THE JOY OF MENTAL HEALTH

THE ROLE OF POSITIVE PSYCHIATRY
DISCLOSURES

✓ NONE
POSITIVE PSYCHIATRY

WHO has defined health, not as an absence of disease or infirmity, but as a state of complete physical, mental and social well-being.

Positive psychiatry is the science and practice of psychiatry that seeks to understand and promote well-being through assessment and interventions aimed at enhancing behavioral and mental wellness.
WELL BEING INDEX

Sense of Purpose
Social Relationships
Financial Security
Physical Health
Relationship to Community

America's most-fulfilled states
Scores on the 100-point Gallup-Healthways Well-Being Index, which measures sense of purpose and community, financial and physical health, and community belonging.

Source: Gallup-Healthways Well-Being Index
NIRAJ CHOKSHI/THE WASHINGTON POST
**HEALTH MODEL**
Focus on strengths
Building on strengths
Seeking pleasure
Pursuing pleasure
No ceiling
+10

**DISEASE MODEL**
Focus on weakness
Overcoming deficiencies
Avoiding pain
Running from unhappiness
Neutral state as ceiling
-10
## TRADITIONAL vs POSITIVE PSYCHIATRY

<table>
<thead>
<tr>
<th>Variable</th>
<th>Traditional Psychiatry</th>
<th>Positive Psychiatry</th>
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</thead>
<tbody>
<tr>
<td>Target patients</td>
<td>Those with mental illness</td>
<td>Those suffering from or at higher risk of developing mental or physical illness</td>
</tr>
<tr>
<td>Assessment focus</td>
<td>Psychopathology</td>
<td>Positive attributes and strengths</td>
</tr>
<tr>
<td>Research focus</td>
<td>Risk factors and psychopathology</td>
<td>Protective factors and neuroplasticity</td>
</tr>
<tr>
<td>Main treatments</td>
<td>Medications and short-term therapies for symptom relief and relapse prevention</td>
<td>Biopsychosocial interventions to enhance positive attributes</td>
</tr>
<tr>
<td>Treatment goal</td>
<td>Symptom relief and relapse prevention</td>
<td>Recovery, increased well being, successful aging and post traumatic growth</td>
</tr>
<tr>
<td>Prevention</td>
<td>Largely ignored</td>
<td>Important focus across lifespan</td>
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HISTORICAL BACKGROUND

William James - 1906
New approach to study and apply psychological principles underlying the success of so-called “mind cure” which he is referred to the purported healing powers of positive emotions and beliefs.

Maslow
Picked up positive psychiatry after it was largely ignored wanting to understand healthy, creative individuals and their growth.
HISTORICAL BACKGROUND

Seligman - 1998
Reoriented science that emphasizes the understanding and building of the most positive qualities of an individual

Jeste - 2012
I believe that psychiatry’s mission will expand beyond reducing symptoms in people with mental illness....The goal also to help our patients grow, flourish, develop, and be more satisfied in their lives
PAPERS IDENTIFIED IN PUB MED UNDER THE KEY WORD “QUALITY OF LIFE”: 1972 -2012
POSITIVE MENTAL HEALTH OUTCOMES

• Wellbeing
• Low Level Of Perceived Stress
• Successful Psychosocial Aging

Continue engagement with life

Minimize risk of disease and disability

Successful Aging

Maintain physical and cognitive function
POSITIVE MENTAL HEALTH OUTCOMES

- Posttraumatic Growth
- Recovery In Serious Mental Illness
- Prevention Of Mental Illness
BIOLOGICAL ASPECTS - BIOMARKERS

ALLOSTATIC LOAD

TELOMERE LENGTH

“Every stress leaves an indelible scar, and the organism pays for its survival after a stressful situation by becoming a little older”

Hans Selye
If depression is purely a “mental illness” or even a “brain disease” why do depressed individuals have significantly increased rate of physical diseases usually associated with advanced age?

- Heart disease and stroke
- Dementia
- Metabolic syndrome
- Immune dysfunction
- Premature death (controlled for suicide)

Patients with psychiatric illness have 14 year lower life expectancy, 77% of this is due to natural causes (Lawrence et al., 2013)
ALLOSTATIC LOAD

Is a measure of the body’s cumulative physiological response to frequent and sustained exposure to environmental stressors, with the downstream result being an increased risk of disease.
## Allostatic Load

<table>
<thead>
<tr>
<th>Stress mediation</th>
<th>System</th>
<th>Biomarker</th>
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</thead>
<tbody>
<tr>
<td>Primary mediators</td>
<td>Neuroendocrine</td>
<td>Epinephrine, Norepinephrine, Dopamine, Cortisol, Dehydroepiandrosterone (DHEAS), Aldosterone</td>
</tr>
<tr>
<td>Secondary outcomes</td>
<td>Immune</td>
<td>Interleukin-6, Tumor Necrosis Factor Alpha, C-reactive Protein (CRP), Insulin-like Growth Factor-1 (IGF-1)</td>
</tr>
<tr>
<td></td>
<td>Metabolic</td>
<td>HDL and LDL Cholesterol, Triglycerides, Glycosylated Hemoglobin, Albumin, Creatinine, Homocysteine</td>
</tr>
<tr>
<td></td>
<td>CVS &amp; Resp</td>
<td>Systolic Blood Pressure, Diastolic Blood Pressure, Peak Expiratory Flow, Heart Rate</td>
</tr>
<tr>
<td></td>
<td>Anthropometric</td>
<td>Waist-to-hip Ratio, Body Mass Index (BMI)</td>
</tr>
<tr>
<td>Tertiary outcomes</td>
<td>Poor Subjective Health, Disability, Cognitive Decline, Cellular Aging, Diseases, Death</td>
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</table>
TELOMERE LENGTH

