

Mental Health & Drugs

"I don't wanna be happy, I wanna be sad. . . I don't wanna be happy."

"I wanna be happy. I wanna be glad. I wanna be happy and glad and never again be sad. I never will cry, I never will sigh 'cause I wanna be glad."

In a fantasy world there's always a magic potion to instantly cure whatever ails you. In the real world, the treatment is much more complex and usually takes a lifetime.

"Being an addict I'll always have to work on, on my depression and abstaining. I mean, it will always be there, I think and it's just I think it's just deep seated with me. It's just I was there, down, down, down for so long that it's going to take quite awhile to come all the way out."

"The reason why treatment is, is so complex is that so many of life's ills involve powerful emotions, emotions that are governed by the brain, the most intricate and complex organ of the human being. This video is about the struggle for recovery and the ability to regain mental balance."

Everyone experiences a range of emotions from sadness, to anxiety, to joy. But due to a variety of factors such as heredity, environmental stress, and the use of psychoactive drugs, these feelings can become distorted and impair one's life.

"I think a lot of it has to do with my parents like divorcing like really affected me. And that kind of changed my mind set and like the chemical makeup on my brain."

When the loss of the ability to cope is severe enough, it can be defined as a mental illness such as major depression, bipolar disorder, schizophrenia, generalized anxiety disorder, or panic disorder.

"They diagnosed me with severe post-traumatic stress disorder, severe recurrent disorder and then DID which is dissociative identity disorder"

"When I was young, probably around 12 years-old, I started having a lot of depression and then later on, the schizophrenia came on."

If psychoactive drugs are responsible for the dysfunction, it can be defined as drug abuse or addiction.

"Then I started getting dope sick and then the stealing started happening and all the horrible things that go along with continuing to be a drug addict."

Of the 40 million Americans who have a mental health disorder, about 25% abuse drugs. This works out to 10 million Americans who have co-occurring disorders, also referred to as dual diagnosis or co-morbidity.

“Well, I think the depression came first because now that I am sober I realize that I was just masking the depression with the alcohol. And I did so for a long time.”

So, two questions that that should be explored are:

“How do these two conditions interact with each other?” and

“How can they be treated?”

“This is our co-occurring disorder group and um, you know usually we start off presenting an exercise.”

Since excess drug use or drug withdrawal symptoms can mimic mental illnesses deciding whether it is a true dual diagnosis can be a challenge.

“I thought that I would get better when I got sober and it did for while but you know, then all of those feelings were out and that was when it was time for me to get in touch with a doctor and find the right medicine I found out I was bi-polar.”

“A person who was highly genetically influenced for schizophrenia, who was gonna get schizophrenia at age 19 or 20 no matter what; if that person happened to be in a culture or a family where there was a lot of drug use around their age of 14 or 15, you might come to the conclusion that it was the drug use that caused the schizophrenia.”

“The mental health was before the drugs. I got into the strong stuff, the coke and all that. I, I, I experienced that after I had mental illness. And being that I was mentally ill and was trying to recoup and discover my identity in my life, it became easier for me to fall in love with doing the drugs, the heavy stuff.”

“On the other hand, if that person grew up in an environment that didn’t have much in the way of alcohol or drug around and they developed their schizophrenia at age 19 or 20, and then they moved away or they lost their housing or they burned out their family and they ended up in downtown Seattle, um, and they started using drugs and alcohol because where they lived was rife with drugs and alcohol on the street and the housing place they lived had dealers wandering down the halls, you might then conclude that it was schizophrenia caused drug use. So, it’s not an easy answer.”

In general, the majority of dually diagnosed clients had their mental illness first, before developing drug abuse problems.

“Definitely, um, using makes your mental health problems worse. I mean I didn’t realize that at the time but, you know, I realize that now.”

The reason mental illness and psychoactive drugs interact with each other is because they both affect the same brain chemistry, particularly neurotransmitters, minuscule bits of neurochemicals that facilitate communication within the brain.

For example, excess dopamine, which is ultimately released by all psychoactive drugs, will induce psychosis and paranoia. Excess dopamine is also implicated in schizophrenia.

The depletion of serotonin due to abuse of ecstasy and methamphetamine will induce depression. Low serotonin levels are also found in cases of major clinical depression when drugs are not involved.

The release of GABA by alcohol lowers inhibitions and relaxes muscles, but unbalanced GABA levels can produce mood disorders, such as major depression, without the use of drugs.

"I got back on my medication and got out of the hospital, um, started feeling pretty well again and started dipping, dabbing back off the drugs. So then I got back on, back on drugs and once again it led me to not taking my medications because... I, I didn't mix the two together and for a second time I attempted suicide on my life."

For the hospital emergency room staff, it is often hard to know what the long-term problems are when drugs create an acute crisis.

"And so patients with severe mental illness who use drugs and alcohol have 2 to 3 times the rates of ending up in hospitals, jails, ER, homeless, getting victimized, getting in fights, having bad things happen to them like physical accidents too."

Numerous medications that help those with a mental illness rebalance and stabilize their brain chemistry have become the mainstay of mental health treatment. These prescription drugs, including antipsychotics, antidepressants, mood stabilizers, and anti-anxiety drugs, also affect the same neurotransmitters destabilized by street drugs.

