

Whole Health for Mental Health Day 2 Afternoon

Whole Health for Mental Health
Crossing the Mind-Body Divide

Day 2 Afternoon

- Finding Peace and Ease, Part 2: Trauma
- Mindful Awareness: Just Like Me
- Finding Vitality and Wholeness, Part 1: Suicide Prevention
- Finding Vitality and Wholeness, Part 2: Meaning and Purpose
- Implementation, Part 3: The Next Level

Live Whole Health.  



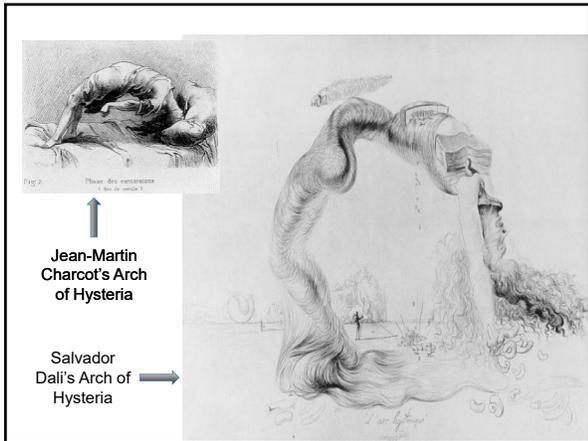
Live Whole Health.  

17. Finding Peace and Ease II: Trauma

Whole Health in Your Practice

The slide includes three small images: a roller coaster, a soldier in a field, and a person walking on a path at sunset.

Whole Health for Mental Health Day 2 Afternoon



Trauma

No good scientific definitions to distinguish "trauma" from "stress"

Working components:

- An event
- Perceived as noxious by the organism
- Creates distress
- May have specific effects and specific responses



Possible Trauma Outcomes

- No adverse outcome
- Growth (Link to point of tension about growth vs disease)
- Distress (failure of complete resistance)
 - Posttraumatic Stress Disorder, depression, anxiety
 - Other disorders of emotion and cognition
 - Other medical disorders
 - Biological changes
 - Psychological and behavioral changes

 **Back to Mel: Mel's Trauma**

- During therapy, Mel reveals
 - Her father was physically abusive to her and to her mother
 - Her father was ultimately incarcerated
 - She has dealt with many different forms of racism throughout her life



 **Adverse Childhood Experiences (ACE) Study, 1998**

- 13,494 adults in a large HMO
- 7 categories of childhood exposures
 - Abuse (psychological, physical, sexual)
 - Violence against mother
 - Alcoholism or drug abuse
 - Mental illness in family (depression or suicide attempts)
 - Household members ever imprisoned
- Looked at how number of categories tied to risky behaviors, health status, disease



Felitti, Am J Prev Med, 1998;14(4):245-58.

 **Adverse Childhood Experiences**

- ACE effects are cumulative
- ≥ 4 categories (~13% of people):
 - Increases the number of risk factors for the leading causes of death
 - Increases risk of mental disorders 4 to 12 times
 - 12x the suicide attempts, drug risks, depression
 - 10x the risk of using injectable street drugs
 - 7x the risk of alcoholism
 - 2x smoking risk
 - 1.4-1.6x increase in physical inactivity/obesity

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>

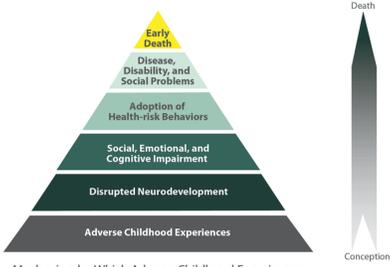
Adverse Childhood Experiences

- 64% of adults have at least one
 - 87% of this group has 2 or more
 - Doesn't matter which one(s)
- The more you have, the higher your risk of chronic illness, mental illness, violence
- People with 6 out of 10 ACEs in more recent studies, have 20 years less life expectancy



<https://acestoohigh.com/aces-101/>

Adverse Childhood Experiences



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>

Trauma-Informed Care (TIC)



Trauma-Informed Care

Awareness of Prevalence and Effects

Peer Support

Ensure Safety and Trust

Resist Re-Traumatization

Empower: Return Control

Collaboration, Mutuality, and Community Partnerships

Evidence-Based Care

Honor Choice: Patient/Client-Driven

Image: socialwork.com

 **ACE's: What Else Helps?**

Post-Traumatic Growth



TRE Trauma-informed care Forgiveness Psychotherapy Psychological First Aid Helping adults helps their kids Ask! Community initiatives

 **Post-Traumatic Growth**



2015 Survey of 3,157 Veterans (National Health and Resilience in Veterans Study):

- 50% of all Veterans and 72% with PTSD reported at least moderate post-traumatic growth
- Those who did had better overall health
- Social connectedness, purpose in life, and religiosity were correlated.

Tsai et al., Psychological Medicine, 2015;45:165-79.

