



17

FOUR QUESTIONS

can help cultivate the therapeutic alliance.

28

INVESTIGATIONAL

antibody might prevent episodic migraine.

33

WATCH FOR SLEEP APNEA

in active-duty service members with PTSD.



VISIT US AT BOOTH #1412 at the APA Meeting in Atlanta!

The Leading Independent Newspaper for the Psychiatrist—Since 1973

Clinical Psychiatry News®

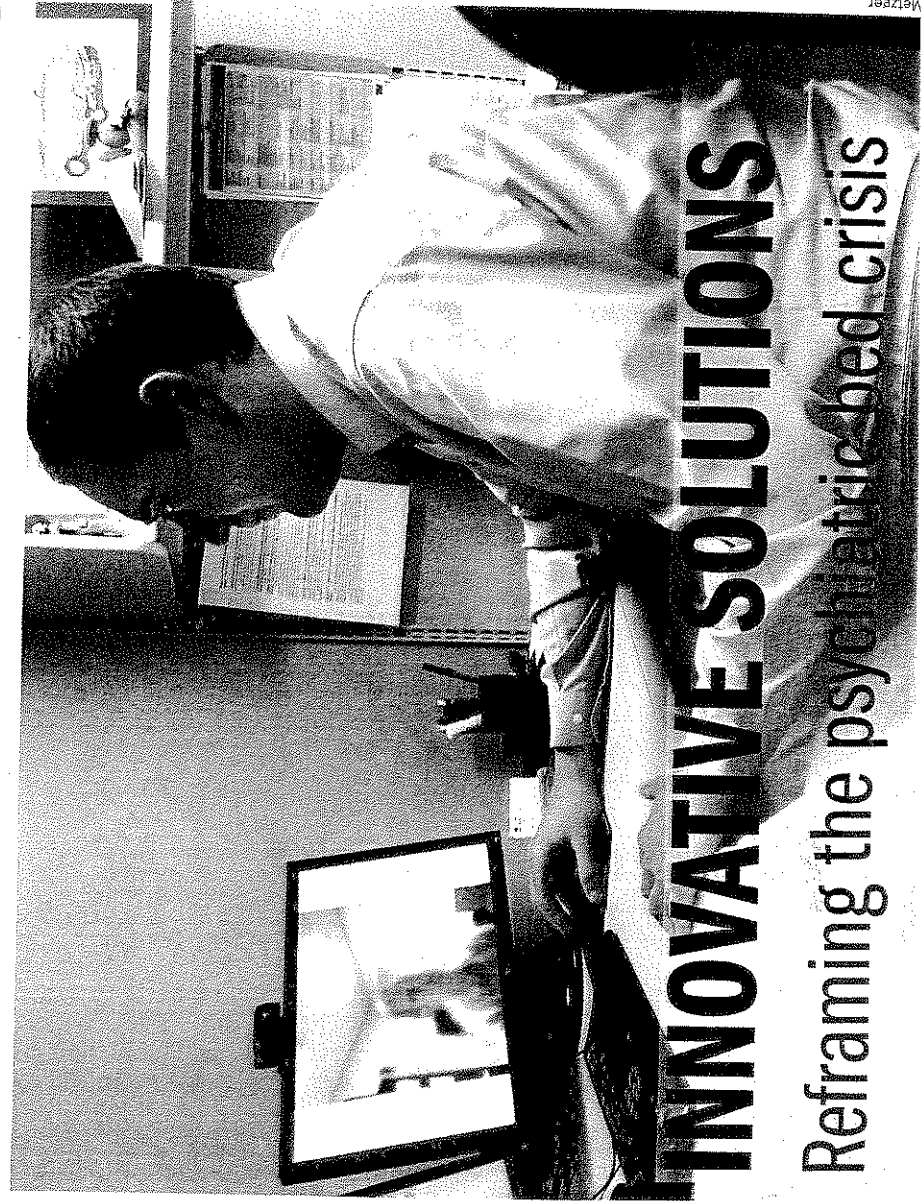
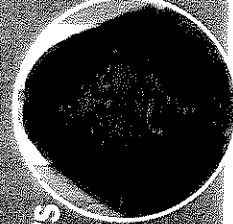
Vol. 44 * No. 5 * MAY 2016

clinicalpsychiatrynews.com



16 SHRINK RAP NEWS

Dr. Dittah Miller speaks with an expert on brain stimulation.



INNOVATIVE SOLUTIONS

Reframing the psychiatric bed crisis

Wetzer

PREPSYCHOSIS

Links found to elevated metabolic syndrome

BY MITCHEL L. ZOLER
AT THE EUROPEAN CONGRESS OF PSYCHIATRY

MADRID - Untreated people at high risk for developing psychosis also showed an increased prevalence of certain components of metabolic syndrome in data collected from 163 German study participants, a finding that gives new insight into the well-documented but poorly delineated link between schizophrenia and metabolic syndrome.

