CALIFORNIA

DBSA-CA NEWS

Depression and Bipolar Support Alliance–California
(formerly California Depressive and Manic-Depressive Association)

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The Mechanism Behind Fast-Acting Antidepressant Ketamine

By Traci Pedersen
Reviewed by John M. Grohol, Psy.D. on August 31, 2010

Yale scientists have figured out the inner workings of the novel antidepressant, ketamine, and how exactly it is able to bring relief in hours rather than the weeks or months typically needed by similar drugs on the market. The findings, published in the August 20 issue of the journal *Science,* may quicken the development of a safe and convenient form of ketamine that can be prescribed for alleviating depression.

Yale researchers found that, in rats, ketamine rapidly decreases depression-like behaviors and also re-establishes connections between brain cells damaged by constant stress. The effects of the drug have proven incredibly effective on severely depressed human patients as well.

"It's like a magic drug—one dose can work rapidly and last for seven to 10 days," said Ronald Duman, senior author of the study and professor of psychiatry and pharmacology at Yale.

"Traditionally, ketamine has been used as a general anesthetic for children, but about a decade ago, it was found by researchers at the Connecticut Mental Health Center to bring relief to depressed patients when given in small doses," said Duman.

These first clinical studies, later replicated by the National Institute of Mental Health, showed that almost 70 percent of patients previously resistant to all other forms of antidepressants improved within hours of receiving ketamine. Its clinical use, however, has been limited up until now because it must be delivered intravenously under medical supervision. It is also capable of triggering short-term psychotic symptoms. Ketamine has been used as a recreational drug, sometimes called "Special K" or simply "K."

This led Duman, his colleague George Aghajanian and the Yale researchers to team up in order to study ketamine's molecular action in the prefrontal cortex of rats, with the anticipation of finding potential targets needed to create a safe and more easy-to-use form of the drug.

The scientists discovered that ketamine acts on a pathway that rapidly produces new synaptic connections between neurons—a process known as "synaptogenesis." In addition, they were able to pinpoint a critical enzyme in the pathway, TOC, which controls protein synthesis necessary for new synaptic connections. There were also promising leads on how to sustain the initial rapid effects of ketamine by intervening at particular downstream targets.

"The pathway is the story. Understanding the mechanism underlying the

Continued on page 2 (**Ketamine**)

KETAMINE*(Continued from pg. 1)*

antidepressant effect of ketamine will allow us to attack the problem at a variety of possible sites within that pathway," said Aghajanian.

Approximately 40 percent of people diagnosed with depression do not respond to medication, and there are many more who only respond after many months or years of trying various treatments. The authors point out that ketamine has been tested and proven as a successful means of rapidly diminishing suicidal thoughts. This is an important advantage that is typically not seen before weeks of treatment with traditional antidepressants.

The National Institute of Mental Health, the Connecticut Mental Health Center and Yale University School of Medicine funded the work.

Source: Yale University
As Seen in: Life in Balance
October/November 2010

Public Understanding of Mental Illness Improves, But Stigma Remains High

Although increasing majorities of Americans understand that mental illnesses are medical illnesses that respond well to treatment, most still perceive it as shameful, according to an online study in the Sept. 15 issue of the *American Journal of Psychiatry.*

Comparing results of three vignettes (schizophrenia, major depression and alcohol dependence) from the 1996 and 2006 General Social Survey, researchers noted increased understanding of the neurobiological basis of each illness in 2006 over 1996.

Specifically, for schizophrenia the understanding of it as a treatable illness increased from 76 to 86 percent; for depression, from 54 to 67 percent; and for alcohol dependence, from 38 to 47 percent. Respondents were less likely to consider depression as "ups and downs" (from 78 to 67%); however, they were more likely to consider alcohol dependence a matter of "bad character" (from 49 to *65%.)*

Stigma remained high, however, as 62% said they would be unwilling to work closely with someone who had schizophrenia and 6991 were unwilling to have someone with the disease marry into the family. Forty-eight percent would be willing to socialize and *55* percent would be willing to have as a neighbor someone with schizophrenia.

