MENTAL HEALTH

How we should change the way we treat schizophrenia

The surprising reason mental health strains our economy

Glenn Close is working with high schools to destigmatize mental illness

IT’S NOT JUST WHAT YOU STUDY
IT’S WHO YOU STUDY WITH

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FULLER.EDU/STUDYMFT
How to Support Others Struggling With Mental Health

It can be hard to witness someone dealing with mental health struggles, but there are simple steps everyone can take to help support others during difficult times.

In recent years we’ve seen a significant decrease in stigma regarding mental health among young adults. Still, more than two-thirds of students with anxiety and depression don’t seek treatment. Many do not know whom to turn to for support.

Support needed
People of all ages struggle to respond when someone they know admits they’re experiencing a mental health challenge. Research shows 74 percent of young adults, specifically, are unsure what to say when someone says they are stressed, are having a difficult day, are in pain, or have a mental health need.

The reality is that half of us will experience a mental health issue in our lifetime. Every one of us will have friends, colleagues, or peers who need support, particularly since 1 in 5 adults has a diagnosable mental illness. While professional help is an important part of a mental healthcare plan, so is a community-wide approach, underlined by research showing 67 percent of young adults first tell a friend they are struggling before telling anyone else.

How to respond
So, what do we say? How can we help? Active Minds recommends a V-A-R conversation. V-A-R stands for Validate, Appreciate, and Refer. This is an approach for helping others through everyday challenges. “I believe you.” “Thank you for telling me.” “I’m not sure exactly what to say, but I’m here for you. Let’s take a walk to get away from our thoughts for a moment.”

Support from a friend and active listener can help keep an everyday challenge from turning into a crisis later. V-A-R can serve as a resource for helping peers, colleagues, and family during times of emotional vulnerability. Remember V-A-R when you hear a loved one, or even a colleague or acquaintance, saying things like, “It’s difficult to get out of bed and get my day started,” or “the thought of going to work has been making me much more anxious lately.” Speaking this aloud can take courage, and responding in a supportive way can mean all the difference.

Someone doesn’t need to be in a crisis to seek help, and you don’t have to be an expert to provide support. What’s most important is just being there for someone in a moment of need.

It is never too late to educate yourself on how to help others, and V-A-R is a simple yet effective resource you can use to show a friend who may be struggling that you care.

Laura Horne
Chief Programs Officer, Active Minds

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Why We Must Reclassify Schizophrenia Spectrum as a Neurological Brain Illness

Reclassifying schizophrenia as a neurological brain illness will allow individuals with this disease to receive timely, appropriate care, and avoid criminalization and stigma.

The barbaric abuse and discrimination thrust upon individuals who suffer a neurological brain illness is horrific. We must start treating our loved ones, neighbors, and colleagues with schizophrenia appropriately, as we do for those with Alzheimer’s and Parkinson’s disease. Therefore, we should reclassify schizophrenia spectrum brain illnesses as neurological brain illnesses, and emphasize the fact that schizophrenia spectrum illnesses are childhood brain illnesses that cause progressive brain changes and require early treatment.

Costs of schizophrenia

Individuals with schizophrenia die on average 28.5 years sooner than other Americans. Sadly, 10 percent of this is due to suicide. Whether patients receive timely, appropriate treatment has a great impact. Not regularly taking antipsychotic medications is associated with a 12-fold increase in the risk of death and 37-fold increase in death by suicide. Tragically, 40 percent or more of individuals with schizophrenia are untreated. Many of the homeless population have a diagnosis of schizophrenia, with higher rates in younger persons (13 percent for 18–30-year-olds and 21 percent for 31–40-year-olds).

There are staggering costs associated with schizophrenia, estimated in excess of $375 billion, which is disproportionately high relative to other chronic health conditions. This figure reflects both direct healthcare costs as well as indirect costs of lost productivity, criminal justice involvement, social service needs, and other factors beyond healthcare.

Reclassifying schizophrenia

Including schizophrenia as a neurological disease will:
- Provide commensurate research and treatment with increased funding
- Align with HIPAA communications and compliance experienced by patients and families affected by other neurological illnesses, such as Alzheimer’s
- Provide beds instead of incarceration or homelessness by circumventing the Institutions for Mental Diseases (IMD) exclusion
- Provide increased access to appropriate treatment by a comprehensive, integrated team including psychiatrists, neurologists, and other providers
- Eliminate criminalizing people with a brain illness
- Utilize informed consent based on neurological symptoms
- Eliminate discrimination
- Provide dignity, respect, and treatment as we do for people with Alzheimer’s disease and their families

Our vision is that every person living with a schizophrenia-related brain illness receives respect, appropriate treatment, and an opportunity to live a meaningful and satisfying life in a compassionate community free of discrimination.

Imagine what a difference it will make for families who will receive lifesaving care for their loved one. This will also enable appropriate insurance coverage and eliminate criminalization and discrimination of the millions affected. We are committed to seeing this accomplished.

