



ADAMhs

Fall 2014

ADVANTAGE

Support Groups...

All support group meetings are free and open to the public. New participants are welcome.

Mood Disorders Group for Women Only. Evening meetings on the 2nd Tuesday each month at 6:30 p.m. at the ADAMhs Board office and day meetings on the 4th Tuesday of each month at 11 a.m. at the ADAMhs Board office on State Route 66 south of Archbold, T-761 SR 66. Contact: Jammie at 419/770-9488, or Katie at 567/239-5477.

Mental Health Support Group — Defiance. For adults with any diagnosed or undiagnosed mental illness. Meets on the first Tuesday every month at 10:30 a.m. at the Second Baptist Church, 1945 E. Second St.. Contact: Mark at 419/913-8576.

Mental Health Support Group — Bryan. For adults with any diagnosed or undiagnosed mental illness. Meets on the 3rd Thursday every month at 7 p.m. in the Horizon Apartment commons, 617 N. Walnut St., Bryan. Contact: Mark at 419/913-8576.

NAMI Four County. For family members and friends of persons with a mental illness. Meets the 1st Tuesday each month at 7 p.m. at the ADAMhs Board office. Contact: Katie at 567/239-5477.

Support Group for Family Members, Friends. This group is primarily for family members and friends of persons with a diagnosed or undiagnosed mental illness. Meets the third Monday every month, 6:30 p.m. at the First Presbyterian Church, 506 Oxford Dr., Bryan. For more information, please contact Gail at 419/212-1911 or Jodi at 419/769-5106.

Survivors After Suicide. For anyone 15 or older who has lost a loved one to suicide. Meets the first Thursday of the month at 7 p.m. at the Four County ADAMhs Board, T-761 SR 66, Archbold. For more information, please call Pam at 419/267-3355, ext. 7.

Nearly 5,725 receive help in 2013 with ADAMhs funds

Once again, there was a small increase in the number of clients who received services that were funded completely or in part in 2013 by the Four County ADAMhs Board. The increase of 16 people is a bit surprising as the 2013 numbers no longer include clients whose services are funded by Medicaid.

The 5,723 clients whose treatment services were funded by the ADAMhs Board in 2013 are entirely non-Medicaid clients. Of that number, 3,678 were adults and 2,045 were children. With an additional 15,730 persons receiving prevention or education programming that was funded by the ADAMhs Board.

The volume of treatment services provided to adults seeking mental health or addiction help increased by nearly 6 percent to 292,096 units of service while youth services fell about 17 percent — largely due to the board no longer funding any portion of Medicaid services for clients.

According to Les McCaslin, ADAMhs Board CEO, nearly 200 additional non-

Medicaid adult clients received treatment services funded by the board in 2013 than the year before.

“Clearly, there is a growing need for and acceptance of seeking behavioral health services in our four county area,” he said. “We are just thankful that voters have supported our tax levies to provide us with the necessary funds to provide those services.”

In fact, local property tax revenue is the only consistent funding that the ADAMhs Board receives. Property taxes generate about \$4.1 million a year for the board. In contrast, state funding to the board, which totaled \$2.9 million in 2013, has been reduced by nearly 25 percent to about \$2.2 million now.

A complete summary of the ADAMhs Board’s 2013 Annual Report and list of service providers has been inserted with this issue of The Advantage.

NAMI Four County quilt raffle at Art in the Park



NAMI quilt raffle ticket sales will continue through the Candlelight Vigil for Mental Health on Sunday, October 5. The raffle, NAMI’s only major fund raiser of the year, helps provide the funds to offer as many as six free mental health education classes to the public during the year as well as cover the costs of having members trained to teach the classes. Once again, the quilt was made and donated by Rene’ Levy (middle in top photo). More than \$350 in ticket sales were made at this summer’s Art in the Park in Defiance. Helping staff the table were Marcella Stoll and Pat Allomong (left) and Faith Johnson, Rene’ Levy and Dave Durham.

Weight gain and anti-depressant meds

In terms of weight gain and anti-depressant medications, a large study (more than 19,000 persons) determined that some medications are more likely to produce weight gain than others. For this study, antidepressant use was monitored for a one year period. The finding: bupropion and the tricyclic antidepressants were associated with less weight gain than the selective serotonin reuptake inhibitors (SSRI). The study was published online June 4 in *JAMA Psychiatry*.

