2022 Fall/Winter Newsletter

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University of Louisville Depression Center

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16th Annual Depression and Mood Disorders Conference will be in person, November 4, 2022 UofL ShelbyHurst Conference Center

The 16th Annual Depression and Mood Disorders Conference of the University of Louisville Depression Center and Department of Psychiatry and Behavioral Sciences, November 3 and 4, 2022, will feature leading experts on the practical application of scientific findings in solving difficult clinical problems.

Keynote presentations and interactive workshops will include four featured speakers.

S. Nassir Ghaemi, M.D., is Professor of Psychiatry and Pharmacology and Director of the Mood Disorders Program and Psychopharmacology Consultation Clinic at Tufts University School of Medicine. His book on leadership and mental illness, *A First-Rate Madness*, was a New York Times bestseller.

Donna M. Sudak, M.D., is an inspiring teacher and expert in cognitive-behavior therapy who is Professor and Vice Chair for Education in the Department of Psychiatry at Drexel University and Director of Residency and Psychotherapy Training at Tower Health. She has played a major role in developing curricula and guidelines for training in cognitive-behavior therapy and is an engaging workshop and course leader.

Laura M. Frey, Ph.D., LMFT, is a Licensed Marital and Family Therapist and an Associate Professor in the Kent School of Social Work & Family Science at the University of Louisville where she is the Program Director of the Couple & Family Therapy Program. Dr. Frey has extensive clinical experience providing suicide risk assessments and crisis intervention with individuals and their families. She studies the intersection of family processes and mental health. Previously funded by the American Foundation for Suicide Prevention, she researches family dynamics after a family member attempts suicide.

Peter Yellowlees, M.D., BSc, MBBS, is a Distinguished Emeritus Professor of Psychiatry at UC Davis, where he directs the Fellowship Program in Clinician Wellbeing. He is also CEO of AsyncHealth Inc, a telemedicine company he co-founded. He was President of the American Telemedicine Association (2017-18) and has conducted research in the areas of psychiatry, telemedicine, and physician health.

Register for 11/3 and 11/4 at: https://bit.ly/depressioncenter22
Thursday, November 3, 2022, 6:30-7:30 p.m., Mellwood Art Center-Pigment Gallery
***A First-Rate Madness: World Leaders and Mental Illness,* Dr. Nassir Ghaemi**
(Free and open to the public)

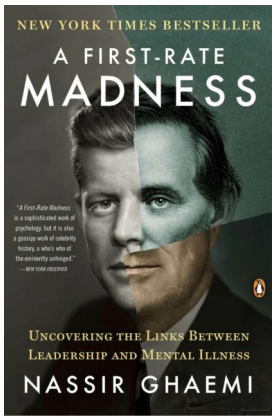
Friday, November 4, 2022, 8 a.m.-4:30 p.m., UofL ShelbyHurst Conference Center
16th Annual Conference—*Overcoming Dilemmas in the Treatment of Mood Disorders*

Lessons from Manic-Depressive Leadership

S. Nassir Ghaemi, M.D., MPH, Professor of Psychiatry, Tufts University

Many of our greatest historical leaders have had severe depression, or even manic-depressive illness. Most historians think that these mental illnesses don't matter: I think they do. It's not a coincidence.

We know from extensive psychological research that there are some benefits to depression and the mood state of mania. These benefits likely helped these leaders in their historical successes. Understanding these benefits may also help the rest of us become better leaders in our chosen fields.



These traits are useful in crises, but not necessarily in normal times. In other words, crisis leadership is enhanced by manic-depression, but non-crisis leadership, in quiet times, is provided well by mentally healthy leaders.

What are those benefits of manic-depression for crisis leadership? Four traits stand out, two related to depression and two to mania.

Two benefits of depression are realism and empathy:

Realism: Normal people are not realistic. Numerous psychological studies over 40 years now prove that people with mild depression are more realistic than normal people. Normal people have what is called "positive illusion" – a tendency to look at the positive aspects of things, to be a bit more optimistic than reality would support. This is a good quality in day-to-day living; but it can be fatal to leader, on whom a country, or a business, depend. A good example of depressive realism is Abraham Lincoln and the issue of civil war and slavery, or Winston Churchill and the rise of Nazism. They both had severe depression.

Empathy: Some research indicates that, compared to non-depressed persons, people with depression have more empathy towards others. A great leader needs to see the world not as us versus them, but as all of us together achieving what we want. We always have adversaries, but we should not see our adversaries as enemies. We may disagree with their ideas, but not with them as human beings. Martin Luther King Jr and Mahatma Gandhi both had severe depression, and their nonviolent politics can be seen as a politics of radical empathy.

