MENTAL HEALTH
Mental health

**WHAT CAN BE DONE TO PREVENT OR REDUCE MENTAL HEALTH DISORDERS BEFORE THEY BECOME SEVERE?**

Kathy Boyd Fenger: When we look at prevention of mental health disorders, we have to also look at education. Understanding that mental health is as necessary to treat as any other medical diagnosis is essential in reducing symptoms. The earlier you can get treatment to the onset of the mental illness, the better the outcome.

At Logos, we focus on helping children and adolescents understand what mental health means, and that we all have the right to live a life that brings us joy and success. We often hear, in regards to our students, that parents or mental health professionals say they saw signs for years before the mental health challenge became a total disruption to a child’s life, or even the family. To reduce the effects of this happening, we have to get children and adolescents engaged in quality services at a younger age.

**Early intervention** is key to reducing stigma around mental health issues, which has been a challenge. The stigma can make it difficult for people to seek treatment. We need to be able to inform our public about what is available and how to access it.

**“The earlier you can get treatment to the onset of the mental illness, the better the outcome.”**

KATHY BOYD FENGER, Logos

**Mike Keller:** It’s a common misconception that mental health issues are only for adults and children need not seek treatment. However, there are many cases where children and adults are dealing with serious and persistent issues for adults don’t know the service providers working with children. But overall, we collaborate with each other very well and we collaborate with the community on how to overcome financial barriers, transportation barriers, waiting lists and it’s estimated that mental illness will go up 15 percent by 2020. We have 450 million people in the U.S., and if you add 15 percent on top of that, something has to happen to get the word out about these services.

**More and more, we’re hearing about trauma, particularly with returning veterans. Can we talk about the role that trauma plays in those who develop mental illness?**

Mike Keller: It’s huge. And we’re only now, within the last few years, coming to terms with how pervasive it is. And I do believe that it’s the PTSD crisis that has made us more sensitive. But the prevalence of abuse and rape, the molestation experiences that so many people are trying to live with, and because of the stigma of mental illness, it’s not surface. So, I’m wondering when you say 15 percent growth by 2020, if that’s in diagnosis because we’re...
Kathy Boyd Fenger: More aware.

Mike Keller: More attuned. Or that the cause factors are increasing.

Kathy Boyd Fenger: At Logos, a lot of our students will come with past traumas — whether it’s abuse or witnessing something, or even having experienced bullying at school. They really see more than I certainly saw as a kid, and they don’t know how to deal with it. One of our mottos is, “Turning struggles into strengths.” Trauma can lead to a built-up resilience. We want our kids to say, “Okay, I can get through it. I can persevere.” And you develop resilience. Without support, you can just be done in by it — you can’t beat it.

Jama Dodson: And coping is a really important piece. And so is being able to recognize the signs. Instead of punishing behaviors, recognize that they may be indicative of something else going on. I was altered about a situation at a school not long ago at which a staff member was trying to get a little child to go in for a nap. He was shrieking, not like, “I don’t want to behave” or “I don’t want to play by the rules.” He was totally frightened. Unfortunately, the adult was very punitive and told him what a bad boy he was. It was heartbreaking.

Michael Kiener: If someone experiences trauma it doesn’t mean they will develop a mental illness. When working with individuals who have been traumatized it is crucial to facilitate the development of support systems and appreciate the role employment plays in individual quality of life. Maryville’s Rehabilitation Counseling program educates individuals from a strength based perspective and increasing empathy from a holistic view of the individual. When students engage with clients from this perspective, they will have a more complete understanding of the difference between a traumatic experience and the development of mental illness.

Steve Sullivan: We have been very active in Ferguson, distributing pamphlets about our free counseling for children and adults who have been impacted by the events in Ferguson. We actually haven’t seen a big uptick in our office in Ferguson. So we met the Jennings, Ferguson-Florissant, Normandy and Riverview Gardens school districts to offer in-school support, teach coping skills and deal with the effects of trauma.

WHAT DOES TRAUMA LOOK LIKE IN THAT SITUATION?

