



Advocate

Kenton Beachy, Executive Director

Megan Daugherty, Editor

MHAFC Conference to Focus on Bipolar Disorder and Psychosis in Youth

by Maureen Traverse

All children exhibit difficult behaviors at times—occasional giddiness, hyperactivity, and tantrums are just normal parts of learning to manage emotions. For some children, though, these behaviors become problematic. When a child's extreme emotions disrupt their academic growth, inhibit their ability to form relationships with peers, or leave family tip-toeing around for fear of setting them off, it may indicate that the child is experiencing more than just the typical struggles of growing up.

Half of all lifetime cases of mental illness begin by age fourteen and three-fourths by age 24. The average age of onset for bipolar disorder is 17; 29% are diagnosed prior to age 13, 38% during adolescence, and 32% after age 18. The median age of onset for psychotic experiences (i.e., hallucinations and delusions) is 26, with 27% experiencing a first onset of symptoms by age 17. While psychosis is typically associated with adult mental illnesses, about 100,000 adolescents and young adults in the U.S. experience first episode psychosis each year. For clinicians, diagnosing and treating a child with bipolar disorder or psychosis is complex. Symptoms can look different in children compared to adults, and research on treating children with medication is limited.

Given the complicated nature of these illnesses in childhood, MHAFC is pleased to announce that our 2019 Children's Mental Health Conference will focus on bipolar disorder and psychosis in youth. Three highly respected experts in the field will present their research on diagnosis and treatment: Dr. Mary Fristad, Professor and Vice Chair for Research and Academic Affairs in the Department of Psychiatry and Behavioral Health at The Ohio State University Wexner Medical Center; Dr. David Axelson, chief of the Department of Psychiatry and Behavioral Health at Nationwide Children's Hospital, chief of the Section of Psychiatry at Nationwide Children's Hospital, and the John W. Wolfe Endowed Chair in Pediatric Psychiatry; and Dr. Nicholas Breitborde, Associate Professor in the Department of Psychiatry and Behavioral Health at The Ohio State University and Director of the OSU Early Psychosis Intervention Center (EPICENTER).



All three presenters bring extensive experience treating children and emerging adults who present with early symptoms of bipolar disorder or a psychotic episode, and each has spoken and written about the complexities of how these illnesses manifest in childhood and adolescence. In an interview for the documentary, *True Child Within*, Dr. Fristad emphasized how differently symptoms can appear in children diagnosed with depression, who are more likely to experience irritable mood and disruptive or destructive behavior compared to the sadness or melancholy associated with adult depression. Moreover, she notes, *see MHAFC Conference on page 6.*

In this Issue

To Your Mental Health	Page 2
Community Matters	Page 3
MHAFC News	Page 4
Thank You	Page 6
Programs	Page 7

You can overcome life's hurdles. We can help. Visit www.mhafc.org.

To Your Mental Health

by Kenton Beachy

Person First



I was recently watching one of my TV favorites, *American Ninja Warrior* (ANW)—where some amazing athletes conquer tough obstacles with a combination of strength, balance, and agility—when contestant “Crazy” Jake Murray was rolled out onto the starting

stage strapped from neck to toe in a white straitjacket. Another contestant who had rolled him out was playing the role of “an insane asylum worker.” Additional announcer commentary included wondering how he could run that way, and that he’d likely run off the rails. The straitjacket was then ripped clean away, and Crazy Jake made a pose one would associate with a “crazy” person. Of course, the announcers had to add that he was “ready to go crazy.”

This all took place on national, primetime TV in the supposed fun of a character we should be interested in who could also do amazing things on the Ninja obstacle course. As much as I like a lot of other things about ANW, I cringed as this scene unfolded. No doubt Jake, the producers, announcers, other contestants, or audience members did not realize they were contributing to the stereotype of mental illness. One of the Ninja course obstacles was even called lunatic ledges. If you caught the episode, did you think about any of this?

While I do credit ANW for sensitive portrayals about PTSD, sexual abuse, alopecia, anxiety, and autism, this kind of routine stigmatizing about mental illness takes place not just on a grand stage like ANW but also in the simple conversations we’re part of every day. How often have you heard someone say, or said yourself, “That was just crazy”? Or insane. Or nuts. Or psycho. There are so many stigmatizing terms and ways of thinking that we need to recognize first and then learn to express differently. For example, I use “That was

ridiculous” as a non-stigmatizing way to express the same idea of something being beyond belief or amazing.

