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**April is
Alcohol
Awareness
Month**

A good friend is a connection to life - a tie to the past, a road to the future, the key to sanity in a totally insane world.

~Lois Wyse

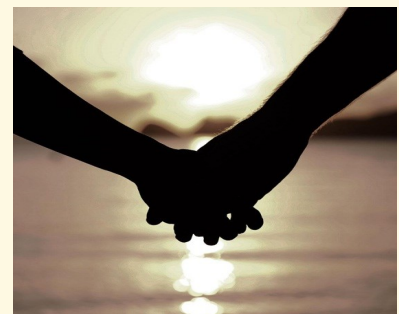
Alcohol and Mental Illness

Alcohol is legal for adults over the age of 21 in most states, and the majority of people who drink alcohol do so responsibly and without experiencing significant adverse effects. Yet, alcohol is one of the most commonly abused substances in America—nearly one in five people will experience problematic alcohol abuse at some point in their lifetime. People who abuse alcohol experience consequences of their excessive alcohol use. Someone who gets sick, injured or arrested due to their drinking—or who experiences problems at work, school or home due to being intoxicated or hung-over—likely has a problem with alcohol.

What happens when a person abuses alcohol?

After using alcohol, a person may begin to feel “drunk.” This can involve peaceful feelings, such as being happy, silly or confident, which are most likely related to alcohol’s interactions with certain chemicals in the brain. People with mental illness are more likely to also experience negative emotions such as depressed mood or anxiety.

People who regularly abuse alcohol may become addicted (e.g., their body becomes physically dependent on the substance). An addicted person who abruptly stops drinking alcohol may experience alcohol withdrawal, a medical emergency requiring immediate treatment. Alcohol withdrawal can result in heart problems (e.g., arrhythmias), seizures or delirium tremens (an acute delirious state), all of which can be fatal.



What is the relationship between alcohol and mental illness?

The relationship between alcohol abuse and mental illness is complex, and the treatment of both together is more complicated than the treatment of either condition alone. Certain groups of people with mental illness—including males, individuals of lower socioeconomic status, military veterans and people with other medical illnesses—are at increased risk of abusing alcohol. Recent scientific studies have suggested that nearly one-third of people with mental illness experience alcohol abuse. Conversely, more than one-third of all alcohol abusers are also battling mental illness.

Scientific data is clear that regular alcohol abuse is linked with increased risk of legal troubles and jail time, difficulties at school and at work, as well as abuse of other drugs.

Continued on page 2

Prevalence of Comorbid Mood and Anxiety Disorders in Individuals With Alcohol Abuse and Alcohol Dependence

Comorbid Disorder	Alcohol Abuse, 1-year rate (%)	Alcohol Dependence, 1 year-rate (%)
Major Depressive Disorder	8.2 - 11.3	20.5 - 27.9
Any Mood Disorder	11.7 - 12.3	27.5 - 29.2
Any Anxiety Disorder	11.8 - 29.1	23.4 - 36.9
PTSD	5.6	7.7

Results from the National Comorbidity Survey (NCS) (Kessler et al. 1997) and National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) (Grant et al. 2004.)

Source: Alcohol and Health, Focus On Comorbid Mental Health Disorders, Robert M. Anthenelli, M.D., <http://pubs.niaaa.nih.gov/publications/arh40/109-117.htm>



Alcohol and Mental Illness, continued

Alcohol abuse results in a worse prognosis for a person with mental illness. People who are actively using are less likely to follow through with the treatment plans they created with their mental health professionals. They are less likely to adhere to their medication regimens and more likely to miss appointments, which leads to more psychiatric hospitalizations and other adverse outcomes. Active users are also less likely to receive adequate medical care for similar reasons and are more likely to experience severe medical complications and early death. People with mental illness who abuse alcohol are also at increased risk of impulsive and potentially violent acts. Perhaps most concerning is that people who abuse alcohol are more likely to both attempt suicide and to die from their suicide attempts.

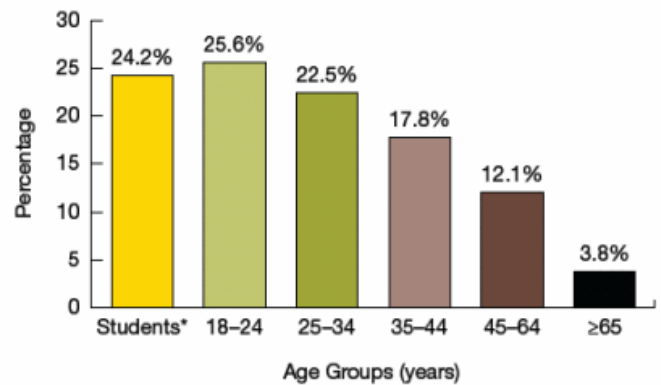
People with mental illness and active alcohol abuse are less likely to achieve lasting sobriety. They may be more likely to experience severe complications of their substance abuse, to end up in legal trouble from their substance use and to become physically dependent on alcohol.

