

SAY CONNECTS

A YEAR-LONG SERIES FOCUSING ON COMMUNICATING OUR PRIORITIES FOR CHILDREN

MENTAL HEALTH RESOURCES ONLINE

To contact any of the services mentioned, please go to www.sayopr.org and click on the Library tab. **Thrive Counseling** has a 24-hour crisis line (708) 383-7500

INTRODUCTION

By Linda Francis

Changing how we look at mental health

A community approach

As a nation and as a community, we have increasingly realized that mental health challenges are nothing to be ashamed of. Seeking and receiving support is a right. We still have more ground to cover in reducing stigma and increasing access to and effectiveness of services. But we are on the right road.

River Forest and Oak Park have reframed the mental and behavioral health needs of our children from an individual family challenge to a community challenge. We are actively working to create the network of care needed to ensure that all children are empowered to reach their full potential. That means different taxing bodies, service providers, and community members working together to improve specific mental and behavioral health outcomes for our youngest citizens. Teams are working to improve awareness, cultural responsiveness and access to care, reduce suicides and let young people and families know that they are not alone.

This support is reflected in how we treat one another. The decision at the Oak Park Library to replace security guards with social workers and our schools' move to

See **INTRO** on **page 2**



ASK FOR HELP: When her anxiety rose, Jenna Baig, an OPRF student, turned to her family, including her dad Michael, for help. (ALEXA ROGALS/STAFF PHOTOGRAPHER)

A good way to beat stigma of our kids' mental health issues? TALK ABOUT IT

By **CASSANDRA WEST**
Contributing Reporter

Michael Baig gives his daughter, Jenna, a lot of credit for knowing she needed help when anxiety overwhelmed her.

It was during the first semester of her junior year at OPRF, when Jenna, who recently turned 18, started having panic attacks. One day as Christmas break approached, she went to the girl's restroom and called her mom. She was crying and didn't know why.

"I don't know what's going on," Jenna told her mom. "I'm completely freaking out. Everything is overwhelming me. I'm shaking like a leaf. You told me if I ever needed help, I could reach out. Can you come pick me up from school?"

When it was time to return to school after break, Jenna told her parents she couldn't go back. She also said, "I know there are options. I gotta see somebody. I need some help."

The Baigs took Jenna to a therapist. Eventually she received inpatient care at a treatment center in Hinsdale, then

did an intensive outpatient program. She ended up missing the entire second semester of her junior year.

As graduation day approaches, Jenna said she is feeling "way better now that I have medication that's working. Going through so much treatment, I learned how to deal with things that are thrown at me instead of just shutting down."

Even in elementary and middle schools, social workers report seeing more incidences of students experiencing mental and emotional health issues. To address the mental and emotional

health challenges, D97 officials recently announced plans to hire one student support specialist, four new social workers, one school psychologist, three interventionists and four special education teachers.

Since setting up her private practice in Oak Park four years ago, therapist Judith Hanna, who treats adults, teens and pre-teens, said she has seen an increase in the number of young people experiencing anxiety. Like other professionals, she believes social media, too

See **ANXIETY** on **page 3**

In partnership with



OAK PARK-RIVER FOREST COMMUNITY FOUNDATION



OAK PARK-RIVER FOREST
Community Foundation

Sponsored by



Making our communities a better place - one child at a time!

INTRO from page 1

more restorative and less punitive approaches to discipline are great examples.

It is reflected in the supports we provide to those of us struggling: **Fred**, a parent support group for parents of children, teens and young adults with mental illness and resulting behavioral problems. Funding and providing supports like additional social workers at OPRFHS; **Strive for Success**, to help with navigating complicated services; **Sibshops**, for siblings of children dealing with mental illness; **LOSS**, for those who have lost a person to suicide; **Minority Family Support Program**, a culturally responsive parent support group; and **Support4U**, a 24-hour text support hotline for adolescents and teens.

