

2019 SPRING/SUMMER NEWSLETTER

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2019 ANNUAL CONFERENCE: "IS THERE A BETTER WAY? EXPLORATIONS IN MENTAL HEALTH TREATMENT"

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The thirteenth annual conference of the University of Louisville Depression Center, November 7-8, 2019 will feature leading experts on the practical application of scientific findings in solving difficult clinical problems. Keynote presentations and interactive workshops will be given by **Linda Carter Sobell, PhD**, President's Distinguished Professor, and Co-Director, Healthy Lifestyles Guided Self-Change Program College of Psychology, Nova Southeastern University;

Randolph M. Nesse, M.D., Arizona State University Foundation Professor and Director, ASU Center for Evolution and Medicine; and **Susan L. McElroy, M.D.**, Professor of Psychiatry and Neuroscience, and Chief Research Officer, Lindner Center of HOPE, University of Cincinnati College of Medicine.

Dr. Sobell, a leading expert in motivational interviewing, will begin the conference with a public talk on Thursday evening, November 7,



"Could You Improve Your Communication Skills? Learning How to Talk with Someone Close To You." Her keynote presentation at the all day conference on Friday, November 8 will be, **"Using Motivational Interviewing to Help Patients Explore and Resolve Ambivalence to Change,"** and she will offer a breakout workshop on **"Motivational Interviewing: An Empathic, Non-judgmental Style of Communicating with Patients."**

Dr. Nesse is the Founding Director of the Center for Evolution Medicine at Arizona



State University. His most recent book is **"Good Reasons for Bad**

Feelings: Insights from the Frontier of Evolutionary Psychiatry."

Dr. Nesse's keynote presentation, **"Why does depression exist at all? Evolution and the origins of mood,"** will show participants how to analyze the kinds of life situations that escalate ordinary low mood into clinical depression. His afternoon workshop is titled **"How**

an evolutionary understanding of emotions can improve depression treatment."

Dr. McElroy is internationally known for her research in bipolar disorder, eating disorders,



obesity, and pharmacology. As Chief Research Officer at the Lindner

Center, she oversees multiple studies in mood, anxiety, eating and impulse control disorders, genetics and psychopharmacology. Her keynote presentation will be

"Pharmacotherapy of Binge Eating," and she will present **"Pharmacotherapy of Obesity in Individuals with Psychiatric Disorders"** at her afternoon workshop.

Watch our website in coming months for registration details,
www.louisville.edu/depression.

DEPRESSION CENTER COLLABORATING WITH LOCAL ORGANIZATIONS FIGHTING MENTAL HEALTH STIGMA

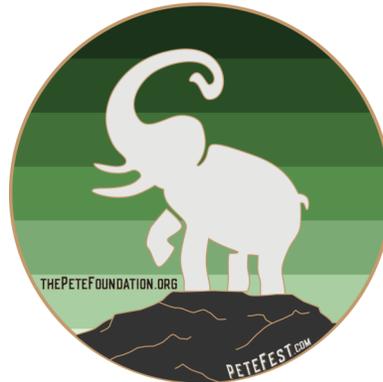
The University of Louisville Depression Center has been collaborating with two organizations in Louisville that focus on reducing youth mental health stigma, the **Student Alliance for Mental Health Innovation and Action (StAMINA)** and **The Pete Foundation**.



StAMINA (<http://www.staminaky.com>) was started by Allison Tu, a graduating senior at duPont Manual High School in Louisville, with the intent to help today's youth who are experiencing dramatic increases in rates of suicide, depression, and related mental health disorders. Her organization has made great strides in conducting research on barriers to mental health engagement, hosting two youth mental health summits, advocating at the state and local level, and creating engagement tools in the form of family conversation cards about mental health, as well as a forthcoming podcast titled, "BrainWaves." Dr. Stephen O'Connor, Associate Direc-

tor of the UofL Depression Center, is on the StAMINA Advisory Board and was the academic collaborator for their research. Dr. O'Connor worked in partnership with a talented group of high school students from across the Commonwealth to conduct a series of focus groups with youth and parents that resulted in a more detailed and nuanced understanding of the issues contributing to youth mental health struggles and under-utilization of mental health services.

