NAMI EAST BAY NEWSLETTER

A local affiliate of the National Alliance on Mental Illness (NAMI)

July-August 2018

Transcranial Magnetic Stimulation (TMS)

Wednesday, July 25

TMS therapy is an alternative treatment for patients suffering from depression who have not achieved satisfactory improvement from prior antidepressant treatment. This revolutionary technology has been long studied but has only recently been introduced to the market. Despite being cleared by the FDA just a couple years ago, TMS has immediately made a mark as an impressive treatment for depression, proving to be extremely non-invasive, non-systemic, and very effective for treatment-resistant patients who do not respond to medications.

Join us as **Rick Trautner, MD,** who is associated with BayTMS in Berkeley, explains this treatment approach. Our general meetings are free and open to all.

Speaker Meeting starts at 7:30 pm
Albany United Methodist Church
980 Stannage Avenue, Albany
Corner of Stannage and Marin
Meeting is free and open to the public.

Support Meetings

NAMI East Bay offers the following monthly support meetings:

- **Support and Share Group for Families of Adults** is held on the 2nd Wednesday of each month. The next meetings are July 11, August 8, and September 12.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: July 17, August 21, and September 18.

Support Group Meetings are held at the Albany United Methodist Church, 7-9 pm. Enter through the gates to the right of the door on Stannage Avenue, turn left through the large room, go down the hall, and come up the stairs. Signs will be posted.

All support meetings are free to NAMI members and non-members, offering a chance to talk with others who understand, give emotional support, and share ways they have found to cope.

Film Festival on Saturday, July 7

Our second annual free film festival will be showing *Perks of Being a Wallflower* and the documentary *Of Two Minds*. Join us for an afternoon of films with discussions afterwards, along with artisan popcorn and pizza. We will be starting at 2:00 in the Social Hall of the Albany Methodist Church, 980 Stannage Avenue, Albany.

NAMI Conference CDs Now Available

Since they were on clearance sale, we picked up recordings of presentations from previous state and national NAMI conferences. If you're interested in hearing any of these, let us know:

- Dialectical Behavior Theory (DBT)
- Update on SchizoAffective Disorder
- Help Your Child Handle Stress and Anxiety
- Mental Illness/Guns/Public Safety
- Borderline Personality Disorder
- Use of DBT's Core Mindfulness Skills to Resolve Conflicts
- Getting Off the Emotional Roller Coaster
- Gun Legislation – Everything Addressed but the Science
- Strategies for Engaging People
- Open Dialog Therapy: A Recovery-Oriented Practice

We can send one or several of these CDs to you, and it would be great if you would review and summarize one or more for the newsletter. We also have a nature sounds CD for meditation if you want to make a copy. Check www.vwtapes.com for full lists of available materials.

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SPEAKER NOTES

Addiction and Mental Health

Summarized by Thomas T. Thomas

"With the legalization of marijuana, it is important to discuss the effects of cannabis on mental health," says **David Kan, MD, DFASAM.**[1] He is a clinical psychiatrist specializing in addiction psychiatry, forensic psychiatry, general adult psychiatry, and psychopharmacology. He serves on the UCSF Department of Psychiatry Clinical Faculty, is currently the president of the California Society of Addiction Medicine (CSAM), and has private practice in Walnut Creek.

Dr. Kan has received multiple awards and honors in the areas of addiction medicine and clinical instruction in psychiatry, and has contributed to guidelines for physicians working in opioid treatment programs. He is also a forensic consultant on addiction and has testified in many court cases. He gives presentations on Smoking Cessation and Chronic Mental Illness; Stimulants, Psychosis, and Treatment; Cannabis; and Post Traumatic Stress Disorder.

His talk on May 23 focused on cannabis, and he prefers that term to "marijuana," which has racial overtones with Mexico, in the same way that "opium" has overtones with 19th-century China.

The cannabis landscape changed in 2016 with the passage of Proposition 64 in California, which legalized recreational use of cannabis and possession of less than an ounce, as Prop 215 legalized medicinal use in 1996. Dr. Kan noted that experience has shown that medicinal use of cannabis decreased opioid mortality among patients, dropping by 5% drop at first and dropping even more over time. He also noted that doctors can *recommend* cannabis for conditions but they can't *prescribe* it, because there are no dosing levels and no pharmaceutical distribution, just patient supply through various dispensaries.