Depression was more accepted as 47% would be unwilling to work closely and *53%* would object to someone with depression marrying into the family. Some 70% would be willing to socialize and 80% would welcome someone with depression as a neighbor.

In some ways, respondents were least accepting of someone with alcohol dependence as 74% would be unwilling to work closely and 79% would not want an alcoholic to marry into the family.

Source: ADAMhs ADVANTAGE
Winter 2010-2011

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16280 Whispering Spur
Riverside, CA 92504

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MAGELLAN HEALTH SERVICES OFFERS E-COURSES FOR PROVIDERS, CONSUMERS AND FAMILIES

E-Courses Focus on Critical Role of Peer Specialists

AVON, Conn. — May 20, 2010 — Magellan Health Services, Inc., an industry leader in specialty health care management, has joined with the Depression and Bipolar Support Alliance (DBSA) to offer a new series of online learning opportunities to consumers, families and providers that address the pivotal and growing role of peer specialists in helping individuals work through and recover from mental illnesses. DBSA, which is considered the leading patient-directed national organization focused on prevalent mental illnesses such as depression, bipolar disorder and anxiety, designed the four new e-courses.

As individuals recovering from mental illnesses themselves, peer specialists are trained and certified to help others with mental health challenges gain hope and move forward in their own recovery. Magellan employs a number of peer specialists, directly and through its provider network, and regularly offers educational opportunities about their role through community presentations and provider-specific training.

"The Magellan/DBSA e-courses are unique in that they highlight the advantages of working with peer specialists for providers, consumers and families, in addition to those who supervise peer specialists," said Anne McCabe, senior vice president of Magellan's public sector behavioral health business unit. "To our knowledge, these are the only online courses that serve to educate a broad group about peers' role in mental health recovery."

Facts:

The e-courses are offered free of charge at www.Magel1anHealth.com/train

There are four e-courses that aim to help participants better understand the peer specialist's role in helping others recover from mental illnesses:

#1: Research, Core Competencies and Ethics

#2: The Five Stages of Recovery and the Role of Peer Specialists

#3: Using your Recovery Story

#4: Effective Supervision of Peer Specialists

The e-courses offer greater convenience than traditional on-site training programs, and each takes *30-45* minutes to complete.

Each of the four new e-courses is tailored toward the beginner or intermediate skill level and offers providers in the Magellan network the opportunity to earn 1.0 Continuing Education (CE) credit hour. All other health care professionals who complete the new trainings will be issued a certificate of participation. Magellan is approved as a continuing education provider/sponsor by the American Psychological Association (APA), Association of Social Work Boards (ASWB), National Board of Certified Counselors (NBCC) and the National Association of Alcohol and Drug Abuse Counselors (NAADAC).

These e-courses join 10 other interactive, self-guided training e-courses in the Magellan Resiliency and Recovery e-Learning Center, developed by Magellan in 2008. Since their launch, more than 8,400 e-courses have been completed by individuals spanning all 50 states. When asked about their value, behavioral health providers in particular reported that the e-courses were helpful in refreshing their skills, providing ideas to implement in their area of practice and generally in helping them to do a better job serving consumers.

"Peer specialists are an integral part of the recovery process, as they're able to empathize with consumers and understand their experiences in a very personal way," said Lisa Goodale, vice president of training at DBSA, who is also a featured trainer in the new e-courses. "With the extensive behavioral health expertise of Magellan and DBSA as their foundation, we expect the e-courses will be a powerful benefit not only to consumers, families, providers and peer specialists' supervisors, but to the behavioral health field, overall."

About Magellan: Headquartered in Avon, Conn., Magellan Health Services, Inc. is a leading specialty health care management organization whose customers include health plans, employers and government agencies nationwide. Magellan's public sector behavioral health services assist approximately 1.9 million individuals in managing mental illnesses and substance abuse through innovative, community-based programs that deliver measurable outcomes and are grounded in the principles of recovery, resiliency and personal choice. In addition to behavioral health, the company operates in the areas of radiology benefits management, specialty pharmacy management, and public sector pharmacy benefits administration. Visit www.MagellanHealth.com for more information.

