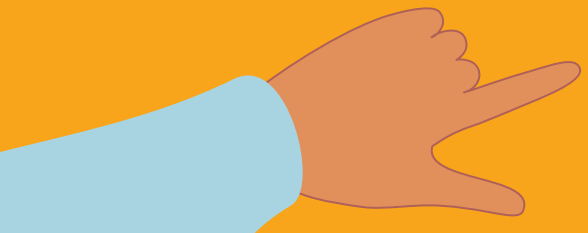
HEALING h+ MAGAZINE
2020 Vol. 25, No. 1

Combating STIGMA

SPECIAL ISSUE

Plus: KidsPeace and COVID-19



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2020 • Vol. 25, No.1

Healing Magazine is a publication of:

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4085 Independence Drive
Schnecksville, PA 18078-2574

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About KidsPeace
KidsPeace is a private charity dedicated to serving the behavioral and mental health needs of children, preadolescents and teens. Founded in 1882, KidsPeace provides a unique psychiatric hospital, a comprehensive range of residential treatment programs, accredited educational services and a variety of foster care and community programs to give hope, help and healing to children, adults and those who love them. Learn more at www.kidspeace.org.

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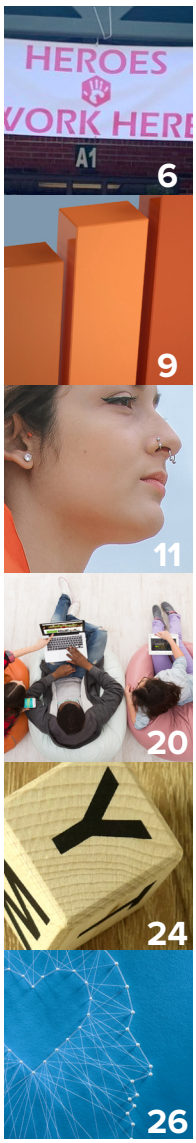
Providing practical, clinical information to families and children's professionals



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Are you interested in writing for *Healing Magazine*?

If you are a professional in the field of mental health, education or parenting, we welcome your submission. *Healing* articles should be about 1,200 words and consist of practical, clinical information about children's mental health that can be applied in the home, classroom, community and/or office setting.

Ideas for articles can be sent to healing@kidspeace.org. *Healing Magazine* reserves the right to edit all manuscripts.

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To Our Readers:

Last summer, our *Healing Magazine* team decided to try something different: dedicating an entire issue to the topic of stigma – a phenomenon that our experts and clients alike identify as perhaps the single greatest barrier to effective mental and behavioral health treatment.

We knew then that this would be an effort unlike any we had done before; we just didn't realize how true that statement would prove to be.

The extraordinary changes in our society as a result of the COVID-19 pandemic have not passed over KidsPeace or *Healing Magazine* without effect. And I wanted to quickly note some ways this edition truly stands out among the dozens we've published over the last two decades.

One basic difference – timing. Normally our Spring/Summer edition publishes in May; this issue is coming out well into July 2020. The reason for the delay, of course, is that our staff and our contributors all were dealing with the impact of COVID-19. Some had new responsibilities in their regular jobs; others had to deal with actually contracting the coronavirus illness. However, the people who had committed to write for us still wanted to offer their insights, and by delaying publication we were able to accommodate them and move forward with our special issue on stigma.

The contributions from our writers explore the medical and clinical effects of stigma on youth, its impact on various communities, and ways media and parents and churches and government can fight it. Together, these articles drag stigma surrounding mental health into the light of understanding its effects... with the hope that by doing so, we hasten its departure from our society.

But we also could not ignore the pandemic, and so in this issue KidsPeace President and CEO Michael Slack provides us with an insider's view of how a multi-state provider of mental and behavioral healthcare services could respond so quickly to this once-in-a-generation challenge. While it's a story that is still being written, Mike correctly pays tribute to the commitment, ingenuity and courage among our associates and the people they care for.

Finally, because of budget and logistical challenges created by the pandemic, we decided to forego the physical printing of this edition, making it the first all-digital issue in *Healing's* history. We hope you enjoy the magazine in its digital version, and we encourage you to share its articles and insights on your personal digital channels.

Going forward, our intention is to continue to provide the kind of important and useful information you've come to expect from *Healing Magazine*. We certainly welcome your comments and suggestions on this issue and future editions; please let us know your thoughts, at Healing@kidspeace.org.

For now, please enjoy this VERY SPECIAL EDITION of *Healing Magazine*.

Bob Martin, Executive Editor

Special Report: on COVID-19

"Essential, Life-Sustaining and Staffed by Heroes:"

How KidsPeace Responded to the Coronavirus Crisis

By Michael Slack
Submitted June 30th, 2020

In 1882 a group of civic leaders in south Bethlehem, Pennsylvania came together to consider how to respond to an outbreak of smallpox in their community, and established a home for children orphaned in the epidemic. Over the years that organization evolved in response to the needs of its residents and its community, ultimately focusing on mental and behavioral health care under its current name – KidsPeace.

Nearly 140 years later, a new disease again poses enormous challenges. The full story of our response to COVID-19 will not be told for some time, but I wanted to note some key lessons it has taught us so far.

Facing the enemy

In early 2020 news reports detailed the emergence of a novel respiratory disease in China. Many of us may not have realized then the significance of that development; however, our risk assessment team led by Andrew Burke, KidsPeace's vice president of legal affairs, did recognize the potential for widespread disruption of our operations. We activated elements of our "pandemic plan" - convening a group of senior leaders to examine further implications on our operations should COVID-19 enter the U.S.

Along with that "head start" on planning, we were also fortunate to have outstanding medical professionals guiding our preparations for COVID-19. KidsPeace's Chief Medical Officer, Dr. Matthew Koval, and the vice president of medical affairs of KidsPeace Children's Hospital, Dr. Caron Farrell, took on the task of translating the pandemic plan and guidance from public health authorities into working preparations for our organization. We also benefited enormously from exceptional leadership in our various program areas. Our Program Leadership Team (PLT), headed by Chief Program Officer Sue Leyburn, immediately took on the challenge of incorporating the medical experts' direction by identifying the needed program changes and new protocols, and ensuring they were implemented expeditiously across the KidsPeace continuum of care.

From the beginning of our response Drs. Koval and Farrell were in constant contact with the Centers for Disease Control and state health departments, gathering information and learning along with the authorities about COVID-19. Among the initiatives these contacts sparked was a push to have all associates – and eventually clients – wear masks while in KidsPeace facilities. The implementation of this practice was challenged by a limited supply of PPE across the world in the early stages of the pandemic. However with diligence and trial and error, our purchasing department was able to procure sufficient purchased and hand-made masks to implement mandatory masking across all KidsPeace programs, which proved to be a turning point. The disease appeared ready to spread alarmingly through the

Bowdon, GA

South Bend, IN

Merrillville, IN

Muncie, IN

workforce until mask-wearing and social distancing was mandated; those protocols greatly reduced transmission of the virus, and a ban on visitors to our campuses and implementation of health screenings of associates entering the facilities also appeared to hold down infection rates.

Along with these protocols, we made other dramatic changes in our operations. In mid-March, we placed a "work-from-home" mandate on our administrative staff. Some 100 individuals began working remotely, with others cutting back on the hours they were physically in our administrative offices, and all associates mandated to wear masks and wash their hands while in the building. And we began to communicate more frequently with our associates on our preparations and ways they could help protect themselves and their families from contracting COVID-19. One of our best initiatives was establishing a "help line" phone service staffed by a physician assistant who could answer associates' questions about health-related matters. We also created and displayed posters across all KidsPeace program locations, featuring reminders and helpful hints to reinforce critical infectious disease prevention measures such as social distancing, hand-washing and masking.

Together, the collaborative spirit, diligence and ingenuity of all parts of our organization were brought to bear on addressing COVID-19, and I could not be prouder of my fellow KidsPeace associates for their contributions.

The programs respond

From the beginning, our pandemic plan identified the **congregate care services at our Orchard Hills Campus – KidsPeace Children's Hospital and our Pennsylvania residential treatment programs** – as the area of greatest risk, because of the concentration of staff and youth in the facilities and the high incidence of community spread in this region of Pennsylvania. However, the campus also had a key advantage: space in a vacant module of the Hospital that could serve as an isolation and recovery unit for kids with signs of COVID-19 infection. Contractors and our grounds and maintenance staff built out the unit in a matter of a few weeks, while clinical staff quickly composed a training program in caring for residents in isolation and quarantine for COVID-19.

Early on the learning curve was steep related to the proper use of PPE and additional steps required on the part of our associates to reduce the spread of the virus. But with training and time these skills became more developed and our practices more consistent - keeping both clients and associates safe.

Additionally, we were questioned by staff members and supporters as to why we didn't send residents back home, and why we continued to accept referrals of children into the programs at Orchard Hills in the face of the pandemic. In a message to associates, Dr. Koval answered these questions succinctly:

"The simple answer is, these kids still need us! Remember that mental health IS healthcare and, just like our colleagues in hospital emergency rooms, we take care of kids with urgent and sometimes life-threatening conditions. The Emergency Departments at our area hospitals are continuing to treat patients with physical health problems during the COVID-19 crisis, and we must do the same … This crisis has NOT stopped children and families from requiring our services." (In fact, since COVID-19 emerged we have seen a number of children admitted to our programs with mental health issues intensified by the stress of the pandemic.)

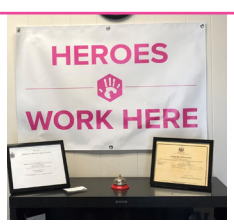
We adjusted our residential programming for the "new normal." Although school districts in Pennsylvania were closed to in-person classes, we realized that the structure of a school schedule remained important for the therapeutic progress of our kids. So we reworked the schedule to continue classes but without intermingling of kids from different housing units, for social distancing purposes. As I noted, we also mandated the use of facemasks and social distancing among all individuals in the facilities.

The result of these moves was that we greatly reduced the risk of widespread infection at Orchard Hills. While we had a small number of clients and associates test positive for COVID-19 in April and early May, the numbers did not rise precipitously and the symptoms associated with these cases were thankfully mild for the majority of those infected.

The news was even better in our other residential treatment programs in Maine and Georgia. Those states did not experience the severity of the outbreak of COVID-19 as Pennsylvania did, and the rapid deployment of our infection control protocols resulted in NO kids and only two staff members testing positive **as of the end of June**.

COVID-19 presented our outpatient and community-based programs with a different set of challenges. Treatment in these programs traditionally involve a therapist engaging with multiple clients from the general public each day, either in a clinic or home setting. State health departments consider outpatient psychiatric treatment as an "essential" service (in PA the term is "life-sustaining"), permitting them to stay open. So it was necessary to adopt infection control practices at our outpatient offices – mandatory masking and social distancing, enhanced cleaning and disinfection of the office space, a ban on non-essential visitors, and health screenings as clients and families enter the office space.

KidsPeace was forced to shut down several community programs which were tied



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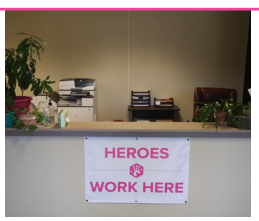


Bloomsburg, PA

Berks, PA

to local school districts, after in-person classes in PA and Maine were banned. The unfortunate result was that we were forced to furlough or reassign approximately 60 associates for the duration of the crisis. However, due to some financial assistance from the federal government all furloughed associates were recalled in mid-May.

