

THE MENTAL HEALTH ISSUE



RETREAT
REVIEW

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Peter Schorr
President & CEO

Dear Friends,

As Retreat Behavioral Health rolls out our Synergy mental health program, we are reminded how prevalent mental illness is in our society, especially when it intersects with substance abuse.

We have always taken the approach of treating people holistically. With our new program we will be treating mental health patients who not only have substance abuse problems, but suffer from different types of mental illness. Our mental health specialists will be treating PTSD, trauma, grief and loss, OCD, and many other mental health diagnoses.

We have always set the standard for the best quality in patient care. We are extremely excited to add this new service, which is so needed to treat people in our community. We need to knock down the stigma of getting treatment for mental health. A healthy mind can lead to a much happier and healthier life.

We look forward to continue working with our friends and partners in the fight to save lives. Thank you all for eight continuous years of making a difference.

All the best,



Peter Schorr
President/CEO

CHRISSY'S CORNER

This summer, we asked a leading mental health clinician and academic expert to shed light on how we educate the next generation of mental health treatment professionals. Here, Dr. Anna Owens pulls back the curtain on current trends in mental health education.

Dr. Anna Katharine Owens is an assistant professor for the College of Psychology at NOVA Southeastern University and maintains a private practice in east Boca Raton with a specialized focus with adolescents, young adults, and their families. She has worked as a middle and high school counselor, is a child and adolescent therapist, and former Chi Sigma Iota chapter president. Currently, she serves as a board member for the Mental Health Counselors Association of Palm Beach (MHCAPB). In addition, Dr. Owens is a newly appointed member of the Professionals United for Parkland (PU4P), a non-profit organization created to address the short and long-term needs related to mental health/wellbeing of the south Florida community in the aftermath of the Marjory Stoneman Douglas tragedy.



Chrissy Gariano, MA
Chief Clinical Officer

1. What are the key fundamentals that educators try to convey in clinical education to the future generation of mental health professionals today? What are the skills and virtues you look for in students?

DR. OWENS: The field of mental health professionals is ever-changing. Key fundamentals in clinical education involves empathy, listening skills, boundary setting, and critical thinking. National standards for education, training, and clinical practice are set forth and clinical mental health counselors operate from a wellness perspective. A stellar student will possess these skills; a typical student will learn how to adopt these into best practices.

2. Clinicians today likely encounter different kinds of challenges and disorders in treatment than previous mental health professionals did a generation ago. Young people are using new forms of technology and experiencing new threats than we did in the past. What are some of the differences in the kinds of treatment patients need desperately now, versus in previous years or decades?

DR. OWENS: Across the United States, there is an influx of youth aged students needing access to clinical mental health treatment yet there is still a lag in service. The American School Counselor Association (ASCA) recommends a ratio of one school counselor to every 250 students. Unfortunately, in Palm Beach County and throughout the United States, this is just not the case. As a community, it's crucial to advocate for school counselors and school-based mental health counselors to work in collaboration to provide services to students who require specific treatments.

3. What are the disorders that clinicians are seeing most commonly in youth, and are on the front lines of treating right now?

DR. OWENS: My experience from working with youth suggested that anxiety is at the forefront of most young people's problems. This anxiety is caused by an array of difficulties that these individuals face, such as the demand for college and career readiness, social media, and various other peer-pressures associated with this age. Other common mental health disorders in adolescence include those related to depression, attention deficit-hyperactivity, and eating.

4. When many people among the ordinary populace think of talk therapy, they think about psychologists. But there are extremely talented clinicians who are LMHC's and LMFT's. How do these kinds of practitioners — psychologists and master's-level clinicians — differ, and how are they similar? What are some of the unique qualifications in each respective type of clinician?

DR. OWENS: Typically, a mental health professional will have practiced around ten years to be considered a Master-Level clinician. The American Mental Health Counselor Association (AMHCA) defines clinical mental health counselors as highly-skilled professionals who provide flexible, consumer-oriented therapy. Unique qualifications combine traditional psychotherapy with a practical, problem-solving approach that creates a dynamic and efficient path for change and problem resolution.

5. What are key differences between mental health professionals, namely LMHC's, LMFT's, and LCSW's?

DR. OWENS: Let's break this down by profession in the State of Florida:

Licensed Mental Health Counselor (LMHC): The professional clinical counseling field emerged from school and career counseling. While the focus is on mental health, LMHC's will likely examine psychological and social development and current functioning. Treatment will focus on helping to improve overall development and wellness of the client.

Licensed Marriage and Family Therapy (LMFT): LMFT's look at behavior in its social and relational context. Ultimately, LMFT's believe that no behavior exists in a social vacuum, thus will work with individuals, family members, and other important people in the client's life.

Licensed Clinical Social Worker (LCSW): Clinical social workers place their focus on connecting people with the resources they need to function well. Those resources may be internal; personal skills and strengths, or external; providing community resources and support groups. Traditionally, LCSW's view issues through the lens of resources and will work with the client build access internal and external resources.

6. For future students considering a career in mental health treatment, what are some helpful considerations to be mindful of in deciding on which degree path to pursue?



DR. OWENS: Any student considering a career as a clinical mental health counselor should seek out a CACREP accredited program. This is the new gold standard in counselor education; most programs are either CAPREP accredited or working toward the accreditation process. Research shows CACREP graduates perform better on the National Counselor Examination for Licensure and Certification (NCE).

7. How much of the curriculum that clinicians undergo exposes them to substance abuse care? How vital is it to prepare counselors to encounter substance abuse in their practice?

