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Charter Statement

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Integrating **BEHAVIORAL** and Primary Care



GUEST COLUMNIST

Dale Shreve, President
and CEO, Harbor

For too many years, behavioral health care (mental health and substance abuse) has been provided as something separate from primary and general health care.

Often, behavioral healthcare benefits have been carved out of contracts, and they are administered separately and differently from general healthcare benefits. Typically, behavioral health care facilities and providers have not been located with general healthcare providers.

More recently, research and best practices have emerged that illustrate the benefits of integrating behavioral and primary/general health care.

Mental health problems are common, but they often may go unrecognized in primary care settings. Individuals receiving behavioral healthcare services from a specialty provider may have co-occurring primary care conditions that may go untreated.

The integration of behavioral and primary care is a critical component of improving health care. An integrated delivery system no longer treats one condition at a time, whether it is a behavioral health condition or a physical health condition, but instead recognizes the inseparability of mind and body.

Harbor, a mental health provider based in Toledo, has been working to integrate behavioral and primary care for a number of years now. In addition to employing psychiatrists, psychologists, therapists, and counselors who are experts in addressing behavioral healthcare needs, we also have on our staff primary care physicians, pediatricians and nurse practitioners to address our patients' general healthcare needs. We believe having these multidisciplinary staff members as part of the same team helps to better ensure integration of care.

Harbor is also developing a new electronic health record that will bring together our patients' behavioral health status and primary health status into one medical record system—allowing a patient's care team to be better able to respond to the patient's complete healthcare picture.

We believe integrated care improves access, satisfaction and outcomes. Integrated care fosters healthier individuals. As the well-being of individuals improves, so too will the overall health and vitality of the community. 🌱



PICTURED Ruthanne Johnson of Bowling Green has overcome bullying.

WRITTEN BY Julie M. McKinnon

From Suffering to Success: **OVERCOMING** **Bullying**

Throughout elementary school, Ruthanne Johnson was taunted. She was called fat. Ugly. Worthless. Hurtful words progressed to threats in sixth grade.

CONTINUED ON THE NEXT PAGE

But Lady Gaga's music gave Ruthanne solace. Oprah Winfrey's talk shows offered encouragement. And meeting the duo a year after Ruthanne sent an impromptu e-mail about being bullied has transformed the 13-year-old Toledo School for the Arts eighth grader. With the help of her parents, Ryan and Becky Johnson of Bowling Green, Ruthanne was inspired after that meeting to head up her own foundation to financially help local school districts strengthen anti-bullying and acceptance programs.

"So many people get bullied, lie on their backs and give up. They're dead bugs. But I flipped over," says Ruthanne, one of three bullying victims invited by Ms. Winfrey to attend the February launch in Boston of Lady Gaga's Born This Way Foundation to empower youth.

Bullying, both the face-to-face variety and newer cyber-attack methods, is common at northwest Ohio and southeast Michigan schools, reveals recent county health assessments.

The latest assessments for 13 counties show Wood County had the lowest percentage of high school students who were bullied, although it's still 40%, followed by Hancock County at 41%. The highest was 52% in Sandusky County. Three counties – Defiance, Erie and Huron – were close behind at 51% when it came to high school students who were bullied.

Being Bullied

Adolescents put others down to elevate themselves and gain acceptance, says Danielle Cisterino, project director, ProMedica Toledo Children's Hospital's Teen PEP program, which provides peer-to-peer education on topics including bullying, teen dating violence, rape, abuse, and neglect.

Cyber bullying has added depth to the problem because youth do not have to confront fellow students but can use texting, Facebook™ and other technology

to harass their peers, says Adrienne Elhai, PhD, clinic director, The Cullen Center, ProMedica Toledo Children's Hospital.

And those putdowns and harassments, Ms. Cisterino says, quickly can spread among hundreds of other students.

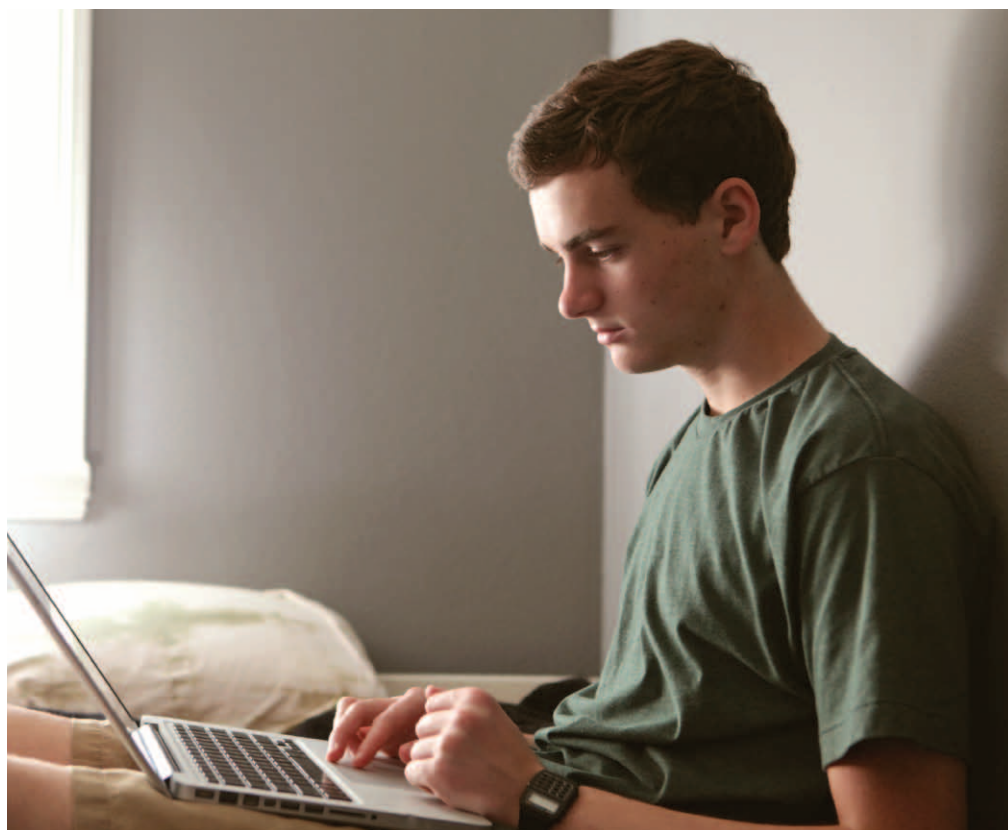
Thinking before speaking is lost in cyberspace because teens can instantly send a message instead of mulling over their actions, Dr. Elhai says. Even "nice" students can be bullies.

Families also are smaller and move more often than in the past, so students don't have siblings, cousins, established neighbors, and others to rely on for assistance, says Steve Benjamin, LISW, vice president of youth and family clinical services for Harbor, a mental health provider based in Toledo.

