

MENTAL HEALTH AWARENESS

MHALA: Helping Those Who Need it Most



Founded in 1924, Mental Health America of Los Angeles (MHALA) is one of the oldest nonprofit mental health organizations in the country. Each year, the organization serves more than 7,500 adults and transitional age youth (TAY) who are dealing with mental health needs and do not have financial resources, including Veterans, their families, and people who are homeless or previously homeless. Through its fifteen locations in Los Angeles County, MHALA targets those who are the most vulnerable and most in need of help.

MHALA's diverse array of programs allows it to systematically address the needs of people living with mental health needs by providing flexible services that can be tailored to meet any given member's needs. These individuals have faced obstacles such as poor education, underemployment, increased risk of harm to self and/or others, and substance abuse problems. Current service models for this population require them to seek help from a variety of different sources—one place for employment services, another for physical health, yet another for housing, etc. In MHALA's own effort to advance social and economic equity, the organization is striving to integrate services under one roof, and is proud to say that it is truly a one-stop shop.

For more than 30 years, MHALA has focused attention on developing effective, innovative service models to help individuals with mental health needs attain healthy, satisfying, self-sufficient lives. MHALA's services, which are based on its nationally recognized and replicated paradigm of recovery, address the needs of people living with mental health needs by providing integrated, comprehensive services tailored to each individual. To make sure that those MHALA serves not only get housed and survive, but thrive

in their communities, areas now being addressed include wellbeing/wellness skills, community connections, and employment. These are priority strategic directions for the organization, in addition to continuing an integrated paradigm and ensuring that services really are fully integrated (especially the integration of mental and physical health).

MHALA now provides services at 15 sites in Long Beach, the Antelope Valley, and Santa Clarita Valley—with training services provided countywide. Services include behavioral and physical health care; case management and care coordination; housing assistance and placement; benefits assistance and financial planning; work training and transportation. While there are both mental health providers and homeless services in these service areas, MHALA is often the only organization with experience in assisting formerly homeless, homeless, and chronically homeless individuals who also have mental health needs. Organizationally, MHALA serves over 7,500 unduplicated individuals annually and helps more than 1,000 individuals find permanent supportive housing. Clients achieve a 56% decrease in hospitalizations and a 70% decrease in incarcerations.

MHALA provides the integrated services needed by those who struggle with mental health diagnoses—particularly those suffering from co-occurring disorders (e.g., mental and physical and/or substance abuse conditions)—to establish stable and independent lives. The organization's service programs allow it to systematically address the needs of its members by providing flexible services that can be tailored to meet any given individual's needs.

Learn more at MHALA.org.

Eating Disorders Affect All Body Sizes

The National Eating Disorders Association (NEDA) announced in March that the Long-term InVestment in Education for Wellness (LIVE Well) Act was reintroduced in the U.S. House of Representatives. The LIVE Well Act, originally introduced in November 2018, amends existing United States Department of Agriculture (USDA) school and community-based nutrition education and obesity prevention programs to include eating disorders prevention by incorporating evidence-based, long-term health practices to protect people with eating disorders and improve overall health outcomes of children.

Eating disorders will affect 30 million Americans of all body sizes. Binge eating disorder is the most common type of eating disorder, and 81 percent of those with binge eating disorder live in higher weight bodies. Historically, nutrition education programs have been weight-focused, which can negatively affect those at risk for an eating disorder and increase body dissatisfaction. Two-thirds of children in higher weight bodies are at-risk of developing an eating disorder or engaging in unhealthy weight-control measures.

"It is imperative that any education efforts around food and nutrition include eating disorders prevention and screening for every child independent of weight status," said Chevese Turner, NEDA's Chief Policy and Strategy Officer. "This legislation is an important step forward for the millions of people who will experience an eating disorder at some point in their lives."

The LIVE Well Act demonstrates that weight-inclusive programs, which focus on health being multifaceted, improve the health of individuals with and without eating disorders. Its approach to well-being emphasizes health for all people across the weight spectrum and prioritizes the elimination of weight stigma. The legislation's focus on long-term health practices includes shifting to an emphasis on overall health and well-being.

Rep. Alma Adams (D-NC) is leading this bipartisan effort to include eating disorders prevention and screening within existing federal nutrition education and obesity prevention programs.

Weight-focused prevention and intervention programs aggravate eating disorders and increase complications with overall health. Eating disorders have the second highest mortality rate of any psychiatric diagnosis, following opioid addiction.

"Federal nutrition education programs help to support healthy-eating and lifestyle choices for families in North Carolina and across the country," said Congresswoman Adams (D-NC-12). "Allowing the inclusion of eating disorder prevention within the framework for federal nutrition education will promote even greater health and well-being for Americans in the programs who are affected by eating disorders."

