



Changing Minds

Summer
2008
Vol. 3, No. 3

The purpose of this newsletter is to educate, inform, advocate, and empower people in order to affect positive change in attitudes and treatment for psychiatric illnesses.

Cincy Cops are Tops in Mental Health Training

In This Issue:

Cincy cops are tops

What happens when your child needs to be hospitalized

Beware of heat!

Secrets to the Teen brain

Connect the Dots Resources

"This newsletter is produced and edited exclusively by parent volunteers. Nothing contained in this newsletter should be used as a substitute for a professional's diagnosis, advice, or treatment. Reading this newsletter constitutes an agreement to hold harmless all volunteers and contributors for anything contained in this newsletter."

By Lisa Eccles

Often the first responders in a psychiatric crisis will make the difference between a safe resolution and a tragic ending - and the Cincinnati police are training to ensure they can achieve the most positive outcomes. They are the first law enforcement agency in the country to provide a comprehensive 40 hours of training for dealing with special populations. (The state police academy only demands 16 hours of such training.)

Developed in 2001 as part of collaborative agreement that called for training select officers to be the first ones on site to all calls involving people with mental illness, the Mental Health Response Team (MHRT) was integrated into the police academy curriculum in 2007.

"In July, 2002, the first trained officers hit the streets," said Victor Lloyd, community mental health educator and law enforcement training specialist. As of 2007, the MHRT went on

6,292 runs."

Although mandated, the police have "totally embraced" this concept and collaborate with mental health professionals to get real on-the-job training. Officers participate in "reverse ride alongs" by shadowing mental health professionals during a typical day. The experience is immeasurable when confronted with an upset individual, said Lloyd. "It used to be that all disorderly persons were treated the same way. Now, with training, they can see if there is a medical reason or need. There is a great difference between dealing with a violent criminal and a mentally ill person."

The expanded training has enlightened the participants to be able to have a greater understanding and compassion for those suffering from mental illness.

"Having this training seems like a logical approach but it has only been in recent times that these illnesses have been explored and understood by more than just the

mental health professionals," added Lloyd.

The initial goal was to provide a MHRT for every shift in every district, around the clock. As of 2007, more than 250 officers have been trained and over 200 are currently in this capacity.

The future goal is to have every Cincinnati police officer MHRT trained. Lloyd has 25 plus years of social service, counseling, teaching, and case management and also works with mental health professionals to train them on police policies and procedures. His work on both sides is building a better understanding and collaboration between these two groups. He is involved with MHRT training elsewhere in the Cincinnati area and around the country.

He suggests that residents request this training from their own local departments. For more information, contact Lloyd at 513-721-2910, ext 14, or tvlloyd@mhaswoh.org.

Mobile Crisis Workers Respond to Psychiatric Emergencies

University Hospital has a crisis program available to help with children who may be experiencing psychiatric issues. The Children's Mobile Crisis program staffs licensed, master-level social workers to assess children (17 and under) with a mental illness or those experiencing a psychiatric crisis at school or in the community and may be a risk to themselves or others. A goal of the children's worker is to strengthen the support system during the crisis and divert hospitalization whenever possible. The worker will collaborate with the child, guardian and/or school

staff and assist them to cope with the emergency and develop a plan to ensure the child's safety. The worker can help de-escalate a situation, collaborate with the family, and make a recommendation for hospitalization if necessary (if transportation is required, guardian or police will be utilized).

Examples of psychiatric emergencies in children are:

- when the child expresses serious suicidal thoughts
- experiences uncontrollable anxiety
- exhibits bizarre behavior, severe depression,

disorientation or confusion

- acts destructively or otherwise out of control
- hears or sees things that do not exist
- expresses homicidal thoughts or plans to hurt others.

The mobile crisis worker is available Monday through Friday 8 a.m. to 4 p.m. Other Mobile Crisis Team members are available to respond 24 hours a day. Call (513) 584-5098 8 a.m. to 5 p.m. or (513) 584-8577 after 5 p.m. to page the Mobile Crisis Team.

This article was submitted by Kelly Warden, LSW and member of the University Hospital Mobile Crisis Team.

Connecting The Dots....

