

The Impact of Mental Illness on Society

a National Institute of Mental Health publication

The burden of mental illness on health and productivity in the United States and throughout the world has long been underestimated. Data developed by the massive Global Burden of Disease study conducted by the World Health Organization, the World Bank, and Harvard University, reveal that mental illness, including suicide, accounts for over 15 percent of the burden of disease in established market economies, such as the United States. This is more than the disease burden caused by all cancers.

This Global Burden of

Disease study developed a single measure to allow comparison of the burden of disease across many different disease conditions by including both death and disability. This measure was called Disability Adjusted Life Years (DALYs). DALYs measure lost years of healthy life regardless of whether the years were lost to premature death or disability. The disability component of this measure is weighted for severity of the disability. For example, disability caused by major depression was found to be equivalent to blindness or paraplegia whereas active psychosis seen in schizophre-

nia produces disability equal to quadriplegia.

Using the DALYs measure, major depression ranked second only to ischemic heart disease in magnitude of disease burden in established market economies.

that with the aging of the world population and the conquest of infectious diseases, psychiatric and neurological conditions could increase their share of the total global disease burden by almost half, from 10.5 percent of the

For women throughout the world as well as those in established market economies, depression is the leading cause of DALYs. In established market economies, schizophrenia and bipolar disorder are also among the top 10 causes of DALYs for women.

The Global Burden of Disease website is: www.who.int/msa/mnh/ems/dalys/intro.htm.

Reference:

Murray CJL, Lopez AD, eds. *The global burden of disease and injury series, volume 1: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020.* Cambridge, MA: Published by the Harvard School of Public Health on behalf of the World Health Organization and the World Bank, Harvard University Press, 1996.

"... the burden of psychiatric conditions has been heavily underestimated ..."

Schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder also contributed significantly to the total burden of illness attributable to mental disorders.

The projections show

total burden to almost 15 percent in 2020.

Facts

Major depression is the leading cause of disability (measured by the number of years lived with a disabling condition) worldwide among persons age 5 and older.

Did you know?

15.9 million people aged 12 or older are heavy drinkers.

42.7 percent of individuals with a 12-month addictive disorder had at least one 12-month mental disorder.

More than five times as likely as general population, 61 percent of individuals with bi-polar disorder also had a substance use disorder.

An estimated 17.5 million adults aged 18 or older have a Serious Mental Illness (SMI). That is 8.3 percent of all adults aged 18 or older. The figures break down as 13.2 percent among persons aged 18-25, 9.5 percent among persons aged 26-49, 4.9 percent among persons aged 50 or older.

Information from the 2002 National Survey on Drug Use and Health

Liver disease - including hepatitis, cirrhosis and liver cancer - is the 10th leading cause of death in the United States.

Approximately 25 million Americans, or one in every 10, are or have been affected by liver and biliary disease. Up to 50 percent have no symptoms.

Hepatitis is an inflammation of the liver caused by a virus, drugs or other factors. There is a vaccine for the prevention of hepatitis A and B. There is no vaccine for hepatitis C.

More than 1.2 million people in the United States have hepatitis B. One person in every 250 carries the hepatitis B virus and can pass it on to others often unknowingly. Hepatitis B is 100 times more infectious than HIV, the virus that causes AIDS.

Hepatitis C is five times as wide spread as HIV/AIDS and affects more than 45,000 people in the St. Louis area and more than 5 million nationally. It is spread through infected human blood and blood products.

Every year, 8,000 to 10,000 people die from complications of chronic liver disease related to hepatitis C. And, more than 5 million people (1.9 percent of the population) have been exposed to hepatitis C and they don't know it.

