

Title: Mental Health 101

Presenter: Dr.Uju Berry

Course Description:

In this webinar Dr. Uju Berry provides an overview of mental health for front line staff. She covers the bio-pyscho-social Model of Mental Health that examines individuals from a holistic perspective as well as the epidemiology of mental health disorders. The webinar provides a synopsis of depression, anxiety, PTSD and dissociative disorders, psychosis, substance use, and self-harming behavior, and suicide.



Mental Health 101

Polyvictimization Initiative:
Creating Pathways to Justice, Hope and Healing
Presenter – Dr. Uju Berry

Alliance for HOPE Team



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Our Guest



Uju Berry, M.D., MPH



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**New York State
Psychiatric Institute**



COLUMBIA UNIVERSITY
Department of Psychiatry

Mental Health 101

Alliance for HOPE, International

Thursday, March 22, 2018

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Columbia Women’s Program

Overview



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Outline

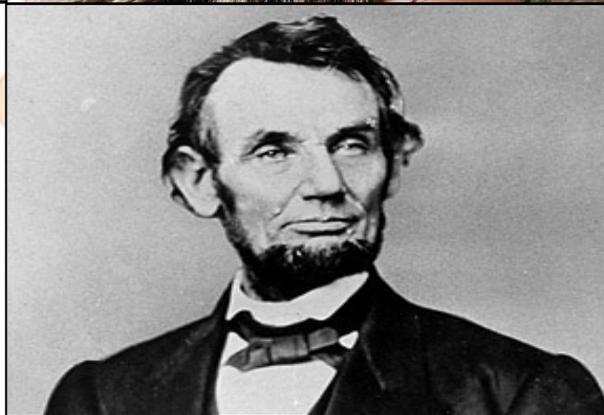
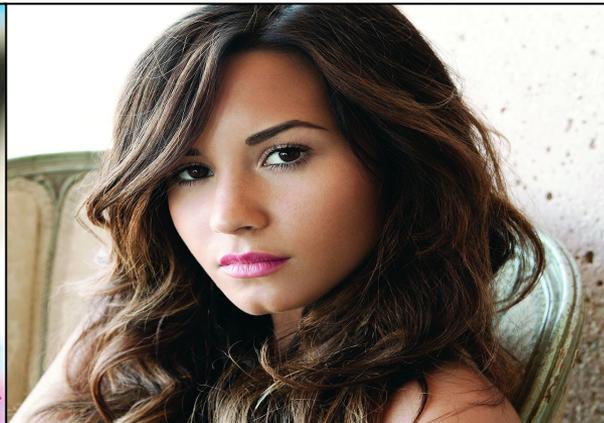
- Case
- Bio-psycho-social Model of Mental Health
- Epidemiology of Mental Health Disorders
- Categories of Mental Health Disorders
 - Depression
 - Anxiety
 - PTSD and Dissociative Disorders
 - Psychosis
 - Substance Use
 - Self-harm Behavior and Suicide
- Tips



Did you picture someone like this?



The Reality



Epidemiology



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FACTS

- Mental illness is not a crime
- Most people with mental illnesses are fully functioning community members
- People with mental illnesses may be more vulnerable to crime, abuse or injury



Fact: 43.8 million adults experience mental illness in a given year.



1 in 5 adults in America experience a mental illness.



Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.



One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

Treatment in America



Nearly 60% of adults with a mental illness didn't receive mental health services in the previous year.⁴



Nearly 50% of youth aged 8-15 didn't receive mental health services in the previous year.¹



African American & Hispanic Americans used mental health services at about 1/2 the rate of whites in the past year and Asian Americans at about 1/3 the rate.¹

Consequences



10.2m

Approximately 10.2 million adults have **co-occurring** mental health and addiction disorders.¹



26%

Approximately 26% of **homeless** adults staying in shelters live with serious mental illness.¹



24%

Approximately 24% of **state prisoners** have "a recent history of a mental health condition".²

