



ADAMhs

Winter 2013/2014

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 — Napoleon. For adults with any diagnosed or undiagnosed mental illness. Meets on the 1st Thursday every month at 7 p.m. at First Call for Help conference room, 600 Freedom Dr, Napoleon. 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. at 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: Mark at 419/923-4841.

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.

Dual Recovery Anonymous — Bryan group. For persons with both a mental health and addiction problem. Every Tuesday at 12:30 p.m. at Recovery Services of Northwest Ohio office, 200 Van Gundy St., Bryan.

Keys to good relationships

A good relationship is built upon three factors, according to Andy Lesniewicz, a therapist with the Fulton Stress Unit. Commitment, communication and compromise are what he emphasized recently at a NAMI Four County meeting.

He began by explaining what typically gets in the way of good relationships, particularly when mental illness is involved. Be careful to avoid comments that tend to invalidate, control or show disinterest in the other person, he said.

For example, avoid telling someone who is depressed to just get over it or they shouldn't feel that way. The feelings and emotions that someone has are real to that person. The best way to destroy a relationship or prevent one from building is to reject the person's feelings.

Rather than beginning a conversation with the question: What's wrong? Ask: How are you doing? And, then listen to what they say, ask questions, show interest in what they have to say and don't be quick to judge.

Likewise, he said, a family member or friend should not try to fix what is wrong or expect the loved one to meet their expectations of what is right. Rather, help the person solve their own problems and encourage independence, when possible.

Sometimes, the other person may be overwhelmed emotionally and physically. Be supportive, firm, yet gentle, Andy urged.

However, he also noted that it's important to maintain realistic expectations in a relationship — not promising or implying more than you are willing to do and if you establish limits in what is allowed, then be prepared to follow up with the consequences for violating those limits.

For people trying to communicate with those who have a hard time listening to others

and trying to understand what they are saying, he suggested the use of "I hear you saying" and "I need" messages. For example, to make sure you understand what someone else is saying, rephrase what you believe they said and give them a chance to confirm what you heard and possibly even expand on it.

Or, if you sense the other person hasn't really understood you, clarify by saying: *I need you to... or I feel...*

Andy noted that it is important to understand that non-verbal messages probably tell you more than what the other person is actually saying.

He also offered the following suggestions to improve communications and build or maintain healthy relationships.

- ◆ **Know the preferred** style of communicating with the other person. Is it oral, written, face to face?
- ◆ **Make sure you say** what you really mean. Clarify your message.
- ◆ **Share your real thoughts** and feelings with others. It encourages trust.
- ◆ **Share and discuss** the expectations of those involved.
- ◆ **Learn to compromise** and negotiate with others rather than dictating what you want or expect.
- ◆ **Don't expect others** to meet all of your needs. Meet some of your own needs.
- ◆ **Be assertive.** It is ok to say no and for others to do so as well.
- ◆ **Listen** to what others are saying.



Andy Lesniewicz



Happy Holidays from the Four County ADAMhs Board!



Depression: world's 2nd leading cause of disability

Major depression is now the second leading cause of disability worldwide and a major contributor to the burden of suicide and heart disease, according to the 2010 Global Burden of Disease study.

In 1990, the study ranked depression fourth after lower respiratory infections, diarrheal diseases and conditions arising during the perinatal period. In 2000, it had moved to third. The ranking uses three sets of data: disability adjusted life years, years lived with a disability and years lost due to pre-mature death.

Exercise may prevent depression, aid recovery from first psychosis

A retrospective study of exercise and depression found that even a little physical activity (less than 2.5 hours of walking a week) may help prevent depression. Reported in the November issue of the *American Journal of Preventive Medicine*, the study said 25 of 30 large studies found exercise to be a protective risk from depression.

Lead author George Mammen, a PhD candidate at the University of Toronto, said, "We need a prevention strategy now more than ever. Our health system is taxed. We need to look for ways to fend off depression from the start."

A different study, published in the November issue of *Schizophrenia Research*, reports that physical activity as an early intervention following a first episode psychosis helps to improve the outcome. At six months, physically inactive patients had poorer functioning than active patients, according to the study.

New in treating depression...

