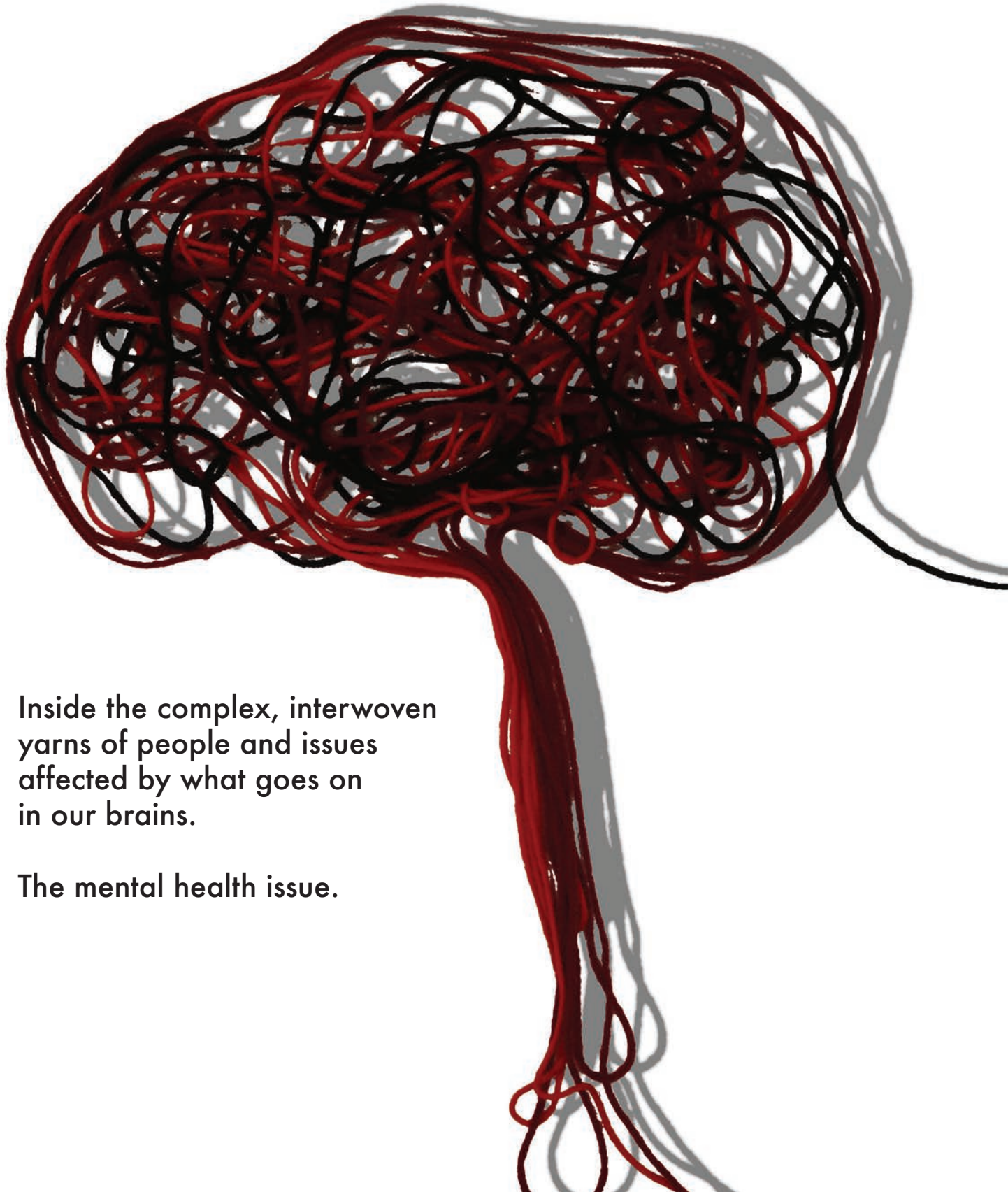


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MOSAIC

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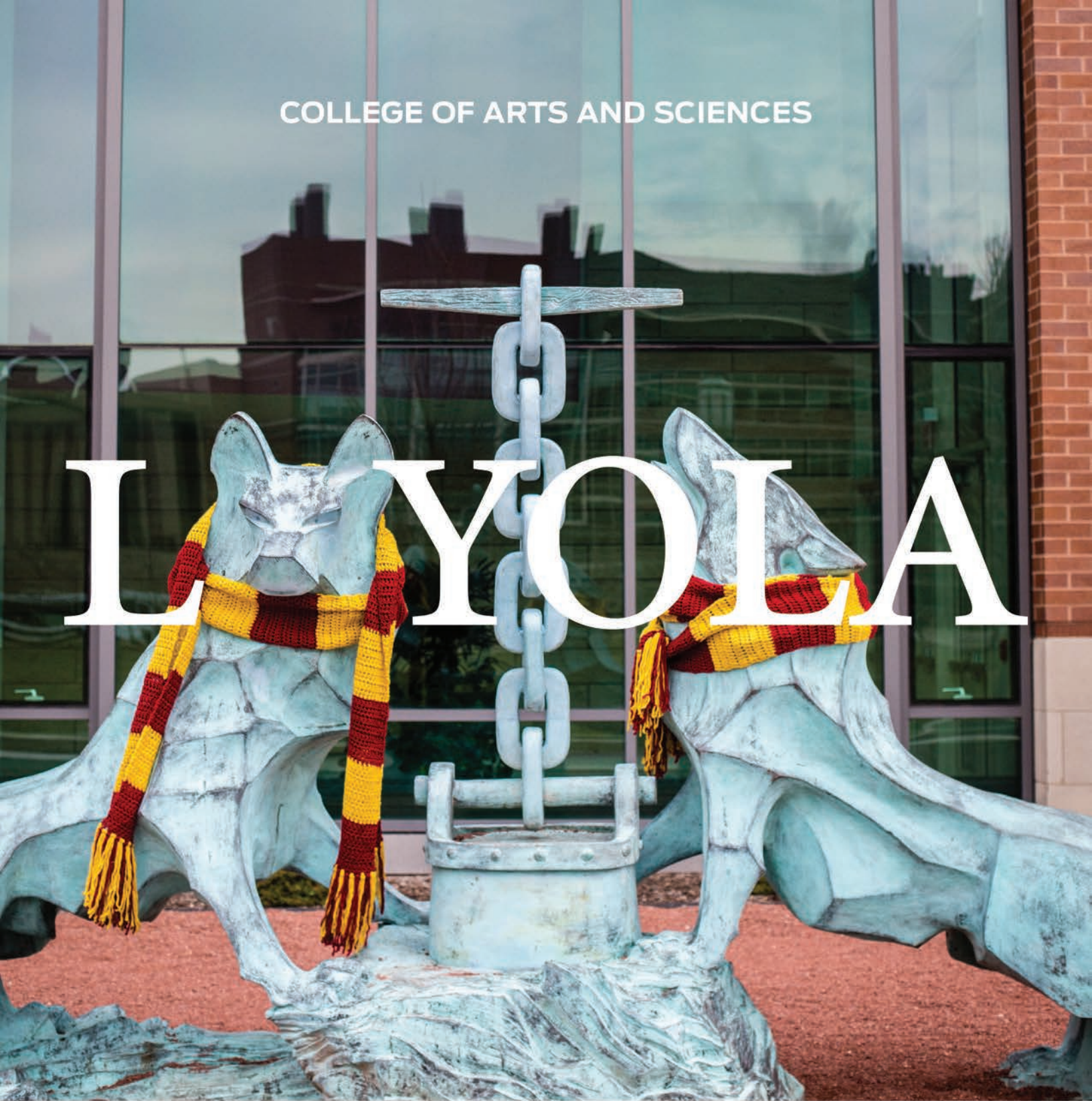


Inside the complex, interwoven
yarns of people and issues
affected by what goes on
in our brains.