A list of resources for parents:

Prescription Assistance

- Wal-Mart provides a \$4 generic drug program with over [300 medications](#).
- <http://www.freemedicineprogram.org/about.html>
- [Partnership for Prescription Assistance](#) provides information on prescription drug savings and assistance programs. <https://www.pparx.org/Intro.php>
- [The Medicine Program](#) provides assistance to qualified patients for the purpose of obtaining prescription medication free-of-charge from available programs - <http://www.themedicineprogram.com/>

[Child Focus, Inc.](#) oversees [programs](#) to support individuals and families in Clermont County through their Behavioral Health Care and Early Childhood Divisions. Their **Clermont County Crisis Response Team** offers crisis intervention, education, referrals and follow-up services. - Info@Child-Focus.org

555 Cincinnati-Batavia Pike
Cincinnati, OH 45244
PH: 513-752-1555
Fax: 513-688-8155

Community Outpatient Services - 221-HOPE (221-4673)

In six sites throughout Hamilton County and Butler County, counseling and community support for children and adolescents is provided by CCF Community Outpatient Services. Confidential counseling from licensed therapists helps children and families with problems resulting from mental illness, abuse, family conflict, divorce, Attention Deficit Disorder and school and behavioral issues. Psychiatric support for these services is also available when needed.

Substance Abuse / Chemical Dependency

1. Crossroads: 513-475-5300
2. Department of Youth Services: 513-396-5345
3. Talbert House CRISIS HOTLINE: 281 - CARE or 513.281.2273*
4. Norcen Behavioral Health Systems: 513.761.6222
5. Teen Challenge: 513.248.0452

Mental Health Access Point (MHAP)-

the "front door" to the Hamilton County mental health system: 311 Albert Sabin Way, Cincinnati, Ohio 45229-2801. PHONE: (513) 558-8888, FAX: (513) 558-3133.

Psychiatric Emergency Room Intake: What to Expect When the Unexpected Happens

Bringing a child to the emergency room can be a harrowing experience for most families, but it can be especially difficult when it's a psychiatric issue. Linda Richey, Children's Director of the Psychiatric Intake Response Center (PIRC), shares information on the process:

The PIRC at Children's is the access center for all psychiatric and behavioral health needs.

The mental health evaluations completed in the Emergency Department (ED) are completed by psychiatric social workers from the Psychiatric Intake Response Center (PIRC).

The goal of these evaluations is to assess patients with an immediate crisis and recommend an appropriate level of care based on the outcome of the evaluation. When arriving to the emergency department families need to register for a psychiatric evaluation. Unaccompanied minors will not be evaluated until a guardian is present unless it is deemed an emergency by the emergency department physician. Evaluations are generally on a first come, first served basis, depending on treatment room placement. The wait, once in a treatment room can be lengthy based on several factors. Please remember that you and your child may encounter a significant wait, however your child will be monitored by the ED staff in a safe environment. Rest assured that everything will be done by the PIRC and ED staff to try to expedite the experience.

Emergency Room Sequence:

Registration - Registration staff will collect from parent/guardian all demographic, insurance, and reasons for why they are in the emergency department.

Waiting Room - The patient and family will be asked to wait for the triage staff.

Triage - The nursing staff will assess the patient needs and the urgency of those needs.

Treatment Room - The patient and family will be moved into one of the treatment rooms within the Emergency Department based on the medical urgency.

Nursing Evaluation - The patient will be assessed medically by the Nursing Staff.

MD Evaluation - The Emergency Medicine Physician will assess the patient's medical needs and medical stability.

Psychiatric Evaluation - The Psychiatric Social Worker will assess the mental health needs of the child. This will include current and past mental health concerns, past / current psychiatric treatment, family history and a thorough mental status examination to identify urgent mental health symptoms.

Treatment Plan - The Psychiatric Social worker will consult with the ED physician and the on-call psychiatrist regarding the best treatment option. The Psychiatric Social Worker will discuss the treatment options with the patient, and parent/guardian.

Discharge / Admission - Upon completion of the evaluation, the treatment team will coordinate the appropriate level of treatment for the patient.

Some of the outcomes of a Psychiatric evaluation may include:

Discharge from the ED to outpatient mental health provider.

Inpatient admission or partial hospitalization to Cincinnati Children's Hospital Medical Center or another mental health facility based on bed availability.

