An Introduction to Mental Health

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Why this discussion?

Mental health issues are very common yet severely overlooked...
  ◦ General lack of understanding, fear, cavalier attitudes toward

Having a mental health issue can be quite stigmatizing.
  ◦ Fear of being misunderstood, invalidated, or judged; Better to battle in silence...

The COVID-19 situation will *undoubtedly* have implications for mental health, wellbeing, and substance abuse.

Today’s talk is about bringing *awareness* to mental health issues
  ◦ Provide a *basic* understanding of mental health.
Approximately 1 in 5 adults in the U.S. (43.8 million) experience mental illness in a given year.
  ◦ Ranges from lowest (14.6%) in NJ to highest (22.4%) in Utah.

Approximately 1 in 25 adults in the U.S. (9.8 million) experience a serious mental illness in a given year.
  ◦ Substantially interferes with or limits one or more major life activities.

2/3s of people with a known mental illness don’t seek treatment.
  ◦ Folks just don’t talk about their symptoms...

We need to eliminate the stigma associated with mental illness by starting conversations and increasing understanding about mental illness.
Oklahoma..... Is not “OK”

Oklahoma has some of the highest rates for Mental Illness and Substance Use Disorders in the U.S.

- Any Mental Illness = 22% (3rd in Nation);
- Any SUD ~12% (2nd in Nation)
- Serious mental illness = 5.2% (2nd in Nation)
- Overall mental health ranking: 49th in nation!

- Approximately 900,000 Oklahomans with a reported mental illness or substance abuse issue.

Our strength through adversity could inadvertently be taking a toll...

- Grit against drought, tornadoes, wildfires, economy, etc.
Contributing Factors...

Oklahoma as a significant treatment gap:

• OK has a history of poor state mental health funding.
  • Lacked a solid system of community-based mental health care.

• Of those Oklahomans who need services; most are not receiving the care they need to fully recover from their illnesses.
  • “ER model”: Where available, MH treatment goes to the most sick.
  • *Major delay in seeking services (years); once decided, may take months to be seen…

• Compounding the issue in OK:
  • Many are incarcerated (significant proportion with MH issues) and continue to go without treatment
Brief Introduction to Major Mental Health Disorders

Mood Disorders
Anxiety Disorders
Psychosis
Substance Use Disorders
Trauma-related Disorders
Eating Disorders (anorexia, bulimia)
Personality Disorders (OCPD, NPD, BPD, etc.)
Mood Disorders

A group of diagnoses in the DSM-5 classification system where a disturbance in the person's mood is the main underlying feature; 9.7% of US adults had any mood disorder in past year.

- Major Depression (6.9% of adults in US; at least 1 MD episode in past year)
- Bipolar Depression (2.6% of adults in US; mood swings; high energy/risk taking)
- Post-partum Depression (10-15% of mothers annually; physiological and situational shifts)
- Seasonal affective disorder (symptoms follow changing seasons)

Depression has a biological basis; not simply a psychological weakness to “get over”

- Stress overload decreases new neuron growth in the brain (hippocampus region where memory and emotion processed)

Nearly 70% of US individuals can correctly identify depression, but many don’t know what to do about it.
What can we do...

Depression thrives on *isolation*
- Negative beliefs about self
- Lack of trusted support systems
- Stress overload leads to internalizing in order to ‘*survive*’
- In COVID, social distancing could easily limit the mobilization of natural resources

Gender differences and symptom *expression*
- Higher prevalence in females; Symptoms vary too (anger/aggressiveness in men)

So...
- Genuinely *connecting with others* is key (*both* giving and receiving); *Professional help too*
- Get out of negative routines; Get moving; Get outside
- Monitor marginalized/isolated folks (elderly, rural, undocumented, homeless, those w MH conditions)
Anxiety Disorders

Anxiety is a *normal* reaction to stress; can be beneficial in some situations. Can also be *excessive* (*out of proportion to the situation*), difficult to control, and may negatively affect their day-to-day living.

- 18% of adults in the U.S. each year (*most common mental health issue)

- Generalized Anxiety Disorder (persistent/excessive worry about a *range* of things)
- Specific Phobia
- Social Anxiety Disorder
- Acute Stress Disorder (w/in 1 mo of traumatic stressor)
- Post Traumatic Stress Disorder (symptoms > 1 mo)
- Panic Disorder (intense fear w/ no real threat)
- Obsessive Compulsive Disorder (can’t stop behavior)
- Agoraphobia (avoidance of places/situations)
Anxiety Iceberg:

We typically focus on coping skills for what negative behaviors we ‘see’ in ourselves and others.

- Anger, avoidance, defiance, lack of focus, perfectionism
- Anxiety manifests in a multitude of ways... (internalizing/externalizing)

By only focusing on the observable, we miss what’s going on below the surface!

- Feelings, fears, motivations
- Area for deeper conversations...
Psychosis (Significant Mental Illness)

A feature of other disorders involving some lost contact with reality (resulting in disturbances in thinking, emotion, behavior); Need professional assistance to accurately diagnose.

- Schizophrenia (delusions, hallucinations, disordered thoughts)
- Mood disorder (with psychosis; MD & BPD)/Schizoaffective Disorder
- Drug-induced Psychosis

*Caused by combination of genetics, biochemistry, and stress.
- Stress and drug abuse often triggers symptoms in vulnerable folks.