Experts from across our community are working collectively in teams like the **Multicultural Behavioral Health Advisory Commission (MBHAC)** and the **Mental Health Awareness & Suicide Prevention Task Force**. These all reflect a community coming together to fund, provide and support the care that our young people need. It is our hope that this month's issue of SAY Connects will help you find your role as a participant in a community that cares.



Linda Francis

Director
Success of All Youth

Our website is SAYoprf.org. And we're on Facebook at [Success of All Youth](https://www.facebook.com/SuccessofAllYouth).

Distribution of information by a community group in accordance with District 97 policy does not imply, directly or indirectly, that the group's program(s), event(s) and/or service(s) is sanctioned, sponsored or endorsed by the district, the Board of Education or the superintendent.

Building 'suicide safer' villages for our teens

Awkward? Maybe. But honest talk is key

By **CASSANDRA WEST**
Contributing Reporter

Last summer after a "fairly public" suicide in Oak Park, Carey Carlock worked with others to establish a local Mental Health Awareness Suicide Prevention task force.

The goal, said Carlock, the CEO of Riveredge Hospital, a behavioral health facility in Forest Park, is to break the stigma around mental health and suicide.

Building a "suicide safer community" is what these local experts aim to do. And a primary method is the hurdle of talking plainly and openly about the topic. That's a hard conversation to initiate whether it is with a family member coping with a death by suicide or with a friend who seems to be in a difficult emotional place.

For a long time, "people didn't talk about it if you lost a family member to suicide," Carlock said. "It was seen as something that you should be ashamed of. We're in a poignant time of transition currently, where people are saying, 'you need to talk about it. You can get help. You can get better.' People do get better. Recovery [from mental illness] is possible."

Riveredge is working in partnership with Thrive Counseling Center, the Metro Suburban NAMI (National Alliance of Mental Illness) and other local organizations and agencies on this work.

Suicide, of course, is as old as the ages.

The ancient Greeks generally regarded it as acceptable. Shakespeare's tragedies made many feel sympathy toward characters who ended their lives by suicide -- Hamlet, Othello, Romeo and Juliet, Antony and Cleopatra. On the other hand, noted philosophers such as Locke and Kant were vehemently opposed to suicide.

But suicide happens in every culture and it affects untold families. Yet there has been a deafening silence surrounding it. Since newspapers began running death notices, only rarely would the "S" word be used in an obituary. But while society avoided that "S" word, it clung to another: stigma.

Though suicide is one of the major mental health issues, the stigma attached to it runs deep. Suicide and stigma are like elephants occupying the same room. But now more mental health and other medical professionals are working to separate them.

A lot of the efforts center on young people.



Carey Carlock

Suicide among 10- to 17-year-olds in Illinois rose steadily among both genders from 2007 to 2015, according to a report released last month by the Injury Prevention and Research Center at Lurie Children's Hospital.

Around the country and locally, organizations are adopting the #BreakTheStigma hashtag to encourage people to talk openly about mental health.

"The current best method for identifying risk is to ask" a young person how they are doing, said Dr. Laurel Williams, chief of psychiatry at Texas Children's Hospital in Houston, Texas, in response to a study published last week in Pediatrics that found children ages 5 to 17 visited children's hospitals for suicidal thoughts or attempts about twice as often in 2015 as in 2008.

In the Oak Park River Forest community that has become a big focus in the mental health community.

"People are doing a better job of talking about signs and symptoms," said Carlock. "Most of the community mental health agencies are highly aligned in talking about ways to reach bigger numbers of people to prevent stigma and suicide."

Several parents interviewed by Wednesday Journal about their chil-

"We're in a poignant time of transition currently, where people are saying, 'you need to talk about it. You can get help. You can get better.'"

— **Carey Carlock**,

CEO of Riveredge Hospital

dren's mental health issues said they had heard their teens express suicidal thoughts. Before getting professional help, "she had a plan to kill herself," said one Oak Park mother of her teen daughter who has dealt with anxiety and depression among other behavioral issues.

All are working to "help identify signs and symptoms and attenuate treatment to mitigate risks and have better outcomes," said Carlock, who is a trained therapist and board president of NAMI.