There are three aspects of our community services that proved to be very valuable in coping with the pandemic:

- First, we were able to expand our use of **telehealth** – using secure technology to deliver treatment to clients who were unable or unwilling to come to the office in person. Even though we previously had excellent experience with telehealth as a way to cope with the nationwide shortage of child psychiatrists, there has been a lingering reluctance tied to concerns over effectiveness and privacy. Now concerns over COVID-19 have prompted more clients to become familiar with telehealth, and we expect more of them will continue to use it even after the pandemic eases. This growing acceptance is key to efforts by KidsPeace and other providers to convince regulators and payer organizations to fully reimburse telehealth-delivered services going forward.
- Second, our program of providing **free walk-in assessments of clients and families in crisis** served as a complement to broader community initiatives aimed at reducing the strain on hospital emergency departments from COVID-19. The program in our Allentown, Bethlehem and Mt. Pocono (PA) offices gave residents facing crisis an option to avoid the crowded ERs of local hospitals yet still address their mental health situation. From mid-March through the end of June, more than 160 individuals took advantage of this capability.
- Finally, we want to note the tremendous contributions of our web-based therapeutic support service **TeenCentral** (www.teencentral.com). In January we added clinical resources to the service, which later proved to be immensely valuable to youth forced to be away from school and friends amid the pandemic. In the months of March, April, May and June of this year, traffic on TeenCentral more than doubled from the same period in 2019, and 91 new "stories" from teens and youth were posted on the site.

In our **foster care services**, COVID-19 forced a "mixed-bag" of mandates and protocols related to in-person visitation of foster homes. The transition from in-home / in-person visits varied from state to state, ultimately leading to a mixture of both continued in-person visits (with infection control protocols and screenings) with an increasing amount of telehealth support to foster families such as virtual teleconferenced meetings. Despite the challenges, KidsPeace Foster Care staff in the seven states we operate in continued to provide outstanding support to foster families in need of their services – a need that is likely to grow again after the pandemic eases.

Community support

A lasting memory from this difficult time will be the community support for our associates:

- An army of sewing enthusiasts included KidsPeace in the list of health organizations who received shipments of handmade reusable cloth masks for our direct care staff.
- Multiple supporters in West Georgia stepped in to provide weekly lunches for our Bowdon Campus staff. And in Pennsylvania and Maine, KidsPeace Board member Dr. Scott Reines and his wife Tricia contributed to give associates a voucher for a meal to be enjoyed once the pandemic crisis eases.
- A Lehigh Valley candy maker donated enough of their product to fill Easter baskets for our Orchard Hills campus residents.
- And led by members of KidsPeace's Board of Directors, many donors provided needed financial contributions to support our workforce. Among the efforts this support made possible – a "goodie bag" of items and information designed to combat stress, delivered to all associates by our Critical Incident Response Team/ Oasis Space program.

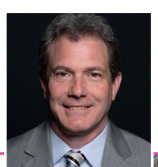
"Adversity does not build character – it reveals it."

In early April Gary Russell, a longtime KidsPeace associate and residential services manager at our Georgia program, wanted to make a statement about the work of his colleagues. He purchased a banner and hung it over the staff entrance at the Bowdon facility, so that every day associates would see its simple message:

"HEROES WORK HERE"

Today, banners with that message hang at EVERY KidsPeace facility. Whether they are involved in direct residential care, or outpatient services, or foster care, or among the hundreds of associates in roles supporting those efforts, I consider each of my colleagues a hero for their commitment to the kids and adults we serve.

No one can predict exactly the full impact from the coronavirus crisis and response on our society or on our organization in the future. But I do believe that a lasting effect will be the realization of how important our services are to our communities, and how worthy of praise our associates are for delivering those services amid COVID-19.



Michael W. Slack is president and CEO of KidsPeace

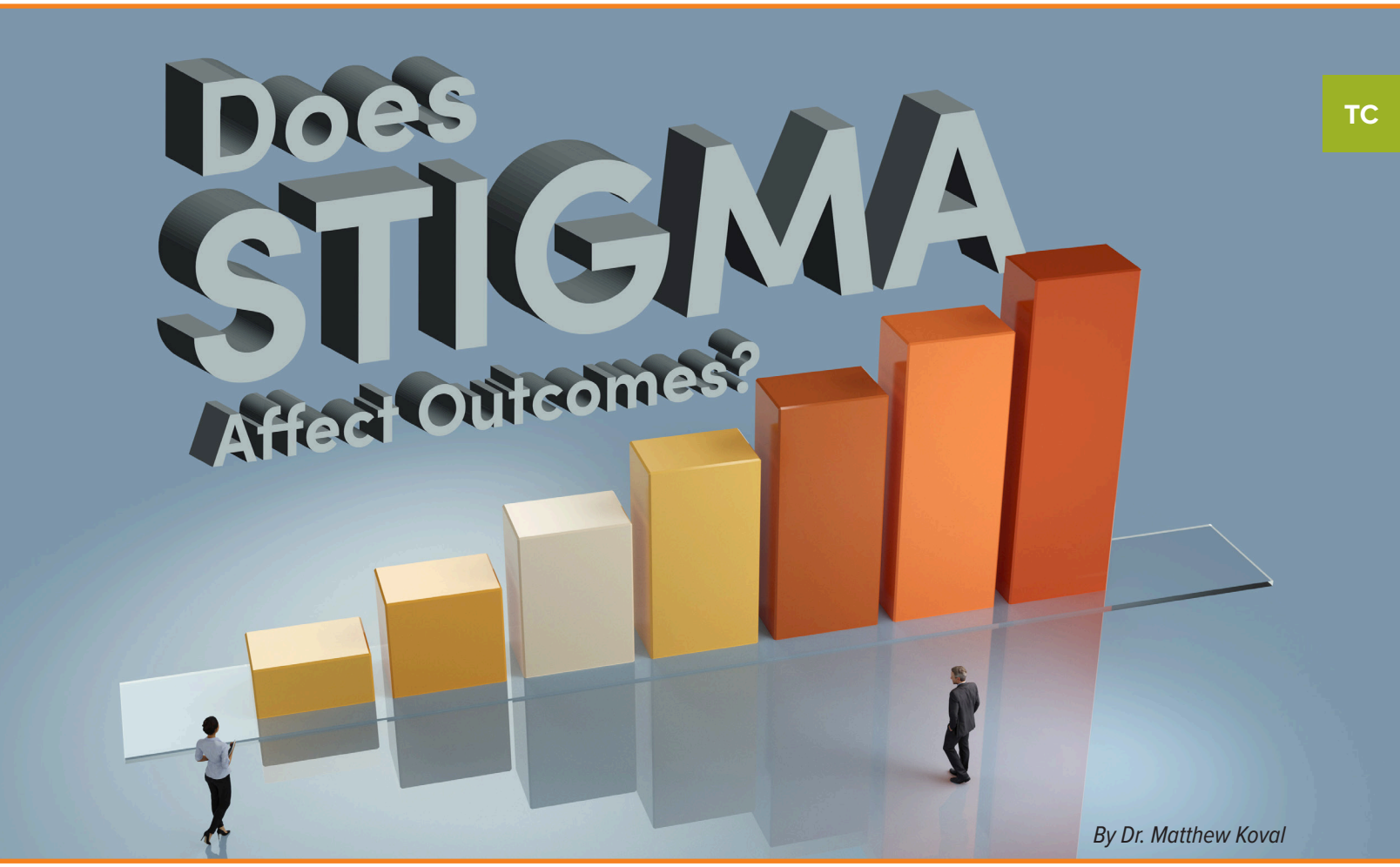
Orchard Hills Campus, PA

Pioneer Center, PA

Donley Tech, PA


Richmond, VA

Mental Health Treatment:



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By Dr. Matthew Koval

It has been well documented that the stigma associated with mental illness has an impact on an individual's ability and willingness to seek treatment for mental health related issues. Despite various forms of mental illness being quite prevalent in the United States (for example, depression affects 1 in 8 people), the majority of folks with mental health problems end up not receiving treatment partially due to this phenomenon.

But what about the people who do seek help? Can issues related to stigma have an impact on the success of their mental health treatment?

Before we can answer these questions, we first have to examine what we in the mental health field mean when we refer to "stigma." Stigma has often been described in two ways:

- *public stigma*, which generally revolves around the public's negative view of mental illness;
- and *self-stigma*, which is when these public views become internalized, so that the individual themselves begin to have a negative perception of their own mental illness, as well as a negative perception of the concept of seeking help for their problems.

These two types of stigma are related, but studies show **it is the self-stigma that has a greater impact on individuals and their treatment.** Furthermore, when breaking down the variables of self-stigma, it has become known that the person's negative views of the idea of seeking help are even more of a barrier to successful treatment than their negative views of mental illness. (Interestingly, there is also a gender gap and an ethnicity gap in self-stigma; higher levels of self-stigma are seen in men and in people of color.)

Self-stigma creates a number of problems for individuals suffering from mental illness. First, due to their own negative views of mental illness, they engage in **derogatory self-talk about their symptoms** and end up only feeling worse about themselves. Secondly, the self-stigma may also have them **believing that anyone who reaches out for help is "lazy, dim-witted, and weak."** They may feel this way even when encouraged to seek help by their loved ones, co-workers, or others. When and if they finally do seek treatment, **they often drop out before the treatment interventions have any chance for success,** which only serves to perpetuate the self-stigma by having the person believe the treatment is not

helpful anyway, and they should be able to handle their problems themselves. The end result here can be disastrous: **They don't get the treatment, or they don't stay in treatment, and they do not perceive the treatment as helpful – all terribly negative outcomes.** In other words, the person who is suffering the most and needs the help desperately in the end becomes someone who actively rejects that help.

So how do we go after the stigma?

Attacking Stigma with Knowledge

The kryptonite of mental health stigma is **mental health literacy.** Data suggests that the more the public knows about mental health issues, diagnoses, and treatments, the less likely they are to develop a high degree of stigma related to mental illness. Certainly any decrease we have seen in stigma related to mental illness in recent years has come about as a result of effective education to the public at large regarding mental illness and successful treatments. This is a good thing that has occurred mostly through "macro" targeting efforts in public outreach and education, through various media outlets and other means. By reducing public stigma in this way, these efforts indirectly influence self-stigma as less negative public views are internalized. By all means, these successful macro-targeting efforts should continue.

However, new data suggests we need to supplement these public efforts with "micro" educational efforts targeted at the individuals themselves who are contemplating asking for help or who are in the early phases of their mental health treatment. This can be accomplished in a number of ways:

- Primary Care Providers (PCPs) are presented with clients on a daily basis who are struggling with mental health issues, even if that is not the stated reason of their medical visit. **PCPs need to be willing to inquire about mental health-related issues;** they also should **educate their clients** about how common these struggles are and let them know there are effective treatments available.
- Many PCPs can prescribe appropriate medication, but PCPs generally do not provide ongoing therapy for their clients; these clients, therefore, **should be referred out for therapy.**
- **Educating the client on the medical model of psychiatric disorders** such as depression, anxiety and addiction (that is to say, these disorders are really no different from hypertension, diabetes, and heart disease), along with **normalizing the need for therapy** with an emphasis on how effective therapy can be, would go a long way in decreasing self-stigma.
- Employee Assistance Programs (EAPs) are utilized by many employers as a way **to educate and support their workers who may be struggling with emotional issues.** EAPs also facilitate the process of seeking and retaining help in the community.
- For youth, **school-based mental health access has greatly diminished the self-stigma** in young people, as getting help for their problems seems more like a normal part of their school day versus going offsite to see a counselor.

Efforts like these can directly target self-stigma and have resulted in more people pursuing mental health treatment – but even after the person has finally made it to treatment, the battle against self-stigma is still not over.

The provider must continue to micro-target his or her efforts to their client to **continue to educate them about mental disorders and also support their brave move to seek help.** Remember that it is the negative view of seeking help that is the most powerful negative determinant to successful treatment. Providers should not shy away from **directly addressing the client's attitude toward seeking treatment** very early on: How do they feel about seeking treatment? What would help alleviate any negative feelings?

