Information Resources for Providers, Patients and Caregivers

Heather A. McEwen, MLIS, MS; Rienne Johnson, MLIS; & Beth Layton, MLS, MBA, AHIP
Medical/Mental Co-Morbidities

- 58% Adults with Medical Disorder
- 25% Adults with Mental Disorder
- 68% of Adults with Mental Disorder and Medical Condition
- 29% Adults with Medical Disorder and Mental Condition

21% of internet users surveyed have searched for information on depression, anxiety, stress, or mental health issues

Objectives

Participants should be able to:

• Find information in PubMed and other freely available resources.

• Construct a search strategy to effectively locate information on treating the patient both mentally and physically.
Session Learning Objectives

• Appraise website quality by the application of evaluation criteria

• Differentiate patient educational needs and provide relevant resources to meet those educational needs

• Distinguish examples of websites focused upon the educational needs of specific and care giver populations
Website Evaluation

- Patients are already using the Internet
- Provide a way for patients to evaluate the quality of the websites they find
- Multiple sources for criteria for evaluating websites
Health on the Net Foundation
HONcode  http://www.hon.ch/HONcode/Patients/Visitor/visitor.html

What is the HONcode certification?

The HONcode: Principles

Principle 1  Authority
Give qualifications of authors

Principle 2  Complementarity
Information to support, not replace

Principle 3  Confidentiality
Respect the privacy of site users

Principle 4  Attribution
Cite the sources and dates of medical information

Principle 5  Justifiability
Justification of claims / balanced and objective claims

Principle 6  Transparency
Accessibility, provide valid contact details

Principle 7  Financial disclosure
Provide details of funding

Principle 8  Advertising
Clearly distinguish advertising from editorial content
**ConsumerMedSafety.org**

http://www.consumermedsafety.org/

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**ISMP Consumer Newsletter, Safe Medicine**

Safe Medicine teaches consumers how to become active partners with their healthcare practitioners and take a leading role in preventing medication errors.

**About ISMP**

ISMP is known and respected worldwide as the premier source for impartial, timely, and accurate medication safety information.

**Show Your Support**

As an independent watchdog organization, ISMP depends entirely on charitable donations, educational grants, newsletter subscriptions, and volunteer efforts to pursue its lifesaving work.

**Advice from FDA: Possible Increased Risk of Bone Fractures With Certain Antacid Drugs**

Proton pump inhibitors (PPIs) are medicines that work to decrease the amount of acid in the stomach. They are available both as prescription and as over-the-counter medicines. Prescription PPIs treat conditions such as gastroesophageal reflux disease (GERD), ulcers in the stomach and...

**Confusion with Catapress-TTS Patches**

Catapres-TTS (transdermal therapeutic system) patches contain the medicine doxepine, which is used to treat high blood pressure. The patch is applied to the skin where it slowly releases the medicine into the body over a specific period of time. Once a week the patch needs....

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**More Alerts**

- Beware! Imposter FDA agents targeting people who use online pharmacies
- Abbott Diabetes Care Recalls Blood Glucose Test Strips
- Allergy emergency is no time to learn how to use your EpiPen
- FDA warns consumers about tainted dietary supplements
- Make sure you get the correct prescription drug information from your pharmacist...

**Consumer Medication News**

- Parents Can Help Prevent Problem Drinking in College Kids
- Herbal Derivative Wins Praise as Malaria Treatment
- Combating Myths About Seasonal Allergies
- Device Approved to Continue Blood Flow During Brain Surgery
- Sexual Side Effects From Propecia, Avodart May Be Irreversible
- New Drug May Trim Insulin Injections to Just 3 a Week
- Home Genetic Tests May Need Doctor's Involvement: Report

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This website does not host any form of advertisements

Site contents last updated 5/11/2011

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We comply with the HONcode standard for trustworthy health information: verify here.
Example of What Looks Real Might Not Be Real: Save The Pacific Northwest Tree Octopus

http://zapatopi.net/treeoctopus/
CASE STUDIES
Meet Annie:

• a young healthy 20 y/o diagnosed with schizophrenia and is started on a second generation antipsychotic (e.g., Zyprexa).
Meet Annie:

Annie presents to the ED one night

• Symptoms at ED presentation:
  – altered mental status
  – ketoacidosis
WHAT’S WRONG WITH ANNIE?
PSYCHOLOGY/PSYCHIATRY DATABASES
Search Tips

• Tips for locating articles on physical AND mental conditions
  – Use “comorbidities”
  – Search both the medical and mental disorder
PubMed

• The standard first stop, a free search engine for Medline records.