During May, which is Mental Health Awareness Month, the task force is rolling out a campaign with information on the signs and symptoms that family members and friends can learn to recognize in someone who may be at risk for suicide, Carlock said.

Thrive, an Oak Park-based mental health center, recently introduced a new program that it plans to launch this summer designed to make Oak Park and River Forest "suicide safer communities." On average, six lives are lost to suicide in these villages every year, according to Thrive.

Living Works Education, an international leader in suicide prevention training, will train Thrive clinical staff and enhance their skills with safe-TALK suicide alertness, and Applied Suicide Intervention Skills Training

A support app for teens

Earlier this month, local mental health agencies in partnership with all three school districts (D90, D97 and D200) introduced a mental health-related resource for students called Support4U. It allows students to text licensed mental health clinicians any time of the day for assistance or guidance.

Support4U is one of the first initiatives of the Suicide Prevention Task Force made up of local police departments, the Community Mental Health Board of Oak Park Township, Thrive and Riveredge Hospital, which are all looking at ways to provide mental health education and awareness, said Kimberly Knake, executive director of NAMI.

"It's the only crisis text program answered by master level clinicians," Knake said.

While students can initiate a text conversation on any issue, some of the matters that students might wish to address could include anxiety, depression, substance use, suicidal ideation, eating disorders, bullying, abuse or any other mental health-related topic.

The resource is anonymous to allay concerns about identity that might keep a student from reaching out.

The program will be rolled out with greater fanfare in the fall, but administrators wanted to ensure that students would have supports available to them when they do not have ready access to school social workers and staff over the summer months.

(ASIST) suicide intervention trainings. Those staff members will then offer training and support to community residents, helping to build a network of individuals able to identify people with thoughts of suicide and connect them to resources.

Thrive is also planning to provide enhanced training for local police departments, emergency medical teams, fire departments, school personnel and others who will serve as ASIST partners, those prepared to accept referrals for individuals contemplating suicide.

ANXIETY

continued from page 1

much screen time and academic competition can bring on anxiety and stress.

Hanna points to another cause “that might not be so popular,” she said. That’s nutrition. She thinks consuming processed foods and environmental toxins can affect mental health and researchers are finding more evidence to back that up. For a lot of potential clients, she said, often her first suggestions is that they see a primary care physician to rule out allergies and other conditions.

Anxiety is the most common mental health disorder in the United States, affecting nearly one-third of both adolescents and adults, according to the National Institute of Mental Health. Anxiety disorder is more prevalent among females than males.

By far, the Baigs’ experience is not uncommon. In multiple interviews, Oak Park and River Forest parents shared a range of stories about how they and their children are coping with mental health issues.

Citing statistics from the CDC, Kimberly Knake, executive director NAMI Metro Suburban, said 20 percent of youth 13-18 will have a mental health condition but only half will be diagnosed or seek treatment within five to six years. “Only 50 percent will get a formal diagnosis.”

Jenna, who was diagnosed with major depressive disorder, panic disorder, general anxiety and mood disorder and



ADVOCATE: When her daughter Nissa faced a range of mental health challenges while at OPRF, Danielle Desiré became an advocate about issues. (ALEXA ROGALS/STAFF PHOTOGRAPHER)

ADHD, went public with her struggles, writing her story and posting it on Facebook.

For others, mainly because of the stigma surrounding mental illness, they see their situations as a private matter. Several parents interviewed for this story didn’t want their names or their children’s revealed.

But like the Baigs, Danielle Desiré wants more people to understand what today’s young people are experienc-

ing. Her daughter, who graduated from OPRF last year, “dealt with anxiety, depression, an eating disorder, bullying — the whole gamut,” she said.

Now four years on the road to recovery with her daughter, Desiré said sharing their story “has become my passion” [because] teenage mental health and behavioral health has become one thing we need to bring more light to.” Initially, she asked herself, “Where did I go wrong? How did I miss the signs?”