Harbor teaches bullied students a number of tactics. Among them are telling bullies to leave them alone, maintaining good eye contact and standing tall, asking why they are picking on them, and going to adults for help, says Ken Miller, PhD, clinical director, Harbor youth and family services.

Telling adults about bullying is hard for students, who may be embarrassed or fear the situation will escalate. And sometimes adults don't do anything if they are told, so students have to be persistent and go to someone else, says Janis Woodworth, PhD, clinical director, Harbor youth and family services.

"One of the biggest problems is kids don't tell their parents," she says.





Area Schools Respond

Efforts to address bullying are increasing throughout the area.

This year, for example, Ohio passed a law requiring schools to include cyber bullying in mandatory district policies prohibiting harassment, intimidation and bullying. The measure is named for Jessica Logan, a Cincinnati teen who committed suicide four years ago after being harassed. With the new law, Ohio school districts must include bullying using cell phones, computers, personal communication devices, or other electronics.

A dozen Toledo area urban, suburban and parochial schools are involved with Teen PEP, which stands for Peers Educating Peers. Students are trained to lead groups, and they decide what areas need to be addressed, says Ms. Cisterino, who was in Teen PEP while a student at Bowsher High School in Toledo.

At Defiance City Schools, the top priority is the well-being and safety of students, and an anti-bullying program has been under way for four years, says Robert Morton, Defiance High School principal.

An anti-bullying hotline where incidents can be reported anonymously was created for the district this year. Investigating all reported incidents, as well as educating students about bullying and its ramifications, remains part of the district's method for addressing the problem.

Fremont City Schools is increasing anti-bullying efforts that started several years ago, including work with the Ohio Department of Education, local Family and Children First Council and other community partners. Bullying is an issue for the community, not just the school district, says Traci McCaudy, EdD, district superintendent.

"Our philosophy here in the district is that wellness is directly connected to student achievement," she says. "We feel that students can't be successful academically if they're not physically, mentally and emotionally well."

One focus of the district's approach is to not just discipline those who bully but look into whether they are having problems and help address them. Currently under development are anti-bullying education programs for parents.

CONTINUED ON THE NEXT PAGE



PICTURED Ruthanne Johnson of Bowling Green met Lady Gaga during the launch of the pop singer's Born This Way Foundation to empower youth.

Recognize the Signs

To watch out for bullying, parents should learn to recognize the signs that may indicate their child is being harassed. Signs of bullying include a sudden change of friends, dropping grades, absenteeism, and taking a different route to school.

Meeting Lady Gaga

Ruthanne received support from both her parents and school when bullying escalated to the point where she only wanted to stay home. Attitudes did not change overnight, and her primary tormentor is no longer at her school. Meeting Lady Gaga and Oprah has helped achieve a favorable status among other students, Ruthanne says.

The Johnsons founded the Be You Foundation, short for Be Empowered Youths Originality Unite, after Ruthanne's encounter with Lady Gaga. The foundation wants to help schools fund anti-bullying programs, as well as institute a student leader position called an "ambassador of tolerance." Complete tolerance, they say, is the goal.

This year, Ruthanne participated in the Victims' Rights Survivor Night in Toledo, and she raised money for her foundation at Toledo Pride 2012 by selling bracelets. Other engagements to raise awareness about bullying are being lined up for the aspiring actress, too.

Ruthanne says she admires Lady Gaga's individuality – think "meat dress" fashioned from raw beef that the pop singer wore to the 2010 MTV Video Music Awards – but still is trying to comprehend all of what she has to say.

"Really, some of her songs have a deeper message that is inappropriate, but some of them are extremely heartfelt about being yourself," Ruthanne says.

She adds: "She really is my idol, and she can sing, and she can act well." ◀



For more information and support, please visit:

- www.beyoufoundation.org
- www.stopbullying.gov
- www.internetsafety101.org
- www.common sense media.org



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WRITTEN BY Kelly Dibble

Coping with **Grief** at the **HOLIDAYS**

For most of us, the fall and winter holidays signify time spent with loved ones. But what happens when a loved one is no longer there to share the joy? Your world may seem to have lost some of its celebratory quality, and holidays often magnify that loss.

While it's perfectly normal to grieve following a loved one's death, experts suggest there are ways to face the fear and anguish sometimes brought on by holiday celebrations.

And the first place to start is with a plan.

Planning Ahead

“Sometimes anticipation of the event is worse than the actual day itself,” says Chaplain Julie Beitelschees, MDiv, BCC, supervisor, pastoral care at ProMedica Toledo and Toledo Children’s Hospitals. She suggests two ideas for getting through that first holiday without a loved one – pre-planning for the day’s activities, and being able to say “no” or to suggest a new celebration that recognizes the person’s absence.

Pre-planning may include thinking about who will carve the turkey or hand out presents during family gatherings. According to Chaplain Beitelschees, this can help reduce the sense of overwhelming grief or anxiety that may occur when a person’s absence is most keenly felt. Part of the plan may also include starting new traditions, such as lighting a candle or buying a special ornament to display in memory of the person. Doing something for others in honor of a loved one – such as serving meals at a food kitchen – can help ease the burden as well.

Ms. Beitelschees also believes it is okay for individuals to say “no.” If a full day with friends or family seems too overwhelming, let them know you will attend but may need to leave early or you may only attend for a specific period of time.

Audrey Rumler, MA, LPC, CFLE, bereavement services coordinator, ProMedica Hospice, agrees that it’s important to let loved ones know what you need. Additionally, some people may find comfort in their faith as they navigate the holidays. Faith and spirituality are a part of life and may contribute deeply to the bereaved’s mental health and well-being.

For those without strong ties to a religion or faith-based community, Ms. Rumler often recommends a more spiritual approach. She asks others to look at what their loved one enjoyed doing, or what they did to “feed their spirit.” By recognizing those activities – baking bread, hiking or planting flowers, for example – we can honor the individual in more spiritual ways, Ms. Rumler says.

Grieving the Loss of a Child

For families dealing with the loss of child, the experience itself can be quite different from mourning the loss of another adult. That’s because their death signifies the loss of the future, hopes and dreams that surrounded them. In fact, Chaplain Beitelschees suggests feeling the loss of a child may never really go away. Parents may grieve, in one way or another, for the rest of their lives. They don’t want to forget, and they don’t want others to forget their child, either.

For this reason, families may want to honor their child in ways that can be repeated each year. Chaplain Beitelschees recalls that when a young man passed away, his family remembered the blood transfusions he received that helped him live a short while longer following an accident. The family asked friends and relatives to honor his memory with donations to the Red Cross or by giving blood. Another family who lost their infant triplets donates three sets of baby clothes each year to be given to babies of families in need.