DR. OWENS: Honestly, not enough. In most accredited programs, only one substance abuse course is required; anything additional would be considered elective. This certainly poses its dilemmas for mental health professionals. Many counseling interns are placed in substance treatment facilities while they are still in school. In addition, substance abuse disorder is a common issue we see in clients and their families even outside of treatment facilities.

8. Mental health is an important topic right now — one can argue that it should have been equally important in past generations, but right now, it's undeniable. To what do you credit this recent upswing in mainstream interest?

DR. OWENS: With access to information comes more responsibility as a society to do more and be more in our communities; the mental health field is certainly included in this regard. Breaking down barriers and building bridges in the mental health community brings awareness that has been instrumental in ending stigma.

9. Tell us about yourself — your educational path, your practice, and how you came to this exciting point in your career, preparing the future generation of mental health practitioners.

DR. OWENS: First and foremost, I see myself as an educator, and I feel very fortunate to be passionate about what I get to do daily. Initially, I was a school counselor in Palm Beach County for over five years and then decided to pursue a Doctoral degree in Counselor Education and Supervision at Florida Atlantic University. A few years back I decided to take the leap of faith into private practice, to work primarily with secondary and post-secondary students and their families (adolescents and young adults in middle or high school and college). Most

recently, I accepted a full-time faculty position in the College of Psychology for NOVA Southern University, and will continue to grow my private practice.

10. Throughout your career, what has made it fulfilling to be a leading voice in this space? Is it your practice working one-on-one with patients, or educating future clinical providers, a mix thereof, or other things? What satisfies you about this profession, and why should others consider a similar career?

DR. OWENS: My career has afforded me the best of both worlds; a mixture of one-on-one work with clients and their families and being a counselor educator who supervises students throughout their educational journeys. Clinically speaking, working with individuals through the therapeutic process is a very satisfying part of what I get to do. As a counselor educator, I really enjoy sharing resources and experiences with my students; I love the supervision of students and teaching.

As a mental health professional, each of our paths will be different. I strongly encourage registered interns and newly licensed professionals to stay engaged and constantly open to consistent learning. For example, this can be accomplished by attending seminars, conferences, or peer-to-peer supervision groups. For me, I am constantly reminded of the value in networking in this field; not only does it provide unique opportunities, but also the chance to grow professionally. ■

Chrissy Gariano, MA, BA, is the Chief Clinical Officer for Retreat Behavioral Health.

THE MENTAL HEALTH CRISIS: Protecting Our Youth

On July 24th, Retreat at Palm Beach will host “The Mental Health Crisis: Protecting Our Youth,” an in-depth panel event exploring mental health challenges that our young people face.

Moderated by journalist, author, and Retreat’s Managing Editor Reed Alexander, the event is a first-of-its-kind gathering aimed at asking a key question: *How can our community implement smart public sector solutions to address adolescent and young adult mental health, which are issues that have traditionally been dismissed as private sector problems?*

With an array of impactful panelists and speakers, the evening promises to deliver an eye-opening discussion.

ABOUT THE MODERATOR: **Reed Alexander**



Reed Alexander is a journalist, author, and Managing Editor at Retreat Behavioral Health, where he oversees Retreat’s content and publications. In this capacity, he has concentrated much of his storytelling in the realms of mental health and substance abuse. Previously, he was a reporter for Dow Jones Media Group’s Wall Street Journal digital network, assigned to MarketWatch/Moneyish. Prior to that, he began his career covering breaking world news for CNN International in Hong Kong. A longtime advocate for the health and well-being of young Americans, Reed continues to be recognized for his co-starring role on the Emmy-nominated hit Nickelodeon sitcom “iCarly,” the network’s no. 1, top-rated show which resulted in his personal nomination for a Kids’ Choice Award. Passionate about childhood nutrition, he wrote a cookbook published by Rodale Books which was praised as a “valuable guide for a new generation” of American youth by President Bill Clinton.

TIME & DETAILS:

Retreat Behavioral Health | Palm Beach County
4020 Lake Worth Road, Palm Springs, FL 33461

Wednesday, July 24th, Beginning at 6 PM

MEET OUR PANELISTS:



Peter Schorr
Founder & CEO,
Retreat Behavioral
Health



Allen J. West
Director, Exec.
Producer of
A&E’s “Addiction
Unplugged”



Linda G. Mills
Vice Chancellor,
Senior Vice Provost
for University Life,
New York University



Sharon L’Herrou
CEO, Suicide &
Crisis Prevention
Hotline 211



Cameron Kasky
Co-Founder, March
For Our Lives



Liza Piekarsky
LMHC, CAP, NCC
Licensed Mental
Health Counselor

FEATURED KEYNOTE REMARKS BY:



Alfonso Calderon
Co-Founder, March For Our Lives, & Former
Marjory Stoneman Douglas Student



Jackie Feliciano, 18
South Florida High School Graduate &
Future Florida State University Student

LETTER TO MYSELF

Jackie Feliciano, 18, is a high school graduate and future Florida State University student from Greenacres, FL. She is also a featured keynote speaker at Retreat's "The Mental Health Crisis: Protecting Our Youth" primetime panel event on July 24th.

As part of Jackie's senior showcase exhibition — a right of passage for graduates of G-Star School of the Arts in Palm Springs, FL — she courageously penned and read a reflective letter to herself, looking back on her journey through high school and into the strong young woman she has become. These are her words.

