



Advocate

Kenton Beachy, Executive Director

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The Unique Mental Health Concerns of LGBTQ Youth

by Brandi Allen

Life is full of paradoxes, but let me tell you about one you may not have thought about before. Within the last 20 years, we have seen a rapid increase in social and political equality for members of the LGBTQ community. The American Psychological Association has updated its diagnostic publications to remove disorders that indicated same sex attraction was pathological. Researchers are now receiving funding to look at the social determinants of health for the LGBTQ community. June marks the two-year anniversary of the Supreme Court's ruling in favor of marriage equality.

Society is in the process of recognizing and accepting the realities of the ever-present LGBTQ lives within it. So then why do we still see increased rates of depression, anxiety and suicide risk among the youth of this population? Russell and Fish (2016) do an excellent job explaining the catch-22 youth find themselves in today: because there is more social acceptance, youth are expressing their sexual and gender identities, i.e., "coming out," at a much younger age—14, on average, compared to age 20 in the 1970s. But that early adolescent period in social development is marked by more rigid and narrow norms and expectations among peers. Today's LGBTQ youth, while surrounded by language and images that help them feel more free to identify as such, are also more likely to face more intense pushback from their non-accepting peers.

"Adolescence is a time of exploration and self-discovery, and also a time of great peer pressure with a strong emphasis on social acceptance. When youth feel isolated, stigmatized, and bullied because of their real or perceived sexual orientation or gender identity, they are more likely to suffer depression, anxiety, suicidal ideation and other mental health challenges," says Julia Applegate, director of the Equitas Health Institute for LGBTQ Health Equity. She is our featured speaker at this year's children's mental health conference on LGBTQ youth along with her colleague Karen Rubin and staff from Nationwide Children's THRIVE program, which focuses on gender identity concerns (and on various physiological issues related to sexual development).



U.S. and international research consistently demonstrates higher rates of emotional distress, symptoms of mood and anxiety disorders, and suicidal ideation/behavior among LGBTQ youth compared to heterosexual youth (Russell and Fish, 2016). But there are protective factors that reduce these rates and contribute to the most common outcome of healthy LGBTQ adults. When schools include Gay-Straight Alliance (GSA) clubs and more LGBTQ-inclusive curriculums, students are mentally healthier. LGBTQ youth living in states with anti-bullying laws that include sexual and gender minorities (SGMs) report less victimization. When LGBTQ youth are permitted to date and display affection just as easily as their heterosexual and cisgender peers, there is a correlation with less substance use and increased self-esteem. (See LGBTQ Youth on page 7.)

Promoting Mental Health in Today's LGBTQ Youth

Thursday, September 14, 2017
8:30 am - 4:45 pm
ODOT Auditorium

Early Registration: \$99
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To Your Mental Health

by Kenton Beachy



Introducing Occumetrics

Did you know that most American adults are employed and that their job satisfaction is related to their general happiness? After all, work takes up most of the day, plays a big role in social standing, is often how we define

ourselves, and impacts our physical and mental health. A recent study found that employees who are very satisfied with their work are about three times happier overall than those who are very dissatisfied with their work (researchgate.net).

Even though a majority of U.S. employees report being fairly satisfied and moderately engaged with their current work, 40% say that to some extent they would consider finding work elsewhere within the next year. Their key factors in job satisfaction? Respectful treatment, trust of management, compensatory pay, job security, and opportunity to put skills to work (SHRM, 2017).

Enter MHAFC's Occumetrics. Many factors impact employee retention, productivity, and morale. The scientific literature, workplace theories and models, case studies, and a pilot project have helped us develop a unique and powerful process to comprehensively assess workplace wellbeing. Occumetrics: A process to listen and learn from your workforce.

Unlike most HR programs that just provide a menu of workplace offerings, Occumetrics first diagnoses the condition and only then considers solutions. Realizing the value of this unique and powerful management tool, the Ohio Dept. of Mental Health and Addiction Services is funding Occumetrics for its licensed behavioral health providers in order to decrease staff turnover and bolster workforce capacity. By end of summer we will have worked with 14 such agencies and over 2,700 employees, from Cleveland to Loraine, Youngstown, Cincinnati, and Columbus, and will provide another 13 Occumetrics assessments over the next year.