In addition, the provider should also initially **assess the client's goals for their treatment** - in other words, what will determine if the treatment is resulting in improvement and eventual success? If possible, the goal should be achievable and measurable. For example, a depressed client may say their mood is a "2" on a 10 point scale. Help the client delineate their goal - would it be to reach "7," or maybe "8?" Only by setting realistic and measurable goals can the client and the provider know if treatment is actually progressing and eventually if treatment has been successful. **If the client begins to believe the treatment is not successful, they are much more likely to drop out.**

Frequently checking with the client on their goals is essential. Sometimes clients are improving and do not even realize they are! Even if the client is "not feeling it," sometimes asking about how others in their life have perceived them lately can be very beneficial. You may hear something like: *"I still feel about the same, but now that you mention it my wife did say I seem less grumpy and irritable lately!"* The perception of positive change in treatment has been shown to be directly related to decreasing self-stigma, which will result in improved outcomes.

Self-stigma results in poor mental health outcomes. Improving mental health literacy through micro-targeting individual clients to improve knowledge about mental health related issues while decreasing negative stereotypes around seeking help, will go a long way to improving these outcomes.

Matthew S. Koval, M.D., is Executive Vice President and Chief Medical Officer at KidsPeace. He received his bachelor's and M.D. degrees from West Virginia University, and is board-certified in Child and Adolescent Psychiatry. Prior to joining KidsPeace, Dr. Koval was an associate professor and attending psychiatrist at the Medical University of South Carolina in Charleston, SC, where he also served as Director of Youth Inpatient Services and Assistant Director of Child and Adolescent Psychiatry Training. He has authored a number of presentations and articles on clinical topics in the psychiatric field.

Perspectives on Combating STIGMA

Stigma and LGBT Youth: The Need for Affirming Care

A Conversation with Adrian Shanker, Editor of *Bodies and Barriers: Queer Activists on Health*

By Abby Feinberg

LGBT youth face a variety of coexisting challenges, from family rejection to school bullying –- to the impact of stigma in addressing their mental health concerns. As a KidsPeace clinician, I know it is important to provide affirming care for every person we serve.

Adrian Shanker founded and directs the activities of the Bradbury-Sullivan LGBT Community Center in Allentown, PA. A widely respected health policy leader in Pennsylvania, Adrian led the successful efforts to ban the harmful practice of "conversion therapy" in the cities of Allentown, Bethlehem, and Reading. In his critically acclaimed new anthology *Bodies and Barriers: Queer Activists on Health*, he brings forth an important conversation about mental health and stigma facing LGBT youth.

I had the opportunity to read and discuss this new book with Adrian.

AF: Adrian, tell us a little bit about the stigma surrounding mental health issues for LGBT youth.

AS: HIV activist Sean Strub says that "stigma is about other people making a moral judgement about your worth." We know that stigma is a significant barrier to care when it comes to mental health services for the LGBT patient population. LGBT people need to know that the care we will receive is affirming, that we won't be judged or shamed, that we can speak to clinicians openly about our lives.

Sadly, this isn't often the case. In my introduction to *Bodies and Barriers*, I wrote: "Throughout our lives, LGBT people experience unique structural barriers to care that lead to higher behavioral risk factors for numerous sexually transmitted and chronic diseases. When compounded with past negative experiences in health care settings, including outright discrimination, the LGBT community experiences worse health outcomes than the majority population."

Stigma exists at the intersections of barriers to care, societal expectations, and normalized discrimination. In Strub's essay about HIV stigma in *Bodies and Barriers*, he writes "[Stigma] is about our words being discounted before they leave our mouths, marginalization, 'othering,' and, very importantly, self-stigmatization and the internalized stigma we absorb from the broader society."

Whether we are talking about HIV stigma, mental health stigma, stigma related to sexual health, or addiction, or any of the other health challenges harming the LGBT population, the effect of stigma is the same –- it holds us back from accessing the care we need, from asking the questions we need to ask to our care providers, to receiving the support from friends and family who may not be aware of what we are going through. For LGBT youth, stigma can be deadly. So it's up to us as activists, as community members, as healthcare workers, and as family members to make this world better for the LGBT youth who are trying to survive it!

AF: What can parents of LGBT youth do to be supportive?

AS: The first thing is simple – just be supportive. Parents don't need to be experts in everything related to the LGBT community, but they do need to ensure that their kids are safe in school, that they are receiving healthcare from an LGBT-welcoming provider, that their kids know that they are parents who love and support them for who they are.

The second thing parents can do is to be advocates. Parents can accompany their LGBT kids to Pride events, they can read books and learn about LGBT issues, they can take a stand against anti-LGBT policies in their school or community. These are just some of the actions supportive parents can take.

AF: In Ryan Thoreson's chapter "Health and Human Rights for LGBT Youth" in *Bodies and Barriers*, he writes about how affirming care can make a difference. He wrote "LGBT youth are not inherently doomed to experience poor health; affirming interventions can make a measurable difference in their health and well-being." Talk to us a little bit about these affirming interventions.

AS: Affirming interventions can include parents making it clear that they love and support their LGBT children, so that youth don't fear family rejection. It can include clear school policies that affirm the lived realities of LGBT youth. It can include pediatric care professionals teaching transmasculine youth how to wear a binder safely. It can even include something as simple as clinicians sharing their pronouns with the youth they are seeing, and asking what pronouns the youth feels are most appropriate to refer to them with.

Affirming interventions can be small things or big things, but they all make a world of difference when it comes to reducing stigma.

AF: Tyler Titus writes in "Surviving Suicide" in *Bodies and Barriers* that "For some youth, their soul is too beautiful to be contained by anatomy." How can those who care for LGBT youth and those who have LGBT youth in their family help to prevent LGBT youth suicide?

AS: Suicide is an epidemic that disparately impacts LGBT youth. LGBT youth need to know that who they are is wonderful. They need to not fear family rejection when they come out. They need to not fear bullying in school. They need to not fear that they aren't living up to expectations of a gender they were assigned but do not identify with. They need to know they have adults in their lives who support them for who they are.

AF: In Emmett Patterson's chapter "Not Your Average Sex Talk" in *Bodies and Barriers*, he writes about peer-to-peer sex education to help reduce stigma when it comes to sexual health for LGBT youth. He wrote "Talking about sexual and gender identity in our sex talks cannot answer the unanswerable, but it certainly makes young people feel real in a world that renders them invisible." Tell us more about this.

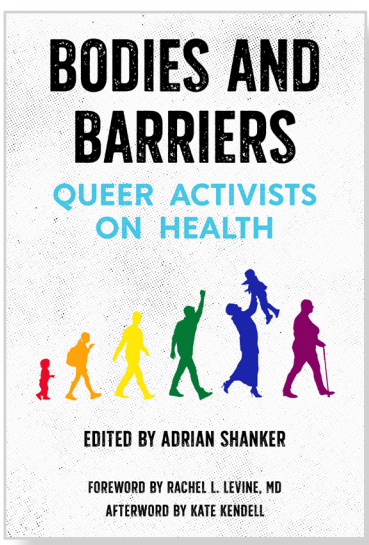
AS: Even in schools that say they provide comprehensive sex education, most are not including affirming conversations about LGBT identity and LGBT sexual health. The impact of this, as Emmett writes, is invisibility – which leads right to stigma. What is invisible is then feared and stigmatized, leading LGBT youth to experience pervasive bullying. What's more, LGBT youth often have nowhere to turn to learn about sexual health, so they turn to the one place they can access: the internet – which is not often a place to receive age-appropriate, evidence-based information.

AF: In Katharine Dalke's chapter "Informed Consent for Intersex Children" in *Bodies and Barriers*, she so powerfully says "this person is stronger and smarter than you assume. Teach me about my body, and I'll teach you about myself." Wow. How does stigma come into play here?

AS: There's been this assumption that youth can't handle information about their bodies. But actually, so much data tells us that it's better to empower youth with information about their bodies. We can ask them what they think. We can ask what questions they have, and help them to find answers. In the case of intersex youth, this is very important. Informed consent is a standard of care in most areas of medicine and it should be applied to the care of intersex youth.

Abby Feinberg, M.S.W., L.C.S.W., has been a clinician at KidsPeace since 2015. She has worked in both KidsPeace Children's Hospital and the organization's Pennsylvania residential programs.

Adrian Shanker is executive director of Bradbury-Sullivan LGBT Community Center in Allentown and editor of Bodies and Barriers: Queer Activists on Health, which is available from bookstores and online.



"(Stigma) holds us back from accessing the care we need, from asking the questions we need to ask to our care providers, to receiving the support from friends and family who may not be aware of what we are going through. For LGBT youth, stigma can be deadly." Adrian Shanker

SL

Mental Health Treatment and Christianity:

Ending the Silence

By Jodi S. W. Whitcomb, M.S.

For those of us who have a Christian world view, we may experience some level of stigma related to seeking help for our mental health concerns in the secular medical community. A simple Google search brings up numerous articles on this subject – including this summation of the problem:

"According to the National Alliance on Mental Illness (NAMI), approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5 percent—experiences mental illness in a given year. Many of these individuals turn to their church and their faith for spiritual guidance in times of emotional distress. Unfortunately, there is still a stigma attached to mental illness in many Christian churches. The prevailing culture of silence along with misguided attitudes and erroneous expectations often cause suffering believers to feel shamed, blamed and very unsupported.

That means a lot of good, Christ-centered people suffer alone in silence. Recent statistics from NAMI also show:

- *Approximately 1 in 25 adults in the U.S.—9.8 million, or 4 percent—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.*
- *18.1 percent of adults in the U.S. experienced an anxiety disorder such as posttraumatic stress disorder, obsessive-compulsive disorder and specific phobias."*

[Geneva College, 2018] https://www.geneva.edu/blog/uncategorized/stigma-mental-illness

I've been a Bible-believing Christian for the past 30 years. I'm also a psychotherapist who specializes in trauma work. For most of that time I have worked in a large children's mental and behavioral health organization that is not specifically faith-based, in direct client care and as part of a Critical Incident Response Team (CIRT), helping individuals deal with their reaction to traumatic events.

In the 25 years of my professional life I never have had to violate the fundamental beliefs of my faith.

It's important to let that whole statement sink in for a moment. You may want to read it again, especially if you are a Christian yourself. If I had a dollar for every time a Christian friend asked me about or commented on how difficult it must be for me to work in a "secular" mental health setting as a Bible-believing Christian, I'd be a wealthy woman by now.

But it's true - I don't have to violate my faith to work in secular mental health, and it's an absolute myth that I would have to do

so. There is a rarely spoken belief in the Christian community that secular mental health treatment is in some way bad for you, or going to hurt you, or lead you a astray from the Truth. Even though many Christians believe this, it's not necessarily true.

Here is what I tell those who ask: *Secular mental health treatment is not designed to ignore or tear down the beliefs or worldview of the Christian. Instead, our goal in the mental health field is to join with you and understand what is most important to you and make those things part of your strengths as you begin to heal.* Despite the effect of stigma built up over generations, it is okay for a Christian to seek help for mental health concerns. Congregations and pastors in the modern Christian churches are starting to better understand that mental health issues exist, that the church needs to be equipped to aid those struggling with such issues, and that the church must encourage and support people who decide to reach outside the church for help.

Let's examine an example of how things used to be versus how things are starting to be now as it gets better. *(A little disclaimer here – not all churches are the same; yours may be further along, or not as far along, in this particular continuum.)*

In this first example a girl has suffered in a difficult dating relationship. She was told all her life not to enter into a sexual relationship until marriage; however the boy she was seeing really pushed her to do it. She was uncomfortable and would have liked to say no, but agreed. He was rough with her. After the encounter she felt guilty all the time. She told her mother, who was horrified and told her father. The girl began periodically cutting her wrist with superficial cuts. The family addressed these problems by telling her she was feeling guilty because God was punishing for her "falling" into a sexually immoral relationship. They told her she should not be cutting her wrists because her body is a temple and she is destroying her temple. They forced a visit with the pastor which confirmed these ideas. All of this only made the girl feel worse. She started cutting herself on other areas of her body and looking for new relationships with boys.