The mental health issue.

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MOSAIC

2018

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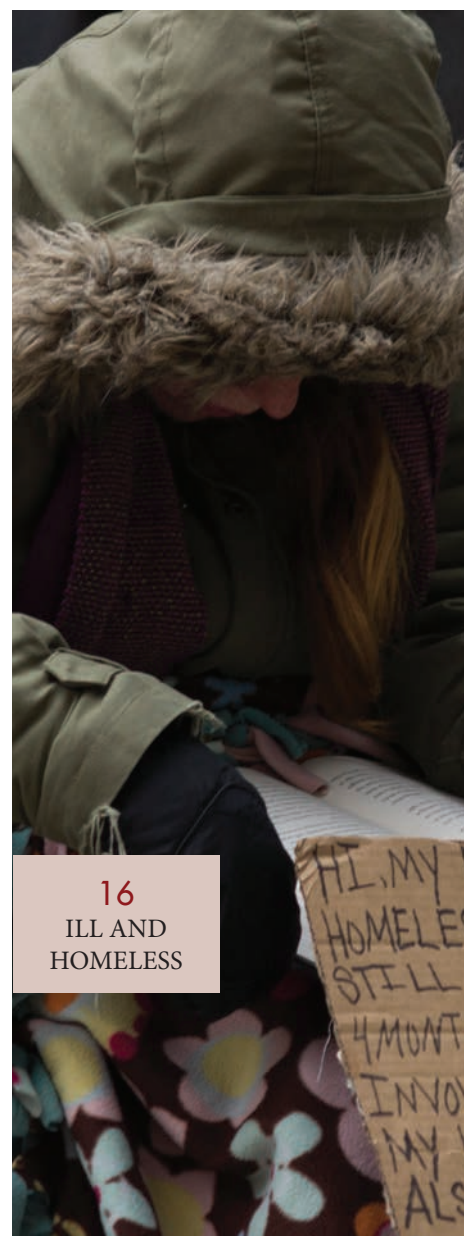
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MOSAIC

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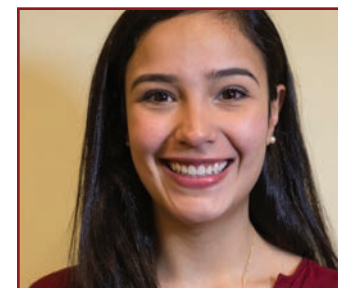
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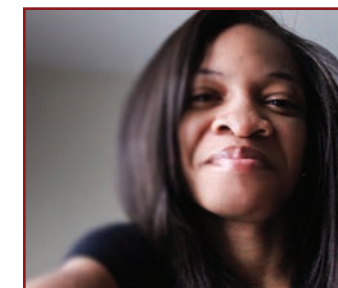
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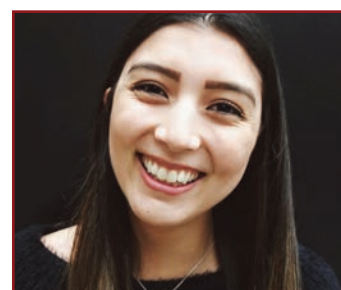
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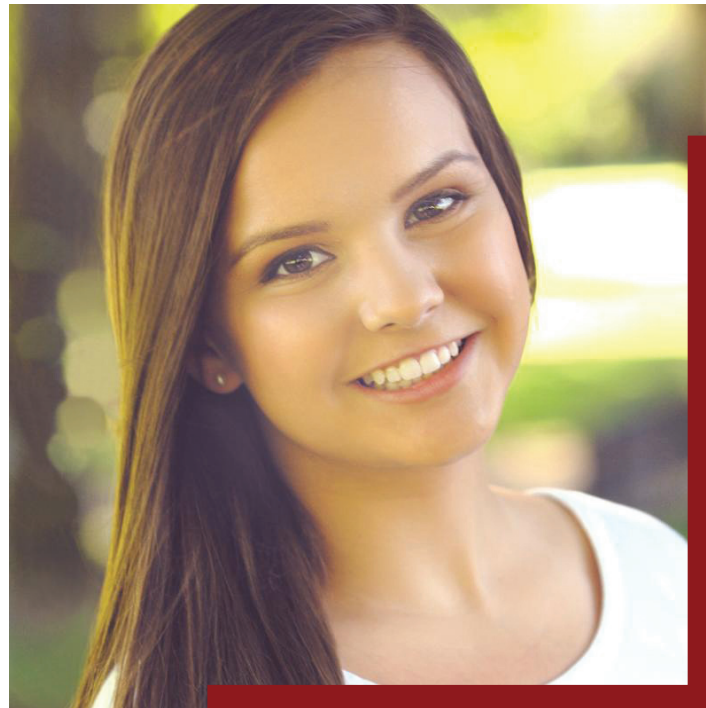
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MOSAIC

Letter from the editor



When deciding a topic for this year's Mosaic my peers and I wanted to write about something relevant to our lives and to the world around us. Once we decided on mental health, we all had plenty of ideas for approaching the issue.

I think in these writings you get a sense, both big and small, of the ways mental health affects all of us. As we were coming up with story ideas, we wanted to ensure that throughout the pieces there were moments of levity and happiness. To show that there is always hope and that there are good things waiting on the other side. I think it was important to all of us to keep hope and positivity in mind while creating the magazine.

We learned so much. We got to interview a vast group of people, from teachers to psychiatrists, from journalists to television hosts. We approached this topic from as many angles as we could. We researched statistics and data, learning the changing patterns of mental health in the modern world. Most importantly, we listened. We heard the stories of those touched by pain and illness and those working every day to help.

This magazine has been a team effort. It would not have been possible without the help of the students working tirelessly to create it, the professors Michael Limón and Jessica Brown guiding the way, and the subjects' willingness to share a part of their lives with us.

Thank you,
Betsy Melin

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Preparing people to lead extraordinary lives

Meditation over Medicine

By ANJELICA PICKETT

Doctors turn to non-traditional methods to tackle mental illness

When it comes to tackling mental illness and other disorders, the marketplace seems to be saying that conventional is not always the best way to go.

The U.S. Food and Drug Administration, no fan of radical methods and procedures, on its website notes that “more than one-third of American adults reported using some form of CAM (complementary and alternative medicine) and that visits to CAM providers each year exceed those to primary-care physicians,”

That may help explain why non-traditional forms of therapy such as meditation, lifestyle changes and nutritional supplements are gaining traction as ways to improve mental health. Increasingly, medication isn't the only line of defense.

“Physicians are the number one prescribers of anti-anxiety and anti-depression medication in this country,” said Dr. Patti Kimbel, a psychologist and director of training for graduate students in clinical psychology at Roosevelt University in Chicago. “Their approach is, ‘Here, take this pill. It’s not, ‘Why don’t you seek some counseling?’”

