

March 2011

Medical Updates



The Walking Cure: Treating Depression the Old Fashioned Way *by Lloyd I. Sederer, MD, OMH Medical Director*

Were he around today, I could imagine referring one of my patients or a family asking about help for a loved one with depression to Vincenz Priessnitz. But he died in 1851. Priessnitz was a pioneer in alternative medicine, where diet, exercise, and non-medicinal interventions (like hydrotherapy, namely baths with robust currents and minerals added), were provided to people with depressive illness, among other disorders.

Practicing in Austria (in a region that is now part of the Czech Republic), Priessnitz gained fame throughout Europe, the UK, the New World, and as far as New Zealand for curing his patients by combining baths with vigorous exercise, adequate sleep and proper diet. Exercise consisted of long walks in fresh air or sometimes (the season permitting I suppose) walking barefoot in fields of grass.

What do they say? What goes around, comes around? Especially, what we could call 'the walking cure.'

Several recent studies, a mere 150 or more years after his death, validate Priessnitz's contention about exercise. More general support for the medicinal, or health, value of exercise was reported in a review article on 29 studies that showed that attention, memory and speed of mental functions were substantially improved in individuals who engaged in aerobic exercise (1). More specific, anatomic brain volume increases were found in people with schizophrenia who exercised aerobically (2). General mental health has been shown to be associated positively with how vigorous and frequent adults exercise (3).

But my favorite is the work of Drs. Dunn, Trivedi and their colleagues in Texas and Canada who demonstrated the salubrious effects of exercise on depression (4). Before I describe their work, I want to stress, as I have elsewhere, that if you or a loved one has severe depression, or depression with suicidal ideas or loss of reality (called psychotic depression), please see to a doctor. Alternate treatments like exercise or evidence-based psychotherapies, like cognitive-behavioral and interpersonal therapy, are highly effective for mild to moderate depression but for more severe depressive illness -- which can be life-threatening -- medication is generally needed. When illness is severe, alternate treatments become complementary treatments, which is to say they can add, or complement, the action of medical interventions.

But back to the 'walking cure.' The work of Dunn and Trivedi showed that exercising three or more times a week to the level recommended by the American College of Sports Medicine and other public health consensus reports improved symptoms of depression. They called this the "public health dose" of aerobic activity, which means vigorous exercise (walking, running, stationery bicycle are all good) for at least 30 minutes at a time, several or more times a week. No differences were found between those that exercised three times versus five times a week. But those who did not get the "public health dose" (either because they were in a group that did less exercise or were controls, people who did not engage in the treatment but were monitored as a comparison group) did not have the clear improvements in depression that those that exercised did, judged by significant reduction in symptoms or full remission of their condition.

You don't have to start at the "public health dose." Like with most treatments, wise counsel is to start low and go slow. Begin with short walks, or time on an exercise machine. Do it twice a week, and then get to three or more times. Find the right time for you: some people prefer to exercise in the morning, some in the late afternoon or evening (when our muscles are more warmed up and flexible). Work, school or home schedules, of course, may make it plain enough what times are possible.

How does exercise work? We don't know for sure. Release of neurotransmitters instrumental to mood regulation (like serotonin and norepinephrine) or pain control (like endorphins) may play an important role, or perhaps reductions in stress hormones. The discipline and self-mastery of committing to a task and doing it faithfully helps with self-esteem and self-confidence. We may not know the mysteries of the neurophysiology and neurochemistry of exercise, but we know it works!

What does not work, however, is not exercising. It can be hard to exercise even if you are not depressed. Exercise takes time, and for people not used to it can produce aches, pains and fatigue. But those 'side-effects', if you will, go away soon -- replaced often by a feeling of well being, clearer thinking and improvement in mood; some people even lose weight. For people who are depressed, doing almost anything can seem too great a task, or they feel that their condition is hopeless or that they do not deserve to feel better. That is where family and friends come in. Exercise that is done with others, or encouraged and supported by others, is more likely to happen. Priessnitz had a captive population, so if you were at his spa or under his care you got up and walked -- not negotiable if you want to get better, he might have said.