Kathy Boyd Fenger: We saw more fear in our kids. We have a student who lives right in the heart of Ferguson. So, for him, it was survival. Just the chaos he existed in or went home to every night. But with the rest of the kids and the staff, we saw people more anxious, more edgy, more fearful. We did a lot of talking, a lot of planning. There was a program called Hearts for Ferguson that helped relieve everybody’s sense of anxiety. The kids wrote notes on a heart to give to kids in Ferguson schools. So, that helped them feel proactive.

Steve Sullivan: One thing we saw in our after-school programs, which

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Jan2015}

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are mostly in the city, was kids talking poorly about police officers. So we brought St. Louis County police officers into our classrooms to explain what being an officer really means. Initially, these kids were scared when the officer walked in. But by the end of the session they were smiling and laughing together.

**What about police officers and their trauma?**

Steve Sullivan: It’s very real.

Kathy Boyd Fenger: And their families’ trauma, being afraid that their loved one isn’t going to come home.

Mike Keller: They’re in a world that’s very analogous to the Vietnam vets. They were doing what we as a society asked of them and there’s no heroism or virtue to it.

Jama Dodson: That’s a really interesting metaphor. And we can’t negate the role of racism. Some older kids are very angry about police relations. Being afraid to go certain places, or to behave in certain ways your whole life is pretty traumatic in a cumulative, repetitive kind of way. Those experiences need to be validated, and at the same time, channeled into something that can be positively addressed.

Alex Noel: When a crisis hits, you can’t have enough support.

**What are the other ideas out there to better bridge the gap between the systems of behavioral health care for adolescents and adults?**

Mike Keller: Going back to the first question, reducing stigma would help a great deal. And be willing to name it. The stigma burden is so great that parents would rather talk about the drinking or drugs and not talk about what’s underneath it.

Steve Sullivan: Even though we have great services, sometimes people aren’t open to using them so we provide other options. Our Feeling Kind of Blue program, which recently won a National award from the American Association of Suicidology for being the Most Innovative New program, is a social media site where people who are feeling depressed can converse with each other. Nine times out of ten, they build each other up and everything goes fine. But, we monitor the site 24/7 and if we notice someone expressing suicidal thoughts, we intervene and offer support. People on that website may not otherwise come forward on their own because of the stigma attached to suicide.

Michael Kiener: Professionals need to be current in their education and to use effective techniques – mental health treatments evolve and improve as in other healthcare professions. Professionals need to be able to collect data on their practice in order to improve, which is a big component of the training at Maryville. When rehabilitation counselors collaborate with their clients to determine goals and emphasize a positive therapeutic relationship, individuals will have a greater ability to realize positive change.

Alex Noel: Absolutely. People should know these are very treatable illnesses. I mean, very treatable. The treatments are getting better and better every year.
Most years in Missouri, two times as many people die from suicide as are killed by homicide.

STEVE SULLIVAN, Provident

Michael Kiener: When I’m working with somebody, it’s not uncommon to hear, “Oh, I’m so depressed, I can’t get out of bed.” And, then I reframe their response and say, “But you made it here today. So, what was different today that made you able to get out of bed to come see me?” Also, 60 percent of people report a positive pre-session change from just making the phone call to obtaining services.

Kathy Boyd Fenger: It’s taking action.

Mental Health Fund

The Saint Louis Mental Health Board invests in community-based projects that provide quality behavioral health programs for adults with serious and persistent mental health and/or substance abuse disorders as they work toward recovery and improve their quality of life.

Impact Areas
• Individuals with serious behavioral health disorders achieve and sustain their progress toward recovery.
• Individuals with serious behavioral health disorders who require frequent interventions are able to avoid relapse or emergencies.
• Individuals with behavioral health disorders and other chronic conditions improve management of their overall health.

Children’s Services Fund

The Saint Louis Mental Health Board supports a wide range of programs that address the mental health needs of children related to emotional and behavioral health, trauma and establishing healthy, supportive family environments.

Impact Areas
• Parents will provide safe and nurturing environments for their families.
• Children and youth are successful learners.
• Children and youth develop healthy life skills.
• At-risk and troubled children and youth are stabilized.

Strategic Partnerships

MHB supports partnerships that use evidence-based programs to strengthen the service delivery system for:
• Immigrants and refugees that have survived torture.
• Adults who are homeless or at risk of homelessness due to behavioral health disorders, and
• Youth development focused collective impact.