Impact



1st

Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.¹



-\$193b

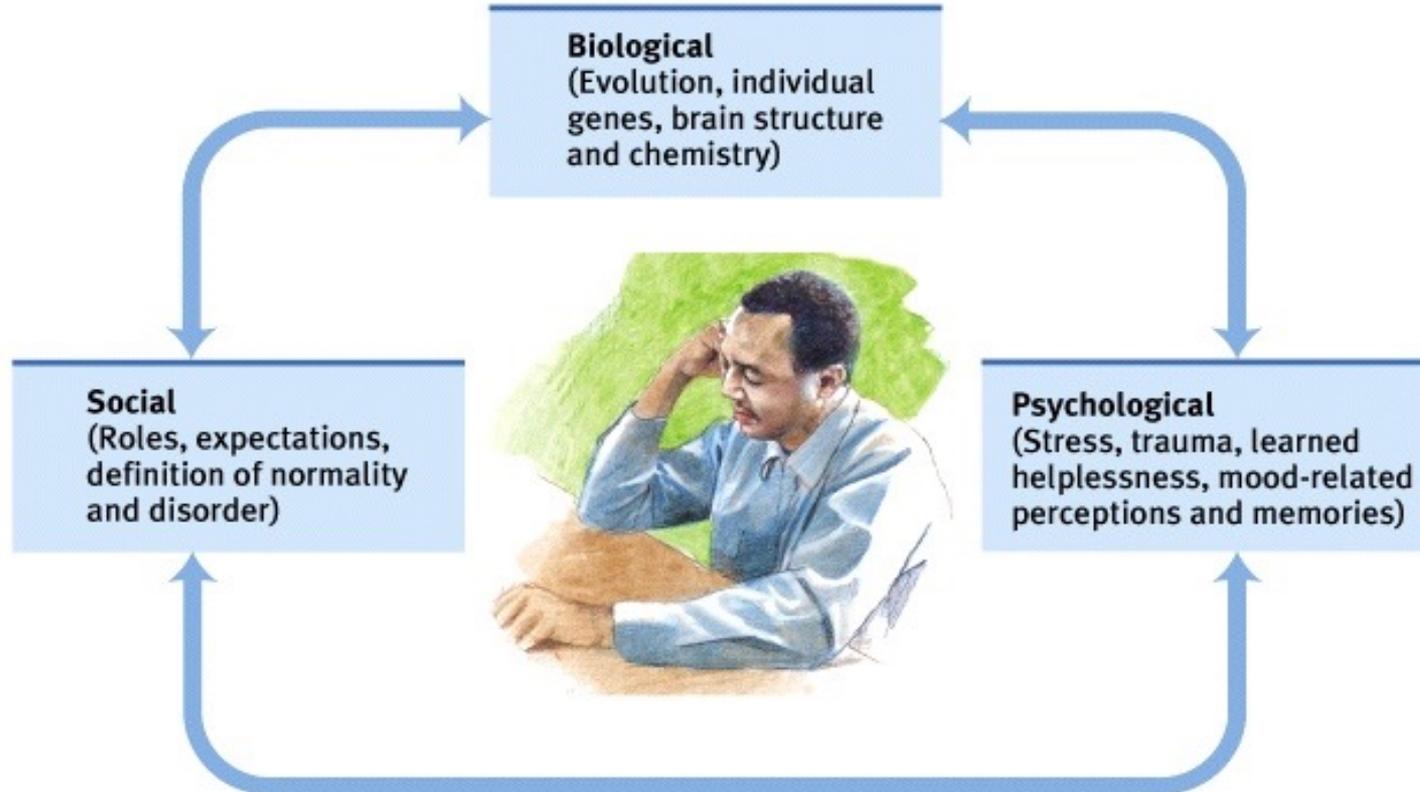
Serious mental illness costs America \$193.2 billion in lost earning every year.³