The FDA approved a new SNRI for major depression in adults this summer. Levomilnacipran (Fetzima from Forest Laboratories, Inc.) is the fourth drug of this type approved for depression. It's available in three dosages.

And, a study published on-line July 26 in *PLoS One* found deep-inhalation isoflurane anesthesia had an antidepressant effect that approaches electroconvulsive (ECT) therapy with fewer memory loss side effects for treatment-resistant major depression. Over a three-week period, 18 patients with treatment-resistant depression received either 10 ECT treatments or similar deep-inhalation isoflurane treatments. Both produced similar reductions in depression.

Transcranial magnetic stimulation appears to offer long-term efficacy in patients with treatment-resistant depression, according to

research updates...

research presented in May at the American Psychiatric Association's annual meeting. The study looked at 12 month outcomes and found that the "statistically and clinically meaningful response and remission" attained initially was still maintained at the end of a year.

Therapy for hard-to-treat OCD

For patients with obsessive-compulsive disorder that SRI medications are not adequately controlling, adjunctive cognitive behavioral therapy (CBT) is better than adding an antipsychotic medication, according to a study reported online September 11 in *JAMA Psychiatry*.

Currently, when SRIs alone cannot control OCD symptoms adding either an antipsychotic such as risperidone or CBT is recommended. However, the study of 100 adults found that CBT consisting of exposure and ritual prevention was more effective than an antipsychotic and also had a lower rate of side effects.

Antihistamine may reduce hard-to-treat schizophrenia symptoms

Another study of a treatment resistant mental illness has found that long-acting antihistamine famotidine may decrease schizophrenia symptoms. Although it was just a small (30 patients), randomized trial, symptom reduction was about 10 percent compared to the control group.

The study, reported at the 26th European College of Neuropsychopharmacology Congress, noted that histamine has received little attention in clinical studies of psychiatric disorders even though it has important functions as a regulator of several key neurotransmitters.

Vitamin D tied to psychosis onset

A vitamin D deficiency is linked to the first episodes of psychosis, according to a study published in the November issue of *Schizophrenia Research*. The study involved almost 140 participants from the United Kingdom who had significantly lower levels of vitamin D when they presented at the hospital for their first psychotic episode than age-matched, healthy peers.

Co-first author John Lally said, "We still don't know whether these low vitamin D levels are part of the illness or whether they are purely a result of the lifestyle choices linked to its emergence."

Previous research has shown that individuals with psychotic disorders often have vitamin D deficiencies, possibly due to long hospitalizations, use of anticonvulsant medications or poor diet. However, this is the first study that has looked at vitamin D levels at the onset of the first psychosis.

**ADAMhs Board CEO:
Thank-you for
supporting the mental
health renewal**

Last month, Defiance, Fulton, Henry and Williams county voters approved the ADAMhs Board seven-tenths mill mental health renewal levy by the largest winning percentage ever — 65.1 percent.

ADAMhs Board CEO Les McCaslin said: "On behalf of everyone who receives services funded by the ADAMhs Board, I would like to thank the voters for their continued support. Without that support, we simply could not help everyone who

needs and seeks mental health or addiction services, but lacks the means to pay for it. Thank-you."

The unofficial winning percentage in every county was 60 percent or better.

Psychiatrists not immune to mental health bias

Results of a study last spring suggest that healthcare providers, even those involved in the delivery of mental health care, are not immune to bias against patients with serious mental illness.

Given two identical clinical scenarios, one of which involved a patient with schizophrenia, a group of healthcare providers that included psychiatrists and primary care physicians as well as primary care and mental health nurses tended to view the patients with serious mental illness more negatively than those without mental illness. And, the attitudes colored their treatment decisions.

Dinesh Mittal, MD and a psychiatrist, said the researchers had initially expected that primary care providers would have more negative bias. "But we didn't find any difference between primary care and mental health providers," Dr. Mittal said.

Overall, the providers expected lower medication adherence among the mental health patients, even though the non-compliance rates are very similar Dr. Mittal said. And, providers were less likely to refer mental health patients for weight management even though the data show that both patients are likely to benefit equally from the programs.

The providers were also less likely to consider the schizophrenia patents to have the competence to make treatment decisions, even though the data show they can make those decisions unless they are psychotic at the time, according to Dr. Mittal.