An example of psych meds is the class of antidepressants called SSRIs or selective serotonin reuptake inhibitors. These medications include Celexa, Prozac, and Zoloft. They affect the neurotransmitter serotonin which is involved with feelings of emotional well being. It is thought that SSRIs increase the amount of serotonin available to adjacent cells. Over time, this sensitizes the receptor sites for serotonin, thus reducing depression.

"The Celexa took about probably 2 months before I really noticed any difference. And then every time they would increase the dose, it would take a week or two"

"Well, none of the medicines that work for mental illness work right away. They take weeks or months to change the receptor density and the method with which receptors and neurotransmitters interact."

"It took about a month and a half but they had to get a balance because of my diagnosis."

Attempts by mentally ill substance abusers to rapidly change their negative mood states through drug use, can provide some short-term relief. But the resulting chemical imbalance makes them particularly vulnerable to reemergence of their mental illness.

"Not emotionally stable at all, uh everything inside me was chaotic. That's, that's how it affected me, um, just chaotic"

The major differences between drugs and medications are that most psych meds are non-addicting and slower acting than alcohol or street drugs.

"Be very careful what you call a drug and what you call a medication. Call medications like fluoxetine or antipsychotics or things like that call those medications. Call cocaine and meth, drugs or drugs of abuse. Never call a medication a drug or a drug a self-medication."

"I self-medicated with illegal drugs that did not help me and made everything all, you know, worse and so that's why I say why not try, you know, going with what a doctor prescribes me and see if it can help me."

"When they use the word self-medication and you agree with that, um, what you are basically telling them is 'Oh yeah, your cocaine is a medication and my antipsychotic is a medication.'"

For those with mental illness, the abuse of drugs is most always followed by an increase in the severity of symptoms.

"And when I was using my depression was worse. I know that for a fact, being dope sick, waking up um, thinking that life was over. I don't want to open my eyes please God, let me sleep a few more seconds so I don't have to deal with this."

"Over the years I have treated zillions of patients and some would rather have, be mentally ill and not have addiction and some would rather have addiction and not be mentally ill and some would, you know, are in denial of both."

"I didn't want to believe it. I didn't want to take the medication. Um, I got addicted to the crack cocaine. Um, it caused a lot of turmoil in my life."

"Yeah, I resisted the medications for depression and bi-polar. They were issues, I figured that um, those were things that I thought, 'well I should be able to handle that on my own.'"

One of the biggest steps towards sobriety for dually diagnosed patients is finding a way to build trust in the recovery process and believing that their feedback to the physician is critically important.

"I just went to her and told her hey, I knocked on her door, I didn't have an appointment or anything. I knocked on her door and told her, 'Hey, this, this, this is making me feel not good. I'm having a really bad anxiety. I got the shakes. I'm not sleeping. You know what I am saying? It gave me a sense of paranoia kind of,' and so she said "Wow, well, you know let's try this.""

"Patients or persons who use drugs and alcohol who have severe mental illnesses are about 2 to 3 times as likely to be non-adherent to their medicines."

"I was always scared to take something to help me but I don't have a problem taking something to hurt me and a, looking at it in a medical kind of way, um, they told me to try it and I tried it and it did help."

Intensive Outpatient Programming. "About 80% of the drug and alcohol treatment that happens in the United States happens through groups. And a typical IOP program is...you meet with your counselor once every couple of weeks for a half hour, you go to groups 3 hours 3 times a week for 2 or 3 months and then 1 or 2 meetings a week for another 3 or 4 or 5 months and maybe once a week at a couple hours for the rest of the year. So a typical IOP dose of treatment is about a year, more intense at first, tapering down over time."

"I thought we would maybe just talk about the exercise today on looking at the things you have as opposed to what you really want, and what is it you want."

"Well I know that I definitely want stability in all areas - mental, um physical health, um social life, you know, that's..."

"But what are you doing to get the stability?"

"Well, I'm at; I, I've got a million things. I've got to prioritize and write lists or else I'll forget, but I am going to group."

"You're coming to group..."

"And I'm seeing my psychiatrist and I've got a mental health evaluation coming up because I'm having anxiety and OCD issues, um, and I'm staying clean."

"I just don't want the pill to pop. I, I, I need to have someone to sit down and talk about my problems, um, I need, I need people to share with and um, yeah, I need more than just a written prescription and told to go home."

"You have to find somebody you truly can connect with and feel absolutely open with. If you don't have that...you don't have good, good relationships. You, you can't get the kind of help that you truly need."

"The reason that they've done, everything . . . all the help that I've received has all been positive help and it's made a difference in my life that I don't want to return to where it was."

Just a reminder: Because the same parts of the brain are involved in both mental disorders and drug abuse it is crucial to avoid any action and any substance that destabilizes neurochemistry.

"It is important for people with co-occurring disorders to accept that both these conditions of mental illness and substance abuse are primary, persistent, chronic, and whose treatment are interdependent upon each other. When properly and simultaneously treated, it results in the best possible lifestyle outcomes for all those who are affected by dual diagnosis."

"No relapses since medication. I've been clean and sober for 15 months. No relapses. Not even a thought. I don't even think about it. And if, well, if, if the thought crosses my mind, I just remember where I've been and, and how... and the consequences and the consequences and where I've come today. It's not worth it for me. It's not and I just refuse to just put my kids through any kind of misery, abandon them anymore, uh go to prison, jail. I'm, I'm not doing it anymore and yeah. It's just not worth it."