The National Eating Disorders Association (NEDA) is the largest nonprofit organization dedicated to supporting individuals and families affected by eating disorders. NEDA supports individuals and families affected by eating disorders, and serves as a catalyst for prevention, cures and access to quality care. Through our programs and services, NEDA raises awareness, builds communities of support and recovery, funds research and puts life-saving resources into the hands of those in need. For more information, visit nationaleatingdisorders.org.

Scientists Explore Ketamine as Tool to Fight Depression

Researchers have identified ketamine-induced brain-related changes that are responsible for maintaining the remission of behaviors related to depression in mice – findings that may help researchers develop interventions that promote lasting remission of depression in humans. The study, funded by the National Institute of Mental Health (NIMH), part of the National Institutes of Health, appears in the journal *Science*.

“Ketamine is a potentially transformative treatment for depression, but one of the major challenges associated with this drug is sustaining recovery after the initial treatment,” said study author Conor Liston, M.D., Ph.D., of Weill Cornell Medicine, New York City.

To understand mechanisms underlying the transition from active depression to remission in humans, the researchers examined behaviors related to depression in mice. Researchers took high-resolution images of dendritic spines in the prefrontal cortex of mice before and after they experienced a stressor. Dendritic spines are protrusions in the part of neurons that receive communication input from other neurons. The researchers found that mice displaying behaviors related to depression had increased elimination of, and decreased formation of, dendritic spines in their prefrontal cortex compared with mice not exposed to a stressor. This finding replicates prior studies linking the emergence of behaviors related to depression in mice with dendritic spine loss.

In addition to the effects on dendritic spines, stress reduced the functional connectivity and simultaneous activity of neurons in the



prefrontal cortex of mice. This reduction in connectivity and activity was associated with behaviors related to depression in response to stressors. Liston’s group then found that ketamine treatment rapidly restored functional connectivity and ensemble activity of neurons and eliminated behaviors related to depression.

Twenty-four hours after receiving a single dose of ketamine, mice exposed to stress showed a reversal of behaviors related to depression and an increase in dendritic spine formation when compared to stressed mice that had not received ketamine. These new den-

dritic spines were functional, creating working connections with other neurons.

The researchers found that while behavioral changes and changes in neural activity in mice happened quickly (three hours after ketamine treatment), dendritic spine formation happened more slowly (12-24 hours after ketamine treatment). While further research is needed, the authors suggest these findings might indicate that dendritic spine regrowth may be a consequence of ketamine-induced rescue of prefrontal cortex circuit activity.

Although dendritic spines were not found

to underly the fast-acting effects of ketamine on behaviors related to depression in mice, they were found to play an important role in maintaining the remission of those behaviors. Using a new technology developed by Haruo Kasai, M.D., Ph.D., and Haruhiko Bito, Ph.D., collaborators at the University of Tokyo, the researchers found that selectively deleting these newly formed dendritic spines led to the re-emergence of behaviors related to depression.

“Our results suggest that interventions aimed at enhancing synapse formation and prolonging their survival could be useful for maintaining the antidepressant effects of ketamine in the days and weeks after treatment,” said Dr. Liston.

“Ketamine is the first new anti-depressant medication with a novel mechanism of action since the 1980s. Its ability to rapidly decrease suicidal thoughts is already a fundamental breakthrough,” said Janine Simmons, M.D., Ph.D., chief of the NIMH Social and Affective Neuroscience Program. “Additional insights into ketamine’s longer-term effects on brain circuits could guide future advances in the management of mood disorders.”

Information for this article was provided by the National Institute of Mental Health (NIMH). The mission of the NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure.

For more information, visit nimh.nih.gov.



“Mental Health America of Los Angeles works to ensure that people with mental health needs achieve meaningful, healthy lives in their communities.”

- Outreach and Engagement
- Mental Health Care
- Psychiatry and Medication Management
- Housing Services
- Benefits and Income Services
- Wellness and Life Skills Programs
- Employment and Vocational Services
- Transition Youth Services
- Specialized Veterans Services

We Serve: Adults and transitional age youth (TAY) who are dealing with mental health needs and do not have financial resources, including Veterans and people who are homeless or previously homeless. We target those who are the most vulnerable and most in need of help.

To donate go to MHALA.ORG

Mental Health America of Los Angeles
200 Pine Ave, Suite 400 | Long Beach, CA 92802 | (562) 285-1330 | MHALA.ORG
Founded in 1909, Mental Health America of Los Angeles is a registered 501c(3) nonprofit organization.