Even though professional treatment is often recommended, it is not always an option for everyone because of expense and work schedules. Those looking for outside help often turn to the internet, books and magazines according to a paper published at Harvard University titled “FDA and the Challenge of Alternative Medicine.”

Support for non-traditional options is not universal. So, although the National Alliance on Mental Illness (NAMI) may favor the unconventional, the FDA usually doesn't.

Harvard notes the agency responsible for protecting public health by regulating products and the nation's food supply “has displayed a simple lack of coherent policy toward alternative medicine.” It adds the FDA does not consider alternative medicine a realistic option because it's not generally taught in U.S. medical schools.

Treatments and medicines from other cultures are assumed to be dangerous, and there are also concerns that natural products presumed to be safe can be “consumed in such concentrated doses that they can be toxic and even deadly.”

For its part, the FDA says that products used in a CAM therapy or practice will be “subject to regulation as a drug. This applies to any product that is not generally recognized by scientific experts to ensure the effects and safety of the drug.”

Other products and practices not considered conventional medicine include energy therapies, manipulative body-based methods and mind-body medicine.

Although NAMI says natural products such as Omega-3 found in fish can be taken in place of medication to help halt the advance of schizophrenia, other studies noted in the *Journal of Clinical Medicine* say supporting data actually are inconclusive. The same is true regarding the benefits of folic acids and vitamin supplements.

The therapeutic effects of such mind-and-body treatments as yoga, exercise and tai chi are less in dispute.

So, why does this matter? One reason is that encountering mental illness is more common than one might think. According to NAMI, “43.8 million [Americans] experience mental illness in a given year [or 1 in 5 adults],” with “half of mental health

conditions [beginning] by age 14.”

A second is that some people with a mental illness may begin to internalize stereotypes or refuse to get treatment to avoid being labeled. According to NAMI, “Nearly 60 percent of adults with a mental illness didn't receive mental health services in the previous year.”

Ashley Gilbert, 26, doesn't necessarily fit in to any group, but has been experimenting with meditation for four months. The single mom and full-time supervisor has not been diagnosed with a mental illness but said she has struggled with stress management and anxiety after being harassed on the job by a former manager. Ordinary things frustrate Gilbert, but she found relief when she learned to focus her thoughts and reach a heightened level of awareness.

“You are at peace in meditation,” she said.

According a journal published by the American Medical Association, a 2012 study on the effects of meditation conducted on more than 3,000 people found “mindfulness meditation programs had moderate evidence of improved anxiety, depression and pain, and low evidence of improved stress/distress and mental health-related quality of life.”

Gilbert doesn't think medication should be anyone's only treatment option, touting the power of learning how to channel emotions through taking up art or writing, and making healthy lifestyle choices such as cutting back on coffee and drinking more water.

“Holistic practices are amazing,” Gilbert said. “I'd prefer them over medication, (which) doesn't do anything but cause other health-related issues.” ■

the Journalist Dilemma

By
JAMILYN
HISKES

PHOTO BY SWARAJ TIWARI on UNSPLASH

Therapy helps Chicago Tribune photographer cope with constant exposure to tragedy

Armando Sanchez while calmly sipping coffee in a cozy café can describe the smell of burned flesh in the air after a house fire. During his job as a reporter and photographer for the Chicago Tribune, those are the kinds of tragedies he has to cover every week.

“I wouldn’t say it’s run-of-the-mill, but there are some things you get sort of used to,” he said.

Sanchez, 30, has seen the worst of Chicago’s violence over the course of his career. He’s photographed shootings, waded through blood-soaked crime scenes and seen families grieve in the streets for lost loved ones. This can be mentally grueling at times, he said, and he isn’t the only journalist who has to contend with stress caused by the job. In a 2006 study, it was discovered that journalists such as Sanchez who are exposed to “traumatic situations” during their work have a higher than average risk of developing mental illnesses such as anxiety and Post-Traumatic Stress Disorder (PTSD).

There are also late nights, early mornings and demanding deadlines Sanchez has to contend with every week, but it’s worth it to him. Photojournalism has been a dream job of his since he was a high schooler in Austin, Texas.

“My mom told me, ‘Your sister’s really good at this. Maybe you should get into [photojournalism],’” Sanchez said. “I wasn’t really sure about it. I played golf and was a theater tech. And then one day, when I was a junior, I decided to try it. I went in head-first and absolutely loved it.”

After interning at the Chicago Tribune in 2012 and graduating from Western Kentucky University soon after, he freelanced in Chicago until he heard about a residency opening at the Tribune. He applied and got hired, and has been there ever since.

Sanchez also photographs sporting events and takes scenic shots of the city, but the more gruesome stories he covers sometimes leave a lasting mental impact.

“There are a lot of moments I remember every day,” Sanchez said.

During the course of his work for the Tribune, Sanchez has tried to avoid building up “emotional callouses” — while he wants to separate himself emotionally from the graphic stories he covers, he strives to do so without becoming cold and stoic. According to him, self-care is especially important.

“At some point, you have to take care of yourself a little bit,” Sanchez said. “I make it a point to have a routine that I stick to that makes me feel physically and mentally healthy. Whether that’s

doing something just for me, or going for a run, or talking about it with other people. If you keep something in, eventually your psyche builds up and you might not realize it ... You have to find a way to let the valve release.”

Sanchez said he attended therapy for a few years to alleviate stress when he first started his career as a photojournalist. Even though it wasn’t necessarily linked to his job, it has helped him cope.

“I think that kind of helped train me better than most [of my colleagues] to be able to handle my emotions and stay calm,” Sanchez said. “When you’re in these moments where people are upset and there’s really gruesome things happening, that can be hard.”

Sanchez has colleagues who are affected by their work, as well. He said the Tribune is very understanding of the mental stress some of its reporters can be under when covering particularly unpleasant stories, and he knows he has a support network around him in the newsroom to get him through the worst days.

“I think mental health is important in journalism, or in any other field that can be stressful,” Sanchez said. “[The Tribune] is a really supportive place. A company can only help you so much, though — it’s really about the reporters around you ... I feel like I can walk up to any one of the photographers I work with ... and they’d be more than happy to be supportive of me and listen.”

The one photograph Sanchez said he thinks about most often is an image of a white woman comforting the distraught son of a murdered black woman after a shooting in Chicago’s Back of the Yards neighborhood. He took the photo while he was working a 6 a.m. to 2 p.m. shift for the Tribune, and he said it has impacted him more than any other photo he’s taken.

“The guy was so upset ... he ended up just passed out in front of someone’s house, just crying,” Sanchez said. “And this woman came over ... and she bent over and was trying to show him compassion. I wanted to capture it because ... I don’t think it’s what people imagine when they imagine Chicago gun violence. It’s about the community and the people who are there ... it’s about humanity.”

Sanchez said, he loves his work and wouldn’t want to be anywhere else.

“I knew [when I started] it was going to be the kind of challenging work that I wanted to do, versus the kind of work that just pays the bills,” he said. ■

paramedic pressure

By CHERYL WANG

Paramedics have rewarding jobs, but by the end of a long day, their tired eyes have seen the worst moments in someone else's life.

Working 12-hour shifts on a rotating schedule of seven days in a two-week period can be grueling physically, but it's the profession's mental toll that is of particular interest to a local 23-year-old paramedic.