About DBSA: The Depression and Bipolar Support Alliance (DBSA) is the nation's leading patient-directed organization focusing on depression and bipolar disorder. The organization, which has more than 1,000 support groups nationwide, fosters an understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically based tools and information. Assisted by a 38-member scientific advisory board comprising the leading researchers and clinicians in the field of mood disorders, DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. More than five million people receive information and assistance each year.

DBSA is nationally recognized as a leader in providing peer support services across the country. DBSA Vice President of Peer Services Larry Fricks has received national recognition for his ground-breaking efforts to establish and promote the role of peer specialists in helping others to recover from serious mental illnesses.

For more information about DBSA, please visit www.dbsalliance.org or call 1-800-826-3632.

Source: Magellan News Release 5/20/2010

Self-Diagnosis on the Rise

PSYCHIATRISTS WORKING IN London have identified a new and unusual phenomenon — people diagnosing themselves with bipolar disorder.

Dr. Diana Chan and Dr. Lester Sireling believe the trend is linked to increased public awareness of the disorder, as well as the willingness of celebrities such as Stephen Fry, Robbie Williams and Carrie Fisher to talk about their personal experiences of mood disorders.

Writing in the March issue of The *Psychiatrist,* the psychiatrists say: We have noticed in our clinical practice a new and unusual phenomenon, where patients present to psychiatrists with self-diagnosed bipolar disorder.

"Recently we have noticed numerous GP referrals to our service where the primary request has been for a psychological opinion on whether the patient may have bipolar disorder, as suggested by the patient's own self-diagnosis.

"Also common, but less so in our experience, is the patient who attends reluctantly at the instigation of family members who are convinced they have finally made the diagnosis that can explain the awkward or embarrassing behaviour of their relative. Both types of presentation were very uncommon until about three years ago."

Explaining the phenomenon, Dr. Chan and Dr. Sireling say: "The increasing popularity of bipolar disorder may be attributed to increased media coverage, coupled with the high social status associated with celebrities such as Stephen Fry talking about their own personal experiences of mental illness. This appears to have promoted the disorder as less stigmatising and acceptable to the public, a phenomenon that may have an evolutionary basis." But Dr. Chan and Dr. Sireling say patients who 'want to be bipolar' may not always understand the consequences of being diagnosed with the disorder. These range from declaring the diagnosis to employers and medical insurance companies, to the side effects of some medication used to treat the disorder.

However, the psychiatrists conclude: "it can be considered equally harmful, if not more so, to miss a true bipolar diagnosis. Current evidence suggests that bipolar disorder may be under-diagnosed or misdiagnosed."

About one in every 100 adults in the population has bipolar disorder at a given time. However, more recent studies suggest the true prevalence may be as high as 11 in every 100.

REFERENCE:

Chan D and *Sireling L (2010) 'I want to be bipolar.. .a new phenomenon'* The *Psychiatrist, 34: 103-105*

For more information or comment, please contact Dr. Diana Chan. Tel: 07515 654 343 or email her: dianachan48@gmail.com

Source: PENDULUM Summer 2010

Dr Diana Chan: high social status of bipolar

WASHINGTON, D.C.

Mental illness data released

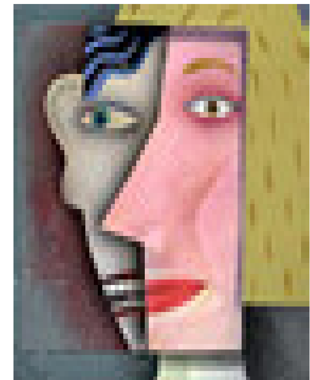
The government says 1 in 5 American adults suffered from mental illness during the last year. Most didn't receive treatment.

A survey being released Thursday by the Substance Abuse and Mental Health Services Administration found that 45 million experienced some form of mental illness in 2009, from major depression to more serious problems such as suicide attempts. Fewer than 4 in l0 received treatment for their mental health condition.

