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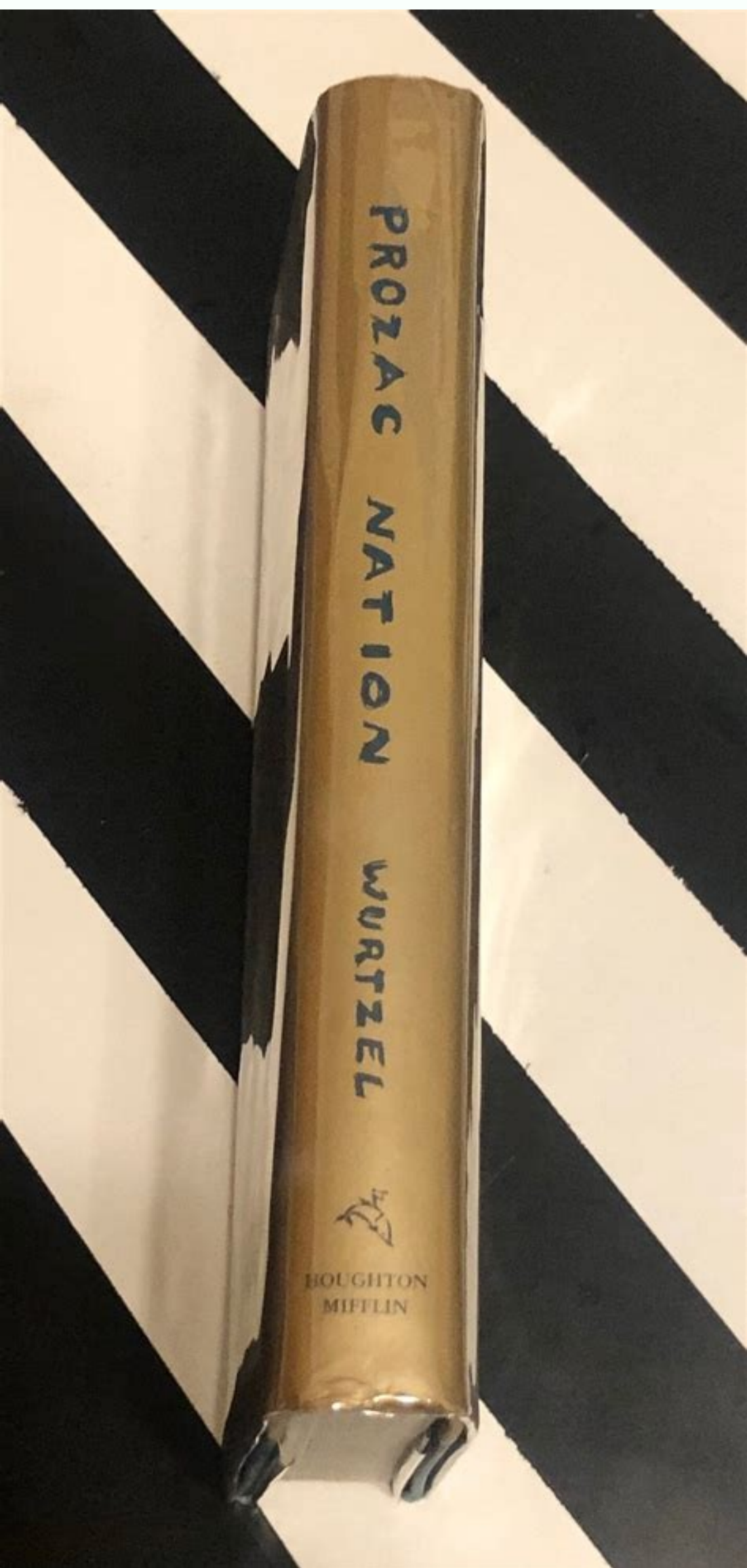
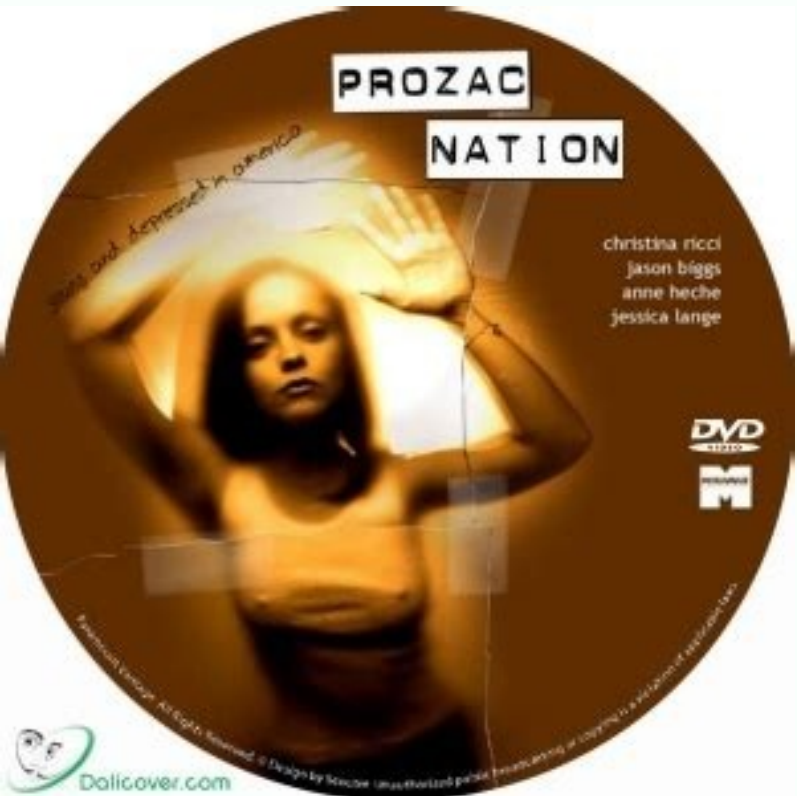
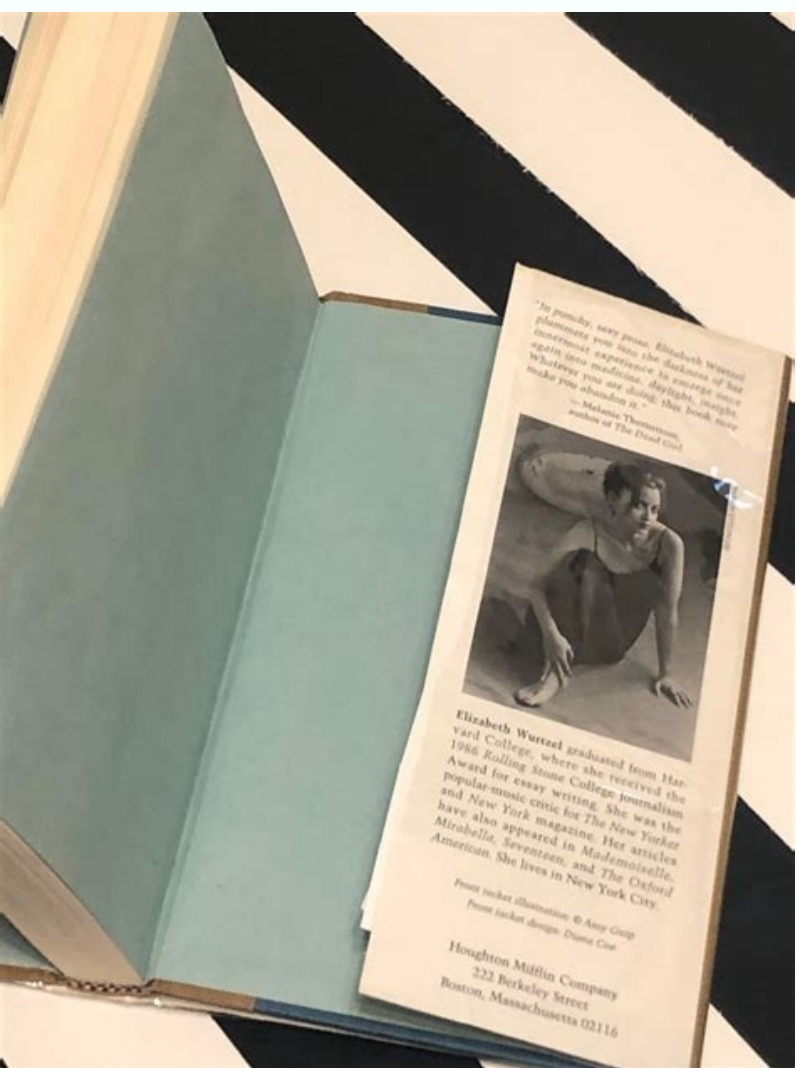
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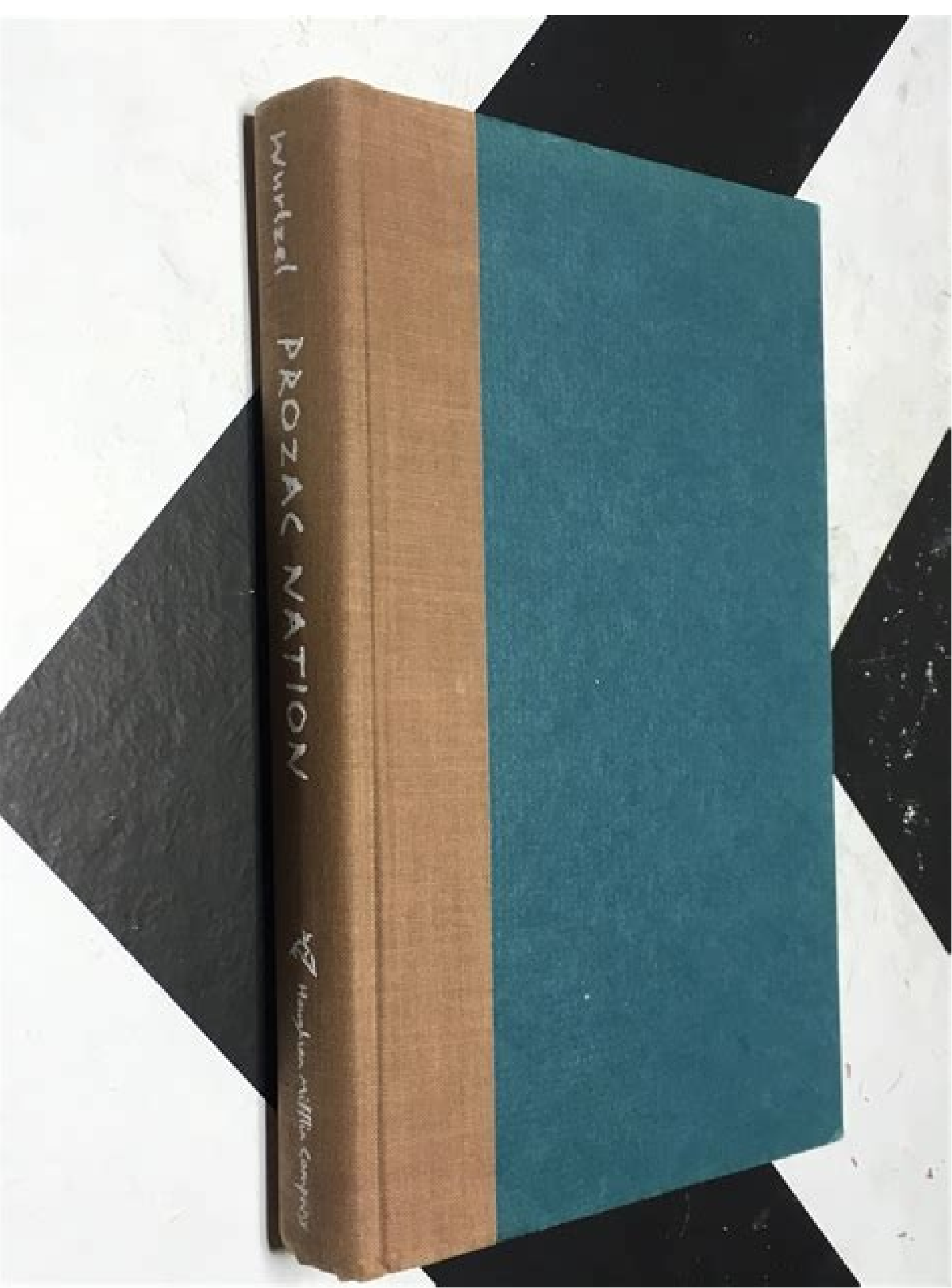
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## Prozac nation book free







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The idea of using schools as a kind of center to provide resilience and teach children with social and emotional learning - that they must know to be able to compete in a brain economy. A club house does it. What is your meaning of the apps that are marketed for a monthly rate to support people in this very difficult moment? Trying to understand how we can allow it to happen to a disease that is basically curable - not curable, but curable. I am pleased to see the administration to devise an information sheet that exposes an entire game plan on how they want to face the crisis of mental health and call it a crisis. So, we fall not only with precise therapies, but not even providing the necessary therapies. Topol: one of the statistics that I learned from your book is that 1 out of 20 Americans has serious mental diseases - schizophrenia, bipolar disorder or severe depression. But I couldn't think about what the third p, Cíe arrives in the second act when we start to focus on quality and start using the tools we understand. I believe there is a certain value in magnetic resonance imaging, but I don't think it is reduced and EEG. The medical model worked so well for infectious diseases and other areas of medicine. This also requires reformulating that we mean by health care. Those are the three p if you want to help people recover. What about functional magnetic resonance imaging (fMRI)? Would you explain it a little? I have no doubts. When I wrote the book, I went from thinking about these problems to understanding that, so important to have a much more deep vision of the pathophysiology of these diseases, someone must pay attention to the fact that so many people with schizophrenia are imprisoned or homeless with this illness, or who are dying at 55 years of Chronic lungs because they are smokers and have eaten out of the bins and living a terrible life. Topol: this was a one Conversation, Tom. They need people, place and purpose. "In fact, we all need, right? They are outside our community. These are not criminals; these are people with a disease and we should accept it. I only believe how how you are suggesting and how we would do in infectious diseases or in oncology, we must undergo past symptoms. It is more difficult for parents. They have something to live for" "He said:" Let's take mental health. "I think there is already a moment to do so. The" yes, but "part of this - I WARNING - It is that for the most part we have not seen a change in the quality of care or services. Eric J. A quote in the book by Abraham Lincoln in which he reminded someone that the melancholy (the old name for depression) It is a misfortune, not a fault. We are seeing enormous problems of mental health among young people who leave Covid., Like the motivational interview in order to know how to help people talk about it that really disturbs them and the tools, as as an activity behavioral action that can help closed or inactive people, to become more involved and involved. We don't do it. It is on the agenda of the White House. But I