Additionally, Ms. Rumler emphasizes that such choices are unique to each individual, whether it’s during the holidays or anytime throughout the year. “Grief takes a lot of energy,” says Ms. Rumler. “Be gentle with yourself.” ◀

Finding Help and Support

ProMedica offers the following programs to help adults, children and families cope with death and grieving. For details, please contact Audrey Rumler at 419-824-7412 or audrey.rumler@promedica.org.

Hope for the Holidays takes place in November and December to help individuals learn to cope with their grief during the holidays. This free program takes place at ProMedica Ebeid Hospice Residence in Sylvania and includes group support and discussions. Both daytime and evening programs are available.

CHAMPS Bereavement is designed especially for children to help meet their unique bereavement needs. Scheduled to begin in early 2013, this new monthly program offers support for children and young families who may face different challenges than older adults.

Other Resources:

Northwest Ohio HEALS

(Help and Encouragement After Loss)
www.nwohioheals.org

Online/Internet-based support groups

www.griefnet.org
www.kidsaid.com

To find local, faith-based support groups

www.griefshare.org

Q&A

Answers

Q: I am a new mom with a 3-week-old baby boy. I'm over-the-moon for my son, but find myself feeling sad sometimes. I feel anxious and have trouble sleeping at night. Is this normal?

A: Congratulations to you on the birth of your son! Transitioning from pregnancy to being a new mom can bring both joys and challenges. It's fairly common to have mood swings, sadness and trouble sleeping within the first few weeks following birth. However, these symptoms should pass. If you find that your symptoms are more intense and last more than a few weeks, you may have postpartum depression.

The most common symptoms of postpartum depression are insomnia, loss of appetite, severe mood swings, feelings of shame or

inadequacy, and withdrawal from family and friends. While there is no single cause, some women are genetically predisposed to develop postpartum depression. Lifestyle, physical and emotional factors play a role, too. If left untreated, postpartum depression may hinder the bond between you and your child.

If you've experienced these symptoms, please reach out for help and discuss this with your OB/Gyn or family physician. Seeking treatment will help to manage your symptoms and allow for quality mommy-and-baby time.



Jackie Vannuyen, MD
OBSTETRICS/GYNECOLOGY

Q: As the seasons change and the weather gets cooler, I've started to notice that I feel anxious and suffer from a lack of energy. Is what I'm feeling related to the weather? Is there anything I can do to combat these symptoms?

A: Seasonal Affective Disorder (SAD) is a form of depression that reoccurs at the same time each year. Most people who suffer from SAD will experience symptoms during the fall and winter months – hopelessness, social withdrawal, mood swings, and loss of energy. However, a small amount of people suffer from these symptoms during the spring and summer months, too.

While the cause of SAD is unknown, there are many factors that contribute to the condition. In addition to genetics and age, the reduced level of sunlight in the winter as well as

lower levels of serotonin (affects mood) and melatonin (affects sleep) may play a role with the onset of symptoms.

Other symptoms of SAD include sleeping too much, loss of interest in activities, weight gain, and depression. These symptoms may start out mild and increase in severity as the season progresses.

There are several options for treatment including medications and light therapy. If you suffer from the symptoms listed above, please discuss this with a trained psychiatrist.



Ahmed Janjua, MD
PSYCHIATRY

Q: As a breast cancer survivor, I'm proud of myself for overcoming the disease. However, chemotherapy dried out my skin, and I have dark spots all over my face. I feel self-conscious about my complexion and very seldom want to go out in public. Is there anything I can do to feel more secure about the way I look?

A: As a cancer survivor, there should be nothing holding you back from experiencing the joys of life. If you want to take the necessary steps to improve your complexion and boost your self-esteem, consult with a physician first. There are several skin care options for you to consider with your doctor.

Jane Iredale®, a high-quality, mineral-based makeup line, can be used to cover dark spots, lesions and other facial blemishes. This product line is safe to use on sensitive skin and is made up of rich antioxidants. Because Jane Iredale's product is mineral-based and not made

with harmful preservatives, it won't clog your pores. The formula's sunscreen properties will also help protect your skin from the sun's harmful rays.

In addition to makeup, there are also several skin care lines that fight the effects of chemotherapy. Obagi®, SkinMedica® and iS Clinical® are all high-quality, thoroughly tested products that can erase dark spots, ease the appearance of aging and rehydrate your skin's appearance. While these products are not available over-the-counter, you can find them in your doctor's office.



Frank Barone, MD
PLASTIC SURGERY

Undergoing treatment for breast cancer allowed you to increase your quantity of life. By taking control and exploring options to improve your appearance and self-esteem, you can increase your quality of life, too. This is a time for you to celebrate and feel confident!

Q: My father had a stroke several months ago, and, at first, he did very well. He participated in therapy and asked questions about his care. Now, he seems withdrawn and less interested in rehab. My family has heard that depression can sideline recovery. Could this be depression? What can we do?

A: Your family is smart to be sensitive to the possibility of depression after stroke. And your father is fortunate to have a caring support system as he progresses through his recovery. Because of your loving attention, he is likely to do better in rehab and cope better with the effects of the stroke.

Some form of depression occurs in about a third of stroke patients, and this incidence doesn't seem to be related to the severity of the stroke. Depression occurring as a response to a major life event can happen at any level of severity. Studies show that there also might be some physiological cause, especially if the brain injury occurred toward the front of the brain, rather than further back.


Your father's reaction is common following stroke and could signal depression or a normal emotional reaction to the challenges, fears and frustrations that he may be feeling.

Also look for changes in personality, sadness, loss of appetite, withdrawing from others, being disinterested in activities, and sleeping too much or too little. The danger in letting these signs go unheeded is that the individual may lose interest in rehab and get stalled in his or her progress toward independence.

The first step in treating depression following stroke is to identify it. Discuss your concerns with your father's physician. Early treatment



Michael A. Nagel, MD
NEUROLOGY

with counseling and an anti-depressant medication may help your father stay focused and motivated. Continue to be there for him and encourage independence. Strong family support is very important to his recovery. 



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WRITTEN BY Julie M. McKinnon

PICTURED Chelsea Proudfoot of Sylvania Township started a support group for young adults.

ERASING THE **STIGMA** *of* **MENTAL** HEALTH **ISSUES**

A quiet teen, Chelsea Proudfoot was mistakenly convinced she was being bullied by students at her new school. Jeers overlooked in middle school in Dublin, Ohio, were plaguing her in New Jersey – or so the freshman believed. And when she thought about not wanting to wake up, she thankfully told her mother.

CONTINUED ON THE NEXT PAGE



“I had no idea what it was,” recalls Miss Proudfoot, now a 20-year-old Toledo-area native living in Sylvania Township with her parents, Debbie and David Proudfoot.

“I wasn’t talking much to my parents, and I was just not myself anymore,” Miss Proudfoot adds. “I kind of alienated myself from most of my friends.”

Eventually, Miss Proudfoot was diagnosed with depression likely caused by a chemical imbalance and genetics. These days, Miss Proudfoot is getting mental health treatments, and the part-time chocolate shop employee started a support group for young adults last year through the National Alliance on Mental Illness of Greater Toledo.