Simple solution to weight gain

Another study that was presented earlier this year at the annual meeting of the American Psychiatric Association dealt with weight gain associated with antipsychotic use. Noting that weight gain is a usual side effect with antipsychotic medications, the researchers explained a simple, easy to use weight loss program that helped 4 out of 5 persons with schizophrenia lose about 10 pounds over six months without any intervention.

The basis of the weight loss program is this: simple rules, frequent repetition of what needs to be done, cognitive-behavioral techniques, a food reimbursement program, and grocery shopping education — all of which happens as part of a group.

A total of 137 men and women participated. According to one researcher, one of the biggest challenges is the high cost of eating healthy. So, participants are taught strategies such as buying less costly frozen vegetables instead of fresh vegetables.

Biomarker for psychosis in saliva

A study published in the July issue of *JAMA Psychiatry* suggests that kynurenic acid (KYNA), which can be detected in saliva, represents an important biomarker for identifying acute stress in patients with schizophrenia who may not report stress.

Some 128 patients, half with schizophrenia and half without, were given computer stress challenges with the KYNA levels measured before the task began as well as 20 minutes into the task and 40 minutes after it was completed. Patients with schizophrenia had a higher baseline level; however, the KYNA levels for both groups increased about 40 minutes into the project.

Although there appears to be a relationship between KYNA and stressful tasks, it is not clear what extent KYNA abnormalities might play in schizophrenia.

High dose magnetic stimulation may reduce suicidal thoughts fast

Repetitive high dose transcranial magnetic stimulation (rTMS) is safe and may rapidly reduce suicidal thoughts, according to research published in the May issue of *Brain Stimulation* by researchers from the Medical University of South Carolina.

A randomized study of 41 hospitalized patients in suicidal crisis showed that those who received the high dose treatment three times daily to the left prefrontal cortex for three consecutive days showed lower and more rapidly declining scores on the Beck Scale for Suicide Ideation than those who received the placebo. The result was even stronger after the first day when scores dropped 50 percent. Also, none of the patients had died from suicide at the six month follow-up point.

research updates...

Botox for depression?

A single injection of botox, which is typically used to improve the appearance of facial wrinkles, may be an effective treatment for depression, according to a study reported at the annual meeting of the American Psychiatric Association. This was one of the first studies to suggest this.

“Our emotions are expressed by facial muscles, which in turn send feedback signals to the brain to reinforce those emotions. Treating facial muscles with botulinum toxin interrupts this cycle,” explained professor Tillmann Kruger, the study investigator.

Thirty patients with high levels of chronic and treatment-resistant depression were enrolled in the study with some receiving the botox and others a placebo. Six weeks after treatment, the botox group had a 47 percent reduction in their depression scores, while the placebo group had a 9 percent reduction.

Various depression studies....

Depression, chronic stress, or exhibiting hostility or cynicism can increase the risk for stroke, and a cynical outlook on the world can double the risk according to an online study published July 10 in *Stroke*. The findings highlight the importance of psychosocial factors on brain health, said lead author Susan Everson-Rose, Ph.D and associate professor of medicine at the University of Minnesota. Incidentally, hostility had the highest hazard ratio in the study.

Depression is harder on hearts of younger women

Research published online June 18 in the *Journal of the American Heart Association* suggests that depression could be particularly harmful to the heart of younger women.

Emory University investigators showed that more than 25% of women 55 or younger who had coronary angiography and who were depressed were much more likely to die of heart disease, suffer a heart attack or require revascularization.

The researchers suggest that cardiologists should be sure to include depression as a risk factor to discuss with their patients just as they would smoking and diabetes. And, for psychiatrists, the results should cause them to remind their patients about heart disease and the importance of healthy eating and exercise.

Depression: Top cause of teen illness worldwide

The most recent World Health Organization report on teen illness and death lists depression as the leading cause of illness or disability among youth age 10 to 19. It ranks ahead of traffic accidents, anemia, HIV/AIDS and self-harm in the top five. Suicide is the third leading cause of death among teens, according to the WHO report. The leading cause of death is traffic accidents, followed by HIV/AIDS, suicide, lower respiratory infections and violence.

2-1-1

Need help? Don't know who to call? Get answers. Always toll-free, 24 hours a day.

ADHD news items....

A review of the studies of drugs used to treat ADHD have one failing — most of the studies were not designed to demonstrate the long-term safety of the drugs or detect rare adverse events, according to a study published online July 9 in *PLoS One*. For example, three-fourths of the studies were carried out for less than 6 months and more than one-third for less than 4 weeks.

