Family Resource Centre

Newsletter

Vol. 9, Issue 3

September 2018

Exercise can help beat cocaine addiction

According to new research from The Unive
vent relapses into cocaine addiction.

Peter Thanos, PhD, senior research scien
tions and Department of Pharmacol Cocaine led
addiction is often characterized by cycl ry an
negative emotions, often caused by withd , amo
lapse,id Thanos.

Using animal models, it was sh ular
cise (one hour on a treadmill, eek)
stress-induced-seeking behaviour. o
changed behavioral and physiol nses
Persons addicted to cocaine ha eural
and physiological reactions to rcise
to alter the brain's dopamine ch is
linked to the rewarding and re opert
Exercise has also been shown t ess h
improve mood, which could help nxiet
emotions associated with withd

Aerobic exercise is known to be an effec ainst
lems, including diabetes, arthritis and e, al
cerns such as anxiety, stress and depres r aer
bic exercise could be a useful strategy preve
sive treatment program for Further research s,
search is necessary to see if these resu e for

Source: University at Buffalo, "Exercise can help beat co tudy f

Inside this issue:

Announcemenñ NEW location for FRC support groups

Beginning in September, the support groups sponsored by the Family Resource Centre are relocating to 552 Princess Street, in the AMHS-KFLA building at that location. Days & times for the group meetings will not change. Parking is available behind the building (access from Alfred Street) and on the street.

Groups affected by this change are the Family Support Group, and the Mood Disorders Peer Support Groups (Adult & Millennial). If you have any questions, please contact FRC for further information.

oyp tNJƛƴÕŜăă
Yƛƴ∃ăűƨƴΣ h
YT[M.Φ
613-544-2886
frc@a-khfsla.ca

Callers in crisis will to the crisis line

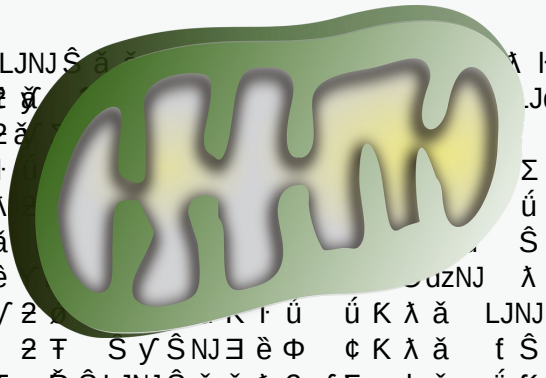
Kingston & Frontenac

613-544-4229

Lennox & Addington

613-354-7521

Mitochondria and depression



Psychedelics for treating psychological disorders?

Using AI to diagnose disorders and target drug treatment

New research suggests machine learning can improve the diagnosis of complex mental health disorders and help in the selection of pharmacological therapy.

Mood disorders such as major depressive disorder and bipolar disorder are often complex and may be a challenge to diagnose. This is particularly evident among youth, when the illness is just developing. Uncertainty over the diagnosis can made decisions about appropriate medication difficult.

In a collaborative study by Canadaõs Lawson Health Research Institute, Mental Health Center of the Chinese Academy of Sciences, researchers developed an artificial intelligence (AI) algorithm that analyzes brain scans to better classify illness in patients with complex mood disorders, and help predict their response to medication.

The study included 78 adult patients from mental health programs at London Health Sciences Centre (LHSC), primarily from the First Episode Mood and Anxiety Program (FEMAP). The first part of the study involved 66 patients who had already completed treatment for a clear diagnosis of either MDD or bipolar type I. Bipolar I is the form of bipolar illness that included full manic episodes.

Researchers also followed 33 research participants with no history of mental illness. Each individual participated in scans to examine different brain networks using Lawsonõs functional MRI capabilities at St. Josephõs Hea

The research team analyzed and compared scans of those with major depressive disorder, bipolar I, and no history of mental illness, and found the three groups differed in particular brain networks. Differences were noted in brain areas called the default mode network ña set of areas thought to be important for self-reflection ñas well as in the thalamus, a gateway that connects multiple cortical regions and helps control alertness and arousal.

Data was used to develop an AI algorithm that used machine learning to examine functional MRI scans to classify a patient as having major depressive disorder or bipolar I. When tested against the research participants with a known diagnosis, the algorithm correctly classified their illness with 92.4 percent accuracy.

The researchers then performed imaging with 12 additional participants with complex mood disorders for whom a diagnosis was not clear. They used the algorithm to study the participantó dict their diagnosis, and more importantly, examined their response to medication.