MHB coordinates two federally funded projects from the Office of Refugee Resettlement and the Substance Abuse and Mental Health Services Administration; and is a member of the Ready by 21 St. Louis Investment Team that supports the formation of a collaborative impact model of youth development for the St. Louis region.

Through these strategic partnerships MHB will attain the following goals:
• Improve access to and quality of services for immigrants and refugees.
• Increase access to affordable housing for adults with serious mental illness.
• Increase use of evidence based practices in mental health service delivery.
• Align resources and high-quality services to improve outcomes for youth.

333 S. 18th Street, Suite 200
The Annex at Union Station
St. Louis, MO 63103
phone: (314) 535-6964
fax: (314) 535-6584
e-mail: stlmhb@stlmhb.com
web: www.stlmhb.com

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**WHAT ARE THE NUMBERS OF HOMELESS WHO ALSO HAVE MENTAL HEALTH ISSUES?**

Jama Dodson: They do a census every year in the city for the Homeless Division out of the Department of Human Services through their project, The Homeless Continuum of Care. In 2012, there were 5,400 people counted. Almost 1,000 of the homeless were persons with serious mental illness. And then an additional 1,900, who were not homeless, had a serious mental illness and were at risk of homelessness. So, they were really close to the edge.

Mike Keller: Couch surfing somewhere. They’re not living on the street, but they’re living at the mercy of friends or relatives.

Jama Dodson: People with serious mental illness are often employed in lower paying jobs and often are at the margins of the economy. Health insurance is not always available so many times they must go to the emergency rooms to seek treatment. Medicaid expansion would go a long way to alleviating crises and emergencies.

Mike Keller: But the providers are doing very, very collaborative things to address this. A little history that is significant is when the emergency department closed at Metropolitan St. Louis Psychiatric Center. The community panicked. It was amazing. The police and the EMS workers and representatives from all the providers came together for meeting after meeting after meeting. One of the outcomes was the Behavioral Health Network, which puts the social service agencies together with the hospitals. So, we are collaborative on ways to bridge people from hospital emergencies or to divert them. We’re doing more hand-offs. And it has been very, very successful.

**IN WHICH AREAS DO YOU SEE AN INCREASED NEED FOR MENTAL HEALTH PROFESSIONALS?**

Michael Kiener: There is an increased need nationally for rehabilitation counselors to work with veterans returning home and helping them respond positively to home life and in many instances secure employment. Another area of need is working with youth with disabilities transition from high school to employment and or college.

Kathy Boyd Fenger: For us, it’s finding child and adolescent psychiatrists. There are some great ones out there, but far and few between. If you have a child who might really benefit from some psychopharmacology, it can take four to six months to get an appointment with a doctor.

Steve Sullivan: I agree. But I would add crisis workers. We’ve gone through a decade of war with Afghanistan and Iraq. I was a young man during the Vietnam War and I saw how we treated those veterans when they came back. And yet, we have the highest suicide rate in the history of our country coming out of the current war. We lose more people in this country to suicide then we do to motor vehicle accidents. Most years in Missouri, two times as many people die by suicide as are killed in homicides. And even in the St. Louis metropolitan area, usually more people die by suicide than by homicide. From 2013 to 2014...

**Child abuse and neglect are really important determinants of later-on mental health conditions.**

JAMA DODSON, Saint Louis Mental Health Board

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alone, Provident saw almost a 25 percent increase in crisis calls. When Robin Williams died, we saw a 100 percent increase in calls the following week.

**WHAT’S THE TRAINING NEEDED FOR A CRISIS WORKER?**

**Steve Sullivan:** Actually, most of the people who work our hotlines are volunteers and are supervised by a licensed counselor. They go through a 70-hour program where they learn how to listen and how to respond to folks that are presenting themselves in a truly dire situation.

**Michael Kiener:** Many students from our undergraduate and graduate rehabilitation programs volunteer on the crisis hotline. They need to demonstrate empathy and active listening skills so the individual feels respected and heard.