The study was presented at the 2013 annual meeting of the American Psychiatric Association.

Eyes may be first sign of autism

Declining eye contact in infants as young as two months old may be one of the earliest indicators of autism spectrum disorder (ASD), according to a study published on-line November 6 in *Nature*.

The study followed 110 children from birth to age 3. It showed that those who had a subsequent ASD diagnosis started life with relatively normal attention to others' eyes. However, their eye fixation began to decline between the ages of 2 and 6 months and continued declining to study's end. The pattern was not observed in typically developing children.

Although eye contact deficits are a hallmark of autism, this was the first study to investigate the onset. The significance of this study is that it suggests children are born with normal social engagement skills, but begin to decline soon after birth. The researchers stressed that the eye movement charting is sophisticated and requires continued observations by persons trained in what to watch for. However, Thomas Insel, MD, director of the National Institute of Mental Health, noted: "The sooner we are able to identify early markers for autism, the more effective our treatment interventions can be."

Autism and ADHD...

According to a study reported on-line June 5 in *Autism: The International Journal of Research and Practice*, nearly 1/3 of the children with an autism spectrum disorder also meet the diagnostic criteria for ADHD. Further, the children with both disorders had lower cognitive functioning, more severe social impairment and

research updates...

greater delays in adaptive functioning than children with only an autism disorder.

In terms of treatment, this spring the FDA approved a drug (Vyvanse by Shire Pic) for maintenance treatment of ADHD in children and adolescents. It had previously only been approved for adults.

Novel scan may distinguish bipolar from depression

A different brain scan that measures the cerebral blood flow may distinguish between bipolar and depression early, according to a study published online August 22 in the *British Journal of Psychiatry*. Though it was just a small study (54 adult women), it had an 81 percent accuracy rate in distinguishing whether the women had bipolar or depression. Apparently, a certain level of blood flow in a particular part of the brain is typical of depression.

Though it is a preliminary study, if it can be replicated with a high degree of accuracy, it could make a huge difference in how effectively bipolar disorder is treated from the very start. Currently, there are no biological markers to distinguish the two illnesses when both present with depressive symptoms.

More bipolar news...

Lurasidone (Latuda by Sunovion Pharmaceuticals), an atypical antipsychotic that the FDA approved in July to treat major depression in adults with bipolar 1 disorder, was effective at significantly reducing depressive symptoms with bipolar disorder, according to trial results that were released. Also of note, unlike similar antipsychotics, it was not associated with any metabolic changes such as weight gain and blood sugar levels.

And, a study presented at the 10th International Conference on Bipolar Disorders earlier this year reports that a telephone-based intervention to ease the transition from inpatient to outpatient after a suicide attempt is showing promise as an effective suicide prevention strategy for people with bipolar disorder. The program, called Coping Long-Term with Active Suicide Program for Bipolar Disorder (CLASP-BD), involves three individual therapy sessions while the patient is hospitalized as well as one family meeting. It is followed by 13 telephone calls to both the patient and a family member over a 6-month period once the patient has been discharged. There were no completed suicides during the 6 month study. Those receiving CLASP-BD had no suicide attempts vs. 3 in a control group; 1 CLASP-BD was re-hospitalized for suicidal behavior vs. 5 in the non-CLASP-BD group.

Sleep quality & Alzheimer's risk

Two new studies link sleep quality and Alzheimer's disease. Both were published online October 21 in *JAMA Neurology*. One study reported that shorter sleep and poor sleep quality was associated with increased deposits of amyloid in the brain, which is associated with the development of Alzheimer's disease.

The other study found that better sleep consolidation (fewer times waking up during the night) discouraged some of the changes to the brain that are associated with Alzheimers disease from occurring.

Researchers noted that if issues preventing good sleep actually impact the onset of Alzheimer's disease, then that is important news because, unlike Alzheimers, insomnia can be successfully treated.

About treatment resistant depression

By John Greden, M.D., executive director
University of Michigan Depression Center

As many people know all too well, clinical depression does not always improve after the first attempt at treatment. One in three people with depression find they are still not back to “normal” even after four different courses of standard treatment.

Depression is considered “treatment resistant” if symptoms have not improved after two or more courses of well-established treatments of sufficient dose and length of time, whether those treatments are evidence-based medications, psychotherapy, or other therapies that have been proven effective.