think it became a real problem for the field, it is that it was understood as a dictionary in the end started to be used as an encyclopedia. He dates back to the Second World War, when the field began to realize that the diagnosis was important and that we had to find a way to distinguish the different forms of psychopathology because we suddenly had a choice of treatments and we had to know who should have obtained what therapy. First of all, we need the awareness that there is happening. They are starting to bring us to precision medicine. It is extraordinary. Yet for the people who recover, this boy in Skid Row was right. We can do all this. You made that point. We can solve it, but it must be from the bottom and from top to bottom. I would like you to run The entire program, but perhaps your ability to recommend key people in the government leadership brought us there. This makes this a problem really difficult to solve. Just as we did with Covid, we have to call it. But he did not work for people with serious mental illnesses. There is no more genomic and more neuroimaging. I was in a Club House yesterday in Phoenix and someone said: "I need it that someone doesn't ask me:" What's the problem? "I need someone who asks:" Are you there that matters for me? "" And I realized that, in the medical model, we have lost all this. It's not right. There is a document in nature this week on the use of magnetic resonance imaging, which shows that there are so many variations in the human brain, in the connectivity and in the structure, which you would literally need thousands of patients to be able to obtain Reproducible results when you "are looking at the depressed brains vs healthy. I must say that I am not sure I understand 5 or 10 years ago when I was in Nimh. I hope the people who listen to this podcast learn the three p, the wisdom you have there I gave and the hope of finally obtaining mental health in a better place than it has been for many decades. I call that recovery or healing of the context. This is one of the ways in which I believe that mental illness is quite exceptional. Recognize that the genomics did not make the potential that once thought it could have for mental illness. fMRI can be useful in academically to demonstrate the differences in circuits or Biology for, let's say, the three or four different forms of depressive or two or three different forms of obsessive-compulsive disorder. Call 9-8-8 and get a social worker, perhaps an nurse or a peer. We shouldn't postpone it, and certainly we shouldn't postpone it until we know more about of schizophrenia. People thought that in some way these labels had a scientific and biological validity. There are many reasons for this. This. Also known as the psychiatrist of the nation. Inl: It's a big question. I see a growing recognition that good results depend not only on therapy, but on the therapist - people who are good listeners, naturally empathic and able to build relationships and a sense of trust. I don't think I fully understood what recovery was when I started writing the book. Inl: Thanks for having me. Inl: It is a great time to face these problems. I was talking about recovery to a very wise psychiatrist who works on Skid Row in Los Angeles. But unlike Oncology, it is not a single genomic defect. Nor the war in Ukraine - looking at the massacred people. You are absolutely right about it. It is something that we have to start turning to us. Do