The paramedic, who wants to remain anonymous, is two years into an occupation that's both stimulating and rarely boring, yet she has learned the payoff for being first on the scene to provide emergency treatment often comes with a big downside. Post traumatic stress (PTSD) has pushed her to get help from therapists.

According to some paramedics, 10-15 percent of paramedics or Emergency Medical Service (EMS) professionals are medically diagnosed with PTSD, and many hide their suffering out of fear of losing their jobs.

The pressure and tension come from many aspects of the job. She starts her shift by driving 45 minutes to her station in Dolton, Illinois. Unlike other well funded ambulance services, her station does not have designated areas to park the ambulance until a call, so she and her partner wait on street corners and hospital parking lots.

An entry-level paramedic is paid about \$13 an hour, and this paramedic is paid \$13.50. Even with little pay, she keeps the job because she says it immediately connects her to the people she helps.

Her duty is to safely transport a patient to a medical facility after an emergency phone call and to provide necessary medical care along the way. When she gets called cases range from a nosebleed to a trauma case. After returning to the station, she fills out a pile of paperwork.

She says many of her patients appear to be dealing with a mental health issue such as schizophrenia, depression or anxiety.

She says EMTs also encounter physical abuse from patients, adding that she doesn't think there is enough training on de-escalation techniques.

"I can't count how many times I've been pushed and shoved," she says. "We are told, 'Don't let them hit you, if they push, push back.' But how do you push back against someone who is sick, when you can rationalize it's not

their fault?'"

Other training consists of a 4-hour lecture, a demonstration and a 10-question quiz. She says these may not be enough to help EMTs deal with the mental health issues they confront when treating patients.

The pressures she experiences at her job are in stark contrast to her home life.

Asked about how she balances the two, the paramedic looks out the window next to her couch, eyes glassy, her voice slightly trembling and says, "I make a point to not leave dishes in the sink. I get this feeling like if something happens to me, I don't want my mom to have to do the dishes and also worry about me. So I'll do the dishes. I put on a necklace she gives me and drive to work."

To effectively get through traumatic events, talking through the incidents helps. However, she finds it difficult to share her experiences with her family.

"I can't talk to them about it, because they don't know what it's like to be on an ambulance. I had four trauma cases in one day and a suicide patient who brought a gun. We had police everywhere," she says. "How do I explain this movie that happened in one day?"

At first, she had a hard time talking to therapists, because some would regard her job as entertainment value. Many people like to ask her about the craziest thing she's seen.

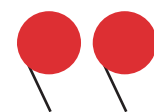
"They want to know, have you seen somebody's guts open? Have you seen somebody who took every single drug in the world?" she says. But she thinks about the saddest thing she ever saw three to four times in a day. "If I told you, you would end up crying," she says.

One benefit of her job is the amount of extra time she spends with her coworkers, primarily at monthly dinners where they discuss job-related issues.

She also makes sure to check on her partners, who are often male and seemingly emotionless, to make sure they are all right on the drive back from a trauma case.

She has thought about her decision to go into emergency care. But after some back and forth, she decided she is happy with where she is.

"I love what I do. I love who I am and where this job has taken me," she says. "But if I were to do it all over again, I don't know if I could." ■



"I can't count how many times I've been pushed and shoved," she says. "We are told, 'Don't let them hit you, if they push, push back.' But how do you push back against someone who is sick, when you can rationalize it's not their fault?"

— A local paramedic on dealing with abusive patients.

lack of funding → homeless → prison

mental illness → no meds

A homeless woman who asks for help Wabash and Chicago is indicative of a larger problem plaguing the city.
PHOTO BY MICHEN DEWEY

dwindling resources + increasing population link a growing problem

By MICHEN DEWEY

Of the more than 80,000 people homeless on the streets of Chicago, most are either mentally ill, people of color or military veterans. Worried advocates are warning that recent cuts in services put nearly all of them at further risk.

Although three of four homeless people in Chicago are Black and a third deal with some sort of mental illness, according to the Chicago Coalition for the Homeless (CCH), their needs are distinctive, given that they also are young and old, educated and uneducated, men, women and children.

Massive reductions in state spending have left tens of thousands without needed treatment and medication, while efforts to provide housing are only now coming to fruition.

Exacerbating the problem is what many mental health professionals are calling a “state of emergency” in the Illinois prison system — there are 10 times more mentally ill people in jails and prisons in the United States than in mental health hospitals, according to the Cook County Sheriff’s office.

Add it all up, and the stresses on the homeless population keep increasing, despite determined efforts to address the main reasons why so many people are displaced.

One of the biggest factors contributing to Chicago’s homelessness is a lack of mental health treatment. In 2016, Illinois’ largest provider of social services, Lutheran Social Services of Illinois, closed over 30 of its programs and laid off 750 of its staff, according to the National Alliance on Mental Illness. The closure was a result of the budget impasse Illinois faced for over two years.

Also in 2016, one of the largest mental health service providers, Community Counseling Centers of Chicago, closed due to Gov. Bruce Rauner’s \$82 million cut in mental health program funding, which left 10,000 patients at a loss for treatment.

However, one treatment center hasn’t closed, and that’s the Cook County Jail — one of the largest mental health facilities in the United States. Jails and prisons now serve as the largest mental health providers in 44 of the 50 states, according to a statement from Cook County Sheriff Thomas Dart.

“Through benign neglect and disastrous public policies, state and local governments have apparently decided over the past few decades that it is perfectly acceptable for our jails to serve as warehouses for the mentally ill,” Dart said in the statement.

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A majority of the media attention has been focused on larger jails, but studies have shown that individuals with mental illnesses are responsible for the rise in incarceration rates in smaller counties and jails, as well, according to the statement.

These large populations of mentally ill people are causing an emergency situation for treatment, and advocates are calling it a “human rights disaster.”

In October 2016, a number of lawyers representing 12,000 mentally ill prisoners in Illinois asked Judge Michael Mihm to force the state to meet its obligation to provide necessary mental health care, according to court documents. Attorneys from three legal organizations — Equip for Equality, Uptown People’s Law Center and Dentons — said there is a backlog of more than 3,000 inmates who need to see a psychiatrist, which is causing problems for treatment.

Dr. Pablo Stewart, a psychiatric consultant and the court monitor in this case, expressed his concern about the Illinois Department of Correction’s (IDOC) “grossly insufficient and extremely poor quality of psychiatric services,” in his report for court documents related to a May 2016 settlement of a class action lawsuit on behalf of 11,000 mentally ill inmates who had to wait to see a doctor.

“The overall quality of the psychiatric services provided to the mentally ill offenders of IDOC is often times dangerous,” Stewart wrote. “The lack and quality of psychiatric services negatively impacts all aspects of the settlement and contributes to IDOC being non-compliant in the vast majority of areas of the settlement.”

Stewart also said the IDOC needs to take immediate action and pick a new director of psychiatric services to hire new staff, fire the old staff and rework the psy-

chiatric programs they’re using.

Michelle Kamin-Lindsay, a bond court social worker for the Cook County Department of Corrections, is responsible for conducting mental health assessments for those charged with felonies and waiting to have a bond court hearing. She addresses mental and physical health and substance abuse issues with the accused, but she said her assessments don’t have any influence on

been an immense problem.