Such a weekly support group was needed in Lucas County so young adults could discuss problems, give each other support, make suggestions, talk about treatments and insurance, and simply socialize. At the same time, Miss Proudfoot’s mother attends and sometimes helps with a support group for family members.

“I don’t think anybody should go it alone,” Miss Proudfoot says. “That’s what a lot of teenagers and young adults are doing.”

She adds, “We still joke around, and if we want to go bowling together, we go bowling together.”

Depression and Suicide

In Lucas County last year, 22% of adults were diagnosed with depression, up from 20% in 2007, according to statistics from the 2011 Lucas County Health Assessment. Of Lucas County residents diagnosed with depression, 57% were receiving treatment for it, according to the most recent report on health indicators among adults commissioned by Healthy Lucas County, a group with representatives from ProMedica, Hospital Council of Northwest Ohio and elsewhere.

Still, there is a stigma attached to depression and other mental health issues, including anxiety, schizophrenia, bipolar disorder, and post traumatic stress disorder, those who have and treat such problems say.

Mental illnesses should not be treated any differently, though, than diabetes, cancer or other physical health problems, they add.

“People are not ashamed to say they have diseases,” says Gwen Jones, vice president of quality improvement for Harbor, a mental health provider based in Toledo. “They are ashamed, even frightened, to say they have schizophrenia or are bipolar.”

Of Lucas County adults who needed help with depression or other mental health problems for themselves or a loved one, 7% indicated the stigma attached to seeking

care stopped them while 10% listed fear, according to the most recent health assessment report. Other reasons included not being able to afford services at 18%; other priorities, 12%; too high of copay or deductible, 9%; not knowing how to find a program, 9%; and transportation, 8%.

Yet, the ultimate cost for not getting help with mental health issues is high.

The health assessment report shows that 3% of Lucas County adults considered attempting suicide in 2011, the same as in 2007. Youths were included in the most recent report, and 16% of Lucas County high school students had considered suicide, while 4% had attempted to end their lives, it shows.

Among counties in northwest Ohio and southeast Michigan, Lucas County had the fourth highest suicide rate in 2010. Fulton, Monroe and Sandusky counties had even higher suicide rates, while Putnam County rounded out the top five in the region, according to the latest statistics available from both the Ohio Department of Health and Michigan Department of Community Health.

For more information, please
see chart on page 20.



Help for Veterans

Veterans returning from overseas deployment are one group concerning government officials and healthcare providers. Suicide among U.S. troops is increasing, equating to nearly one soldier a day taking their own lives through about mid-2012, according to U.S. Department of Veterans Affairs statistics.

The VA Ann Arbor Healthcare System has an outpatient clinic in Toledo. Returning veterans can get assistance with medical problems, as well as mental health issues whenever they are ready to discuss them, says Sheila Rauch, PhD, ABPT, director of the mental health program for returning veterans.

The goal is caring for the whole veteran as they transition home, and there definitely is a stigma for soldiers about mental health, Dr. Rauch says. Veterans in units that had combat exposure and lost soldiers, though, are at higher risk for mental health issues.

“It’s very much a priority in the VA system and in our program,” says Dr. Rauch.

Arrowhead Behavioral Health in Maumee also sees veterans, and it has an insurance-covered program that includes 28 inpatient days of psychiatric and detoxification treatments, says Mark Veal, director of community relations.

With the United States continuing to withdraw troops from Afghanistan, there likely will be more soldiers seeking help at Arrowhead for post traumatic stress disorder, trauma, addictions, and other ailments. Arrowhead has treated veterans from all over the United States.

“We’re going to probably see an influx because a lot of them are coming home,” Mr. Veal says.

CONTINUED ON THE NEXT PAGE



Substance Abuse

Overall, substance abuse is on the rise in the region among those who have severe and persistent mental illnesses, creating a dual diagnosis that needs treatment, says Agha Shahid, MD, medical director of psychiatric services, ProMedica Flower and Toledo Hospitals.

Foreclosures and unemployment are fueling depression, according to Dr. Shahid. And, with the troubled economy, psychiatric units at the hospitals are treating mentally ill patients who have lost their jobs, cannot afford treatment elsewhere, have no insurance, and are not getting medications.

“If you have this diagnosis to begin with, and on top of that you have these economic problems, it’s aggravating it,” says Dr. Shahid, adding ProMedica Flower Hospital is increasing its number of psychiatric beds.

Meanwhile, it’s hard for area women who have been treated for substance abuse to find a halfway house to continue their recovery. Some have had to be transported from the hospital to Dayton or elsewhere outside of the region, he adds.

In Defiance, economic woes in the last couple of years also have impacted the

community’s mental health, and residents have less and less insurance coverage for treatment, says Betty Blockberger, RN-BC, director of the Coping Center at ProMedica Defiance Regional Hospital.

At ProMedica Herrick Hospital’s outpatient behavioral services department, there are 100 people on the waiting list, and it will be four to six weeks before their appointments. There were around 25 people on the waiting list a few years ago, so the stalling economy likely has had an impact, says Cindy Daniels, process manager for behavioral services.

Genetics and Mental Health

Generally, an estimated 20% – 25% of the population has mental health issues, a rate that increases to about 30% in those who have close family members with depression, schizophrenia or other problems, says Jean Molitor, MD, a Harbor staff psychiatrist.

“We always have to think about that when we look at how to treat these patients,” Dr. Molitor says.

Although Miss Proudfoot’s parents and twin brother do not have mental health issues, other relatives do. Miss Proudfoot is

working with a therapist for depression, and she also is under the care of a psychiatrist trying to find the best antidepressant with the least amount of side effects, she says.

“I have my ups and downs, but I know how to deal with it better,” Miss Proudfoot says. “I know the signs and symptoms.”

Recognizing the signs and symptoms of mental health crises is a skill more should know, says Marsha Drees, MSSA, LISW-S, LICDC, CEAP, SAP, Harbor’s symmetry wellness director.

Last year, Harbor started offering a 12-hour course to nurses, probation officers, ministers, case managers, and others to become certified in mental health first aid. The course teaches a five-step action plan so those who are certified can help someone in need connect with professional, peer, social, and self-help care.

Other Community Resources

Toledo has a number of community resources to help people with mental health issues. Rescue Inc. runs an access service to connect Lucas County residents of all ages to mental health and substance abuse resources. Called Central Access, the service annually fields about 3,000 non-emergency calls, and Rescue also handles about 6,000 crisis assessments a year.

Rescue also has 12 adult beds and eight adolescent beds for those needing inpatient mental health assistance who have not reached the level of a psychiatric hospital. Last summer, those adolescent beds were opened to youth from 16 local counties, helping fill a void in the region, Rescue officials say.