The first step of Occumetrics is an in-depth employee survey covering ten dimensions of workplace wellbeing. Next, we engage the staff in rich conversations about their workplace experience through focus groups. We also study turnover rates, exit interview reports, and absentee time. Finally, we walk the agency's leadership team through our findings and customized recommendations.

What's been the response? One agency told us "the entire process was well organized, flexible to accommodate our staff and schedule needs, and completed with an outstanding level of both verbal and written communication. This study turned out to be an incredible management tool for our 200 employees. The very detailed report provided us with a deep level of understanding of those contributors to staff turnover intention, as well as very practical strategies to proactively promote staff retention." Another agency reduced annual staff turnover by 12% by incorporating many of the recommendations contained in our report.

This summer we'll be offering Occumetrics to additional select state agencies in order to help build the capacity of Ohio's governmental workforce. If you're interested in your employer listening and learning from your workforce using Occumetrics, whether public or private, for-profit or not-for-profit, please contact me for a consultation. After all, a healthy workplace makes a happy workforce.

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Psychiatric Crisis and Emergency System (PCES)

by Kenton Beachy

The need for emergency mental health and addiction services in Franklin County is surging. Patients in psychiatric crisis are overwhelming hospital emergency departments. Even free-standing mental health and addictions centers are challenged to respond to the volume and seriousness of these patients. Patients and their families run into long wait times and ill-coordinated care among the array of treatment providers.

In response, a partnership including health care organizations, law enforcement, state and local government, Emergency Medical Services, and mental health advocates came together in November 2014 to identify ways to improve the psychiatric and emergency services system and formed the Psychiatric Crisis and Emergency System (PCES) Task Force. Overall, the effort aims to increase access to services, expand care options, decrease use of emergency departments, and ensure equitable patient care regardless of payor source.

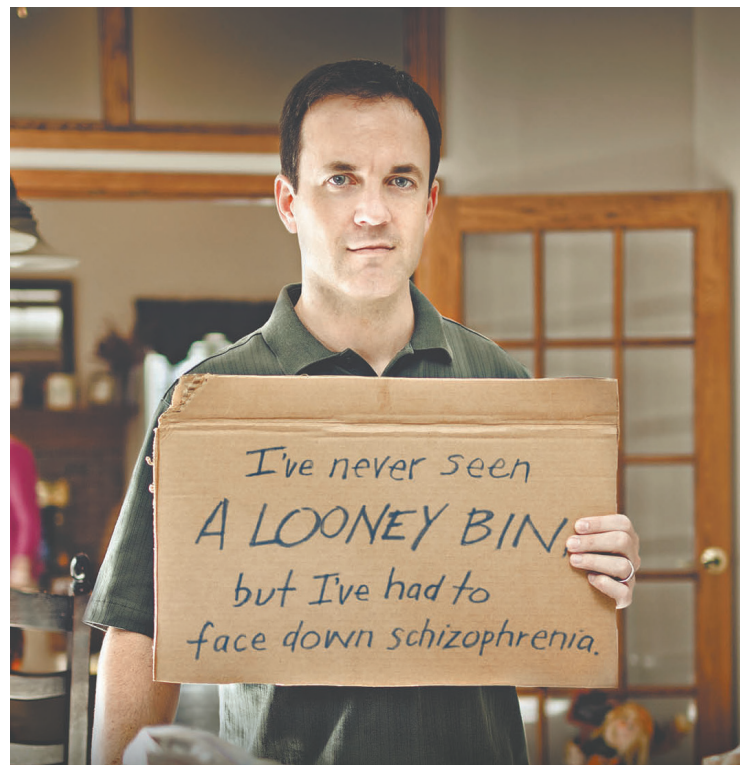
The Task Force issued a set of recommendations in February 2016 to accomplish these goals and improve the mental health and addictions system:

1. Create a comprehensive, collaborative system of care for individuals experiencing mental health and/or addiction emergencies.
2. Develop additional options for intermediate and ambulatory care for individuals in need of mental health and/or alcohol and drug addiction treatment.
3. Build a robust education and outreach effort for patients and patient families.
4. Build collaborative, effective working relationships with the payor community to improve the overall system.