I know you're probably sitting alone right now at lunch with your headphones in, scrolling through your phone so you don't look like a loner.

You're probably trying to figure out why your middle school friends ditched you every time you weren't looking. I can promise you one thing though that I wish you had known then: Their choices have nothing to do with you.

It's been a few years since we've seen each other, and, to be honest, I feel a little guilty that I can barely relate to you now. Maybe that's a good thing, or maybe it's a form of loss — I'm not exactly sure. But, all I know is, you feel like a stranger these days.

Between the insomnia, the night terrors that stirred you from deep slumbers, being diagnosed as bipolar and depressed, living with anxiety and seemingly random psychoses that could take over at any time, and the mountain of medications that you were prescribed to try to climb out of this abyss, it's little wonder why you felt alone.

And then this gut punch: "*Jackie, you are on the autism spectrum.*"

What? You can't be; that's impossible. You're 13 now. Why didn't they catch this when you were two? Well, the doctors say, you're a girl — and autism in females shows up differently than in males, so, they conclude, it makes perfect sense that you should have had to wait till your teenage years to discover this mind-numbing reality.

But then, there's a deep sense of calm: It's as if the last puzzle piece has finally been found, the last piece of a puzzle you had been trying to fit together for 13 years.

So your prescription changes to something else, and now you no longer feel like yourself anymore. It's like, with this new medication, you've been put into a box and the world is streaming by. You're just a bystander.

At this point, it feels like life is just a nightmare in which you're trapped, praying to wake up — but you don't. Can you imagine what a relief it would be to suddenly sit up straight in bed, soaked in the aftereffects of a vicious, stress-induced night sweat, but at least saved from the trauma that the nightmare had subjected you to? What would that alternate reality look like?

Well, for starters, the constant fear of your dad and his enraged tantrums would vanish. His fiery temper would be replaced by patience and understanding.

You'd wake up, and the constant disappointment, criticism, and resentment from your mom would be but the figments of a dark and cruel imagination. Her cold hugs would be replaced by warm embraces, and you'd finally know what it feels like to be loved unconditionally by friends and family. You'd finally know your worth.

But no — waking up from this nightmare isn't a luxury you can expect to come anytime soon, because it's not a nightmare — it's your life. Looking back though, with a few years of distance between us, I can tell you that it gets better. I know it seems tempting to call it quits, to end it all too soon — but you never gave into what felt easy, or felt like an escape. You persisted, and since you overcame this, you've paved the way for me to be able to overcome anything else. Thank you for that gift.

I remember now exactly why you never went through with it. As you sat silently by yourself in your Algebra 1 class and had gone a week with maybe two hours of sleep, a girl picked up her stuff and sat next to you. Her name was Valentina. She talked to you and was kind, even when you didn't really know how to reciprocate just yet.

Valentina saw that you sat alone at lunch and she introduced you to her friends; they were weird, different, understanding, and accepting. They had big hearts and big smiles and big, quirky personalities. For the first time in your 14 years, you felt like you belonged.

And then you met Liana, Madi, Sianna, Rosie, Camilo, Natalia, Lexi, Tori, Natalie, Annie, and, of course, Anderson. These were the people that helped you become the young woman you are today.

So, younger me, here's my message to you now: **Thank you for having the strength, perseverance, and faith in yourself to persist through the darkness. You have given me the opportunity to speak up and express my gratitude to the people who saved me during those pivotal, delicate moments.**

I'm sorry for the suffering you faced, but thankful for the lessons I've learned because of the endurance and grit that you showed. We may be like old strangers now, but you'll always be with me.

Yours sincerely,

Jackie





WHERE THERE'S SMOKE THERE'S FIRE: AMERICA'S TEENAGE VAPING CRISIS, EXPLAINED

by Reed Alexander

"E-cigarette use has become an epidemic among our nation's young people," the US Surgeon-General proclaimed in 2018. Here's why parents and educators need to be concerned.

Warnings about America's so-called "vaping epidemic" are more than just smoke and mirrors.

It used to be that lighting up was the stuff of teenage indiscretions, happening in private places after school as curious adolescents inhaled mysterious substances to test the "high" they could produce. Now, one need only walk down the hallway in the hallowed corridors of American schools to witness the same event, often taking place unapologetically and in the open.

Indeed, vapes — electronic cigarettes and other devices that release vapor, typically laced with nicotine or THC oils that can be inhaled in potent, concentrated doses to produce a euphorigenic response — are becoming a seemingly ubiquitous phenomenon for American youth.

In a striking announcement last year, the Centers for Disease Control and Prevention concluded that the e-cigarette use had jumped 78% from 2017 to 2018. More than one in three (37%) high school seniors in 12th grade admitted to vaping in 2018 — an increase from the roughly one in four (28%) from the year prior.

The survey that gathered these results — called "Monitoring the Future" — also determined that the numbers of adolescent vape users in other grades, like 8th, 10th, and 12th, were up by significant margins, as well.

"The unprecedented 78% increase in e-cigarette use among our kids...threatens to create a new generation of addicted tobacco users," Cliff Douglas, the Vice President of the American Cancer Society, said in a statement released at the time.

To help paint a picture of vaping's rapid escalation in popularity, the CDC compared estimates from 2011 and 2018 that approximated the number of students engaging in vaping in each respective year.

What did they find? In 2011, the group said, 220,000 high schoolers and 60,000 middle schoolers were vaping. By 2018, those numbers had risen to more than three million high schoolers, and 570,000 middle schoolers.