"The War on Drugs has injured more people than the drugs themselves," Dr. Kan said, citing the way criminalization has hurt people's life situations and future prospects. His organization, CSAM, supported Prop 64, and two of its members were on a blue ribbon commission for the proposition. They took this stance because, first, people were getting cannabis anyway and, second, legalization would provide tax revenues, of which 60% are now designated for treating adolescents—the group most at risk for developmental impairment from cannabis.

Cannabis is a plant and a bud, available in many varieties and prepared in various forms for administration including edible and smokable. But Dr. Kan prefers to discuss the cannabinoid chemicals themselves and their brain interactions. Similarly, he would not tell a heart patient to brew up a tea of foxglove but instead take a dose of digitalis.

A new or infrequent user of cannabis—as opposed to a regular or heavy user, defined as using cannabis three times a week—will experience several things. One is what many users call "couch lock," where they just sit without moving, because the drug depresses internal motivation. Another experience is a sense of novelty, noticing and realizing things like the rainbows on a bubble if they're in the bathtub, because cannabis blocks the part of the brain that expresses judgment. A third experience is increased hunger, "the munchies," because cannabis stimulates appetite.

Dr. Kan noted that with regular use these effects tend to diminish, because the body builds up a tolerance and seeks a return to homeostasis. He said that a person with attention deficit hyperactivity disorder (ADHD) might try cannabis as a way to reduce the condition's fidgeting, but the drug won't improve the person's mental focus. Similarly, a person who is chronically underweight might use cannabis to stimulate appetite, but the effect may not last.

Adolescents like cannabis, he said, because it's readily available, feeds their sense of rebellion, and the effects feel good. Legalization will probably decrease cannabis availability, because regulation removes the incentive for illicit distribution, although adult usage will probably increase.

Past scare tactics to keep kids from using cannabis ("You're going to get in a car accident and kill people") were ineffective, because they didn't match user experience. But the reality is that adolescents who are regular users don't go out for sports, don't go on dates, and do poorly in school. Cannabis is a problem for young people because their brains are still developing: they won't reach maturity until age 25. Adolescents using cannabis regularly tend not to

[1] Distinguished Fellow – American Society of Addiction Medicine.

get the experiences and develop the coping mechanisms they are supposed to learn on their own. Dr. Kan doesn't recommend cannabis use until age 18.[2]

Regular cannabis use doesn't cause cancer, unless the person smokes cigarettes as well, and then it increases cancer risk. It doesn't increase anxiety, depression, or mental illness, although regular use as a teenager can increase the risk of developing schizophrenia slightly, from 1% to 2%.

There are about 60 different cannabinoid chemicals, most of them present in the plant in small concentrations. The two dominant chemicals are tetrahydrocannabinol (THC) and cannabidiol (CBD). The brain has a receptor for THC, the CB1 endocannabinoid receptor discovered in the 1990s. This receptor developed long before people started smoking pot. CB1 receptors work by picking up a neurotransmitter called anandamide, which slows down and regulates dopamine receptors in the brain's synapses. (Mice genetically engineered to lack this CB1 receptors don't feed, breed, or live long.) The receptor also helps regulate short-term memory, allowing the brain to dismiss bad experiences—like a batter shaking off a bad pitch—to focus on the task at hand.

The brain effects of THC have had more study than those of CBD. THC has some use in treating anxiety, multiple sclerosis, some forms of seizure, and appetite control. It can also control pain, such as from diabetic peripheral neuropathy. But THC tends to increase the cycling rate of bipolar disorder.

CBD has had less study and not much is known, except that it is not psychoactive. CBD works in the brain on the CB1 receptor, like the neurotransmitter anandamide: it affects serotonin levels and stabilizing the whole system.

CBD can be used to treat anxiety, similar to the medication buspirone; it has no side effects and is not addictive, but the cost is high. An edible dose of THC may be 5 to 10 milligrams, an effective oral dose of CBD is 300 to 800 milligrams, and then the person would not feel high, just pleasantly better overall.

Q. How does cannabis mix with other medications? Can an adult taking antipsychotics still use it?

There doesn't seem to be much interaction. Cannabis does not make schizophrenia worse for an adult—but you can't say this about adolescents. With long-term adult use, the amygdala—which controls emotional perception—shrinks by about 7%. So a heavy user might miss emotional cues from other people that a nonuser would notice.

We don't have a lot of experience with psychosis and cannabis use. Even the new concentrations—and some dispensaries are issuing 100 milligrams of THC as a dose—don't seem to affect the symptoms of schizophrenia.