Richard Arnold, a Rescue board member diagnosed with personality disorder as a child, says he is a living testament to the importance of getting help. The 54-year-old Toledo man lives in an apartment and volunteers at Toledo Seagate Food Bank.

“I get to see the faces of children who are going to have dinner on the table,” Mr. Arnold says. “That’s better for my mental health than all the antidepressants in the world.”

In 1982, a homeless Mr. Arnold went to St. Paul’s Community Center after being

discharged from state psychiatric care. St. Paul’s continues to be a homeless shelter that primarily houses mentally ill people, as well as offering them activities to build life skills, connections to other resources, treatment, meals for them and the community, and crisis housing to anyone in the winter. It also has transitional housing and other services to help work toward independence.

The Thomas M. Wernert Center, meanwhile, offers art classes, computers, support groups, fellowship, and other services on weekdays. One area the Wernert Center has focused on recently is nutrition and exercise since medication for mental illness often causes obesity and other medical problems, shortening life spans, says Kelly Skinner, executive director.

All Wernert Center staff members – including Ms. Skinner, who has been hospitalized for depression – have experienced some kind of mental health issue. That helps members build needed relationships with staff.

“I may not have experienced homelessness, but I can certainly relate to the feelings of hopelessness, not wanting to get up in the morning,” she says.

CONTINUED ON THE NEXT PAGE



Vent, a National Alliance on Mental Illness of Greater Toledo (NAMI) young adult support group hosted by peers, is held Mondays at 7 p.m., 2753 W. Central Ave., Toledo. NAMI also has an adult support group and a family support group meeting at the same time and place. For information about any of the support groups, please visit www.namitoledo.org or call 419-243-1119.

STAGGERING *Statistics* ON SUICIDE

Highest percentage of high school students who have considered suicide:

- Lenawee County, 17%
- Followed by Lucas and Paulding counties, 16%

Highest percentage of high school students who have attempted suicide:

- ▲ Hancock County, 9%
- ▲ Followed by Defiance County, 8%

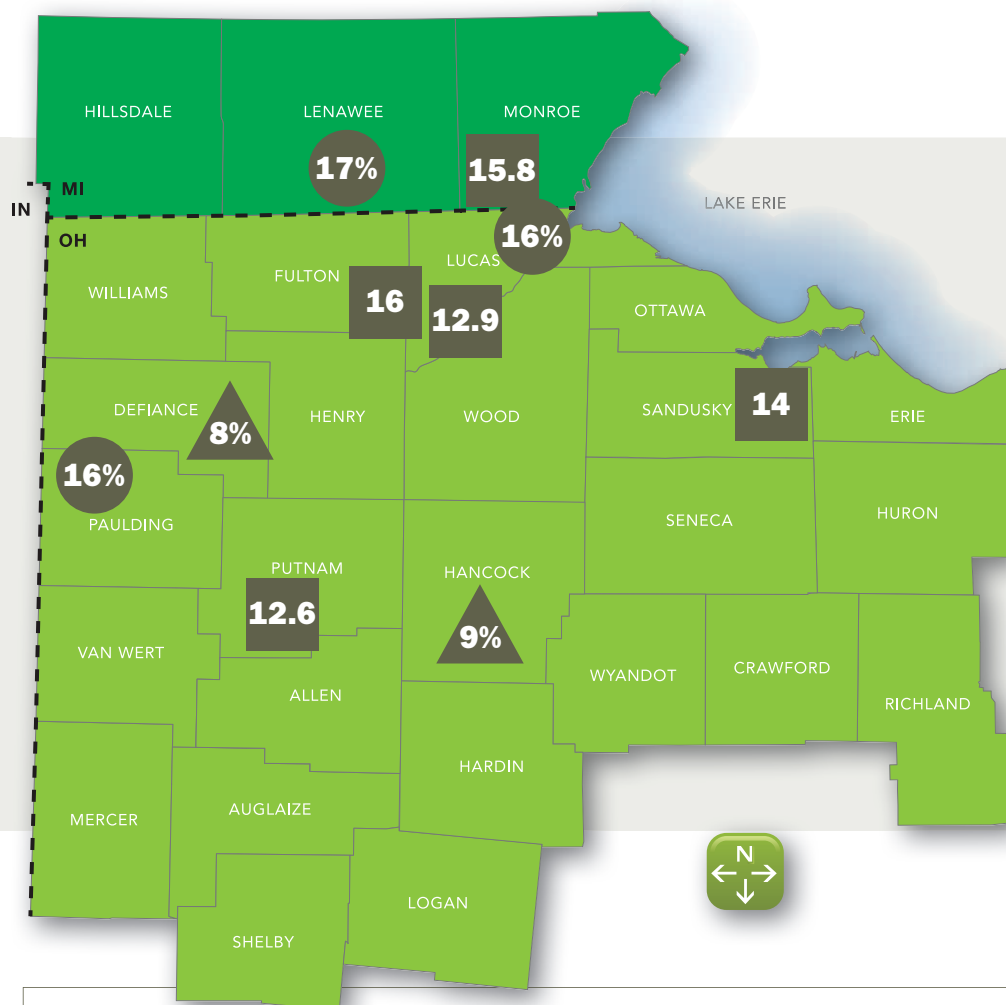
Sources: Most recent county health assessment reports

Highest suicide rates in northwest Ohio and southeast Michigan in 2010:

- Fulton County, 16 per 100,000
- Monroe County, 15.8 per 100,000*
- Sandusky County, 14 per 100,000
- Lucas County, 12.9 per 100,000
- Putnam County, 12.6 per 100,000

**Not age adjusted.*

Sources: Ohio Department of Health and Michigan Department of Community Health



Persons at higher risk

Some people are at a higher risk than others to die from suicide. Men, for example, are about four times more likely than women. Some other factors that can put a person at risk for attempting or committing suicide are:

- Previous attempt or attempts
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness
- Feeling alone

Source: National Center for Injury Prevention and Control

Suicide Spurs Prevention Education

Scott Hammersmith made the Defiance High School varsity baseball team, and the 16-year-old sophomore was trying to secure a starting spot on the mound. His wish was to one day pitch professional baseball. In the meantime, Scott garnered As in school, enjoyed popularity and was an ideal oldest child despite occasional moodiness.

“He was every mother’s dream,” recalls Sherri Hammersmith, Scott’s mother.

“He wouldn’t even drink pop because he didn’t want caffeine in his body,” adds the Defiance mother of three. “He took care of himself. He really did. And there were no signs.”

There were no signs of the nightmare apparently playing out in Scott’s head and his journal, where the scholar athlete detailed struggles with the label of overachiever and feeling far from perfect. On a beautiful and sunny April day, after a baseball game, Scott committed suicide. He left a note expressing love and regret to his family, and his journal found days later by his parents told of his torment.