You may have heard about using person first language, which recognizes the “people-ness” that should come first in the terms we use. Over the past decades our society has come such a long way in recognizing that physical illnesses, like cancer and heart disease and diabetes, don’t define people. Rather, they’re physiological conditions that can be treated and lived with. Now we’re just starting to teach our society that mental illnesses, like depression and anxiety and bipolar disorder and schizophrenia, are biological brain disorders that can also be treated and lived with. Did you know that 70-90% of people with a mental illness, through combining medical and psychological treatments, improve quality of life with reduced symptoms?

I wouldn’t refer to a person living with cancer as “cancerous.” Neither would I refer to a person living with schizophrenia as “schizophrenic.” Our illnesses are not us. They are treatable conditions. The more we start thinking about mental illness in the same way that we’ve become accustomed to thinking about physical illness, the more we’ll stop stigmatizing people who live with mental illnesses.

At MHAFC, part of our mission is to transform how people think about mental illness. That’s what this is all about. When our minds are transformed to thinking about mental illness as a treatable disease, we’ll begin to see the person first. After all, about one in four of those around us, if not we ourselves, will experience a mental illness this year. If not us, these are commonly our family members, our coworkers, our neighbors, or our kids’ friends.

I’m amazed at what Ninja Warrior athletes are capable of. They make it look easy to climb a 50-foot rope in under 30 seconds. We also need Mental Health Warriors who can use person first language without a second thought.

Register Today: Children’s Mental Health Conference
October 2, 2019 | mhafc.org/conf

Community Matters

Thank You to MH Advocates

by Megan Daugherty



MHAFC partner, Uniquely Ordinary, raised \$3,295 this past May through their Tattoos for Mental Health event. Over the four-day event, 93 tattoos were done. Proceeds benefitted our Pro Bono Counseling Program.



Dr. Adel Korkor addressing some of the nearly sixty people who registered for the second annual Five Fifty Fifty Run/Walk for Mental Health in Dublin on June 12. The race was one of 50 Dr. Korkor ran in 50 consecutive days in all 50 states to raise mental health awareness.

Board Spotlight

Niki Hampton

possesses a passion for people and serving others. In July 2006, Niki experienced a near-fatal car accident.

Because of the severity of her injuries, the doctors told her family that she probably would not live through the



night. This was one of the most stressful times in her life and in the life of her loved ones. Out of that experience is a story of how to beat the odds, obstacles, and opposition that life often brings. Her survival also fueled her passion to serve all people, especially in the areas of mental, emotional, and physical health. Niki is an ordained minister, a speaker, and an author, and has spent the last several years earning her Masters Degree in Organizational Leadership and growing her consulting business, Fifth Gear Leadership Consulting, Inc. "I feel incredibly honored to have my family, my Church, and the opportunity to give back to the community by serving on several nonprofit boards and coalitions, including MHAFC."

Volunteers needed for Family Advocate Program!

Do you have knowledge of the local mental health system? Are you interested in using your knowledge to help families of people living with a mental health diagnosis navigate the system?

MHAFC's Family Advocate program is looking for you! Our soon to be launched program is designed to provide support and advocacy to family members. A Family Advocate will use their past experiences as a family member, loved one or treatment professional to give hope, understanding and problem-solving options and other supportive resources to participants of the program.

If you are interested in volunteering with our program, contact Get Connected Program Coordinator, DeAnna Hall at familyadvocate@mhafc.org.

MHAFC Represented at Summer Conferences

by Megan Daugherty



Associate Director Tonya Fulwider presents at MHA National Conference for the session, “Addressing Underserved Populations in Mental Health: Two MHA Affiliate Models.”



POEM goes to Postpartum Support International in Portland, Oregon! From left, Gena Austin, Coordinator 2BNurtured Cleveland; Tonya Fulwider, POEM Co-Founder and Associate Director of MHAFC; Kelli Blinn, POEM Program Equity Coordinator; Amy Burt, POEM Co-Founder and Volunteer; and Becca Alexander, POEM Program Manager and Peer Support Services Program Manager at MHAFC.

Our Team is Growing and Changing

by Megan Daugherty



Kelli Blinn joins our staff as POEM Program Equity Coordinator, to address the unique maternal mental health needs of African-American women in the Central Ohio area.



Amy Eldridge has over 25 years of combined experience in administration of nonprofit and for-profit human services organizations. She joins our team as Director of Development and Marketing.