It's little wonder why one California firm, Grand View Research, has projected that the value of the worldwide e-cigarette and vaping market will surpass \$47 billion by 2025.

"This is the most serious adolescent public health crisis that our country has faced in decades," Meredith Berkman, co-founder of the advocacy group Parents Against Vaping, told Retreat in an interview.

Berkman isn't alone in sounding the alarm bells. Last year, in a rare public advisory, US Surgeon-General Jerome Adams weighed in, labeling e-cigarette use "an epidemic among our nation's young people."

In the advisory, the Surgeon-General made a point to call out JUUL, the leading e-cigarette that dominates the market, writing that "(a) typical JUUL cartridge, or 'pod,' contains about as much nicotine as a pack of 20 regular cigarettes."

Despite their pervasiveness, vapes are hardly innocuous, experts say. In fact, they can pose worrying health risks. Certainly, the risk of nicotine addiction is one major concern, but there are plenty of others, according to FamilyDoctor.org, a publication of the American Academy of Family Physicians.

These include exposure to carcinogenic chemicals and other dangerous substances, plus damage to the underdeveloped adolescent brain. The risks are real — but, as yet, their consequences haven't been a deterrent to erode vaping's popularity.

"Parents need to be mindful that vaping nicotine or THC oils can lead to more severe substance abuse later," admonished Liza Piekarsky, LMHC, a mental health counselor who specializes

in adolescent therapy. Piekarsky says that vaping at school is frequently taking place in bathrooms, where students can evade the watchful eyes of faculty and administrators. Then, they walk into class high or otherwise impaired.

"Young people perceive the risks of vaping to be so minimal that they've embraced it as socially acceptable," Piekarsky added, "but we have yet to see enough research to determine how steep of a slippery slope it actually is."

SIGNS FOR PARENTS TO LOOK FOR:

Are you concerned that your child may be vaping? If so, anti-vaping organization Parents Against Vaping (PAVe) lists a few telltale signs to look for on their website (www.ParentsAgainstVaping.org). Consult a doctor or healthcare professional for additional information.

1. Changing behavioral patterns: If your child or teen is suddenly acting "secretive," or keeping their door closed, PAVe says this could be one reason for concern.
2. Is your child regularly stepping away to go to the bathroom, or retreating from gatherings or public events for brief interludes? They might be heading to a secluded spot to vape without watchful eyes.
3. If you detect a sweet-smelling aroma in your child's room, it might be the leftover fragrance from a vape cartridge.
4. Your child might be experiencing increased thirst or dry mouth; PAVe blames this on the propylene glycol in vapes that draws out moisture from the mouth and nose.
5. A dry cough could be a sign of vape usage.
6. Do you see colorful plastic caps lying around? These could be from vape cartridges or charging cords used to power e-cigarettes.
7. Increased caffeine sensitivity is another telltale warning sign.
8. "Changes in sleeping, irritability, coughing, (or) frequent snacking" are signs of "developing a nicotine dependence or withdrawal," PAVe notes. ■

Reed Alexander is the Managing Content Editor for Retreat Behavioral Health.

FACES OF HOPE: MEET THE PEOPLE WHO WANT TO PUT AN END TO SUICIDE

According to DoSomething.org, these are a few startling facts about suicide in America.

- More than 38,000 Americans die by suicide annually
- Among young people ages 15-24, suicide is the third leading cause of death. For those between ages 24-35, it's worse — the second most common cause of death.
- Every 16.2 minutes, someone dies by suicide.
- At their times of death, roughly 66% — two out of three people — who die by suicide are suffering from depression.
- Depression is the leading cause of suicide — especially clinical depression that goes undiagnosed, untreated, or poorly addressed.

The American Foundation for Suicide Prevention (AFSP) is dedicated to raising awareness, funding research, and providing resources and assistance to those affected by the tragedy of suicide.

Anthony Nugiat, LMHC, MCAP, is a volunteer board member of the Southeast Florida chapter of the AFSP. As a mental health counselor, he has extensive experience working with teens and adults, and spent two years counseling undergraduate and graduate students at NOVA Southeastern's student counseling center.

In an interview, we asked Anthony why so many Americans harbor suicidal thoughts. Indeed, according to data from the Centers for Disease Control and Prevention, nearly 10 million Americans report struggling with suicidal thoughts — and that's just the number of Americans who confess to them in the first place.



Learn more about Anthony Nugiat, LMHC, MCAP, on his website: www.nugiatlmhc.com

Plus, learn more about the American Foundation for Suicide Prevention online at: www.afsp.org.

"It's hard to nail down because there's not one cause," Anthony told us, adding that, "in terms of mental health factors...dealing with depression, personality disorders, and self-harm behaviors, borderline personality disorder," and other such phenomena could all be contributors to suicidal ideation. He named having poor relationships or a family history of suicide as also being precursor to potential suicidal ideation later on.

For young people, suicide can be a tempting escape from life's struggles, which is why alarming 2017 data from the research group Child Trends found that more than 17% of high school students "seriously considered suicide."

"You want to look at things that happen in school like bullying, especially with social media bullying," Anthony opined, weighing in on the triggers that can drive young people down a dark road. "Technology does not help, but it allows people to say things that spread very quickly, that get around school and then (the students) get bullied for it."

Asked what advice Anthony would give to those struggling with suicidal thoughts, he said: "There's help. They don't have to do this alone; it is definitely okay to be feeling that way... Everyone goes through emotions, everyone goes through tough times; there's nothing wrong with them regardless of what they heard."