Information from the Saint Louis University Liver Center

Pathways Community Behavioral Healthcare, Inc.

www.pathwaysonline.org

Royal Oaks Hospital 1-800-456-2634	Farmington 573-756-6101	Osage Beach 573-348-5331
OFFICE LOCATIONS	Harrisonville 816-380-5167	Owensville 573-437-2959
Belton 816-322-4332	Hermann 573-486-3191	Raymore 816-318-4430
Butler 660-679-4636	Higginsville 660-584-5600	Rolla 573-364-7551
Camdenton 573-317-9100	Jefferson City 573-634-3000	Salem 573-729-6222
Clinton 660-885-8131	Lebanon 417-532-7102	Sedalia 660-826-5885
Columbia 573-449-4770	Lexington 660-259-3898	Warrensburg 660-747-2286
Cuba 573-885-1607	Marshall 660-831-0908	Warsaw 660-428-1280
Eldon 573-392-1828	Nevada 417-667-2262	Waynesville 573-774-3121
El Dorado Springs 417-876-5314	Odessa 816-633-5921	



Crisis Numbers

Johnson, Cass and Lafayette counties
1-888-279-8188

Vernon, Cedar, Bates, St. Clair, Henry, Benton, Hickory, Cole, Osage, Camden, Miller, Pulaski, Laclede, Phelps, Gasconade, Maries, Dent and Crawford counties
1-800-833-3915

Advisor Editorial Board

Allyson Ashley, ACSW, LCSW, - Chair
Rhonda Meyer, B.S.
Shawn Schmidl, M.A.
Fred Overton, RNC
C.J. Davis, PsyD

Contributing Writers

Dee Kempker, B.A., CASAC
Casey Prough, MD
Kim Ingram, M.S., L.P.C.
Robin Vogt, PhD, RN, FNP-C



ADVISOR

Vol. 8, Issue 1

"With you every step of the way."

March 2007

The Diagnostic Masterpiece



By: C.J. Davis, Psy.D.

One of the most challenging aspects of working with the mental health needs of children and adolescents is arriving at an accurate diagnosis. Unfortunately, unlike the diagnosis and assessment of other medical conditions, there is no blood test or other medical technology that provides that type of specific information. Instead, diagnosing behavioral health conditions is often a work of art than a science, requiring mental health professionals to juggle and integrate data from observing behavior, interviewing educators and parents and visiting with the child. Of course, the inherent problems with these methods of data collection are children's difficulty articulating their problems or concerns. Parents can either under or over-report symptoms or problems for various reasons, and educators are limited to observation in only one environment. So like any good artist who spends hours upon hours with a particular work of art, an accurate diagnosis takes time and is often not complete, or even accurate, after an initial visit due to the constant emergence of new data/information and persistent change in a developing child.

For these reasons, psychiatric diagnoses of children and adolescents are inevitably going to change due to the developmental factors of the individual, frequent changes in the environment (i.e., school, relationships, and family), and the positive impact of psychological treatment. Consequently, a child may be diagnosed with Attention-Deficit Hyperactivity Disorder one year and Oppositional Defiant Disorder the next, leaving the parent questioning the change in diagnosis. Unfortunately, our society has been trained or conditioned to think of medical diagnoses as permanent in many cases, such as the diagnosis of Diabetes, whereby chronic treatment will likely be maintained over the course of a lifetime. In these types of cases, the identification of the condition is the end point and treatment is administered. In the diagnosing of behavioral health conditions, however, the diagnosis should, instead, be viewed as the beginning point not the end point. Upon the diagnosis of a psychiatric diagnosis the end point is not diagnosis, but rather the identification of some type of longer follow-up treatment.

We hope that one day diagnosing behavioral health conditions will be as easy as grabbing some crayons and "coloring between the lines" of a coloring book. Until that time, however, we will continue to create abstract rendering of art based upon the best tools we have at our disposal.

The Effects of Stress on the Body



By: Robin S. Vogt PhD, RN, FNP-C

Stress and stress factors are different for each person, individualized based on personalities, life experiences, jobs, etc. Stress can have negative effects on both the mental and physical being.

Stress is not a rare problem. Forty-three percent of all adults suffer from health effects of stress. Seventy-five to 90 percent of all primary care visits are stress related. And, the prevalence of an emotional disorder is more than 50 percent, often due to chronic, untreated stress.

Stress is the actual phys-

ical response to "Fight or Flight" survival. A stressful situation triggers the stress reaction which prepares us to confront or flee danger. This is a healthy response to danger, but unfortunately, is also the response to stress triggers from tense situations.