 **Forgiveness**

**If Mind is wounded
Forgiveness has healing power.**



**If anger is disease
Forgiveness is the medicine.**

**If Resentment is darkness
Forgiveness is sunlight.**

https://nationalcancerreport.com

 **Forgiveness**

- Has many health benefits
- Is never about condoning a behavior
- Is about releasing the past
- Is a process
- Takes time
- Requires partnership

Rindfleisch, "Forgiveness" Integrative Medicine, 3rd ed. 2017, Saunders



 U.S. Department of Veterans Affairs
Department of Veterans Affairs
Office of Health Care and Cultural Transformation

Whole Health Life



not all wounds are visible
PTSD
awareness

Posttraumatic Stress Disorder (PTSD)
Requires Whole Health Approach

 **More on Mel's Trauma**



After several visits, she tells you she was a victim of military sexual trauma.
1 in 4 female and 1 in 100 male Veterans report experiencing MST

<https://www.dav.org/veterans/resources/military-sexual-trauma-mst/>

Mind and Body are One

Evidence is Starting to Give Body the Upper Hand

A cartoon illustration of a stick figure with a speech bubble that says "A-ha! So the body really does rule the mind!". The figure is standing on a small, round, grey object. The background is a light grey cloud-like shape. There is a small copyright notice at the bottom right: "©Original/Artist Re production rights obtainable from www.CartoonStock.com".

Polyvagal Theory

Hierarchy of Nervous System Response

A diagram titled "Hierarchy of Nervous System Response" showing three stages in colored boxes: "Social Engagement" (green), "Fight/Flight" (orange), and "Shut-down" (yellow). Arrows indicate a flow from Social Engagement to Fight/Flight, and from Fight/Flight to Shut-down. There are also bidirectional arrows between Social Engagement and Fight/Flight, and between Fight/Flight and Shut-down. Each box contains a small cartoon illustration of a person in that state.

Based on polyvagal theory by Stephen Porges. Copyright 2015 Dee Wagner

Images: amazon.com

Posttraumatic Stress Disorder

A complex illness that affects the whole body

- ☐ Central pre-frontal and related neurocircuits
- ☐ Hypothalamic-Pituitary-Adrenal axis
- ☐ Autonomic Nervous System
- ☐ Immunity and Inflammation
- ☐ All under control of gene-environment interactions
- ☐ Causing "physical" and "psychological" symptoms

An anatomical diagram of a human body from the front, showing the skeletal structure and internal organs. The brain, heart, and lungs are highlighted in red and pink, while the rest of the body is in shades of blue and green.

Outcomes of Adverse Experiences: Biology of PTSD

Hypothalamic-pituitary-adrenal (HPA) axis dysfunction

- Ⓢ ↑ CRH
- Ⓢ ↓ serum/urinary cortisol output
- Some cortisol studies are conflicting

Autonomic nervous system (ANS) dysfunction

- Phasic activation of sympathetic nervous system with trauma-related stimuli
- Ⓢ ↑ central norepinephrine (NE) levels
- Ⓢ ↑ urinary output of adrenaline
- Some studies are contradictory

Trauma and Inflammation

The Body is in Fight Mode, Preparing for Harm!!

- CNS, HPA axis, and ANS dysfunction seen in PTSD is compatible with inflammatory dis-inhibition
 - Increased concentration of inflammatory mediators
 - C-reactive protein (CRP)
 - interleukins 1, 1β, 6 (IL-1, IL-1β, and IL-6), and tumor necrosis factor-alpha (TNFα)¹⁻⁴
 - Chronicity of PTSD may be associated with alterations in inflammatory markers⁵
 - These processes accelerate atherosclerosis,⁵ encourage insulin resistance,⁶ and alter pain responsiveness⁷

1. Spivak et al. 1997; 2. Maes et al. 1999a; 3. Baker et al. 2001; 4. Tucker et al. 2004; 5. Hansson and Libby 2006; 6. Sjöholm and Nystrom 2006; 7. Watkins and Maier 2005; 8. Spivak et al. 1997.

Is This a Mental Disorder?

Endocrine and Inflammatory Dystegulations in PTSD

CNS Effects of Inflammatory Disinhibition

- Psychological effects (sickness behavior)
- Sympathetic activation
- HPA activation

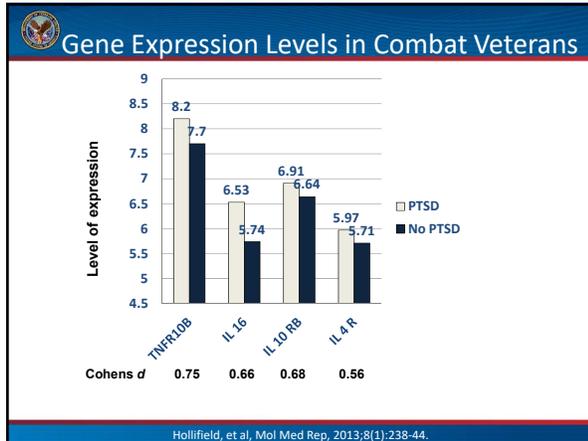
Peripheral Effects

- Atherosclerosis
- Insulin resistance
- Hyperalgesia
- Nonspecific somatic complaints

Wessa et al, Expert Rev Endocrinol Metab, 2007;2(1):91-122.

Whole Health for Mental Health

Day 2 Afternoon



Physical Illness Tied to PTSD

A study of the medical records of 4,416 veterans of the wars in Iraq and Afghanistan showed significant differences in rates of physical illnesses in those with and without PTSD.

