May is Mental Health Month!

Each year millions of Americans face the reality of living with a mental health condition.

During the month of May, NAMI, NAMI Alabama, and participants across the country are bringing awareness to mental health. Each year we fight stigma, provide support, educate the public, and advocate for equal care. Fortunately, each year, the movement grows stronger.

We believe that these issues are important to address year-round, but highlighting these issues during May provides a time for people to come together and display the passion and strength of those working to improve the lives of all Americans whose lives are affected by mental health conditions.

One in five Americans will be affected by a mental health condition in their lifetime, therefore, every American is affected or impacted through their friends and family. We can and should do something to help others. Individuals, businesses, and organizations can take the #IAmStigmaFree Pledge to learn more about mental illness, to see a person for who they are, and take action on mental health issues.

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Dear NAMI Members,

Please join us in congratulating Jefferson County for signing a resolution and joining The Stepping Up Initiative to help reduce the numbers of individuals with mental illnesses in jails. Across the county, 260 counties have signed a resolution to join this national movement to raise awareness of the factors contributing to the over-representation of people with mental illnesses in jails, and then using practices and strategies that work to reduce those numbers. We continue to encourage you to work with your county commissioners to have a Stepping Up Initiative resolution signed in your area. For more information, please visit: www.StepUpTogether.org/toolkit.

We also continue to encourage you to recruit new NAMI Alabama members. Congratulations to NAMI Centre for recruiting the most new members during our recent Membership Campaign. We will sponsor their designated representative to attend the NAMI Convention in July along with several Board members.

We are proud of all of our Board members and wish to recognize them when they excel in areas outside of their Board responsibilities. Dr. Nelson Handal, who is a Board Certified Child and Adolescent Psychiatrist at the Dothan Behavioral Medicine Clinic and founder of Harmonex Neuroscience Research (in Dothan), has been serving on our Board for several years and will be rotating off this year. While we will miss him in this capacity, we wish to congratulate him for being elected to Distinguished Fellow of the American Psychiatric Association. He joins an elite group of psychiatrists with this honorary distinction who continue to make a significant contribution to the field of psychiatry. Congratulations Dr. Handal!

Joining Dr. Handal in rotating off of the Board this year are Sue Guffey, Ex-Officio and Dr. Caroline Parrott, Member at Large. We cannot thank them enough for the work they have accomplished in several areas. Sue, who founded NAMI Centre will continue to be actively involved with the affiliate, serving as president. Dr. Parrott, who founded the University of Alabama NAMI on Campus Club will continue to be actively involved with the Club.

Current Board members who are joining me in running for various term limits are Joan Elder, Jane Nichols, Shannon Weston, Marian Harper, Eleanor Rohling, and Ruthie Warren. We need at least five more individuals to join us in running for the Board to accomplish our mission. Nominating committee members, Jane Nichols, Chairperson, Doug Collinsworth, and Becky Doughty have sent a memo which includes the nomination deadline of June 10. Applications should be e-mailed to wlaird@namialabama.org. If you need an application, please contact the office at 334-396-4797 or visit www.namialabama.org. The 2016-17 Board will be elected during the 30th Annual Meeting, which will be held August 25-27.

We ask you to join us in serving in any way possible to assist with our mission: to provide support, education, and advocacy for persons with mental illnesses, their families, and others whose lives are affected by these brain disorders. In particular, we need your help to advocate for the Medicaid Budget. The entire predicate for the closure of most of our state hospitals with a significant number of mental health beds for acute and chronic treatment was the promise of an appropriate level of funding for mental health care provided in the local communities. In the process of this transition, cuts in state funding led to a significant loss of matching federal dollars, and the provision of claimed “level funding” in the state budget since that time has never restored that lost funding. Moreover, costs continue to rise, but funding has not kept pace.

A significant additional component for the provision of adequate mental health care is provided separately in the Medicaid Budget, covering both the care of physicians and the vital provision of psychiatric medication. One proposal for meeting the budgeting shortfall is to eliminate the provision of adult prescription medication, including, psychiatric medication. Having already eliminated a significant number of mental health beds in state hospitals, the possibility of also eliminating the funding mechanism for provision of psychiatric medication is a “prescription” for disaster.

Statistically, one in five citizens face a diagnosis of some form of mental health issue during their lifetime. Serious psychiatric disorders are no respecter of age, race, or financial status.
Moreover, dementia and Alzheimer’s are devastating mental conditions which can occur before social security retirement age, and these diseases also impact our entire population.