The Pete Foundation (<https://www.thepetefoundation.org>) originated in the wake of the tragic



death of Pete Jones to suicide in 2016. From this loss, the Jones Family created an organization whose vision is to ensure healthy

emotional lives for youth and has become involved in numerous initiatives throughout the region, including collaboration and leadership with our Depression Center, where Molly Jones is an Advisory Board member. One of the most unique aspects of The Pete Foundation is an annual music festival, PeteFest, where music and mental health advocacy are weaved together on the Jones' family farm in Louisville over the course of a September weekend. Last year, PeteFest hosted suicide prevention gatekeeper training for attendees that contributed towards the larger city-wide effort of the Louisville Health Advisory Board to train thousands of gatekeepers throughout the city. Dr. O'Connor was honored to provide the training along with fellow Depression Center Advisory Board member, Val Slayton, of Humana. Dr. O'Connor is also a member of The Pete Foundation Advisory Board.

There is an urgent need to reduce the burden of depression and related mental health disorders by partnering with organizations committed to action, such as StAMINA and The Pete Foundation. We commend their work for Kentucky families and youth.



DEPRESSION CENTER IN CHINA

Dr. Rif El-Mallakh, Director of the Bipolar Disorders Research Program at the UofL Depression Center, received an invitation from Drs. Rena Li, Director of the Key Laboratory for Schizophrenia and Yang Ping Ren, Director, Scientific Management, to visit the first Depression Center in China at the National Center for Mental Health at Beijing An Ding Hospital, Beijing China.

Beijing An Ding Hospital was established in 1914 by Christian missionaries. The hospital has 11 inpatient units totalling 800 beds. The average length of stay is about one month. The inpatient units treat about 7,000 patients annually.



The outpatient clinics see about 1,500 patients daily for a total of approximately 0.5 million annually. Over 50% have a mood disorder. Dr. El-Mallakh attended a clinic with Dr. Jei Yang who saw an average of 10 patients every hour. The clinic can be quite chaotic, and on several occasions, patients would simply enter the room and wait in the room until Dr. Yang was done with the previous

patient. On only one occasion did Dr. Yang ask the intruding patient to leave – when she was interviewing a distressed, tearful woman.

The Emergency Department sees about 13,600 patients per year. Patients can be brought in by police, ambulance, or family members, but they must always be accompanied by a family member. The emergency department has about 10 holding beds, where short-term patients (one week or less) are kept. However, a

family member has to remain with the patient during their holding bed stay.

China has a health care funding system that is mixed. Patients can have insurance through the state or through their job, so that nearly everyone has insurance. However, all insurance has a co-pay of 20-50% for all services (inpatient or outpatient). This figure can be misleading for Americans, who are used to very high bills. In China, health care is highly subsidized, so that a typical inpatient daily rate is about CHY 10 (Yuen), or around \$ 1.40. Outpatient visits can be half of that cost. Everyone Dr. El-Mallakh spoke to in China felt that health care is affordable for all.

Depression Center Research Team Finds Strong Evidence for Effectiveness of Computer-assisted Cognitive-behavior Therapy

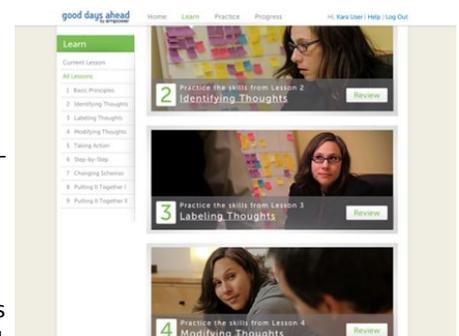
A research team led by UofL Depression Center faculty has just published a systematic review and meta-analysis of 40 studies of computer-assisted cognitive-behavior therapy (CCBT) for depression. The article in the Journal of Clinical Psychiatry can be viewed with this link at <https://www.psychiatrist.com/jcp/article/Pages/2019/v80/18r12188.aspx>. The 40 studies were conducted in many different countries including the U.S.A., Australia, United Kingdom, Sweden, and the Netherlands.