More mental and public health professionals are focusing on ways to address adolescent anxiety and other disorders. NAMI’s “Ending the Silence” is an in-school presentation designed to teach middle and high school students about the signs and symptoms of mental illness and how to recognize the early warning signs including facts and

statistics and how to get help for themselves or a friend.

In communities like Oak Park and River Forest, with a sizable population of well-educated and well-off residents, some experts see the relentless stresses of adolescence — academics, sports, social — as contributing to mental health problems.

Suniya Luthar, a professor of psychology at Arizona State University who studies distress and resilience, said research shows more emotional distress among privileged youth. “These kids are incredibly anxious and perfectionistic,” she told The New York Times.

Stephanie, an Oak Park mom who didn’t want her last name used, has a son whose anxiety presents with school refusal. When he can’t get his homework done, his “nerves start racking up

because he didn’t do what he was supposed to do, then he gets horrible anxiety thinking, ‘I’m going to get in trouble,’” and he refuses to go to school, she said.

His stress is stressful for her. He’s had sensory issues since he was a little boy. Stephanie said, “He would say, ‘Mom, I can’t stop my head. I need to tell you this.’ He had to get these things off loaded before he could sleep. There was never any end to it.”

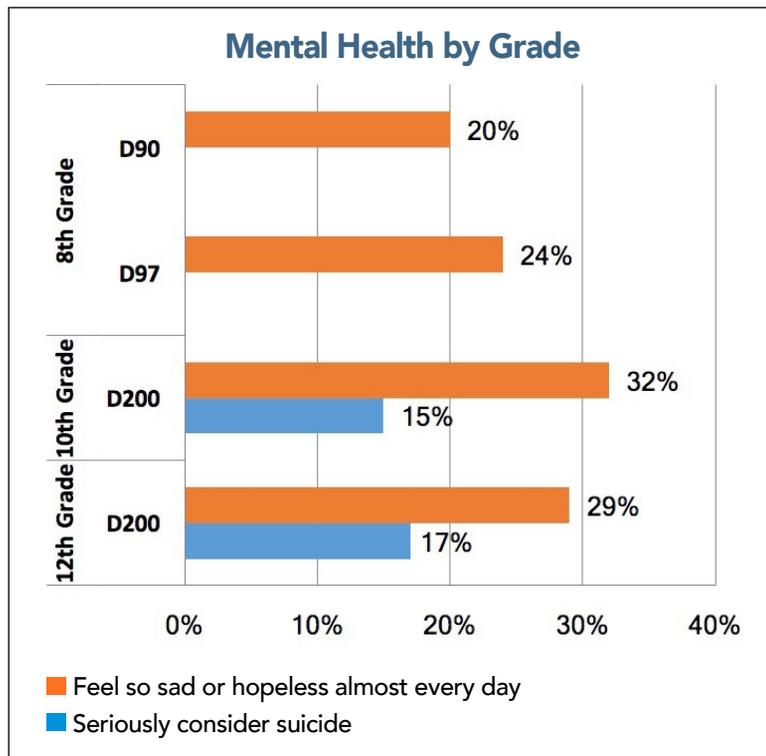
Her son is 17 now. “I worry all the time,” she said. “And I keep looking for different ways to help him.”

Jenna, the graduating senior, believes whether you’re a young person with anxiety or the parent of a child with the condition, it’s important to tell someone. “You have to make people know that you need help.”

What is anxiety?

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension, and worrying. Occasional anxiety is a normal part of life. Someone might feel anxious before taking a test or competing in a sport. But anxiety disorders involve more than temporary worry or fear. An anxiety disorder is when the anxiety does not go away and can get worse over time. The feelings can interfere with daily activities such as school work and relationships. Symptoms can include crying, fatigue, feeling sad or withdrawn, trying to harm oneself, risk-taking behavior.