they have someone who takes care of them and someone they care about? In fact, they gave us a much better precision on the diagnosis of post-traumatic stress and depression disorder. These are the connections that we make in the sense that we have a relationship with others in which we care about us, we worry about them and there is a community. But this is the first act of a five -act theatrical work and this first act only concerned access. They never intended to do it. When Beth Stevens in Harvard discovered the complement factor at the base of schizophrenia, I thought, oh my God, it is surprising. It is a big problem here in California, where we have a governor who has committed \$ 4.4 billion for the mental health of young people. Would you talk about it? Thomas Inl, MD: happy to be here. But we now see it in another nation - perhaps a nation that is born again, as people create this sense of common purpose and common sacrifice. What you did in your career was important, not only your Nimh leadership, but also this book. Ubuntu is part of that idea. Requires this focus of - The three P. led to a focus on the reduction of symptoms symptoms what a recovery. At the same time, we gained our public health system and there were no beds and very few committed EU centers. But in the world of psychotherapy, it was a far fee form. People give that they feel comfortable. This is truly that it started to disturb me. There is a lot to solve, but we know what it should be done and how to do it. Three or four tools that we have put together and must be easy enough to do in a primary assistance environment because over 80% of depression and anxiety is treated in primary care, not in special care. Verghese: your choice of the word "healing" as a title for your book was interesting, and I understood it better when I had finished reading it, in the sense that you are reflecting the feeling that there was so much so broken with mental health - develop a lot of diagnosis submission and underestimation. We had a more favorable community of what we have today. Otherwise, what is the next thing? Thank you so much for being united to us. He provided definitions of consent of the main syndroms based on symptoms. As Francis Collins said, "it is always a marathon; it is almost never a sprint". Getting those basic discoveries in new therapies is a slogan. Verghese: The statistics you had in your book on prisons were a revelation for me. Symptoms must also be included and subjective experience. You underlined how mental illness was supposed to institutionalize and instead, institutionalized imprisonment. Where do they not have to worry about violence or to be attacked? The book is an invitation to action to say "just already". This must stop and we must start taking care of people. So there was no ability and the people who needed care had no option except to end up in the criminal justice system. I find it very well and The use of something like EEG at the end could become how to use EKG in cardiology, where it is in all basic basic documents And do they have a reason to recover? But basically, this is an effort from the bottom up. I spent time in prison, prisons and shelters for homelessness, and I had the meaning, which I did not have when I was so deeply involved in academic medicine and in mental health research, that this is so much a problem of social justice as a problem scientific. We must hit the restoration on this and start the