May require additional support or hospitalization for management.
Substance Use Disorders

Condition in which the use of one or more substances leads to a clinically significant impairment or distress; symptoms of addiction & dependence (tolerance, withdrawal, amounts needed, etc.).

- Tobacco
- Alcohol
- Marijuana
- Prescription drugs
  - *Opioids; Painkillers
- Illicit drugs
  - Cocaine; Methamphetamine

*Among those in the U.S. who experienced a substance use disorder, 50.5% had a co-occurring mental illness.

OK: Marijuana is #1 drug for drug tx admissions; Stimulants (including meth) is #2.
Opioids and Mental Health

Intersections between physical and emotional stress

- *Despair* from physical stress
  - Emotional toll of pain, job/role loss, etc.
  - Isolation from resources
    - Can be related to poverty
    - Precursor to stress buildup and depression
    - Can lead to *coping* with substances (development of a co-occurring SUD)
- Physical pain and emotional pain share similar circuitry in the brain
  - Emotional pain affects judgment too; 30% lower reasoning; 25% lower IQ
  - Translates into coping with emotional pain with substances

Brosi, M., & McKinzie, E. (2020)
Opioids and Mental Health

- Anxiety medications (specifically benzodiazepines) and sleep meds often calm/stabilize/sedate the central nervous system
- The number of prescriptions for *anxiety* has nearly doubled in the past decade (Increased 34% since onset of COVID)
- Both opioids and benzos
  - Sedate and suppress breathing (affect respiratory centers in the brain)
  - Impair cognitive functioning
- Used together, they increase the likelihood of death.
  - 30%+ of opioid overdoses involve benzodiazepines

Brosi, M., & McKinzie, E. (2020)
Mental Health - Adolescents

About 20% of adolescents have a mental health disorder; many major depressive episodes.
- Adolescent anxiety and depression rates risen significantly over past decade.

Young adults (age 18 to 25) = biggest abusers of prescription (Rx) opioid pain relievers, ADHD stimulants, and anti-anxiety drugs.
- To get high, for performance, etc.

Within the last decade, rates of depression, suicide attempts, and completed suicides (3rd leading cause of death for adolescents) increased significantly:
- 33% increase in depression, 23% in suicide attempts, 31% in completed suicides
Mental Health- Adolescents

Researchers have connected the increase in anxiety and depression to:

- The increase of smartphone access for teens (73% of teens) and social media
  - Social Isolation – less face-to-face/social interactions
  - Comparison factor (being “liked”)
- High expectations/pressure to succeed
- A world that feels scary/threatening
- Less Sleep (major risk factor for depression)
Mental Health – Veterans and Military Members

20% of national suicides are military veterans and 60% of veterans who died by suicide (about 22/day) had a mental health diagnosis.

About 1 in 10 veterans and military members had an alcohol use disorder; 1 in 20 had a drug use disorder.

Depending on campaign, ~10-20% of veterans receive a diagnosis of PTSD or depression; those with depression = 4x more likely to have a substance abuse problem.

Risk Factors:

- Deployment/combat experiences
  - Higher number and Longer deployments
- Being younger at the time of trauma
- Lack of social support (family, friends, community)
Farm Stress

Distress in rural Oklahoma

Recent (and upcoming?) Farm Stress issues in OK
- Loss or decrease of income
- Rising debt
- Concerns about drought

Farm Transitions/Losses:
- Death
- Divorce
- Disease
- Disaster
- Disability
Farm Stress

Farming is among the most stressful and dangerous professions

- Dangerous conditions
- Low income
- Lack of control
- Equipment Failure
- Damaged property
- Foreclosures

COVID-19... *maximum psychological damage!*

Despite more spread-out communities

- Rural communities tend to be older
- Higher levels of long-term health problems
- Hospitals already strained
Farmers and Suicide

Suicide rates higher in rural communities

Depression and Suicide on the farm
- Loss of income and increased debt
- Health and Family problems
- Loses that pushes someone into crisis

Acute Crisis and Warning Signs
- Thoughts about suicide
- Specific Plan
- Available Means
So...What can we do about this?

*Being aware of mental health issues increases the chance for early intervention.*

Requires:

- Understand the stress overload process.
- Being aware of the signs of anxiety, depression, and *acute crisis*.
- Being *respectful* of those who are struggling.
- Getting help or help others get help.

Mental Health First Aid, 2020
Options for Addressing the Mental Health Crisis

• Challenging our narratives/language
  • Talking about mental health/addictions with empathy instead of negative associations
• Increase awareness of the impact of stress on mental health and subsequent impact on SUDs
• Increase access to resources (mental health, SUD treatment)
  • Byproduct of COVID has included expansion of telehealth options
  • Provide education for Parents to talk to teens; Professionals working with farmers, etc.
Where to Find Help (*put in your phone contacts list)

In-person and Telehealth services available

211

NAMI helpline 1-800-950-6264 (NAMI) or info@nami.org

Suicide Hotline 1-800-273-8255

Disaster Distress helpline 1-800-985-5990
  ◦ Text: TALKWITHUS to 66746

Crisis Text 24/7: Text HELLO to 741741

*Ok Child Abuse Hotline 1-800-522-3511

https://extension.okstate.edu/coronavirus.html