

In 1992 I received Honorable mention for a paper I wrote on how mental health courts could save communities money while providing better treatment. I also served on the committee which helped set up Nevada's first mental health court & my first book *Mental Illness A guide to recovery* received a favorable review from Boston University's *Psychiatric Rehabilitation Journal* (Vol. 28# 4 Spring 2005). I'm also the PAIMI chair for Nevada

I also have been homeless, lived in a board and care facility, and been arrested 10 times on misdemeanors, although it's been nearly 20 years since I had to deal with any of any of those difficulties. I also received a B.A. in geography in between these various difficulties. I was also fortunate to be pushed out of the mental health system – and find my way back to mental health. I have a different take on the causes of mental health problems as well as effective recovery methods than most. In my new book – *Liberty & Mental Health – You Can't Have One Without the Other*, I present many of these methods, as well as cite my many sources.

26% of the U.S. adult population is considered by mental health authorities to be experiencing mental health problems in any given year.¹

“...the lag between discovering effective forms of treatment and incorporating them into routine patient care is unnecessarily long, lasting about 15 to 20 years.”² Very few effective treatments have been introduced in the 10 years since that report was made.

Instead of treating the underlying biological and environmental causes of these disorders, we are criminalizing and incarcerating the mentally ill.³

Magnesium deficiency causes serotonin-deficiency with possible resultant aberrant behaviors, including depression, suicide or irrational violence....Magnesium is essential in regulating central nervous system excitability thus magnesium deficiency may cause aggressive behavior,

¹ <http://www.nimh.nih.gov/health...> , Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27.

² *Achieving the Promise: Transforming Mental Health Care in America; Executive Summary, Final Report July 2003*(pg.2) , Balas, E.A. & Boren, S.A. (2000). *Managing clinical knowledge for health care improvement*. In *Yearbook of Medical Information* (pp. 65-70). Bethesda, MD: National Library of Medicine.

³ *Why Addressing Mental Health Issues Means Reforming The U.S. Prison System* By Rachel Howard on Feb 8, 2013 <http://thinkprogress.org/healt...>

depression, or suicide. Magnesium calms the brain and people do not need to become severely deficient in magnesium for the brain to become hyperactive... Evidence is mounting that deficient levels of magnesium contribute to the heavy metal deposition in the brain that precede Parkinson's disease, Multiple Sclerosis and Alzheimer's disease. ..Another study found that the lower the magnesium blood levels the more severe was the epilepsy.⁴

“Trauma exposure has been linked to later substance abuse, mental illness, increased risk of suicide, obesity, heart disease, and early death.”⁵ The symptoms of trauma are nearly identical to most of the categories in the DSM series which differences being easily explained by variations in personality types.

Several proven non-drug methodologies are available to treat trauma, including Somatic Experiencing® (SE)⁶ which is a 12 phase program and can be found in the book *Healing Trauma* by Peter Levine who began his work over 40 years ago with Vietnam veterans.

“A compulsion can develop to repeat the actions that caused the problem in the first place. We are inextricably drawn into situations that replicate the original trauma in both obvious and less obvious ways. The prostitute or stripper with a history of childhood sexual abuse is a common example. We may find ourselves re-experiencing the effects of trauma either through physical symptoms or through a full-blown interaction with the external environmentOnce he became aware of his feelings and the role the original event had played in driving his compulsion, the man was able to stop re-enacting this tragic incident.”⁷

Eye Movement Desensitization and Reprocessing®⁸ (EMDR) is recognized as being *evidence based* according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Individuals I know who have undergone this therapy claim that it has been successful about 50% of the time. Some therapists claim an 80% success rate, while literature on the subject claim that clinicians who rush the process have lower success rates. There are over 100 practitioners of this method in Nevada. None work in the mental health system.

⁴ Transdermal Magnesium Therapy ©2007 by Mark Sircus, AC., O.M.D pg. 172, pg. 5, pg. 100

⁵ Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014 – pg. 8

⁶ Somatic Experiencing Trauma Institute, 6685 Gunpark Drive Suite 102 Boulder, CO 80301 Phone: 303-652-4035 www.traumahealing.com

⁷ *Healing Trauma* by Peter Levine Ph.D. ©2005 (pgs. 20, 22)

⁸ The International EMDR Association, <http://www.emdria.org>, establishes standards for EMDR while the EMDR Institute www.emdr.com provides a directory of trained EMDR clinicians and compiles information on workshops, seminars and research.

The Wellness Recovery Action Plan (WRAP)⁹, devised by Mary Ellen Copeland is also recognized by the Substance Abuse Mental Health Services Administration (SAMHSA) as an evidence based practice, yet few outside the peer networks know much about it. In my opinion, WRAP is especially helpful when a trauma occurred at a young age, yet that is not its primary focus – which is helping individuals plan for their recovery, including the reduction of symptoms.