What treatments are available for people with alcohol abuse and dependency?

For people with severe alcohol abuse, the first step is to ensure a safe detoxification. After this is achieved, many options exist for people who are newly sober or who are trying to avoid relapse on alcohol. These can include inpatient rehabilitation centers or supportive housing (e.g., sober houses, group homes or residential treatment facilities). Others may choose to return home to their friends and family who can be helpful in encouraging the newly-sober individuals to continue their efforts.

Some people find therapy to be a helpful part of maintaining their sobriety. This can include self-help groups

Percentage of People Who Reported Binge Drinking in the Past 30 Days



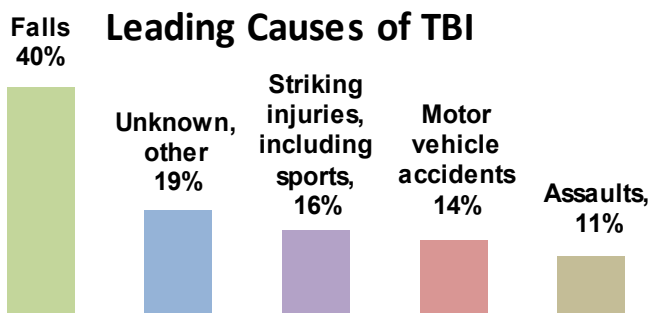
* High school students.

Sources: CDC, Youth Risk Behavior Surveillance System and Behavioral Risk Factor Surveillance System, 2009.

such as [Alcoholics Anonymous](#) or [SMART Recovery](#). Individual therapy can also be useful and some people will find that [cognitive behavioral therapy](#) is an important part of their treatment plan. Another form of therapy called “motivational interviewing”—an interactive, patient-centered model of treatment focused on finding inspiration for behavioral change—has been found to be effective in helping people to stop abusing alcohol. These and other tools can be useful, as a significant majority of people will relapse at some point in their lives, even if they are eventually able to achieve long-lasting sobriety.



Correction: in the graph of “Leading Causes of TBI” on page 2 of the March, 2015 newsletter, the second bar from the left should be labeled “Unknown/Other, 19%.” Good catch, Jeanette!



There is no medication that can cure alcoholism. A number of different medications have been studied in the treatment of alcohol abuse and dependency. Disulfiram (Antabuse), acamprosate (Campral) and naltrexone (Revia, Vivitrol) have all been approved by the US-FDA for the treatment of alcohol abuse and dependency.

Family, friends and others can be most helpful in providing empathic and non-judgmental support of their loved ones. With this support and effective psychiatric treatment, many people with alcohol abuse and mental illness will be able to actively participate in their recovery journey.

Source: *Alcohol and Mental Illness Fact Sheet*, Jacob L. Freedman, M.D., and Ken Duckworth, M.D., February 2013



Each year about 6.7% of U.S. adults experience major depressive disorder. Women are 70% more likely than men to experience depression during their lifetime. The average age of onset is 32 years old. Additionally, 3.3% of 13 to 18 year olds have experienced a seriously debilitating depressive disorder.

How do women experience depression?



Depression is more common among women than among men. Biological, life cycle, hormonal, and psychosocial factors that women experience may be linked to women's higher depression rate. Hormones directly affect the brain chemistry that controls emotions and mood. For example, women are especially vulnerable to developing postpartum depression after giving birth, when hormonal and physical changes and the responsibility of caring for a newborn can be overwhelming.

Some women may also have a severe form of premenstrual syndrome (PMS) called premenstrual dysphoric disorder (PMDD). PMDD is associated with hormonal changes that occur around ovulation and before menstruation begins.

During the transition into menopause, some women experience an increased risk for depression. In addition, osteoporosis—bone thinning or loss—may be associated with depression. Finally, many women face the additional stresses of work and home responsibilities, caring for children and aging parents, abuse, poverty, and relationship strains. It is still unclear, though, why some women faced with enormous challenges develop depression, while others do not.

How do men experience depression?



