**SPRING 2016**

*NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope.*

**National Alliance on Mental Illness**

**NAMI – BEAVER COUNTY**is an educational, advocacy and support group for families, consumers, and professionals dealing with serious mental illnesses or brain disorders.  We support each other by educating ourselves through research, attending conferences, and sharing this information with others.  NAMI-BC members also offer support through our years of experience in dealing with these illnesses on a personal level.

**Meetings are held at**

**NAMI BEAVER COUNTY OFFICE- 1229 3rd ST., BEAVER, PA. 15009**

**7:00 pm on the 3rd Thursday of each month**

**May Meeting, May 19, 2016, Paula Soto and Linda Ogden, PTSD**

**June Meeting, June 16, Picnic at Office, 5:30 p.m.**

**July Meeting, July 21, Dave Aitken, Caregiving**

**ANNOUNCEMENTS**

**SUBSCRIBE TO NEWSLETTER BY EMAIL:** carlabraund@namibeavercounty.com

**VIEW MENTAL HEALTH VIDEOS AT NAMI OFFICE**

**NEW WEBSITE:**[www.namibeavercounty.com](http://www.namibeavercounty.com/) – check for notices and articles

**NAMI.ORG -** New look - Check it Out!  
**NAMI AIR** – APP for your IPhone or Tablet – Give and Receive Support

**COFFEE TALK: Held at NAMI office: Ongoing 2nd Friday at 10 am at office.**

**FLOWER SALE: Saturday, May 7, 2016, 10am to 2 pm**

**FACEBOOK: Post your ideas of topics for Facebook, website, or newsletter**

**BEAVER COUNTY SYSTEM OF CARE - Website has important information on resources, services and supports throughout Beaver County and upcoming trainings. www.bc-systemofcare.org.**

***Contact Carla Braund at (724)888-6877 or carlabraund@namibeavercounty.com for questions or concerns regarding any of the events listed above.***

**How do mental illness diagnoses compare to more traditional medical diagnoses?**

**Most** people who seem to come at this question also seem to misunderstand how traditional medical diagnoses are made in the hospital or other healthcare settings**.** It is a large belief that most medical diagnoses are made by a laboratory or blood test, or a biopsy, and the medical tests are often conclusive and tells doctors EXACTLY what is wrong with the patient, but this is not true! Practicing physicians, acknowledge that medical diagnoses can be just as messy and as complex as human beings themselves.

**Some** medical diagnoses are indeed neat and clean — and fairly easy to make. If you’ve broken your arm, an x-ray will help the doctor determine exactly what kind of break it is, where it occurs, and through such data, determine how best to set your arm to ensure it heals properly. But then some diagnoses we take for granted — such as the common cold — don’t actually have any medical or laboratory test to confirm their existence. Doctors can order a set of tests to look for signs that your body is battling something, but those tests often can’t illuminate what exactly that something is. Only other subjective symptoms that the patient describes can help to do that. Then again with these subjective symptoms the cause is not always a clear, single diagnosis.

**But** it’s not just that diagnoses themselves are hard to agree upon. Most times, doctors don’t have enough data in order to even make an accurate diagnosis. Fink et al. (2009) summarized the problem as such:

**Only** 10% of the results of consultations in primary care can be assigned to a confirmed diagnosis, while 50% remain “symptoms” and 40% are classified as “named syndromes” (“picture of a disease”).

**Moreover**, less than 20% of the most frequent diagnoses account for more than 80% of the results of consultations. This finding, confirmed empirically during the last fifty years, suggests a power law distribution, with critical consequences for diagnosis and decision making in primary care.

**Furthermore**, as the medical diagnostic coding system — the ICD 10 — has gotten larger and more complex, the ability to accurately code diagnoses has declined (see Stausberg et al., 2008 for example). It is simply incorrect to assume that most medical diagnosis is easy and reached with a blood or laboratory test. In the real world, medical diagnosis is just as complex, subjective, and messy as mental illness diagnosis.

**Are Mental Disorder Diagnoses Any Better?**

In a word, no. And some might rightfully argue that mental health professionals’ interpreter reliability levels are even lower for mental disorders. That would be a fair criticism, especially since so many professionals of varying experience levels can actually make a mental disorder diagnosis that could be different among others (from a clinical social worker, psychiatrist, or pediatrician, to a family doctor, nurse practitioner, or general physician, among many, many more).

**But** having acknowledged as much doesn’t mean such labels or diagnoses are without purpose or value. Just as medical diagnoses help inform a physician’s treatment options, so too do mental disorder diagnoses. For instance, it can be dangerous to prescribe an antidepressant to someone with bipolar disorder, as it could help bring about a manic or hypomanic state. That is valuable information to have if you’re the prescribing doctor.

**Mental** disorder diagnoses hare a greater sociological and psychological aspect than most medical diagnoses. But to devalue mental illness diagnoses based upon the mistaken belief that medical diagnoses are so much easier, is failing to acknowledge the complex and hard medical diagnoses that exist in the real world. And to devalue mental diagnoses in the first place seems to miss the ultimate purpose of labeling these things — to help people who are suffering and in pain.