We cannot allow our representatives and leaders to renege on their promise of quality and effective community mental health care. Please contact your representatives to ensure our citizens are provided effective medical care by adequately funding Medicaid.

Regards,

Board President

Message from the Executive Director

Our theme for Mental Health Month is: #IAmStigmaFree. We encourage you to take the StigmaFree Pledge which has three steps.

• Step 1 - Educate yourself about the facts so that you can educate others.
• Step 2 – See the person, not the illness.
• Step 3 – Take action to raise awareness.

As you follow through with these steps, we need your support to promote NAMI’s policy priorities, not only during the month of May but, throughout the year. They are as follows:

• Increase the availability of mental health care
• Promote early identification and intervention
• Reduce criminalization
• Enforce mental health insurance parity
• Support mental health caregivers

Below are several facts (provided by NAMI) about mental health issues that we should remember as we work on these priorities:

• 1 in 5 Americans are affected by mental illness in a given year.
• More than 50% of adults and children with mental health conditions received no mental health treatment in the past year.
• 75% of rural and frontier communities do not have any mental health professionals, affecting up to 45 million Americans.
• Over 40,000 American lives are lost to suicide every year.
• Suicide is the 2nd leading cause of death among young people ages 15-24 years.
• Mental health and substance use disorders caused more hospitalization among U.S. troops in 2009 than any other cause.
• 8.4 million Americans provide care to an adult living with mental illness.
• 3 out of 4 mental health caregivers report high levels of stress.
• 2 million Americans with mental health conditions languish in jails each year, often as a result of their illness.
• 74 weeks is the average delay from the first symptoms of psychosis to treatment in the U.S. (and 7 weeks in the United Kingdom).
• Mental illness costs America $193.2 billion in lost earning each year.
• The number 1 reason children are admitted to hospitals is for depression or bipolar disorder.

Two gentlemen who have worked on many of the challenges in reducing the numbers in the above facts were recent speakers during The Healthy Minds Conference, Hidden in Plain View: The Human and Economic Cost of Mental Illness: Leon Evans, President and CEO, The
Center for Health Care Services in San Antonio, Texas and Patrick Kennedy, a former U.S. Representative for Rhode Island’s first congressional district and nephew of the late President John F. Kennedy.

Leon Evans has worked for 38 years to improve the lives of people with mental illness. Utilizing community partnership and diverse funding sources, he has created an effective safety net that keeps people with mental illness out of emergency rooms, jails, and prisons and links them to treatment programs that help them lead independent, productive lives. He has developed nationally recognized initiatives including the Bexar County Jail diversion Program; the 24/7 Crisis Care Center; Crisis Intervention Training for public safety officers; and The Restoration Center, an integrated clinic providing psychiatric care, substance abuse services, transitional housing, and general health care services for the homeless populations.

NAMI Alabama representatives were proud to be a part of the conference and enjoyed seeing Patrick Kennedy again to learn about his organizations, One Mind for Research (of which he co-founded) and The Kennedy Forum on Community Mental Health. One Mind is pioneering an innovative approach to open science that ensures that scientific research, results, and data are available and accessible to everyone. The Forum is part of Kennedy’s ongoing national dialogue about the state of mental health in America. During his presentation, Kennedy said, “We need integration with overall health care. When 70 percent of the antidepressants, antipsychotics ... are all written by the primary care physician. We need to educate primary care physicians to understand the field that they are treating, because many are treating it with a pill and not understanding that it takes a comprehensive approach to address mental illness and addiction. You can’t just throw medications alone. You have to use medications in concert with cognitive behavioral therapy, the most evidence-based form of therapy. And we need to have that all paid for.” He also said, “We could be intervening for a whole other generation such that no one’s illness progresses and pathologizes the way we allow people with mental illnesses to pathologize and progress today.”

Patrick Kennedy, who has been associated with NAMI for many years, received NAMI’s Distinguished Service Award in 2011. We continue to be proud of him and his work in the field of mental health, especially Mental Health Parity.

We are also proud of the work of our Board, affiliates, program coordinators, and volunteers. They have been busy participating in many health fairs, working with AKA groups around the state, coordinating several upcoming trainings, and planning the 30th Annual Meeting, which will be held August 25-27, at the Drury Inn & Suite Hotel, in Montgomery.

