

#NAMIcon16

A New Generation's Perspective: Generational Shifts and Transformative Change in Mental Health

(Grand Ballroom 2 B.8)



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Learning Objectives

- Generational Shifts & Differences
 - Self-Identification
 - Organizational Culture
- Mental Health Trajectories
 - Role of Providers
 - Clinical Staging
- Conceptual Explanatory Frameworks
 - Causation
 - Etiology
 - Trauma
- Engagement Methods
 - Families and Providers



Our Stories

Nev Jones



Amanda Lipp



Generational Shifts & Differences

- Over generations, terms have been added/challenged/evolved
 - Brain Health
 - Neuro-diversity /Mental Diversity
 - Mental Illness, Nervous Breakdown
 - Madness/Mad Experience
 - Altered States/Extreme States
 - Identity

CULTURE

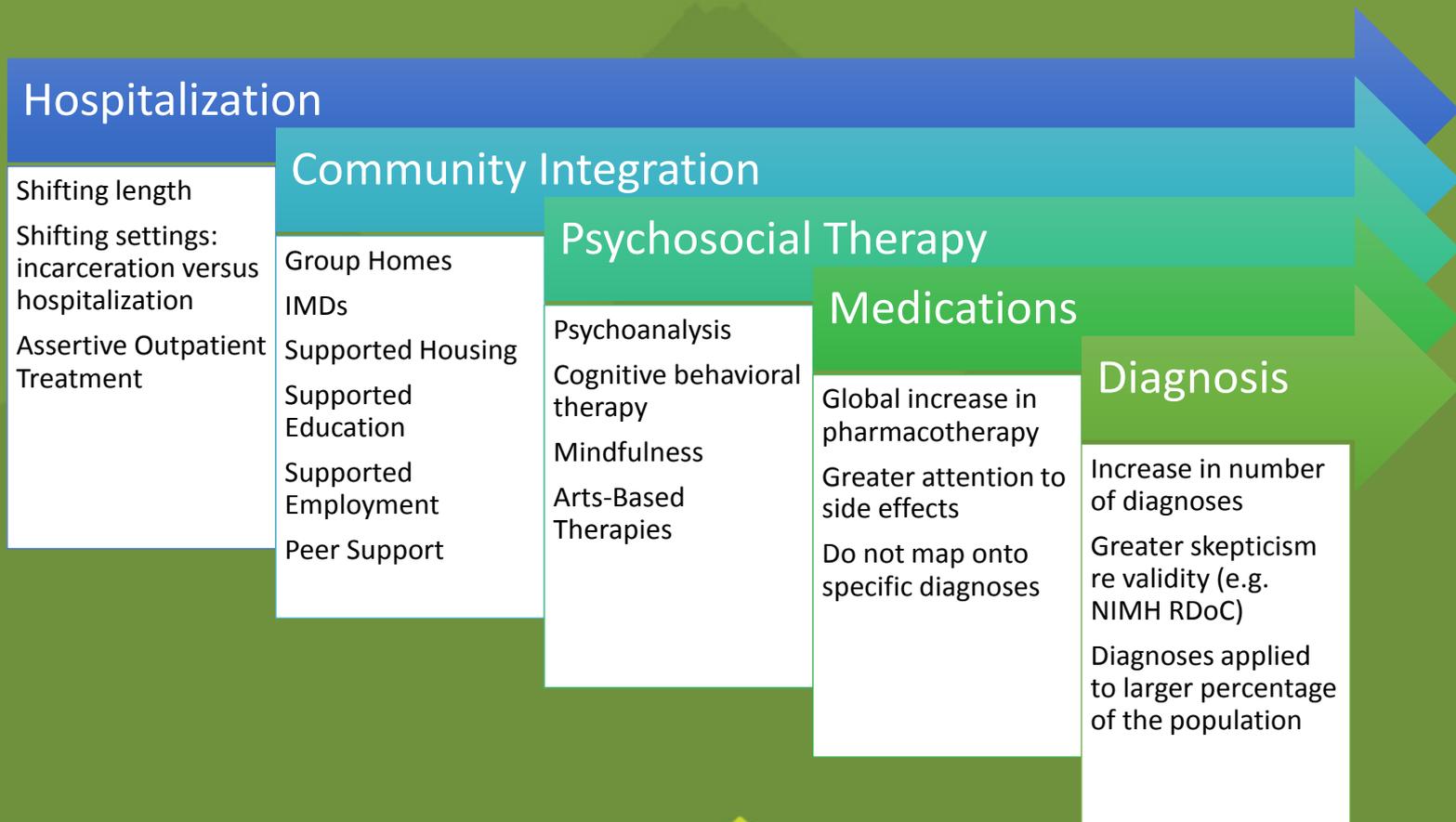
How do you identify across time and space?