• PubMed indexes 528 psychology/psychiatry journals, plus mental health material published in general medicine or specialty journals.

• PubMed is FREE.
PubMed-www.pubmed.gov

• Access from your library to get full-text articles

• PubMed has a mechanism (Loansome Doc) to order articles your institution doesn’t own.

• Some libraries will use Loansome Doc as a copy request service for busy physicians.
PubMed for Independent Providers

• Have your own practice, or not affiliated with a hospital/academic library?

• Use Loansome Doc to get articles from a resource library! (fees may apply)
Keyword Search Terms:

• ketoacidosis
• Zyprexa
• Schizophrenia
MESH Search Terms

• Schizophrenia/pathophysiology
  OR
• Schizophrenia/therapy
  AND
• ketoacidosis
Comparative mortality associated with ziprasidone and olanzapine in real-world use among 18,154 patients with schizophrenia: The Ziprasidone Observational Study of Cardiac Outcomes (ZODIAC).

Strom BL, Eng SM, Faich G, Reynolds RF, D'Agostino RB, Ruskin J, Kane JM.

Department of Biostatistics and Epidemiology, the Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania School of Medicine, Philadelphia, 19104-6021, USA. bstrom@mail.med.upenn.edu

Objective: The authors compared 1-year mortality rates associated with ziprasidone and olanzapine in real-world use.

Method: The Ziprasidone Observational Study of Cardiac Outcomes (ZODIAC) was an open-label, randomized, postmarketing large simple trial that enrolled patients with schizophrenia (N=18,154) in naturalistic practice in 18 countries. The primary outcome measure was nonsuicide mortality in the year after initiation of assigned treatment. Patients were randomly assigned to receive treatment with either ziprasidone or olanzapine and followed for 1 year by unblinded investigators providing usual care. A physician-administered questionnaire was used to collect baseline demographic information, medical and psychiatric history, and concomitant medication use. Follow-up information on hospitalizations and emergency department visits, patients' vital status, and current antipsychotic drug status was collected and reported by treating psychiatrists. Post hoc analyses of sudden death, a secondary endpoint, were also conducted.

Results: The incidence of nonsuicide mortality within 1 year of initiating pharmacotherapy was 0.91 for ziprasidone (N=9,077) and 0.90 for olanzapine (N=9,077). The relative risk was 1.02 (95% CI=0.76-1.39). This finding was confirmed in numerous secondary and sensitivity analyses.

Conclusions: Despite the known risk of QTc prolongation with ziprasidone treatment, the findings of this study failed to show that ziprasidone is associated with an elevated risk of nonsuicidal mortality relative to olanzapine in real-world use; the study excludes a relative risk larger than 1.39 with a high probability. However, the study was neither powered nor designed to examine the risk of rare events like torsade de points.
Risk of diabetic ketoacidosis after exposure to risperidone or olanzapine.

Ramaswamy K, Kozma CM, Nasrallah H.
Janssen Pharmaceutical Products LP, Titusville, NJ, USA

Abstract
BACKGROUND: Atypical antipsychotics have been associated with metabolic abnormalities including impaired glucose metabolism, exacerbation of existing diabetes mellitus and new-onset type 2 diabetes. Not all atypical antipsychotic agents appear to have the same propensity to cause these complications.

OBJECTIVE: To assess diabetic ketoacidosis risk in patients receiving risperidone or olanzapine.

METHODS: California Medicaid data were evaluated for the presence of a diabetic ketoacidosis hospital claim (9th Edition of the International Classification of Diseases code 2501x) for patients receiving an atypical antipsychotic agent between July 1997 and September 2000. Initial prescription claims were identified for risperidone, olanzapine, clozapine, quetiapine and multiple atypical medications; however, the final analysis was restricted to risperidone and olanzapine owing to sample size challenges in the clozapine and quetiapine groups. Cases were specified if a claim occurred within 45 days after antipsychotic dispensation. Potential confounding variables and duration of antipsychotic exposure were included.