90%

90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.³

Bio-Psycho-Social Approach



Bio-Psycho-Social Approach

- These factors change over time. Hence, it's harmful to place a constant label on a person
- “Normal” behavior changes over cultures, sub-cultures and time
 - E.g., is gang behavior or violence “abnormal”?
- It's more important to understand behavior (and symptoms) then worry about labels

Case



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Patricia is a 31 year old single woman who grew up in an abusive home. She was physically abused by her mother, and sexually abused as a child by her mother's partner. She had been depressed since she was a teenager, and took an overdose of pills once, but never got any treatment. She had increasingly coped with her anxiety and depression with alcohol. She stopped drinking when she found out she was pregnant, but became increasingly anxious, sad, not caring about things, irritable, and unable to focus. She lost her job, and moved in with her sister, but fought with her sister's daughter and had to move to a shelter. Her baby was born 3 weeks ago, and she has little support. She wants to do the right things for her baby but is not sure she can cope, and has thought about giving the baby up for adoption, as she feels her baby might be better off without her.



Mental Health Disorders



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Major Mental Illnesses

- Anxiety
- Depression
- Bipolar Disorder
- Schizophrenia
- PTSD
- Eating Disorders
- ADD/ADHD
- Borderline Personality Disorder
- Schizoaffective
- Obsessive Compulsive Disorder



“The pain of severe depression is quite unimaginable to those who have not suffered it, and it kills in many instances because its anguish can no longer be borne. The prevention of many suicides will continue to be hindered until there is a general awareness of the nature of this pain.”

— William Styron, *Darkness Visible: A Memoir of Madness*



What is depression?

- Major Depression is a *treatable medical illness*
- It is not the same as just feeling sad or stressed about problems in your life
- Depression is not a sign of a “character flaw” or weakness

Major Depressive Episode

Depressed mood and/or loss of interest or pleasure in life activities for **at least 2 weeks** and at least five of the following symptoms that cause clinically **significant impairment in social, work, or other important areas of functioning almost every day**

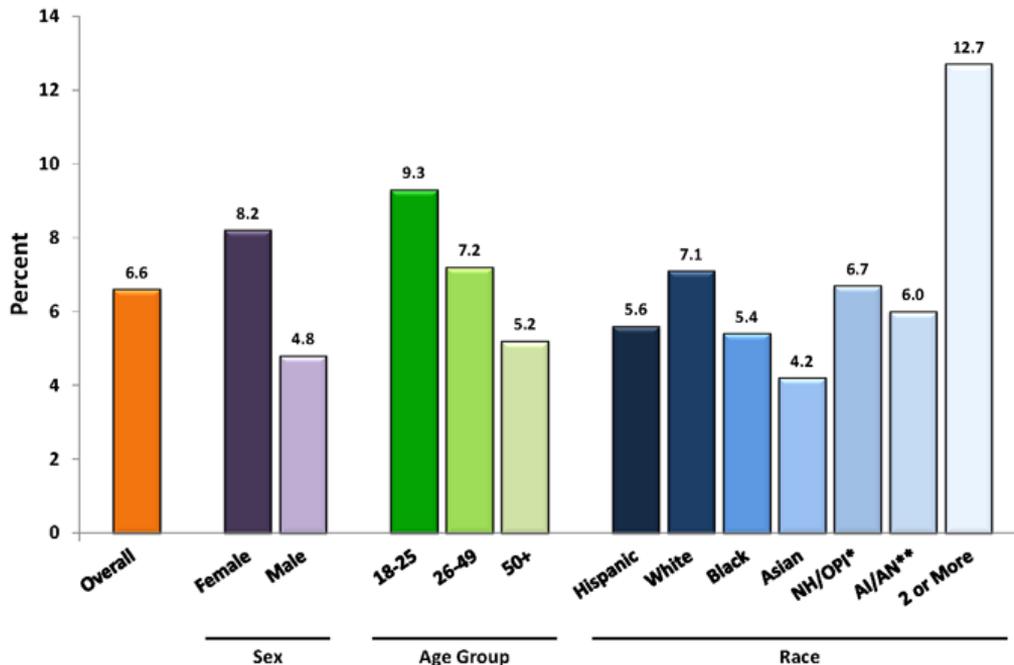
- 1.Changes in appetite, weight gain or loss
- 2.Insomnia or sleeping too much.
- 3.Agitation or psychomotor retardation noticed by others.
- 4.Fatigue or loss of energy.
- 5.Feelings of worthlessness or excessive guilt.
- 6.Diminished ability to think or concentrate, or indecisiveness.
- 7.Recurrent thoughts of death or suicide