Two benefits of mania are creativity and resilience:

Creativity: Mania is a common condition found in artists and writers and persons in the creative professions. A great leader has to be creative: To be creative, he should start asking new questions and let his mind go in many different directions, rather than sticking to what is common or cliché or respectable. Creativity doesn't mean suddenly coming up with new answers to old questions; it often means asking new questions that no one has ever asked before. Ted Turner was diagnosed with bipolar illness, and revolutionized the news industry.

Resilience: A great leader needs to be able to experience failure and bounce back. After a major psychological trauma (like in war or sexual abuse), most people do not develop post-traumatic stress disorder (PTSD). One protective factor is manic symptoms as part of one's personality (called hyperthymic temperament). This resilience in hyperthymic temperament seems to be associated with, among other personality traits, a strong sense of humour, future-orientation, and hopefulness. Franklin Roosevelt likely had hyperthymia, and led the nation in overcoming economic depression and world war.

Here are four traits of crisis leadership, taught to us by our historical heroes, who had these traits because they were mentally ill or abnormal. Still, for the rest of us, there are lessons here about how to live and lead, above and beyond the limitations of being normal.

Obviously there are harms to severe mental illness too, and we'll discuss Adolf Hitler's diagnosed manic-depression. There also are harms to mental health, especially in poor realism and empathy, and we'll discuss leaders who may be unpopular, but who did not have a diagnosable mental disease, such as Neville Chamberlain and Richard Nixon or, in some circles, Jimmy Carter and George W. Bush and Tony Blair. Current political figures, like Donald Trump and Vladimir Putin, also will be discussed; Trump likely has hyperthymic temperament, while there is no known provable evidence of manic-depression or other psychiatric diagnoses for Putin. We will discuss the strengths and weaknesses of these psychological profiles for each leader.

***A First-Rate Madness: World Leaders and Mental* Illness—Join Dr. Ghaemi, Thursday, 11/3/22, as he reviews positive benefits to manic and depressive symptoms, and literature that applies to some major political, military, and business leaders of the last century. This presentation is free and open to the public. Register at: https:bit.ly/depressioncenter22**

Depression, Suicidality, & the COVID-19 Pandemic: Supporting Youth in Our Evolving Environment

Kristie Vail Schultz, Ph.D., Assistant Professor, Department of Pediatrics, Division of Child and Adolescent Psychiatry and Psychology, University of Louisville School of Medicine

Being a teenager is stressful. Teenagers have to ensure that their schoolwork is completed, that they have time to meet expectations from their family, and that they have time to see their friends, all while balancing hormonal changes and societal pressures. The baseline stress has always present for adolescents. But what happened when the COVID-19 pandemic started? And now that it has been more than two years since the pandemic started and things still are not fully "back to normal"?

The COVID-19 pandemic has impacted the health of many. However, the mental health impacts affect everyone. School years have stopped and then resumed in virtual formats, before finally returning in person. Seasons of sports were cancelled, as were proms and graduations. Milestones were altered or removed altogether. While children and teenagers are certainly resilient, they also do best in environments where they are safe and secure and have stable surroundings, and the pandemic altered the environments for everyone. No one was unaffected.

Prior to the pandemic, research noted concerning trends. For example, the Youth Risk Behavior Survey (YRBS; CDC, 2019) indicated that the percentage of high school students who indicated that they had feelings of sadness, seriously considered attempting suicide, made a plan of suicide, or attempted suicide had all increased from the years prior. Not everyone had been impacted equally though, as a 2019 congressional report (Coleman, 2019) indicated that the suicide death rate for Black youth was increasing faster than any other racial or ethnic group.

Concerns for adolescent mental health, especially depression and suicidality, were present prior to the beginning of the pandemic in March 2020. The concerns since then have only amplified. Recent data from 2020 has noted an increase in anxiety, depression, adjustment disorders, and intentional self-harm for adolescents when compared to 2019 (Fair Health, 2021). The concerns are so prevalent that in October 2021, the American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association (CHA) declared a national emergency in child and adolescent mental health, noting multiple recommendations to aid in addressing this crisis.

Advocacy for change and access to services is certainly necessary, but so is our work with individual adolescents who are currently overwhelmed and hurting. The recommendations to maintain a state of positive physical health change regularly, and our environment is always evolving. The mental health needs of adolescents are changing rapidly too, as they navigate a new world around them. We need to check in with adolescents and ask how they are feeling. It's critical to know the symptoms of depression, as well as the warning signs for suicidality.