The longer depression persists, the greater the risk of financial costs, job loss, family stress, marital problems, and even changes to the brain. After two failures of treatment, it’s a good idea to talk with your doctor about whether your depression may be treatment-resistant. The earlier you address it, the better.

There are a number of reasons why your depression might not respond to a particular treatment. For one thing, there is no single type of depression. There are multiple causes. That’s why “one-size treatment” will never fit all.

It’s easy to get discouraged when the treatments you’ve tried haven’t helped you reach recovery. Above all, don’t give up hope. Here are some things to consider.

◆ **Give treatments a chance to work.** While the typical time frame for good response to a medication is stated as 4-6 weeks, for many people it can take 8-12 weeks to see improvement.

◆ **Consider trying medications and psychotherapy in combination,** which is traditionally more effective than either treatment used alone.

◆ **Returning to a medication** that worked in a previous depressive episode may be more effective than switching to a new one. If it doesn’t work as promptly as

Please see *Treatment-resistant* on Page 5

2-1-1

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

Family members need to take care of themselves

Caregiver depression is estimated to range from 38 to 60 percent and family members who live with a loved one with a chronic mental illness report poorer overall physical health.

That’s what Nancy Shannon, a clinical social worker with Promedica Defiance Regional Hospital recently told NAMI Four County members. And, that’s why she said it is imperative for family members who serve as caregivers of their loved ones to make sure they take care of their own health first and foremost.



To help determine if you may be risking your own health by serving as a caregiver, Nancy listed some signs to watch for, including:

- ◆ **Feeling like you have** little or no control.
- ◆ **Too much responsibility** without enough time for yourself.

- ◆ **Trying to do** too much for too many.
 - ◆ **Lack of sleep.**
 - ◆ **Lack of close supporting relationships.**
 - ◆ **Perfectionist.** Nothing is ever good enough for you.
 - ◆ **Need to be in control.** Unwilling to delegate or let others help you.
 - ◆ **Feelings of guilt** or inadequacy.
- What can a caregiver who recognizes a lot of these signs do to prevent caregiver burn-out? Nancy offers these suggestions.
- ◆ **Start your day** with a relaxing ritual for at least 15 minutes.
 - ◆ **Adopt healthy eating** habits, exercise and sleep routine.
 - ◆ **Set boundaries** and learn to say “no.” Remember, saying “no” is saying “yes” to what you want.
 - ◆ **Take a break.**
 - ◆ **Do something you enjoy** that has nothing to do with caregiving.
 - ◆ **Learn how to manage stress.**

Please see *Taking care* on Page 5



Nearly 45 people attended NAMI Four County’s 14th annual Candlelight Vigil for Mental Health in early October, with many of those people participating in a one mile walk to the NAMI banner on the Defiance College campus. NAMI distributed nearly 5,000 mental health awareness book marks through the public libraries in Defiance, Fulton, Henry, Paulding and Williams counties in October. In addition to five different anti-stigma messages, the bookmarks had information about the local, state and national NAMI organizations.



NAMI Four County's quilt raffle raised \$1,311 to support the chapter's free community education classes and public awareness campaigns. Terri Johnson was this year's lucky winner. Holding the quilt are Rene' Levy, who has made and donated a quilt for the raffle for three years; NAMI vice-president M.J. Stahl, and NAMI president Mark Krieger.

Treatment-resistant

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before, remember it may do the job at a safe, higher dosage taken for a longer time period.

- ◆ **If you've had partial response** to an antidepressant, augmentation with an adjunct or "add-on" medication (often an atypical antipsychotic, or sometimes certain nutrition supplements) may be helpful.

- ◆ **Electroconvulsive therapy (ECT)**, long stigmatized in popular culture, is actually an extremely safe procedure, acts rapidly, can be life-saving, and is sometimes the only effective treatment. It does produce memory problems for some.

Once you find something that works, don't change a thing. Just as someone with diabetes requires ongoing treatment, most people who have developed chronic, recurring depression need to continue treatment indefinitely.

The University of Michigan Depression Center in Ann Arbor is one of several Depression Centers across the United States. You can visit the Depression Center website at www.depressioncenter.org or contact the center by phone at 800/475-MICH (6424).