An Annual Meeting registration form and agenda will be placed on our website. You may also find information about our trainings at: www.namialabama.org. If you have not had the opportunity to participate in our state trainings to become a teacher or group leader, please remember the following training dates: Family to Family - June 24-26 and Connection Group - September 9-11.

We look forward to partnering with AUMs’ Alabama Crime Prevention Clearinghouse & Training Institute to conduct more Crisis Intervention Team (CIT) trainings which will be held in August and September. More information will be available in the near future.

Please join NAMI Alabama and Walk Manager, Tamara Crutchley, in raising $65,000 to help support our educational programs. Our 5K, second annual NAMIWalks Alabama fundraiser, will be held September 24, 2016, at the Wynton Blount Cultural Park, in Montgomery. Jane Nichols, NAMI Alabama Walk Chairperson said, “We are honored to have Coach Nick Saban as our State Honorary Chairperson. Please help us in recruiting team captains and soliciting businesses.” It is a virtual Walk, therefore, you do not have to be present to participate. Please visit www.NAMIAlabama.org to register for a team and/or make a donation. Walk with us as we promote the theme: #IAmStigmaFree.

Find Help. Find Hope.

Wanda Laird
Executive Director
Karen Winters Schwartz was born and raised in Mansfield, Ohio. She wrote her first truly good story at age seven. Her second-grade teacher, Mrs. Schneider, publicly and falsely accused her of plagiarism. She did not write again for forty years.

Educated at The Ohio State University, both Karen and her husband have shared a career in optometry in Central New York’s Finger Lakes while raising two daughters.

Karen is the president of NAMI Syracuse (National Alliance on Mental Illness), a strong advocate for mental illness awareness, and a sought-after speaker at health association events and conferences across the country. Karen knows firsthand the devastation that mental illness can wreak on a family. She has talked to hundreds of families who have dealt with the frustration of a broken mental health care system. She has experienced the price of stigma and has felt the isolation that ignorance, misunderstanding, and judgment can inflict on everyone involved. She knows how these misconceptions delay and thwart necessary treatment—at its best leading to loss of jobs, productivity, and relationships, at its worst leading to tragedies such as suicide, violence, and mass murder. She has also experienced the joy of the recovery of a loved one, stressing early detection and treatment as the key to this success.

Her widely praised novel on mental illness, Reis’s Pieces: Love, Loss, and Schizophrenia was released by Goodman Beck Publishing in the spring of 2012. The follow-up to her critically acclaimed debut, Where Are the Cocoa Puffs?: A Family’s Journey Through Bipolar Disorder, Reis’s Pieces is not only an honest and engaging story but an advocacy tool, an educational tool, and a comfort to those dealing directly and indirectly with mental illness.

Through her books, Karen opens up discussions about the need for empathy and the impact of the negative stigma associated with these neurobiological brain disorders. Through literature, she educates while entertaining, elicits empathy while telling a great story, and advocates by reaching those who just don’t “get it.”

The Chocolate Debacle is her third novel. Per Mary Giliberti, Executive Director of the National Alliance on Mental Illness, it is “more than a mystery novel.” Please join us in August to learn more about Karen Winters Schwartz and her books.
David Young, Maggie Collinsworth, Teresa Young, and Margaret Arthur prepared bulk mailing materials for NAMIWalks Alabama.

Dr. Beverly Bell-Shambley was a recent guest speaker at a NAMI Tuscaloosa meeting. Her topic was, Treatments for Patients with Dual Diagnosis: Mental Illness and Addiction. She is a member of the AKA Eta Xi Omega Chapter and is shown with several Chapter members who attended the meeting.

2016 NAMI Alabama Awards

Each year we wish to recognize people or organization that have demonstrated extraordinary work and advocacy on behalf of individuals living with mental illness and their families. Nominations for the below categories may be sent to wlaird@namialabama.org by July 15. A nomination form is available on the website at www.namialabama.org and will also be sent to the membership from the nominating committee: Ruthie Warren, Chairperson, Jackie Milton, and Laurie Griffen. Awards will be presented on August 26 during the 30th NAMI Alabama Annual Meeting.