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Depression in the US

12-month Prevalence of Major Depressive Episode Among U.S. Adults (2014)



Data courtesy of SAMHSA

*NH/OPI = Native Hawaiian/Other Pacific Islander
 **AI/AN = American Indian/Alaska Native



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Gender, Age and Depression

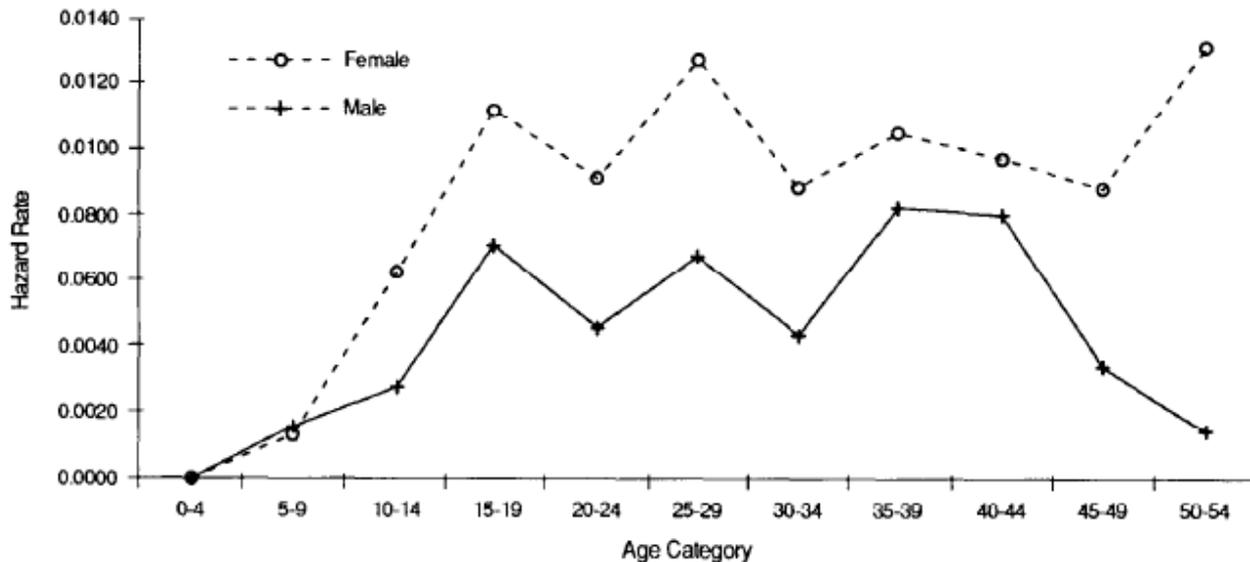


Fig. 1. MDE hazard rates by age and sex.