Lauren Greenberg comes to us from Detroit, MI via Wooster, OH after working for a college campus ministry. She’s excited to join our team as Administrative Assistant and be part of an organization committed to work she’s passionate about.



Former Administrative Assistant **DeAnna Hall** has moved into her new position as Get Connected Program Coordinator. She has worked for over 10 years in the mental health field and looks forward to providing a friendly and warm voice to those seeking help.



Long-time MHAFC employee **Maggie Hallett** has moved into a new role as Director of Workplace Health, overseeing Occumetrics, a workplace health assessment designed to help create mentally healthy work environments. The program has experienced incredible growth in the past few years, allowing for this position change.



Help Those in Need Find Their Way Become a Pro Bono Counseling Volunteer

All volunteers get 50% off Children’s Mental Health Conference registration.

To sign up, contact Sheronda Palmore at (614) 884-7227.

Give Mom the Mic

by Megan Daugherty

Another hilarious and heart-warming Give Mom the Mic raised over \$36,000 to benefit Perinatal Outreach and Encouragement for Moms (POEM). This year's show featured comedian, actress, and activist, Angelina Spicer. Many thanks for the generosity of our sponsors, volunteers, and more than two hundred attendees who, year after year, make this such a memorable and successful event. Save the date for next year, May 1, 2020 at a new venue, The Exchange at Bridge Park in Dublin!



THANK YOU to our generous event sponsors:

Presenting Sponsor



Gold Sponsors



Silver Sponsors



Bronze Sponsors

Giant Eagle | Olentangy Pediatrics | The Sommer Group: Heidi McAlister, LPCC

Thank You!

To Our Recent Members & Donors (March 1 - June 30)

Business/Organization (\$135+)

Anxiety and Behavioral Health Services

Patron (\$135+)

Nick and Frances DeFusco

Advocate (\$60+)

Jeanne Bonomo
Catherine Elkins
M. Irene Zahn
Karen and Charlie Grafton
Jeri Klopfenstein
Lois and Terry Heffernan
Susan Hansen and Tim Gaier
Barbara Tewart-Darwin
Michele Melaragno
Carol Pavol
Leonard Tanks

Professional (\$60+)

Patricia L. Zidar
Therese M Grieco
King Stumpp
Craig E. Williams
Charlaine Menendian

Catherine Malkin
Patricia A. Roper
Joseph Fiala and Mary Fristad
Mike and Pam Mesewicz
Alan and Beatrice Weiler

Friend (\$40+)

Catherine Wheeler
Cynthia Johnson-Smith
Maureen Casamassimo
William L. Bechtold
Jane B. Young
Richard and Kathy Pautsch
Deidre Smith
Angie Chesser
John and Harriette Kagel
Emilyn Jakes
Garry and Michele Bergman
Carol Branscomb

Other

William and Marilyn Ransom
Robert and Penelope Moore

Harvey Doremus
Kent and Lonie Tyler
Jeff and Linda Irwin-Soiu
Randy and Betty Scalf
Amelia Dunlap
Stephen Koch
Jeffrey Kayes

TRIBUTE GIFTS

In Honor of the Kelli M. Vargo

Richard Vargo

In Honor of Gregory Campbell, II and Anna Downs

Gregory A. Campbell

In Honor of the POEM Golf Outing

Don Hersman

We make every attempt to accurately acknowledge our donors. To report an error or omission, please contact Lauren Greenberg: 614-221-1441 or lgreenberg@mhafc.org.

MHAFC Conference (cont. from cover)

25-50% of cases of childhood depression will convert to bipolar disorder. In fact, up to one-third of the 3.4 million children and teens with depression in the US may actually be experiencing the early onset of bipolar disorder, according to the American Academy of Child and Adolescent Psychiatry. As Fristad explains, if a depressed child shifts to a manic episode, the treatment will be quite different, so knowing risk factors and recognizing early symptoms are key.

In a 2009 episode of PBS's *Frontline*, Dr. Axelson spoke about his work on childhood bipolar disorder at the University of Pittsburgh Medical Center and the challenges with diagnosing bipolar in children. According to Axelson, "Bipolar disorder is probably not a single, unitary disorder [but] a syndrome that's a collection of things that are related and can overlap with other childhood psychiatric disorders like ADHD and depression." For that reason, Axelson says, there is a risk that a label could be given inappropriately. He described the diagnostic process he used at the clinic as time-intensive and complicated, and that it would take seeing the child over many visits and honing in on symptoms specific to the illness to clarify the diagnosis.