Disease category	With PTSD (%) (n=1258)	Without PTSD (%) (n=3158)	Odds ratio	Time between PTSD + disease diagnoses (mos.)
Endocrine/nutritional/metabolic	21.1	20.1	0.98	6.7
Nervous/sensory	43.8	27.3	1.98**	2.8
Circulatory	15.9	12.2	1.29*	4.9
Hypertensive	9.2	6.6	1.38*	4.5
Respiratory	25.3	20.4	1.18	4.9
Digestive	35.5	21.3	1.34**	2.9
Musculoskeletal	57.9	43.0	1.84**	2.6
Signs/ill-defined	49.9	33.9	1.78**	6.8

*p<.05; **p<.001

Source: Judith Andersen, Ph.D., et al., Psychosomatic Medicine, June 2010

	Self-Care	Professional Care	CIH Care	Community Care
Exposure Therapies		★		
Cognitive Therapies		★		
Meditation	★		★	★
Mantram Repetition	★		★	★
Medicinals		★	★	
Stress Reduction	★	★	★	★
Acupuncture				
Relaxation	★	★	★	★
Exercise	★			
Yoga	★		★	

PTSD: Self-Care Options p. ##

- Treat unresolved grief
- Avoid substance use
- Relaxation practices
- Exercise has helped in several small studies
- 40-minute sessions a few times/week usually were the intervention
- Move if in a high crime area
- Look for triggers and work to manage
- Urban environments not always helpful
- Nature time may help
- Facilitate their post-traumatic growth
- Volunteer
- Eat using an anti-inflammatory approach
- CBT-I helpful for people with sleep issues due to PTSD
- Address nightmares
- Less isolation helps
- Connecting with other Veterans with similar concerns helps
- Involved loved ones as able
- Work with moral injury – PTSD as a “soul wound”
- Forgiveness therapy may help

Whole Health Library PTSD Overview: <https://wholehealth.wisc.edu/overviews/posttraumatic-stress-disorder-ptsd/>

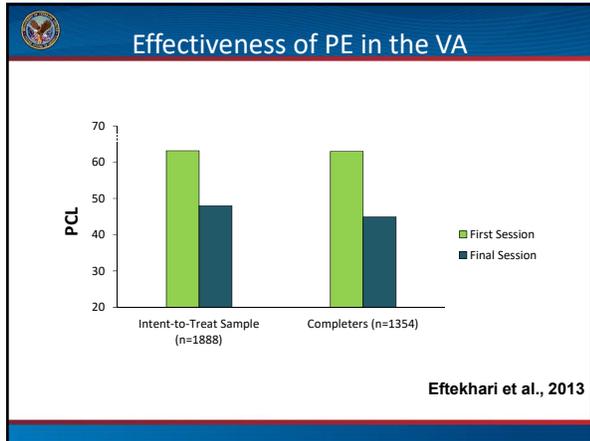
Effective Professional Care for PTSD

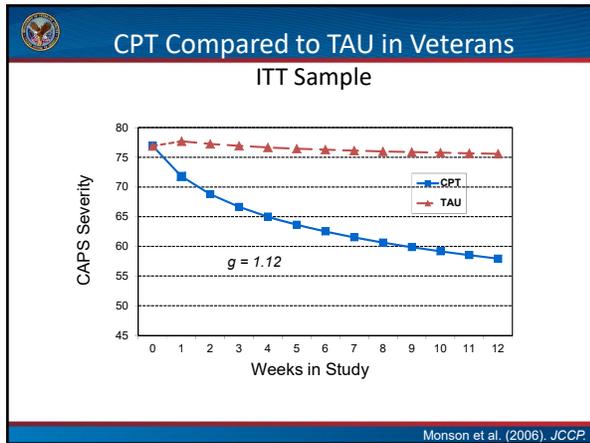
- Pharmacological**
 - SSRIs: Paroxetine best in meta-analyses
 - Prazosin for nightmares and other PTSD symptoms
 - Augmenting: TCAs, SNRI’s, somnolents
- Non-pharmacological**
 - CBT: Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), iCBT
 - Eye Movement Desensitization and Reprogramming (EMDR)

Effective Professional Care for PTSD

Probably effective: replication needed

- Acupuncture
- Somatic Experiencing (SE)
- Imagery Rehearsal Therapy (IRT)
- Stellate Ganglion Block
- Mantram Repetition
- Yoga
- Mindfulness (Either MBSR or Meditation)





Peace and Ease

- Imagery techniques
 - Guided imagery
 - Imagery Rehearsal Therapy
 - Imagery combined with other techniques

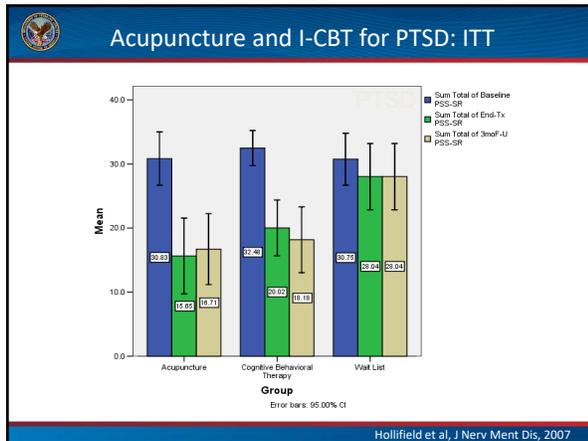
A photograph of a man sitting on a couch, wearing large headphones and holding a smartphone. He appears to be listening to audio content, likely related to the imagery techniques mentioned in the text.