RESULTS: Initial users of risperidone (n = 51,330; 31 diabetic ketoacidosis) and olanzapine (n = 51,302; 55 diabetic ketoacidosis) were identified between July 1997 and September 2000. The adjusted risk of diabetic ketoacidosis for olanzapine versus risperidone was 1.62 (p = 0.033). The risk of diabetic ketoacidosis was associated with a longer duration of drug exposure. A progressive and statistically significant divergence in risk was observed between the two treatment groups after the first 30 days of therapy. For risperidone patients, diabetic ketoacidosis risk stabilised after the first 90 days; for olanzapine patients, diabetic ketoacidosis risk continued to increase until 360 days (study duration). For exposures of >30 days, >90 days and >180 days, diabetic ketoacidosis risk was 1.7 (p = 0.026), 2.4 (p = 0.004) and 3.5 (p = 0.001) times greater for olanzapine than risperidone. Treatment group, age, African American race and the presence of schizophrenia or diabetes were significant predictors of diabetic ketoacidosis.

CONCLUSION: The risk of diabetic ketoacidosis appears to be greater for patients exposed to olanzapine compared with risperidone after adjusting for confounding factors. This risk appears to increase with longer duration of exposure to olanzapine.

PMID: 17604410 [PubMed - indexed for MEDLINE]
Related citations
Retrieving Articles from PubMed

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PsycArticles

1. A crossover study on the glucose metabolism between treatment with olanzapine and risperidone in schizophrenic patients.
   By Sato, Yasuehi; Yasui-Furukori, Norio; Furukori, Hanako; Sato, Manabu; Nakagami, Taku; Kaneko, Sunao
   Journal Article
   doi: 10.1037/a0020751

2. Psychopathology through a life span-genetic prism.
   By Gottes, Irving I.
   doi: 10.1037/0003-066x.56.11.867

3. Prevalence and correlates of diabetes in national schizophrenia samples.
   By Dixon, Lisa; Weiden, Peter; Delahanty, Janine; Goldberg, Richard; Postrado, Leticia; Lucksted, Alicia; Lehman, Anthony
   Journal Article

4. Tardive Dyskinesia.
   By Jeste, Dilip V.; Caligiuri, Michael P.
   Journal Article

5. Problems and Pitfalls of the Family History Positive and Negative Dichotomy: Response to Dalen.
   By Farmer, Anne; McGuffin, Peter; Gottesman, Irving J.
   Comment / Reply

   By Rose, Roberta
   Journal Article
Schizophrenia Information


Schizophrenia
A detailed booklet that describes symptoms, causes, and treatments, with information on getting help and coping.

What is schizophrenia?

Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. About 1 percent of Americans have this illness.¹

People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can terrify people with the illness and make them withdrawn or extremely agitated.

People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking.

Families and society are affected by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help.

Treatment helps relieve many symptoms of schizophrenia, but most people who have the disorder cope with symptoms throughout their lives. However, many people with schizophrenia can lead rewarding and meaningful lives in their communities. Researchers are developing more effective medications and using new research tools to understand the causes of schizophrenia. In the years to come, this work may help prevent and better treat the illness.

What are the symptoms of schizophrenia?
The symptoms of schizophrenia fall into three broad categories: positive symptoms, negative symptoms, and cognitive symptoms.
Schizophrenia

http://www.neoucom.edu/bestcenter/  Url address will be changing to http://www.neomed.edu/bestcenter/
Meet Bob

• Bob, a 60 y/o male presents to your office.

• Bob’s history:
  – Vietnam war veteran
  – Suffered a MI 3 months ago
  – Former ironworker - forced to retire after MI
Meet Bob

• Bob’s complaints:
  – Sleeping problems
  – Anxiety
  – Irritability
What’s Wrong with Bob?
PILOTS -
1. Post-traumatic stress disorder in medical settings: focus on the critically ill
   Bienvenu, Oscar Joseph; Neufeld, Karin J
   Current Psychiatry Reports, vol. 13, no. 1, pp. 3-9, February 2011
   ... likely related to PTSD indirectly. Others, such as myocardial infarction and critical illness/intensive care unit (ICU) treatment, are likely traumatic stressors. Importantly, PTSD seems to be a potent
Frequency and severity of panic attack symptoms in a treatment seeking sample of trauma victims


...This study also indicates that many patients are very fearful of the panic symptoms and think they may indicate a physical illness such as heart attack; an area that had not been previously investigated in PTSD research. ...