In an effort to get more homeless people off the streets and out of jail, the City Council passed the Shared Housing Ordinance in June 2016 that mandated a 4 percent surcharge be added to home share service companies such as Airbnb. As of June 2017, the rental taxes have racked up \$2.8 million in funds for the homeless, \$1 million more than estimated, according to the Chicago Business Journal.

Plans to use the funds through a program called Housing Homeless Families, a joint initiative with the CCH and its HomeWorks Campaign, were announced in a press release from Mayor Rahm Emanuel.

The communities seeing the highest rates of violence associated with homelessness include Austin, Humboldt Park, West Englewood, and Englewood.

Although Chicago residents may not see the logic of spending money to provide convicted inmates with mental illness care because it’s costing taxpayers money. The more homeless and mentally ill people convicted and sentenced, the higher the jail population, which is why Illinois is one of the top 15 states when it comes to cost per prisoner.

It would cost the state less to send someone to college than it costs to house a prisoner. Each prisoner costs about \$34,000 to house annually, while the average in-state, four-year private college tuition in Illinois costs about \$28,000 per year.

Around 70 percent of Illinois inmates are in prison for non-violent crimes. When non-violent offenders are jailed instead of given supervised release, they’re more likely to commit new crimes when they’re released, according to the John Howard Association of Illinois (JHA). This perpetuates the cycle of cost per prisoner, overcrowding and unstable treatment conditions for the homeless and mentally ill. ■

the decision in a bond hearing.

If Kamin-Lindsay does identify a need for treatment, she said part of her job is to refer the accused to the necessary programs. The referrals can also be to places such as shelters if the accused is homeless.

“I’ve heard people say, ‘I turned myself in because I didn’t know what else to do,’ or ‘I was here yesterday, I got bonded out. But I’m committing what I call crimes of survival, and here I know I at least can get the care that I need,’” Kamin-Lindsay said.

A large portion of the homeless she deals with choose to be homeless or get arrested because it’s better than most of Chicago’s shelters, citing that bed bugs have

More than
82,000
 people are facing homelessness in Chicago.

3 out of 4
 of those people are Black.

33%
 of Chicago’s homeless population is severely mentally ill.



NEVER STOP LEARNING

Congratulations to our journalism students on the newest issue of Mosaic. Their commitment to lead, to serve, and to live extraordinary lives inspires us all.



Preparing people to lead extraordinary lives

PEOPLE ALWAYS NEED HELP

Counseling is a powerful tool to combat mental issues

By HANAKO MAKI

As a practicing psychologist, there are two things about Dr. Patti Kimbel that might surprise you. First, she's been in therapy herself. Second, she's quick to point out that psychotherapy is not a cure-all.

When it comes to the study of human behavior and the treatment of mental health problems, Kimbel has seen the issues from many levels, ranging from case worker to hospital administrator to her current role as director of training for graduate students in clinical psychology at Roosevelt University in Chicago. And although the broader world of health care is facing many uncertainties, Kimbel is confident of two things – there will always be a demand for professional services, and the most expedient solutions to patients' problems aren't always the best.

Dr. Patti Kimbel says even therapists can benefit from seeing their own therapist.

PHOTO BY HANAKO MAKI

Kimbel sees 35 to 40 clients in her private practice in suburban Gurnee, which opened in 2001. She is aware some of her colleagues believe the goal of health care providers should be to work themselves out of a job, but she doesn't buy it.

"People will always need help," said Kimbel, who worked her way up from postdoctoral fellow to director of behavioral health services at Vista Medical Center West, a for-profit hospital serving an underprivileged community. "I don't think there will ever be a time when they don't."

That connection is one of the reasons she pursued a career in psychology in the first place. Her father, who is also a psychologist, gifted her a copy of "The Road Less Traveled," written by a practicing psychiatrist Scott Peck. The book prompted her to enter the mental health field.

"I was attracted to and compelled by the intimacy of the relationship between the therapist and client," Kimbel said.

That intimacy is being threatened on several fronts. One of the biggest challenges facing the entire medical field today is the societal desire for the quick fix, which often comes down to taking a pill instead of allowing a more meaningful treatment to run its course, Kimbel said.

"I think where the practice of medicine has gone, it's in the direction of, 'Just give a pill.' Physicians are the number one prescribers of anti-anxiety and anti-depression medication in this country. Their approach is, 'Here, take this pill.' It's not, 'Why don't you seek some counseling?' I would even be satisfied if they said, 'Take this pill and see a counselor.'"

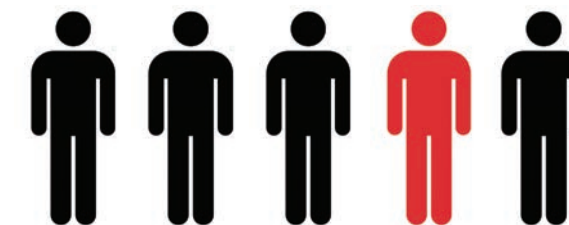
Not that counseling is the only or ultimate solution, she adds.

"Coming to therapy doesn't cure somebody," Kimbel said. "Part of [therapy's success] depends on the effort the client is willing to put into therapy and work with the process. They have to take action and make changes in their lives, outside of the therapy session."

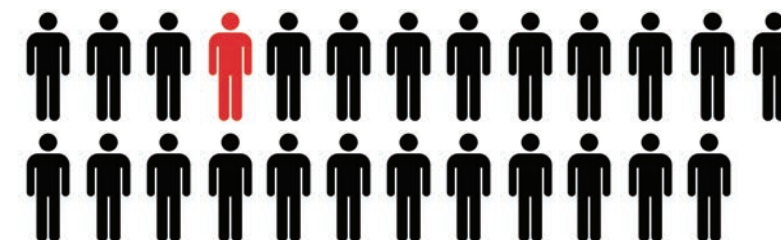
Kimbel has experience in Veterans Affairs counseling centers, day schools, certification programs and hospital settings. At Vista, she worked her way up from postdoctoral fellow to director of behavioral health services.

MENTAL HEALTH IN THE UNITED STATES

1 in 5 The number of adults who will experience a mental illness



1 in 25 The number of adults who live with a serious mental illness - that's about 10 million people



National Alliance on Mental Illnesses

Two of Kimbel's former colleagues described the hospital environment as disquieting.

The job was "a good fit for someone who enjoys chaos at work, so to speak," said Vadim Polonsky, a licensed social worker. "It's fast-paced, it's exciting, it's stressful, it's overwhelming at times [and] it's a good time."

In her role as an administrator with her finger on everything, Kimbel said she was able to keep stress under control, although she was by no means immune.

"Therapists are no different than the general public, and they can also struggle with depression or anxiety," Kimbel said. "I've been in therapy before. Most therapists have at some point in their life."

Kimbel said she sought therapy as a graduate student for two reasons – to deal with a break-up and to understand therapy from the client's perspective.

For Kimbel, the majority of her stress at Vista came not from patients but from dealing with bosses she described as

challenging or lacking in the knowledge to back up their decisions.

"I'd rather deal with a patient issue than a staff issue any day," Kimbel said.

Jill Sanderson-Davis, a licensed social worker and Kimbel's colleague at Vista, remembered the squeeze of the hospital's money issues.

"[Vista] lacked resources. They weren't growing the program...and they didn't always have enough staff to handle things," Sanderson-Davis said. "I don't blame that on Patti. It's a for-profit hospital, and its investments were in other parts of the hospital that I think were more profitable for them."