Increased time alone, lack of interest in fun things that they used to enjoy, sleeping too much (or too little), eating too little (or too much), feeling worthless and sad, and even

thoughts of death or dying—these are symptoms of depression. It is important to discuss symptoms of depression and other mental health concerns openly. Sometimes, teens may not tell anyone about their depressive symptoms simply because no one asks. Ask.

There are treatments for depression, and there is evidence that treatments work. Treatments can include therapy, medication management, or a combination of the two. Treatments should be delivered by licensed mental health professionals, which can include psychologists, therapists, social workers, and psychiatrists. There is certainly stress right now, and that can be quite overwhelming, but treatment can be beneficial and lead to positive outcomes.

Youth are encouraged to know resources to use if they need help. Teenagers can put these numbers in their phone, so they are there if needed:

Call or text the Suicide & Crisis Lifeline at 988

Text the Crisis Text Hotline by texting "HOME" to 741741

References:

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UofL Physicians PSYCHIATRY

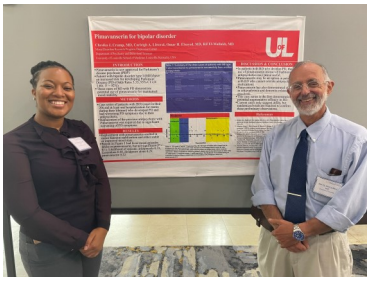
The University of Louisville Depression Center provides an interdisciplinary, multi-faceted approach to depression treatment through clinical services, research, and

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.

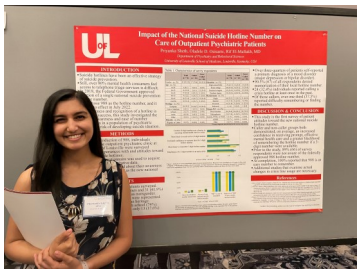
NATIONAL NETWORK of DEPRESSION CENTERS

The University of Louisville Depression Center is a founding member of the NNDC

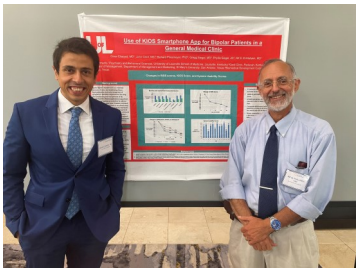
UofL Department of Psychiatry presentations at NNDC Annual Meeting



Chesika Crump, M.D., 3rd year resident, Dr. Rif El-Mallakh, Professor and Director of the Mood Disorders Program, and others presented a poster titled *Pimavanserin for Bipolar Disorder,* at the NNDC Annual Meeting, University of Michigan, in September. Their research showed that pimavanserin may prove useful for patients with bipolar disorder who develop Parkinson's disease.



Mehak Pahwa, M.D., 1st year resident, Dr. El-Mallakh, and others presented a poster titled, *KIOS: A Smartphone App for Self-Monitoring from Patients with Bipolar Disorder*. This randomized, controlled study compared use of the KIOS app with an existing app, eMoods. The study was performed in three academic centers over 52 weeks. Patients who used the KIOS app reported greater satisfaction and utilization of the patient-centered software program than patients who used the eMoods app.



Omar Elsayed, M.D., Dr. El-Mallakh, and others presented a poster titled *Use of KIOS Smartphone App for Bipolar Patients in a General Medical Clinic*. Findings of their study suggest that KIOS-Bipolar is a feasible and potentially beneficial tool for assessing and controlling symptoms of bipolar illness in primary care.

A fourth poster was presented by Priyanka Sheth, M.D., Dr. El-Mallakh, and others titled *Impact of the National Suicide Hotline Number on Care of Outpatient Psychiatric Patients*.

Welcome New Faculty Member—Dr. Johnathon Bilbro

Dr. Bilbro is a lifelong Kentuckian, born and raised in Muhlenberg County, who attended Asbury University in Wilmore, KY where he obtained a bachelor's degree in biology. Just prior to beginning medical school, Dr. Bilbro married his wife Ashley, a portrait photographer. Dr. Bilbro obtained his medical degree and completed psychiatry residency at the University of Kentucky, where he and Ashley added to their family with the birth of their daughter, Novella. Professional interests include outpatient management of mood, anxiety, and substance use disorders. He is passionate about teaching and training the next generation of psychiatrists who will care for patients in the state of Kentucky. Outside of work, he is an avid fan of Louisville athletics and plans to attend many basketball, football, and baseball games; he enjoys going to the movies, playing Nintendo Switch, and spending time with his wife and daughter. Dr. Bilbro is excited about joining the Louisville community and looks forward to serving University of Louisville Health patients and their families.