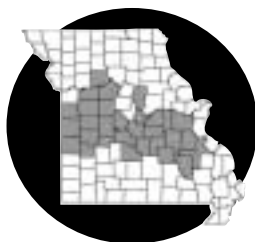


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and a re-connection with their spouses. This satisfaction, however, appears to be tied directly to students successfully making the transition as well.

Parents may feel a sense of sadness when their children leave home. Crying and going into the child's bedroom in an attempt to feel closer to them is quite normal. If, however, you feel your life is useless, are crying excessively, or so sad you don't go to work or want interactions with friends, then you should seek professional help. This time of life may coincide with trying to cope with more dependent elderly parents and, for women, menopause, causing these feelings of loss and depression to worsen.

Current research indicates it's the fathers who have the most difficult time adjusting. Many mothers now discuss and begin to mentally prepare themselves for the empty nest. Fathers don't typically emotionally plan for their children to leave and feel regrets over lost opportunities to be involved in their children's lives.

Because of the difficulty in finding jobs, delayed marriages, high housing costs, etc., many children are returning home after they finish their education. Over four million young adults between the ages of 25 and 34 live with their parents according to the 2000 census. So, if you didn't do well the first time you experienced this, you might get another chance to do better the second time around.

Why Problems Surface at School

By: Fred Overton RN, BC
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Having spent the majority of my adult life working with children in an acute care psychiatric hospital, one thing became very certain to me. The summer provides a break in the number of children needing services, and that break quickly evaporates once school begins. When kids go back to class our phones start ringing, and we stay busy throughout the school year. Does this mean that teachers and other school staff members were reluctant to give up their summer break to ship some of the more challenging kids off to the hospital? Not at all, the structured environment of the school simply makes it an ideal place to recognize behavioral and emotional problems.

During preschool and early elementary grades, behaviors may come to light that were not problematic until a child faced the demands of school. Family systems tend to compensate and adapt to the behavior of their members. Parents and other family members can also experience denial and fail to see problematic behaviors until school professionals express their concerns. The symptoms of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and developmental disorders such as the autism spectrum disorders are often first seen in elementary school. Most schools have screening programs and special educational services to meet the needs of these children.

During middle school and high school, emotional disorders and substance abuse problems may become more evident. A child might spend the summer sleeping the days away and simply be considered a lazy teenager. Once school starts the child becomes irritable, lacks energy, concentration and has decreased interest in formerly favorite subjects. These are signs of depression and occur in about one in every 25 teenagers. Another student may have a disheveled appearance and bizarre behaviors which could indicate psychotic disorders and/or substance abuse. Sometimes it is difficult to identify changes in someone's appearance and behavior when you see them each and everyday.

It is easy for parents to become defensive when the school calls to say there may be a problem. My experience is that the vast majority of educators are interested in the welfare of the child. Carefully listening to the information your child's teacher or counselor presents and working with the school to determine the best course of action will help any child reach their potential.

Dear Reader,

As I neared graduation from nursing school my classmates and I began to determine our nursing fields. Some had decided before even starting school. On the other hand, I was one of the ones who had yet to decide what would be the best fit for me. After experiencing a mental health portion of the nursing program, my decision was made - I wanted to work as a psychiatric nurse. Many of my peers and family members turned up their noses and questioned my decision. "Why in the world would anyone want to do that?" they asked me. "It just fits," I replied. As I considered their questions I began to think of the reasons why I decided to be a "psych nurse."

I feel mental health is something we all deal with. We all strive to be happier, friendlier, more patient, etc. I find it interesting to think about things like why people are the way they are, and how personalities develop. Even more, can personalities, moods and behaviors be changed? Science has shown us how to fix heart disease, kidney failure and a ruptured appendix. Medical problems tend to leave little mystery. Mental health/illness leaves more room for interpretation. We have learned about chemicals in the brain that change moods and behaviors, and how to treat depression and anxiety through science. But, the bigger question for me is what causes those states and moods in the first place? What are dreams all about? What does having Schizophrenia feel like? Does genetics or environment influence a person more?