TIME



Generational Shifts in Treatment



Power of Self-Identification

- Lived Experience
- Consumer
- Client
- Survivor
- Mad
- Etc.



- I have _____
- I am _____
- I experience _____
- I live with _____
- I used to _____

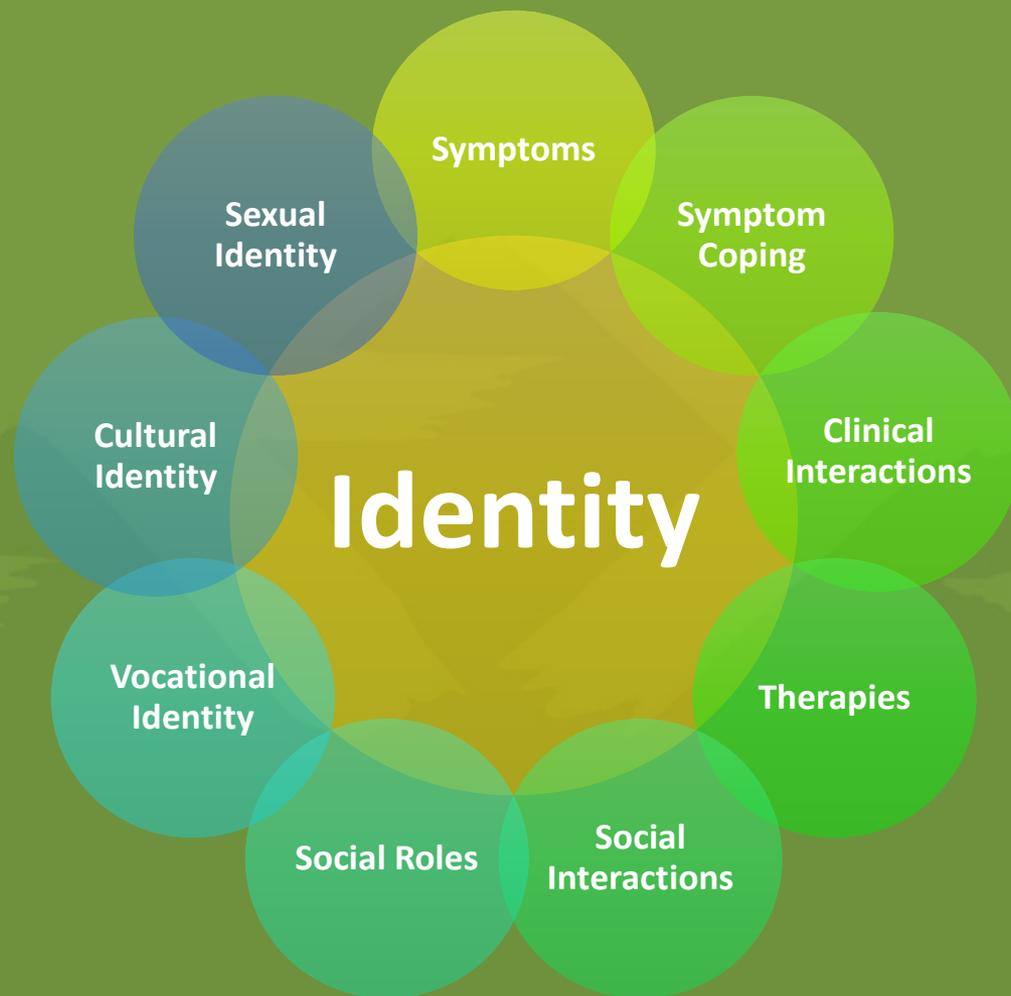
These identifiers, and the various ways in which they are “packaged”, is a huge part of self empowerment and identity. The important part is that these narratives may CHANGE across one’s development, or across environmental contexts.