- Friend of the Court
- Legislator of the Year
- Media Award of the Year
- Shining Star Affiliate Leader
- Shining Star Affiliate
- Mental Health Professional of the Year
- Consumer of the Year
- Outstanding Advocate of the Year
- Multicultural Faith-Based Advocate
- Special Recognition Award(s)
- Lifetime Achievement Award
- Rogene Parris Family Member of the Year

Tamara Crutchley (center) participated in a mental health awareness walk coordinated by Alpha Kappa Alpha (AKA) Nu Nu Omega Chapter members in Livingston, AL, along with Marnise Stevenson (left), AKA Health Promotions Coordinator, and Calvin Williams (right). Calvin is a Peer Support Specialist for West AL Mental Health Center.
Wanda Laird and Henry Parker (right), Executive Director of the Montgomery Area Mental Health Authority, met with Kylie’ D. McKinney, Public Affairs Specialist, Social Security Administration, prior to a mental health presentation to the Social Security Administration employees.

Tuerk Schlesinger visited the NAMI Alabama booth during the recent Alabama Council of Community Mental Health Boards’ Conference.

Family Support Group Training

First Row L to R: Joan Elder, state trainer, Jackie Milton, state trainer and coordinator, Linda Cates (NAMI Montgomery), David Young (NAMI Montgomery), Brandon Newsome (NAMI Mobile), and Ginger Cobb (NAMI Shoals)

Second Row L to R: Chris Knight and Dr. Karis Knight (NAMI Huntsville), Tina Reid (NAMI Mobile), Deborah Jackson (NAMI Shelby), and Joe Cobb (NAMI Shoals)
NAMI Alabama in Our Own Voice (IOOV) Presentation

NAMI Alabama representatives participated in the Alabama Department of Mental Health’s Alabama Institute for Recovery Training by presenting our IOOV program and setting up a booth to provide resources for the 800 attendees.

Mark Prescott served as an IOOV presenter.

Sara Parfait served as an IOOV presenter.

Christi Collins, NAMI Alabama Peer Specialist and Beverly Parker, NAMI Alabama IOOV and Connection Coordinator, enjoyed the AL Institute for Recovery Training. Christi and Beverly also serve as state trainers for IOOV and Connection.
## NAMI Alabama Connection Group Meetings

### NAMI Baldwin
- **Contact:** James Hamilton, 251-504-9769, Adamanntt@gmail.com
- **Location:** The Harbor Crisis Center, 308 Greeno Rd, Fairhope, AL
- **Time:** 1st and 3rd Thursdays, 6:30 p.m.

### NAMI Baldwin
- **Contact:** Beverly Parker, 251-599-5562, Berry1502@aol.com
  - Rhonda Wiggins, 251-459-9545, rswigg@hotmail.com
- **Location:** Bartlett Place, 2112 Mcmillan Ave, Bay Minette, AL
- **Time:** Tuesday, 1:30 p.m.

### NAMI Birmingham
- **Contact:** Helena Doering, 205-215-5770, Helenadoering@gmail.com, William Ruff, Charlene Scott
- **Location:** UAB, Center for Psychiatry Medicine, Second Floor, 1713 6th Ave S, Birmingham, AL
- **Time:** Thursday, 5:00 p.m.

### NAMI Birmingham
- **Contact:** David D. Thames, 205-470-3509, davidtham737@gmail.com, William Ruff
- **Location:** S. Highland Presbyterian Church, 2035 Highland Ave. S, Birmingham, AL
- **Time:** Tuesday, 2:00 p.m.

### NAMI Centre
- **Contact:** Paul and Suzanne Theis, 256-779-5794, ptcconstruction@tds.net
- **Location:** First Baptist Church Recreational Outreach Center, 300 East Chestnut Bypass, Centre, AL
- **Time:** 1st & 4th Thursday, 5:30 - 7:00 p.m.

### NAMI Huntsville
- **Contact:** Nick Snead, 256-417-3830, nicknamihsv@gmail.com
- **Location:** United Way Building, 701 Andrew Jackson Way, Huntsville, AL
- **Time:** Thursday, 5:30 p.m.

### NAMI Huntsville
- **Contact:** Mark Prescott, 256-777-6774, markpres@yahoo.com
- **Location:** 2220 Windscape Dr, Windscape Apt Community Room, Athens, AL
- **Time:** 1st and 3rd Tuesday, 6:00 p.m.