It is these questions that helped me make a decision to work in the mental health field. More than that, I hope that I can help people deal with and learn from mental illness as I learn more working with patients everyday on the job.

Katie Lawson, RN



ADVISOR

Vol. 8, Issue 2

"With you every step of the way."

September 2007

De-stigmatizing Mental Illness and Addiction



By: Fred Overton RN, BC
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Look around you. Are there five or more members in your family? Does your employer have five or more employees? Does your circle of friends include five or more people? Does the class you attend have five or more students? If you answered yes to any of these questions, then chances are that you know someone with a mental illness. Mental illnesses affect one in five Americans, yet we are often unaware of the afflictions from which those close to us suffer. One of the chief reasons for this is the stigma associated with mental illness.

The term mental illness has many definitions and conjures up many images. Popular media often depicts people with a mental illness as unable to care for themselves and as being odd, eccentric, and even dangerous. A better definition that most people can relate to is "An individual is mentally ill when their life stressors exceed their coping mechanisms." Each of us lives on a continuum between mental health and mental illness. Day-to-day we may slide farther to one side or the other based on events happening in our bodies, lives, and relationships. There are resources to assist us in coping such as communication, relationships, and stress management. To be diagnosed with a mental illness the condition must present a significant impairment in one's normal functioning. In today's society, mental illnesses are categorized as a bad thing, which is not necessarily true. Your help is needed to de-stigmatize mental illnesses and addiction. To do this, you must know what stigma is and how to prevent it.

Stigma is defined as a mark of infamy, disgrace or reproach. The stigma of mental illness and substance abuse dates back several centuries to the days when it was commonly believed that an individual with mental illness was possessed by an evil spirit or demon. Individuals with addictions were often viewed as being weak or immoral. Today, we know that mental illness, along with addiction, is caused by a variety of factors including some that are biological. Research shows that brain structure and chemistry are different in individuals with mental illness, yet the stigma, largely based on misunderstanding, persists. This stigma often causes those with mental illness to be reluctant to seek treatment or even to isolate themselves from others. This isolation often leads to a worsening of symptoms, the development of less effective means of coping such as drug and alcohol abuse or even self harm and suicidal behavior.

What are we to do? How do we as individuals help reduce stigma? First, it is important that we see friends or relatives with a mental illness as a person with an illness, not as the illness itself. People with a wide variety of mental illnesses are able to lead full and productive lives; it is a small minority of individuals with mental illness who are not capable of independent functioning. People who have a mental illness have the same needs, wants, dreams and aspirations as the rest of us! Secondly, confront misinformation. Arm yourself with knowledge about mental illnesses in general and the specific disorders that affect the people in your lives. When you see the illness misrepresented in the media, use that poor example as a springboard to conversation. When you hear someone close to you expressing a false assumption about someone with a mental illness, help them gain a more accurate understanding. Finally, and most importantly, if you have some form of mental illness or substance abuse, don't let the view of others interfere with your ability to seek help. Supportive treatment will give you confidence to share your experiences with others. Let people know the powerful impact that stigmatizing mental illness can have.

Erasing the stigma of mental illness and addiction is something each of us should strive for. We realize that those who suffer from mental illness and addiction are not, "those people," they are our family, friends, coworkers, and neighbors. They need our understanding and support, not fear and isolation.

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Getting Ready for the Empty Nest



By: Robin S. Vogt
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As fall approaches, many students are beginning their college journey, leaving in their wake, an "empty nest." Empty nest syndrome is a term that's been around for years. It is said to include feelings of depression and loss of purpose and identity for parents when their children leave home. It was most popular in the '70s and applied mostly to mothers.