"It's okay to talk to someone," Anthony added, noting that suicide is never the answer. "It's a permanent solution to a temporary problem." ■

If you are or a loved one are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-8255, or text the Crisis Text Line by sending TALK to 741741.

MEN: HERE'S WHY IT'S OK TO CRY

By Garrett Cooper

Showing emotion is healthy and men shouldn't feel pressured to conceal their feelings, writes our primary therapist Garrett Cooper of Retreat at Palm Beach.

As a mental health clinician, I see a variety of patients who have suffered with substance abuse and mental health issues. When clients ask me in our sessions if it's okay to cry, I reassure them that it's fine. In fact, in many cases, it's healthy.

It's especially true of men, whom society has conditioned to believe that crying is a form of weakness. I say it's the opposite — indeed, in showing our vulnerability, crying can be an expression of strength.

Let's think about the biological and psychological benefits that crying invokes in the coping process. Taken in its strictest form, crying is the release of endorphins that reduce our pain and help reset our mood, in order to achieve a calmer state than the one we were experiencing when the waterworks began.

At Retreat, we see patients who, in many cases, have experienced unimaginable trauma, grief, and loss. Among our male clients, this can manifest in suppression of emotions in favor of projecting the traditional, stereotypical masculine bravado. As a male who proudly served in the military and was raised in a household run by traditional Eastern European values, I can relate to these men who come into my office and feel ashamed to let it all out. So how do we start to put these patients at ease, and let them know that crying is an acceptable expression of pent-up heartache?

Although many people intrinsically know that's the case, they remain fearful of letting the tears flow. Why? Well, for one, crying in public, or even when just a few other sets of eyes are watching, can feel threatening and uncomfortable. Such a visible display of emotion can feel like forfeiting all sense of security.



When I became a dad, I noticed that I was experiencing a stronger emotional bond that would push me toward feeling the urge to cry. At first I would try to conceal these emotions, but when others would notice, they'd reassured me that crying is okay, especially when savoring a powerful, milestone moment with your child.

I still had a deep trepidation of veering too far into “ugly cry” territory, when you dissolve into such a lack of control that you look like a wreck and can't compose yourself. But I realized that that's a necessary state sometimes, but it's not representative of all forms of crying, like the sentimental single-tear-down-the-cheek cry that emerged at various points as I watched my kids grow up.

As a therapist I now know that it's acceptable to show emotions — yes, even for men who have been hardened by life's unforgiving forces — and I encourage my patients to feel safe doing so as part of the healing process. Crying, in short, is a normal and part of the human condition that can allow us to connect with our core values. It may feel uncomfortable, but the fear is within, the shame isn't real, and others will not judge you.

So, if there's one message I have for men who are mortally afraid of crying, it's this: True courage isn't about running from our fears — it's about confronting them head-on, and this includes letting our emotions run their course. Don't let your ego be the dam that holds everything back. ■

LIGHTS OUT: LACK OF SLEEP INCREASES STUDENTS' RISK OF SUICIDAL IDEATION BY 28%, NEW STUDY SAYS

by Reed Alexander



Plus, some of the other harmful effects that insufficient sleep wreaks on our mental health.

For most Americans, getting sufficient sleep is the stuff that dreams are made of.

But, not getting enough shuteye has a significant and detrimental impact on the mental health of college students, including the performance of varsity athletes, according to a study published by the American Academy of Sleep Medicine in June.

"With every additional night of insufficient sleep, the risk of experiencing mental health symptoms increased on average by more than 20%," says a summary of the study's findings. This includes "an increased risk of 21% for depressed mood, 24% for hopelessness, 24% for anger, 25% for anxiety, 25% for desire self-harm, 28% for functional problems, and 28% for suicide ideation," the summary adds.

The newly-released study probed data gathered during the 2011-2014 National College Health Assessment, conducted by the American College Health Association. More than 110,000 people provided the data, including nearly 8,500 varsity athletes. The term “insufficient sleep” was meant to denote “the number of nights students did not ‘get enough sleep so that you felt rested when you woke up.’”

Previous data from the Centers for Disease Control and Prevention has found that more than one in three Americans don't benefit from enough sleep. According to the American Academy of Sleep Medicine and the Sleep Research Society, adults ages 18-60 should be hitting the sack for a minimum of seven hours nightly. But inadequate sleep isn't just problematic for mental health; experts say it can also take a toll on our weight, blood pressure, and ramp up risk for heart disease, stroke, or diabetes.

“The fact that sleep health was so strongly related to mental health is important since the majority of college students don't get the recommended amount of sleep needed for optimal health and functioning,” said senior study author Michael Grandner, director of the Behavioral Sleep Medicine Clinic at the University of Arizona, in a statement. “So, these young adults aren't sleeping enough, and not only does that increase their likelihood for things like worse academic performance and health, but it also takes a toll on their mental health as well.”

The good news is, making a few simple changes can help students and adults enter the sleepy world of dreamland more easily, say experts at Southern New Hampshire University. These basic tips include maintaining a regular sleep schedule, avoiding studying or working in bed — use it as a sleep-friendly zone instead — and unplugging from electronic devices about 30 minutes prior to calling it a night. ■

Editor's Note: For further reference on the academic research that inspired this article, please see 'Dose-Response Relationship Between Insufficient Sleep and Mental Health Symptoms in Collegiate Student Athletes and Non-Athletes,' or contact the American Academy of Sleep Medicine.

Reed Alexander is the Managing Content Editor for Retreat Behavioral Health.





