



North Alabama Mental Health Coalition

March 11, 2025

Attendees (in person):

Daniel Adamek (Little Orange Fish)
Annie Brasseale (VOP)
Jennifer Burns (UAB Huntsville)
Hannah Carter (First Stop)
Melissa Foster (UAH)
Traci Harris (Elm Foundation)
Tealacy Mitchell (Thrive Alabama)
Letricia Ogutu (Wellstone)
Adina Peyton (GRAMI)
Paula Steele (Wellstone/WES)
Don Webster (HEMSI)
Fletcher Wilson (First Stop)
Lorenzo Young (ROSS Recovery)

Kelli Arthur (VA)
Richard Browning (CID)
Darlene Burton (Salvation Army)
Selena Carter (Huntsville Hospital)
Jennifer Gentry (Long Leaf Centers)
Faith Jackson (Thrive AL)
Brian Moran (VFW Post 2702)
Whitney Parr (Longleaf Recovery)
Julie Schenck-Brown (Huntsville Police)
Kendra Tatum (Madison County Schools)
Kendall Williams (First Stop)
Brandi Woodard (Alliance BH)
Craig Patton (GRAMI)

Sarah Bailey (UAH RAN)
Amy Bryan (Alliance Huntsville)
Blake Carlyon (Pathway Healthcare)
Rudolfo Chavez (SVDP)
Amy Gillott (Decatur West)
Pat Mayfield (Wellstone)
Krista Moulton (Therapist)
Alyssa Perry (Wellstone)
Audrey Smith (Tree of Life)
Barbara Wallace (Thrive AL)
Marvin Williams (Va Police)
Mack Yates (SVDP/VOP)

1. Welcome and Introductions – Daniel Adamek

Introductions are important because you need to be able find out who can help you.

2. Coalition Updates – Daniel Adamek

Brian Moran gave an update on the mental health recovery group for veterans. MHRSG (Mental Health Recovery Support Group) is on delay due to only receiving two requests (they would like five people to get it started). If they don't get enough interest, they will turn it into a training group to train peer support specialists. There is a **Veteran's Self-care Saturday April 19th**. They already have 14 vendors lined up.

Krista complimented Brian's initiative to try to start a mental health support group in the community as a response to a request for support groups. Krista encouraged others to use the coalition to connect with others and fill the needs of the community.

Someone else gave an example of connecting resources to fill needs that they had learned about in the coalition. It was also mentioned that adding the list of resource providers to the NAMHC website was helpful.

Audrey Smith mentioned that she is starting a support group aimed to help mental health professionals navigate new executive orders and better support their clients. The group is called Therapists Trying to Make *it* Make Sense will be starting up in April. So far, 12 individuals had signed up, and the group was planning to meet on Monday evenings. The structure would allow for sub-groups based on specialized interests, such as maternal mental health, immigrant mental health, and LGBTQ+ care.

Here is the link for more information <https://forms.gle/8Rbvt2au3unKE6gv6> or contact Audrey Smith audreycsmith256@gmail.com

Brian shared a recent experience where his knowledge from the coalition had directly impacted someone's life. He had been working with an adolescent referred to his study when he discovered that the child's stepfather suffered from PTSD. Immediately recognizing the need, Brian was able to provide the family with local mental health resources. This experience underscored the real-world value of the coalition's work.

3. Review of Action Items 2024 In Review – Daniel Adamek

Daniel mentioned that it was requested to have a resource page on the website...and that has been done. There has been more traffic on the website in February than in the past half year. He would love to add more resources to the website. Please contact Daniel (daniel@littleorangefish.org) if you would like to add your organization as a resource.

4. Featured Presentation – Dr. Richard Shelton, M.D., UAB Huntsville

Dr. Shelton said they are 3 years into the studies that he had previously presented to the coalition. They are doing studies now trying to anticipate who will develop suicidal thoughts and depression, so they can intervene early. We have ways of intervening early when someone has depression or suicidal thoughts. They can take a family-based

cognitive behavioral psychotherapy approach and can dramatically reduce the risk (80%) of kids becoming depressed or suicidal. The problem is that we don't know who is at risk and needs it.

He showed a graph where the rates of depression (particularly among 12–17-year-olds) are getting worse and they are more likely to be suicidal. Overall, since 2000, the suicide rates per capita have gone up 33%.

Recent depressive disorder rates in 2021 data from CDC shows that the depression rate in 18–25-year-olds has gone up to 18.5%. This survey was done before COVID, so we know that the numbers are higher now.

CDC data (2019) shows that 21% had been depressed and 36.7% were feeling hopeless. A very high percentage of adolescents have seriously considered suicide and 9% of all adolescents have made a suicide attempt.

We have predictors of suicide attempt such as prior depression or a parent or family member committed suicide. If we wait until the person becomes depressed, it is a lifetime problem and will happen again and again. A single episode of depression is a 50% sign that they will become depressed again. 79% died of suicide on their first attempt. Their solution is to try to predict and prevent depression in the first place and intervene early.

Their goals are to understand the genomic origins of depression and suicide and to understand how early life trauma affects genomic risk for depression and suicide. We know that some people are born with risks for depression and suicide, but also people acquire risk over their lifetime.