process of reconstruction of the infrastructure, the service network within the health system. But once released, he would have returned to swimming in the world without any assistance. We do not have the precision to say: "This individual do better with this particular drug" or "... this particular psychological intervention", or perhaps "... this neuro therapeutic effort". We have many good treatments but we still don't know how to combine treatment and diagnosis. In the hands of a person who has an empathic skill, these seem to be quite effective. You have to move upstream and start talking about the prevention and population approaches to help people face these problems. Topol: in the last section on "The Way Forward", when you wrote the "size of the soul of our nation", it seems that you encapsulated this idea. It is not a missile science. So I don't think it's a mystery. Topol, MD: this is Eric Topol with my conductor of Abraham Verghese for Medicine of Medscape and the car. Today we welcome Tom Inl, who led the National Institute of Mental Health (Nimh) for 13 years, from 2002 to 2015. Inl: I'm glad you raised it because most of the people listening to this podcast He is probably thinking anxiety in their children or depression in their families. This is different, it is that people who need more treatments are less likely to look for it. Today again, The categories we have are not perfect, they are a beginning. There is value in this; Provided a common language. We can return to this. It it seems that the pandemic is still over and people still suffer and still need help. We would not accept it in the treatment of diabetes or hypertension. We can do it. A sanctuary? Leadership will be useful. Topol: In medicine and machine, we have not made mental health justice. What you get depends on who you log in. Are they alone? In 2022, ten times more people with serious mental illnesses were imprisoned with respect to living in public institutions for mental diseases. This transcription was changed for clarity. Thanks for having me. Inl: I didn't do it, Abraham. But if the difference is not clear to me for me and now we have hundreds of these types of results. In the medical sciences, people are practically necessary to do that science tells them works. Just to make it the most concrete, why not have custodians able to write prescriptions for housing construction or for food or for medical or private insurance to pay a club house? But when it comes to people with serious mental diseases, many of whom are imprisoned or homeless or simply not flourishing, we tend to forget it. It is very long from finding something impossible for the disease. You have to help them find a life. Abraham Verghese, MD: I just finished your book and I must confess that I had been struck by how little I knew about mental health. It is more difficult for children. INSEL: The study of mental illness was a difficult saga. The idea of our governor is that you will never take care of this, you will never have enough chlorine. As a scientist, I would like to think that at some point we will find the substrate that allows us to analyze these things. Are they cut? But I was working on it, I was more convinced that something is basically different here. This is the same problem that we had with candidate genes and the genomics when we have 20 years ago. This is happening across the country, but not fast fast What has happened in the last 3 or 4 years