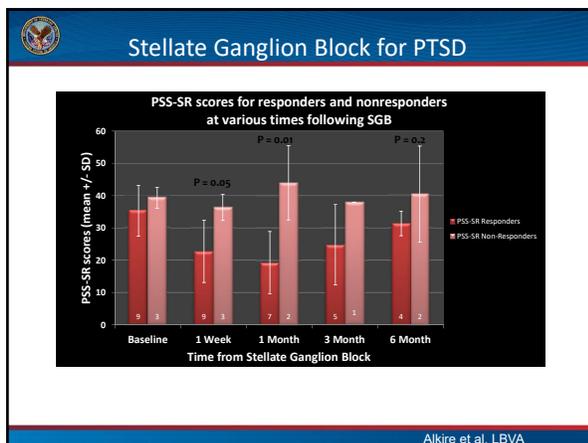
IRT For Nightmares and PTSD

- Nightmares
 - Nights per week: 3.9 to 1.3 (d = 1.24)
 - Nightmares per week: 6.4 to 2.4 (d = 0.85)
- PTSD
 - CAPS score: 81.9 to 49.6 (d = 1.53)
 - PSS-SR score: 28.3 to 17.2 (d = 1.00)
- Other effects
 - Sleep: moderate effects (d = 0.67)
 - Depression: moderate effects (d = 0.57, 0.33 controls – NS)
 - Anxiety: moderate effects (d = 0.39)

Image Rehearsal Therapy significantly improves nightmares and other symptoms in people with PTSD.

Krakow et al. JAMA, 2001; 286(5):537-45.





 **Dietary Supplements**

- Plant-based medicine for anxiety and PTSD – limited research for most
 - Ashwagandha
 - Brahmi
 - Bitter Orange
 - Chamomile
 - Echinacea
 - Galphimia
 - Lemon Balm
 - Cannabinoids
 - Psilocybin and hallucinogens

 **PTSD: Mindfulness interventions**

2017 review of 10 trials, n=643:

- Low to moderate evidence of benefit for MBSR, mantram meditation, yoga
- “Appears to be effective”
- More studies needed (of course)

2016 review:

- Mindfulness-based interventions a **good adjunct** to standard care

The longer the mindfulness training, the greater the benefit on PTSD.

Hilton et al, Psychol Trauma, 2017;9(4):453-60. Khusid et al, Mil Med, 2016;181(9):961-8.

 **EMDR**

- 2018 review: 11 studies, n=547 found that EMDR was superior to CBT at reducing post-traumatic symptoms
- But 4 studies didn't show difference 3 months out

EMDR may be helpful with PTSD symptoms – variable study findings

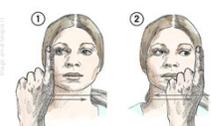
EMDR
EYE MOVEMENT
DESENSITIZING AND
REPROCESSING
THERAPY



Khan et al, Cureus, 2018; 10(9):e3250.

Emotional Freedom Technique

- Exposure and cognitive processing, combined with acupoints
- 2017 review of 7 trials
 - 4-10 sessions, vs no care or usual care
 - Large effect size ($d=2.96$)
 - Comparable to CBT, EMDR

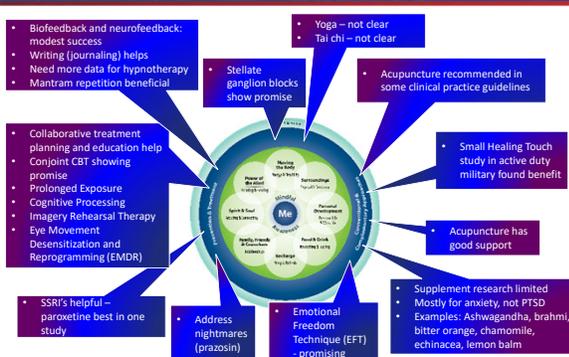


EFT is another option for PTSD with comparable results.

Sebastian et al, Explore, 2017;13:16-25.

PTSD: Professional Care

p. ##



- Biofeedback and neurofeedback: modest success
- Writing (journaling) helps
- Need more data for hypnotherapy
- Mantram repetition beneficial
- Stellate ganglion blocks show promise
- Yoga – not clear
- Tai chi – not clear
- Acupuncture recommended in some clinical practice guidelines
- Collaborative treatment planning and education help
- Conjoint CBT showing promise
- Prolonged Exposure
- Cognitive Processing
- Imagery Rehearsal Therapy
- Eye Movement Desensitization and Reprogramming (EMDR)
- Small Healing Touch study in active duty military found benefit
- Acupuncture has good support
- SSRI's helpful – paroxetine best in one study
- Address nightmares (prazosin)
- Emotional Freedom Technique (EFT) – promising
- Supplement research limited
- Mostly for anxiety, not PTSD
- Examples: Ashwagandha, brahmi, bitter orange, chamomile, echinacea, lemon balm

Whole Health Library PTSD Overview: <https://wholehealth.wisc.edu/overviews/posttraumatic-stress-disorder-ptsd/>

Video – What This All Means

The Warrior Within
<https://vimeo.com/122663858>

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Veterans Health Administration

18. Mindful Awareness: Just Like Me

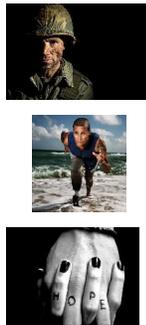


*Whole Health in Your
Practice*

Live Whole Health.

VA  U.S. Department of Veterans Affairs
Veterans Health Administration

19. Finding Vitality and Wholeness I: Suicide Prevention



*Whole Health in Your
Practice*

 **Aspects of Mental Health**

- Thinking and Cognition
- Emotions
- Behaviors and Choices
- Peace and Ease
- **Vitality and Wholeness**

*The purpose of life is not to be happy.
It is to be useful, to be honorable, to be
compassionate,
to have it make some difference that you have lived
and lived well.*

- Ralph Waldo Emerson

 **Suicide
is preventable.**

**Whole Health can
help.**

 **SI = Fruit of the Tree**



Image by Gordon Johnson from Pixabay.com &
Clay Alexander from Wikimedia.org



Part of the Challenge...