Suicidal attempts and thoughts among high school students are raising alarms throughout northwest Ohio and southeast Michigan. In 2011, 17% of Lenawee County high school students thought about committing suicide, and 9% of Hancock County high school students attempted to take their lives, according to a comparison of the most recent county health assessment reports.

In Defiance County – where the 2009 county assessment report shows 14% of high school students considered suicide and 8% attempted it – Mrs. Hammersmith sought a way to help others after Scott died.



Last year, she started the annual One Step At A Time 5k Run and Walk in Defiance to raise money for teen depression awareness and suicide prevention efforts. Some money benefits the Four County Suicide Prevention Coalition, which serves Defiance, Fulton, Henry, and Williams counties.

“I can’t let this go,” Mrs. Hammersmith says. “I don’t want kids out there and parents out there feel no one wants to help them.”

The Lucas County Suicide Prevention Coalition is among northwest Ohio groups working to raise awareness. Lenawee County has a task force that meets monthly to deal with teen suicide and bullying.

Lenawee County school districts have a tight-knit group of guidance counselors who support students during a crisis situation, such as after a Morenci Middle School student accidentally shot himself while hunting a couple of years ago, says Michael Osborne, EdD, superintendent of both Morenci and Hudson area schools.


At Morenci and Hudson schools, students making remarks about suicide would be counseled and, if necessary, connected to outside assistance, Mr. Osborne says.

ProMedica Toledo Children’s Hospital’s pediatric psychiatric unit treats children as young as 6 from northwest Ohio and southeast Michigan, although typically depression and suicidal thoughts are not problems among such young patients, says Marianne Thomas, RN, unit director.

Adolescents are facing more pressures, such as having sex at an early age or anxiety about substance abuse, and that is compounded by splintered families offering less support, Ms. Thomas says. Those engaging in self-injurious behaviors, such as cutting, are at higher risk of suicide, she says. Bullying can lead to suicide attempts as well, she adds.

“Kids are more sensitive to what’s going on in their environment, both at school and what’s going on at home,” Ms. Thomas says.

The pediatric psychiatric unit works to stabilize patients and involve family members. The hope is for patients to start a new life, but some get a false sense of security on the unit, Ms. Thomas says.

“The saddest ones are the ones who don’t want to go home because life is nicer here,” she says. 



Getting Help for MENTAL HEALTH ISSUES

If you have a physical ailment, you see your doctor, go to a clinic or visit another healthcare provider. From there, you get tests, medication and other treatments. But getting help for mental health issues can be a whole different – and somewhat disjointed – system, says Neeraj Kanwal, MD, vice president of medical affairs, ProMedica Toledo Hospital.


Sure, there are psychiatrists and psychologists, Dr. Kanwal notes. But there also is a whole range of other

ways to get help, he says, such as from pastors, support groups, friends, and therapists with various backgrounds.

No matter what, it's important to get help with mental health issues – and it's normal to need it, says Nancy Delaney, PhD, PCC-S, director of behavioral science, ProMedica Toledo Hospital Family Medicine Residency.

Among big concerns, however, is trying to figure out what kind of services are out there, says Tony Pfeiffer, MSW, LISW-S.

“Some of these people may not know really how to use the system, regardless of whether they have insurance or not,” adds the social worker for ProMedica Toledo Hospital Family Medicine Residency.

In Lucas County, anyone can get connected to mental health and substance abuse services through Rescue Inc.'s Central Access by calling 419-255-3125. 

The following is a list of some other mental health services in the region provided by the Ohio Department of Mental Health and other sources. Listings for all Ohio counties can be found at mentalhealth.ohio.gov/where-to-get-help/



Lucas County

ProMedica Flower Hospital:
419-824-1734

ProMedica Toledo Hospital: 419-291-8850

ProMedica Toledo Children's Hospital:
419-291-4691

The Cullen Center, ProMedica Toledo Children's Hospital: 419-291-7919

Harbor: 419-475-4449

Rescue Inc.: 419-255-9585

VA Ann Arbor Healthcare System's Toledo mental health clinic:
419-213-7525

Arrowhead Behavioral Health:
419-891-9333

Thomas M. Wernert Center:
419-242-3000

National Alliance on Mental Illness of Greater Toledo: 419-243-1119

St. Paul's Community Center:
419-255-5520

Lutheran Social Services of Northwestern Ohio Inc.: 419-243-9178

Family Service of Northwest Ohio:
419-244-5511

Unison Behavioral Health Group Inc.:
419-242-9577

Zepf Community Mental Health Center:
419-841-7701

LHS Family & Youth Services Inc.:
419-693-1520

Advocates for Basic Legal Equality Inc.:
419-255-0814

Compass Corporation for Recovery Services: 419-241-8827

A Renewed Mind: 419-720-9247

Wood County

Lutheran Social Services of Northwestern Ohio Inc.: 419-243-9178

Children's Resource Center:
419-352-7588

Family Service of Northwest Ohio:
419-244-5511

Behavioral Connections of Wood County Inc.: 419-352-5387

Fulton County

Quadco Rehabilitation Center:
419-682-1011

Lutheran Social Services of Northwestern Ohio Inc.: 419-243-9178

Maumee Valley Guidance Center:
419-782-8856

Family Service of Northwest Ohio:
419-244-5511

Recovery Services of Northwest Ohio Inc.: 419-782-9920

Adriel School Inc.: 937-465-0010

Defiance County

ProMedica Defiance Regional Hospital:
419-783-6957

Lutheran Social Services of Northwestern Ohio Inc.: 419-243-9178

The Center For Child and Family Advocacy: 419-592-0540

Maumee Valley Guidance Center:
419-782-8856

Family Service of Northwest Ohio:
419-244-5511

Recovery Services of Northwest Ohio Inc.: 419-782-9920

Northwestern Ohio Community Action Commission Richland Place PATH Center: 419-782-6962

Lenawee County

ProMedica Herrick Hospital (inpatient):
517-424-3773

ProMedica Herrick Hospital Behavioral Health (outpatient): 517-423-3887
for **Herrick clinic** or 517-265-0411 for **ProMedica Bixby Hospital clinic**

Catholic Charities: 517-263-2191

Family Counseling and Children's Service: 517-265-5352

Lenawee County Community Mental Health: 517-263-8905

MasterPeace Center for Counseling:
517-423-6889

Monroe County

Catholic Charities of Monroe:
734-240-3850

Family Counseling and Shelter Services:
734-241-0180

Allen County

Family Resource Center of Northwest Ohio Inc.: 419-222-1168

Lutheran Social Services of Northwestern Ohio Inc.: 419-243-9178

Coleman Professional Services Inc.:
330-673-1347

Specialized Alternatives for Families & Youth of Ohio Inc.: 419-695-8010

Sandusky County

Lutheran Social Services of Northwestern Ohio Inc.: 419-243-9178

PLEASE NOTE: THIS LIST IS A SAMPLING OF SERVICES AVAILABLE BY COUNTY.