How does anxiety sensitivity vary across the anxiety disorders?

J. Taylor Williams - Journal of Anxiety Disorders, 1992
National Center for PTSD Home – U.S. Department of Veterans Affairs -
http://www.ptsd.va.gov/
Information for Veterans
Easy to Read Health Education Materials

Example of an Easy-to-Read Tutorial

Post Traumatic Stress Disorder Interactive Tutorial
http://www.nlm.nih.gov/medlineplus/tutorials/ptsd/htm/_no_50_no_0.htm
National Guideline Clearinghouse


- **Mental Disorders** (274)
  - Adjustment Disorders (1)
  - Anxiety Disorders (22)
  - Delirium, Dementia, Amnestic, Cognitive Disorders (62)
  - Eating Disorders (9)
  - Mental Disorders Diagnosed in Childhood (45)
  - Mood Disorders (47)
  - Personality Disorders (3)
  - Schizophrenia and Disorders with Psychotic Features (11)
  - Sexual and Gender Disorders (15)
  - Sleep Disorders (23)
  - Somatoform Disorders (3)
  - Substance-Related Disorders (89)
Mental Health Information

• General mental health websites
  – Cover a variety of topics
  – One website to send patients for a variety of mental health topics

• Specific disease/condition information
  – More detailed information
  – May be disease/condition oriented or patient oriented
General Mental Health Websites

NIH’s Mental Health & Behavior Website:  http://health.nih.gov/category/MentalHealthandBehavior
NAMI Ohio

http://www.namiohio.org/
National Institute on Aging’s Alzheimer's Disease Education and Referral (ADEAR) Center - http://www.nia.nih.gov/alzheimers
American Academy of Pediatrics: ADHD information -
http://www.aap.org/healthtopics/adhd.cfm
Patient Educational Needs

• Disease / Condition Information
  – Treatment Options
  – Test Information
  – Support Group Options
  – Medication Information
Factors Affecting Educational Materials Provided to Patients

- Reading level
- Language of resource
- Computer/Internet Access and Skills
Ask Me 3

http://www.npsf.org/askme3/

Ask Me 3 is a patient education program designed to promote communication between health care providers and patients in order to improve health outcomes. The program encourages patients to understand the answers to three questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Patients should be encouraged to ask their providers these three simple but essential questions in every health care interaction. Likewise, providers should always encourage their patients to understand the answers to these three questions.

Studies show that people who understand health instructions make fewer mistakes when they take their medicine or prepare for a medical procedure. They may also get well sooner or be able to better manage a chronic health condition.

For more information about Ask Me 3™, including links to downloadable brochures and materials, click here.

Ask Me 3™ is a registered trademark licensed to the National Patient Safety Foundation.
Patient Education Materials in Multiple Languages  
http://www.healthyroadsmedia.org/
Healthy Roads Media: Mental Health Topics:
http://www.healthyroadsmedia.org/topics/mental_health.htm
Resources Can Be Written for Specific Audiences

• Children/teens
  – Kidshealth - http://kidshealth.org/

• Parents of children/teens
  – Child & Adolescent Bipolar Foundation - http://www.bpkids.org/

• Senior Citizens
  – Geriatric Mental Health Foundation - http://www.gmhfonline.org/gmhf/
Child & Adolescent Bipolar Foundation

http://www.bpkids.org/
Geriatric Mental Health Foundation

http://www.gmhfonline.org/gmhf/
Resources Can Be Written for Specific Audiences

• Women
  – Womenshealth.gov
    http://www.womenshealth.gov/mental-health/

• Men
  – The National Association for Males with Eating Disorders, Inc. - http://namedinc.org/

• Veterans
Women's Mental Health

Life has its share of happy times, as well hard times — all of which can affect your mental health. Traumatic life events — such as dealing with a loved one’s serious illness or death, a loss of a job, domestic violence, or sexual assault — can affect the mind and body. On the other hand, many of the things that bring great joy to your life, such as close relationships, a promotion, having a baby, or buying a home, also can cause stress on your mental health.