“Many people who die by suicide are not known to have a diagnosed mental health condition at the time of death.”

<https://www.cdc.gov/vitalsigns/suicide/index.html>



And Yet...

“Psychological autopsy studies reveal that 90-95% of people who die by suicide have diagnosable mental health problems.”

Data from US Army service member population

Nock et al. *Psychiatry*, 2013;76(2):97-125.



Furthermore...

Over 50% of Veterans engaging in a non-fatal suicide attempt were last seen in primary care prior to that event.

Smith et al. *J Affect Disord* 2016;197:66-73.

 **And...**

“...Leading researchers have questioned whether *treatment of the mental health disorder alone* is an effective way to reduce the risk of suicide.

Suicide-specific treatment models may be effective in reducing suicide risk and suicidal behaviors... [As] opposed to focusing on the mental health disorder per se, treatment should **target the pain and underlying reasons** of why a person considers suicide”

Pomplii, Lancet, 392(10146):474-5.



“We did the clinical reminders,
we met the measures,
but we ***missed his suffering***”



© 2014 Air Force Health Operations Center for Ouse Clancy Work

 **Tony**



- Tony denies active suicidal thoughts
 - Does that mean he doesn’t have them?
- How can we increase his likelihood of surviving?

Motross et al, Crisis, 2014;35(3):161-7.

 **What Veterans say they needed**

2014 summary: Interviews with 23 Veterans who had attempted suicide

–Two things would have helped most:

- *More compassion and empathy from care providers*
- Social support



Motross et al, Crisis, 2014;35(3):161-7.

How do we

address prevent
handle heal from
suicide?

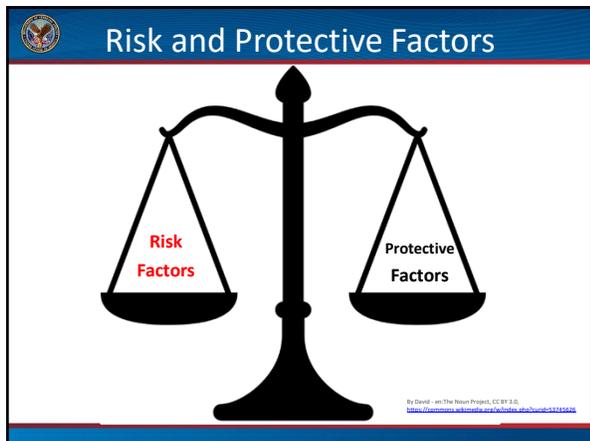
 **Suicide Affects Us All**

Reflect on a time when suicide affected your life.

What strength got you through?
What insights have you gained?
How do you use this in your work?

How do we
address prevent
handle heal from
suicide?





 **Risk and Protective Factors**

Risk

- Prior suicide attempt
- Mental health issues
- Substance abuse (including tobacco)
- Access to lethal means
- Sense of burdensomeness
- Recent loss
- Legal or financial challenges
- Relationship issues
- Unemployment
- History of trauma

 **Risk and Protective Factors**



By David, via The Open Project, CC BY 3.0
https://commons.wikimedia.org/wiki/File:Balance_scales.jpg

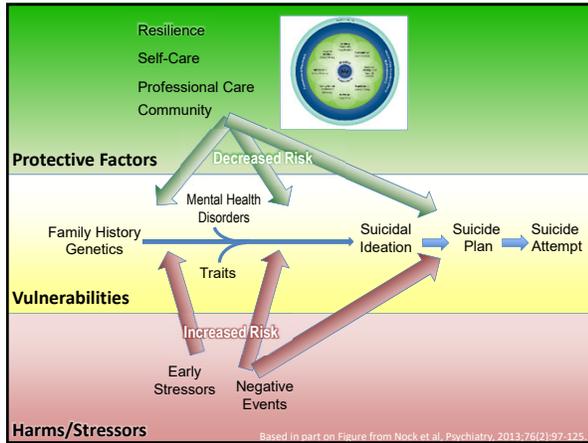
 **Risk and Protective Factors**

<p>Risk</p> <ul style="list-style-type: none">• Prior suicide attempt• Mental health issues• Substance abuse (including tobacco)• Access to lethal means• Sense of burdensomeness• Recent loss• Legal or financial challenges• Relationship issues• Unemployment• History of trauma	<p>Protective</p> <ul style="list-style-type: none">• Access to mental health care• Sense of connectedness• Problem-solving skills• Sense of spirituality• Mission or purpose• Physical health• Employment• Social and emotional well-being
---	---

 **Goal:** Minimize risk factors and boost protective factors

Whole Health for Mental Health

Day 2 Afternoon



Risk Factors

- MST tied to increased suicide attempt risk in men (HR 1.69) and women (HR 2.27)
 - Adjusting for comorbidities and other risk factors, 1.19 and 1.36

Kimerling et al, Am J Prev Med, 2016;50(6):684-91.

Trauma and Suicide Risk

Variable	β	SE	Wald χ^2	OR	95% CI
Age	0.00495	0.0104	0.2252	1.005	0.985–1.026
Gender	-0.2409	0.2821	0.7294	0.786	0.452–1.366
Minority race	-0.6394	0.2083	9.4204	0.528*	0.351–0.794
PTSD*	0.0232	0.00329	49.7908	1.023**	1.017–1.030
Childhood, physical	0.4898	0.2045	5.7377	1.632*	1.093–2.437
Childhood, sexual	0.6841	0.2629	6.7729	1.982*	1.184–3.318
Childhood, other	0.4772	0.2034	5.5052	1.612*	1.082–2.401
CES	0.0131	0.0105	1.5783	1.013*	0.993–1.034
CD-RISC	-0.0356	0.00596	35.6555	0.965**	0.954–0.976

Note. N = 1488. CI = Confidence interval; PTSD = Posttraumatic Stress Disorder, CES = Combat Exposure Scale, CD-RISC = Connor Davidson Resilience Scale.
*p < .05. **p < .001.