FOR YOUNG PEOPLE DIAGNOSED WITH CHRONIC DISEASES, CBT COULD PROVIDE HOPE FOR MANAGING MENTAL HEALTH STRUGGLES

by Reed Alexander

A recent study indicates that cognitive behavioral therapy could help counteract the depression and anxiety that millions of kids living with chronic conditions face.

The psychological benefits of cognitive behavioral therapy (“CBT”) are well documented, but a recent study from the University of Exeter now indicates that this powerful form of talk-based psychotherapy could help address the mental health care needs of “children and young people with some long term physical conditions.”

Indeed, the study found, deploying CBT could lead to improvements in young patients who have been diagnosed

with inflammatory bowel disease, chronic pain, and epilepsy. Diagnoses of chronic illnesses like these have been shown to trigger feelings of depression, anxiety, or otherwise among those who have them — a sobering fact that is especially true of children, who may be unequipped to deal with the emotional fallout of such diagnoses and the side effects they entail.

“Children and young people with long-term health conditions face enormous challenges,” explained Fiona Lockhart, co-investigator at the Biomedical Research Center Patient & Public Involvement Group at University College London, in a statement. “As well as their physical illness, many of these young people suffer from mental health problems as a consequence of their condition.”

According to the American Academy of Pediatrics, between 10 and 20 million kids in America live with a form of chronic illness or disability. In this case, “chronic illness” is defined by the Academy as “a health condition that lasts anywhere from three months to a lifetime.” In children, these conditions commonly include asthma, diabetes, obesity, cerebral palsy, developmental disabilities like autism spectrum disorders, among others. Cancer, too, is also considered a chronic disease.

For its part, CBT is a tried-and-true form of psychotherapy that deploys a “problem-specific, goal-oriented approach that needs the (patient’s) active involvement to succeed. It focuses on their present-day challenges, thoughts, and behaviors,” nurse practitioner Kathleen Davis wrote in Medical News Today.

A diligent CBT regimen can liberate patients from a variety of behavioral issues. Thorough exposure to CBT can help patients to “identify problems more clearly,” “develop a more positive way of thinking and seeing situations,” and “focus on how things are rather than how they think they should be,” Davis elaborated. It’s not difficult to imagine how such responses could benefit young people suffering from the life-altering affects of a chronic illness. `

The University of Exeter research isn’t the first study to probe the effects of chronic illnesses on patients’ mental health. Indeed, one Western Journal of Medicine report from as far back

as 2000 found that chronic illness can give rise to a number of detrimental mental health ramifications which can manifest in other behavioral issues.

“Physical symptoms such as disturbed sleep, impaired appetite, and lack of energy may already exist as a result of the disease,” noted a summary of the report, published by the National Library of Medicine.

“(I)t is essential to diagnose and treat depression in patients with chronic conditions. Even mild depression may reduce a patient’s motivation to gain access to medical care and to follow treatment plans. Depression and hopelessness also undermine the patient’s ability to cope with pain and may exert a corrosive effect on family relationships,” the summary added.

Among young people living with the burdens of chronic disease, dealing with the mental health fallout can be even more acute and taxing. Indeed, to these kids and teens saddled with life spent in doctor’s waiting rooms, trips to the ER, and potentially physically-limiting apparatuses like wheelchairs, life can seem particularly cruel, particularly when juxtaposed against the “normal” lives that peers in their age bracket enjoy. ■



LOCAL RESOURCES

These helpful resources provide assistance for those struggling with mental illness and experiencing a crisis. **If you are experiencing a true medical emergency, dial 911.**

Always consult a doctor or medical professional before adopting any outside medical/healthcare advice.

211 CRISIS/SUICIDE PREVENTION HOTLINE

211 Helpline: 211
www.211PalmBeach.org

ALCOHOLICS ANONYMOUS (AA)

(561) 655-5700
www.AA-PalmBeachCounty.org

NARCOTICS ANONYMOUS (NA)

(561) 848-6262
www.PalmCoastNA.org

ABUSE HOTLINE-FLORIDA

(800) 962-2873
www.MyFLFamilies.com/Service-Programs/Abuse-Hotline

ANGER MANAGEMENT

(561) 832-3828
www.AngerMgmt.org

PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO) VICTIM'S ADVOCACY DEPARTMENT

(561) 688-3000
(561) 688-3978
(561) 688-3974
www.PBSO.org/Inside-PBSO/Law-Enforcement/Strategic-Operations/Special-Investigations-Division/Victim-Witness-Unit

PALM BEACH COUNTY VICTIM SERVICES

(561) 355-2418
www.Discover.PBCgov.org/PublicSafety/VictimServices/Pages/Default.aspx

COMPASS LGBT COMMUNITY CENTER

(561) 533-9699
www.CompassGLCC.com

MENTAL HEALTH ASSOCIATION

(561) 801-4357 (HELP)
www.MHAPBC.org

NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI)

(561) 588-3477
www.NAMIPBC.org

PSBC VETERAN'S RESOURCE CENTER

www.PalmBeachState.edu/VeteransServices

RETREAT BEHAVIORAL HEALTH-24/7 ADMISSIONS LINE

(855) 859-8808
www.RetreatBehavioralHealth.com

VETERANS CRISIS LINE

www.VeteransCrisisLine.net

VETERANS MEDICAL CENTER-WEST PALM BEACH

www.WestPalmBeach.VA.gov/WestPalmBeach/Features/vrc.asp

Mental Health in Schools and Youths



DID YOU KNOW?