### NAMI Mobile
- **Contact:** Dee Jordan, mobiledeelight@gmail.com, or SOMI Club, 251-342-0261
  - Susan Baker, 251-599-3858
- **Location:** SOMI Club, 4351 Midmost Dr, Mobile, AL
- **Time:** 2nd and 4th Friday @ 9:00 am

### NAMI Shoals
- **Contact:** Vivian Bulls, 256-766-4740, vivianbulls76@gmail.com
- **Location:** NAMI Shoals-Advocacy Education Support, 749 Thompson St, Ste A, Florence, AL
- **Time:** 2nd Tuesday, 7:00 p.m.

### NAMI Wiregrass
- **Contact:** Tyler Kramer, 334-369-9148, Ppaw95@yahoo.com
- **Location:** St Columba Church, 2734 West Main St, Dothan, AL
- **Time:** 1st Mondays, 6:30 p.m.

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We are in the process of developing more groups. Please contact your local affiliate or the state office at 334-396-4797 for more information.

**NOTE:** Please contact the facilitators as dates may be subject to change.
May

Mental Health Month
National Anxiety and Depression Awareness Week
May 1-7
National Children’s Mental Health Week
May 8
National Children’s Mental Health Awareness Day
May 15-21
Older Americans’ Mental Health Week
May 16-22
Mental Health Awareness Week
May 17-23
Schizophrenia Awareness Week

June

June 12-14
AL West FL Annual Conference, Frazer United Methodist Church, Montgomery
June 24-26
Family to Family Training, Drury Inn & Suites, Montgomery
June 27
National Post Traumatic Stress Disorder Awareness Day

July

National Minority Mental Health Awareness Month
July 6-9
NAMI Convention, Sheraton Denver Hotel, Denver, Colorado
July 13
Minority Mental Health Awareness Summit, Birmingham CrossPlex

August

August 23-26
CIT Training, Baldwin County
August 25-27
NAMI Alabama Annual Meeting, Drury Inn, Montgomery

September

September 9-11
Connection Training, Drury Inn & Suites, Montgomery
September 24
NAMIWalks Alabama, Wynton Blount Cultural Park, Montgomery
September 27-30
CIT Training, Montgomery

Kilometer
Mr. & Mrs. Leon Capouano
Linda Cates

Donors
Annie Barbers
Deborah Fike
Dr. Stephen Maddox
David Young

Memorials
In memory of
Clifford Bruce Harden:
Neil Accortt
Jim Carnes
Dr. and Mrs. John Griffin
Erin Kellen
Disruptive Mood Dysregulation Disorder

Definition
Disruptive mood dysregulation disorder (DMDD) is a childhood condition of extreme irritability, anger, and frequent, intense temper outbursts. DMDD symptoms go beyond being a “moody” child—children with DMDD experience severe impairment that requires clinical attention. DMDD is a fairly new diagnosis, appearing for the first time in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013.

Signs and Symptoms
DMDD symptoms typically begin before the age of 10, but the diagnosis is not given to children under 6 or adolescents over 18. A child with DMDD experiences:

• Irritable or angry mood most of the day, nearly every day
• Severe temper outbursts (verbal or behavioral) at an average of three or more times per week that are out of keeping with the situation and the child’s developmental level
• Trouble functioning due to irritability in more than one place (e.g., home, school, with peers)

To be diagnosed with DMDD, a child must have these symptoms steadily for 12 or more months.

Risk Factors
It is not clear how widespread DMDD is in the general population, but it is common among children who visit pediatric mental health clinics. Researchers are exploring risk factors and brain mechanisms of this disorder.

Treatment and Therapies
DMDD is a new diagnosis. Therefore, treatment is often based on what has been helpful for other disorders that share the symptoms of irritability and temper tantrums. These disorders include attention deficit hyperactivity disorder (ADHD), anxiety disorders, oppositional defiant disorder, and major depressive disorder.

If you think your child has DMDD, it is important to seek treatment. DMDD can impair a child’s quality of life and school performance and disrupt relationships with his or her family and peers. Children with DMDD may find it hard to participate in activities or make friends. Having DMDD also increases the risk of developing depression or anxiety disorders in adulthood.

While researchers are still determining which treatments work best, two major types of treatment are currently used to treat DMDD symptoms:

• Medication
• Psychological treatments
  o Psychotherapy
  o Parent training
  o Computer based training

Psychological treatments should be considered first, with medication added later if necessary, or psychological treatments can be provided along with medication from the beginning.