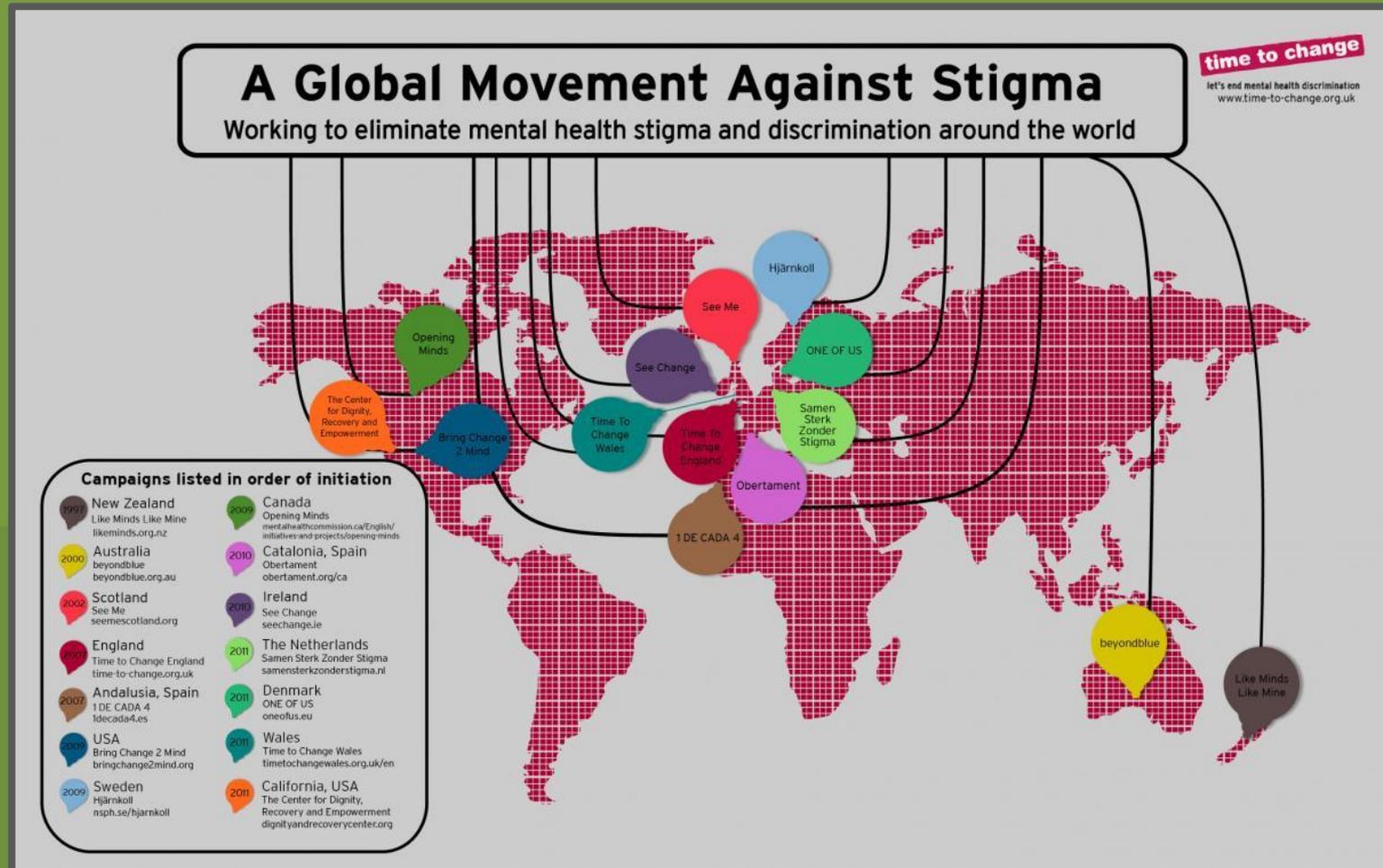
Identity & Mental Health: What Does it Mean? What Does it Mean for Me?

- **Symptoms do not develop in a social or cultural void**
 - Meaning, implications for self deeply implicated
- **Struggle to make sense of experience**
 - Virtually universal
 - Fundamental to recovery
- **We “make sense” through relationships, interactions, dialogue, language**
- **Making sense is also behavioral: doing, becoming, being**





Organizational and Global Culture



<http://www.time-to-change.org.uk/>



Mental Health Trajectories

Older narratives:

- Single illness trajectory

Contemporary Realities:

- Enormous variability in course & trajectory
- Diagnoses extraordinarily unstable over time

Implications for Identity:

- Label or treatment experiences carried long after symptoms disappear?
- Ongoing symptoms?
- Lingering threat of relapse?