Dr. Elizabeth Osuch, clinical scientist at Lawson and ce lead investigator on the study are the gold standard pharmaceutical therapy for MDD, while mood stabilizers are the gold standard for bipolar I. But it becomes difficult to predict which medication will work in patients with complex mood disorders when a diagnosis is not clear. Will they respond better to an antidepressant or

The researchers hypothesized that participants classified by the algorithm as having major depressive disorder would respond to antidepressants, and those classified as having bipolar I would respond to mood stabilizers. When tested with the complex patients, 11 out of 12 responded to the medication predicted by the algorithm.

ò This study takes a major step towards finding a biomarkers, ó One such a o ò It also suggests that we may one day have an objective diagnostic tester, of psyc more effective and more consistent across health care providers.ó

Psychiatrists currently make a diagnosis based on history and behaviour of the patient. Decisions regarding medication are based on that diagnosis. ò This can be difficult with complex mood disorders defined, ó stated Os

ò Patients may also have more than one diagnosis, such as the combination diagnosis. Having a biological test or procedure to identify what class of medication a patient will respond to would significantly advance the field of psychiatry.ó

Source: Lawson Health Research Institute, psychcentralnews.com/releases

NAMI Family-to-Family Educational Program is starting September 12, 2018

- **Program runs for 11 consecutive weeks, Wednesday evenings 6:30-9**
- **No cost to attend**

Limited number of spaces still availableñif interested, contact FRC
613-544-2886 or frc@amhs-kfla.ca

Peer support shown to reduce acute care readmission

A new study shows that peer support for people who have recently been discharged from acute care reduces readmission rates. In the UK, over half of people admitted to acute care will be readmitted within a year, according to data. Support from people who have themselves had mental health problems (peer support) is widely used in the UK and other countries in programs such as Implementing Recovery through Organizational Change and the Wellness Recovery Action Plan (WRAP).

Researchers say that this study is the first randomized trial to evaluate the effectiveness of these peer support programs, which has shown positive results. The trial of 400 people in England found that fewer people who received peer support were readmitted to acute care a year after the study began, compared to those who received a workbook alone upon discharge. Further study is needed to understand the specific cause of the drop in readmissions.

Researchers added that self-management interventions could help people cope with their mental health better, and in this study, they combined a self-management workbook with help from a peer support worker.

òPeople discharged from community crisis services are often rea
consumes resources that might otherwise be dedicated to longer
fessor Sonia Johnson from University College London.

òPeer support workers could provide support and encouragement t
personal experience, as well as providing service users with a

The new study took place across six crisis teams in England. Study participants were recruited after they had been discharged from a crisis resolution team.

Participants had a wide range of diagnoses, including bipolar disorder, schizophrenia, personality disorder, depression, psychosis, anxiety disorder, and post-traumatic stress disorder. Throughout the study, participants continued their treatment and usual care.

Half of the participants ñ220 people ñreceived a personal recovery workbook at the start of the study, and the remaining 221 people received peer support in addition to the workbook.

The workbook dealt with setting personal recovery goals, re-establishing a place in the community and support networks, identifying early warning signs of relapse, and creating an action plan to avoid or delay relapse as well as strategies to maintain well-being. Participants were asked to record observations and plans in all of these areas.

Those who received peer support were offered 10 one-hour sessions, which took place weekly. The peer support worker listened to problems participants were facing, and tried to instill hope by sharing skills and coping strategies learned when they went through recovery. Support workers received training beforehand in listening skills, self-disclosure and confidentiality, as well as cultural awareness. They were also instructed in the best ways to utilize the workbook.

Researchers monitored participants health records to see if they were readmitted to acute care, including inpatient wards, crisis resolutions teams, crisis houses and acute day care services within one year of their initial discharge. Interviews were conducted at four and eighteen months to ascertain their views on the intervention.

After a year, readmission to acute care was lower in the peer support group than in the control group who only received the workbook. Twenty-nine percent of the peer support group was readmitted versus 38 percent of the control group. It was also noted that 72 percent of participants in the peer support group attended a minimum of three meetings with their peer support worker. A similar number of people in both groups read the workbook ñ84 percent in the control group and 88 percent in the peer support group.

More people in the peer support group actually used the workbook to make written plans ñroughly 60 percent ñcompared to the control group with about 36 percent.