is the advent of automatic learning and artificial intelligence (AI) to EEG, and these have transformed the way we use those signals. I perhaps thought of psychotherapy. Those are the foundations. Topol: It is reassuring. If you have to be hospitalized, you don't have to go to a medical-surgical emergency room or prison. I think there are other ways to get to this. They didn't think about where people are left. We can do it. Inl: this is on us. This is the reverse of the medal of Cíe that you would see in oncology, diabetes or cardiovascular care, in which in general, disabled people for their symptoms are the people who will be pushed to the treatment, no matter what it takes to get there. Bryan Stevenson, the founder of the Equal Justice Initiative, says that a prison was open every 10 days in the 90s. Schizophrenia is not a rare condition. He made me surprise, given the number of imprisonment-not that it is the ideal-if there are no more opportunities to offer the type of place, people and processes necessary? In fact, one of your chapters says that diagnosis does not matter. But among these, only 15% -16% also receive minimum therapy. Now these problems are becoming more widespread. Inl: most of it we have to do, we know how to do it. It is exasperating and frightening, but also stimulating to see people gather in a way in which our nation is not united during Covid. It works very well for cancer right now. That was the president's comment in his union message. None of everything happens today, but it is not impossible to imagine. We have to start thinking about other measures. And as we improve assistance, we will improve the results. I am inviting us to rethink that we intend to health care, in the context of mental health, and a that, while the criminal justice system is where it is happening, we cannot expect the criminal justice system to do it An ideal place for someone to recover. There is an attempt to do it with a reformed crisis service, called 9-8-8, that Congress imposes on each county in America to implement by July 16 of this year. The Case Clubs are a way to do it - Community clinics. It has much to do with those three p and create that sense of community. A lot is going on - more than what he ever saw in my four decades on the field. Of course, where I came from, I was thinking, there is paxil and there is prozac ... it is incredibly important for recovery. By giving feedback not only to the patient, but also to the doctor, we can improve care. A place where they can get decent food? I was hit by an anecdote of the prisoner who was anxious to be released because paradoxically, he had a community in prison and had drugs and had a purpose and a process. I would like to reject a little that diagnosis does not count. What we have to do is to build that path. It may not depend on the fact that this patient has a particular current procedural terminology code (CPT) or landed on a specific DSM page, but some of these interventions are useful in the whole diagnostic structure. We focus on their symptoms and if they are getting the right drugs and if they have side effects. What is the way to go? He is creating community and creating resources of the community. It is nothing more than simply engage. We would never let it happen to someone with cardiovascular diseases or asthma, so it is difficult to imagine that we have allowed it to happen. These deaths of despair have now become a more urgent problem, with