The overall results of the analysis found that CCBT had strong positive effects on symptoms of depression if the computer program was guided by and supported by a clinician. Less robust results were seen when the therapy was done solely by computer. Other studies, including a recent investigation by UofL and University of Pennsylvania researchers (give link here) have found that the hybrid method of CCBT with human support is as effective as a full course of standard face-to-face cognitive-behavior therapy. However,

CCBT requires much less time from the clinician, costs less, and is more convenient for patients.

The main goals of CCBT have been to produce a treatment method that can reach many more people than standard therapy which requires up to 20 hours of sessions in the clinician's office. The conclusion of the just-published systematic review and meta-analysis is that CCBT is ready for wide-spread

dissemination because it is effective, cost-efficient, and can improve access to effective treatment.



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The University of Louisville Depression Center provides an interdisciplinary, multi-faceted approach to depression treatment through clinical services, research, and community and professional education. And through its involvement with the National Network of Depression Centers, the UofL Depression Center is part of a comprehensive and far-reaching effort to develop newer and more effective therapies. Together we are building the knowledge to improve the treatment of depression, bipolar illness, and related problems.



For more information about NNDC, visit <https://nndc.org>

SELECTED RECENT PUBLICATIONS....DEPRESSION CENTER FACULTY

Jesse H. Wright, MD, PhD

Tracy D. Eells, PhD

• **Wright JH**, Owen JJ, **Eells TD**, Richards D, Richardson T, Brown GK, Barrett M, Rasku MA, Polser G, and Thase ME: Computer-assisted Cognitive-Behavior Therapy for Depression: A systematic review and meta-analysis. *Journal for Clinical Psychiatry*, 80(2), March/April 2019

• **Wright JH**, McCray LW, **Eells TD**, Gopalraj R, and Bishop LB: Computer-Assisted Cognitive-Behavior Therapy in Medical Care Settings. *Current Psychiatry Reports*, 20:92, <https://doi.org/10.1007/s11920-018-0947-2>, Epub 7 September 2018

• Antle BF, Owen JJ, **Eells TD**, Wells MJ, Harris LM, Cappiccio A, Wright B, Williams SM, and **Wright JH**: Dissemination of computer-assisted cognitive-behavior therapy for depression in primary care. *Contemporary Clinical Trials*, doi: 10.1016/j.cct.2018.11.001, 78:46-52, 2019

Rif El-Mallakh, MD

• **El-Mallakh RS**, Brar KS and Yeruva RR (2019). "Cardiac Glycosides in Human Physiology and Disease: Update for Entomologists." *Insects* 10(4).

• **El-Mallakh RS** and Hartman M (2019). "Facial paralysis in an Inupiaq ceremonial mask." *Neurology* 92(1): 46-47.

• Gao YK Lohano NA, Delamere ZL and **El-Mallakh RS** (2019). "Ethanol normalizes glutamate-induced elevation of intracellular sodium in olfactory neuroepithelial progenitors from subjects with bipolar illness but not nonbipolar controls: Biologic evidence for the self-medication hypothesis." *Bipolar Disorder*, 21(2):179-181.

• Jackson DM, Kolikonda K, Yeruva RR and **El-Mallakh RS** (2018). "Sexual behavior in patients with bipolar illness." *Ann Clin Psychiatry* 30(4): 289-295.

• Pierson J, Yeruva RR, and **El-Mallakh RS** (2018). "Can in utero Zika virus exposure be a risk factor for schizophrenia in the offspring?" *World J Biol Psychiatry*: 1-10.

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Robert Caudill, MD

• Mahoney N, Walaszek A, and **Caudill R** (2018). "Incorporating Technology into the Psychiatric Residency Curriculum." *Acad Psychiatry* 42(6): 847-851.

• Shore JH, Yellowlees P, **Caudill R**, Johnston B, Turvey C, Mishkind M, Krupinski E, Myers K, Shore P, Kaftarian E and Hilty D (2018). "Best Practices in Videoconferencing-Based Telemental Health April 2018." *Telemed J E Health* 24(11): 827-832.