Source: National Institute of Mental Health



2016 Illinois Youth Survey (IYS): Youth “agree” or “strongly agree” responses
Prepared by Linda Francis in partnership with Roosevelt University PRC

Fred offers support for parents

For parents who need support and resources to help them navigate the children’s mental health system in Illinois, there’s Fred. It’s a monthly meeting group that hosts expert speakers, advocates for community-funded services and helps parents become more effective advocates for their children. “We offer hope, borne from experience, that our children and our families can get better,” said Jean Meister, who co-founded Fred in 2007 with child and adoles-

cent psychiatrist Dr. Susan Scherer.

The name Fred is almost a code name for the group, said one member of its leadership team. It is a way to refer to the group without saying “the group for parents of mentally ill children.”

The format for Fred is similar to that of the NAMI meetings. Everything said during the meeting is promised to remain entirely confidential. Each person introduces themselves by their first name

only and in three minutes or less talks about their current issues or situation with their loved one. Other members of the group contribute suggestions, ideas, or possible help for each person’s problem either after each three-minute introduction or after everyone in the group has spoken for their three minutes. Sometimes the help is just in having a place to talk openly about the difficulties of living with an ill child and be understood.

Strive for Success

Once a family decides a child needs mental health treatment, the web is just beginning.

Strive for Success is a program under MBHAC that provides care coordination and patient navigation for youth and families in District 97 middle schools, grades 5 through 8. The program offers comprehensive individualized, multicultural and community-based service supports reinforcing systems of care and behavioral health services for minority residents in Oak Park.

Strive for Success stepped up a few years ago when Arbutus Winfrey needed help for her son, who was struggling emotionally following her divorce and the death of her mother. "He was depressed, but he won't admit it," she said.

Candice Martin, one of the two care coordinators for Strive for Success, connected Winfrey and her son to Pillars, a program that offers parental guidance and support and behavioral stabilization services. "I was in need of positive male role models and Candice connected me to other male mentors," said Winfrey.

Martin said she works with a parent and child "to see what's going on, if it's depression or anxiety or school refusal then we refer them to services in and around Oak Park." Clients can come to her office or Martin and Raheem Young, the other SFS care coordinator, visit them at home or meet in neutral location like the library.

"We do an initial interview to collect background information, demographic info. We then do a strength and difficulty assessment that breaks down social, emotional and hyperactivity issues. Based on that, we make referrals for tutoring, mental health support group, individual therapy, mentoring program," said Martin.

"Our main thing is being a bridge to treatment. Making referrals to appropriate providers to make sure [clients are] not on a wait list."

Race can be added factor in finding mental health services

Shortage of minority therapists makes connecting harder

By **CASSANDRA WEST**
Contributing Reporter

Cultural backgrounds can often account for individual attitudes toward mental health treatment services. For instance, a parent whose child has mental or behavioral issues may not pursue needed treatment out of a belief that a therapist may not be sensitive to the child's background.

Add to that a chronic shortage of therapists who are male or persons of color plus the inevitable complexities of navigating any new sort of health care system – entry points, insurance, communication – and the issue of providing mental health services to

minority students becomes only more difficult.

These issues surfaced in Oak Park and River Forest from a 2010 study that revealed "minorities have less access to, are less likely to use mental health services and report less positive outcomes."

The Multicultural Behavioral Health Advocacy Commission (MBHAC) was created seven years ago to advocate for better behavioral health services and works with minority youth and families to provide mental health services and care coordination. The commission is part of the Oak Park Community Mental Health Board.

To address concerns over cultural competency on the part of a prospec-



Judith Hanna, an Oak Park therapist, has welcomed training on cultural competency. (ALEXA ROGALS/STAFF PHOTOGRAPHER)

tive therapist, MBHAC has undertaken cultural training of mental health pros and social service providers in the villages.

Judith Hanna, an Oak Park therapist in private practice, has a special interest in cross-cultural experiences. Hanna said a certain level of cultural competency by the therapist can allay the reservations of families of color.

As a clinician, Hanna has worked through MBHAC on efforts to destigmatize mental health services, especially for persons of color, she said during an interview in her office in downtown Oak Park.

