

# Emerging Trends in Mental Health Treatment:

## The Impact of Trauma, Marginalization and Substance Use

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# Trauma

- ▶ An experience that is:
  - ▶ outside the realm of everyday experience
  - ▶ gives the perception of the **risk** of loss of life or limb.

# Chronic Cultural Abuse

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- ▶ **Growing up in an Alcoholic/Addicted Family**
  - ▶ **Claudia Black**
    - ▶ “Don’t Talk, Don’t Trust, Don’t Feel.”
    - ▶ “High Tolerance for Inappropriate Behavior”
      - ▶ Including Trauma
- ▶ **Growing up a minority**
  - ▶ Cultural, Racial, Value Minorities
  - ▶ What lives matter?
- ▶ **Growing up Marginalized**
  - ▶ Poverty
  - ▶ Access
  - ▶ Lack of Privilege
- ▶ **Growing up with the perception of Marginalization**

# Stigma

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- ▶ Stigma directly affects the stigmatized via mechanisms of **discrimination, expectancy confirmation, and automatic stereotype activation,**
- ▶ and indirectly via threats to personal and social identity.
  
- ▶ Identity Threat Model of Stigma.
  - ▶ Triggered by
    - ▶ Situational cues
    - ▶ Collective representations of one's stigma status
    - ▶ Personal beliefs and motives shape appraisals of the significance of stigma-relevant situations for well-being.

▶ Major B, O'Brien LT., The social psychology of stigma. Annu Rev Psychol. 2005;56:393-421.

# Stigma

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## ▶ Identity threat

- ▶ Results when stigma-relevant stressors are appraised as potentially **harmful to one's social identity**
- ▶ When Stigma appears to be **exceeding one's coping resources**.
- ▶ Creates involuntary stress responses
- ▶ Motivates attempts at threat reduction
  - ▶ Protects important outcomes such as self-esteem, academic achievement, and health
- ▶ Identity threat perspectives help to explain the tremendous variability across people, groups, and situations in responses to stigma.

▶ Major B, O'Brien LT., The social psychology of stigma. Annu Rev Psychol. 2005;56:393-421.

# Stigma

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## ▶ Types of Stigma

- ▶ Tribal stigmas (e.g., racial and religious identities)
  - ▶ Abnormalities of the body (e.g., physical disabilities)
  - ▶ Blemishes of individual character (e.g., addictions, mental illness, homosexuality).
- ▶ A main characteristic of stigma: its devaluing aspect for identity
- ▶ Can be unconscious activation processes
  - ▶ More conscious as when a stigmatized person is in a situation where the negative stereotype associated with that group could apply and/or be confirmed
- ▶ Berjot Sophie, Gillet Nicolas, =Stress and Coping with Discrimination and Stigmatization Frontiers in Psychology, v2 :2011 (33 )

# Minority Stress

- ▶ **A specific form of social stress**
- ▶ Members of stigmatized social groups
  - ▶ Exposed to unique stressors associated with their social status and identity
  - ▶ LGBT minority stress is composed of four components.
    1. Prejudice events such as discrimination and violence
      - ▶ Theorized to be the most distal to the self and the most objective
    2. Internalized homophobia (More correctly labeled Heterosexism)
    3. Expectations of rejection
    4. Stress associated with concealment
      - ▶ All are more proximal to the self and thus more subjective.



# Culture:

## What is Culture?

- ▶ Culture is an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group.

*National Center on Cultural Competence, 2001*

# Dynamics of Culture:



# Related Health Issues for Men:

## Substance use:

- Studies show that Minority men use substances, including alcohol and drugs, at a higher rate than their the average population.

(Blackwell, 2012)

- Studies also indicate that Minority men use tobacco at much higher rates than the general population —reaching nearly a 50 percent difference in some cases.

(Green & Feinstein, 2012)

# Related Health Issues for Men:

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## ▶ Mental Health

### ▶ Self-harm and suicide:

- ▶ Gay men 7x more likely to have attempted suicide.
- ▶ Gay youth comprise 30% of completed suicides annually.
- ▶ Gay and bisexual men have higher rates of deliberate self-harm.