- Note the relative contributions of PTSD and childhood traumas
- Not that bottom line (CD-RISC = resilience) shows an effect
- CES is combat exposure

Youssef et al, Archives of Suicide Research, 2013;17:106–122.

Smoking and Suicide

- Nicotine dependence by itself is linked with onset and progression of suicidal behaviors
 - Even when adjusting for TLE and mental disorders
 - Reduced suicide rate in people with schizophrenia who quit
- Dose response relationship
 - Army: >20 cigs/day = double the suicide risk
 - Veterans: , 36% increased risk, adjusting for otherdiagnoses
 - Tied to onset and progression of suicidal behavior with incoming Army Soldiers
- Why? Dysregulation of serotonin, HPA, Physical health effects, social factors

Brent, Suicide Life-Threatening Beh, 2016;Suppl 1):539-47. Sankaranarayanan, Psychiatr Res 2016; 243:407-12.

Protective Factors: Where Whole Health Fits in

Resilience
Self-Care
Professional Care
Community

Whole Health Fosters Resilience

What is Resilience?

If there are no ups and downs in your life
It means you are dead

Video – Re-Assembling Life

Veteran Displays Incredible Resilience

<https://www.youtube.com/watch?v=HIPscuVbZIM>

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Resilience

“Resilience-enhancing intervention may have a preventative or prophylactic role against depressive [sic] and suicidal ideation.”

Resilience Level	Light (BDI)	Moderate (BDI)	Heavy (BDI)
Low Resilience	28.53	31.04	27.65
Moderate Resilience	15.18	20.41	14.14
High Resilience	4.4	10.75	10.75

- Resilience: Qualities that enable a person to thrive in the face of adversity
- Overall prevention of psychological symptoms in adversity
 - Linked to PTSD prevention and recovery (post-traumatic growth)
- Central serotonergic function
 - Venlafaxine led to score changes in PTSD

Youssef et al, Archives of Suicide Research, 2013;17:106–122.

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 **Whole Health and Suicide Prevention**

Me **Mission, Aspiration, and Purpose**
– Exploring them can identify at-risk Veterans and may help identify what matters

Mindful Awareness
– Enhances stress management skills and awareness of thought patterns

Self-care
– Fosters resilience and buffers against challenging events that might contribute to suicide risk

 **Whole Health and Suicide Prevention**

Professional Care
– Strong therapeutic relationships mean more disclosure, more adherence, and more follow up
– The Whole Health approach is well-suited to working with complex comorbidities that predispose to suicide

Community
– Many resources and organizations can help
– Might reach those who would not seek help otherwise

 **Family, Friends & Coworkers**

- Strong social connections in OEF/OIF Veterans **negate** the effect of PTSD and depression
- Opposite also true
- Do better if good unit cohesion as a soldier
- 10-30% of Americans experience loneliness, with increased risk
- In older people with discordant relationships, 57% higher risk of suicidal ideation

Brent, Suicide Life-Threatening Beh, 2016; Suppl 1:539-47. Teo, J Affect Disord, 2018; 230:42-9. DeBeer, Psychiatry Res, 2014; 216:357-62.

Whole Health for Mental Health

Day 2 Afternoon



Surroundings and Suicide Risk

- Specific times are higher risk
 - Morning – Mondays – Spring and early summer
 - Not about amount of daylight though
- Every 1°C increase in temp over ambient = 1% increase in suicide incidence
- Proximity to green spaces lowers risk
 - 18-25% less in quartile with highest access vs lowest

Galvao, J Affect Disord, 2018;228:132-42. Gao et al, Sci Total Env, 2019;646:1021-1029.

Activity and Suicide Risk

- Causation tricky, but...
 - 13/21 studies in adults, 7/14 adolescents, and 2/3 in older adults found an association
 - N=>80,000
 - Odds ratio 0.91 if they met guidelines

Vancampfort et al. J Affect Disord, 2018;225:438-48.

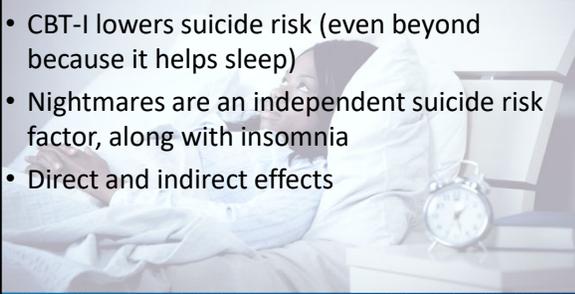
 **Food & Drink and Suicide Risk**

- Tryptophan intake in the diet correlates with suicide rates in developed countries
 - Not influenced by
 - National happiness indicators
 - Alcohol consumption
 - Relative national wealth

Voracek et al, J Affect Disord, 2007;98:259-62.

 **Sleep and Suicide Risk**

- Every hour of sleep decreased adolescent suicide risk by 11% up to 9 hours
- CBT-I lowers suicide risk (even beyond because it helps sleep)
- Nightmares are an independent suicide risk factor, along with insomnia
- Direct and indirect effects



Chiu et al, Sleep Med Rev, 2018;42:119e126. Woznica et al, Sleep Med Rev, 2015;22:37e46.