Kessler et al, 1993 (National Comorbidity Survey)

Postpartum Depression (PPD)

	Blues	Depression
Incidence	Up to 85% women	12-13% women (1 in 7) Most common complication during
Timing	Resolved by week 2	Onset within first 4 weeks after birth
Presentation	Tearful, irritable, low energy, no dysfunction	Prominent obsessive anxious symptoms, with insomnia
Treatment	Support, reassurance, monitoring	Depending on severity

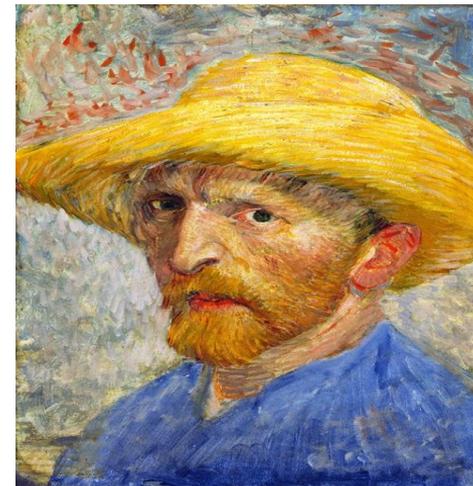
Postpartum Psychosis (PPP)

- Onset usually 2 days to 4 weeks
- Symptoms fluctuate greatly
- Paranoid, grandiose, or bizarre delusions
- Agitation
- Mood swings, grossly disorganized behavior, confusion, cognitive disruption
- Psychiatric emergency: risk for suicide, infanticide
- Women with Bipolar Disorder have highest risk for PPP



Bipolar Disorder

- A mood disorder with periods of depression as well as episodes of mania or hypomania
- Manic phase
 - Increased energy
 - Decreased need for sleep
 - Increased risk taking
 - Unrealistic belief in abilities, “grandiosity”
 - Increased talking, “pressured speech” and physical, and sexual activity
 - Aggressive response to frustration
 - Racing, disconnected thoughts
 - The depressed phase is similar to major depression



Epidemiology of Bipolar Disorder

- Prevalence: 1% of population Adults = Adolescents
- Males = Females
- 2-3 million American adults are diagnosed with bipolar disorder
- High lifetime suicide rates (10% to 15%)

Anxiety Disorders

- Often have an early onset- teens or early twenties
- 2:1 female predominance
- Have a waxing and waning course over lifetime
- Similar to major depression and chronic diseases such as diabetes in functional impairment and decreased quality of life
- Pathologic anxiety is anxiety that is excessive, impairs function

Anxiety disorders

- Generalized anxiety disorder (GAD)
- Specific phobia
- Social anxiety disorder (SAD)
- Panic disorder (PD)
- Agoraphobia
- Anxiety Disorder due to a General Medical Condition
- Substance-Induced Anxiety Disorder
- Anxiety Disorder NOS



Generalized Anxiety Disorder

- Excessive worry more days than not for at least 6 months about a number of events and they find it difficult to control the worry.
- 3 or more of the following symptoms:
 - Restlessness or feeling keyed up or on edge, easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance
- Causes significant distress or impairment

Generalized Anxiety Disorder Epidemiology

- 4-7% of general population
- Median onset=30 years but large range
- Female: Male 2:1



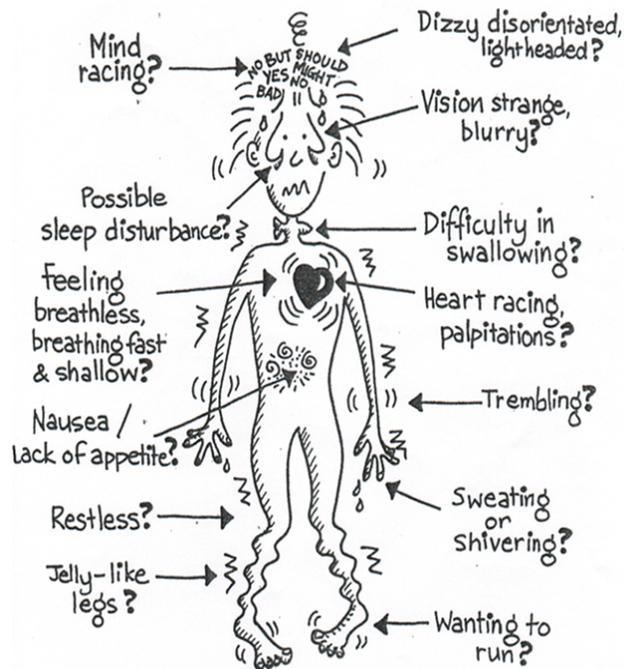
Panic Disorder

- Recurrent unexpected panic attacks and for a one month period or more of:
 - Persistent worry about having additional attacks
 - Worry about the implications of the attacks
 - Significant change in behavior because of the attacks