In the second example the same girl is in the same circumstances but the parents react differently. They sit down with her and ask enough questions to find out that she was really forced into a sexual relationship and is now dealing with feelings of violation. She is comforted by her parents and they consider how they may find treatment for her (Christian or otherwise) that can help her through the traumatic experience. They do consult the pastor but they lead with the fact that she's been violated – not all the "bad" things she's doing. He then helps them look into options for her to find the right treatment for her.

A Christian who needs mental health treatment has choices:

- Treatment via the secular world of mental and behavioral health that can be accessed through insurance. There are many types of counselors, coaches and therapists that can be accessed through this vast system of care.
- Counselors designed for the Christian community. These individuals provide support to people seeking help from the perspective of the Christian worldview. (Many times these counselors also take insurance; it just depends on the situation.)
- Biblical counselors who specifically base their counseling on biblical principles and look to guide the Christian back to the biblical principles in a loving way. Some of these counselors are private pay and some provide this service as a free ministry.
- A Spiritual Director is someone who guides people as they take a journey to become closer to the divine. A spiritual director is normally connected to a Catholic Church or other type of liturgical church and has completed extensive courses and certification.

This list is not exhaustive, but it illustrates that a member of a Christian community does not have to suffer in silence without any help.

In addition to my professional work in mental and behavioral healthcare, I also offer assistance as a free ministry in my church. It brings me great joy when people come forward out of silence in my church and say they need help and I'm able to help them. In some cases I have recommended that people seek further help in the secular mental and behavioral health system – and they did, much to their benefit. There are several I was able to counsel towards using medications that a year ago they never would have considered medications they truly needed. This work truly brings me joy because I feel like I'm working with my pastors to bring mental illness in our church out of the shadows and into the light where we can see it, talk about it and really handle it in a loving way.

Jodi S.W. Whitcomb, M.S., is Executive Director of Organizational Development & Quality for KidsPeace, and has approximately 25 years of experience working in children's mental and behavioral health. Jodi is also the leader of the KidsPeace Critical Incident Response Team, and in that role has responded to more than sixty traumatic events, offering help to KidsPeace associates and individuals in the surrounding community. She has also provided training in crisis response and spoken on the topic regionally, nationally and online. Jodi holds a Masters of Counseling Psychology and has completed comprehensive exams in a general psychology doctoral program.

One day may there be no more stigma, and no more silence for Christians or ANYONE seeking help when one is depressed or anxious or anything else.

6 Ways Media Can Change the Script on Stigma

By Laura McHugh

Media is missing the mark on mental health.
That's the major finding from a 2019 research project that analyzed many popular films and TV series.

Researchers from University of Southern California's Annenberg Inclusion Initiative studied 100 top-grossing films and 50 highly rated TV series, in partnership with the American Foundation for Suicide Prevention (AFSP) and funded by The David and Lura Lovell Foundation. They found that characters with mental health conditions are rarely seen in popular culture, and when they are shown the portrayals often perpetuate stigma that can prevent people from seeking the help they need.

Here are six ways media can begin to change the script on the stigma that surrounds mental health.

1. Create more characters with mental health conditions.

According to the study, out of almost 4,600 characters in films, fewer than 2% experience a mental health condition on screen. Even though rates were higher on television at 7%, both TV and the movies underrepresent mental illness. (According to the National Alliance on Mental Illness (NAMI), almost 20% of the U.S. population experiences some form of mental health condition or illness each year.)

By showing more characters on screen and their everyday struggles, popular media can send a critical message to the public: *You are not alone*.

2. Include characters from diverse backgrounds.

The USC study also found that when characters with mental health conditions are depicted, they typically feature straight white adult men, "obscuring the rates that teens and individuals from underrepresented racial/ethnic backgrounds exhibit mental health conditions."

Mental illness and mental health conditions have no boundaries when it comes to race, gender, or socioeconomic class. NAMI reports that 16% of black adults have experienced mental illness in the past year. According to a 2019 report by a task force from the Congressional Black Caucus, the suicide rate for black youth is rising faster than any other racial or ethnic group. It found that suicide is now the second-leading cause of death for black children and teens ages 10 to 19.

You may not expect a network primetime sitcom to tackle this stigma head-on, but that is exactly what ABC's *black-ish* and its spinoff series *grown-ish* are doing. The program not only shows a lead character experiencing post-partum depression, but directly addressed the stigma that people of color don't experience mental illness. The character Dre Johnson (played by series star Anthony Anderson) voices the stigma against seeking help when he says, "I don't need therapy. I'm not mentally ill."

Additionally, members of the LGBT+ community remain virtually absent from media portrayals of mental health conditions. According to the report, *"The lack of LGBT characters shown in this capacity is striking, as the National Association of Mental Illness indicates that mental health conditions are nearly three times more likely to occur among members of the LGBTQ community."*

3. Avoid unnecessarily stigmatizing depictions.

Mental health is frequently stigmatized in film and TV. The USC report found that characters with mental health conditions are shown being disparaged, made fun of and as concealing their mental illness from others.

Alarmingly, 46% of film characters with a mental health condition were perpetrators of violence, reinforcing one of the most common stigma around mental health.

This particular stigma shows up again and again, most recently in the Academy Award-nominated film *Joker*. This controversial depiction shows the daily suffering of Joaquin Phoenix's Arthur Fleck, yet conflates his serious mental illness with extreme violence. This misconception is also portrayed in other films such as *Silver Linings Playbook* and *A Beautiful Mind*, which have been praised for their otherwise accurate and positive depictions of mental illness.

According to NAMI, the vast majority of people with mental illness are no more likely to commit crimes than anyone else. In fact, they are ten times more likely to be victims of violent crimes than the general population.

Among their recommendations, USC researchers urge media creators and producers to ask, *"Is unnecessary stigma being depicted?"*

4. Show characters seeking help.

The authors of the report offer other strategic solutions to change our storytelling and to create authentic, nuanced and safe portrayals of characters with mental illness. They specifically advise producers to show people seeking help.

Depictions of treatment and different kinds of therapies, including medication for mental health conditions, offer an important message to audiences that effective treatments are available. This is especially important because current research indicates that only 50% of the people experiencing mental illness are actively seeking treatment.

BBC and Hulu's hit series *Normal People* has been one of 2020's biggest breakout hits. Based on the novel by Sally Rooney, the series follows the complicated relationship between Connell and Marianne as they navigate through high school and college in Ireland.

The series has earned critical acclaim for a variety of reasons, including how it handles mental health. The series devotes an entire episode to Connell's help-seeking following the suicide of a friend, confronting deep feelings of loneliness, anxiety and helplessness that viewers witness throughout the show's 12 episodes. A friend encourages him to try therapy, which he does, and the program then shows his gradual progress with the help of medication, which leads to the next way that media can break the stigma on mental health...

5. Demystify psychiatric medication.

NAMI notes that "People tend to believe that psychiatric medicine is harmful. Or they believe that medications are simply 'happy pills' and 'an easy way out' for those with mental illness to avoid dealing with their problems. This is simply not true."

In a recent interview with Oprah Winfrey during Oprah's 2020 Vision Tour, Lady Gaga shared her own hesitations around taking medications - and conversely, their positive impact on her life. "I know that this is controversial in a lot of ways," she tells Oprah. "But medicine really helped me. I think a lot of people are afraid of medicine for their brains to help them, and I really want to just erase the stigma around this."

Media can play a critical role in showing accurately the safe and responsible use of psychiatric medications as one part of an effective treatment plan.

6. Show characters in recovery.

Too often films show a happy ending, perpetuating the myth that if you feel better, or find love, you are cured.

The long, gradual road to recovery is rarely shown. NAMI points out that, "people with mental illness effectively work, perform, create, compete, laugh, love and inspire every day."

ABC's hit series *This is Us* effectively shows one of the lead characters Randall Pearson successfully meeting demands at work and at home, while continuing to experience the symptoms of anxiety and panic disorders. It also shows how parents can openly and honestly talk to their kids about mental health.

Producers should take their cue from films and programs that get it right. By continuing to show more characters with mental health conditions seeking help and leading successful and happy lives, media can play an important role in changing the script around the stigma that surround mental illness.

Laura McHugh is a two-time Emmy®-award winning journalist with more than 15 years of experience in commercial and public media. She is an adjunct professor at Cedar Crest College, and her courses include Media Literacy and Mental Health and the Media.

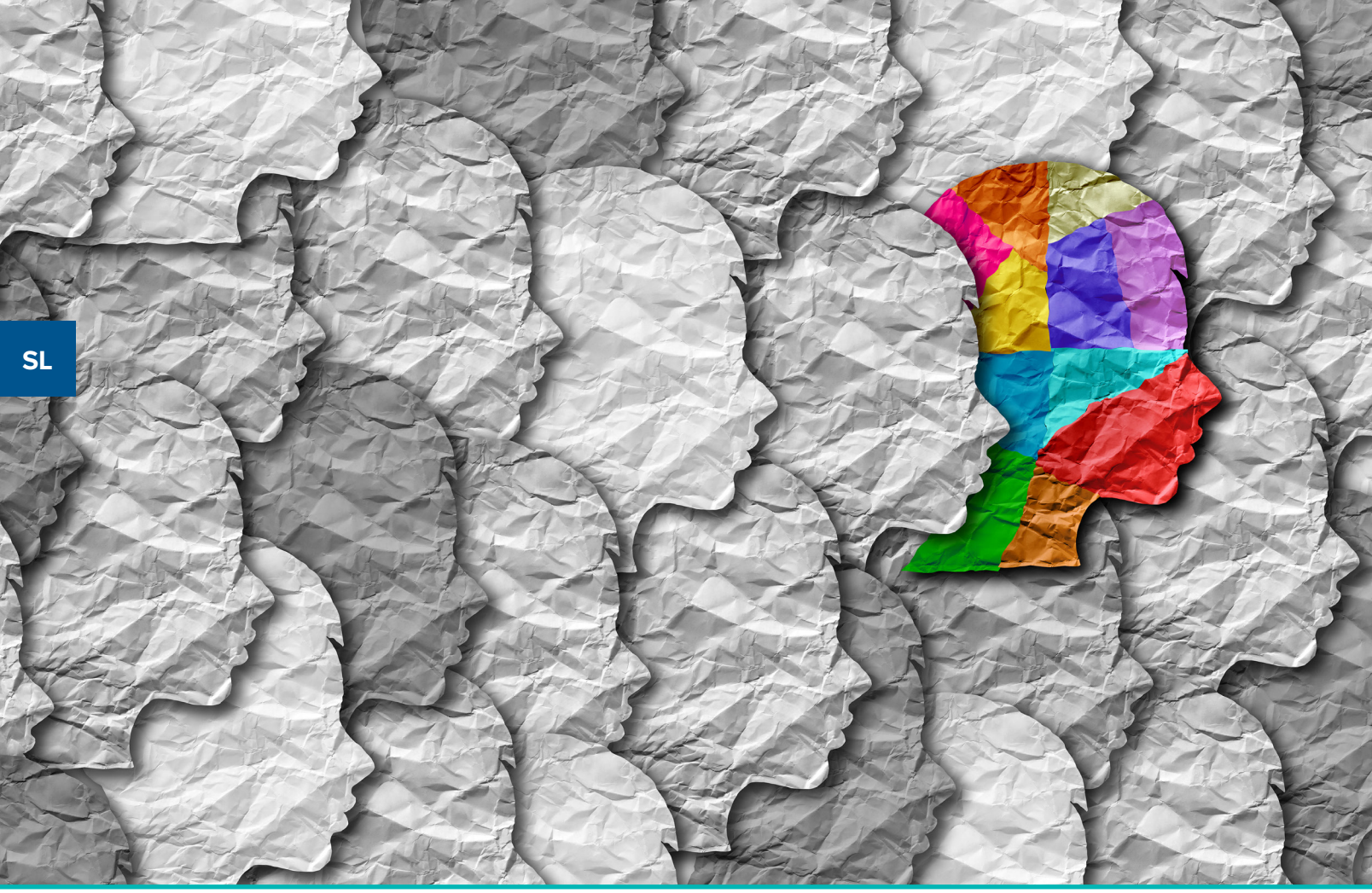
Resources:

https://annenberg.usc.edu/news/research-and-impact/media-misses-mark-mental-health-conditions

http://assets.uscannenberg.org/docs/aii-study-mental-health-media_052019.pdf

https://www.nami.org/Blogs/NAMI-Blog/October-2019/Six-Myths-and-Facts-about-Mental-Illness

https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-You-Are-Not-Alone-FINAL.pdf