 **Professional Care: Interventions**

- Most promising in the literature so far
 - Dialectical Behavioral Therapy
 - Cognitive Therapy
 - Collaborative Assessment and Management of Suicidality (CAMS)
 - Reduces SI and overall distress more efficiently than treatment as usual
 - Large clinic with multiple complex patients
 - Checked at 6 and 12 months out

CAMS in a Nutshell:

- Typically for people with current suicidal thoughts/behaviors
- Semistructured framework
- Humanism, empathy, patient-centeredness
- Patient and therapist collaboratively find drivers and greater understanding of what increases risk
- Use Suicide Status Form as a tracking tool

Ryberg, J Affect Disord, 2019;249:112-120.

 **Bringing it all together**

- Focus on MAP and values
- Build strong therapeutic relationships
- Draw in Self- and Professional Care
- Improve aspects of MH: cognition, mood, behavior
- Address suffering from traumas
- Mitigate risk factors, enhance protective ones



Treat the whole person

 **" ... Our job in medicine..."**

We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really, it is larger than that.

It is to enable well-being. And well-being is about the reasons one wishes to be alive. Those reasons matter not just at the end of life, or when disability comes, but all along the way.

-Atul Gawande, MD
Being Mortal

 **Community: Suicide Resources**

National Suicide Prevention Lifeline & Veterans Crisis Line:
1-800-273-8255, Press 1

- Veterans Crisis Line
 - www.veteranscrisisline.net
- Suicide Prevention Lifeline
 - www.suicidepreventionlifeline.org
- Spread the Word:
 - <http://spreadtheword.veteranscrisisline.net/>
- VA Office of Suicide Prevention
 - https://www.mentalhealth.va.gov/suicide_prevention/



Live Whole Health.

VA  U.S. Department of Veterans Affairs
Veterans Health Administration

20. Finding Vitality and Wholeness II: Meaning and Purpose

Whole Health in Your Practice



 Ask the Internet: *Vitality and Fully Alive*



Image: yukokusamurai.com Image: hopperhealth.org

Consider for a moment...

Who is the most whole and vital person you have ever encountered?

Who?

- Friend
- Colleague
- Family member
- Veteran
- A role model

Why?

- Vivacious
- Fun to be around
- Giving
- Has purpose
- Healthy
- Cares deeply

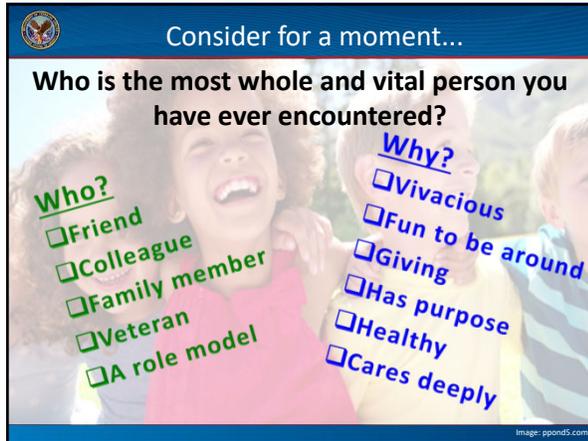


Image: ppond5.com

Discuss With a Partner

- What made you think of that person?
- Give an example something they did that inspired you.
- How did they do with the different areas of Whole Health?



Image: fip.org | Image: flickr.com | Image: ontherise.com

Meaning

There is nothing in the world,
I venture to say,
that so effectively helps one to survive even
the worst conditions as the knowledge that
there is a meaning in one's life.

(Victor Frankl, *Man's Search for Meaning*)



Bower et al., 2003;25(2):146-55.



Meaning in Life: Definition

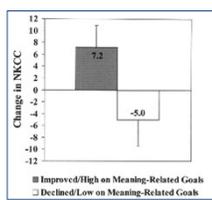
“Enhanced sense of value and importance of one’s life, coupled with a more acute awareness of life’s fragility and preciousness...One of the key elements...is a clarification of the values and goals that imbue one’s life with a sense of meaning and purpose..”



Bower et al, 2003;25(2):146-55.

Meaning in Life and Physiology

- 42 women
- HIV+ and recent bereavement
- Tried therapeutic disclosure (journaling) for a month
- More natural killer cell cytotoxicity IF they reported an increase in meaning-related goals
 - The journaling mattered less than the change in goals



Bower et al, 2003;25(2):146-55.

Meaning and Overall Health

- 2017 review and meta-analysis
- 66 studies, n=73,546
- Positive effect of “Meaning in Life” found in all 66 of them
 - Multiple aspects of health
 - Overall effect size 0.26 (small-to-moderate)
 - 0.1 for mortality, 0.34 cancer

Even stronger effects when sense of harmony, peace, and well-being were also present.

- MS
- HIV
- Spinal cord injury
- CHF
- DM2
- CHD
- Cancer
- Post-polio
- Arthritis
- Post-transplant

Czekierda et al., Health Psychol Rev, 2017;11(4):387-418.