The study provides evidence of the effectiveness of any peer support in a second tier mental health setting. The intervention is acceptable to patients and is feasible for service providers who are trying to avoid readmission to acute care. Due to study limitations, it was not possible to positively identify which aspect of the intervention provided the most improvement. A large number of participants in the control group used the workbook to some degree, and readmission rates in this group were also below the national average, so the workbook showed some degree of improvement in patient outcomes.

Source: The Lancet, psychcentral.com/news/peer-support-for-mental-illness

Switching antipsychotic medications may not improve outcomes for first episode schizophrenia patients

SEPTEMBER 2018

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2 AA	3 CLOSED	4 MD AA*	5 GA	6 MDEP	7 BPD	8
9 AA	10 PSSEO ANX	11 SSRG MD AA*	12 NAMI GA	13 MDEP	14	15
16 AA	17 FSG PAIN ANX	18 MD AA*	19 NAMI GA	20 MDEP	21 BPD	22
23 AA	24 PSSEO ANX	25 MD AA*	26 NAMI GA	27 MDEP	28	29
30 AA						

AA – Alcoholics Anonymous – 552 Princess St., Kingston. Enter the back door from the parking lot (ring bell). Sundays at 10:30 a.m. Call 613-544-1356 ext. 4200 for details.

AA* - Alcoholics Anonymous – 552 Princess St. Kingston. Begins at 8 p.m. Closed/discussion meeting. Contact AA for further information. Website: www.kingstonaa.org

ANX – Anxiety Support Group – Designed for adults 18+ as a safe place to discuss anything related to anxiety, and meet others who have through similar experiences. Self-help group with a laid-back atmosphere and friendly faces. Contact CMHA for more information 613-549-7027 or supportgroup.cmha@kingston.net

** FSG – Family Support Group – Meets the third Monday of September at 552 Princess St., Kingston. Drop-in format – no registration needed. 6:30 – 8 p.m. Contact FRC for further details 613-544-2886 or frc@amhskfla.ca *NEW LOCATION*

GA – Gamblers Anonymous – 552 Princess St., Kingston. Enter the back door from the parking lot (ring bell). Call for details 544-1356 ext. 4200. Wednesdays at 6:30 p.m.

** MD – Mood Disorders Peer Support Groups – Meet every Tuesday at 552 Princess St., Kingston. Open group meets from 6:30 – 7 p.m.; Millennial group meets from 5:30 – 7 p.m. Affiliated with Mood Disorders Association of Ontario (MDAO). Drop-in format. Free and confidential. Contact FRC for further information 613-544-2886. *NEW LOCATION*

NAMI – Family-to-Family Education Classes – Wednesday evenings 6:30 – 9:30 p.m. at 552 Princess St., Kingston. No cost to attend, *but* pre-register. Open to caregivers of adults with mental illness. Register anytime by calling FRC 544-2886 or email frc@amhskfla.ca Course begins September 12, 2018.

PAIN – Learn how to cope with chronic pain and gain pain management skills. Ongwanada Resource Centre, 191 Portsmouth Ave., Kingston Monday of the month at 7:00 p.m. Freewill donation accepted. Contact Ruth at 531-9772 or janatjrv@cogeco.ca

SSRG – Suicide Survivors Recovery Group – CMHA sponsored discussion group for persons reconciling the loss of a loved one by suicide, dying another person to do so. Meets at 400 Elliot Ave., Unit 3, Kingston, on the 2nd Tuesday of the month from 6 – 8 p.m. Contact CMHA for details 613-549-7027

MDEP – A Darker Shade of Blue – Men & Depression. Open discussion group every Thursday from 6 – 7 p.m. Held at CMHA Kingston, 400 Elliot Ave., Unit 3. No cost to attend. Drop-in format. Contact CMHA at 613-549-7027

** BMS – By My Side Partner Peer Support. If you have a spouse/partner who lives with mental illness and/or addiction, call FRC to be with one of our peer-support volunteers and set up a meeting time and place that works for you. Launch of the program Fall 2018. *NEW FORMAT*

PSSEO – Peer to Peer Support Group – Confidential support group for those reaching towards recovery and mental wellness. Every second Monday from 6 – 7 p.m. at Peers of the Round Table, 60 Queen Street, Kingston. For more information contact Melinda 900-6344.

BPD – Borderline Personality Disorder Discussion/Support Group. Held on the 2nd and 4th Friday of the month from 10:30 a.m. – 12:30 p.m., Room 17, 58 Dundas St. E. You do not need to have BPD to attend the group – anyone interested in learning about BPD from someone who has lived it and is now in recovery is welcome. For information, email makebpdstigmafree@outlook.com.

8HvF;RG þFH