Many things have changed since then. Some mothers now work outside the home, giving them a role beyond that of primary caregiver. With the surge of cell phones, email, and reasonable

airfare rates, staying in touch with children once they leave home is now much easier and that helps with the college transition.

Preparation for independence of our children begins at an early age and by nature, parents are "eased" into the empty nest phase of life. It starts with allowing children to stay with grandparents, family, and friends. Once children begin to drive, they might have a job, go to camps, etc. These normal occurrences help to ease us into the day when they actually leave home.

Research indicates parents do feel a sense of loss when their children leave, but they find this period can be one of satisfaction and improved relationships as well. Many find a greater freedom, more time to pursue their own needs and goals,

continued on pg. 4

Reflections . . . on ROOTS



By: **Dee Kempker, CASAC**
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We had an ugly spring this year. I never thought that I would use the words ugly and spring together - they simply don't go.

They're what you call an oxymoron - words or statements that contradict each other. But anyway, an ugly spring we had. Just when everyone was longing for the color green after a long winter of dirty white snow and ice. The trees and early flowers were just beginning to show their stuff when a late frost nipped them in the bud. Instead of green leaves, we had brown leaves that made you think you had slept through spring and summer and even the glorious colors of fall and winter was nearly here again. The poor fruit trees just gave up even thinking about producing any fruit, and the tulips and irises were stooped over as if they had been stricken with osteoporosis.

The tree specialists assured us that the trees would leaf again, they would just have to dig deeper down into their roots and use the nutrients that were stored there for just such a purpose. Patiently, we all waited and watched and then overnight, it seemed, the leaves sprang forth even greener and leafier than ever before. The motivated self-starter of a Redbud tree that planted itself outside my bedroom window two years

ago, shot up from a bare six foot skeleton in April to a 12-foot specimen covered in huge leafy branches that any nursery would be quite happy to sell you. Even the vinca ground cover that has been plodding along in the border by the sidewalk for several years and lay under the afore-mentioned ice blanket for six weeks, has run amok and jumped over the rock edging as if it has finally escaped from prison and is running for freedom. So, I guess the horticultural specialists were right. When the need arises, the flora of this world reach back to their roots in order to survive the hard times and to insure a future generation of trees, shrubs, and flowers to beautify the earth.

Watching this heroic effort last spring led me to reflect on the human species and how we survive the tough winters of our lives, those times when we are chilled to the bone by sorrow and our hearts are locked in an icy fear

of the future. We, too, have roots that can help us survive. Our roots are the generations of ancestors who have experienced life before us and have laid a genetic trail leading us to where we are today. Even if you have lost touch with your family or maybe never even knew who they were, they are still a part of you. Their DNA code is within you, making you the unique individual that you are, and there is not another one like you in the world.

In the movie, "Hidalgo", which is based on a true character, Frank T. Hopkins is in a 3,000-mile horse race across the Arabian Desert. His father was an American soldier and his mother was an American Indian. Frank has tried to keep his Indian heritage hidden as if he is ashamed of it. During the last part of the race, Frank is nearly ready to quit. He is without food or water, and his horse, a wild Mustang, is injured and has collapsed. Frank draws his gun and is ready to put the horse out of his misery. As he is sitting there in the sand full of despair, he begins to hallucinate. He hears the sound of drums and Indians chanting, and has a vision of his mother who died when he was a small boy. Frank calls out to his ancestors, praying for help. The vision is interrupted when another rider comes on the scene. He tells Frank to give it up, cowboy, because he can't win. The rider, an Arab, tells him that he

is going to win because he is born of a great tribe, people of the horse. When Frank hears this, he replies, "So am I". Even Hidalgo reaches back to his Spanish Mustang roots, and gains the strength to get back on his feet. Frank takes the saddle off of his horse and leaves everything lying in the desert as he rides the horse bareback, Indian fashion, to win the race.