Through it all, Kimbel has managed to balance her work and personal life, which includes a dog, a fiancé and frequent work-outs. Her cool, calm and collected demeanor helps her enjoy the relative quiet of one world, while steeling her for the pressure of the other.

Because when the doctor is in, Kimbel is all business. ■

I was attracted to and compelled by the intimacy of the relationship between the therapist and client."

– Patti Kimbel, psychologist

Rodolfo Gomez is an officer at the 5th district Chicago Alternative Policing Strategy (CAPS) and has served the community for 17 years. PHOTO BY CHERYL HWANG

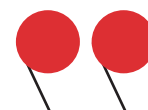
BURNED

OUT

How professionals are (or are not) dealing with stress

By CHERYL HWANG

Lawyers snorting cocaine, family murder-suicide by a police officer, physician found dead with a self-inflicted gunshot wound and paramedics drunk on the job. These are the stories of how people in challenging professions deal with, or don't deal with, stress.



My supervisor gave me grief for going to a stress-management class offered by our department.”

— Rodolfo Gomez, Chicago police officer

Burnout is frequent, yet many people are so dedicated to their professions that they hide their troubles until a mental illness develops. This can slowly diminish quality of life and, in some cases, end it.

The American Medical Association estimates 50 percent of physicians experience symptoms of job burnout, given such stressors as long hours, the demands of patient care and the mounting bureaucracy associated with insurance and malpractice.

In a 2016 survey of 2,000 U.S. physicians, nearly half reported they believed they met the criteria for a mental health disorder but had not sought treatment, worrying that the stigma could compromise patient relationships and board licensing, according to the Washington Post. This is reflective of people in many professions who think their careers are at stake if they signal there might be an issue with their mental well-being.

“My supervisor gave me grief for going to a stress-management class offered by our department,” said Rodolfo Gomez, 51, a Chicago police officer.

Whether employers choose to deal with the issue or not, it is very real. The National Institute of Mental Health estimated that 18 percent of the U.S. workforce last year reported having a mental health condition, which often led to addictive or reckless behaviors and, on occasion, fatal decisions.

“A friend and colleague of mine killed his family and committed suicide. It was really sad,” said Gomez, who works in a police station environment where dark humor, taunting and machismo attitudes can make it difficult to talk about emotional trauma.

Often, the job puts a lot of stress on officers who have to maintain a tough exterior, even as internally they're dealing with the pressures of providing for their families, the potential for injury and the threat of unwanted media attention.

The Chicago Police Department's suicide rate is 60 percent higher than the national average of 18.1 law enforcement suicides per 100,000, according to the Chicago Tribune.

Even so, such readily available resources as the Chaplain Ministry and anonymous help hotlines often tend to go unused because officers fear for their reputations.

There are efforts being made in many career fields to change this status quo of silence. Earlier this year, for instance, the CPD began to require that officers participate in the Employee Assistance Program for at least 30 days if they had been involved in

a stressful incident, such as a shooting. EAPs offer services and benefits — ranging from counseling to treatment — to employees with workplace or personal issues.

It is hard for companies to escape what is at stake financially, considering that U.S. businesses lose \$193 billion in earnings annually related to mental health issues in the workplace, according to the National Alliance on Mental Illness. In a 2008 study, depression was found to have more financial impact than such conditions as diabetes and arthritis.

“Some places take a lot more effort to make sure that mental health is a concern than others,” said Griffin Byers, a Loyola instructor and long-time paramedic, addressing differences within the emergency career field.

That's significant, he added, when considering that first responders' days are filled with emergency rooms and taking care of people in stressful situations.

Dealing with trauma is one thing, he said, but handling personal trauma can be even trickier. Fifteen to 20 percent of paramedics are estimated to be dealing with post-traumatic stress disorder, according to the Journal of Emergency Medical Services, yet those numbers may be under-reported.

“I try to ask my partner if he is doing okay after a traumatic case. But often times, he doesn't talk about it,” said Amina Naser, 23, a paramedic and Loyola student.

And that's counterproductive on several levels, especially when taking into account that articulating and addressing mental health concerns in the workplace can increase productivity by 80 percent, according to the American Psychiatric Association.

Sometimes forgotten in the silence are the laws in place to protect the jobs of those battling mental disorders. The Americans with Disabilities Act prohibits discrimination against individuals with a psychiatric disability and requires accommodations be made unless it can be proved they would cause undue hardship to the employer.

Some companies do more by offering extra benefits aimed at reducing stress. Day trader Ronald Li, 29, said his firm provides access to free massages to help deal with physical tension. Bonus money is also extended, but financial incentives only go so far, according to fellow trader WonHo Rhee, 23.

“I wish my boss and colleagues would be more open to conversation about our feelings and ask, ‘How are you?’” Rhee said. ■



10 YEARS.

7 MAJORS.
5 MINORS.
1 COMMUNITY.

Credit: Ad Majors Emma Petersen and Sarah O'Hanlan



THE DATA

By the numbers

Anyone can struggle with mental health issues at any time. According to the National Alliance on Mental Illness (NAMI) mental illness costs the U.S. \$193.2 billion in lost earnings per year. Here are more statistics:

14

The age at which half of all chronic mental illness begins; 3/4 by age 24

70

The percentage of youth in juvenile justice systems who have at least one mental health issue

10.2

The millions of adults who have both a substance abuse & mental health disorder

[18-22]

The estimated number of veterans who commit suicide each day due to lack of treatment

African Americans and Hispanic Americans each use mental health services at about one-half the rate of Caucasian Americans, and Asian Americans at about one-third the rate.

1.1

The percentage of adults who live with schizophrenia

2.6

The percentage of adults who live with bipolar disorder

6.9

The percentage of adults who had at least one major depressive episode in the previous year.

Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.

FIGURES UPDATED AS OF 2015

PHOTO by TESS NEBULA via UNSPLASH



N

Nev Schulman is the executive producer and host of the reality TV series “Catfish.” His personal experience with online dating was the inspiration for a documentary that ultimately led to the series. In 2014, Schulman published a book, “In Real Life: Love, Lies & Identity in the Digital Age.”

On Oct. 13, 2017 Schulman spoke at the Digital Storytelling Workshop at Loyola. His topics included psychological motivations behind why people lie on online dating sites and on their social media profiles.

[CONTINUE FOR MORE >>](#)

SCHULMAN

Susceptible to love

'CATFISH' CREATOR TALKS ABOUT HOW THE MIND CAN INFLUENCE MATTERS OF THE HEART

By BETSY MELIN

Nev Schulman isn't saying "Catfish: The TV Show" can put an end to folks lying online, but if its lessons are taken the right way it could provide a lifeline to the isolated and comfort to those starved for attention.

His long-running MTV hit, which gave rise to the term for luring someone into a relationship by means of a fictional online persona, has taught Schulman a lot about human nature and a little about mental health. For all the pain and suffering "Catfish" depicts, Schulman thinks the show has done a few people some good, but he's quick to add it could accomplish more.

"I think if there is one thing I have learned is the people who are getting Catfished or are doing the Catfishing are really good at ignoring reality," said Schulman, whose discovery years ago that his online relationship with a woman was built on lies led to a documentary movie and then the TV show. "It's not usually about the fake relationship they are in, it is about the lies they tell to themselves."