over 100,000 deaths from overdose nationally last year. I was swept away by Ukraine: It was difficult for me to talk about the book because I was so concentrated on it that it is happening there. I probably don't only be the EEG with a good one artificial. You are so weighted on where we went out of the dal But what is the best way now, taking on an unlimited budget (which we don't have)? There are places that are trying to provide better care in the criminal justice system, but it is a patch. But the urgent need is to face this serious injustice. Topol: During your remarkable 13-year-old mandate in Nimh, you favored the basic research of the genomics-to understand mental illness. We treated it as a defect or a crime. We forgot it. fMRI is difficult to resize and difficult to do. We have seen that if you put them together, you can start defining the subtypes of the main mental disorders that are predictive of the response to the treatment. He has just written a book called Healing: our path from mental health to mental health. The problem was worsened with Covid. We have to name it. But to be clear, there is no magic bullet here. I think it is important to understand something about the genetics of risk, but it is difficult to see how you use it in any way that makes the difference. We crossed this transformation, accelerated by Covid, from the world of therapy with your 50 minutes or an hour once a week, to a world where people can access psychotherapy and even online drugs with a click. There are not enough people out to help these people. One of these differences is around this problem of commitment - which beyond the met of the people who should or could be under treatment are not in treatment. Now it is a question of committing it to make it happen. As President Kennedy said in 1963, they remain foreign to our affections. How could we solve this problem? They come to a van and, if necessary, can spend hours with you to help you in that crisis. Here's what has become the book ... or is it a naive idea? Sardo Eeg, together with cognitive tests With data from a wearable that tells you sleep and activity, and perhaps also social social The criminal justice system is essentially established for punishment, not for therapy or even for rehabilitation. When I finished the book about a year and a half ago, I did not realize that we would have moved so quickly from top to bottom, that there would have been so much to do the congress, so much to the White House; That leadership in places like California would take this problem and corrected with it. This was a real problem for the field - that we have never developed the type of diagnostic rigor or the validity that has enjoyed most of medicine. Verghese: the extraordinary thing is that the treatment may not depend on making an accurate diagnosis. It is interesting. But in the last 5 years, we have asked us if there are some common characteristics: Did you fire it from your thought processes? So, while there are thousands of articles there, most of them are not reproducible due to the intrinsic variation and the fact that the effects were watching are quite small. INSEL: In terms of psychological therapies, we spent 20-30 years to develop "tailor-made" therapies, all that have acronym: CBT (cognitive-behavioral therapy), DPT (dialectical behavioral therapy), IPT (interpersonal therapy) -C- "It is a long list. We are not doing it. Ubuntu's idea emerges from this need