SL

By Julie Trebat and Jason Trebat

Autism, Stigma and Coronavirus: One Family's Perspective

Fitting In

J

Julie: *When my child with autism was in elementary school, we did everything we could to try to fit in. We were heavily involved in activities with typical kids, and tried anything that seemed do-able. The goal was to be as normal as possible and have typical friends.*

I remember one event that we spent walking the periphery of the room, circling again and again, while everyone else sat and listened to a somewhat uninteresting lecture on the history of Scout uniforms. I felt so alone, with too many eyes on me, but trying to get through the event to earn the badge. A few moms made kind and sympathetic remarks afterwards, but clearly they wouldn't want to be me. I knew that they would never invite my child over for a playdate.

We had sleepovers at the zoo, in tents, and on the Battleship New Jersey. I had extreme anxiety about every new experience, as I never knew what expectations might be tricky for us, and I wanted to stay under the radar. I can't imagine I was much fun to be around, but I tried to help out and be part of the mom group when I could. It was hard for people to relate to my difficulties getting my child's hair brushed, or working with the OT on handwriting.

J

Jason: I was never really anxious about the field trips. For me it was fun going to new places. I'm obviously not every kid with autism, though, and some kids might not like field trips.

I remember the times I was resistant to typing my assignments when everyone else was writing them by hand. I didn't like being different from the other kids. It's not like I didn't know that other people couldn't read my handwriting, but I had to accept being different, and that was hard for me. I think it did kinda help when I saw there were other kids that were somewhat like me.

Julie: *We spent many years going to therapy, and I connected with many parents of kids with autism while we sat in waiting rooms. As they grew older, a few of the kids I knew with autism were in typical activities, but many couldn't pass auditions to get into competitive activities anymore. As the birthday party invitations trickled to a complete stop, parents I'd met along the way joined together to create social groups and activities to fill the void. We created special needs karate, yoga, social skills groups and theatre.*

I lost touch with most of the families who only had typical kids, as we lived in different worlds. I saw their kids' achievements and milestones mostly at a distance, on Facebook.

Jason: Sometimes, it takes me a little longer than other people to respond when someone talks to me. Usually, I'm thinking through how to respond appropriately. When I don't respond right away, people think I don't understand, and switch to using a higher pitched voice and ask really simple questions. This really pisses me off.

COVID-19

Julie: *For some of the families with kids with autism, I imagine that being home during the pandemic is a break from the constant pressure of trying to fit in. No meltdowns in the grocery store checkout line. No anxiety of watching your child onstage at the end of the year concert, listening to old ladies comment on how much your child is moving around.*

No one is looking at families with kids with autism now. The families are handling their struggles alone at home, invisible to the world. Now there will be a whole new set of skills to teach. Teaching a young child with autism to wear a mask seems out of reach. Expecting a non-verbal child to learn over Zoom? Unrealistic.

Jason: For me personally, I think the quarantine itself isn't that hard. What's hard for my mental health is knowing about all the bad things happening in the world. Taking walks helps, that's why I try to do it. I do need to have some human interaction, so it helps to do things online, like Dungeons and Dragons, and Cards against Humanity.

Julie: *As people with autism start to venture back out into the world, at least the social rules are simpler than in the past. Wear a mask, stay six feet away, don't touch anyone. In the past, there was an overwhelming array of choices just for greetings. Handshake, high-five, side hug, upper body hug, kiss on cheek? Now we just wave hi to everyone, from a distance. With kids with autism, you try to teach them greetings, as well as all the nuances of social interaction. How far do you stand from a person in each interaction? How to interrupt politely? How to be assertive with friends on the playground, but extra polite to the principal?*

Jason: How to observe people around you to figure out what the rules are, is a learned skill for us. I think typical kids do that automatically.

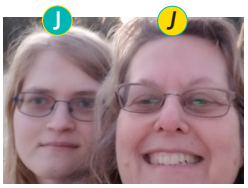
Julie: *At the beginning of the pandemic, I arrived at Giant to find that all the rules had changed. I was wearing a mask which fogged up my glasses, now I had to deal with trying to see yellow arrows marking the one way aisles. Someone scolded me for going the wrong way: "Can't you see the arrows?" I snapped back, "No I can't see, my glasses are fogged up." I finally had take a break outside, asking permission from the greeter who was managing the line.*

Now the playing field is leveled, as everyone is struggling with new rules.

Julie: *People do ask, what will Jason do after graduation? Even before the pandemic, I told them that I wasn't worried about Jason finding a job, we could take it slow just learning to live.*

Jason: It's kind of sad with the virus, I wanted to take a break from the academic stuff and finally get to France.

My goal right now isn't to be normal, it's to be happy.



Julie Trebat is a Board Certified Behavior Analyst with KidsPeace's autism programs. Her child with autism, Jason Trebat, is a 2020 graduate of Muhlenberg College in Allentown, PA.

E

The Answer is:

Bringing Change to Mind for Youth

By Pamela Harrington, Executive Director, Bring Change to Mind

(Editor's Note: Ideas for articles for Healing Magazine come to us in many ways ... but inspiration from a TV game show is a first!)

For the last 36 years Alex Trebek has hosted the game show *"Jeopardy!"* When the universally respected and beloved Mr. Trebek calls to ask for your participation in a *Jeopardy! The Greatest of All Time* episode, it's hard to contain your excitement.

On January 8, 2020 the catagory was "Charities" and actor Glenn Close was filmed posing the "answer:"

"I'm a Co-Founder of Bring Change to Mind, an organization working to end stigma and normalize conversations around mental health. We are changing attitudes and behavior through science and evidence-based high school club programs which are expanding across the country. Because I love science, I had this, my full set of chromosomes sequenced to better understand my family's history of mental illness."

(FYI: famed *Jeopardy!* champion James Holzhauer provided the correct "question:" *What is a genome?*)

The appearance on *Jeopardy!* prompted *Healing Magazine* to reach out to Bring Change to Mind to ask us to contribute to its special "Combating Stigma" edition, and we appreciate the chance to introduce its readers to our work.

Bring Change to Mind (BC2M) was co-founded in 2010 by Glenn and members of her family, with the mission of ending the stigma and discrimination surrounding mental illness. In the last ten years we've successfully leveraged the power of celebrity and media to launch a national dialogue about mental health. We've created a social movement around change by providing people with platforms to share, connect, and learn. This work has allowed us to emerge as a leading national voice in normalizing conversations around mental illness. Through the creation and distribution of eight Public Service Announcements (PSAs) and an evidence-based peer-to-peer high school program, BC2M's message has been seen more than 6 billion times through messaging and advocacy efforts.

(Our most recent PSA launched in April 2020 and is appropriately themed **#NoNormal**. When we began the creative process six months ago, never could we have imagined that COVID-19 would be ravaging the globe and sending us ALL to a place of #NoNormal...)

Science and evidence-based action is essential to achieving our mission. We ground our work in the latest research (see our research link below), and with the guidance of our esteemed Scientific Advisory Board we have studied stigma from every angle:

- historical evidence;
- the root causes of stigma;
- the implications of cultural stigma;
- the effects of self, familial and institutional stigma;
- and the ways in which to combat this toxic mark on a person's life.

bring change to mind

let's talk mental health

BC2M HS

Stigma is a learned behavior. One of our guiding principles is to *Empower the Future* - to build a foundation of broad awareness for deeply engaged change agents such as young people touched by mental illness and motivated to improve the lives of others. We focus on early intervention and prevention with youth.

In the fall of 2015, we launched our high school club program to provide a resource for teens in the school environment. The demand from teens, teachers, and schools has been staggering; by Fall 2020, BC2M will be supporting over 400 high school clubs in 18 states across the country, serving more than 10,000 students. It's been a remarkable journey - and the need is far greater than we can accommodate. Our waitlist for schools is in the hundreds and we are partnering with patrons, community partners, corporate sponsors and clinical resources to build a broader network of support.

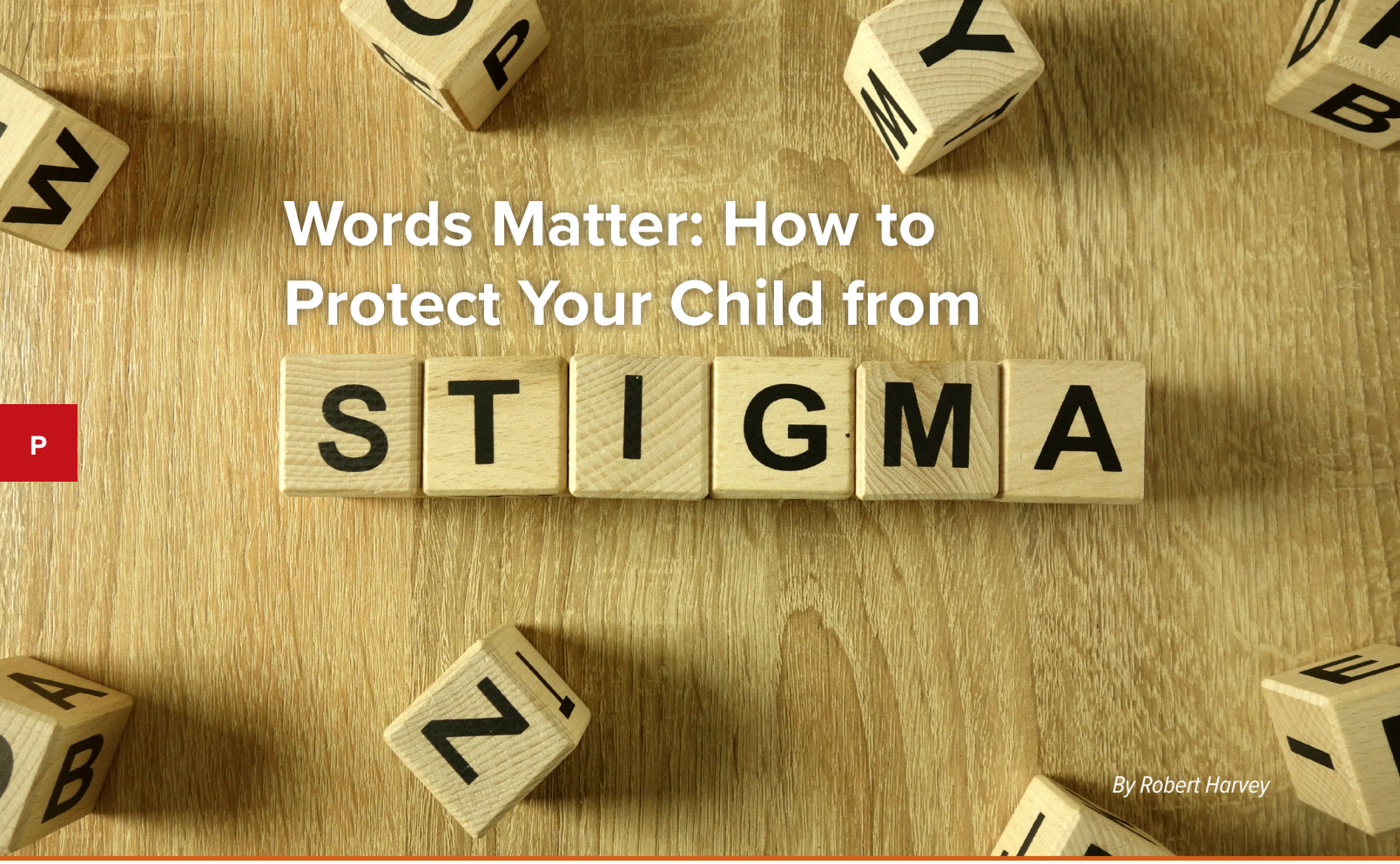
Our *Bring Change to Mind* High School approach works from the teen perspective up. Through student-led high school clubs, we provide a platform from which the teen voice, with their opinions and suggestions, can finally be heard. With educated conversation around mental illness, we can change perceptions early on and demystify a topic that affects so many young individuals, either directly through their own experience or indirectly through a family members or friends' experience.