Language

- What do “voices” mean to you?
 - Hallucinations?
 - Delusions?
 - Depression?
 - Trauma?
 - Anxiety?



Thoughts & Voices

Thought Qualities:
“Silent” voices

Ownership:
Thoughts that
are not one’s
own

Control:
Thoughts one
can’t control

Communication:
Direct non-
sensory
messages

Sound Qualities:
Auditory voices



Power Sharing

- Participatory and partnership-based
 - *Working with vs. subject of*
- Non-Hierarchical
 - *How can we leverage our individual strengths/roles?*
- Identity-Focused
 - *How do YOU see what you're going through?*
 - *Here's how I see what you're going through?*



Underlying Frameworks

- Causes
- Etiology
- Trauma



Trauma & Adversity

- **Childhood trauma/abuse/adversity**
 - 2.8 x more likely in psychosis w/ voices than *clinical* controls (Varese et al., 2012)
 - Structural adversity mediates the relationship between ethnic minority status and psychosis (Berg et al., 2015)
 - Rates of psychosis as much as 15X higher in British Afro-Caribbean communities with high rates of poverty, isolation, discrimination & racism
 - Sexual abuse increases risk of AH even within 'schizophrenia' (Sheffield et al., 2013)
 - Attachment-related adversity significantly increases risk of paranoia/persecutory beliefs



GENES X Environment

- Genetic heritability (~40% in identical twins; Van Os et al., 2010)
- 100s of rare genes contribute only incrementally to psychosis risk
 - Spread across the population
- Epigenetic pathways:
 - Childhood adversity/stress
 - Inflammatory processes
 - Increased cortisol
- Cannabis (Minozzi et al., 2010) and other street drugs (Meth, PCP)



Immigration & Cultural Isolation



- Immigration can increase psychosis risk as much as ten-fold
- Immigration to a culturally-matched neighborhood
 - Slightly higher risk
- Immigration to a community in which one is a minority, culturally isolated
 - Significantly higher risk

Psychotic-like experiences

- Rates of “psychotic like experiences” (PLEs) fluctuate enormously from culture to culture
- PLEs may be culturally normative
 - Can/are misidentified as psychosis/schizophrenia
 - Example: sleep paralysis/ghost possession



How common are these experiences?

13-15% of “healthy” individuals experience semi-regular voices (Beavan et al., 2011; Waters et al., 2012)

- Major differences = more control, positive emotional valence
- *Hearing voices in itself is not inherently pathological*
- “Psychotic like experiences” in the general population (mild ‘delusions’ and ‘hallucinations’)
 - 75% in a U.K. nationwide phone survey
 - 28.4% in the U.S. National Comorbidity Survey
 - 17.5% in the Dutch NEMESIS study
 - New Zealand birth cohort study suggested that up to the age of 26, the prevalence of “delusional experience” was 20.1% and “hallucinatory experience” 13.2%



Engagement Across Spaces

- How do _____ engage with _____?
 - Family members
 - Siblings
 - Partners
 - Providers
 - Friends
 - Co-workers
 - Organizations
 - Juvenile Justice
 - Faith Network
- What tone/approach do we take?
 - Focus on issue/problem
 - Strength-based



Engagement



RUNG 8 - Youth initiated shared decisions with adults: Youth-led activities, in which decision making is shared between youth and adults working as equal partners.

RUNG 7 - Youth initiated and directed: Youth-led activities with little input from adults.

RUNG 6 - Adult initiated shared decisions with youth: Adult-led activities, in which decision making is shared with youth.

RUNG 5 - Consulted and informed: Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions.

RUNG 4 - Assigned, but informed: Adult-led activities, in which youth understand purpose, decision-making process, and have a role.

RUNG 3 - Tokenism: Adult-led activities, in which youth may be consulted with minimal opportunities for feedback.

RUNG 2 - Decoration: Adult-led activities, in which youth understand purpose, but have no input in how they are planned.

RUNG 1 - Manipulation: Adult-led activities, in which youth do as directed without understanding of the purpose for the activities.