• Telomeres – are non-coding sequences capping DNA ends that can shorten with somatic cell divisions and serve as a senescence clock (biological age marker)

• Telomerase – a cellular enzyme that forestalls telomere shortening and has additional non-telomeric roles in cell survival
SHORTER TELEOMERE ASSOCIATIONS

- **Earlier Death** - Farzaneh-fal 2008, Willeit 2010
- **Older Age** - Cawthon 2003, Bakaysa 2007
- **PTSD** - Ladwig 2013
- **Depression** - Wikgren 2012, Elvsashagen 2011
- **Phobic Anxiety** (Women) - Okereke 2012
- **Hostility** (Men) - Brydon 2012
- **Poor Sleep Quality** (Women) - Prather 2011
- **Sleep Apnea** - Barcelo 2010, Savolainen 2014
- **Migraine** (Women) - Ren 2010
TELOMERE LENGTH

- Accelerated telomere shortening with stress, *Perceived stress* independently associated with shorter telomeres – Cawthon 2004
- Dispositional Pessimism, shorter telomeres O’Donovan et al., 2009
- Increased Oxidative Stress
- Increased Inflammation
- Increased Stress Hormones
- Decreased Telomerase Activity
Telomeres can lengthen, associated favorable factors include:

- Exercise
- Dietary Restraint
- Meditation
- Stress Management
- Social Support
- Sleep
- TA 65 /Telomerase Activators (Astragalus Membranaceus)
POSITIVE PSYCHOLOGICAL TRAITS

- Resilience And Optimism
- Personal Mastery And Coping Self Efficacy
- Social Engagement
- Spirituality And Religiosity
- Wisdom Including Compassion
RESILIENCE AND OPTIMISM

- **Resilience** – ability to bend but not break, to bounce back and sometimes even grow when faced with adversity

- **Optimism** – tendency to expect good outcomes
NEUROBIOLOGY OF RESILIENCE AND OPTIMISM

• Brain areas involved – optimism bias is associated with enhanced activation in the amygdala and the rostral anterior cingulate gyrus but reduced activation in the fusiform gyrus and frontal regions.

• Based on the finding researchers believe brains of optimistic people fail to integrate undesirable information about the future i.e. Wearing “rose tinted glasses”
NEUROBIOLOGY OF RESILIENCE AND OPTIMISM

• Two areas of brain that have consistently been implicated in resilience are prefrontal cortex and insula

• Prefrontal cortex is involved in intentional emotion regulation

• Elite athletes have an attenuated insular cortex activation during an aversive experience.
NEUROBIOLOGY OF RESILIENCE AND OPTIMISM

**GENES**
- Resilience and Optimism are partially heritable
  - Resilience - Limbic and prefrontal cortex reactivity (CRHR1, FKBP5)
    - Optimism - Oxytocin receptor (OXTR)
    - Serotonin transporter (5-HTTLPR) is common for both
- Neuropeptide Y and Brain Derived Neurotrophic Factor (BDNF)
- Pessimism was independently associated with 2 measures of immunosenescence i.e. shorter telomere length and higher interleukin 6 (IL-6) concentration
THE RESILIENCE PRESCRIPTION

1. **Positive attitude** - Optimism, partly inherited but can be learnt (CBT), Neurobiology include reward circuits and converse of learned helplessness.

2. **Cognitive flexibility through cognitive reappraisal** – Re-evaluate traumatic experience by altering perceived value and meaning, reframe, assimilate, accept and recover. Neurobiology include memory reconsolidation and suppression, cognitive control of emotion

3. **Embrace personal moral compass** – Develop set of core beliefs that don’t shatter, altruism, spirituality and religion.

4. **Finding a resilient role model** – Imitation is powerful way of learning. Neurobiology includes neuronal imprinting of human values
5. Facing fears – Fears are normal and can be used as a guide, learn and practice skills necessary to move through fear. Neurobiology includes extinction and stress inoculation.

6. Develop active coping skills – Minimize appraisal of threat, seeking support of others. Neurobiology includes fear circuit mechanisms.

Stockdale Paradox

Confront the most brutal facts of your current reality, whatever they may be.