"The findings point out that a high risk for schizophrenia implies a certain risk for patients to develop metabolic syndrome independent of treatment effects," said Dr. Joachim Cordes, a psychiatrist at the LVR Clinic of the Heinrich-Heine University in Düsseldorf, Germany. He assumed that genetic factors underlie the shared risk some people face for both developing schizophrenia and metabolic syndrome.

HHS urged to lead efforts to destigmatize mental

BY WHITNEY MCKNIGHT

In order for the United States to succeed in reducing the stigma associated with mental illness and substance use disorders, the Department of Health & Human Services should lead the way, according to a National Academies of Sciences report.

The report said U.S. campaigns tied to HIV/AIDS and antistigma campaigns in countries such as England, Canada, and Australia show that “a coordinated and sustained effort over 2 or more decades” is needed. “Changing stigma in a lasting way will require coordinated efforts, which are based on the best possible evidence, supported at the national level with multiyear funding, and planned and implemented by an effective coalition of representative stakeholders,” Dr. David H. Wegman, chair of the committee that issued the report, said in a statement. Dr. Wegman is professor emeritus

in the department of work environment at the University of Massachusetts in Lowell.

The report’s authors said a federal policy that culls from current, evidence-based methods already in use by many organizations – including eight federal agencies – can help change misconceptions about mental and behavioral illness (National Academies of Sciences, Engineering, and Medicine, “Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change,” Washington: The National Academies Press, 2016 [doi: 10.17226/23442]).

In addition, the report said, efforts toward integrating behavioral health and primary (and other physical) care in the country’s health care system “offer possibilities for breaking down the walls that separate physical health from mental health in treatment and in the education of health care professionals.”

“This is an important document that will rival former Surgeon General David Satcher’s report on mental health,” Patrick W. Corrigan, Psy.D., part of the panel that the National Academies convened to produce the report, said in an interview.

Up to a quarter of the U.S. population will experience mental health problems, including addiction, at some point in their lives, according to the Centers for Disease Control and Prevention. Meanwhile, a survey conducted by the National Institute on Drug Abuse showed that 17 million Americans reported alcohol dependence or misuse. However, while more than half of those who responded to a nationwide survey said that people with mental illness deserved compassion, only a quarter of those in the throes of mental disease felt they were treated compassionately.

The country’s fragmented approach to treatment, prevention, and allocation of necessary resources for mental illness stems, in part, from an overall lack of agreement on how actually to define mental illness, Dr. Wegman and his coauthors suggested. An approach by the HHS-led Substance Abuse and Mental Health Services Administration (SAMHSA) could help frame the dialogue around the many aspects of mental illness diagnosis, by including the discrete categorizations of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the authors said. They also said the emerging science that indicates the role of trauma, neurobiology, cultural influences, and the dimensionality emphasized in the National Institute of Mental Health’s Research Domain Criteria (RDoC) could help toward that end.

SAMHSA’s role as envisioned by the National Academies also would include



DR

coordinating training, deficit research between and toward those developing and dispelling r

Dr. Corrigan for antistigma people who for example, and o These anti to “combat public health campaigns with that promote essential toward,” said distinguished Professor the Illinois Chicago.

The report National Academy of the Science Health Sociological, cognitive and divisional sciences an

wmc

VIEW ON THE NEWS ■ BY PHILIP T. YANOS

Report is positive but could go further

THE REPORT HAS THE potential to galvanize a sorely needed national effort to combat stigma, Philip T. Yanos, Ph.D., said in an interview. “However, there are some areas that I would have liked to see it get into further.” For example, he said he would have liked to see the report recommend a campaign “directly addressing biased reporting in the media that heightens the public perception that mental illness is strongly linked to violent behavior. The antistigma campaigns in Europe have included work with the media as one of their foci, and I think that a U.S.-based effort should do the same.”

In addition, Dr. Yanos said, he was pleased to see that the report mentioned self-stigma as a consequence of stigma. However, he would have liked to see it go a step further. “It would have been helpful if the report also discussed the need to incorporate interventions to counteract self-stigma in the professionally led service sector as well, since only a subset of people with mental illness connect with the peer-led sector (the antistigma campaigns in Sweden and Denmark have taken on such a focus).”

Dr. Yanos is professor in the psychology department at the John Jay College of Criminal Justice, City University of New York.

“You can’t save everyone,” he said. “Some patients are just hell-bent on killing themselves and will very cleverly pull the wool over our eyes.”

He also pointed to the gaps in care that training alone cannot prevent, specifically citing the instances in which people complete a suicide because of a lack of follow-up – the kind of intensive

States and suicide rates (Sci 31). “I’m particularly worried whose lives have been economic the Great Recession,” said department of psychiatry at the University of Washington

Dr. Meyers has written s

◀ Continued from previous page

treat the illness,” said Paul Quinnett, Ph.D., a clinical psychologist at the University of Washington, Spokane, and founder and CEO of the QPR Institute, a suicide prevention nonprofit.

Dr. Quinnett admits that what he sees as a lack of political will among many of his colleagues to ad