The question for a person with depression, then, is what are you willing to do to feel better, to be able to feel energy and hope again in your life? What do you not only owe yourself, but what do you owe your loved ones, friends and others who rely on you at home, work, school and in your community?

The answer may be old-fashioned, but not out of style.

References

1. Smith, Blumenthal, et al: Psychosomatic Medicine: 72:239-252, 2010
2. Pajonk, Wobrock, et al: Archives of General Psychiatry: 67:133-143, 2010
3. Medical Sciences Sports Exercise: December 1, 2010
4. Dunn, Triveti, et al: American Journal of Preventive Medicine 5:28:1-8, 2005

This column originally appeared in the Feb. 8, 2011 Huffington Post.

Research and Practice

NKI an Exceptional OMH Research Facility

by Lloyd I. Sederer, MD, OMH Medical Director

In January of this year Commissioner Hogan asked me to serve as Acting Director of the Nathan S. Kline Institute for Psychiatric Research (NKI), and chair the Search Committee that will recommend to him the next Director. I am honored to serve in both roles, and thought to use this forum to tell you a bit about this exceptional OMH research facility.

NKI is located on the grounds of Rockland Psychiatric Center in Orangeburg, NY, fifteen miles north of New York City. The Institute's mission is to develop better methods to prevent and treat serious and persistent mental illness through biological, epidemiological, clinical and services research. NKI has long enjoyed an academic affiliation with the New York University Langone School of Medicine (NYULSOM), located in midtown Manhattan. NKI receives funding from the State of New York as well as from federal grants and contracts, foundation grants, and industry support. All external support is administered through the Research Foundation for Mental Hygiene, Inc. (RFMH), a non-profit foundation affiliated with OMH. For the fiscal year ending March 31, 2010, the annual budget for NKI was \$36.8 million, comprised of \$17.9 million in New York State support and \$18.9 million in sponsored research funds, approximately 74% from federal sources.

Walking through NKI one is impressed by its size and modernity. The facility is 231,000 square feet, which includes the **Clinical Research**

Evaluation Facility (CREF) - two 12 bed patient wards physically located within the NKI complex and jointly operated by Rockland Psychiatric Center (RPC) and NKI. The CREF affords OMH patients who consent to take part in research the opportunity to participate in studies in the areas of psychopharmacology, cognitive remediation, brain imaging and genetics and gene expression. The facility also houses the **Center for Advanced Brain Imaging (CABI) which has two Magnetic Resonance Imaging (MRI) machines** providing both diagnostic clinical imaging for OMH patients and research imaging. Also part of NKI is the **OMH Clinical Laboratories**, a full service clinical laboratory which performs much of the routine lab work for all 26 OMH hospitals throughout the state. We have our own clinical lab, and do not have to vendor this work out to a commercial, for-profit lab.

Among the major research programs at NKI are:

- **The Center for Dementia Research (CDR)**, dedicated to studies on the pathogenesis, diagnosis and treatment of Alzheimer's and other major neurodegenerative diseases.
- **The Cognitive Neuroscience and Schizophrenia Program**, dedicated to understanding the etiology and pathophysiology of schizophrenia through the development of new treatments and rehabilitation and improving tools for early diagnosis and intervention.
- **The Emotional Brain Institute (EBI)**, a collaborative research endeavor between New York University and NKI aimed at understanding the neuroscience of emotions and their impact on behavior.
- **The Information Science Division (ISD)** which uses information science and computer technologies to develop products, methodologies and services that facilitate clinical research studies.
- **The Statistics and Services Research Division (SSRD)** which conducts mental health services research to supply information to providers, planners and policy makers to enhance the organization and delivery of mental health and support systems for persons with mental disorders.

Important research is also underway studying the effects of childhood obesity on school performance, comparative imaging studies of brain development in children, and on culturally attuned interventions for people with serious mental illness.