Q. Is cannabis used in treating migraine?

A. It can help relieve pain and improve sleep. Migraine is caused by blood vessel plasticity and a chemical cascade. We don't know the effects of CBD, but it may be worth a try if the risk is low.

Q. Why do people with schizophrenia smoke cigarettes?

We have only theories. Nicotine helps people focus, among other effects, and it's pleasurable. But nicotine is less a problem than the smoke itself, which contains polyaromatic hydrocarbons. These ramp up liver enzymes and cause the body to metabolize certain medications faster. That will lower the levels of medications like fluvoxamine and olanzapine. Interestingly, schizophrenics do not have increased risk of lung cancer. Vaping has less smoke, but at the higher wattage levels it generates unwanted chemicals, like ammonia.

Q. How do you stop teenage cannabis use?

You have to get across the message about their lack of functionality and what they're missing in life. You can then incentivize them to do something different. But heavy users will still take time to get back their sense of reality and novelty—to see "the rainbow on the bubble" again.

For more about Dr. Kan and his medical practice, see www.davidkanmd.com.

[2] He noted that the brain develops back-to-front, with basic functions like heart and breathing established earliest in the brain stem, then motor functions and balance in the hindbrain (one of the reasons young teens are so good at gymnastics) and finally executive functions like decision making and judgment in the forebrain.

Past articles in the Speaker Notes series are available online at www.thomastthomas.com under "NAMI East Bay." Also available is a copy of the brochure "Medications for Mental Illness."

Musings

Having just returned from the annual Nami California conference in Monterey, I'd like to share tidbits and some of the things I heard:

- "We need to hold the health insurance network accountable. … Staff is not empowered to intervene early. … Recommend that we change the 5150 laws in California. … Nothing is as powerful as a family member in front of the Legislature." *Director of Monterey County Behavioral Health Care Services Amie Miller*
- On being raised by a mother with mental illness, "Life was full of little-T traumas (such as being locked out of the house or having Mom barricading herself in her room). … Hard to become the caretaker's caretaker. … We have to fight for those who may eventually need us but not right now." *Executive Director, NAMI California, Jessica Cruz*
- On offering services to those who won't accept them, "A closed mouth doesn't get fed." *Keynote Speaker Chanique Holdsclaw*
- In referencing the popular book *Where's Waldo?* (where the reader needs to find Waldo in highly detailed pictures), "No one ever says How's Waldo?" The value of giving patients feedback in a collaborative manner leads to impressive study results. Another researcher shared that the most effective (relationship-oriented) psychiatrist with a placebo got better results than a less effective psychiatrist with a state-of-the-art medication, showing that the doctor-patient relationship was crucial. Also cited: the lag between research and clinical practice is about 20 years. *Kaiser Researchers*
- NAMI programs statewide have had 90,000 participants, with 2,500 taking the Family to Family class and 4,600 attending Family Support Groups. Kaiser has developed a grant in which the Family to Family and Peer to Peer classes will be part of their treatment plans. Regarding Crisis Intervention Training (CIT), we need to make it more than a check-the-box activity since, in the long run, culture trumps training. *President of the Board of Nami California Guy Qvistgaard*
- "Many patients are disenfranchised by their own illness and need family members to advocate for them. … Number one challenge: economic costs of mental illness will be more than cancer, diabetes, and respiratory ailments put together. … More and more major companies are pulling out of mental illness research even though unipolar depression is the leading cause of employment disability. … Available treatments are limited to just a few interventions, whereas the options in cardiovascular treatments are multiple. … Lack of progress is due to lack of knowledge regarding what causes mental illness since (1) there is no blood test or imaging to confirm diagnosis, so we have to work with signs and symptoms; (2) we don't know the targets of drugs, since we have no animal-based studies; (3) genetics still are too complicated, with a plethora of determinants; (4) clinical trials rely on rating scales rather than hard data. … New research is being done on novel mechanisms of action, including work on understanding of glial cells and Esketamine, which affects synaptic plasticity. … We have a new golden age in psychopharmacology with emergence of novel mechanisms." *Research Plenary Speaker Wayne Drevets, MD*

—Liz Rebensdorf, President, NAMI East Bay

Independent Living Association New in Alameda County

An Independent Living Association (ILA) is being formed in Alameda County to support the operators of independent living sites. Independent living is a "privately-owned home or complex that provides shared housing for adults with disabilities living on fixed incomes and others who may benefit from a shared housing environment." Modeled on the successful ILA in San Diego county (www.ilasd.org), where it significantly increased the available housing stock, ILA has been brought to Alameda County under the guidance of Robert Ratner, Director of Housing for Behavioral Health Care Services. A team of housing and agency advocates, including NAMI East Bay, has been working for several months with the San Diego team to get this going.