WRITTEN BY Julie M. McKinnon

Finding **HOPE** *and* **HEALING**

Mental Help for Victims of Sex Trafficking

Toledo is far from Afghanistan. But the city's sex-trafficking victims experience traumatic feelings and emotions similar to U.S. troops, not to mention depression, anxiety and post traumatic stress disorder.

There are rapes and beatings. Sex-trafficking victims are hyper vigilant and always on edge; plotting a safe escape plan from any room is their utmost priority.

Threats to involve younger siblings can provide another type of torture.

“They tend to experience a lot of violence, a lot of issues with being powerless or helpless,” says Mary Schmidbauer, program director of Second Chance, which helps sex-trafficking victims, and of Toledo Area Ministries Youth Services.

She adds: “It’s similar to a battle when you think about it. You never know when somebody is going to attack. You don’t know when it’s going to blow up in your face.”

Toledo has been identified as a top recruitment hub for teen prostitution, and an estimated 1,000 young females and males are trafficked statewide annually. State Rep. Teresa Fedor (D., Toledo) is among those who are working to turn the punishment focus from victims to those who traffic or hire them for sex. The latest state law calls for getting minor sex-trafficking victims counseling and other assistance.

“Mental health strains often culminate in post traumatic stress disorder and other mental illness,” Rep. Fedor says. “Physicians are among those on the front lines and need to understand and recognize trafficking victims.”

Gaining the trust of these victims is difficult at best, experts say.

Substance abuse is also a common problem for sex-trafficking victims, and addressing their mental health issues requires a lot of work, says Agha Shahid, MD, medical director of psychiatric services, ProMedica Flower and Toledo Hospitals.

Toledo has good services for sex-trafficking victims, such as Second Chance, but even more attention needs to be paid to the problem, according to Dr. Shahid, who has treated victims. One wrinkle is that, unlike with some other victims, they don’t seek help.

“I don’t think we’re addressing it as much as we need to as a community,” he says.

State Trafficking Report

A report this year for the Ohio Attorney General Trafficking in Persons Commission shows that 40% of women in Toledo involved in the sex trade were commercially exploited as minors. Additionally, many experienced having a close family member with a mental illness. Finally, having a much older boyfriend, rape, coming from a poor family, difficulties with or dropping out of school, and homelessness were even more common, according to the report authored by Celia Williamson, PhD, a social work professor at The University of Toledo and a commission member.

Researchers spoke with human-trafficking victims in Toledo, Lima, Cleveland, Columbus, Dayton, Cincinnati, Youngstown, and Chillicothe. More than a third were trafficked for sex before 18. While Ohio’s traditional child abuse victims are more likely to be neglected and physically

abused, child sex-trafficking victims are far more likely to be sexually abused and psychologically maltreated, the report shows.

One hope is to work with law enforcement, social workers and other first responders to identify and get help for youth at risk of being targeted by sex traffickers, such as runaways and substance abusers, according to Dr. Williamson, who founded both Second Chance and the Lucas County Human Trafficking Coalition.

“One of our goals was to find out what was happening,” Dr. Williamson says. “We wanted to understand the high-risk factors.”

For those who encounter at-risk youth and could prevent them from becoming victims, she adds: “We are trying to give people a way to assess and respond.”

CONTINUED ON THE NEXT PAGE

Identifying Different Types of Child Abuse

There are many differences between traditional child abuse and child abuse through sex trafficking.

Child Experiencing Traditional Abuse:	Child Abused Through Sex Trafficking:
Typically feels powerless.	May feel powerful.
Still in school system.	Often absent from school system.
Usually secret from friends.	Usually known by friends.
Community is sympathetic and supportive.	Community has negative view of behavior.

Toledo's Second Chance

Started in 1993, Second Chance now has a home base located at 221 Page St. for prostitutes, sex-trafficking victims and those who are at risk. Runaway and homeless youth, for example, can seek shelter there. In all, Second Chance serves 75 – 100 people a year, 20 – 25 of whom are minors, Ms. Schmidbauer says.

The youngest victim Second Chance has encountered was a 10-year-old being groomed for the sex trade, while some are 12- and 13-year-olds, she says.

Second Chance works to build relationships and trust with sex workers through a victim-centered, goal-planning approach. Shelter, case management, education, peer-led support groups, and personal mentoring are offered to move them away both from the sex trade and the scenario that led to their exploitation. Actually receiving assistance may be a foreign concept to them, Ms. Schmidbauer says.

“They’re used to having to please someone,” she says.

Some people may seek help from Second Chance for a year or two, then after some time has passed, will show up again. Up to five people can stay in the shelter at a time, and all are considered voluntary members who come and go as needed.

Besides trauma from rapes and beatings, youth who are sex trafficked also may experience traumatic bonding with those who exploit them, according to Dr. Williamson. They bond with their traffickers and want to protect them, so they are not happy to be rescued, she adds.

Plus, working in the sex trade can be seductive for teens, who may consider the life to be better than what they have at home. Older men may lure them in by playing on their need to be treated as adults, and traffickers give them makeup and other items they wouldn’t receive at home.

“It becomes a second-family situation,” Ms. Schmidbauer says. “It’s not like a kid sees money. They’re just taken care of.”

Helping Victims of Other Crimes

Sex-trafficking victims are not the only ones needing – or getting – help in Lucas County.


The Toledo-Lucas County Victim Witness Assistance Program primarily helps victims of sexual abuse, sexual assault, domestic violence, and other crimes. Immediately, that means making sure victims have shelter, food, clothing, and other basics. Later on, it may also mean sitting in Lucas County Common Pleas Court with victims and assisting with their impact statements, says Lynn Carder, executive director of the program.

“For a lot of people, this is their first encounter with the justice system, and it can be overwhelming,” says Ms. Carder, adding that the program updates victims on parole for offenders and other movements, often staying in touch for years.

The Cullen Center at ProMedica Toledo Children’s Hospital, meanwhile, is among providers treating children who are victims of sexual abuse and have witnessed domestic violence. Plus, The Cullen Center treats children who have experienced other trauma, such as losing a loved one.

The Toledo-Lucas County Victim Witness Assistance Program also is involved with other programs, such as the Victims Forum for youth. Victims Forum is geared toward reducing crime by resensitizing youth to the long-lasting effects of violence witnessed on television, in video games and elsewhere.

In the youngest elementary grades, Victims Forum focuses on respecting differences among students. Programs targeting cyber-bullying, “sexting” and dating violence are presented to older students.

“We try to focus on violence from a lot of different angles,” Ms. Carder says. 

For more information, please contact the Toledo-Lucas County Victim Witness Assistance Program at 419-213-4591, The Cullen Center located at ProMedica Toledo Children’s Hospital and the Victims Forum at 419-213-6884.

