



North Alabama Mental Health Coalition  
April 11, 2023

**Attendees (in person):**

Daniel Adamak (Little Orange Fish)  
David Battle (Partnership for Drug Free)  
Annie Brasseale (VOP)  
Denise Draa (Living Life Counseling)  
Kelli Glass (Wellstone)  
Betty Harrison (Crisis Services)  
Jeremy Hosier (Crestwood)  
Tammy Leeth (Wellstone)  
Kelli Mukaddam (NCAC)  
Connie Oakley (GRAMI)  
Dan Pickens (Madison Fire)  
Lola Saxby (Crestwood)  
Ashley Smith (Salvation Army)  
Paula Steele (Wellstone Emer. Services)  
Jennifer Vandiver (Amedisys Home Health)

Jessica Alford (Ross)  
Dr. Jerome Baudry (UAH)  
Kayron Clay (Serenity Communities)  
La'trisha Coats Fletcher (DHR)  
Kelly Goff (ADMH)  
Chaniece Hicks (First Stop)  
Travis Jones (Thrive Alabama)  
Tealacy Mitchell (Thrive)  
Jan Neighbors (HAPC)  
Joanne Palmer  
Wendy Pittard (ARC of Madison County)  
Julie Schenck-Brown (Huntsville Police)  
Audrey Smith  
Allison Stewart (UAB)  
Don Webster (HEMSI)

Kenny Anderson (City of Huntsville)  
Callie Bengs (UNA)  
Akeem Davis (Huntsville Hospital)  
Amy Gillott (Decatur West)  
Traci Harris (Elm Foundation)  
Kim Holder (Not One More Alabama)  
Kati Lang (Amedisys Home Health)  
Krista Moulton (Therapist / NAMI)  
Ahssa Norden (Bradford)  
Karen Petersen (Wellstone)  
Rachell Pyle (Crisis Services)  
Dr. Richard Shelton (UAB)  
Dustin Spires (Madison Fire)  
Asia Sticka (UAH RAN)  
Mack Yates (SVPD/VOP)

**Welcome and Introductions**

Introductions are important because you need to find out who is available to help you.

Annie spoke about the email distribution lists for the coalition. There are currently over 250 coalition members; however, Google has a limit of 100 recipients per email. To overcome this limitation, NAMHC uses 4 different email distribution lists to send out each coalition email. If you would like to send an email to everyone in the coalition, do not use the "Reply All" feature, because your reply will not reach everyone. Instead, send your information to Annie so she can forward it to the entire coalition (not just to your distribution list/ subset).

**Depression and Bipolar Research – Dr. Richard C. Shelton, M.D., Director of Research UAB/HSV**

In order to conduct related research, UAB needs to partner with community health professionals to identify the people that could benefit from their research. They are working on 2 NIH grants which are an addition to work that has been ongoing over the last 12 years.

The objective is to develop better methods to predict and prevent suicide and depression in adults and adolescents (two different grants). If they can predict that a child has suicidal or depression tendencies, then they can employ proven methods for prevention. One of the major tests done in early work by Dr. Shelton at Vanderbilt was able to predict depression tendencies in children and intervene early in life with a CBT-based therapy. They were able to cut the suicidal and depression rate in half. They were also able to monitor the children as they grew older.

Depression is a big problem and the rate of suicide in the 12-25 years old range is escalating. Overall suicide increased from 2000 to 2020 (most recent study) by 33%, but only in younger age groups (younger than 45). The highest rate increase has been in adolescents and young adults aged 15 to 24. The 2019 data (the most recent from the CDC) the rates of depression and suicide ideation in this age group is high. They found that 10% of adolescents attempt suicide in a given year. What can we do about it?

Look for things that predict suicide such as: (1) current or prior depression, (2) close family member(s) who died of suicide, or (3) prior suicide attempts. If we wait until we make a depression diagnosis, more than 50% will have a life-long depression problem. We don't want to wait until they attempt suicide because 79% of people will die on their first attempt. If there is a family member who attempts suicide, we can't treat the whole family.