Purpose in Life: Definitions

- “Goals, intentions, and a sense of direction, all of which contribute to a feeling that life is meaningful”
- Desire to make a difference in the world
- May be some differences based on what exactly that purpose is
 - E.g., less youth substance abuse if PIL goes beyond self-promoting
 - Personal fame and fortune as purpose less beneficial than moral/spiritual aims

Ryff, J Personality Social Psychology, 1989;57:1069-81. Abramson et al, J School Nurs, 2018;34(2):114-

Purpose in Life and Mental Health

- “A substantial and consistent relationship” (Zika)
- Decreased suicidal ideation in older adults (n=109)
- Reduced incidence of sleep disturbance
- Reduced measures of allostatic load 10 years later
 - Even controlling for other measures
 - Predicts locus of control too
- Less impulsivity
- Better prevention of relapse in SUD (cocaine and alcohol)
- Lower health anxiety, higher resistance to stress

Zika, J Psychosom Res, 1992;83:133-45.
Heisel et al. Aging Mental health, 2016;20(2):195-7. Burrow et al, Pers Individ Diff, 2016;90:187-9.
Martin, J Subst Abuse Treat, 2011;40:183-88. Yek et al, Psychol Rep, 2017;120(3):383-90.

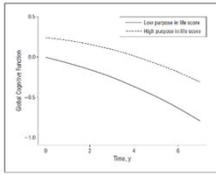
Purpose in Life and Brain Function

- Tied to onset of cognitive impairment
 - N=951, followed 7 years
 - Alzheimer's and MCI progressed less (HR's of 0.48 and 0.65)

**Tied to better cognitive function in adults in general, too*

- Memory
- Executive function
- Composite function

Levits et al, Aging Neuropsychol Cognition, 2017;24(8):662-71.




Boyle et al, Arch Gen Psychiatry, 2010;67(3):304-10. Burrow et al, Pers Individ Diff, 2016;90:187-9.

Purpose in Life and Life Span

- 7,108 American adults followed for 15 years
- Self-rated on three statements:
 - I don't wander through life
 - I think about the future
 - I feel there is still more to do in life
- Regardless of age, relationship status, depression or other factors...
- ...There was a survival benefit (hazard ratio 0.85) for people who felt they had purpose



Hill, Psychol Sci, 2014; 25(7):1482-6.

Purpose and Other Health Outcomes

- Reduced stroke incidence
 - 6,793 people >50
 - OR=0.78
- Fewer MI's
 - 1,546 people with CAD
 - OR=0.73
- More use of preventive services
 - Lipids, mammograms, prostate exams, Pap smears, colonoscopy





Kim et al, J Psychosom Res, 2013;74:427-32. Kim et al, J Behav Med, 2013;36:124-33. Kim et al, Proc National Acad Sci, 2014;111(46):16331-6.

And...Meaning and Purpose Save \$



Image: psychtoday.com

- There was a *dose response* relationship in older adults (n=15,680) with:
 - Fewer admissions
 - Fewer ED visits
 - Lower medical expenditures overall
 - Lower drug expenditures

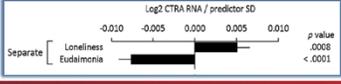
Musich et al, Pop Health Manage, 2018;21(2):139-47.

Meaning and Purpose and Genetics

- Conserved Transcriptional Response to Adversity (CTRA) group of genes
 - More active = inflammation
 - More active = poor immune function
- Inactivated by meditation, yoga, tai chi, and CBT for stress
- Cole et al found that high PIL scores inactivated these genes
 - More than loneliness activated them



Frederickson, et al, PLoS One, 2016;11(6):e0157116

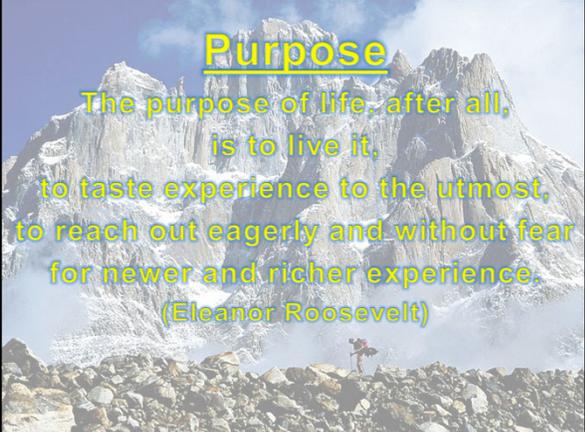


Cole et al, Psychoneuroendocrinol, 2015;62:11-17.

Purpose

The purpose of life, after all, is to live it, to taste experience to the utmost, to reach out eagerly and without fear for newer and richer experience.

(Eleanor Roosevelt)



 **A Small Group Activity:**
Contributors to Vitality

- You will have 15 minutes
- Using tape at your table, create a *life sized* outline of a person on your table. Be creative!
- List as many things as you can that help boost **your** vitality on post-its
 - Just 1 thing per post-it
- Put them in the outlined person
- Cluster similar ones

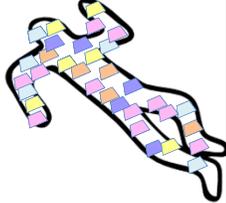


image: cizer.com

 **Time to be Appreciative:**
Contributors to Vitality

- Walk around the room
- Check out other groups' enlivened "chalk" bodies -
- Note any favorites
- After a few minutes, we'll signal you to return to your group
- Discuss what you observed



Shutterstock.com • 135471944
image: oshrey.com

Live Whole Health.

VA  U.S. Department of Veterans Affairs
Veterans Health Administration

**21. Implementation III:
The Next Level**



Whole Health in Your Practice





Your Team & Planning (Page 23-26)

- Divide into teams
- Choose a spokesperson
- Brainstorm ways your team can advance Whole Health for Mental Health Care in your work. Pick your top 1 or 2 ideas
- These should be REAL PLANS you will follow through on – go into detail
- Jot notes on pages 25-26.

Large
Groups
Report Out

Closing