Panic Attacks

- A period of intense fear or discomfort emerging from either a calm or anxious state, in which four (or more) of the following symptoms developed abruptly and reached a peak within minutes:
 - Palpitations, pounding heart, or accelerated heart rate
 - Sweating
 - Trembling or shaking
 - Sensations of shortness of breath or smothering
 - Feeling of choking
 - Chest pain or discomfort
 - Nausea or abdominal distress
 - Feeling dizzy, unsteady, lightheaded, or faint
 - Derealization (feelings of unreality) or depersonalization (being detached from)
 - Fear of losing control or going crazy
 - Fear of dying
 - Paresthesias (numbness or tingling sensations)
 - Chills or heat sensations



Post Traumatic Stress Disorder (PTSD)

Following exposure to a traumatic event: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence

Symptoms Connected to PTSD

Re-Experiencing	Spontaneous memories of the specific event, recurrent related dreams, flashbacks or other intense or prolonged psychological distress
Avoidance	Distressing memories, thoughts, feelings or external reminders of the traumatic event
Negative cognitions or mood	Range from persistent and distorted sense of blame towards self or others to estrangement from others OR significantly diminished interest in activities to inability to remember key aspects of the specific event
Arousal	Appearance of aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or similar behavior

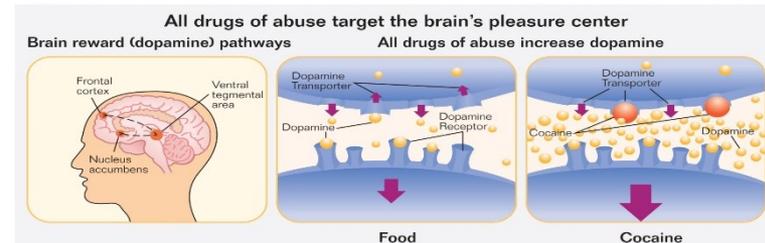
Adapted from: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Dissociative Disorders

- Dissociative disorders involve problems with memory, identity, emotion, perception, behavior and sense of self
- Examples of dissociative symptoms include the experience of detachment or feeling as if one is outside one's body, and loss of memory or amnesia
- Dissociative symptoms can potentially disrupt every area of mental functioning
- Dissociative disorders are frequently associated with previous experience of trauma

Substance Use Disorder

- A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using a substance even though it causes significant problems in his or her life.
- Clinicians diagnose substance use disorders by assessing the individual in four categories of symptoms:
 1. impaired control,
 2. social impairment,
 3. risky use
 4. pharmacological changes.
- 8.9% of the population are current users of illicit drugs.
 - Marijuana is the most commonly used illicit drug
- Most drugs of abuse directly or indirectly target the reward center of the brain by flooding its circuits with dopamine.



Schizophrenia

- The broad category of schizophrenia includes a set of disorders in which individuals experience distorted perception of reality and impairment in thinking, behavior, affect, and motivation.
- A disorder with a range of symptoms involving disturbances in:
 - Content of thought
 - Form of thought
 - Perception
 - Affect
 - Sense of self
 - Motivation
 - Behavior
 - Interpersonal functioning
- Researchers estimate the lifetime prevalence as about 5% and the prevalence at any one time of about 3%.
- People with schizophrenia are two to three times more likely to die compared to others within their age group



Symptoms of schizophrenia

POSITIVE +

*Positive symptoms:
Exaggerations or distortions of
normal thoughts, emotions, and
behavior*