I am hopeful that NKI will have a new director by the fall of 2011. That Director, appointed by the Commissioner upon the advice of the Search Committee, will have the extraordinary opportunity to lead NKI to an even more successful future dedicated to serving the needs of New Yorkers and consumers and families throughout this country and the world.

Redesigning Medicaid



Historic Progress Made in Reforming Medicaid in New York State

New York spends more on Medicaid per capita than any other state in the nation, but we rank only 21st in program quality for patients. In most counties, Medicaid costs alone account for more than half of the entire county tax levy.

To reform the system, Governor Andrew Cuomo created a Medicaid Redesign Team. The Team -- comprised of health care professionals, stakeholders, and legislators -- was charged with reducing costs and improving patient care. The Team held open meetings throughout the state and reviewed more than 4,000 ideas from team members, outside health care professionals, and citizens.

In late February, the Team accomplished their goal, submitting an unprecedented consensus plan that meets the Governor's budget target and saves over \$2.3 billion. What's more, under the plan, one million New Yorkers will now have access to an innovative "patient-centered" medical program, making New York the national leader in providing this type of personal care. The legislation to enact the plan was submitted to the Legislature to be included as part of the Executive Budget.

[Read more](#)  about the Medicaid report.

Planning Quality Services



Connecting County Planners to Data Resources

by Colleen Garrahan, Planning Associate, Office of Planning

The Office of Planning recently made a new data resource available to county planners, hosted a webinar to help planners utilize OMH County Mental Health Planning Profiles portal data, and continues to collaborate with colleagues through the Conference of Local Mental Hygiene Directors (CLMHD)/Mental Hygiene Planning Committee Community of Practice.

In early March, OMH released a two-part data resource to aid planning—the Medicaid Recipient Summary and the Medicaid Provider Summary. Both versions of the summary report provide information on Medicaid service utilization by [county mental health recipients](#). Specifically, the report provides mental health and non-

mental health Medicaid service utilization by county mental health recipients. It aggregates mental health inpatient, outpatient and residential service utilization data, as well alcoholism and substance abuse treatment, developmental disability, and disabilities treatment, general health care, long-term care and medication data.

The Office of Planning also teamed up with the CLMHD/County Mental Hygiene Planning Committee during a webinar in February titled, "*Introduction and Practical Application of the Office of Mental Health (OMH) County Mental Health Profiles Portal.*" Its intention was to help county planners and state/field office personnel become more familiar with the portal data and how to access it for local planning (see [Statistics and Reports](#)). Two County Directors of Community Services, Brian Hart from Chemung County and Jennifer Earl from Lewis County, also showcased practical applications of the portal. The webinar is archived and [available online](#).

The collaboration continues with OMH's participation in the Committee's Community of Practice. The Community of Practice will meet on March 24 at the Hutchings Psychiatric Center in Syracuse to hear about updates to the County Planning System (CPS) forms this year; discuss data resources available via the CPS and efforts to enhance their use; and learn how county hospital discharge data reveal a range of preventable health conditions for patients with co-occurring behavioral health conditions. The session will be available via webinar for Community of Practice members not able to travel to Syracuse. Other upcoming Community of Practice webinars include:

Date: April 7
Time: 1 p.m. to 2:30 p.m.
Topic: "Using Performance Reporting to Strengthen Services, Planning and Management"
Presenter: Broome County Mental Health Department

Date: May 4
Time: 11:00 a.m. to 12:30 p.m.
Topic: "Improving Outcomes through Cross Systems Planning for Children and Families"
Presenter: Wyoming County Mental Health Department

For more information about any webinar, contact Mat Roosa, Chair of the CLMHD/Mental Hygiene Committee Community of Practice, at (315) 435-3355 ext. 109 or [via e-mail](#).

From the Field



[Enlarge](#)

Promoting Wellness Throughout the Central New York Region

from staff at the Central New York Field Office

The New York State Office of Mental Health has long recognized the need for individuals to maintain optimum physical and mental wellness, as well as the fundamental relationship between the two. To promote this wellness outcome in these two domains throughout the Central New York region, the field office (CNYFO) is fortunate to have the expertise of a registered nurse to advise and guide us as we encourage, promote and implement the evidence-based practice of health and wellness self-management within our region's mental health community. In doing so, providers, consumers and staff are routinely encouraged to take care of their mental health by taking advantage of making physically healthy choices.