The signs and symptoms of stress vary but all have the potential to harm your health, emotional well-being, and relationships with others. Intellectually, stress can cause: problems with memory, difficulty making decisions, inability to concentrate, confusion, poor judgment, and loss of objectivity. The effects of stress on the body include headaches, digestive disorders, muscle tension and pain, fatigue,

sleep disturbances, chest pain, high blood pressure, weight loss or gain, hair loss, skin problems, jaw pain, missed periods, immune system suppression, and sweating.

Stress is classified into three types: Acute, episodic acute, and chronic. Acute stress is the most common and easily recognizable. You know exactly why you're stressed (i.e. car accident). Because this is short-term, acute stress usually doesn't cause severe or permanent damage to the body. Individuals who are episodic acute are people who live chaotic, out-of-control lives. They're always in a rush, always late and take on too many responsibilities. Type A

personality people fall in this category. Many find this habitual and resist changing lifestyles. These groups of people are susceptible to the long-term effects of stress. Chronic stress wears you down each and every day and each and every year, with no reprieve. Common causes of this include: poverty and financial worries, long-term unemployment, dysfunctional family relationships, trapped in unhealthy relationships and career choices, bullying, and perfectionism.

Severe stress reactions can be a result of a traumatic event and can persist for long periods of time. This is sometimes labeled as post-traumatic stress disorder (PTSD) and requires professional

intervention.

The management of stress can be treated through primary care providers, psychiatrists, mental-health professionals and others to learn how to cope with stress, repair damages from it, and work on reducing sources of stress. We may not be able to remove stressors, but learning how to cope with them and decrease our stress response helps to prevent long-term problems.

For past issues and more information, visit us on the web!

www.pathwaysonline.org

How would you or your business like to play a vital role in bringing up-to-date mental health and substance abuse treatment information to your community? Then don't miss this opportunity! The Advisor is looking for sponsors. The terms are simple: help fund the cost of printing and inserting this great publication and your business name is listed on the front as a sponsor for that issue. If you are interested in this wonderful opportunity to reach over 150,000 Missouri households, contact Shawn Schmidli at 660-890-8097 or sschmidli@pbhc.org.



The Innocence of Childhood



By: *Kim Ingram, M.S., L.P.C.*

Innocence- it is a symbol of childhood. Children's minds are filled with wonder, their hearts with love, and their trust is freely given. As a parent of two children, I am enjoying the privilege of experiencing the world anew - seeing animals formed from clouds, the thrill of chasing butterflies, the excitement of opening the long-awaited gift from Santa. Childhood is fun and carefree ... for some. But what about children who have been traumatized by physical abuse, domestic violence, or terrorism? What about children who have suffered a natural catastrophe, witnessed the death of a parent or carried the shame of being sexually abused? Some children are resilient and have natural abilities for coping. Other children develop depression, anxiety, nightmares, flashbacks or other symptoms as a result of a trauma. These children may require treatment in order to fully recover.

A type of treatment that has been found to be effective is called trauma-focused cognitive-behavioral therapy. This treatment begins with psychoeducation for both the child and parent to normalize painful and confusing feelings following a trauma. Creating the "trauma narrative" (the story of the abuse, violence, death, etc.) is an important part of treatment. The child is encouraged to talk, write and draw about the upsetting memories a little bit at a time so that it is less painful and frightening over time. Relaxation techniques are taught and used to reduce the child's anxiety during each session. Toward the end of treatment, the child shares his or her trauma narrative which has been developed into a chapter book, drawings or poems with the parent(s) during joint sessions. The final step is educating on personal safety skills to increase the child's feelings of empowerment.

Although there are many different types of treatment for children, trauma-focused cognitive-behavioral therapy has the most support for its effectiveness. Research revealed that in following up with these children one year after treatment was completed, they continued to show recovery. The methods of treatment are important in order to avoid re-traumatizing the child. As a therapist, I encourage parents to inquire as to the type of treatment their child will be receiving.