Their solution is to try to predict and prevent. Intervene early and do a research based therapy. Their goal is to discover the genomic origins of depression and suicide risk and to understand how early life trauma effects that risk. Ultimate goal is to develop a blood based test to see the markers for suicide and depression.

Focused on several things – most of our genes are in non-coding RNAs and they are most interested in the microRNAs because these are the ones that respond to environmental stresses. The material between the genes is the microRNA. Because short RNAs are more responsive to the environment, their hypothesis is that

changes in the environment may result in changes in the risk for depression and suicide. This is what they found.

Dr. Shelton thinks that environmental stimuli can clinically change our DNA - sometimes temporarily and sometimes permanently. Early trauma in life can cause these chemical modifications and they could stay the same over time. A series of events in childhood could change a person's RNA for the rest of their life. Those chemical modifications can also affect other factors such as cancer, PTSD, neurological disorders, etc. The environment can change DNA and that can increase the risk for particular conditions.

His team posed the question of how can we see the genomic activity and what it is producing in the brain. You do a blood test. Cells produce exosomes which contain microRNAs and proteins and those cells can communicate with other cells. They have developed a method of extracting those exosomes from blood cells and to check markers on the exosomes. They are able to isolate the ones that come out of the brain and use them in experiments that have been discussed today.

A grant from NIMH funded a study to look at depressed or suicidal adults. It discovered that there is a set of microRNAs that are specific to depression, some that are shared between depression and suicide and some that are specific to suicide. Dr. Shelton and his team think that it's possible to develop a blood test and look at the changes in microRNAs and identify related risks.

They are trying to determine how early trauma affects RNAs, and if those markers are the same in both adolescents and adults.

They would like to do a longitudinal study that takes children before their highest risk and looks at the microRNAs and then follows them to see if it is really predicting risk. They will use these studies to create a blood test to determine risk in children, adolescents and adults going forward.

Dr. Shelton described the test for children and adults. The children are interviewed; a blood sample is taken and then taken again at 6 weeks. The children are paid \$200 for participating and the parents get \$50.

For the adults, they do an interview and then put in an IV so they can do sampling over a period of time while a mild stress is introduced to see their reaction. The adults get reimbursed \$100. After this study, they will look at other groups including bipolar and substance abuse. Their control group is people who have not had depression, people that are depressed but have had no suicidal ideation, people who have had depression and suicidal ideation, and then people who have attempted suicide.

They depend on community partners to help identify the control groups. Dr. Shelton said they are already working with Huntsville Hospital and Wellstone, but encouraged the coalition to help them identify candidates for the study. Please contact Dr. Shelton or Alison ([www.hspsychresearch@uabmc.edu](mailto:www.hspsychresearch@uabmc.edu) or call (256) 551-4431) if you know of a candidate for their research. If you identify people who are currently depressed and do not have resources for treatment, they can provide medication for them if they participate in the research.

A question was asked about the increase in depression and whether or not it was an increase in *depression* or in the *diagnosis of depression*. Dr. Shelton said the CDC does phone interviews with tens of thousands of people every year and asks diagnostic questions to determine this. A broad majority of depression is not treated. 80% of the people who are suicidal are depressed, and the other 20% have other issues.

Another question was asked about whether they would be able to figure out a depression medication based on genomic testing. Genomic testing for a response to a particular medication has been the topic of a large study. There is a GeneSight DNA test and they were involved in its testing. This is not part of their current research. Mack asked if it was realistic to think that there might be a medication that can combat addiction.

Dr. Shelton explained that most of the people who become addicted, become addicted over time. There is evidence to suggest that addiction is a result of changes to the DNA that happen over time. Those chemical changes become permanent which is why people who were alcoholic, then become sober, but have one drink can go right back to being an alcoholic. If people have a serious addiction, it is acquired over time.