**Mental** illness diagnoses are there to help inform treatment and research (and receive reimbursement from insurance companies). Nobody should stop and think that mental illness diagnoses define a person any more than any other single characteristic of that person would.

references:

Fink, W., Lipatov, V. & Konitzer, M. (2009). Diagnoses by general practitioners: Accuracy and reliability. International Journal of Forecasting, 25, 784-793

Stausberg, J., Lehmann, N., Kaczmarek, D., & Stein, M. (2008). Reliability of diagnoses coding with ICD-10. International Journal of Medical Informatics, 77, 50-57

**HEALTHY LIVING HINTS**

*There Are Numerous Benefits to Exercise!*

The National Institute on Drug Abuse (NIDA) scientists are considering the idea that exercise not only boosts energy and keeps weight in check, but also helps prevent substance abuse.

NIDA studies show that people engaging in regular, aerobic exercise are not only less likely to use and abuse illicit drugs, they are also more likely not to relapse once they’ve stopped using. However, it is not clear if exercise was also effective at reducing substance abuse.

There are numerous benefits that physical activity can have!

**1. Good for the Brain**

Not just good for the body, exercise also benefits the brain. Besides enlivening the heart and lungs, exercise boosts the natural production of the body’s feel-good-neurochemicals. Because of this physical activity often helps relieve mild depression and is beneficial to older people’s mood and cognitive function. Exercise can even help fight cognitive decline! Exercise can help battle cognitive decay that starts around age 45. Working out raises the elements in the brain that prevent degeneration of the hippocampus — an essential portion of the brain for recall and learning.

**2. Helps Recovery**

The Scandinavian Journal of Public Health recently reported that drug abuse clients who make exercise a part of their recovery programs report a greater improved quality of life. The same clients report a reduced intake of the drugs they had been abusing and reported they could breathe easier, had more stamina and felt better about their overall appearance.

**3. Stress Relief**

One of the most common mental benefits of exercise is stress relief. This is also a result of the released neurochemicals. So, take a walk with a friend or do yoga at the park! Take in the beauty of nature as you de-stress!

**4. Happy Chemicals**

Getting in several miles on the treadmill can be tough, but it’s worth it. You don’t even have to do anything that strenuous, even a little bit of exercise releases endorphins — those chemicals responsible for “feel good” and euphoria. Studies have shown exercise also alleviates symptoms of clinical depression.

**5. Reduces Anxiety**

Which is better at relieving anxiety — a warm bubble bath or a 20-minute jog: The answer may be surprising. The warm and fuzzy elements released throughout and after activity helps people with anxiety disorders. Moderate-to-high intensity aerobic exercise helps reduce a person’s sensitivity to stress as we discussed above and can help with anxiety as well.

**6. Brainpower Boosting**

Studies have shown that cardiovascular exercise helps create new brain cells and improves overall brain performance. A tough workout increases levels of BDNF, a brain-derived protein which helps with decision making and the formation of neuronal connections helping with memory as well.

**7. Increased Relaxation**

For some people, a modest workout can be the non-chemical equivalent of a sleeping people — even for those with insomnia. Being active five to six hours before hitting the sack raises the body’s core temperature. As the temperature drops back to normal, it signals the body that it’s time for sleep.

**8. Creativity**

Break out the laptop or start painting after a tough workout instead of hitting a hot shower. A heart-pumping gym session boosts creativity for up to 2.5 hours afterwards. Post-workout inspiration can be supercharged by exercising outdoors and interacting with nature.

Recovering from substance abuse addiction requires holistic healing — mentally and physically. A strong mind, calmed and focused by stress reducing exercise, are all great assets to have on the road to recovery

**IN THE NEWS….**

The U.S. House Energy & Commerce’s health subcommittee has approved bipartisan mental health reform legislation, H.R. 2646 (Helping Families in Mental Crisis Act, Murphy Bill).

**NAMI – THE NATION’S VOICE ON MENTAL ILLNESS**

**Carla Braund, Editor**

**Teresa Scibilia, Editor**

***Dear Stress,***

**Let’s break up!**

**MEMBERSHIP FORM 2016, *please renew early in year***

*Has your membership lapsed? We need you! Please call office to confirm. It is also possible to renew your membership online at www.nami.org.  Any questions or concerns please direct them to Carla Braund, 724-888-6877 or carlabraund@namibeavercounty.com All NAMI – Beaver County memberships include subscriptions to all four newsletters.*

 \_\_\_\_\_   Enclosed is my check for $35 for 2016 memberships in NAMI – Beaver County, NAMI, NAMI – PA, and NAMI – SW PA

 \_\_\_\_\_ I am on a limited income.  Dues are $3 for full membership.

 \_\_\_\_\_ I wish to make a tax deductible donation of $ \_\_\_\_\_\_\_\_ to NAMI – Beaver County.

 NAME(S)

            Please check one:    □ Family member □ Consumer □ Mental health professional

 ADDRESS

 TELEPHONE NO.                                                E-MAIL ADDRESS

 Make checks payable to:  ***NAMI – Beaver County***

**Send to:   NAMI – Beaver County 1229 3rd Street -- Beaver, PA  15009**

"Once I had the pleasure of searching 30 minutes for keys I was holding in my hand. Hey, ADHD readers! Anyone beat that?" WWW.ADDITUDE.COM