If your child is hurting emotionally, there is hope and hope. Look for the moments when the clouds part and the sun peaks through. You can hear it in their quiet giggle or their loud belly laugh; you can see it in the twinkle in their eye or that funny face they love to make; you can feel it when their tiny fingers lace through yours. Let us all strive to preserve innocence and that carefree abandon called childhood.

An Alternative Form of Treatment: Vagal Nerve Stimulation Therapy



By: *Casey S. Prough, MD*

There is a fairly new therapy, called Vagal Nerve Stimulation (VNS), for the treatment of depressed patients that have failed multiple medications. While this treatment is certainly not for everyone, it represents an additional option for patients who have tried other treatments without success.

VNS is a surgical implant in the neck that sends an electrical impulse up the Vagus Nerve and into the brain. While it is not clear exactly how VNS works, it is thought to change the neurochemical balance of serotonin and norepinephrine in the brain similar to medications or Electroconvulsive therapy. VNS has been used for decades to help control

seizure disorders.

A patient must have failed adequate trials of at least four different antidepressant medications before VNS can be considered. While bipolar depression may be a considered diagnosis, patients with severe psychosis cannot have VNS implants.

The surgical procedure is done on an outpatient basis and uses general anesthesia. The patient will follow up with their psychiatrists about two weeks after the device is implanted to "turn it on" and will have painless "dosage adjustments" using an over the skin device regularly (every few weeks to months) after that. While VNS is not meant to replace medications, many patients are able to decrease the amount of medication they are on while receiving a superior benefit. Sixty percent of severely depressed patients had at least

a 25 percent reduction in their depressive symptoms.

Potential side effects include hoarseness or cough as well as tickling in the neck about every five minutes for 30 seconds while the impulse fires, but most patients say they stop noticing that after the first few weeks. Given these potential side effects, and the cost and risk of surgical procedure, VNS must be carefully considered and discussed with your psychiatrist at length before a patient can proceed with treatment. Some, but not all insurance companies will pay for VNS.

VNS has become an exciting and promising treatment for the worst cases of depression, a severe major illness, that don't respond well to medications. If you are a patient who is interested in learning more, speak with your doctor or go to www.VNStherapy.com.

New Tool Now Available For Delivery of Early Intervention & Substance Abuse Treatment Services

SBIRT (Screening, Brief Intervention, Referral, and Treatment) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

SBIRT research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening. Interventions such as SBIRT have been found to:

- Decrease the frequency and severity of drug and alcohol use,
- Reduce the risk of trauma, and
- Increase the percentage of patients who enter specialized substance abuse treatment.

In addition to decreases in substance abuse, screening and brief interventions have also been associated with fewer hospital days and fewer emergency department visits. Cost-benefit analyses and cost-effectiveness analyses have demonstrated net-cost savings from these interventions.

www.sbirf.samhsa.gov - What Does This Web Site Offer?

The purpose of the SBIRT Web site is to provide a single, comprehensive repository of SBIRT information. This information includes training manuals, online resources, links to organizations and publications, and a list of references. The site will be updated as new tools, resources, and information become available, so check back often.



Reflections . . . on ICE

By: **Dee Kempker,**
CASAC

It's a beautiful day. The sun, which we have seen precious little of this winter, is shining in a cloudless blue sky. A gentle breeze rattles the bare limbs outside my front window and I can almost feel the hopeful expectations of spring. Except for one simple fact - the temperature outside is 0 degrees. Spring is a little over a month away, my house is sitting in a sea of ice, as it has been for the past five weeks, and at 0 degrees, I suspect I'm going to be iced in for a little while longer. This winter has caught many of us by surprise. We had been fooled into thinking that Global Warming meant milder temperatures and an end to bad winters. I expect the people in New York who are covered in 12 feet of snow would be very glad to see a

little more Global Warming right now.

All of this weather watching leads me to reflect on how unpredictable life is. You may think that you have your day planned only to have a simple little thing occur that changes your whole direction. Usually we can adapt our schedules to work around these little glitches, such as flat tires, alarm clocks that fail to wake us, slow traffic, or ice on the roads. But at other times, there is a glitch of such magnitude that it requires a complete lifestyle change: death, illness, loss of a job, divorce. However, it is not always the big events that promote change. Sometimes it's the simple little things in life that can lead us to a major turn in the road.