"When the illness is clearly bipolar," Axelson says, "medication generally has to be part of the treatment, especially if there's acute symptomology."

Interviewed about his work at EPICENTER in Arizona (where he treated young adults with psychosis prior to coming to OSU), Dr. Breitborde said, "While medication can be very good for reducing some of the symptoms of psychosis, it alone is not sufficient to help people recover." EPICENTER provides a comprehensive approach, including medication and behavior modification as well as individual and group therapy. At EPICENTER, the goal is to keep young adults engaged in relationships and activities that prevent isolation and encourage involvement of family and friends in the treatment process.

With three prominent experts addressing complex illnesses in children and adolescents, this year's Children's Mental Health Conference promises to provide clinicians with a comprehensive look at the research on diagnosis and treatment as well as proven strategies for working with children and emerging adults with bipolar disorder and psychosis. Learn more and register for the conference at mhafc.org/conf.

Programs

Volunteer Spotlight – Pro Bono Counseling Program, Support Groups, and Perinatal Outreach and Encouragement for Moms (POEM)

by Maureen Traverse

Volunteers are major donors to MHAFC, providing invaluable contributions of time, expertise, and compassion. MHAFC's Pro Bono Counseling Program, Support Groups, and POEM are powered by volunteers who provide thousands of hours of counseling, group facilitation, and mentorship every year. The Pro Bono Counseling Program, which utilizes volunteer clinicians to provide free counseling to those who are uninsured and under-insured, has served 1,400 clients since inception in 2011. So far this year 86% of clients surveyed reported at least one positive outcome as a result of being connected to the program for ninety days. Our support groups, each facilitated by trained volunteers, served more than 3,200 individuals last year. Of attendees surveyed most recently, 86% reported the group helped them feel emotionally supported, and 74% reported the group helped them cope with daily problems.

What these responses tell us is what Sheronda Palmore, Director of the Pro Bono Counseling Program, says is the beauty of the volunteer experience, "Our volunteers only need to see one client a year to stay active. Seeing one client might not seem like a lot to you, but to that individual it's everything." Sheronda says that clients express their gratitude with phrases like "life-saving" and "a God-send." But the impact ripples out, she explains, "When someone can access help, they can heal. A well person is also a well parent, a well partner or spouse, a well friend. If that person has a good experience, then they're likely to be open to counseling in the future, and they stay healthy." That's the impact of her volunteers, Sheronda says. It's why the gift of their time means so much.

Becca Alexander, Peer Support Services Program Manager, echoes this sentiment. Support group facilitators give people "a place to feel safe and valued, and a place where they feel understood and supported." For some, a support group may be the only place they feel they can be open about their experiences with mental illness. But Becca points out that, especially with peer support, volunteers get back more than just the satisfaction that comes with helping. "If you have the lived experience and desire to offer peer support," Becca says, "then it doesn't



feel like a job. Offering that little bit of your time feels empowering."

Volunteers, themselves, say the same. Jim Schmidt, a social worker and committed Pro Bono volunteer since 2011, says, "I have found providing community service to those in need has been a very rewarding experience. I strongly encourage clinicians to participate in the Pro Bono Program as a means of giving back and helping those in need who cannot afford behavioral healthcare."

If you are a licensed mental health professional who can see at least one client per year for up to twelve sessions, Sheronda says you can be a Pro Bono Counseling volunteer. There's plenty of flexibility as you set your own schedule with the client, and most clients only need those twelve sessions. Please fill out the volunteer form online at mhafe.org/get-help/pro-bono-counseling/for-clinicians/ or contact Sheronda at spalmore@mhafe.org or 614-221-1441.

Mental health professionals and those with lived experience of a mental illness may facilitate a support group. Moms with lived experience of a perinatal mental illness may volunteer with POEM as a facilitator or mentor. If you have interest, please contact Becca at balexander@mhafe.org or 614-221-1441.



2323 West Fifth Avenue, Suite 160
Columbus, OH 43204

P: 614-221-1441

F: 614-221-1491

E: info@mhafc.org

www.mhafc.org

RETURN SERVICE REQUESTED

A promotional poster for an event. The background is a dark, blurred photograph of a microphone on a stand in a room with warm lighting. In the top right corner, the MHA logo is displayed in white. The main text is in white and yellow, announcing the event date and location.

Mental Health America
of Franklin County

SAVE THE DATE:
**LAUGHING AWAY
THE BLUES**

FRIDAY
11.1.19

The Grand Event Center at Grandview Yard