We know the parts of the brain that are involved in addiction as well as the chemical systems involved. If we are able to do studies in the future about the markers involved in DNA, there are treatments that are being developed to remove those markers. There is still research to be done, but it is hopeful.

A question was asked if Dr. Shelton had any suggestions for someone who has had depression for years and has not responded to treatment. Dr. Shelton said first he would make sure that they have exhausted all available options including real “by the book” CBT therapy. There is a CBT book by Dr. Beck. If you do CBT, you really do have to follow the model laid out in the book. A collaborator of Dr. Shelton, Dr. Hollon, is updating the CBT book, and it should be available soon.

Secondly, he would look to make sure all medication options have been tried. Sometimes older medications actually work well for people. Dr. Shelton runs a clinic for persistent depression at UAB. As a last result, ECT therapy also has worked in 50% of the cases. There is a new type of TMS that has proved effective. They have acquired a new machine at UAB that will do brain mapping.

Esketamine treatment is also an option. It is an intranasal form that Dr. Shelton helped develop and it works about 70% of the time in people that have had up to 4 different trials.

Alison mentioned that there are also pharmaceutical studies that UAB is doing.

A question was asked about DBT. Dr. Shelton says he likes it and uses it for borderline personality, but also those with mood reactivity can benefit from DBT. Marsha Linehan has done work with DBT where individuals do group DBT and then individual CBT.

Someone asked about “Eye Movement Desensitization and Reprocessing” (EMDR). Dr. Shelton said EMDR was clearly effective for people with trauma. EMDR is eye movement desensitization where people are in therapy and doing the eye movements at the same time. The specific eye movements don’t matter, but the fact that people are distracted while doing them makes it easier to process the history of the trauma.

Dr. Shelton mentioned that they also deal with people that have dual diagnosis issues such as addiction along with other issues – not in this study, but in others.

Someone noted that the suicide rate among African Americans is on the increase, and then asked “what is the research saying about this?” The rise seems to be driven by younger adults and late adolescents (16 and 30). We are not quite sure why this is happening. The studies 15 years ago show that they were much less likely to attempt suicide, but that also parallels other segments of the population.

### **New Enhanced NAMHC Website – Daniel Adamek**

Daniel gave a run through of the newly enhanced website for the coalition. He’s hoping to make it more appropriate for those in the community who want to know about us. He encouraged everyone to visit the website

([www.northalabamamentalthcoalition.org](http://www.northalabamamentalthcoalition.org)). Under the “About” section, we would like to recognize everyone in the coalition. Please send Annie ([annie.brassseale@gmail.com](mailto:annie.brassseale@gmail.com)) information about your organization that you would like to have posted on the website, including your logo. Hopefully this will make communication easier and make the public more aware of your organization. All of this is public. The coalition meeting minutes are included. The “Get Involved” area tells how you can participate in meetings and view the PSA. Daniel encouraged everyone to fill out the gap survey. Please share your stories. There is a Suggestion box as well. Someone asked if the PSA was still airing on WAAY 31. No one knew the answer to this, but you can share the YouTube video – the owner is WAAY.

### **Open Floor**

The Angel of Hope event is scheduled for April 22<sup>nd</sup>, recognizing those who have lost a child. It is a family fun event with a petting zoo. It will be held at the Gateway Greenway (corner of Cleveland St and Meridian St) from 11 am to 1 pm. Badd Newz BBQ will be there. Annie will send out the handout. A candlelight vigil will be held every December 6<sup>th</sup>.

Jan gave kudos to Don Webster and those who helped with a wellness check this weekend. The person is in the hospital and doing well.

Mack received a message from someone in the legislature indicating that Medicaid expansion looks more possible, and might happen in the future.

*Next Meeting*  
*Tuesday May 9, 2023*  
*11:00 am at Wellstone*