We may not be in a horse race, but we all carry excess baggage that clutters up our lives. Sometimes, we may need to unburden ourselves and go back to our roots, to dig down deep to the reserved strength of our ancestors and pray to them for the courage we need to face and overcome the challenges ahead. They are there for us if we just ask.



The New Face of Bullying

By **Rhonda Meyer, B.S.**
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Remember Scott Farcas from the classic holiday movie "A Christmas Story?" Ralphie and his friends were constantly being picked on and harassed by him and his toady until one day Ralphie'd had enough and put a stop to it in the alley after school. It's a great example of classic bullying. Bullying, though, has taken on a new look lately. It's no longer just about picking on certain kids in the hallway at school because of what clothes they wear or what's in their lunchbox. Bullying has made its way into the world of information and communication technology where it's commonly referred to as "cyberbullying," and it's where harassment, humiliation, intimidation and/or threats occur on the Internet 24-hours-a-day, seven-days-a-week.

Cyberbullying can be much worse than face-to-face bullying. The bully often has the advantage of being anonymous and it can be very hard to trace this person. Even worse, through such methods as Instant Messaging, Internet, email and cell phones the teasing, gossiping and threats can spread like wildfire through a school, community or even the world. Kids will do things on the Internet they might never do in person. The advantage is that the bully is removed from the immediate and tangible feedback from their victim, so any feelings of empathy or remorse are minimized.

When kids are away from the watchful eye of an adult is when cyberbullying occurs, and bullies can access their victims anytime and anyplace often with the bully's complete anonymity. Most cyberbullying occurs outside of the school and off campus, so there is little schools can do to prevent or control the problem. This is why parents and caregivers can have the most impact on preventing cyberbullying as they are the primary character educators of our kids and bullying of any kind is a character issue. And the best defense is awareness. Know what your kids are doing online!

Tips to Protect Yourself from Cyberbullying:

- * Kids should tell a trusted adult about the bullying and keep telling until the adult takes action. Kids need to tell their school if it is school-related. Kids shouldn't try to deal with it on their own. Get help! You may be dealing with an individual who is dangerous or disturbed.
- * Don't open or read messages by cyberbullies. Don't reply, don't respond to abusive postings, and don't "click here to stop receiving this email" as this only confirms your email address is a real one leading to more abusive messages. Don't delete the messages as they may be needed as evidence to take legal action.
- * Don't give out personal information in chatrooms or when Instant Messaging. Think before you write.
- * Never agree to meet with a person or anyone you meet online.
- * If you are threatened with harm, call the local law enforcement.

Sobering statistics:

- * Cyber-bullying is one of the most difficult to control forms of bullying among junior high students.
- * 42 percent of kids have been bullied while online. One in 4 have had it happen more than once
- * 58 percent of kids admit someone has said mean or hurtful things to them online
- * 53 percent of kids admit having said mean or hurtful things to another online
- * 58 percent have not told their parents or an adult about something mean or hurtful said to them online

For more information visit: www.stopcyberbullying.org,
<http://stopbullyingnow.hrsa.gov>, www.isafe.org, and
www.mindohfoundation.org

School Violence: Perception VS. Reality



By: C.J. Davis, Psy.D.

When Dorothy landed in Oz she was certainly embarking on a journey full of unknowns. Unfortunately, she learned rather quickly that her way of dealing with life was much different in Kansas than the great Land of Oz. Eventually, Dorothy learned to conquer her fears, and in the end, realized that the wizard was more of a perception of fear than a real-life fear. Is school violence similar to the wizard and should we as parents and educators be concerned with what appears to be a growing national fear? The answer to this question is quite complex; however, the odds of a student dying at school due to homicide is nearly one in 1,000,000.