Linda Stalters, M.S.N., Founder and CEO, Schizophrenia and Related Disorders Alliance of America

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Glenn Close Started a Nationwide Conversation About Mental Illness

Actress Glenn Close began Bring Change to Mind to help educate teenagers about mental health, and the program has reached students across the country.

"My world changed," actress Glenn Close says, "when my sister, Jessie, came up to me one summer day and said, 'I need your help. I can't stop thinking about killing myself.'" The award-winning actress had no experience talking about mental illness, despite a family history of depression, alcoholism, and suicide. "We had absolutely no vocabulary for mental illness," she says.

Starting the conversation

Close decided it was time to talk openly about mental illness, not just with her family but on a national level. With her sister Jessie and Jessie's son Calen, who suffers from schizophrenia, Close began Bring Change to Mind (BC2M), an organization working with schools to fight the stigma of mental illness. "We started Bring Change to Mind with the simple goal of starting the conversation," Close says. "Jessie and Calen had the courage, over 10 years ago, to talk about their illnesses on a national platform. Their courage continues to be astounding."

For many people, experiences with mental illness begin in adolescent years, yet mental illness is not discussed as part of a school curriculum. "Mental health is something that all of us have a connection to; however, rarely is it something that students have the opportunity to talk or learn about during their high school years, especially in a peer-led way," Close says.

High school programs

Bring Change to Mind launched its first high school programs in 2015 with 25 schools in the San Francisco Bay Area. It has since grown to 260 schools across 18 states. "The program works as a club model, similar to any club on campus," Close says. "The groups typically meet once a week to talk about the various aspects of mental health in our community — this may include mental health in the media, mental health and school stress, personal identity and mental health, and much more. From these in-club discussions, our amazing BC2M advocates then bring this knowledge to the entire school community through campus-wide activities and events so that every student has the opportunity to engage in these topics and learn more about the prevalence of mental illness." The program empowers participating students to chart their own course. "It is not a curriculum that is preached down to them or something that remains stagnant," Close says. "Rather, it is a teen-created and teen-led community that offers all students the opportunity to engage, whatever their connection to the cause."

This enables the students to plan special events that speak specifically to their school's community. "Leigh High School in San Jose recently hosted a 'Tackle Stigma' football game where the players from both teams wore green socks and they ran through a huge Tackle Stigma Banner at the start of the game," Close says. "The response from all involved was simply amazing."

Continued growth

In the four years since the school programs launched, the demand in schools around the country has skyrocketed. The program is now so popular, there is currently a waitlist for new schools that are interested, but Close and her team are continuing to find ways to expand.

On the national level, such open conversations ensure resources are provided for continuing research and outreach programs like BC2M. A 2016 federal report projected that we will have a shortage of 250,000 behavioral health workers in this country by 2025, and part of BC2M's mission is to encourage interested students to consider jobs in the field to further support their community. "In joining the BC2M program," Close says, "students gain access to this powerful network of like-minded teens where they can share ideas for campaigns, learn from each other, participate in regional events, and know that, as a collective, they are creating tangible change that will ripple through generations."
Depression and anxiety disorders cost the global economy $1 trillion each year in lost productivity, according to a recent study led by the World Health Organization. Mental health concerns can also affect physical health, contributing to chronic and debilitating conditions that keep adults out of the workforce.

In a recent survey by the American Psychological Association, nearly 1 in 5 U.S. workers, or 16 percent, said mental health problems such as depression or anxiety kept them from achieving their goals at work.

A lack of support

The survey revealed that just 50 percent of workers said their employer provides the resources necessary to meet their mental health needs.

“Most employers recognize the importance of keeping employees healthy, but workplace wellness programs often focus narrowly on physical activity and nutrition,” says David Ballard, Psy.D., MBA, who leads APA’s Center for Organizational Excellence. “Mental health is often overlooked and, as a result, employees don’t get the support they need.”

APA’s annual Work and Well-Being Survey provides a snapshot of the U.S. workforce, including employee well-being and attitudes and opinions related to workplace policies and practices. The 2018 survey highlights the critical importance of employee mental health. Workers who said their employer provides adequate mental health resources were five times more likely to say their employer helps them to develop and maintain a healthy lifestyle overall.

Surprising results

The survey found links between employer-provided mental health resources and a variety of employee and organizational outcomes. For employees who reported having access to adequate mental health resources, almost 9 in 10 said they feel motivated to do their best and report job satisfaction. These employees were also about three times more likely to say they would recommend their company as a good place to work, reported less stress at work, and were less likely to intend on leaving their job in the next year.

“Workers clearly benefit when employers provide necessary mental health benefits and a culture that supports psychological well-being,” Ballard says. But it’s also a smart business strategy. “Chronic work stress, insufficient mental health resources, feeling overworked and under supported — these are issues facing too many workers, but it doesn’t have to be this way,” Ballard continues. “Building psychological health into workplace wellness efforts goes a long way towards helping employees and organizations thrive.”