Have you ever created a backward time line, starting with today and going back

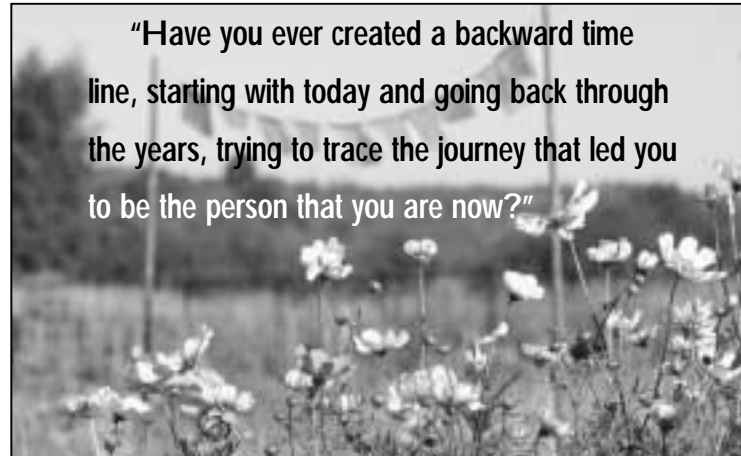
through the years, trying to trace the journey that led you to be the person that you are now? As I looked back over my own timeline, it occurred

bunctious 14-year-old daughter off to an all girls' school run by nuns and to get her off the streets of Kansas City.

We had two days to get

helped prepare me for those future crossroads, no matter how fearful they may have been.

Someone once said that





to me that the first major decision I ever made was at 14 years of age as I was beginning my junior year of high school. My family had just returned to Kansas City after a Labor Day vacation visiting relatives in the country four hours away. I called a school friend to find out when we were supposed to enroll in school only to find out that I had missed it. Schools in Kansas City never began before Labor Day, but enrollment had occurred the week before. After I hung up the phone, I began to think about my country friends who were busily making preparations to attend a Catholic boarding school in Nevada, Mo. This sounded so exciting and adventurous to me whereas returning to my old high school sounded dull and predictable. I told my mother that I wanted to go to boarding school too, and to my surprise my parents agreed. I think they were glad for the opportunity to send their ram-

ready. My mom and I both cried as we washed and ironed and labeled all of my clothes. As my mother was hanging my clothes outside on the clothesline, an elderly neighbor asked her why they were sending me away. She assumed that because we were crying, I didn't want to go. But the tears were because I was leaving the family nest, my first independent step away from my mother who still washed and curled my hair, and polished my saddle oxfords.

So, something as simple as missing a school enrollment started me on an entirely different path in life. I'm sure that my previous high school would have accepted my late enrollment, but something was calling me and challenging me to take a new direction. There have been other decisions throughout my life that have brought about change but the support and trust provided by my parents way back then has

life is not a series of problems but a series of opportunities. Scott Peck wrote a book about "The Road Less Traveled" and how we can choose to take the highway or the byway. We have choices and we don't have to take every opportunity that comes our way. We can move out of the way if we see danger ahead or we can confront it head on. The ice in my yard and driveway has forced me to take extra precaution in navigating between my car and the front door but I still choose each day to make that effort. The unpredictable Missouri weather has taught us to adapt to the changing seasons and situations or curl up in our homes and let life pass us by. What does your timeline tell you about yourself and the choices you have made? Did you take the highways, the byways, or a combination of both? The most important thing is, did you enjoy the journey?

**Are you interested
in a career in the mental health field?**

Our team of professional staff, including psychiatrists, psychologists, counselors, social workers and case managers support our comprehensive approach to treatment. We have over 30 years of experience assisting families through crisis. Our programs integrate resources, helping to make the family a stronger, more resilient unit. Career opportunities are available in both psychiatric and substance abuse treatment.

*psychologists
psychiatrists
nurses
social workers
counselors
community support specialists
prevention specialists
support staff
unit technicians*

*visit us at
www.pathwaysonline.org
for our current career openings!*