

GBHHSPC | July 21st 2015 Presenters Q&A

Responses from Glenn Treisman, M.D., PhD, Johns Hopkins University

1) What funding efforts go towards suicide prevention and services?

Our capacity to see patients acutely because good staffing is a powerful suicide prevention.

The most effective way to prevent suicide is early diagnosis and treatment.

The suicide rate in our clinic is very low-far less than would be predicted by the demographics.

All the clinic providers, both in psychiatry and on the medical side, have access to consultation about suicidal patients at all times, and we have had numerous opportunities to help suicidal patients.

2) How would more funding create an opportunity for more psychiatric spaces in hospitals?

Funding at the state level and legislative change to produce true parity for psychiatric treatment would reverse the trend toward bed closure and unavailability.

In the past, various agencies have tried to develop inexpensive "crisis" beds, which unfortunately provide a place to send patients without getting them the high quality care they need.

Oddly, the sickest patients need the best care, not the cheapest.

3) Is the rate of depression higher for MSM/Transgender persons than persons whom are heterosexuals?

Yes-the studies have flaws in their methods but they show increased rates of depression and increased rates of suicide in transgender individuals-there is a lot of speculation about the relationship.

Does depression increase the likelihood of transgender feelings due to identity problems? Or do transgender people develop depression because of a variety of stressors? There is no answer to this presently.

4) Are there resources for persons who are Transgender/MSM that are readily available other than medications? Are there alternatives to medicine for people with depression?

There are many psychiatric interventions for MSM and transgender depending on the problem. The response to treatment for depression is the same in msm and transgender as it is in everyone else. There is evidence that some forms of psychotherapy may be effective in patients with depression, particularly cognitive

behavioral therapy. We use it, but the best outcome is with a combined approach, which is what we recommend to our patients with depression

5) How has the percentage of your major depression patients fared by working with the rest of the health care teams?

Our outcomes for depression treatment are comparable with any clinic, and are better than many.