- *Delusions*
- *Hallucinations*
- *Disorganized Speech*
- *Disturbed Behavior*

NEGATIVE -

*Negative symptoms:
Symptoms that involve functioning
below the level of normal behavior*

- *Restricted affect*
- *Avolition*
- *A-sociality*

Researchers proposed that positive symptoms reflected activated dopamine levels in the nervous system and negative symptoms reflected abnormalities in brain structure

Self-Harm Behaviors

- The act of attempting to alter a mood state by inflicting physical harm that is serious enough to cause tissue damage to one's body
- Important to differentiate from suicidal behaviors, in self-harm there's no intent to kill oneself
- Individuals who self-harm may be doing so to soothe themselves, cope with dissociation, etc



Common Behaviors

- Cutting
- Burning
- Head-banging
- Carving
- Scratching
- Bruising or hitting
- Biting
- Picking of skin
- Pulling of hair
- Bone-breaking

Suicide

- #1 cause is: Untreated depression
- **3rd** leading cause of death (15-24 yr. olds)
- Most suicidal people **DO NOT WANT TO DIE**, rather they feel it is the only way to end their pain
- Warning Signs



Case Follow Up

Patricia was referred to a clinic that specializes in treating depression in pregnancy and the postpartum period. She joined a therapy group for women and their babies, and started taking medication. She was relieved to hear that other women have felt like her. After about a month, she noticed her mood was better, she was less anxious, and overwhelmed, and she was starting to feel more capable as a mother and better able to meet her daughter's needs.



Tips



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What to Say

- “Thanks for opening up to me”
- “Is there anything I can do to help?”
- “Relapse is a part of recovery, not the end of it”
- “I’m sorry to hear that. It must be tough”
- “I’m here for you when you need me”
- “I can’t imagine what you’re going through”
- “Can I drive you to an appointment?”
- “How are you feeling today?”

Tips for talking

- Stop the silence
- Be nice
- Listen
- Keep in contact



Silence makes it worse. Mental illness can be a touchy subject, creating voids and even relationships

Tips for talking

- Don't ignore it
- Offer to help
- Keep the conversation moving



Silence divides. Mental illnesses are not simply something you can just “get over.” They can be chemical imbalances

Resources



- Text "LISTEN" to 741-741
- National Suicide Prevention Hotline (1-800-273-TALK)
- Teen Suicide Hotline (1-800-USA-KIDS)

Thank You!

Alliance for HOPE International

www.allianceforhope.com

www.familyjusticecenter.com

(888) 511-3522





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Dr. Obianuju "Uju" Berry is a child and adolescent psychiatry fellow at New York Presbyterian Hospital. She is a graduate of Harvard College, Harvard Medical School and the Johns Hopkins Bloomberg School of Public Health.

Dr. Berry has extensive experience in mental health research and public policy having worked in both the State and Federal level. She has served as a community advisor to the late Senator Paul Wellstone of Minnesota, research fellow for the Centers for Disease Control and Prevention and a Special Assistant to the Assistant Surgeon General of the U.S. Department of Health and Human Services.

Dr. Berry's research and clinical interests include child/adolescent mental health, trauma, epidemiology, and working with minority and immigrant populations. Since June 2006, she has served on the Steering Committee for the National Institute for Domestic Violence in the African American Community, where she consults and has given several national presentations on Intimate Partner Violence in Immigrant communities.

Currently, among her research and clinical duties, she also provides on-site psychiatric services to clients at the Bronx Family Justice Center as part of Columbia University's Domestic Violence Initiative with the New York City's Mayor's Office to Combat Domestic Violence.



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**Mental Health 101
40 Minutes**

A handwritten signature in black ink, appearing to read "Casey Gwinn".

Casey Gwinn, J.D.
Co-Founder and President
Alliance for HOPE, International

A handwritten signature in black ink, appearing to read "Gael Strack".

Gael Strack, J.D.
Co-Founder and CEO Alliance
for HOPE, International

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