Some 32 clinical trials of 20 different ADHD drugs were part of the study. Certainly, the lack of long-term postmarketing trials doesn't mean the medications could be bad if used long-term, but without the studies researchers said it's just not known, either.

Along these lines, the drug-maker Shire Pic recently agreed to an FDA request **to study the stimulant Vyvanse in preschool children**. The trials with children ages 4 to 5 will focus on three areas: how the body absorbs, breaks down and excretes the drug; safety and efficacy of the drug; and safety over a longer period of time. Trials will likely start during the first half of 2015.

Children with ADHD have reduced iron levels in the brain, according to a study published online June 17 in *Radiology*. The researchers caution that the study needs to be replicated with a larger group; however, if confirmed the lower iron level could help diagnose ADHD, particularly in borderline cases. Once stimulant medication is given, the iron level tends to normalize to the level of control subjects.

Helping caregivers of dementia patients yields big rewards

Findings from a study presented at this year's Alzheimer's Association International Conference showed that a brief psychological support program for family members who care for individuals with dementia dramatically reduces caregiver depression and anxiety, improves quality of life, and is cost effective.

Since 70 to 80 percent of dementia patients are cared for at home by a friend or family member, anything that can reduce the number of these caregivers who become clinically depressed or anxious makes sense as caregiver depression predicts a breakdown in patient care.

Caregivers in the program underwent eight sessions over two to four months where some of the following topics were covered: education about dementia, caregiver stress and understanding patient behaviors; communication skills; behaviors that caregivers find difficult and generating solutions; skills to help the caregiver take better care of themselves; planning for the future; and getting emotional and practical support.

It's not surprising that these are some of the same topics covered in NAMI's family education classes.

Alzheimer's studies....

Two novel, noninvasive and relatively simple eye tests show promise as potential screening tools for early Alzheimer's disease. Both tests use different imaging to detect beta-amyloid in the eyes, which significantly correlated with beta-amyloid in the brain, a marker for Alzheimer's disease. As a result

research updates...

both of these tests, which were reported at this year's Alzheimer's Association International Conference, can accurately diagnose Alzheimer's disease.

Two other studies announced at the same conference report that **losing a spouse does not predict an earlier progression to dementia in cognitively normal individuals and is actually associated with a slower rate of progression to dementia in persons with mild cognitive impairment**. The results were somewhat surprising since there is evidence that being a widow has a negative impact on some diseases such as cancer and heart disease.

And, a final study reported at the conference found that **high blood pressure after 80 years of age is associated with a reduced risk for dementia**. Additional research is needed to better understand this relationship and what it means in terms of treatment for high blood pressure among persons more than 80 years of age.

Peer mentoring helps moms with developmentally disabled kids

Mothers of children with developmental disabilities experience reduced levels of emotional distress after being trained in cognitive behavioral interventions by peer mentors, according to a study reported in the August issue of *Pediatrics*.

Some 243 mothers of children with autism (65%) or other developmental disabilities (35%) were randomly assigned to a 6-week group intervention of 1.5 hours a week training in mindfulness-based stress reduction.

Bipolar disorder updates....

Lithium and quetiapine (Seroquel) were found to be equally effective in treating bipolar disorder. The results were presented at the annual conference of the American Society of Clinical Psychopharmacology and may give some doctors cause to consider the older medication (lithium) as a reasonable treatment option.

Adults with bipolar I depression who have not shown a response to a single medication **may show improvement in their depressive symptoms by adding Latuda to lithium or Depakote**, according to a study reported at the same conference.

And, finally, a study reported online June 17 in the *American Journal of Psychiatry* says **bipolar patients receiving antidepressant monotherapy are at increased risk of mania**. However, there was no increase risk for mania case when a mood stabilizer was also used.

Health Partners of Western Ohio is accepting new patients at its clinics in Bryan and Defiance.

Patients will have access to a primary care physician, nurse practitioners, and the Health Partners' pharmacy and pharmacist. Services are provided on a sliding fee basis and most insurances, including Medicare and Medicaid, are accepted.

Call 419/636-0410 (Bryan) or 419/782-8856 (Defiance).

Family matters... Supporting or enabling?

It's a fine line

By Janet Hitchcock

Many years ago, a judge recommended we give up on our boys, disown them, and get our lives back. We were told they would never amount to anything and our lives would be destroyed by their misdeeds. I understood what he was trying to tell us and knew there was a lot of truth in what he was saying.

What he didn't understand was these boys were our children, the only children we would have, the parents of our future grandchildren. Years before that, when we adopted them, a different judge had looked at each of them and asked who these adults sitting here with them were. They had looked at him like he was stupid and answered, "Mom and Dad." We do not believe in abandoning our children.