**HOW DOES MENTAL HEALTH IMPACT ACADEMIC WORK? WHAT RESOURCES ARE AVAILABLE FOR TEENS WITH MENTAL HEALTH ISSUES?**

**Kathy Boyd Fenger:** When the kids come to Logos, we do an in-depth social history – psychosocial history. The impact that their struggles, their trauma or their mental health concerns have on their education is huge. People don’t always think about something like anxiety or depression affecting academics, but if those are barriers to you getting to school, or performing, they have a direct impact. Our kids have a long history of school failure, and that does not mean getting a bad grade, that can be related to social-emotional failure. They usually have, not always, but a history of social, emotional or behavioral problems at school. So then their self-esteem has tanked. They feel so bad. About five years ago we did a study looking at ten years of data. If they hadn’t been at Logos, what would have happened? Fifty percent would have dropped out of high school or attempted suicide. That’s one out of two of our kids, so it’s pretty powerful in terms of the impact.

**Mike Keller:** And the challenges are so much bigger than the ability of all of us working together. There’s no room for silos.

**WHAT RESOURCES ARE AVAILABLE FOR HOMELESS PEOPLE WITH MENTAL HEALTH OR ADDICTION DISORDERS? AND WHAT ROLE DOES PERMANENT SUPPORTIVE HOUSING PLAY IN RESPONDING TO THE NEEDS OF THESE PEOPLE?**

**Jama Dodson:** There are temporary shelters and transitional shelters. There are programs like the Independence Center, where people can come and be a part of a community. The City Department of Human Services through the Homeless Continuum of Care is doing a good job of collecting information on what exists. They have the data, and they have organizations that are working together to meet the needs of the homeless in our community. At the Mental Health Board, we’ve recently begun funding development of permanent supportive housing units. For someone who has a serious condition, who really needs to have some assistance taking meds, making sure they get to their appointments and other supports, permanent supportive housing allows the person to live in the community and have a much better quality of life.

We’ll help you find your way.

With a comprehensive array of services to treat mental health and substance abuse disorders, SSM Behavioral Health Services has the resources to help you find them.

The Assessment and Referral Center at SSM St. Joseph Health Center–Wentzville focuses on helping people with emotional, behavioral or addictive disease issues. And our Brief Treatment Program at SSM DePaul Health Center, SSM Joseph Health Center and SSM St. Mary’s Health Center provides group therapy and consultation for adults suffering from stress, anxiety, depression or substance abuse disorder.

To make an appointment, contact a helpful central intake clinician at 800-426-2083.
What can be done to improve support services for St. Louisans living with severe and persistent mental illnesses?

Mike Keller: We have to recognize that behavioral health is a public health issue. We need to bring public health sensitivity to it so that it all belongs. That housing belongs. That transportation belongs. That employment certainly belongs. If you want to change somebody’s life, give the person an opportunity and the tools to work. So, it requires a very broad vision. And while we only have so many resources to support them, the right combination is more efficient. It’s the better investment.

How do you see the education of mental health professionals evolving to meet society’s needs?

Michael Kiener: A university cannot be an ivory tower on the hill. We need to increase and deepen community partnerships. We need to bring people to campus. We need to have our students and faculty go out into the community and really see what the needs are, so we can adjust curriculum. I’m very proud to say Maryville is doing this. It’s no longer faculty just disseminating information to passive recipients.

You talked about suicide as a silent epidemic. Would you expand on that?

Steve Sullivan: I just quoted some statistics about suicide. I’ve only been in this role for a year and those numbers just astonish me. I would have never thought we’d lose more people in a year to suicide than we do to car accidents. And, I would have never thought we’d lose more people in our metropolitan area to suicide than we do to homicide. Homicide is in the news every day. We need to de-stigmatize mental health issues and provide services that reach our clients, where they can be reached.

What are hospital systems doing to meet the growing behavioral health needs in our community?

Alex Noel: Well, the integration is huge. And that’s both inside and outside the organization. Going to where clients are. So, we make sure that we are providing services to rural areas, whether it’s through TeleMed, which we’ve been developing, or even having a stand-up place that’s closer in that community. SSM is a mission-driven organization. When we treat people, we’re not just looking at somebody who has a mental illness or a mental health diagnosis. There are a lot of other factors that come into play. That’s why our programming also addresses their medical concerns and their spiritual concerns. We encourage our patients to not just get by. We want to see them get to that next level.

“Missouri has an extraordinarily collaborative provider community. It’s a too well kept secret.”

Mike Keller, Missouri Mental Health Foundation

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