▶ *(Remafedi, 1999; Remafedi, 2002; King et al., 2008; Lytle et al., 2014)*

### ➤ The suicide rate among Latino men has been increasing, with rates significantly higher than those for Latino women

➤ [Keeping the Silence: Depression Among Latino Men | USC Center for Health Journalism](#)

### ➤ Anxiety, depression, and post-traumatic stress disorder (PTSD) are prevalent among Latin men. Substance abuse is also a concern, often used as a coping mechanism<sup>3</sup>

➤ [Mental Health Challenges and Support: Latinx Communities - NAMI California](#)

# Related Health Issues for Gay Men:

Prevalence of some psychological disorders among gay men vs. heterosexual men:

	<u>Gay/Bi Men</u>	<u>Heterosexual</u>
▶ Major depression	31%	10.2%
▶ Generalized anxiety disorder	2.9%	1.8%
▶ Panic Disorder	17.9%	3.8%

(Cochran et al., 2003)

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# Related Health Issues for Trans Individuals:

Trans people and substance use:

69  
%

- Trans female youth reported recent substance use. (*Rowe, Santos, McFarland & Wilson, 2015*)
- This study was carried out in San Francisco Bay Area

76  
%

- Trans women reported recent substance use. (*Nuttbrock et al., 2014*)
- This study was carried out in New York Metropolitan Area

70  
%

- Trans men reported current substance use. (*Reisner, White, Mayer & Mimiaga, 2014*)
- This study was carried out at a Boston, Massachusetts Area Health Center

# Related Health Issues for Trans Individuals:

Factors associated with substance use among trans people:

- ▶ Depression

*(Nuttbrock et al., 2014)*

- ▶ PTSD

*(Rowe et al., 2015)*

- ▶ Sex work

*(Hoffman, 2014; Birth-Melander et al., 2010)*

- ▶ Gender-related discrimination

*(Rowe et al., 2015; Reisner, Gamarel, Nemoto & Operario, 2014; Nuttbrock et al., 2014)*



YMSM + LGBT

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# What makes for Successful Treatment

- ▶ Connection to and getting into treatment.
- ▶ Adequate Duration
  - ▶ Abstinence is not Recovery
- ▶ Continued connection
  - ▶ Community support
  - ▶ Professional support
  - ▶ Testing
- ▶ Monitoring
- ▶ Physicians Health Program Study
  - ▶ 85-93% Five-year Success rates
    - ▶ Regular testing
    - ▶ Regular interaction
    - ▶ Focus on Success through Structure
  - ▶ Family Involvement/Other Support
  - ▶ Relapse Thinking is Normal, not Relapse
  - ▶ Therapeutic Monitoring



# The Horizons of Treatment: Interventional Psychiatry

- ▶ Beyond Pills and Therapy
  - ▶ Helping the brain change
    - ▶ Neurobiofeedback.
    - ▶ Deep Transcranial Magnetic Stimulation
    - ▶ Psychedelic Therapy
      - ▶ (Psyche=Mind, Delos = Reveal or manifest)
      - ▶ Ketamine, Psilocybin, MDMA (Ecstasy), etc
    - ▶ Hyperbaric Oxygen Therapy

# The Horizons of Treatment: Monitoring

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- ▶ Integrating Technology Into Recovery
  - ▶ Everybody has a cell phone.
  - ▶ Most have “Smart Watches”
  - ▶ Integrate functions
    - ▶ Biometric – Sleep, Activity, Heart Rate
    - ▶ Surveys, interaction and connection
    - ▶ Portable Testing – BacTrac random and scheduled Testing
    - ▶ Integrate with support.

# Monitoring Horizons for Justice Systems

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Devices collecting data

+

Surveys, Geolocation, other  
inputs



VivClinic  
(Clinician app)



VivCompanion and  
VivCircle  
(Client & Sponsor apps)



# Upstream/Downstream: A Fable

- It was many years ago that villagers in Downstream recall spotting the first body in the river....Sometimes, they say, it would take hours to pull Ten people from the river and even then only a few would survive.
- The people of Downstream speak with pride about the new hospital, the flotilla of rescue boats ready at a moment's notice, the plans for coordinating manpower involved, and the number of highly trained and dedicated swimmers always ready to risk their lives to save victims from the raging currents.
- Oh, a few people in Downstream have raised the question now and again, but most folks show little interest in what's happening Upstream.
- It seems there's so much to do to help those in the river that nobody's got the time to check how all those bodies are getting there in the first place.
- That's the way things are, sometimes.

• Donald D. Ardell, PhD., adapted for MBSR by Geri C. Wilimek, MSW; LICSW