So here we are 30 years later and I have to ask, "Where is the line between supporting and enabling?" I cross it frequently, bringing back memories of those days in court. My question seems to have a pretty clear answer when mental disease is not an issue. But for us, it is.

Living independently requires an income source. Living at home—our home—requires sainthood. "Go get a job" slides easily off the tongue when the nagging for financial help becomes excessive. "I'm trying" gets old after a while.

And so the battles begin. Not being a warrior by nature, I usually give in just to make the whole thing go away. But, of course, it does not go away. It simply slips back into the shadows awaiting the next confrontation.

A dear friend of mine, a special ed teacher of many years, offered this answer: *When you have a reasonable discussion of the needs and work out a solution together, that is supporting. When you give in to continued nagging because you are tired and can't deal with it anymore, that is enabling.* The difference is in the care of the caretaker.

Caring for the caretaker. That's different from what the judge was telling us. He was telling us to take care of ourselves by eliminating the problem. My friend is telling us to take care of ourselves first and then we can reasonably help our loved ones. Hmm...

Just so you know, our vacation was wonderful. No cellphones. No issues greater than what to eat next. Yes, they were all in line when we got home. But they survived. And so did we.

Note: *Earlier this year, Janet and her husband completed NAMI's Family to Family class, a free 12-week mental health education class developed by NAMI that is now a nationally recognized Evidence-Based model for family and friends who have a loved one dealing with mental illness. Please see Page 6 for details about the next class.*

80% unemployment among those diagnosed with a mental illness

NAMI released a report in July that revealed 80% of those diagnosed with a mental illness in the United States are unemployed. In Ohio, 84% were unemployed.

NAMI Ohio executive director Terry Russell noted, "It's sad that over 80% of people diagnosed with mental illness don't have work. It's discriminatory."

He said studies show that many adults with a mental illness want to work, and as many as 60 percent could succeed in a work environment with the appropriate support. He added that studies show that people with mental illness who find jobs have a higher quality of life, fewer symptoms and lower mental health care costs.

Five years ago, the four county health assessments showed about 16% of adults reported symptoms typical of clinical depression and two-thirds of them either had full or part-time jobs.

Abuse survivors support group for women meets monthly in Bryan

An abuse survivors support group for women 18 and older who have been victims of abuse and seek emotional support can attend a free monthly support group offered by Shalom Counseling and Mediation Center at their Bryan office, 108 W. High Street.

The group meets the last Wednesday of every month from 6 to 8 p.m. For more information, please call Tara or Shirley at 419/445-1552.

You are invited....

Some of last year's Candlelight Vigil walkers encourage you to attend the 15th annual Candlelight Vigil for Mental Health program and walk on Sunday, October 5 at St. John's United Church of Christ, 950 Webster St., Defiance. The program gets underway at 6 p.m. with speakers who explain their journey with mental illness as well as the hope that is part of it. This year's speakers include Pastor Erich Christman of St. John's Christian Church, Archbold, Janet Hitchcock, Melinda Seibert and Dr. Warren Morris, physician with Health Partners of Western Ohio. Refreshments and fellowship conclude the evening. **The program will be taped and broadcast throughout October on TV-26.**



Register now for One Step At a Time 5K to prevent, raise awareness of teen suicide

The fourth annual One Step At a Time 5K run/walk to raise awareness and funds to prevent teen suicide will be held at Defiance College on Saturday, September 27.

Registrations are now being accepted (see form below) with proceeds benefitting the Four County Suicide Prevention Coalition as it plans programming and awareness efforts.

Race founder Sherri Hammersmith explains that her 16-year-old son's suicide eight years ago motivated her to do something so other mothers won't have to endure what she and her family have.

In addition to the 3.1 mile course there is also a one mile walk where participants will see 180 pair of shoes representing the 180 young lives in Ohio lost to suicide in 2010.

"Let your steps be a voice that suicide is preventable and depression is treatable," Sherri says.

Dr. Berrones explains...

Bipolar disorder:

Types, symptoms, treatment and medications

Dr. Enedina Berrones, a Maumee Valley Guidance Center psychiatrist, recently talked about bipolar disorder at a NAMI Four County meeting. She explained the various



symptoms that are associated with the diagnosis of both bipolar I and bipolar II and how to distinguish between a manic and hypomanic episode as well as a depressive episode that would be part of the illness for

both types of bipolar disorder.