Unlike housing models of sober living and board and carea, the independent living sites offer housing to adults who do not need help in self-care, including medication management. There is no state oversight, as with board and cares, nor regulations for setup. These sites are obviously not for all of our family

members but do offer a reasonable alternative for many of our adult loved ones with mental illness.

The ILA is a voluntary association of owners and operators who earn their membership by meeting reasonable site standards and going through free training on such issues as setup, state laws and regulations, screening for residency, house rules, eviction requirements, components of mental and physical illness, and crisis management. In turn, the ILA offers this education and training along with marketing through an online directory, peer review and coaching, advocacy, networking, and updates on state regulations. Home visits are scheduled so that quality control is maintained.

This is a strong addition to the list of housing options available to our relatives, and the homes are really reminiscent of the rooming houses of old. Most of the ILA homes will provide meals, and outside support services can be arranged privately. The care issue is a significant one; because this model does not require that the owner/operator to be licensed, it is crucial that medication usage is self-maintained.

Home visits are an important part of maintaining standards and membership in the ILA, and we are encouraging NAMI family members to become part of the home visit teams, whether or not your relative is living in an ILA home. This would require just a couple of hours a month. Let us know if you would like to be part of this.

Alameda County ILA's new website will be www.ilaac.org. However, since this is a brand-new program, the website is still being developed. For a model of what it will look like and for more information, visit the website of our San Diego colleagues at www.ilasd.org.

Various Recommendations

- Peersnet.org is a wonderful website for consumers of mental health services in Alameda County. Check it out for information about WRAP (Wellness Recovery Action Plan) and other activities.
- For the sleep disturbances we and our relatives commonly experience, the website Tuck.com has a comprehensive review of resources, with specific information about sleep and depression, anxiety, and bipolar, along with information about sleep biology, mattresses, and bedding. The site is not associated with any commercial products.
- A 23-page article titled "Treatments for Schizophrenia in Adults: A Systematic Review" is available at https://ahrq-ehc-application.s3.amazonaws.com/media/files/schizophrenia-adult_executive-2017.pdf.

Help Needed at NAMI East Bay

If you would like to help us out with our bimonthly newsletter labeling sessions, let us know. These happen generally the last week of every other month, with a couple of days' notice since we don't know when the newsletters will come back from the printer. For a couple of hours we sit around chatting and snacking while putting sticky things on paper … great harmless fun.

Or, if you would rather weigh in on heartier matters, there are always opportunities to sit in on county advisory committees and represent the family perspective. Right now, we are represented on the county committees on staff training, vocational programs, Wellness Centers, Mental Health Services Act, and housing, but we'd like to share the load. We can bring you up to speed if you'd like to participate.

Resource for Anxiety Disorders

The Institute for Brain Potential puts on seminars for professionals earning continuing education units (CEUs). The seminars are well organized and comprehensive. We have the PowerPoint printout for a February presentation on Understanding and Treating Anxiety and Related Anxiety Disorders. If you would like to take a look at this 44-page documentation for the all-day class, let us know.

NAMI East Bay
National Alliance on Mental Illness

980 Stannage Avenue
Albany, California, 94706
Time Value

Return Service Requested

Are your dues paid for 2018?
(Check Mailing Label)
Your Support Matters
Renew Now!

NAMI EAST BAY 2018 MEMBERSHIP

Please check your mailing label. If the code "18" is over your name on the right side of the label, your dues are current through 2018. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2018 dues now. And if you can afford to add a bit more, please do so. Your $40 NAMI East Bay membership gives you our newsletter six times a year, the quarterly "Connection" from NAMI-California, and the NAMI-National "Advocate." NAMI East Bay is nonprofit [501(c)3] and your dues and contributions are tax deductible.

☐ **Family Membership, $60 per year** ☐ **Open Door Membership, $5 per year**

Make checks payable to "NAMI EAST BAY" and mail to NAMI East Bay, 980 Stannage Avenue, Albany, California 94706

☐ **Contact me for Family to Family Education Class**

Name: _____ **Phone No.:** _____

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I'd like to volunteer: ☐ In the Office ☐ Grant Writing ☐ Membership Committee
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