In the TV show, where he and his filmmaking friend Max Joseph investigate scenarios in which people use the internet to lie, Schulman said he sees a lot of the same behaviors over and over again, both from the Catfish and the victim. He thinks deep down people who know they are being lied to would rather believe the illusion.

Victims of Catfishing "basically don't take it upon themselves to discover the truth, [because] part of them knows they don't want to know the truth," Schulman said, adding that there is a certain level of delusion in believing in a Catfish, which is not always even about being in love. "They don't really want that relationship, they just wanted that attention."

Angela Wesselman, was the woman who Catfished Nev. She said in an ABC News 2010 interview that she couldn't give the lies up.

"I didn't have anything else in my life," she said. "It was the only thing I had going for me."

Schulman, now the married father of one daughter, believes Catfishing also might be borne of boredom, noting the typical Catfish is someone who lives in a small town and feels isolated.

"I think [it's] the same reason people get Catfished, because it is so much more exciting than going to Applebee's for the seventh time that week," he said.

Schulman said it explains why people are so willing to get their hearts broken on national television. Lacking interpersonal

connections and cultural options, they see the TV show as an opportunity to change that dynamic.

"It might just be the most interesting thing that happens to them ever," said Schulman, who appeared at Loyola's Digital Ethics Symposium in October.

People often avoid seeking treatment for mental health issues if they feel this isolation. According to a study by the Journal of Clinical Psychology, "Those close to an individual are related to the decision to seek mental health services, as most people in treatment were specifically prompted to seek help by someone close to them and knew someone who had sought treatment."

Schulman thinks when everything is considered, Catfish aren't evil and the victims aren't stupid. He reasons both sides think it is just easier to hide away than feel anything real. This line of thinking makes it easy for him to have compassion and is probably what gives the show its soul.

"I think generally the goal for us is to be nice to people, because a lot of people don't have anybody nice in their lives," he said.

To that end, Schulman would like to see "Catfish" evolve and his pursuits expand.

An important part of mental health is physical health, and one huge aspect of that is diet, said Schulman, who is a champion for healthy eating. This is why he often is disappointed in MTV's advertisers.

"The commercial comes on and it's for junk food, and Max and I hate it because ... I don't think [the diet-mental health] connection gets made enough," Schulman said.

Joseph believes that obesity is a frequent cause of Catfishing, saying in an interview with Grantland that "the obesity and body-image issue is the number one "Catfish" excuse/motivation. They were overweight and bullied in school, and then retreated to the Internet to recreate their identity as someone they wish they were."

Schulman also wants to help a larger variety of people, arguing that it is not just the young who are susceptible to online lies. He said he would like to see "Catfish" branch out and reach more people, tell the stories other shows are not telling.

"People are lonely and want to be loved, and that never goes away or changes," he said.

As much as Schulman and Joseph try to brighten the lives of those they touch on the show, Schulman acknowledged that people can't be fixed in a weekend. He knows it will take a lot to change. ■

I think if there is one thing I have learned is the people who are getting Catfished or are doing the Catfishing are really good at ignoring reality,"

— NEV SCHULMAN



Nev Schulman had his own personal experience with being deceived online.

LIVING ONLINE CAN HURT & HELP GROWTH OF SELF



HID BEHIND SOCIAL MEDIA

By BETSY MELIN

Social media is a double-edged sword when it comes to young people. Mental health experts say it opens an outlet to those they might not otherwise know, but also can lead to feelings of missing out, cyberbullying and questions about online identity.

Online communities offer a look to a larger world for those who feel isolated and lack life experiences. According to a study at the University of Oslo in Norway, “[The] Internet enables an unprecedented access to information and other users, [which] may strengthen social capital and relationships, however, [this] can also present new risks, as individuals now have the possibility to compare themselves to many other users worldwide.”

“I think people are starved for attention, and connection,” said Nev Schulman, who has done more than his share of observing online behavior as creator and host of MTV’s “Catfish: The Show.” “If you spend a lot of time on social media as a result of less access to other ways to spend your time, you inevitably see a lot other people doing wonderful things. You see this life that seems very far away.”

He adds that people are willing to be lured into relationships under false pretenses because it makes them feel special, and often takes them out of their small communities. Someone being Catfished “can make it through the day because [they’re no longer] just an invisible speck of dust.” But he thinks that living through the Internet is dangerous because “we are losing our sense of balance. There’s a lot of confusion, ‘What is our genuine self?’”

Questions about identity are difficult

enough for young people, but now there is the added complication of online identity. A University of Michigan study asserts that use of social media sites, “rather than enhancing well-being, as frequent interactions with supportive ‘offline’ social networks powerfully do, (has) the opposite result for young adults -- it may undermine it.”

Putting on a face for social media often hides the truth, causing stress, experts warn. “What Made Maddy Run” is a biography about Maddy Holleran, a successful track runner who committed suicide despite a seemingly happy and healthy social media presence. With this passage, author Kate Fagen sheds light on Maddy’s duality, which would ultimately end in sorrow. “The moment the iPhone camera turned on, Maddy transformed. [She] pulled back her slumping shoulders, wrapped Stacy (her mom) in a hug, and smiled for the camera. And throughout that fall, Stacy remembers looking at her daughter’s Instagram feed and seeing happiness and excitement.”

Another detrimental effect of social media is cyberbullying, defined as “the use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature.”

Bullying used to have a somewhat simple solution, walk away to get away from bullies at school or at work. But where home used to be a refuge, social media now makes cyberbullying nearly inescapable.

This is an overwhelming feeling, especially because cyberbullying is often anonymous, say victim advocates, who explain that the added fear gives the bully more power. Cyberbullying victim Natalie Farzaneh said in an interview with The

Telegraph, “I couldn’t trust anyone because I found out that even some of the people who had been nice to me at school had begun to send me abusive messages anonymously online.

“At one stage, I even began to feel suicidal and I started to self-harm. The problem with cyberbullying is that it’s done in the comfort of your own home and there’s nowhere to escape.”

Cyberbullying is a serious enough issue that many states have enacted laws against it. In Illinois, using an electronic device to harass someone on a minimum two separate occasions constitutes “cyberstalking,” which is a Class 4 felony.

Despite this big downside, social media can have positive impacts. According to clinical psychologist Dr. Patti Kimbel, the Internet helps many young people speak candidly about their mental health issues. “Younger generations are more open. We are becoming more informed on mental illness and drug abuse.”

Young people posting about their mental health also means that adults in their lives can step in and help, even as an intervention, Kimbel said. “Teens are putting it out there, so then a teacher sees it, a parent responds, suicidal threats get attention. Because of social media, because schools are more informed ... there is greater knowledge, people are getting help sooner, so they don’t get to the point of making an attempt.”

Also, there are specific places for teens to get help online. “There are free services, they can read blogs and join groups... [and this] helps them feel less alone,” Kimbel added. “If they can get on the Internet, it can be helpful in lieu of not affording help.” ■

● ● *If you spend a lot of time on social media as a result of less access to other ways to spend your time, you inevitably see a lot other people doing wonderful things. You see this life that seems very far away.”*

— NEV SCHULMAN

Hunter Fiore, 4, keeps his blood sugar up with a snack after his swim class.

PHOTO BY ANDREA FIORE



stress TEST

Caring for a child with Type 1 diabetes can put parents on constant high alert

By NATALIE WATTS

Most parents feel the safest when their child is at home sleeping. But that's not necessarily the case when the child has Type 1 diabetes.