PIRC is staffed 24 hours a day and can be reached at 513-636-4124 or via email at psychiatryresponse@cchmc.org.

Submitted by
Linda Richey LISW
Cincinnati Children's Hospital Medical Center Director - Psychiatric Intake Response Center
513-636-0211

ATTENTION READERS: Send us your stories to share hope with others! Please e-mail Editor Lisa Eccles at Eccles.lisa1@gmail.com.

'Secrets' of the Teen Age Brain

By Lisa Eccles

The phrase 'what were you thinking?' is a standard of exasperated parents of teens worldwide. That question is usually met with a blank stare, but modern science can now answer it for them: "They probably weren't thinking, and they probably can't." Researchers have found that teenage brains are still developing, and the systems that regulate sense, reasoning, and learning are under great duress. "Adults often make the mistake of thinking that teens have the capacity to think like grown-ups and they don't yet," said Frank Kros, MSW, JD, who presented this topic at the recent Children's Hospital symposium. "There are physical changes happening in the brain, but the good news is that there

are teaching moments to help them gain the skills needed to make good choices."

In very basic terms, the sections of the teens brain that interpret data and responses to it become hyperactive and can lead to broad mood swings, depression, and social confusion. The amygdala is a key component of the limbic system which experiences fear, distress, and anxiety and it is especially active during this time. Simply put, when the teen is under stress, the amygdala goes into high gear and stimulates the adrenal gland production of cortisol, which compels the brain to take some kind of action to relieve this stress. It "calls on" the hippocampus area where memory and learning occur.



If there is a prior knowledge of this situation, like an adult brain would have learned, it's resolved. Yet in the teen, there is little prior learning, so more panic sets in and the adrenal gland releases more cortisol which is irritating to the brain. Excess cortisol can actually eat away at the cells of the hippocampus, which is supposed to be

Cont. on page 4

Watch for Heat Related Illnesses with Many Medications

In the warm summer months it is important to think about risk factors for heat related illnesses, especially for those on psychotropic medication. The Ohio Department of Mental Health advises that plenty of cool liquids are available, and patients/clients dress in lighter clothing, and do not engage in activities that will expose them to prolonged periods of high heat and humidity.

Psychotropic medications impair the body's ability to regulate its own temperature. During hot and humid weather, individuals taking antipsychotic medications are at risk of developing excessive body temperature, or hyperthermia, which can be fatal.

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Warning signs for heat

exhaustion are: heavy sweating, paleness, muscle cramps, tiredness, weakness, dizziness, headache, nausea, and vomiting. Treatment involves moving the client/patient to a cooler place, give water, encourage rest, and have client/patient take a cool shower.

Heat stroke is the most serious heat-related illness. It

occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Warning signs for heat stroke are: confusion, dizziness, nausea, unconsciousness, high temp (103 Fahrenheit or above), rapid strong pulse, throbbing headache, and red/hot/dry skin. Treatment involves calling 911, moving

client/patient to a cooler place, and cool the client/patient using cool water.

Below is a list of common psychotropic medications used in this population which can impair the clients/patients response to heat.

NOTE: This is not an all inclusive list.

Generic Name	Brand Name	Mechanism
aripiprazole	Abilify®	Sensitive to sunlight
benztropine	Cogentin®	Sensitive to sunlight, decreased sweating
bupropion	Wellbutrin®	Increased sweating
chlorpromazine	Thorazine®	Decreased sweating
citalopram	Celexa®	Increased sweating
clozapine	Clozaril®	Altered central temp. regulation
fluphenazine	Prolixin®	Altered central temp. regulation
haloperidol	Haldol®	Altered central temp. regulation
lithium carbonate	Lithobid®, Eskalith®	Extra fluid loss can cause toxicity
olanzapine	Zyprexa®	Altered central temp. regulation
perphenazine	Trilafon®	Altered central temp. regulation
quetiapine	Seroquel®	Increased sweating
risperidone	Risperdal®	Altered central temp. regulation
sertraline	Zoloft®	Increased sweating
topiramate	®Topamax®	Hyperthermia
venlafaxine	Effexor	Increased sweating

This information is from the Psychotropic Drug Information Handbook. 4th Edition Lexi-Comp. Heat related Illness in Psychotropic Medication Users. Ohio Department of Mental Health Brochure.