to try to understand both the problems and the solutions in a much large context. What do you think? In California, at least in the Bay Area where I live, we lost many young people because of overdose and suicide of how much we did to Covid. We are debt with you for many reasons. The attempt to do so was taken by the American Psychiatric Association, which in the end created the diagnostic and statistical manual of mental-the DSM disorders, such necessary innovation. There is particularly true with something Similar to that discovery of the complement factor, which is essentially discovering a risk factor for schizophrenia in the germinal DNA. You At a psychiatric emergency room or a crisis stabilization, and then there is an entire system that goes from there. I think it is the first time in 41 years that the White House has even used the term mental illness or mental health. We decided that we would put a huge quantity of public funds in the construction of prison and prisons. Do you become the way we classify the ailments? Is this emblematic problems in making great discoveries in the basic research that require decades to improve the results? They do not have a workforce. We can resolve it and provide community, sanctuary and a sense of purpose so that they can thrive. Perhaps the work you put in the book led to this epiphany and reinvention. I hope that, if nothing else, the book now transmits that hope because we need hope right now, to understand how to solve so many of these problems. But you also brought the importance of the place and family. There is meaning that if you are in a mental health crisis, do not call 9-1-1 and get policemen with guns or an ambulance established for a medical-surgical emergency. It is a transformation that provides comfort, access and timely, and I believe that everything has been extraordinarily useful for many people. Follow Medscape on Facebook, Twitter, Instagram and YouTube said that if you want to understand it, they are practically the three P, and while the discovery of the C4 complement factor is interesting, I do not see how it reduces the imprisonment of hundreds of thousands of peopleWhere I hope the book leads to a new social movement that focuses on those who have more need, those who cannot support themselves and have become indigent, homeless or imprisoned because they have a brain disorder. So Tom, welcome. A limited number of these skills crosses almost all therapies. In that chapter on the diagnosis, I quote a psychologist, John that speaks of the points in the municipality of Di which are useful in almost all mental diseases. But I want to warn that it is not just money, politics and programs. Some of them have to do with the diseases themselves. It is not so interesting for me in terms of modifying results in general. I don't think I know that it was happening in the way I understand now. Cíe transformed schizophrenia, one of the most difficult conditions that exists in all medicine. So there is a game plan. The general surgeon has recently done so with youth suicide. We criminalized the thing we should treat. In reality they never intended to identify which person would have obtained which treatment beyond a sort of vague prejudice towards one type of treatment or in the other. Often what we are seeing is that the counties are building a part of it, such as the 9-8-8 telephone line, but are not building the vans of the mobile crisis. This is only