The reality is that school systems have never been immune to incidents of misbehavior from students. These incidents, however, have changed from yelling obscenities and fist fights to deadly assaults and the use of the weapons. The change in the ways adolescents express anger and resolve problems have also intersected with increased media coverage of violence in teens. Yes, violence has increased in our adolescent populations, and yes, some of this violence has made its way to our school systems, but the types of school violence that everyone has learned to fear are fairly uncommon and rare, according to statistics. We have, however, developed a widespread cultural "panic" that the likelihood of a school-based homicide is "likely" as reported by research polls and this leads to massive community concerns. The incidents in West Paducah, Kentucky; Jonesboro, Arkansas; and Littleton, Colorado provided a reality to the fear of school violence, but the fact remains that with a handful of disturbing cases occurring each year, there are millions of safe, unharmed children in school districts across the nation.

So what is the "profile" of an adolescent who is prone to act in a violent manner or possess violent tendencies as school districts describe these students as "the next Columbine" or a "ticking time bomb." There really is no one profile that fits. Determining the risk of an adolescent engaging in future aggressive behavior is very difficult. Professionals evaluate multiple "risk factors" that include an adolescent's history, the environmental context in which the aggression occurred, changing situational variables (i.e., increased stress due to some change in family) versus permanent or fixed variables (i.e., male), personal factors, social factors, family influences as well as considering other "protective factors" that assist in the prevention of violence (i.e., commitment /interest in school, intelligence.)

It is vitally important to realize that school violence is something to be concerned about and not minimized, but not blown out of proportion either. There is ample evidence that preventive approaches in school districts are successful. So, in reality, when "the curtain is pulled on the wizard" things become less fearful and more manageable with increased education. By being aware, we can all do our part to lessen the risk of violence in schools.



What do you do if you are a mental health organization that serves so many yet sees those that still need help? And what if "those" happen to be children and their families? You decide to do something about it. We are very excited to introduce our brand new foundation to you. The "For the Children" Foundation has been created to provide much needed mental health services to children and their families that may not have access to these services otherwise. The foundation is focused on bridging the gaps that exist in mental health services, especially in rural or under-served areas. To learn more about the "For the Children" Foundation, or to make a donation please visit our website:

www.forthethechildrenmo.org



SUICIDE PREVENTION

good things to know

Every year there are over 30,000 deaths by suicide in the US. In 2004 4,316 young Americans age 10-24 completed suicide. Suicide was the 2nd leading cause of death for the 19-year-old age group and the third leading cause of death for 10-24 year olds. In the United States one suicide occurs every 16.2 minutes equaling 88.6 suicides every day. In 2004, Missouri had 715 deaths by suicide, nearly double the number of homicides for the same year. Missouri is ranked 22nd in the nation and Missouri's suicide rate is higher than the national rate.

Some people believe that confronting a person about suicide will only make them angry and increase the risk of suicide. In fact asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act. Suicide is the most preventable kind of death. Most suicidal people communicate their intent through words or actions sometime during the week preceding their attempt. If we become aware of the warning signs and learn the behavioral clues many lives could be saved. Suicide prevention is everybody's business and anyone can help prevent the tragedy of suicide.

RISK FACTORS for suicide:

- Depression
- Previous suicide attempt, a family history of suicide
- Situational stresses; failing in school, failing a test
- Social isolation
- Substance abuse/use
- Abuse (physical, mental, sexual)
- Disciplinary crisis

Contact a community mental health agency, a school counselor, a suicide prevention/crisis intervention center, a private therapist, a family physician or a religious/ spiritual leader.

The 24 hour National Hotline number is 1- 800- 273- TALK

Pathways Community Behavioral Healthcare, Inc., has received a grant through the Missouri Department of Mental Health to increase efforts in suicide prevention. We believe that through increased awareness and education lives can be saved. **September 9-15, 2007 is Suicide Prevention Week.** Please join us in our efforts. If you are interested in hosting a suicide prevention educational presentation for your community, contact Karen Farris at (573) 634-3000 or at kfarris@pbhc.org. For other suicide prevention week activities please visit www.suicidology.org.

By: **Karen Farris, BA**
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