#NAMICOn16

A New Generation’s Perspective: Generational Shifts and Transformative Change in Mental Health

(Grand Ballroom 2 B.8)

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Learning Objectives

• Generational Shifts & Differences
  • Self-Identification
  • Organizational Culture

• Mental Health Trajectories
  • Role of Providers
  • Clinical Staging

• Conceptual Explanatory Frameworks
  • Causation
  • Etiology
  • Trauma

• Engagement Methods
  • Families and Providers
Our Stories

Nev Jones

Amanda Lipp
Generational Shifts & Differences

- Over generations, terms have been added/challenged/evolved
  - Brain Health
  - Neuro-diversity/Mental Diversity
  - Mental Illness, Nervous Breakdown
  - Madness/Mad Experience
  - Altered States/Extreme States
  - Identity

CULTURE

How do you identify across time and space?

TIME

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Generational Shifts in Treatment

Hospitalization
- Shifting length
- Shifting settings: incarceration versus hospitalization
- Assertive Outpatient Treatment

Community Integration
- Group Homes
- IMDs
- Supported Housing
- Supported Education
- Supported Employment
- Peer Support

Psychosocial Therapy
- Psychoanalysis
- Cognitive behavioral therapy
- Mindfulness
- Arts-Based Therapies

Medications
- Global increase in pharmacotherapy
- Greater attention to side effects
- Do not map onto specific diagnoses

Diagnosis
- Increase in number of diagnoses
- Greater skepticism re validity (e.g. NIMH RDoC)
- Diagnoses applied to larger percentage of the population
Power of Self-Identification

- Lived Experience
- Consumer
- Client
- Survivor
- Mad
- Etc.

- I have ______
- I am ______
- I experience ______
- I live with ______
- I used to ______

These identifiers, and the various ways in which they are “packaged”, is a huge part of self empowerment and identity. The important part is that these narratives may CHANGE across one’s development, or across environmental contexts.
Identity & Mental Health: What Does it Mean? What Does it Mean for Me?

- Symptoms do not develop in a social or cultural void
  - Meaning, implications for self deeply implicated
- Struggle to make sense of experience
  - Virtually universal
  - Fundamental to recovery
- We “make sense” through relationships, interactions, dialogue, language
- Making sense is also behavioral: doing, becoming, being
Organizational and Global Culture

A Global Movement Against Stigma
Working to eliminate mental health stigma and discrimination around the world

Campaigns listed in order of initiation:
- Canada: Opening Minds
- Australia: Like Minds, Like Minds
- Portugal: Brincar de Mudar
- Spain: Caminando hacia la libertad
- Ireland: One of Us
- New Zealand: Like Minds, Like Minds
- Finland: Brinnin Change
- USA: Brinnin Change 2 Mind
- Scotland: See Me
- Norway: Change the Conversation
- Sweden: Hjärnkoll
- The Netherlands: Mental Health Stigma
- Wales: Time to Change
- Denmark: ONE OF US
- California, USA: The Center for Dignity, Recovery, and Empowerment

http://www.time-to-change.org.uk/
Mental Health Trajectories

Older narratives:
• Single illness trajectory

Contemporary Realities:
• Enormous variability in course & trajectory
• Diagnoses extraordinarily unstable over time

Implications for Identity:
• Label or treatment experiences carried long after symptoms disappear?
• Ongoing symptoms?
• Lingering threat of relapse?
Language

• What do “voices” mean to you?
  • Hallucinations?
  • Delusions?
  • Depression?
  • Trauma?
  • Anxiety?
Thoughts & Voices

Thought Qualities:
“Silent” voices

Ownership:
Thoughts that are not one’s own

Communication:
Direct non-sensory messages

Sound Qualities:
Auditory voices

Control:
Thoughts one can’t control

Ownership:
Thoughts that are not one’s own
Power Sharing

• Participatory and partnership-based
  • *Working with* vs. *subject of*

• Non-Hierarchichal
  • *How can we leverage our individual strengths/roles?*

• Identity-Focused
  • *How do YOU see what you’re going through?*
  • *Here’s how I see what you’re going through?*
Underlying Frameworks

• Causes
• Etiology
• Trauma
Trauma & Adversity

• **Childhood trauma/abuse/adversity**
  • 2.8 x more likely in psychosis w/ voices than *clinical* controls (Varese et al., 2012)
  • Structural adversity mediates the relationship between ethnic minority status and psychosis (Berg et al., 2015)
    • Rates of psychosis as much as 15X higher in British Afro-Carribean communities with high rates of poverty, isolation, discrimination & racism
  • Sexual abuse increases risk of AH even within ‘schizophrenia’ (Sheffield et al., 2013)
  • Attachment-related adversity significantly increases risk of paranoia/persecutory beliefs
GENES X Environment

• Genetic heritability (~40% in identical twins; Van Os et al., 2010)

• 100s of rare genes contribute only incrementally to psychosis risk
  • Spread across the population

• Epigenetic pathways:
  • Childhood adversity/stress
  • Inflammatory processes
  • Increased cortisol

• Cannabis (Minozzi et al., 2010) and other street drugs (Meth, PCP)
Immigration & Cultural Isolation

- Immigration can increase psychosis risk as much as ten-fold
- Immigration to a culturally-matched neighborhood
  - Slightly higher risk
- Immigration to a community in which one is a minority, culturally isolated
  - Significantly higher risk
Psychotic-like experiences

- Rates of “psychotic-like experiences” (PLEs) fluctuate enormously from culture to culture
- PLEs may be culturally normative
  - Can/are misidentified as psychosis/schizophrenia
  - Example: sleep paralysis/ghost possession
How common are these experiences?

13-15% of “healthy” individuals experience semi-regular voices (Beavan et al., 2011; Waters et al., 2012)
  - Major differences = more control, positive emotional valence
  - Hearing voices in itself is not inherently pathological

“Psychotic like experiences” in the general population (mild ‘delusions’ and ‘hallucinations’)
  - 75% in a U.K. nationwide phone survey
  - 28.4% in the U.S. National Comorbidity Survey
  - 17.5% in the Dutch NEMESIS study
  - New Zealand birth cohort study suggested that up to the age of 26, the prevalence of “delusional experience” was 20.1% and “hallucinatory experience” 13.2%
Engagement Across Spaces

- How do _________ engage with ________?
  - Family members
  - Siblings
  - Partners
  - Providers
  - Friends
  - Co-workers
  - Organizations
  - Juvenile Justice
  - Faith Network

- What tone/approach do we take?
  - Focus on issue/problem
  - Strength-based
Engagement

**RUNG 8 - Youth initiated shared decisions with adults:** Youth-led activities, in which decision making is shared between youth and adults working as equal partners.

**RUNG 7 - Youth initiated and directed:** Youth-led activities with little input from adults.

**RUNG 6 - Adult initiated shared decisions with youth:** Adult-led activities, in which decision making is shared with youth.

**RUNG 5 - Consulted and informed:** Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions.

**RUNG 4 - Assigned, but informed:** Adult-led activities, in which youth understand purpose, decision-making process, and have a role.

**RUNG 3 - Tokenism:** Adult-led activities, in which youth may be consulted with minimal opportunities for feedback.

**RUNG 2 - Decoration:** Adult-led activities, in which youth understand purpose, but have no input in how they are planned.

**RUNG 1 - Manipulation:** Adult-led activities, in which youth do as directed without understanding of the purpose for the activities.