Changes in our physical health can also affect our mental health. For instance, changing hormone levels due to a woman’s monthly period can affect her mood, causing irritability and tearfulness. Also, women’s mental health is at greater risk for problems like depression during puberty, after having a baby, and in the years just before menopause. Depression also comes along with many illnesses such as cancer, heart disease, stroke, HIV, or autoimmune diseases.

Good mental health is an important part of a woman’s overall health. All women feel worried, anxious, or sad from time to time. But a true mental health disorder makes it hard for a woman to function normally.

It’s important to remember that mental health disorders are real medical illnesses that can’t be willed or wished away! They affect both the mind and the body, it’s not just “all in your head.” In fact, while most mental health disorders do not have a precise cause, they result from a combination of life events, brain chemicals, genes, hormones, and illness.

It is not your fault if you have a mental health disorder. You should not suffer in silence. Be patient with yourself and reach out to others for help. These illnesses can be treated successfully so that you can get back to enjoying life — not only for yourself, but for your family, too.

Here you will find information about mental health issues that affect women and links to the best organizations and publications on mental health.

2009 Women’s Mental Health Report
Drug Information Question

• Does Zyprexa cause weight gain and diabetic symptoms in healthy adults?
Epocrates

• Online and mobile resource

• Drug information FREE with registration

• Epocrates Pro available for yearly fee
Epocrates App

• Available free from:
  – iTunes Store,
  – Android Market
Drug Interactions Results

Drug interactions for the following 3 drug(s):

Unsaved Drug List
albuterol
insulin glargine
Zyprexa (olanzapine)

[Add / Remove drugs]

Interactions between your selected drugs

albuterol ↔ insulin glargine

Applies to: albuterol, insulin glargine

MONITOR: The efficacy of oral hypoglycemic agents and insulin may be diminished by certain drugs, including thiazides and other diuretics, corticosteroids, estrogens, progestins, thyroid hormones, human growth hormone, gonadotropin-releasing hormone agonists, phenothiazines, atypical antipsychotics, sympathomimetic amines, protease inhibitors, phenytoin, megestrol, danazol, isoniazid, asparaginase, pegaspargase, diazoxide, temsirolimus, sulfonamide oral suspension, as well as pharmacologic dosages of nicotinic acid and adrenocorticotropic agents. These drugs may interfere with blood glucose control because they can cause hyperglycemia.
New: FDA Label Changes are now available online and in our monthly newsletter update.

Get alerts By email or subscribe to our News feeds.

Avandia (rosiglitazone): REMS - Risk of Cardiovascular Events
May 18, 2011
Audience: Endocrinology, Cardiology. includes Avandia, Avandamet, and Avandaryl [UPDATED 05/18/2011] FDA notified healthcare professionals and the public of new restrictions to the prescribing and use of rosiglitazone-containing medicines. These medicines to treat type II diabetes are sold under the names Avandia, Avandamet, and Avandaryl. Healthcare providers and patients must enroll in a...

Read More...

ExtenZe Tablets: Recall
May 16, 2011
Drug Interactions Checker

Type in a drug name and select a result from the list. Repeat the process to add multiple drugs. When complete, save your list for future reference or check for interactions immediately.

Drug Name:

Unsaved Drug List

- albuterol
- insulin glargine
- Zyprexa (olanzapine)

Check for Interactions

Please sign in to view previously saved lists.
Medication

- Drug monographs written for the public
- Medication safety information
- Help with paying for medications
- Herbal & dietary supplement information
- Help to remember to take your medication
- Ordering medications online
MedlinePlus: Drugs, Supplements, and Herbal Information


NCCAM’s Herbs at a Glance

http://nccam.nih.gov/health/yohimbe/
Welcome to My Pill Box, the web site that helps you make schedules with pictures of your medications, sponsored by the Sharp Foundation and the San Diego Cardiac Center!

To begin, please choose one of the buttons below...