E-mail:

jrwebster@fuse.net

For more information please
check these related links:

Cincinnati Children's Psychiatry
website:

www.cincinnatichildrens.org/svc/alpha/p/psychiatry/
University of Cincinnati Psychiatry:
www.psychiatry.uc.edu

NAMI (National Alliance for the
Mentally Ill):

www.nami.org, or www.nami-hc.org

Hamilton County, Ohio
Ohio Federation for Children's
Mental Health, Inc:
www.ohfederation.org

Surviving the Teens Website
Directory:

<http://www.cincinnatichildrens.org/surviving-teens>

Screening Program:
www.teenscreen.org

MindPeace

www.mindpeacecincinnati.org

Whatever It Takes

The 7th Annual Children's Mental Health gala celebrated the division of child and adolescent psychiatry department's deep commitment to patients. Its theme "Whatever it Takes" was apparent in the speeches and recognition awards, one of which was given to me for my work on the newsletter. As I told the audience that evening, I really don't deserve all the credit - the newsletter is a truly collaborative effort made possible by a talented ensemble cast, namely Julie Webster, Dr. Pam Campbell, Yvetta Collins, Pam Mattson, and Pat Wertepny. Amazingly enough, each of these individuals has been recognized for her exemplary performances, so I am in good company.

I am grateful for the award and for the people who make this newsletter a reality. I am also thankful to be able to "give back" to an extraordinary medical facility and to aid in educating others about mental illness. It is critical to spread the proper information about psychiatric disorders and their treatments to help dispel any stigma and stereotyping of people and their families. Any movement in that direction is an award enough for me.

Thank you Children's for the great evening and wonderful award - and especially for your spirit and commitment to do "Whatever it Takes."

'Secrets' of the Teen Age Brain

Cont. from page 1

the learning center. If the teens are under constant stress, it becomes difficult to build the correct memory banks to handle it. A teenager's stress triggers are incredibly sensitive - a direct question in class, an awkward social situation, or a seemingly simple schedule change can set off this cascade of anxiety and panic and youths with any history of abuse, neglect, trauma, substance abuse, or mental illness are especially susceptible to constant stress. "High risk teens' systems work less effectively," said Kros. "There brains are under constant assault from chronic stress and the cortisol hormone is present for long periods of time in the brain. It makes it difficult for them to learn appropriate responses."

Add to this simple explanation the all-important frontal lobes, which are part of the brain's executive system. They help manage such critical functions as problem solving, judgment, organization, planning and time orientation. The frontal lobes are the last area to mature in humans and they learn to control the more impulsive amygdala. "Parents have to act as their children's frontal lobes, teaching them how to deal effectively with their stressors," said Kros.

The brain is also in its second major blossoming, pruning, and myelinating period phase shortly after puberty, which Kros defined as ages 10-12. Blossoming can be described as an explosion of pathways in the brain, when millions of neurons evolve to meet the greater demand of the emerging adult brain. Pruning involves the brain clearing away underused pathways and keeping the connections that have been made stronger by repetition in thought or action. Here is where the teenager is at risk of "laying down" tracks of destructive behavior, like drinking, violence, or drug use, which are negative coping methods to their stress. Each connection that is repeatedly used becomes myelinated, or coated in an insulation that keeps the connection strong. "Risky behavior can become part of a hard wired response," warned Kros. "There are windows of sensitivity and addiction risks that can be very hard to break in later years."

Another important physical factor is the incredible increases of hormones in the brain. Boys undergo an "assault" of testosterone, which over stimulates the amygdala, changes neurotransmitter levels, can cause aggression, territorial and domineering thinking, poor impulse control and increased sex drive. Girls are experiencing high levels of estrogen and progesterone, which destabilize the amygdala, change neurotransmitters levels, amplify emotions, increase stress, appetite, and sex drive.

"It is important to share these changes with teens so they don't feel like they are abnormal," said Kros. He notes that adults can help them process thoughts and behavioral responses to the stress and learn positive life-time coping skills."

Mr. Kros, is president of the Upside Down Organization of Baltimore, Maryland, and executive vice president of The Children's Guild, the largest private provider of special education services in Maryland. He was awarded a Maryland Governor's Citation for his speaking efforts.

The next installment will focus on strategies to deal with the teenage brain.