Source: American Psychological Association for Organizational Excellence

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Antidepressants increased the risk of suicidal thoughts and behavior in pediatric and young adult patients in short-term studies. Closely monitor all antidepressant-treated patients for clinical worsening and for emergence of suicidal thoughts and behaviors.

Please see adjacent page for Brief Summary information including BOXED WARNING.


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Increased risk of suicidal thinking and behavior in pediatric and young adult patients taking antidepressants
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**INDICATIONS AND USAGE**
Drizalma Sprinkle™ (duloxetine delayed-release capsules) is a serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for:

- Major depressive disorder in adults
- Generalized anxiety disorder in adults and pediatric patients aged 7 to 17 years old
- Diabetic peripheral neuropathy in adults
- Chronic musculoskeletal pain in adults

**CONTRAINDICATIONS**
Serotonin Syndrome and MAOIs: Do not use MAOIs intended to treat psychiatric disorders with Drizalma Sprinkle™ or within 5 days of stopping treatment with Drizalma Sprinkle™. Do not use Drizalma Sprinkle™ within 14 days of stopping an MAOI intended to treat psychiatric disorders. In addition, do not start Drizalma Sprinkle™ in a patient who is being treated with linezolid or intravenous methylene blue.

**DOSEAGE AND ADMINISTRATION**
- Drizalma Sprinkle™ can be taken with or without food. Drizalma Sprinkle™ may be swallowed whole (do not crush or chew capsule); opened and sprinkled over applesauce; or administered via nasogastric tube.
- Missed doses should be taken as soon as it is remembered. Patients should not take two doses of Drizalma Sprinkle™ at the same time.
- There is no evidence that doses greater than 60 mg/day confers additional benefit, while some adverse reactions were observed to be dose-dependent.

**WARNINGS AND PRECAUTIONS**
- Hepatotoxicity: Hepatic failure, sometimes fatal, has been reported in patients treated with duloxetine delayed-release capsules. Duloxetine delayed-release capsules should be discontinued in patients who develop jaundice or other evidence of clinically significant liver dysfunction and should not be resumed unless another cause can be established. Drizalma Sprinkle™ should not be prescribed to patients with substantial alcohol use or evidence of chronic liver disease.
- Orthostatic Hypotension, Falls, and Syncope: Cases have been reported with duloxetine delayed-release capsules therapy.
- Serotonin Syndrome: Increased risk when coadministered with other serotonergic agents (e.g., SSRIs, SNRIs, triptans), but also when taken alone. If it occurs, discontinue Drizalma Sprinkle™ and initiate supportive treatment.
- Increased Risk of Bleeding: Duloxetine may increase the risk of bleeding events. Concomitant use of NSAIDs, aspirin, other antiplatelet drugs, warfarin, and anticoagulants may increase this risk.
- Severe Skin Reactions: Severe skin reactions, including erythema multiforme and Stevens-Johnson Syndrome, can occur with duloxetine. Drizalma Sprinkle™ should be discontinued at the first appearance of blisters, peeling rash, mucosal erosions, or any other sign of hypersensitivity if no other etiology can be identified.
- Discontinuation Syndrome: Taper dose when possible and monitor for discontinuation symptoms.
- Activation of Mania or Hypomania: Use cautiously in patients with bipolar disorder. Cautions patients about the risk of activation of mania/hypomania.
- Angle-Closure Glaucoma: Avoid use of antidepressants, including Drizalma Sprinkle™, in patients with untreated anatomically narrow angles.
- Seizures: Prescribe with care in patients with a history of seizure disorder.
- Blood Pressure: Monitor blood pressure prior to initiating treatment and periodically throughout treatment.
- Hyponatremia: Can occur in association with SIADH. Cases of hyponatremia have been reported.
- Glucose Control in Diabetes: In diabetic peripheral neuropathic pain patients, small increases in fasting blood glucose and HbA1c have been observed.

**ADVERSE REACTIONS**
Most common adverse reactions (≥5% and at least twice the incidence of placebo patients) nausea, dry mouth, somnolence, constipation, decreased appetite, and hyperhidrosis.

**DRUG INTERACTIONS**
- Potent CYP1A2 Inhibitors: Avoid concomitant use.
- CYP2D6 Substrates: Consider dose reduction with concomitant use.

**USE IN SPECIFIC POPULATIONS**
- Hepatic Impairment: Avoid use in patients with mild, moderate, or severe hepatic impairment.
- Renal Impairment: Avoid use in patients with severe renal impairment.
- Pregnancy: Third trimester use may increase risk of symptoms of poor adaptation (respiratory distress, temperature instability, feeding difficulty, hypotonia, tremor, irritability) in the neonate.

To report SUSPECTED ADVERSE REACTIONS, contact Sun Pharmaceutical Industries, Inc. at 1-800-818-4555 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
Read more about mental health and how to navigate it at futureofpersonalhealth.com