My Pill Box is designed to help you properly take medications. It was built with a focus on cardiac medications, but it is completely applicable for creating a schedule for all types of pills or supplements. On this site, you will be able to create and name schedules, edit your pill information, and then view a complete daily/weekly/monthly schedule.

NEW for returning users! Based on previous users' supports/comments, we have updated My Pill Box with more options for flexible weekly schedule designs, more medications in the database (with pictures), and user friendly designs/layouts. If you have previously used My Pill Box and have created schedules, please take a moment to make your schedule again. This will help you get familiar with the updated My Pill Box. Old schedules (names, ID #s, and passwords) have been erased completely from our database, so do not worry about existing schedules. Please remember that your old ID # does not exist anymore so write down a new number and password and keep them in a safe place. Thank you for using our application and enjoy our newly updated version.

If you have problems at any time, click on the HELP icon. You can click on this icon for context-sensitive help.

Please note that due to the overwhelming number of possible drugs, we cannot predict or recognize possible drug interactions or improper dosing. It is solely your responsibility to verify such information with a health professional. My Pill Box is not a substitute for your doctor, but rather a resource for making sure that you follow your doctor's medication instructions.

Concept and content © 2001-2002 Jaski, B. & Ha, J. Design and development © 2002 Hoover, Greg. All rights reserved. (MPB v.3.0)
Please report any problems to support@mypillbox.org.
211

- [http://www.211.org/](http://www.211.org/)

- Dial 211 in service area to get local resources
What is 211?

- Information on:
  - Health professionals
  - Treatment facilities
  - Support groups
OH Dept of Mental Health

http://www.mh.state.oh.us/getting-treatment/

• Map of treatment providers
• Resource list of other agencies & assistance organizations
Where to Get Help

The Ohio Department of Mental Health helps you find the assistance you need by maintaining a list of provider agencies throughout the state. **Click on your county and scroll down** to view contact and service information for mental health providers near you.
Support Groups

NAMI Connection Recovery Support Group
NAMI Connection is a 90-minute weekly recovery support group for people living with mental illness in which group participants can learn from the experiences of other group members, share coping strategies, and offer each other encouragement and understanding. This is a peer support group run by individuals who live with mental illness who have received training in support group facilitation and the NAMI Connection model. These groups are confidential and open only to people diagnosed with a mental illness or psychiatric diagnosis.

NAMI Family Support Group
NAMI affiliates offer peer-led support groups for family members and loved ones of people living with mental illness. These support groups offer a confidential environment and allow participants to learn from the experiences of other group members, share coping strategies and offer each other encouragement and understanding. It is NAMI Ohio’s goal to have all support group leaders trained in basic group facilitation skills.

NAMI Consumer Support Group
In areas where NAMI Connection is not available, the local affiliate may offer general peer-led support groups for people living with mental illness. The groups offer a confidential environment, and allow participants to learn from the experiences of other group members, share coping strategies, and offer each other encouragement and understanding. It is NAMI Ohio’s goal to have all support group leaders trained in basic group facilitation skills.

For more information, contact your local NAMI affiliate or Suzanne Robinson at suzanner@amiohio.org.
HOW DO I FIND A LOCAL SUPPORT GROUP?

Many people find peer support a helpful tool that can aid in their recovery. There are a variety of organizations that offer support groups for consumers, their family members and friends. Some support groups are peer-led, while others may be led by a mental health professional.

Some organizations now offer on-line support groups, discussion boards, and blogs as additional ways to connect with others in similar situations. These can be helpful additions to in-person support groups and can be especially helpful if there are no groups in your area.

We encourage you to also take a look at Mental Health America’s realLives personal stories section where you can read about others’ experiences with mental health and substance abuse conditions and their efforts to recover. If you want to learn more about the value of connecting with others and other helpful wellness tools, visit our LiveYourLifeWell website.

Your local Mental Health America affiliate is an excellent resource to assist you in finding support groups in your area.

The following organizations also provide support group referrals:
The American Self-Help Clearinghouse and the National Mental Health Consumers’ Self-Help Clearinghouse maintain listings of support groups on a broad range of mental health topics. The National Mental Health Consumers’ Self-Help Group Clearinghouse also maintains a Directory of Consumer-Driven Services which includes peer-run organizations throughout the United States that offer a variety of supportive services and activities.