Free community program on veterans' issues set for April 3 in Archbold

Family and friends of veterans should save Thursday evening, April 3 for a free program, including a light dinner, on a whole range of issues affecting families of servicemen and women. Presented by staff with the Fort Wayne Veterans' Administration system, more details will be in the Spring newsletter.

CAREGIVER TIPS:

Taking care of yourself

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- ◆ **Talk with someone** about your feelings, frustrations, guilt and anger. Don't bottle up emotions.

- ◆ **Stay social.** Don't give in to the tendency to isolate.

- ◆ **Find a community** support network, such as church, a support group or NAMI.

- ◆ **Maintain balance** — physical, emotional, financial, spiritual and social.

- ◆ **Keep up with your health care.**

- ◆ **Avoid or limit** alcohol use.

- ◆ **Learn as much** as you can about the illness of the person you care for... information helps you be a more effective caregiver.

- ◆ **Seek out other caregivers** as it helps to give and receive support from others. Remember, you are not alone.

- ◆ **Trust your instincts.** You know your family member best. Listen to your gut.

- ◆ **Encourage** your family member's independence.

- ◆ **Know your limits.** Be realistic and communicate this to others working with your loved one.



U. S. Senator Sherrod Brown (right) toured the integrated health clinic in Bryan that provides physical healthcare with a doctor and nurse practitioner, a pharmacy with a fulltime pharmacist, and behavioral healthcare in the same office building, which is owned by Recovery Services of Northwest Ohio. Dr. Warren Morris (left), a primary care doctor with Health Partners of Western Ohio, along with ADAMhs Board CEO Les McCaslin, Recovery Services executive director Ken Bond, and Emily Nemire, a pharmacist with Health Partners, explain how the clinic is improving the overall health of ADAMhs-funded clients at Recovery Services and Maumee Valley Guidance Center in Defiance by making affordable, regular and preventive healthcare easily available. In most cases, the clients did not have a family doctor before. During the first nine months of operation, more than 900 patients have been seen by Health Partners' medical staff. The ADAMhs Board provided the up-front funding to get the partnership started and is now saving nearly \$600,000 a year as patients purchase their psychiatric medications through the Health Partners' pharmacy.

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

Services are provided on a sliding fee basis and most insurances, including Medicaid, are accepted. Patients have access to the Health Partners' pharmacy. Call 419/636-0410 (Bryan) or 419/782-8856 (Defiance).

NAMI Four County meeting programs to be determined at January 7 meeting

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, January 7

We will discuss plans for our 2014 meetings, including topics and dates for our summer picnic, the Candlelight Vigil and Christmas dinner/party.

Tuesday, February 4

Meeting topic to be determined. Officer slate for 2014 will be announced. NAMI membership dues for those who pay during first half will be due by this meeting.

Tuesday, March 4

Meeting topic to be determined. Election of officers.

Tuesday, April 1

Meeting topic to be determined.

If you have one or more topics that you would like to have NAMI Four County cover during one of its monthly meetings in 2014, please contact Mark Krieger at mark@fourcountyadamhs.com or Lou Levy at lougoblu@bnnorth.net with your suggestion(s) by December 31st. Thanks!

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.

2 winter NAMI education classes set

Two free NAMI education classes will begin in February — a Family to Family class for family members and friends with a loved one who has a mental illness and a Peer to Peer class for persons who have a mental illness.

Family to Family is a 12-week class that will be offered starting Thursday, February 6 from 6 to 8:30 p.m. in the community room of the Sherwood State Bank in Defiance. The class leaders are Barb and Gary Arnos. Each week, the class covers different topics about mental illness, medications, therapy, communicating with a mentally ill loved one and more.

For more information or to register for the class, please contact either Gary or Barb at

419/636-0148 by January 31st.

Peer to Peer is a 10-week education class for persons with a mental illness that covers similar topics to Family to Family; however, it is presented from the perspective of someone with a mental illness.

The class starts Monday, February 10 and concludes April 14, weather permitting. It will be held at the ADAMhs Board office with each 2-hour class starting at 6 p.m. For more information or to register, please contact either class leader: Mark Krieger at 419/913-8576 or 419/923-4841 or Jammie Richmond at 419/770-9488 by January 31st.

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