Retain faith that you will prevail in the end, regardless of the difficulties.
PERSONAL MASTERY AND COPING SELF EFFICACY

Personal Mastery

- One’s expectations of personal effectiveness in achieving desired outcomes
- Higher concentrations of plasminogen activator inhibitor -1 antigen
- Lower blood pressure and lower pulse pressure
- Subjective stress associated with proinflammatory IL-6 in individuals with low coping self-efficacy

Coping Self-efficacy

- Self perceived ability to activate specific coping strategies to overcome life challenges and to influence outcomes
SOCIAL ENGAGEMENT

How well integrated a person is into a social network, including the

✓ number and quality of close relationships
✓ frequency of socialization
✓ the degree to which one finds pleasure from social integration/interactions

Shorter telomeres, Reduced plasma concentrations of inflammatory biomarkers and Lower catecholamine response to stress
SPIRITUALITY AND RELIGIOSITY

Spirituality refers to the degree to which one’s personal beliefs, thoughts, and behaviors focus on transcendent topics such as the meaning of life, belief in a higher being, and power or level of consciousness.

Religiosity is usually reserved for reference to organized religion and has inherent social connotation whereas spirituality can be personalized.
Spirituality

Where do I find meaning?
Where do I feel connected?
How should I live?

Religion

What practices should I follow?
What is right and wrong?
What is true and false?

Belief, Comfort
Reflection, Ethics

Better Lipid Profiles,
Lower BP, Better
Immune Function,
Decreased Cortisol
Wisdom

• Trait comprised of several subcomponents
• Trait distributed in the general population along a continuum
• Important contributor to successful personal and social functioning

“Of all the pursuits open to men, the search for wisdom is most perfect, more sublime, more profitable, and more full of joy.”
Thomas Aquinas (~1260)
CLINICAL ASSESSMENT

• Mental Wellbeing – dynamic, very subjective dimension
• Scales- Happiness, Relaxation, Mental activity (Ill-being vs Well being)
• Brief scales measuring fighting spirit vs neuroticism have been found to have clinical and psychometric validity
• General scales – WHO-5, PGWB
• Specific scales- Spitzer’s quality of life index, QLS

Vaillant (2012) – single question

“How do you feel about your life as a whole, all things considered”?

<table>
<thead>
<tr>
<th>Delighted</th>
<th>7 point scale</th>
<th>Terrible</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td>7</td>
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</tbody>
</table>
CLINICAL ASSESSMENT

THE PHARMACO PSYCHOMETRIC TRIANGLE

- Measure Positive Well Being
- WHO-5 mean score in general population is approximately 70
- Should stimulate a dialogue between patient and provider.

“We need move away from using DSM as a laundry list and psychopharmacology as a cookbook” – Lehmann 1996
CLINICAL INTERVENTIONS

Positive Psychological Interventions (PPIs)

- Using Your Strengths
- Three Good Things
- Gratitude Letter
- Savoring
- Active Constructive Responding
- Life Summary
VIA Character Strengths & Virtues
(Peterson and Seligman, 2004)

A life of pleasure, engagement and meaning

Courage
- Bravery
- Persistence
- Integrity
- Vitality
- Love
- Kindness
- Social Intelligence
- Appreciation of Beauty and Excellence
- Gratitude
- Hope
- Humour
- Spirituality
- Self-regulation

Humanity
- Wisdom and knowledge
- Open-mindedness
- Love of Learning
- Perspective
- Citizenship
- Fairness
- Leadership
- Forgiveness and Mercy
- Humility/Modesty
- Prudence

Temperance
- Transcendence

Justice

- Curiosity
USING YOUR STRENGTHS

- Seligman & Parks 2006
- Identify 5 strengths that best characterized them
- Brainstorm ways to use these strengths
- Putting these ideas into practice.
GRATITUDE LETTER

• Write a letter to a person in their lives to whom they felt grateful but may never have thanked properly
• Largest effect than any other PPI immediate post test

Gratitude
is not only the greatest of virtues, but the parent of all the others.
- Cicero
POSITIVE PSYCHOLOGICAL INTERVENTIONS

THREE GOOD THINGS
Nightly journal of three good things that happened
Need to be specific
Takes time and hence needs persistence

SAVORING
Engage in everyday activities
Savor at least two activities a day
POSITIVE PSYCHOLOGICAL INTERVENTIONS

ACTIVE CONSTRUCTIVE RESPONDING
- Responding to others good news with genuine enthusiasm
- Helping others capitalize on their good news by prolonging discussion of their experiences

LIFE SUMMARY
- 1-2 page life essay detailing their legacy
- Asked to consider traits, accomplishments and behaviors
- Average day vs their priorities
META-ANALYSIS OF PPI’S

• Sin & Lyubomirsky 2009
• Depression status moderated the effectiveness of PPI’s
• Self-selected individuals benefited more from PPI’s
• Benefits of PPI’s increased linearly with age
• Format of the treatment also moderated the effectiveness of PPI’s

• RECOMMENDATIONS
  ✓ Practice, incorporate and convert to habits
  ✓ “Shot Gun” approach
  ✓ Collectivistic vs Individualistic culture
CONCLUSION

- Definition Of Positive Psychiatry
- Positive Mental Health Outcomes
- Biomarkers – Telomere & Allostatic Load
- Positive Psychological Traits
- Clinical Interventions

FIX WHAT’S WRONG
BUILD WHAT’S STRONG
Questions?

For references and additional resources email:
drram@riverregionpsychiatry.com

THANK YOU