Men often experience depression differently than women. While women with depression are more likely to have feelings of sadness, worthlessness, and excessive guilt, men are more likely to be tired, irritable, lose interest in once-pleasurable activities, and have difficulty sleeping.

Men may be more likely than women to turn to alcohol or drugs when they are depressed. They also may become frustrated, discouraged, irritable, angry, and sometimes abusive. Some men throw themselves into their work to avoid talking about their depression with family or friends, or behave recklessly. Although more women attempt suicide, many more men die by suicide in the United States.

How do older adults experience depression?



Depression is not a normal part of aging. Studies show that most seniors feel satisfied with their lives, despite having more illnesses or physical problems. However, when older adults do have depression, it may be overlooked because seniors

may show different, less obvious symptoms. They may be less likely to experience or admit to feelings of sadness or grief. Sometimes it can be difficult to distinguish grief from major depression. Grief after loss of a loved one is a normal

reaction to the loss and generally does not require professional mental health treatment. However, grief that is complicated and lasts for a long time following a loss may require treatment.

Older adults also may have more medical conditions such as heart disease, stroke, or cancer, which may cause depressive symptoms. Or they may be taking medications with side effects that contribute to depression.

Although many people assume that the highest rates of suicide are among young people, older white males age 85 and older actually have the highest suicide rate in the United States. Many have a depressive illness that their doctors are not aware of, even though many of these suicide victims visit their doctors within 1 month of their deaths.

Most older adults with depression improve when they receive treatment with an antidepressant, psychotherapy, or a combination of both. Psychotherapy alone also can be effective in helping older adults stay free of depression, especially among those with minor depression.

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How do children and teens experience depression?



Children who develop depression often continue to have episodes as they enter adulthood. A child with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die. Older children may sulk, get into trouble at school, be negative and irritable, and feel misunderstood. Because these signs may be viewed as normal mood swings typical of children as they move through developmental stages, it may be difficult to accurately diagnose a young person with depression.

Before puberty, boys and girls are equally likely to develop depression. By age 15, however, girls are twice as likely as boys to have had a major depressive episode. Depression during the teen years comes at a time of great personal change—when boys and girls are forming an identity apart from their parents, grappling with gender issues and emerging sexuality, and making independent decisions for the first time. Depression in adolescence frequently co-occurs with other disorders such as anxiety, eating disorders, or substance abuse. It can also lead to increased risk for suicide.

An NIMH-funded trial of 439 adolescents with major depression found that a combination of medication and psychotherapy was the most effective treatment option. Childhood depression often persists, recurs, and continues into adulthood, especially if left untreated.

Source: <http://www.nimh.nih.gov/health/topics/depression/ex.shtml>

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If you'd like to begin receiving the MHA Newsletter electronically in color as a PDF, please send your full name and email address to: jmartin@sevenvalleyshealth.org

Addressee

Questions, comments, or feedback on the MHA Newsletter?
Let us know!
Email jmartin@sevenvalleyshealth.org
We appreciate your thoughts!

Community Resources & Events

MHA Annual Dinner

Wednesday, May 13

5 - 8 pm

Ramada Inn, Cortland

Program and Speakers:

- ♦ Sharing our Stories (SOS) Project. Students from the Cortland Alternative School who have had successful journeys in dealing with their own mental health share their stories of hope, help-seeking, and choices. Their goal is to encourage younger students to feel comfortable asking for help.
- ♦ Garra Lloyd Lester, Youth Suicide Prevention Specialist, Suicide Prevention Center of NYS

Registration required. To RSVP contact Mike Pisa, 607-756-5992, ext. 142 or mpisa@ccocc.org



"May is Mental Health Month" Walk

Wednesday, May 27

11:15 Meet at Wishing Wellness, pick up T-shirts

11:45 Walk from WW to IHO, Riverside Avenue

Lunch provided. **To reserve a FREE T-shirt call SVHC at 756-4198 by Monday, April 27. Quantities limited.**



Survivors Of a Loved One's Suicide (SOLOS) Support Group

Come join us in a safe, comfortable environment to talk about your lost loved one(s). Meetings are held the first Thursday of every month from 5:30 pm - 7:00 pm. For more info please contact Family Counseling Services at 607-753-0234.



If you have an upcoming community event you would like considered for admission to the MHA Newsletter, send your announcement to jmartin@sevenvalleyshealth.org.

Disclaimer: The information presented here does not constitute professional medical advice. Individuals respond to treatment for mental health conditions in different ways, and treatment plans often need adjustment over time. Patients should work closely with their doctor and other health professionals in order to achieve optimal control of symptoms.