I was asked by the PCES Task Force to co-chair a work group charged with accomplishing recommendation number three. I've helped bring together a group of 19 practitioners and people with lived experience who are gathering data, talking

with affected communities, and studying how to create culturally competent and easily understood communication to help residents know how to recognize an emergency, what to do, and where to go for help.

Researchers at Battelle are helping the PCES Task Force develop options for how best to reconfigure resources and pathways, from brick and mortar solutions to a collaborative hub concept that would effectively coordinate and dispatch resources. Battelle will present its findings and recommendations by summer's end, and then the Task Force will proceed in choosing the best options and finding the money and workforce to make them work.



End The Stigma
#StopTheCrazyTalk



MHA's National Conference

by Maureen Traverse

Fighting in the open has long been the mission of Mental Health America. In order to advocate for better treatment, we need to take mental health, mental illness and addiction—and all the messy, sometimes embarrassing, uneasy truths that accompany them—out from behind closed doors. MHA National's 2017 Conference: Sex, Drugs, and Rock & Roll dove into these sometimes controversial issues through open and real discussions of sex addiction, intimacy issues, sexual side effects of mental illness medication, self-medicating, the opioid epidemic, and many other topics.

In June, MHAFC staff members (pictured left to right), Sheronda Palmore, Pro Bono Counseling Director, LeeAnn Mattes, Ombudsman Program Director, and Kenton Beachy, Executive Director, made their way to Washington D.C. to take part in these important



conversations. The conference provided a tremendous opportunity to collaborate with and learn from other affiliates doing great things around the country. All of our staff who attended came away from the conference inspired, encouraged, and challenged to do even more in support of those living with mental illness.

POEM Goes to Washington

by Brandi Allen



Here's a common scenario: a woman midway through her pregnancy thinks that she may be struggling with depression. She reports her symptoms to her OB at her next appointment. Her OB says, "Oh, you have a mental health concern? You need to see a psychiatrist about that." She dutifully schedules with a psychiatrist. The psychiatrist says, "Oh, you're pregnant? You need to see your OB about that." This inadvertent runaround is what we call a "gap" in services. For 12 years, Tonya Fulwider has been working to fill that gap through the POEM program.

Tonya has always recognized the fundamental value of policy work but assumed she would find a role there when she wasn't quite so busy with programming. This year she was offered a scholarship from the National Coalition for Maternal Mental Health to attend its Advocacy Days event on Capitol Hill, and it was an opportunity she just couldn't refuse. She attended a networking luncheon, a congressional briefing, and a reception with about 80 other advocates. She spent the following day meeting directly with our local legislators, including Sherrod Brown, delivering invaluable first-hand stories to help inform and shape future legislation.

Participation in Advocacy Days helped Tonya learn that there are people in Washington working together across the aisle to effect change and that they do want to hear from individuals and small organizations in order to create better policies. In fact, Sherrod Brown's health legislation aide, who met Tonya that weekend, reached out to pay a visit to us here at MHAFC recently. She listened carefully to descriptions of our outcomes and left us with the mandate to keep our representatives informed of the struggles we're witnessing firsthand. We promise our members and fellow advocates that we will continue to do just that.

Volunteer Spotlight

by Tonya Fulwider

Leslie Froelich and Danielle Krouse, POEM Cleveland Coordinators

Nearly five years ago, Leslie and Danielle connected at a Little Gym class and commiserated over the lack of resources available for women experiencing perinatal mood disorders. They decided to create a support group and reached out to POEM for help. After receiving POEM training and materials, they secured a location at the Fairview Hospital Wellness Center and began a grassroots marketing campaign by contacting local healthcare providers and parenting groups. Since their first meeting in August 2015, they've grown the program to offer not only the weekly in-person support group, but also a confidential helpline and a private, virtual group online. In just a few years, Leslie and Danielle have created a phenomenal network of support and encouragement for the Cleveland community. For more information on the POEM program, visit mhafc.org.