Her presentation also covered cyclothymic disorder and bipolarlike symptoms that may in fact be symptoms of another medical condition, such as hyperthyroidism, stroke or traumatic brain injuries.

She also explained and answered

questions about various treatment options, including when hospitalization would be required, outpatient therapy and the various antidepressants and mood stabilizers that are available to treat bipolar disorder.

Some general points about bipolar disorder that Dr. Berrones made include:

- ◆ Suicide risk with bipolar is 15 times greater than the general population, accounting for 25% of all completed suicides.
- ◆ With treatment, 70% of individuals return to a fully functional level.
- ◆ More than half of persons with bipolar also have alcohol use disorder and are at a higher risk of suicide.

For a copy of Dr. Berrones' power point presentation, please contact Lou Levy by email at lougoblu@bnnorth.net or by phone at 419/267-3355, ext. 3.



5K on September 27, 2014 at Defiance College
 (Chipped Timing) Race: 9:00 a.m. / Check in: 7:30 a.m. @ George M. Smart Athletic Center
 Pre-register (by Sept. 22 & get T-Shirt) Runners: \$15 / Walkers: \$10
 After Sept 22: \$20: (no T-shirt)

You may pick up pre-registered packets at George M. Smart Athletic Center on the Defiance College Campus on Friday, September 26 from 4 to 7:30 p.m.

Register at davesraces.com OR complete & mail in with a check.

Name _____ Age (on race day) _____

Address _____

E-mail _____ Phone _____

Gender M F **Check One** Runner (\$15) Walker (\$10)

T-Shirt Size XS S M L XL XXL



Waiver of liability: I, the undersigned in consideration of the acceptance of my entry and participation in this event, waive any and all claims which I and my heirs or assigns may now or hereafter have against the Defiance College, related sponsors, volunteers, officials, or One Step At a Time organizers which may directly or indirectly result from my participation in the One Step At a Time 5K run/walk. I further warrant and represent that I am in proper physical condition to participate in the One Step At a Time 5K and am not participating in this event against physician's advice nor am I taking medications which would impair my health or ability to participate in the One Step At a Time 5K.

Signature (or Guardian if participant under 18) _____ Date _____

Make checks to: One Step At A Time Mail to: RoseAnn Barth, 25882 Bowman Rd., Defiance, Oh 43512



NAMI Four County meetings & programs

All NAMI meetings, which are open to the public on the first Tuesday of the month, start at 7 p.m. at the ADAMhs Board office unless otherwise noted.

Tuesday, Sept. 2

A recovering alcoholic who is active in area Alcoholics Anonymous groups will explain the AA program and how it can benefit family members with co-occurring mental health and addiction problems.

Sunday, October 5

15th annual Candle Light Vigil for Mental Health. Program starts at 6 p.m. at St. John's United Church of Christ, Defiance.

Tuesday, November 4

The P.A.T.H. Center, 1939 E. Second St., Defiance, will host our meeting and explain the services they provide: soup kitchen, drop-in center, homeless shelter and single room occupancy apartments. Kim Hurtt, PATH program manager, will provide the program.

Tuesday, December 2

Annual Christmas potluck dinner and party starting at 6 p.m. Location and other details to be announced later.

NAMI Four County 2014 Membership Form

Now is the time to join the nation's largest advocacy group for mental health.

NAME: _____

ADDRESS: _____

PHONE (daytime): _____ (evening) _____

E-MAIL ADDRESS: _____

Membership Levels: ___ \$35 individual/family ___ \$3 individual/family on limited income
 ___ \$50 corporate member rate

Please mail your 2014 NAMI Four County dues to:

NAMI Four County, Attn: Patricia Allomong, 430 Park Lane, Bryan, Ohio 43506.

NAMI education classes set for fall

NAMI will be offering at least free education classes in the coming months for friends and family members of persons recovering from a mental illness.

The fall Family to Family class will begin Monday, September 15 and be held at the ADAMhs Board office, T-761 State Route 66 south of Archbold, across from the vocational school. The 2 1/2 hour classes start at 6 p.m. This 12-week class is for family members and friends of adults who have a mental illness. For

more information or to register for the class, please call Veria Frank at 419/237-3103 weekdays or Trisha Vassar at 419/330-9476.

NAMI Basics, which is for parents of children and teens with emotional, behavioral or mental health problems, begins Saturday morning, October 11. They will be held at the ADAMhs board office, south of Archbold. Classes start at 10 a.m. For more information or to register, please call Trisha Holley at 419/438-7384.

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