We don't think of students as simply the beneficiaries of the change that we hope to see; rather, we see them as partners and drivers in this process of change. Given our published evidence of the clubs' effects on student knowledge of mental illness, positive attitudes about mental illness, reduced social distance against those with mental illness, and engagement in anti-stigma actions, we expect the impact of our *BC2M HS* programs to continue to benefit both new members and the thousands of students currently participating in the program.

Over the longer term, we believe that these enhanced impacts will spread beyond the participating students to their classmates, to teachers and school administrators, to parents and family members, and to their communities at large. We document such "expanded" change via school-wide surveys and, in selected schools, to school staff and family members as well. We believe that the program has the potential to help achieve the objective of "cohort replacement," through which current adolescents–with their natural empathy and social activism, enhanced by club participation–will yield a changed society in future years, as acceptance of mental illness and enhancement of mental health services will be embraced by tomorrow's leaders.

The students that we have worked with over the last five years are the most inspiring individuals that we could have imagined. They come from public, private, charter and continuation schools. They live in urban, rural, suburban and agricultural areas from Georgia to South Dakota to New York City. They are diverse in socio-economic status, gender identification, ethnic background, personality and philosophy. Despite their differences, they have networked to amplify their advocacy and in doing so built a collective movement of change.

(Continued on page 29)



Words Matter: How to Protect Your Child from

By Robert Harvey

You have almost certainly heard the saying, *"Sticks and stones / may break my bones / but words will never hurt me."* Among the vast collection of well-intentioned but potentially harmful sayings, this is arguably the most misguided. While they might not cause physical injury, think of how much pain can be caused with words! Language forms our understanding of the world around us, and it can be used for both good and harm. Unfortunately, negative stigma surrounds mental health like a dark halo that has been shaped by hundreds of years of negative words and actions.

Too often we see mental health issues as a sign of weakness, something that we somehow must suffer in silence and/or that we have brought upon ourselves. We are hesitant to admit when there is something wrong, to talk about our mental health, and to seek help. We feel alone in our struggle, and have a hard time remembering just how common mental health issues really are (one in five Americans experience mental health conditions, according to the CDC).

Raising a child with mental health issues is difficult all by itself, and the stigma surrounding these issues makes it extremely daunting. Here are some things that you can do to improve your child's ability to talk and think about mental health, and to reduce the stigma in your family and in those around you:

1 **Talk about mental health, naturally and often.** We have a strong tendency to sweep mental health under the rug or talk about it in a very stigmatizing manner, referring to "crazy uncles" or "nutty neighbors." Rather than hiding mental illness and mental health struggles, talk about them as naturally as you would any other issue, but without name-calling or shaming. Talk about feeling anxious, about experience with depression, about a friend or family member's stay in an inpatient treatment center. Do not hide mental health under the rug.

2 **Discuss suicide with your child,** particularly if someone in your family or community, or a prominent individual in society, has died by suicide. While most of us tend to avoid this topic, studies show that this is actually the worst thing we can do. One of the most valuable pieces of information for individual or individuals struggling with thoughts of suicide is how common such thoughts are, and that just because a person is having the thoughts doesn't mean they need to act upon them.

3 **Talk about therapy as a natural thing.** Getting mental health treatment is no more shameful than a doctor's appointment, but we know that less than 50% of people with diagnosed mental health issues seek treatment. Going to therapy may feel like admitting defeat based on the general conversation, but the truth is that therapy has been found to be more than 90% effective. If you go to therapy, make a point

to talk about it openly with your family and friends. The less embarrassed you are to talk about therapy and mental health, the more comfortable others around you will be when they feel like they might need help, or to accept the suggestion that they talk to someone if you see signs of mental health issues.

4 Avoid using words like "crazy," "nuts" and "insane." While you might refer to a party or event as "crazy" and mean that it was good, rarely do we say that a person is crazy and intend to compliment them. When our mental health is in question, we immediately associate ourselves with those words, and draw the association to a place where we feel like we are broken, hopeless and in danger of being "taken away." By dropping these words from your vocabulary, particularly with your child, you break down some of those associations.

5 Separate emotions from identity. Your feelings do not define you. You are not anxious, you FEEL anxious; you are not depressed, you are FEELING depressed. This is a very important distinction, as it can help a young person (or anyone) get through a difficult situation. By separating our emotions from our identity, we might see that we have the ability to treat the symptoms and find wellness, rather than accepting the symptoms as a definition of who we are as a person.

6 Talk to your child. The best way to monitor for signs that person needs help is to maintain open communication. Watch for signs of the following, and have an open (non-confrontational) conversation with them:

- Changes in behavior, mood, sleeping, eating, and routine. This includes "suddenly" acting happy after a long period of sadness/depression.
- Lack of interest in things they previously cared about, particularly when they do not replace them with new interests.
- Withdrawing from others and isolation.
- Talking about/reading about/consuming art about suicide and death.
- Making statements about suicide, worthlessness, hopelessness or self-hate. Saying goodbye or giving away possessions.
- Difficulty with establishing or maintaining healthy relationships.
- Risky and/or impulsive behavior.
- Secretive and/or paranoid behavior or statements.

7 Avoid judgment. Hearing someone make statements about severe mental health issues, suicide, self-injury, etc. is likely to create a strong reaction in you. Remember that your judgment will silence them, and the goal is to get them to talk.

8 Be comfortable with silence. Don't feel the need to be constantly talking when you sit down with your child. Just sit with them rather than trying to force it.

9 Don't use the blame game. When a child makes aggressive or threatening statements against themselves or others, we have a tendency to shut them down: "Don't say that!" "How could you even think that?" "That kind of stuff will get you locked up." The list goes on, but all these responses do is silence the struggling person and make it less likely that they will seek help from you again. Instead, try to stay as calm as possible, and ask open-ended questions. Try: "How long have you felt that way?"

10 Remember that, no matter how good you do at fighting mental health stigma in your home and family, it still exists. Your child will be hesitant to talk about it, and likely to dismiss help when it is offered. You might have to be persistent (ask them several times, remind them that you are thinking about them), but do not force them to talk about it.

11 Educate yourself. Courses like Mental Health First Aid offer people a basic understanding of mental health issues as well as an easy action plan to give help until professional help can be accessed. There are countless additional resources as well!

When harnessed for good, words have the power to heal, to inform and to empower. The key to changing and even one day ending the stigma of mental health is to have open and honest communication about it, and to reshape our conversation towards one of acceptance and help.

Rob Harvey has worked with KidsPeace Community Autism Programs since 2003. He currently serves as Program Supervisor of Intensive Behavioral Health Services for children with Autism, having been certified as a Board Certified Behavior Analyst in 2018. In addition, Rob is a certified Youth Mental Health First Aid instructor, and has attended and conducted numerous trainings in Applied Behavior Analysis, Autism, De-Escalation, Suicide Prevention and Reinforcement/ Motivation. He earned a master's degree in education from the University of Cincinnati.

When harnessed for good, words have the power to heal, to inform and to empower.

By Congresswoman Susan Wild (D-PA)

Federal Efforts Target Stigma of Mental Health

One year ago, I lost the love of my life to suicide. Through the heartbreak of this tragedy, I have committed myself to the work of ending the stigma associated with seeking mental health care, increasing access to supportive health services, and being a voice in Congress for change on this issue that affects all of us.

The COVID-19 pandemic and resulting economic crisis are creating unprecedented challenges for all of us — this only underscores the urgency of making mental health care a national priority in our country. Over these past months, I have heard from so many constituents regarding the mental health challenges they are facing during this time. I've felt the pain of seeing someone I love struggle with these issues. I understand what so many in our community are feeling. And, together, we are going to get through this and make sure that mental health care is available to all who need it—during this pandemic and long after it's over.

We have faced a mental health crisis across our country long before this pandemic.

Bringing this issue out of the shadows and ensuring people have the care they need requires more than just legislation; there is also a need for us—as a society—to change. We must evolve in our understanding of mental health. We need to achieve mental health parity and work to dismantle the notion that how we approach physical health is somehow different than how we approach mental health. Overcoming the stigma and shame that surrounds suicide and mental health cannot just be a slogan—we must make it a reality, and that starts with each of us, in our own lives.

This epidemic is one that touches people of every background — disproportionately affecting both young and older Americans. To begin the work of addressing the crisis among older Americans, I introduced an amendment to the Dignity in Aging Act to add "screening for suicide risk" to the disease prevention and health promotion services offered to seniors. I'm proud that this bill was signed into law by President Trump.

As for our young people, I've called on House and Senate leadership to prioritize mental health support and access to care, particularly for students on college campuses in the wake of COVID-19. Specifically, I've asked that they prioritize a bill I introduced—the *Enhancing Mental*

Health and Suicide Prevention Through Campus Planning Act. This bill would begin the process of addressing the gaps and unmet needs in mental health services for college students— already one of the most at-risk communities when it comes to untreated mental health issues.

What so many leave out of the equation when it comes to mental health care is that ending the stigma of getting care is directly related to the accessibility of that care. Every single health care plan in this country needs to cover mental health treatment just as it would an emergency room visit for a broken leg. We need to establish a special enrollment period for families dealing with the aftermath of suicide to receive the care they need—something introduced in Congress last year. And we need to look at commonsense solutions like allowing the FCC to change the National Suicide Prevention Lifeline number to a simple "988" dial-in, which is both an easy fix and makes this vital resource more accessible for those in need.