Danielle's Story

When Danielle gave birth to her daughter in 2012, she thought she was ready for every situation. But nothing could have prepared her for the nightmare of postpartum depression, anxiety, and OCD that took over her life for the next twelve months. Her doctors were supportive, but also didn't know exactly how to help. At the time, there were no support groups in her area specifically for these issues. Danielle faced a long, hard road ahead and in her darkest hour she vowed that if given the chance to help one person going through this pain, she would do it. Two years later, she jumped at the opportunity to start the POEM group. She sees herself in every woman who comes to the group.



Leslie's Story

Leslie faced postpartum depression after losing her infant daughter, Hannah, at just three weeks, due to a severe congenital heart defect. In the aftermath, she struggled to bond with Hannah's surviving twin sister, Elizabeth, and fell into a profound period of grief and feeling overwhelmed. With the help of therapy, medication, and a strong support network, Leslie eventually started recovering and went on to have another daughter, Maggie. Currently Leslie stays home with her two daughters, ages four and three, while working as a freelance writer and translator for a Spanish-language newspaper. Her work has appeared in Postpartum Progress, Scary Mommy, The Huffington Post, American Greetings, Hot Moms Club, and Motherly.



"I have met some very motivated people through the Pro Bono program. My experience has been that short-term, solution-focused sessions have resulted in helping clients move forward. It's simply a good thing to be doing for the community!" -- Eileen Watters, PCC, PBCP Volunteer

Join Us and Make a Difference
Become a Pro Bono Counseling volunteer today!

All volunteers get 50% off Children's Mental Health conference registration.

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

Thank You!

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Programs

Mental Health First Aid

by Megan Daugherty

We are excited to be partnering with the ADAMH Board of Franklin County to provide Mental Health First Aid trainings to the public for free this fall.

Like CPR, Mental Health First Aid prepares participants to interact with a person in crisis and connect the person with help. First Aiders do not take on the role of professionals—they do not diagnose or provide any counseling or therapy. Instead, the program offers concrete tools and answers key questions like, “What do I do?” and, “Where can someone find help?” Certified Mental Health First Aid instructors provide a list of community healthcare providers and national resources, support groups, and online tools for mental health and addiction treatment and support.

For more information or to register for a class, head to mhafc.org.



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Board Spotlight

Matt Endress is a Director of Software Engineering at Cardinal Health. Matt was happy to join the board of Mental Health America of Franklin County in 2015 because of his strong belief in the mission to ensure that those who are struggling with mental health issues have the support they need to get better and stay better.



Matt says he's excited to continue partnering with the talented team at MHAFC and looks for ways to support the organization through fundraising and by sitting on the finance committee.

MHAFC is forever grateful for Matt's expertise as he has provided much needed guidance through necessary technology upgrades.

Matt lives in Upper Arlington with his wife, Laura, and their two children, Casey and Paxton.

LGBTQ Youth (cont. from cover)

Research on minority stress theory, a productive lens through which to view LGBTQ stress, points to a couple of key areas of focus for mental healthcare providers. Studies show the act of rumination to be a mediating variable between stigma-related stressors and psychological distress. LGBTQ youth who are taught specific emotional regulation skills may be better able to avoid the harmful effects of ruminating about stressful events. Other research indicates that symptoms of depression and suicidal ideation are most impacted by an adolescent's perception of how much burden they are putting onto their family and friends. Whereas previous emphasis has been placed on increasing a sense of belonging for LGBTQ youth, these studies point to additional value in helping youth see that their loved ones are coping just fine with having them in their lives.

Finally, one last observation from lead presenter, Julia Applegate: “This conference is a critical component on a long arc toward improving the social, medical and education climate for LGBTQ youth in Central Ohio. Preparing mental health providers to serve our youth with dignity, respect and cultural humility will go a long way toward improving health outcomes for LGBTQ youth.” We hope you'll be part of the change by joining us on September 14 and spreading the word about this opportunity to better serve Central Ohio youth. Visit mhafc.org/lgbtq to register.



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