Their ultimate goal is to try to develop a blood test to predict risk for future depression. They have been able to independently tell if someone will attempt suicide or become depressed in the future.

They can pull a cell out of the brain and look for certain genomic factors. Non-coding RNAs are most important for them because that will determine how your body will react to events. Micro-RNAs represent 98.5% of all human DNA. Epigenetics are those things in the environment that can change your DNA. When people go through things over and over again, their DNA changes and the changes become permanent. Repeated trauma in kids can cause permanent, chemical changes in their DNA. Those permanent changes to the DNA also relate to their risk for developing depression and suicidal thoughts. Chemical changes (methylation) are important for developing cancer and other disorders.

They have been doing work in adults and are now focusing on work in adolescents.

They are interested in genetic activity that is being produced by the DNA in the brain. All cells produce exosomes and we can determine where they come from. They can look at the ones from the brain and analyze them.

Through their studies they have found an alteration in that amount of RNAs that are being produced that are specific to depression, suicide, and some that are shared between the two.

Two studies currently: 1 – do adults with a history of abuse have the same or a different micro-RNA? They have to be able to predict if early trauma or not affects the RNA of those who are depressed or suicidal.

2 – do adolescents with depression or suicidal thoughts have the same patterns as the adults? If they are going to develop a test for future risk in children, they have to be able to determine what the pattern is.

The study consists of a clinical interview, baseline blood sample and possibly follow up in 6 weeks with another sample and then the participants are reimbursed (\$100 for kids and \$50 adults) for their time and effort.

The adult study consists of an interview and a mild stress test and they are reimbursed \$150.

Dr. Shelton asked for the coalition's help in locating participants for the studies (people who are depressed, suicidal or even controls for the study). The study takes between 1 to 2 hours.

Dr. Shelton is in the process of writing grants to push this further. They want to work on their goal of anticipating who will be at risk in the future, so they can intervene as soon as possible.

Jennifer Burns is the primary contact for the studies. She can come and talk about the studies in person. The screenings are done at UAB or they will come to your location. They don't exclude people that are on meds or in treatment. If you know of anyone interested, let them know and they will do a screening over the phone.

Someone asked a question about situational depression. Dr. Shelton said they have not found a physiological difference between those with situational depression and those that are not. We know that there are people who will get depressed or suicidal without any obvious signs.

They don't take people if they need to be detoxed, but they can see them after they go through treatment.

Contact Jennifer Burns about the study: jenniferburns@uabmc.edu or (256)551-4677.

5. Review of Action Items –Daniel Adamek

In the last meeting, we discussed ways to capture resources of the coalition. Daniel has completely revamped the website. (northalabamamentalhealthcoalition.org) Daniel has noticed more traffic on the website (800 visitors last month).

Daniel walked through the website. He emphasized the mission and the history of the coalition. The “Stay Informed” page (the most important page) is where all the meeting minutes are listed. Daniel put together a Chat GPT that can search through the minutes and bring up references to the query.

The “Resources” page is new and Daniel went to all of the websites of the logos represented and connected them. Please let Daniel know if you want to be added. Daniel@littleorangefish.com

There are also resource materials added by members of the coalition on this page. He has included meeting presentation materials, for example today’s presentation.

The “Get Involved” page has the PSA that was developed for the coalition, as well as people that are interested in the coalition can fill out a form that will go to Daniel.

Daniel showed how the Chat GPT can work. You have to have a free Chat GPT account to use it. It is not always perfect. He encouraged everyone to try it out. It also can be useful for understanding legislation and what’s going on in the news.

6. Recap and Adjournment – Daniel Adamek

The VA police officer brought up a situation where a veteran came to the VA clinic (after hours) and needed a photo id to get into the rescue mission, because he could not take him there in person. The question was asked if there is a place to go where veterans can get a temporary id.

If there is an emergency after 9 pm, they can always go to the Salvation Army. Please call ahead. They will take people in without ids.

Brian wanted to know if there are any other mental health support groups in the Huntsville community. There is a Survivors of Suicide group that meets monthly. Thrive Alabama has a program dealing with trauma and they meet on Thursdays. There are several support groups for people with autism.

Daniel asked for volunteer to put support group list on website. Audrey Smith volunteered to do it.

Mental health professionals in North Alabama has a list of ongoing support groups. www.mhpna.org.

Daniel said this has a potential to get overloaded, but he will figure out a good starting place to organize these resources.

Someone was concerned about how cuts to federal funding are affecting our area. Tracy at Elm said they are having a Community Connections meeting this Thursday (March 13th) with legislators.

It has been difficult to contact legislators because they are not responding.

Daniel asked for questions to be directed to him. Daniel@littleorangefish.com

Mack introduced the petition for a long-term treatment facility for mental illness at the last meeting. All the sheriffs of North Alabama and others have signed it. They have submitted it to all of Madison County legislative delegation. They will make a push in person in Montgomery over the next weeks. You can help by getting more signatures on the petition. We can send the petition if you want.

*Next Meeting
Tuesday April 8, 2025
11:00 am at Wellstone*