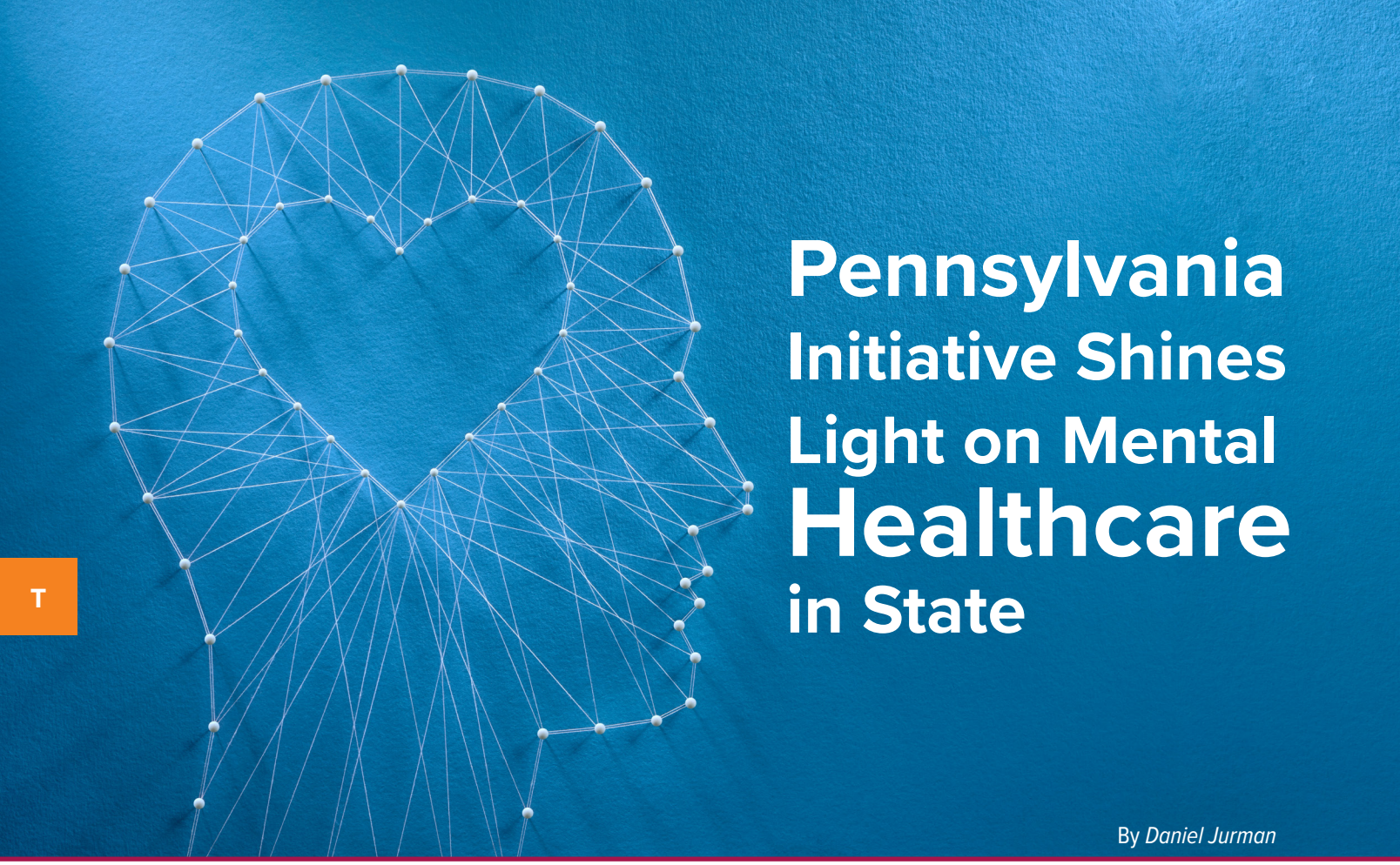
When mental health care is covered and easy to access, more people will use it, and when more people access care then others may feel the burden of stigma lifted from their own shoulders. As part of this agenda, I led the effort in the House for increased funding to support state and county-based crisis care systems and mobile crisis units in every state—building on a strategy with a proven track record of success where it has been implemented.

While we have an enormous amount of work ahead of us, I am heartened that we've made some progress. The Coronavirus Aid, Relief, and Economic Security (CARES) Act included significant funding for mental health and suicide prevention priorities, including $425 million for Substance Abuse and Mental Health Services Administration (SAMHSA) programs—which incorporates $250 million for Certified Community Behavioral Health Clinics, $50 million for suicide prevention programs, and $100 million for mental health and substance use disorder emergency grants. And when it comes to our seniors, many of whom are disproportionately affected by isolation, we secured the repeal of a Medicare requirement that only allows a health care professional to see a patient via telemedicine if they have previously seen that patient within the past three years.

After being touched by this crisis personally, I don't want anyone who has been affected to feel like they're alone. Everywhere, there are allies who stand with you. I stand with you, colleagues of mine from both sides of the political aisle stand with you, and the mental health professionals and advocates across our country who see themselves in what you're going through stand with you.

So, as we move forward, I'm going to keep working to advance this cause in Congress. Together, I know that we can make progress in this common effort and reach a better day—in our communities and across our country.

Susan Wild represents Pennsylvania's 7th District in the U.S. House of Representatives



Pennsylvania Initiative Shines Light on Mental Healthcare in State

By *Daniel Jurman*

In January 2020, when Governor Tom Wolf launched *Reach Out PA: Your Mental Health Matters*, I was both excited and grateful. I had started just two weeks prior to that in my role as the first Executive Director of Pennsylvania's new Office of Advocacy and Reform (OAR). OAR was formed to improve the lives of all vulnerable Pennsylvanians through advocating for their needs and driving reform throughout state agencies and beyond. One major part of that work is making Pennsylvania a Trauma-Informed State, which the governor included as part of *Reach Out PA*.

The Role of Trauma

That in and of itself is a powerful statement by the governor. So often we think of mental health challenges as "illness" or "aberration." While there are cases where someone may have been born with a physiological condition that affects brain chemistry or mental health, I believe the vast majority of what we call "mental illness" is actually a mislabeling of the way the normal, healthy, human brain reacts to trauma; especially chronic and complex traumas like toxic stress and child abuse.

Our brain does everything it can to protect us from threats to our safety, but when those threats are ongoing for a long time, are devastating in their violence, or come from the very people that we look to for our safety, those neurological systems designed to protect us from very real threats can start to interfere with our ability to succeed in other settings like school, relationships, and work; in effect, life.

At a time when we desperately need to be our best at decision making and problem-solving, our neurological systems are shutting off the part of our brain that does that in favor of the part of our brain that is in charge of our fight, flight, or freeze response. When presented with a problem or something frightening while already in this state, we may find ourselves exploding in anger, avoiding the problem, or shutting down with a sense of being overwhelmed. Your child drops a glass while you're working from home and you find yourself shouting at them in a manner that's disproportionate to dropping a $1 glass or spilling twenty cents worth of milk. Your response is heightened by the

underlying trauma and anxiety you were already feeling, and because it's been left unaddressed, your child is on the receiving end of a response that has nothing to do with them or a glass of milk.

This is a simple example, but it can play out in a hundred smaller or larger ways when something triggers someone dealing with untreated trauma. In addition to a regrettable exchange with someone you love, it might be anything from poor performance at work, to self-medicating with alcohol or drugs, to finding yourself in a prison cell, or worse. The rational, problem-solving part of your brain isn't a part of those outcomes.

This situation is exacerbated by the current COVID-19 crisis – as people across the commonwealth and indeed the entire nation have experienced toxic stress and trauma because of the pandemic. In many ways, it's the same trauma and sense of powerlessness experienced by those in vulnerable populations, especially those who live in poverty, every day of every year: *Am I in danger? Will I die? Will I lose my job? Are my children in danger? Will I be able to get enough to eat? Will we lose our home because of this?*

In the past, I've been accused of making excuses for people's bad behavior when I discuss trauma and the brain. With so many Americans experiencing these symptoms at the same time, I'm hoping there's a window now to have a deeper conversation.

When trauma is left untreated, it can interfere with every aspect of life. I know this on a personal level. On the Kaiser Permanente/Centers for Disease Control Adverse Childhood Experiences (ACEs) survey, I'm an 8 out of 10. That means I've experienced 8 out of the 10 adverse childhood experiences that have been linked with a myriad of negative physical health outcomes, including a shorter life expectancy of up to 20 years. Domestic violence especially, which plagued my childhood for a decade, led to me struggling with untreated PTSD for more than 30 years.

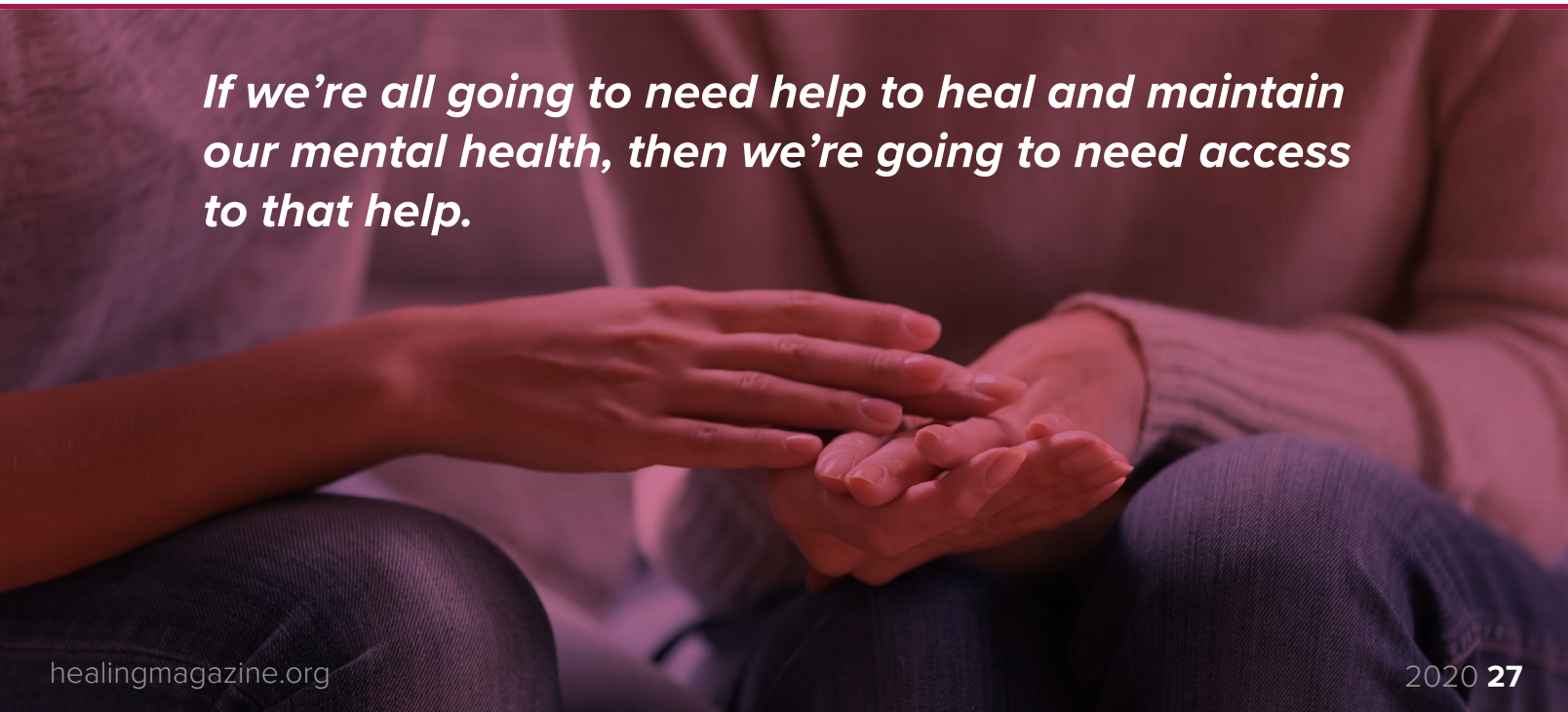
That experience is largely why I cheer Governor Wolf's emphasis on two key elements of *Reach Out PA* that I see as crucial for healing.