Many counties in the Central New York region struggle with issues related to poverty, low provider ratios and insufficient public transportation. These issues contribute to significant challenges not only in the provision of effective physical and mental health services, but also in accessing these services. Within this context, staff from the CNYFO Kid's Team encourage the incorporation of physical health assessment in the delivery of mental health services provided to children and youth.

As part of the assessment process, they encourage providers to utilize educational tools that help identify the impacts of nutrition, both positive and negative, on the emotional well being of the children and youth whom we serve. During program reviews and technical assistance opportunities, the Kid's Team communicates the expectation that programs include lifestyle activities in the service plan developed with children and adolescents. These activities focus on exercise, medication management, and nutrition, with the overall goal of supporting children and adolescents in making healthy choices that positively affect their mental health treatment, physical health and overall wellness.

In their contacts with providers of mental health services, the CNYFO adult teams review programs to help ensure that all clinical programs incorporate the assessment of critical health indicators in their work with all clients. These include blood pressure and BMI assessments, establishment of programs to encourage smoking cessation and the formation of wellness groups to assist individuals with developing plans for recovery in collaboration with the clients' primary care physician.

As one way of expanding our own health awareness, each year on

Heart Day the Central New York Field Office staff participate in training that promotes heart health. Training activities include wellness self-assessment tools, developed by the American Heart Association, that are scored for risk of developing heart disease and diabetes. Discussion is held on reducing risks by developing wellness action plans that could include weight reduction, healthy eating, physical activities and advice concerning physical check ups and routine diagnostic testing. As we provide advice and technical assistance for providers and consumers, we have been able to use the knowledge and information we have gained to promote the use of Wellness Recovery Action Plans in agencies providing mental health services.

As New York State moves in the direction of developing health homes, the promotion of physical and behavioral health through integrated services will become more of an attainable goal. CNYFO staff will encourage and support wellness self management in the array of methods to be used within a coordinated and integrated system of community-based primary health and behavioral health care settings.

Recognition for a Job Well Done

Buffalo PC Receives 2011 APhA Immunization Champion Award

Congratulations to Buffalo Psychiatric Center, which received a National Immunization Champion Award in the Partnership category, from the American Pharmacist Association. The awards recognize the value and extraordinary contributions pharmacists provide to improving the vaccination rates in their communities.

Collaboration and cooperation among pharmacists and physician/nurse immunization partners were key to immunization success at the Buffalo Psychiatric Center. BPC has achieved increased success both in the institutional setting and the outpatient setting by using innovative strategies to address immunization issues such as patient education and access, and provide immunization services. During the 2010 influenza vaccination season, Nursing and pharmacy staff collaborated to increase access to and administration of vaccines to employees and patients of the facility. BPC used traveling flu clinics and lobby vaccination stations to increase and encourage immunization of facility employees. In addition, a traveling immunization clinic co-staffed by a pharmacist and a nurse visited outpatient clinics. The value of the traveling clinic was underscored by patients who admitted to forgetting or not having enough time to make an appointment.

Other outreach efforts included:

- Pharmacy Department Director Tammie Lee Demler hosted a

television show which included interviews address the myths of flu vaccination.

- Pharmacy Department staff teach student pharmacists and other health care professionals about the importance of educating patients with mental illness about vaccination.
- proof of immunization resulted in eligibility to participate in give-aways.

The APhA's National Immunization Champion Awards recognize the value and extraordinary contributions pharmacists provide to improving the vaccination rates in their communities.

Pharmacists are increasing public access to vaccines across the lifespan; in fact, the federal Centers for Disease Control estimates that more than 20 percent of influenza vaccinations administered during the 2010-2011 season were administered by pharmacists.

OMH News is published monthly for people served by, working, involved or interested in New York State's mental health programs. [Contact the editor.](#)

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