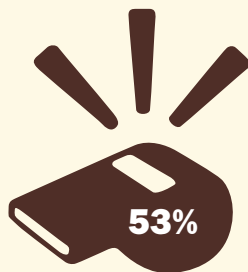
Sex Trafficking Risk Factors

Of women in Toledo involved in the sex trade, 40% indicated they were commercially exploited before they were 18. The following experiences occurred at least a year before to this percentage of them:



58%

Much older boyfriend, 58%



53%

Rape, 53%



53%

Difficulty in school, 53%



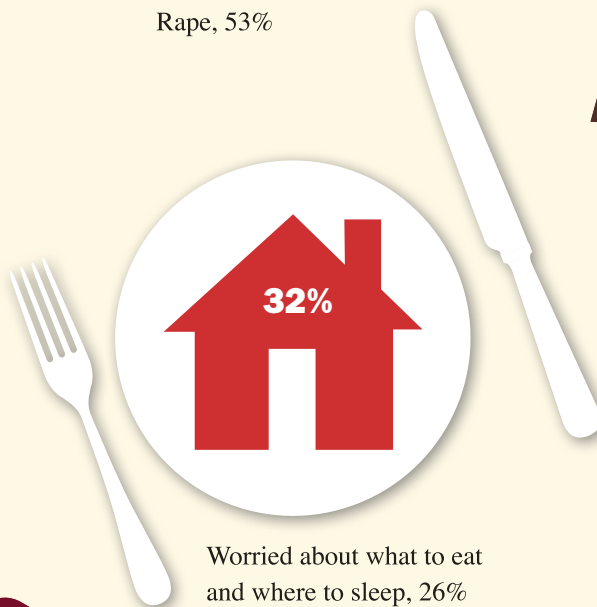
53%

Dropped out of school, 53%



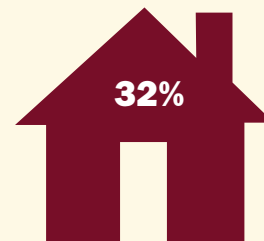
53%

Poor family, 53%



32%

Worried about what to eat and where to sleep, 26%



32%

Homelessness, 32%



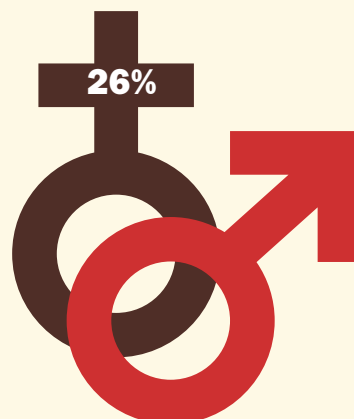
11%

Difficulty making friends, 11%



26%

Close family member with mental illness, 26%



26%

Close family member in sex trade, 26%



26%

Involved with child protection, 26%



Boosting Your
MOOD
with Food

Craving chocolate to help get through an emotional or stressful time seems a natural choice, and in some ways it is. Chocolate releases the mood-enhancing chemicals serotonin and dopamine, resulting in a mental lift.

But, unfortunately, chocolate's mood-boosting powers won't last long.

The best way to improve mood with sugar is to go the all-natural route. Unlike chocolate, fruit doesn't cause spikes in blood glucose levels, plus it has other benefits. Berries, for example, are rich in antioxidants, vitamins and minerals, while citrus fruits are high in vitamin C. Bananas are good for potassium and vitamin B6, which regulates blood glucose levels, and dried fruit such as raisins and apricots also are nutritious choices.

"For a sustained – and substantial – boost in both mood and overall health, fruit with its natural sugars beats out chocolate every time," says Laurie Syring, RD/LD, chief clinical dietitian, ProMedica Flower Hospital. "Stay away from processed foods, too."

Processed foods high in sugar and fat increase serotonin in the body, Ms. Syring explains, but the chemical's level drops drastically. That causes a crash, affecting mood. Following a balanced, whole-food diet instead of one filled with processed foods such as white bread is healthier – and will make you feel happier. Good carbohydrate choices are oatmeal and bread made with whole grains.

"Everything we eat affects our brain chemistry," Ms. Syring adds.

Among other foods, eat lean proteins and legumes, Ms. Syring says. Black beans are high in magnesium and selenium, while salmon, tuna and flax have omega-3 fatty acids to boost brain chemistry. For those who do not like the taste or texture of fish, a good option is a fish oil supplement, she says.

Milk, meanwhile, has both serotonin and tryptophan, which raises blood levels in the brain, Ms. Syring says. Since fat in milk is saturated, 1% or skim are better options. Yogurt and low-fat cheeses, such as string cheese and cottage cheese, are also top choices.

While there are no wrong vegetables for improving mood, top choices include edamame or soy, broccoli, cauliflower, Brussels sprouts, carrots, dark leafy greens, onion, and garlic.

"Just keep in mind that the same foods that are healthy for your body also are good for your mental health," Ms. Syring says. 🍋



The Good Mood Smoothie

Get your day off to a great start with this nutritious and delicious drink!

1 cup skim milk

½ banana

1 scoop whey protein powder

1 tablespoon natural peanut butter

1 tablespoon natural cocoa powder

1 teaspoon Omega-3 Brain Booster powdered supplement

6 ice cubes

Combine all ingredients in a blender and blend until smooth, about one minute. Pour and enjoy!

Everything Happens for a Reason


Each of us has heard it; we may even say it often to reassure ourselves or others. But today, some things are happening with devastating consequences, and the need to address them has never been greater.

Mental health, and the illnesses and issues related to it – depression, anxiety, loneliness, stress, bullying, suicide – they each take an incalculable toll, often in the darkest of shadows, and in the hardest to reach spaces of an individual's heart and soul.

Collectively these issues tear at our community while the need for mental health services is at an unprecedented level. It's ironic – historically there's never been a time when we have more ways in which to be in touch, but in many ways we have lost touch with the most basic sensitivities and needs of others.

This issue of *Your Health* focuses on a variety of mental health services in our community, their dedicated professionals and some very inspirational individuals who are finding their way back from some of life's most difficult circumstances.

Our intention is to shine a bright light on their stories and this topic so that no one in our community feels alone in the shadows, or without resources to address their needs. And we're committed to helping establish additional resources where the needs are greatest; working collaboratively with others in our region so that the care we can offer is far more than a safety net, but an enveloping and encompassing embrace for all of one's health needs – whether physical, mental or spiritual.

ProMedica's Mission is to improve health and well-being. It is the measure by which we enter and engage in every one of our actions, and it guides us each day to ensure that the right things happen, for all the right reasons. That means everything. 

To your health,



Randy Oostra, DM, FACHE
ProMedica President and Chief Executive Officer



Health | Hope | Happiness | Opportunity



Everyone Needs Help Sometimes.

Mental health issues affect 1 in 4 people.

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- Stress
- Grief
- Work-Life Balance

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- Learning & Language Disabilities
- Developmental Delays
- Bipolar Disorder
- Eating Disorders

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