The survey found a strong link between mental health problems and alcoholism and drug abuse. Mental illness also was more likely among the unemployed, young adults and women. Overall, more than 8 million people had serious thoughts of suicide, and 1 million tried to carry them out.

Source: Los Angeles Times November 18, 2010

Major depression and bipolar



Almost 40 percent of the individuals with a history of major depression also have a history of subthreshold hypomania, a condition that may ultimately increase the risk of developing bipolar disorder, according to a study reported in the August 16 online version of the *American Journal of Psychiatry.*

These findings suggest that mild, but clinically significant symptoms of bipolar disorder are much more prevalent in major depression than previously thought and could affect treatment decisions.

"We know what depression is like, but people outside the mental health field are not necessarily aware of all manifestations of bipolar disorder, and the public tends to have the view that somebody who is manic is just extremely happy and energetic:" said Kathleen Merikangas. Ph.D.

The lifetime prevalence of major depressive disorder only is 10.2 percent. Similar prevalence rates of major depression with subthreshold hypomania is 6.7 percent; major depression and hypomania. 1.6 percent: and major depression with mania, 0.7 percent.

Source: ADAMhs ADVANTAGE Fall 2010

People With Serious Mental Illness More Likely to be Jailed Than Treated

May 13, 2010, ARLINGTON, VA—Americans with serious mental illnesses such as bipolar disorder are three times more likely to end up in jail or prison than in a psychiatric hospital, according to a new state-by-state survey from the Treatment Advocacy Centre (TAC) and the National Sheriffs' Association.

"America's jails and prisons have once again become our mental hospitals," said James Pavle, executive director of TAC, a nonprofit agency dedicated to removing barriers to timely and effective treatment of severe mental illnesses.

The report found a very strong correlation between those states that have more mentally ill people in jails and prisons and those states that are spending less money on mental health services.

"Jails and prisons are not designed for treating patients, and law enforcement officials are not trained to be mental health professionals," said Aaron Kennard, executive director of the National Sheriffs' Association and an author of the report.

TAC said not providing people with mental illnesses the treatment they need in a hospital or outpatient setting results in "devastating" consequences including homelessness, victimization, incarcerations, repeated hospitalizations and death.

Source: bp Magazine Summer 2010

Work impairment persists long after manic episodes

May 1. 2010. WINDLESHAM, United Kingdom—Many people with bipolar disorder continue to experience significant work impairment two years after a manic or mixed episode, new research has found.

British researchers said that the highest impairment correlated with a rapid cycling form of the disorder, living alone, and low education status.

They studied people with manic or mixed episodes of bipolar and followed their progress for two years. At the start, 69 percent of patients showed a high level of work impairment. Of the nearly 1,400 patients who remained in the study after two years, 41 percent still had high work impairment.

The researchers said participants who were in live-in relationships in independent housing were significantly more likely to have lower impairment after two years.

The study, which appeared in the journal *European Psychiatry,* was entitled "Work impairment in bipolar disorder patients—results from a two-year observational study (Emblem)."

Source: bp Magazine Summer 2010

Walking prevents cognitive loss

Walking at least 6 miles a week appears to maintain brain volume and preserve memory in old age, according to a report in the October 13 online issue of *Neurology.*

"These findings are really quite astonishing," said Dr. Kirk Erickson with the University of Pittsburgh. "Other studies have previously shown that exercise is related to brain function, but the fact that we found that walking as little as 1 mile a day is related to brain volume 9 years later, and dementia 13 years later, is truly novel and really quite impressive."

According to the researchers, the volume of gray matter shrinks in late adulthood and often precedes cognitive impairment.

In this study, 299 dementia-free people (mean age of 78) were assessed for physical activity. Nine years after the physical exercise they were given MRI scans to measure brain size and 4 years later were tested for cognitive impairment.

Participants who walked 6 to 9 miles a week had more gray matter than those who walked less; however, walking more than 9 miles did not increase gray matter volume. In the four year follow-up, 40 percent of the remaining 116 participants had developed cognitive impairment or dementia. However, those who had done the walking had a two-fold reduction in the risk of impairment.