"They kind of loop together -- attacking stigma and cultural competency," she said, "because we can encourage people to seek out help, but once they get there will they feel a connection, will they feel heard, accepted. And the system can be difficult" to navigate.

To help service providers better address the needs of these culturally diverse villages, many organizations have turned to cultural competency training. MBHAC enlisted Nile Gossett, an Oak Park resident and diversity consultant, to facilitate a series of trainings, in which Hanna participated.

So far there have been six sessions, Gossett said. Among participants were staff from several local organizations including Oak Park River Forest Food Pantry, Oak Park River Forest Infant Welfare Society, Thrive Counseling Center and Riveredge Hospital. Sessions have covered unconscious bias and how it affects decision making, he said.

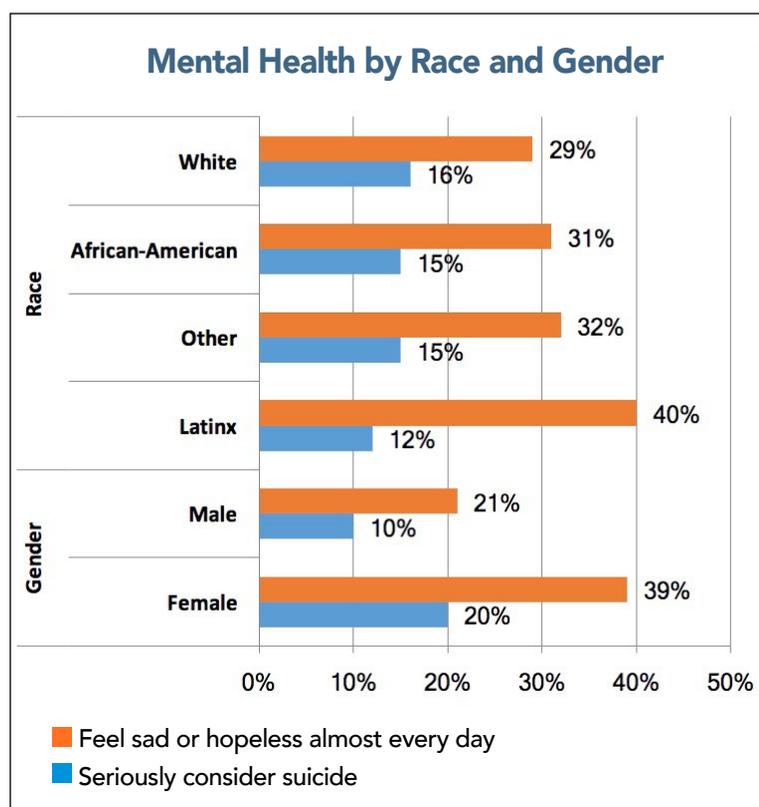
"I keep circling back to dealing with our youth," said Gossett. "It always ends up being a broader discussion about the idea of stigma in the African American and Latino community [around] behavioral and mental health. And then we start breaking that down. Stigma's too big a word. What does it mean? How does it manifest itself? How is stigma expressed? And what do people do in reaction to it? It's really open and free-flowing. It's an exchange of ideas as opposed to an exchange of facts."

Hanna believes that everyone has "biases about what mental health is and what therapy is," but Gossett gets everyone to reflect on their own biases at the workshops, she said.

From a therapist's standpoint, Hanna said, "Cultural competency hits on several levels. We talk about what is the client demographic? Do clinicians reflect that demographic? One of the things about cultural competency is making sure that the services provided are accessible to and appropriate to persons of color. And to that end, what is the makeup of the agency itself?"

She also noted that, in general, the mental health field is "always in need of male clinicians and persons of colors."

Hanna heads the committee within MBHAC focused on addressing stigma and one of her tasks is to collect data where she can. "All I could use this time was my own practice," she said, "and I noticed in the four years I've been here, I have more persons of color."



2016 Illinois Youth Survey (IYS): Youth "agree" or "strongly agree" responses
Prepared by Linda Francis in partnership with Roosevelt University PRC