fundamental. Do they have a safe place to live in? But this is the second act. But it is that the pandemic has highlighted is a minor form of depression and anxiety that is pervasive because it is reactive. Our nation is hurting and the pandemic has not helped. Inl: there is a piece of that; It is true through medicine. But the problem has always been that it has never gone beyond this type of descriptions of consensus. I think he does it. Topol: I want to touch a minor but more common form of mental illness. And he stopped me and raised my hand and said: "Look man, they are people, place and purpose. We have not yet arrived. Give them that we call brain capital giving them a series of skills that allow them to do it speaks of problems of mental health and be able to develop resilience around this. I concern that we have psychological treatments that work quite well and require the learning of a series of skills, but not there that most of the workforce is offering. This is the work to be done in the next 3-4 years. Verghese: I want to return to the diagnosis for a moment, recognizing that it is not as vital as in my specialist of infectious diseases, for example. In the book I tried to make us talk about health as something more about what we call health care. In this book and in your work for decades, you certainly hired it. When adding them all together, you probably learn so much taking a good family history. I think this passage to Teletetherbay is interesting and potentially transformative. Is it a fair summary? Absolutely, we need more of these things. Most of that we talked about during this conversation is the serious stuff. I love the passage in which Mandela's use of the South African term Ubuntu quotes, which means approximately "I am because of you". Would you expand yourself? I spent my whole career to focus on a kind of medical model. We don't think about their need for social support. There is a need to build this community that we had more when I was a child when I was growing up and when I had my children for the first time 40 years ago. So leadership is important. I wrote the book with the idea that it would be a bit like a uncomfortable truth, the documentary on climate change-that would be an alarm bell for so many that, like me, I am not aware of how they are not aware This problem has become serious. It is a bit like what we saw with Amazon and Uber. I learned so much from your book: I was surprised by many things, but above all by the idea that the diagnosis, which is so fundamental for it that we do in internal medicine, for example, is a very different beast in mental health. We have everything that we need to make it happen and help these people who today are our untouchables. INSEL: It was part of this evolution that I crossed. When I started the book, I was to carry on a project I have worked for for 40 years, which is to convince the public that psychiatry is only another discipline in medicine and these diseases are not are from the endocrine or from any other metabolic disease. Of course, it didn't happen. A result is that the treatments are often empirical-tipo of Hit-OR-Miss. What is the solution? When you find people who are truly psychotic and irrational, they don't think they are sick and will do almost everything possible to avoid treatment. It is not what I expected to read from a book to you and it was so refreshing, refreshing.

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