Dr. Erickson concluded that more randomized trials are needed, though, to be sure to what extent exercise augments brain function late in life.

Source: ADAMhs ADVANTAGE Winter 2010-2011

Panic attacks and stroke risk

After years of reassuring patients with panic disorders that panic attacks rarely if ever conduce to serious cardiac or cerebrovascular events, a study by a Taiwanese group (Y.U. Chen and colleagues, *Canadian Journal of Psychiatry* 55 (1):43-49, 2010) documents a statistically significant, perhaps causal, association between panic attacks and stroke.

Having identified from Taiwan's National Health Insurance Research Database 3891 patients who had begun to receive outpatient treatment for panic disorder in 2002 and 2003, the authors compared their rates of stroke through the end of 2006 with those from a control cohort of 19,455 age-and sex-matched controls. The authors observed a statistically significantly higher rate in the former: of 2029 strokes that occurred in patients with panic disorder and in controls, 647 did so in patients (16.6 percent) and 1382 did so in controls (7.1 percent). Having adjusted for age, sex, monthly income, comorbid medical disorders, and "level of urbanization," the authors found that risk of stroke over a three-year observation period in patients receiving treatment for panic disorder was 2.37 times higher than that in controls. Stratifying the groups for medical disorders and age, the statistical significance of incremental risk persisted among patients.

The authors believe that the association they detected between panic disorder and stroke is both clinically significant and causal. Panic disorder (untreated) increases risk of stroke, they conclude, and recommend enhanced emphasis on effective treatment of panic disorder as an important component of stroke prevention.

Source: Currents in Affective Illness
August and September, 2010

Understanding Trauma

By Sherri Rushman, Consumer Education Specialist
Oakland County Community Mental Health Authority

It is estimated at least *55%* of us have experienced one traumatic event in our life. Trauma or a traumatic event is defined as an experience that is emotionally painful, distressful, or shocking and may result in long-lasting mental and physical effects.

Many people with mental illness have experienced trauma in their lives. It is often deep and life-shaping. Trauma can deflate the spirit and trample the soul. Survivors may see themselves as fundamentally flawed. They may see the world as a dangerous place. Trauma can cause memory problems, difficulty making decisions, suicidal ideation, guilt and hopelessness.

There are ways you can help someone who has experienced trauma:

- Don't deny the event happened or try to minimize its impact on the traumatized person.
- Be patient and prepared to hear the "trauma story" repeated many times.
- Don't isolate or withdraw from the traumatized person. Now is not the time to let them isolate.
- Show genuine love and caring.
- Although others in the family will be affected by the stories and emotions of the traumatized person, do not blame him/her for upsetting the family.

Dealing with a traumatic experience can be difficult for the person who experienced the trauma as well as for those close to him/her.

Source: Life in Balance
August/September 2010

What's Better for Creativity: Depression or Happiness?

By Sharon Salzberg

Last week the Dalai Lama was at Emory University, where he holds a Presidential Distinguished Professorship. Amongst the offerings were a teaching on compassion and an exploration of scientific research into compassion meditation. There was also a discussion with Alice Walker and Richard Gere called "The Creative Journey: Artists in Conversation with the Dalai Lama on Spirituality and Creativity."

This was how it was described: How do the arts help us to express, or indeed to uncover, our spiritual yearnings and questions or certainties? What do the artist and the spiritual master have to teach each other from their respective disciplines? What is the role of tradition (or, conversely, iconoclasm) in maintaining or renewing art and spiritual life? Is the human being innately spiritual, innately artistic?