Network of Care offers information including descriptions of community treatment services, support groups, and other community services for the following states: Arizona, California, Connecticut, Hawaii, Illinois, Iowa, Maryland, Missouri, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Virginia, and Washington. For some states, information about all counties is currently included; for others only some counties are currently listed. Click on your state, then click on Services (top right) to begin your search.
Support for Caregivers

Internet & Social Media

• Provides more resources in a variety of formats
  – Blogs
  – Online support groups
  – Facebook & Twitter
  – Smart phone apps
  – Websites with videos, tutorials, etc.
New Ways to Connect

There’s An App for It

NAMI: National Alliance on Mental Illness  http://www.nami.org/
CaringBridge.org
http://www.caringbridge.org/
Welcome
This guide provides links to medical resources available on the web. The following educational resources should be used to supplement the information provided by healthcare providers and is not intended to replace it.

How to Evaluate Health Websites
- *Health on the Net Foundation’s HONcode*  
  Non-governmental agency that certifies health information websites. The website also provides criteria for determining the reliability of a health information website.
- *MedlinePlus: Evaluating Health Information*  
  Tutorials on how to evaluate health information on the internet.

What to Ask to Your Doctor or Pharmacist?
- *ASK Me 3 – National Patient Safety Foundation*  
  Patient education program that provides patients with three questions to ask your doctor.

Patient Education Materials in Languages Other than English
- *Healthy Roads Media*  
- *National Network of Libraries of Medicine: Consumer Health Information in Many Languages*  
- *New Americans Health Information Portal*  
- *Oregon Health & Science Library: Web Sources for Patient Education Handouts*
NEOMED Mental Health Subject Guide

Mental Health Information for Healthcare Providers
Last update: May 26th, 2011
URL: http://libraryguides.neoucom.edu/mentalhealth

Introduction

General Health Resources

Mental Health Resources - Providers

Drug Resources - Providers

Keeping Current

Mental Health Resources - Providers

Portage County Resources

- Coleman Professional Services
- Portage County Mental Health & Recovery Board
- Townhall II
- 211 - United Way of Portage County

Comments (0)

Mental Health Practice Guidelines

- National Guideline Clearinghouse
  - Browse by topic, view all mental health guidelines!
- APA Practice Guidelines
  - Directory of all American Psychiatric Association Guidelines, sorted by mental health topic.
- American Academy of Child & Adolescent Psychiatry Practice Parameter
  - Guidelines for treating the child with psychiatric disorders.
- VA/DoD Clinical Practice Guidelines
  - Medical and mental health guidelines used by VA facilities.

Free Mental Health Databases

- PubMed
  - The National Library of Medicine's online database of citations of biomedical research articles.
- PsycNet
  - Search PsycARTICLES and PsycBOOKS free; then purchase single articles or book chapters. A good alternative if PsycINFO isn’t available at your institution. APA members can search all PsycINFO databases free of charge.
- PILOTS
  - The PILOTS (Published International Literature on Traumatic Stress) database is an electronic index to the worldwide literature on posttraumatic stress disorder (PTSD) and other mental-health consequences of exposure to traumatic events.
- Google Scholar
  - Google Scholar may be used to locate articles on many topics. Use the advanced search for best results.

Subscription Mental Health Databases

Are you affiliated with NEOUCOM or another OhioLink institution? You have access to these resources!

You will need to authenticate to use these resources from off-campus. Contact the Information Desk at 330-325-8500 if you need your library ID.

- PSYCInfo
  - APA’s database contains abstracts of scholarly journal articles, book chapters, books, and dissertations, is the largest resource devoted to peer-reviewed literature in behavioral science and mental health. Over 2 million citations and summaries dating as far back as the 1600s Ninety-nine percent of the covered material is peer-reviewed.
- SociIndex
  - SociIndex offers coverage from all subdisciplines of sociology, including abortion, anthropology, criminology, criminal justice, cultural sociology, demography, economic development, ethnic & racial studies, gender studies, marriage & family, politics, religion, rural sociology, social...
Questions?

It's QUESTION TIME!!