The National Institute of Health in May of 2013 declared the methods of American Psychiatry as “*lacking in validity*” and stated that “*patients deserve better*”¹⁰.

The problem of overlooked medical ailments in psychiatric populations was so significant that by 1988 the California legislature mandated an exploration into a means of reducing the risk of missed medical conditions. Lorrin Koran, MD, of Stanford University was tasked with leading the development of a corrective procedure. The results of his team’s work were reported to the California Department of Mental Health and local mental health programs in 1991 as the Medical Evaluation Field Manual¹¹. They found:

- Nearly two out of five patients (39%) had an active, significant physical disease.
- The mental health system had failed to detect these diseases in nearly half (47.5%) of the affected patients.
- Of all the patients examined, one in six had a physical disease that was related to his or her mental disorder, either causing or exacerbating that disorder.
- The mental health system had failed to detect one in six physical diseases that were causing a patient’s mental disorder.

In 1995 a study found that from 5–40% of psychiatric patients have medical ailments that would adequately explain their symptoms.¹² The next year, in 1996, Sydney Walker III, M.D in his book, *A Dose of Sanity*, claimed studies have shown that from 41% to 75% of individuals are

⁹ See: <http://copelandcenter.com/wellness-recovery-action-plan-wrap> for more info on WRAP

¹⁰ Psychology Today, May 4, 2013 <http://www.psychologytoday.com/blog/side-effects/201305/the-nimh-withdraws-support-dsm-5> also see *Transforming Diagnosis By Thomas Insel Director NIMH on April 29, 2013*

¹¹ MEDICAL EVALUATION FIELD MANUAL By Lorrin M. Koran, M.D., Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center Stanford, California 1991. More on the Koran algorithm can be found at <http://www.alternativementalhealth.com/articles/fieldmanual.htm>

¹² Allen MH, Fauman MA, Morin SF. Emergency psychiatric evaluation of “organic” mental disorders. *New Dir Mental Health Serv* 1995;67:45-55.

initially misdiagnosed, often due to overlooked treatable conditions.¹³ In 2009, it was found that up to 25% of mental health patients have medical conditions that exacerbate psychiatric symptoms.¹⁴ Yet, most of the debate today centers on forcing drugs on individuals, not providing effective, adequate diagnosis and treatment.

The Koran screening algorithm¹⁵ has several appealing characteristics:

1. It is limited to those findings that best predicted the presence of physical disease in a sample of patients cared for within the California public mental health system.
2. It saves the effort and expense of gathering data that may not help in detecting physical disease.
3. The data used in the algorithm can be obtained by mental health staff and do not require a physician, nurse or physician's assistant.

The *Koran* medical algorithm requires 10 items of medical history, measurement of blood pressure, and 16 laboratory tests (13 blood tests and 3 urine tests). These data were the only strong predictors of physical disease in the Koran patients.

While I go into a great deal more in my book – Among the most helpful things the mental health system could do to help people recover is showing the video series *How To Deal With Difficult People*¹⁶ which can help individuals recognize and correct difficult behaviors, as well as aid in determining an individual's propensity for certain anti-social behaviors. The grid used is a simplified system which correlates where a person is on the grid to various types of difficult behavior and does so in a humorous non-threatening way.

Everyone falls someplace along the continuum from passive to aggressive. Likewise, everyone falls someplace along the line of being task-oriented or people-oriented. Those who have developed the skills to be near the center, as well as having the ability to change according to circumstances, tend to be well adjusted and generally have few problems dealing with people. The further away from the center a person is a tendency develops to encounter increasingly more difficult people, this is because they are becoming other people's difficult person. Yet, everyone has a positive intent. Understanding this intent is the first step in getting them to collaborate.

¹³ *A Dose of Sanity* by Sydney Walker III, M.D. 1996, pg 13/ Hoffman, Robert Science News, Vol. 122, September 11, 1982; Herring M.M., *Debate over 'false positive schizophrenics'* *Medicine Tribune*, September 25, 1985. Pg 3; Koranyi, Erwin K., "Undiagnosed physical illness in psychiatric patients," *American Family Physician*, Vol. 41, No. 4, April 1990

¹⁴ Christensen RC, Grace GD, Byrd JC. Refer more patients for medical evaluation. *Curr Psychiatr* 2009;8:73-74.

¹⁵ MEDICAL EVALUATION FIELD MANUAL By Lorrin M. Koran, M.D.,

¹⁶ *How To Deal With Difficult People* by Dr. Rick Brinkman & Dr. Rick Kurshner, © 1982, Available at www.CareerTrack.com and <http://rickbrinkman.com/store/>