It is important for parents or caregivers to work closely with the doctor to make a treatment decision that is best for their child.

Medication
Many medications used to treat children and adolescents with mental illness are effective in relieving symptoms. However, some of these medications have not been studied in depth and/or do not have U.S. Food and Drug Administration (FDA) approval for use with children or adolescents. All medications have side effects and the need for continuing them should be reviewed frequently with your child’s doctor.

For basic information about these and other mental health medications, you can visit the NIMH Mental Health Medications webpage. For the most up-to-date information on medications, side effects, and warnings, visit the FDA website.

Stimulants
Stimulants are medications that are commonly used to treat ADHD. There is evidence that, in children with irritability and ADHD, stimulant medications also decrease irritability.

Stimulants should not be used in individuals with serious heart problems. According to the FDA, people on stimulant medications should be periodically monitored for change in heart rate and blood pressure.

Antidepressants
Antidepressant medication is sometimes used to treat the irritability and mood problems associated with DMDD. Ongoing studies are testing whether these medicines are effective for this problem. It is important to note that, although antidepressants are safe and effective for many people, they carry a risk of suicidal thoughts and behavior in children and teens. A “black box” warning—the most serious type of warning that a prescription can carry—has been added to the labels of these medications to alert parents and patients to this risk. For this reason, a child taking an antidepressant should be monitored closely, especially when they first start taking the medication.

Atypical Antipsychotic
An atypical antipsychotic medication may be prescribed for children with very severe temper outbursts that involve physical aggression toward people or property. Risperidone and aripiprazole are FDA-approved for the treatment of irritability associated with autism and are sometimes used to treat DMDD. Atypical antipsychotic medications are associated with many significant side-effects, includ-
ing suicidal ideation/behaviors, weight gain, metabolic abnormalities, sedation, movement disorders, hormone changes, and others.

**Psychological Treatments**

**Psychotherapy**

Cognitive-behavioral therapy, a type of psychotherapy, is commonly used to teach children and teens how to deal with thoughts and feelings that contribute to their feeling depressed or anxious. Clinicians can use similar techniques to teach children to more effectively regulate their mood and to increase their tolerance for frustration. The therapy also teaches coping skills for regulating anger and ways to identify and re-label the distorted perceptions that contribute to outbursts. Other research psychotherapies are being explored at the NIMH.

**Parent Training**

Parent training aims to help parents interact with a child in a way that will reduce aggression and irritable behavior and improve the parent-child relationship. Multiple studies show that such interventions can be effective. Specifically, parent training teaches parents more effective ways to respond to irritable behavior, such as anticipating events that might lead a child to have a temper outburst and working ahead to avert the outburst. Training also focuses on the importance of predictability, being consistent with children, and rewarding positive behavior.

**Computer-based training**

Evidence suggests that irritable youth with DMDD may be prone to misperceiving ambiguous facial expressions as angry. There is preliminary evidence that computer-based training designed to correct this problem may help youth with DMDD or severe irritability.

**Join a Study**

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. During clinical trials, treatments might be new drugs or combinations of drugs, new psychotherapies or devices, or new ways to use existing treatments. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individual participants may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

**Please note:** Decisions about whether to participate in a clinical trial and which ones are best suited for a given individual are best made in collaboration with your licensed health professional.

**Clinical Trials at NIMH/NIH**

Scientists at the NIMH campus conduct research on numerous areas of study, including cognition, genetics, epidemiology, and psychiatry. The studies take place at the NIH Clinical Center in Bethesda, Maryland and usually require regular visits. After an initial phone interview to see if any of the clinical trials recruiting subjects are a good match for you, you will come to an appointment at the clinic and meet with a clinician. Visit the NIMH Clinical Trials — Participants or Join a Study: Disruptive Mood Dysregulation Disorder for more information.

**How Do I Find a Clinical Trial Near Me?**

To find a clinical trial near you, you can visit ClinicalTrials.gov. This is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial’s purpose, who may participate, locations, and contact information for more details. This information should be used in conjunction with advice from your health provider.

**Learn More**

**Research and Statistics**

- ClinicalTrials.gov: Disruptive Mood Dysregulation Disorder
- Journal Articles: References and abstracts from MEDLINE/PubMed (National Library of Medicine)
- Join a Study: Disruptive Mood Dysregulation Disorder

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