The first question began, "In the West many people believe that creativity comes from torment, while in the East

Continued on page 7 **(Creativity)**

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Educational Resources

American Psychiatric Association
202 / 682-6220 • www.psych.org
American Psychological Association
800 / 374-2721 • www.apa.org
Advocacy Center
800 / 342-0823 • www.advocacycenter.com
Child & Adolescent Bipolar Foundation
847 / 256-8525 • www.bpkids.org
DBSA-California
(909) 780-3366
National Alliance for the Mentally Ill (NAMI)
800/ 950-6264 • www.nami.org
National Association for the Dually Diagnosed
800/ 331-5362
National Depression and Bipolar Support Alliance
800 / 826-3632 • DBSAlliance.org
National Family Caregivers Association
301 / 942-6430
National Foundation for Depressive Illnesses
800 / 248-4344
National Institute of Mental Health
800 / 421-4211 • www.nimh.nih.gov
Panic Disorder Line:
800 / 64PANIC (647-2642)
Anxiety Disorder Line:
888 / 826-9438
National Mental Health Association
800 / 989-6642 • www.nmha.org
Confidential depression screening:
www.depression-screening.org

CREATIVITY *(Continued from pg. 6)*

there is more of a tradition of great art coming from balance and realization." I myself know that this is true because many meditation students have asked a variant of this, equating edginess, boldness and creativity with inner pain, and happiness with dullness, laziness and giving up. Artists, actors, musicians have expressed some reluctance to practice meditation lest they be content in all the worst ways, lying about in placid obliviousness.

Alice Walker responded in an interesting way, saying that early in her career she had felt that good poetry must come from sadness, a notion that she had picked up from Langston Hughes. But as she got older, she said, she found that she was just getting happier and happier, and was, of course, still writing. Richard Gere talked about being a lost, angry young man playing roles of lost, angry young men, and how the spaciousness of greater and greater happiness allowed him not to identify with those roles, not inhabiting them so fully, but to play with them, to be flexible.

The Dalai Lama took the conversation to another place, seeming to define beauty as a good heart or wholesome mind state, rather than by any external measure. He recounted that many times he had been brought to a cathedral and asked to admire its artistic beauty, but that that didn't hold a lot of interest for him. He was more concerned with freedom from suffering, with internal states, with motivation and heart space.

I suspect that the Dalai Lama couldn't even imagine the concept that one might cling to suffering for a creative edge or think of happiness as a dulling agent. Happiness in Buddhist teaching is seen as inner abundance, resourcefulness, the wellspring of energy within that allows us to serve, give, offer, create. If we don't ever think we have enough, we're not motivated to give. If we are depleted, exhausted, demoralized and despondent, we don't nearly have the energy to help others, to express, to go forth and try to make a difference. So happiness isn't at all seen as laziness but the foundation of very great activity of all kinds.

Source: Huffington Post 10/30/2010

Medi-Cal Mental Health Ombudsman's Office
1-800-896-4042
Help with Medi-Cal mental health services.

Health Rights Hotline
1-888-354-4474 TDD 916-551-2180
Local calls 916-551-2100 Fax 916-551-2158
http://www/hrh.org
Tells consumers in El Dorado, Placer, Sacramento and Yolo counties about their health care rights, and answers questions about health care coverage and managed care. HRH also has advocacy materials and referrals to other resources. HRH can help with HMOs, PPOs, Medicare, Medi-Cal, and CHAMPUS.

ADA Home Page — USDOJ
800-514-0301 800-514-0383 (TDD)
http://www.usdoj.gov/crt/ada/adahom1.htm
ADA technical assistance, information line, enforcement, settlement information, regulations, mediation, and more.

Stigma study aims to create checklist for Latino patients

April 1, 2010, WESTWOOD, CA—Stigma is a major stumbling block to Latino Americans getting treatment for depression, a new study has found.

Researchers from the UCLA School of Medicine screened Latino patients in primary care clinics for depression and assessed their views on stigma. Their objective was to develop a validated stigma checklist for physicians to use with Latino patients

The researchers found that those with higher levels of perceived stigma were less likely to disclose their depression diagnosis to family and friends, were less likely to be taking depression medication, and were more likely to have missed scheduled appointments with medical caregivers.

The researchers said primary care clinicians need to be aware of, and address, stigma among Latino patients because of its impact on treatment.

The study, which appeared in the journal *General Hospital Psychiatry,* was entitled "Addressing stigma of depression in Latino primary care patients."

Source: esperanza Spring 2010

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