday living skills compared to white Americans with schizophrenia according to this research. The authors examined racial differences surrounding the five domains of function: neurocognition, social cognition, everyday living skills, social skills and community functioning measures in 108 non-Hispanic Black and 61 non-Hispanic white Americans with schizophrenia. Black Americans scored lower in neurocognition, social cognition and everyday living skills, but they did not score lower in social skills or community function.

Why is this? Neighborhood socioeconomic status partially accounted for the relationship between race and neurocognition, which suggests that this relationship may be due to systemic issues surrounding access to treatment, education and other resources that could help foster cognitive stimulation. Although Black Americans scored lower in certain domains, functional outcomes were similar with both Black and white Americans with schizophrenia.


RESEARCH SNAPSHOTS

New ADHD Drug

On March 2, 2021, the FDA approved Azstarys, a new once-daily combination serdexamethylphenidate and immediate-release d-methylphenidate stimulant medication, for ADHD in patients ages 6 and older.


Do You Lie? A Lot?

If so, you are no alone. About 1 in 8 people consider themselves to be (or think others would see them as) pathological liars. They tell numerous lies throughout the day every day. However, because it is common does not mean it is good. Most liars reported greater distress and impaired functioning, especially in social relationships. For most, the lying started in adolescence.


Depression and Pain Killers

Depressed? Taking prescription opioid medications? There is link between the two. Research shows prescription opioid use increases the risk for depression.


Do You Love Horror Movies?
Researchers found that fans of horror films exhibited greater resilience during the pandemic and that fans of “prepper” genres (alien-invasion, apocalyptic, and zombie films) exhibited both greater resilience and preparedness. We also found that trait morbid curiosity was associated with positive resilience and interest in pandemic films during the pandemic. Taken together, these results suggest that exposure to frightening fictions allow audiences to practice effective coping strategies that can be beneficial in real-world situations.


Seniors’ Treatment Gap

A new national poll found that almost two out of three Americans age 65 or older who are worried about having depression won’t go get treatment and a third believed they could just “snap out” of their depression on their own. The ‘pull yourself up by your bootstraps’ mindset of some seniors and reluctance to talk about mental health are hindering them from getting the help they need. People will seek treatment for conditions like heart disease, high blood pressure or diabetes. Depression is no different. It is an illness that can and should be treated. There is a commonly held view that depression is a normal part of aging; it is not.

But that is not the only reason older folks are not being treated.

Medicare is the primary insurance provider for approximately 60 million Americans but only about 36% of mental health providers accept new Medicare patients. This is compared to 83% of physicians who accept new Medicare patients. So with all that in mind it’s no wonder older adults don’t get the treatment they need for their mental health issues.


Pregnancy and Suicide

Until recently, pregnancy was considered a protective element against suicide. Sadly, that is changing. Suicide attempts during pregnancy and after childbirth are increasing, nearly tripling over the past decade. The prevalence of suicidal thoughts or self-harm in childbearing individuals in the years pre- and post-pregnancy also nearly tripled between 2006 and 2017. Suicide is already among the leading causes of deaths among new mothers, and pregnancy/post-delivery are now considered risky times for depressive symptoms. In all likelihood suicidality is both under detected and under treated in this population. The greatest increases are seen among Black; low-income; younger individuals; and people who also have anxiety, depression, or serious mental illness.


New Drug for Schizophrenia Coming?

Many people living with schizophrenia have persistent symptoms, experience poor quality of life and impaired ability to function, despite treatment with current antipsychotic drugs. Clinical trial results with a new substance under development, currently referred to as KarXT, highlight its potential to be a new and different treatment option with a completely new mechanism of action for people living with schizophrenia. It promises to offer relief from acute psychotic symptoms without the debilitating side effects associated with current medications. In addition, KarXT was generally well-tolerated, with the most common adverse events being constipation, nausea, dry mouth, dyspepsia and vomiting, though all were mild-to-moderate in severity and were not associated with treatment discontinuation.
Rates of nausea, vomiting, and dry mouth decreased over the course of the trial, while rates of constipation remained constant. Both the placebo and KarXT treatment groups showed incidences of somnolence, weight gain, and extrapyramidal symptoms, which are common problematic side effects of current antipsychotic therapies.


Tik Tok Warning

“Creators” who purport to reduce the stigma around mental health issues may be unintentionally spreading misinformation on the app, where people who post about mental health are easily confused with real professionals making similar content.

Beware the information you get on Tik Tok or, for that matter, any other social media platform.