

Beh Health talk 8/20

My name is Bob Bennett – I am the chair of the PAIMI Council – a Federally mandated program overseen by the Nevada Disability Advocacy Law Center. I'm mentally healthy – although some years ago I experienced mental health problems. While my new book *Liberty & Mental Health – You Can't Have One Without the Other*, won't be released for a few months yet, I'd like to read a couple of pertinent excerpts.

The Problem of overlooked medical ailments in psychiatric patients - Many mental health programs are not staffed with physicians practiced in medical diagnosis and thus are unprepared to detect a large proportion of physical diseases in their patients. As described elsewhere, California's state mental health programs fail to detect many diseases that could be causing or exacerbating psychiatric disorders”¹

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.

In 1995 a study found that from 5–40% of psychiatric patients have medical ailments that would adequately explain their symptoms.² The next year, in 1996, Sydney Walker III, M.D., a psychiatrist, in his book, *A Dose of Sanity*, claimed studies have shown that from 41% to 75% of individuals are initially misdiagnosed, often due to overlooked treatable conditions.³ In 2009, it was found that up to 25% of mental health patients have medical conditions that exacerbate psychiatric symptoms.⁴ Yet, most of the debate today centers on forcing drugs on individuals, not providing effective, adequate diagnosis and treatment.

I hope this body will recommend that the Koran algorithm be used prior to labeling anyone as mentally ill.

¹ A Medical Algorithm for Detecting Physical Disease in Psychiatric Patients, *Hospital and Community Psychiatry* Vol. 40 No. 12 Dec 1989, Pg. 1270 by Harold C. Sox, Jr., M.D., Lorrin M. Koran, M.D., Carol H. Sox, M.S., Keith I. Marton, M.D., Fred Dugger, P.A., Teruko Smith, R. N. –

² Allen MH, Fauman MA, Morin SF. Emergency psychiatric evaluation of “organic” mental disorders. *New Dir Mental Health Serv* 1995;67:45-55.

³ *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

⁴ Christensen RC, Grace GD, Byrd JC. Refer more patients for medical evaluation. *Curr Psychiatr* 2009;8:73-74.

*“Once a trauma befalls us we are forced, whether we like it or not, whether we want to or not, to follow its life-altering path. At times, this process often leads us through episodes of helplessness and hopelessness. It can terrify us by unveiling the fragility, precariousness and vulnerability of our humanity. It exposes us to the rawness of life as a living species on this planet. It tears at the very fabric of our identity and radically redefines our view of life. However, it is precisely because this experience has burned the bridges of our past ways of thinking that we are forced into a new way of being in life. The old ways of thinking and relating no longer suffice and a new way of being begins to emerge. We discover that on the other side of this frightening journey we have the potential of emerging into a new life of maturity, compassion and wisdom.”*⁵

Trauma is a factor for the overwhelming numbers of people who have received a mental health diagnosis. *“Trauma exposure has been linked to later substance abuse, mental illness, increased risk of suicide, obesity, heart disease, and early death.”*⁶

Several proven non-drug methodologies are available to treat trauma, including Somatic Experiencing® (SE), Eye Movement Desensitization and Reprocessing® (EMDR), and Tension & Trauma Releasing Exercises (TRE) developed by David Berceci, Ph.D.

A friend of mine is currently undergoing training to become certified practitioner of TRE – and is interested in giving a short presentation at the next meeting, if that is at all possible.

My mental health diagnoses stemmed from traumas I received – the short course on TRE I took a few months ago – leads me to believe this would be a worthwhile low cost treatment which could not only prevent many from receiving a mental health diagnosis – but help in the recovery process of many. I particularly recommend it for children and young adults – although I believe just about everyone who takes part in these simple exercises will benefit.

Thank you.

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⁵ David Berceci, Ph.D., CEO of Trauma Recovery Services, www.TREcalifornia.com

⁶ *Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014* – pg. 8