Students with a diagnosed mental illness are at a much greater risk of developing drug or alcohol addiction as a way to self-medicate. According to surveys, nearly 31.9% of college students reported binge drinking, 4.3% reported cocaine use, and 4.6% reported marijuana use. Other studies report that of nearly 10,000 adolescents, two-thirds of them had developed substance abuse problems after experiencing at least one mental health disorder.



31.9%

Alcohol



4.6%

Cannabis



4.3%

Cocaine



A BREAKDOWN OF DIAGNOSES

11% of youths have a mood disorder

10% of youths have behavioral disorder

8% of youths have an anxiety disorder



Students feel a high degree of stigma or embarrassment about having mental health conditions, leading them to refuse treatment. Many find it valuable to seek out online resources and support groups that provide complete anonymity.



REFERENCES

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• Writers, Staff. "Promoting Student Mental Health | Resources & Support." AccreditedSchoolsOnline.org, AccreditedSchoolsOnline.org, 17 Apr. 2019, www.accredited-schoolsonline.org/resources/student-mental-health-resources/.

• "Teen Depression." National Institute of Mental Health, U.S. Department of Health and Human Services, www.nimh.nih.gov/health/publications/teen-depression/index.shtml.

• Writers, Staff. "Top 5 Mental Health Challenges Facing College Students." BestColleges.com, BestColleges.com, 16 May 2018, www.bestcolleges.com/resources/top-5-mental-health-problems-facing-college-students/.

• "College Mental Health." Drug Rehab, www.drugrehab.com/co-occurring-disorder/students-mental-health/.

Mental Health in the Workplace



DID YOU KNOW?

Recent studies have suggested that poor mental health in the workplace is so common that nearly half of surveyed workers report experiencing some kind of mental health challenge in their current job.



28% of American workers have reported having a workplace-related anxiety or panic attack.



Nearly **3/4** of workers refused to tell their superiors about their mental health problems.



56% of employees say stress and anxiety most often impacts their workplace performance.



LEARN HOW TO TALK TO YOUR

Think about some of these tips when trying to tell your superiors about any mental health concerns:



Understand what you need before speaking with your boss. Having a clear idea of what you want to gain from sharing this information (i.e. longer deadlines, more sick days, fewer responsibilities) will help everyone better understand your needs.



Find the right time to inform your boss. Mental health states can often fluctuate, but it's important to select an optimal time and place when you decide to discuss mental health. Choose a day when you and the rest of the office is calm, collected, and approach the subject with an open mind.



Be completely honest with yourself and your boss. Don't be afraid to completely express your full concerns regarding the implications of your mental health issue. Tell your boss all relevant factors, including solutions that will help you maintain a productive work ethic.

Reference

- Higginbottom, Karen. "Poor Mental Health Is Widespread In The Workplace." *Forbes*, *Forbes Magazine*, 16 Sept. 2018
- "Bipolar Disorder." Partnership for Workplace Mental Health, workplacementalhealth.org/Mental-Health-Topics/Bipolar-Disorder.

- "Highlights: Workplace Stress & Anxiety Disorders Survey." Anxiety and Depression Association of America, ADAA, adaa.org/workplace-stress-anxiety-disorders-survey.
- "Quantifying the Cost of Depression." Partnership for Workplace Mental Health.
- "How to Talk to Your Boss About Your Mental Health." *PsyCom.net* - Mental Health Treatment Resource Since 1986

EVENT RECAP: HORSES HEALING HEARTS

In May, Retreat was proud to partner with Horses Healing Hearts, a nonprofit organization based in Delray Beach which specializes in equine therapy, a form of patient care that utilizes horses to help patients foster interpersonal trust. Indeed, clinical trials have shown equine therapy to be an effective resource in teaching patients how to build healthy relationships and respect boundaries. Through our partnership with HHH, we raised enough in funding to enable nearly a dozen young people to attend equine therapy sessions every week.



WELLNESS WEDNESDAY: MENTAL HEALTH IN THE WORKPLACE



UPCOMING COMMUNITY EVENTS

EVENTS IN JULY

NOW PRESENTING...

PIPPIN THE MUSICAL!

Retreat is proud to roll out the red carpet at the Ephrata Performing Arts Center for a special production of the hit musical *"Pippin!"*

The evening will begin with a catered reception. Retreat's VIP guests will enjoy premier house seats as they take in this spectacular Broadway classic, which blends a Medieval setting and fantastical characters with an edgy, 1970's-inspired pop music score.

TIME & DETAILS:

Tuesday, July 30th

Beginning at 6:30 pm

Pre-show reception with hors' d'oeuvres

Show begins at 7:30 pm

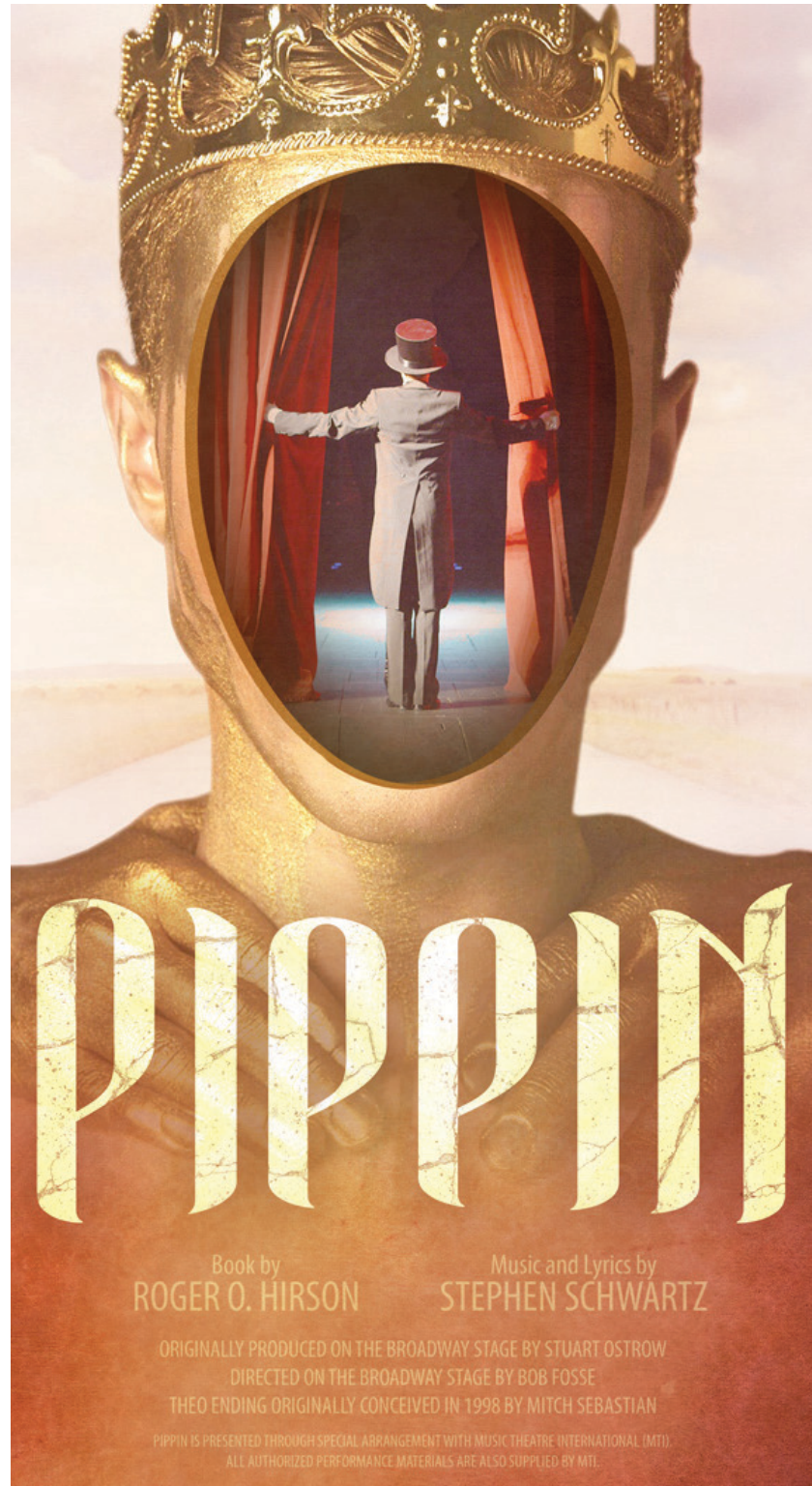
Dessert will be served during intermission.

Ephrata Performing Arts Center

Ephrata Community Park

320 Cocalico Street, Ephrata, PA 17522

For additional details, please contact Director of Events Jenna Moore at JennaM@retreatmail.com



EVENTS IN SEPTEMBER

Wellness Wednesdays: Breaking the Stigma of Pregnancy and Addiction

Research has shown that more than half a million babies in America are born exposed to alcohol, while nearly 400,000 are born having been exposed to illicit drugs, according to a study published by the National Library of Medicine. A sharp increase has also been recorded in the rate of opioid consumption among women during pregnancy in recent years, presenting dangerous threats to the well-being of newborns. Join us to learn about substance use during pregnancy, and why we need to support any mom-to-be who reaches out in search of help. Together, we can overcome the shame, and safeguard both mom and baby.

Wednesday, September 4th | 12-1 pm ET

Retreat at Lancaster County - Outpatient Center
333 South 7th Street, Akron, PA 17501

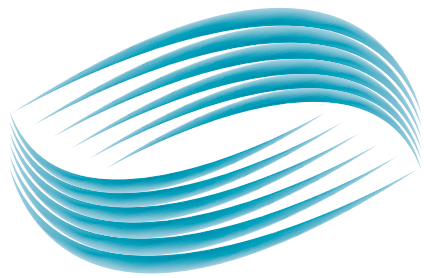
EVENTS IN NOVEMBER

Wellness Wednesdays: Communication in Relationships

Healthy communication in relationships is a key factor in contributing to mental well-being and teamwork between you and your loved one. But what are some of the common roadblocks people face in pursuing healthy, successful communication, and how do we overcome them? We'll learn the principles of good communication — and how to put them into action — in this helpful presentation.

Wednesday, November 6th | 12-1 pm ET

Retreat at Lancaster County - Outpatient Center
333 South 7th Street, Akron, PA 17501



Retreat
Behavioral Health™

Contact us today for more information:

855.859.8810

Or visit us online at:

RetreatBehavioralHealth.com

Retreat Behavioral Health offers addiction services, from medically monitored detox to outpatient rehabilitation, providing a full continuum of care. We work with most commercial insurers, offer 24/7 admissions and complimentary transportation. We have locations in Lancaster County, PA and Palm Beach County, FL. At Retreat, we pride ourselves on providing a compassionate and spiritual environment for those struggling with addiction in a secure and comfortable setting with dedicated and caring staff.