Seeking Help – It's OK

The first element is addressing the issue of ***stigma***. If much of what we're seeing as we address mental health is the way the normal human brain responds to danger and tragedy, then we all may need help from time to time to maintain good mental health. When *Reach Out PA* was launched, the PA Department of Health estimated that 38% of all Pennsylvanians had experienced child abuse, and that's to say nothing of the other ACEs a household might experience - like domestic violence, substance abuse, an incarcerated parent, sexual abuse, neglect, or divorce. We also have more and more research being done on generational and communal traumas like community violence, racial discrimination, or the inherited, generational trauma for populations like the descendants of slaves, Holocaust survivors, or native tribes. Trauma, whether individual or communal, degrades our mental health and the stigma surrounding mental health prevents too many of those suffering trauma from getting the help they need.

While the COVID-19 pandemic is undoubtedly a tragedy, it is also an unprecedented opportunity for empathy. If we can recognize that this is all of us, that all of our brains work this way, that we all make damaging decisions in the midst of toxic stress and trauma and that we all need help sometime, then together we can work to remove the stigma around seeking that help.

Recognizing that you need help is not a weakness, it's a strength. I realized this myself when I first reached out to a therapist. I needed to be strong and reach out for help so I could heal, not just for myself, but for my wife, my children, and the people I serve who need me to be healthy and strong to fight the good fights ahead. We will all need help as we open our doors from this crisis, and none of us should be ashamed to ask for it.



Overcoming shame and learning how to heal is a large part of my story, but I'm not alone, and neither is anyone else who is struggling out there, even though it can feel like it sometimes. Sharing our stories will be a large part of the Governor's upcoming anti-stigma campaign. Our stories connect us, give us strength, and make it clear that there is no reason for shame when so many of us are survivors of trauma. We're normal, healthy people who were in abnormal and dangerous circumstances. That needs to be met with healing, not judgment.

Getting the Help You Need

That leads me to the second crucial element. If we're all going to need help to heal and maintain our mental health, then we're going to need access to that help. Access involves having enough available professionals to help and being able to afford care – and *Reach Out PA* addresses both those challenges. The governor's initiative seeks to find ways to bring more professionals into the field and to better address the vicarious trauma they experience when they work to heal others. That includes working to put more counselors in schools across the commonwealth.

When it comes to affordability, insurance coverage can often dictate access to mental health services. Lack of insurance has long left many of our most vulnerable citizens without both physical and mental health services. Even people with health insurance can find themselves without coverage for the therapies they need. That's why *Reach Out PA's* actions include the Insurance Department working to strengthen regulations to make sure all Pennsylvania insurance companies provide affordable access to needed mental health care.

This is urgent, and inextricable from our physical health. The ACEs study showed increased incidences of heart disease, high blood pressure, cancer, stroke, substance abuse, and suicide for people who experienced childhood traumas. If that isn't enough to convince us of the mind-body connection, we have only to look at the latest study on life expectancy in the United States. The three major factors that have decreased life expectancy here for the second year in a row were suicide, drug overdose, and liver disease. I would be willing to bet if we dug into those instances of people self-medicating or being too overwhelmed to go on, we would find a lot of untreated trauma.

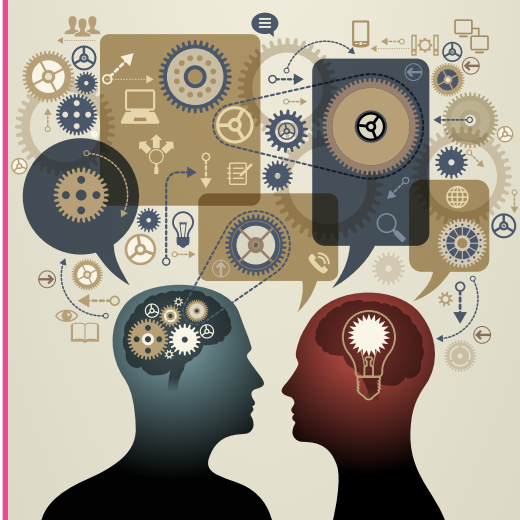
We can do better. That's what *Reach Out PA* and the Office of Advocacy and Reform are all about; doing better for our most vulnerable children, brothers, sisters, and neighbors so they can overcome what happened to them even as we work to make sure what happened to them doesn't happen to anyone else. That all starts with reaching out. As Governor Wolf said, *"For those struggling with their mental health, we have one message: your mental health matters and it's okay to reach out for help."* Now it is incumbent on us to make sure that when someone summons the courage to reach out, there's always someone there ready to take their hand.

To learn more about *Reach Out PA: Your Mental Health Matters*, visit www.governor.pa.gov/newsroom/pennsylvania-launches-reach-out-pa-your-mental-health-matters/

Daniel Jurman is Executive Director of Pennsylvania's Office of Advocacy and Reform, where his focus is creating positive outcomes for people whose circumstances have made them vulnerable. Prior to that, he served as CEO of the Community Action Partnership of Lancaster County, focusing on community empowerment, housing, public health, workforce development and poverty alleviation. Jurman earned a master's degree from Lancaster Theological Seminary, where he is currently pursuing his doctorate, and also serves as an adjunct professor at Penn State University (Hershey) Department of Public Health Sciences.

ask the EXPERTS AT KIDSPEACE

KidsPeace's experts provide practical, useful information on mental and behavioral healthcare issues – from raising resilient kids to decoding the signs of stress in your family members – in a weekly blog series at www.kidspeace.org.



The Conversations with KidsPeace podcast brings the views and expertise of professionals in the mental health and child care fields right to you.
www.kidspeace.org/conversations-with-kidspeace-podcast

(Continued from page 21; Bringing Change)

Providing Resources to Schools

Although BC2M HS is a student-led initiative and every school is encouraged to promote mental health in their own unique way, BC2M provides each campus with a myriad of resources to ensure they can have the greatest possible impact at their school and in their community. The program is no cost to the student or school and is a high-touch model – one BC2M staff person oversees up to 55 schools. Each club receives:

- a $500 grant to fund campus-wide events and activities which promote mental health and self-care;
- t-shirts, banners, and other materials to highlight the presence of the initiative on the campus;
- access to the BC2M club portal that contains a wide range of presentations to increase peer-to-peer learning around mental health and activity ideas that can be used to engage the entire school body;
- a free subscription to the Headspace Meditation App for every club member and faculty advisor;
- free access to regional Annual BC2M Summits;
- and ongoing support from BC2M Headquarters to ensure the club flourishes and grows each year.

Bringing Change to the Future

As students cope with shelter-in-place orders, remote learning and social distancing, never have our clubs been more important than in the time of the COVID-19 pandemic. Members of each of our clubs began meeting virtually every week through Zoom, FaceTime and Slack conversations. We hosted national meetings with guest stars such as Glenn Close and NBA player Kevin Love talking about self-care and answering the students' questions (below). We've launched a "QuaranTeen" video series, with students submitting 2-minute videos highlighting what they are doing to continue their advocacy and take care of their mental health. We're confident that the connectivity and community our students have fostered with one another will stave off the isolation, loneliness and anxiety stemming from this worldwide crisis.

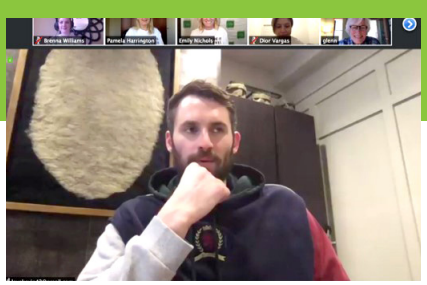
Our students are going to make a remarkable change in our country – we are merely providing them with the resources, platform and support that they need to accomplish that. We stand in awe of their power, courage and capability to effect change. In the words of 17-year-old Caden:

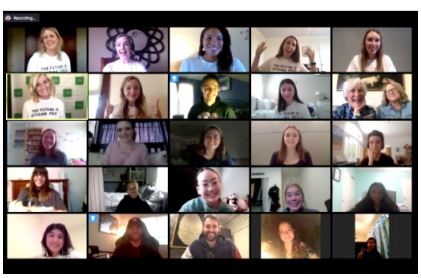
"I've struggled with mental illnesses and suicidal ideation for almost as long as I can remember, but it was only recently that I managed to get help. For most of my life, I didn't understand that I had a voice or even a place in the bigger picture, the lack of awareness for mental illness and oppressive stigma making it virtually impossible to speak up. Now, through Bring Change to Mind, people are empowered to open important conversations on mental health and advocate for themselves and others. BC2M's mission means so much to me: I've found my voice and a reason to continue forward, and I know everyone involved with our club feels the same. BC2M gives us the power to make changes and pave the way for progress, and I'm incredibly grateful I'm a part of this movement."

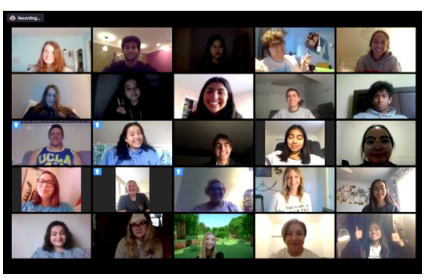
To learn more about Bring Change to Mind, please visit us at www.bringchange2mind.org.

Pamela Harrington is the Executive Director of Bring Change to Mind (BC2M), which celebrates its 10th anniversary in 2020. Prior to joining BC2M, Pamela helped establish the Jed Foundation (which provides mental health support for college students and works to prevent suicide on college campuses), and worked with Estee Lauder and the Avon Foundation to build the Breast Cancer Research Foundation. She worked in the first Bush Administration at the Department of Health and Human Services and The White House Conference on Aging. She lives in San Francisco.

Bring Change to Mind's published research on combatting stigma among young people is available at: https://psycnet.apa.org/fulltext/2019-58558-001.html







Myths and truths around foster care *KidsPeace PA FCCP staff*

Stigma surrounding mental and behavioral health services manifests itself in many ways. In the case of the foster care system, one effect is the acceptance of "myths" about the concept of fostering, the situations from which kids enter foster care and the rules that govern the system.

For Foster Care Awareness Month in May 2020, the professionals who staff KidsPeace Foster Care operations in Pennsylvania compiled a list of the most common myths they encounter in talking with prospective foster parents. They shared those myths, and the truth about each issue, during the month on the KidsPeace Pennsylvania Foster Care Facebook page (www.facebook.com/kidspeacepaFCCP/).

Here are a few of the myths they identified, and why they DON'T represent the truth about foster care:

Foster Care Myth #1 – You can't be single

DEBUNKED!

There are no marital requirements to be a foster parent. Foster Parents can be single, married, divorced, widowed, separated, cohabitating, etc.

Foster Care Myth #6 – Foster kids are "unfixable"

DEBUNKED!

Children are resilient. Foster Parents can make a difference in the life of a child by providing love, structure, support, and a caring environment.

Foster Care Myth #8 – You need to own your home

DEBUNKED!

Foster parents can either own or rent. The home must have adequate bedroom space for the children. Each child must have their own bed.

Foster Care Myth #17 – I'm waiting for the "perfect" time to foster.

DEBUNKED!

There are definite times when a person should wait to foster – when dealing with a family crisis; health emergency; in transition to a new home, relationship or job; or during financial struggles.

One reason people say "no" to fostering is "I'm too busy." Most of us are busy, but what kind of things are keeping you busy? What is the value of these activities for ourselves and for others? Is it time to put aside old activities and try something new and more valuable? Will these things still be there in the future?

Think about the kids in need. These children and teens are experiencing things they neither deserve nor expected - physical and emotional abuse, sexual exploitation, and neglect of basic physical, medical and emotional needs. They cannot wait for a "perfect" time for a responsible adult to help them.

If you can't find the perfect time for yourself, can you find a better time to help children?

You are not in this alone. The KidsPeace staff members will work with you and your family to make foster parenting a successful experience for everyone involved. It's never too late – or too early – to change a child's life!

You can see the complete list of myths and truths about foster care, on the blog at fostercare.com. At that site you can also find the KidsPeace Foster Care office nearest you, and submit an inquiry if you're interested in learning more about becoming a foster parent.

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