"You're worried that they might not wake up in their sleep when their numbers go low or go high," said Pauline Levy, whose 16-year-old son is diabetic.

Individuals with diabetes could go into a coma if their blood sugar, left untreated, goes too far out of range for a sustained period of time, she explained.

And so begins the list of worries that starts for some families when their sons or daughters are not even 2 years old. By the time many diabetics reach their turbulent teens, parent-child tensions have created stress levels so high that depression sets in and never seems to leave.

The stress, combined with despondent thoughts of "Why me?," can sometimes be overwhelming, according to one researcher, who adds that when adolescents start to spiral into a negative outlook, they may end up "giving up on their dreams for no reason."

For Levy and son Lee, parts of the scenario are all too real. "You hear a commercial for diabetes," she said, "and it's about all the horrible things that can happen to you when you have high blood sugar."

Her concern for Lee's future increases when he doesn't manage his blood sugar properly.

"Lee can't wear a Continuous Glucose Monitor," Levy said. "His skin can't tolerate adhesives without getting a rash."

The device can monitor a diabetic's blood sugar 24 hours a day, said 44-year-old Ginnie Flynn. Flynn's 13-year-old daughter, Caroline, has a Continuous Glucose Monitor to help manage her Type 1 diabetes. If levels go too high or too low, it beeps and sends an alert to an app on a smartphone.

While awake, many diabetics can feel drastic changes in blood sugar.

"When I go low, I feel shaky and lightheaded," Caroline said. "When I go high, I go to the bathroom all the time and have a wine-like smell to my breath."

In addition to being conscious of how they're feeling, diabetics also have to meticulously weigh and count how many carbs are

in everything they eat. But unlike those with Type 2 diabetes, the sugar in a candy bar has the same effect as the sugar in a piece of fruit, Caroline's mother said.

According to the American Diabetes Association's website, about 5 percent of the population has Type 1 diabetes. Former Chicago Cubs player Ron Santo died due to complications of this genetic condition.

While many diabetics wear Continuous Glucose Monitors, those who can't are forced to check their levels "the old-fashioned way," by drawing blood multiple times a day to get a blood sugar reading, Levy said.

"Lee's a teenager now, and like most teenagers, he's a little bit rebellious," Levy said. Sometimes, Lee either doesn't take the proper amount of insulin or he refuses to catalog when his last injection was.

"We have to write everything down in our phones," Levy said.

That information is then relayed to Lee's endocrine specialist, who meets with him four times a year to help monitor his eating habits.

"When his numbers are too high, we'll ask him basic questions somebody responsible managing his disease would be able to answer," Levy said. And when he doesn't have an answer, she said it "can cause a lot of stress in the family."

Dr. Jill Weissberg-Benchell, a child psychologist at Chicago's Lurie Children's Hospital, said parent-child tensions are common in households with a diabetic child. Adding to potential resistance on the part of the children, "there are any number of factors that can affect your numbers on a daily basis," she said. "You could be doing everything right and still be sky high."

Because parents are worried about their child, they ask a lot of questions.

"This can sometimes cause children to feel persecuted, even though it comes from love," Weissberg-Benchell said.

For the teenagers with Type 1, stress is everywhere. Mental and emotional stress is common enough in teenagers without the added burden of medical concerns. Levy said her son frequently has to step out of exams halfway through because his levels are too low.

CONTINUES pg. 34 >>

Did you know?

According to HealthLine, when people with Type 2 diabetes are under mental stress, they generally experience an increase in their blood glucose levels. People with Type 1 diabetes may have a more varied response. This means that they can experience either an increase or a decrease.

A OneTouch meter like this one to the left allows users to check their blood glucose level.

PHOTO by KATE REDFERN on UNSPLASH



<< CONTINUED FROM pg. 34

The stress of the condition “basically runs our whole life,” said Catherine Williams, 51, mother of three Type 1 diabetics. John, 17, was diagnosed at age 11. Peter, 16, was diagnosed at age 10. Emmett, 12, was the earliest to get diagnosed, when he was 5 years old.

Peter was diagnosed shortly after his younger brother. “His initial reaction was, ‘Now, I can do it with you,’” Williams said. Emmett, who can’t remember not having diabetes, and Peter have kept fairly positive outlooks as they have gotten older.

The oldest of the three, John, has had a harder time. Now that he’s in high school, “John is in a complete and utter denial and angry phase,” Williams said. The nurse at his school is able to monitor his blood sugar levels, but he receives Cs and Fs because “he’s just so angry,” she said. “This illness is stopping him from living his life.”

According to Weissberg-Benchell’s research, “Teens with diabetes have a higher risk of depression.” Doctors are unsure whether this increase is due to the stress of keeping up with their medical condition, or due to a biological shift in blood chemistry.

She said psychologists employ a practice known as “cognitive behavior therapy” to help adolescents understand their automatic reactions to distressing events. The ultimate goal is to help the child find a healthier way of looking at the situation.

“I don’t know a single diabetic who didn’t have a depression in high school,” said 33-year-old Andrea Fiore, a Type 1 diabetic since age 11. She suspects it has to do, at least in part, with the hormonal changes that take place during puberty.

Exercise can help manage blood sugar numbers. Fiore’s son takes swim classes, Williams’ sons all play sports, Flynn’s daughter takes ice skating lessons and Levy’s son plays basketball. But it’s not a miracle fix.

For Fiore, puberty started a downward emotional trend that took her years to recover from.

“I had raging hormones and the disease, my A1c’s were through the roof,” Fiore said. “It led to a depression, I beat myself up because I wanted to be perfect.”

She said she went through a period of denying she had diabetes. That resulted in multiple seizures per year because her blood sugar was too high. “I was hospitalized, and I self-medicated.”

Fiore hit “rock bottom” at 21. “I needed to get sober and get my life together.”

She hopes her son won’t have to go through the same troubles she did. Hunter is 4 years old, but was just 22 months when he was diagnosed with Type 1 diabetes.

“It was absolutely devastating,” Fiore said, especially because she knew what this diagnosis meant for his future.

Hunter was too small for a Continuous Glucose Monitor, so “for the first year, he was on daily injections,” Fiore said.

Fiore, Williams, Flynn and Levy all expressed hope, thanks to rapidly changing technology and a growing awareness of Type 1 diabetes. Williams, who has 10 children, said her oldest daughter just entered medical school.

“I’ve got several kids who want to go into medicine,” Williams said. “They want to find a cure.”

Caroline, 13, is actively involved in raising awareness. She created a curriculum for different grade levels at her school to teach other students about the condition.

“I went through a period where I wasn’t taking good care of myself,” Caroline said. “I was sneaking food all the time without covering for it [with insulin injections].”

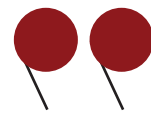
But after befriending a kindergartner with Type 1 diabetes, her whole outlook changed.

“She looked up to me, kind of thinking I was perfect,” Caroline said. That friendship, together with her commitment to ice-skating, motivated her to take better care of her blood sugar levels. ■

JOURNALISM — ISM

Loyola’s Multimedia Journalism Program wants to acknowledge the hard work of our journalism students, and commitment to knowledge, truth, and social justice represented in these pages. Our program exemplifies a distinctive practice, system, and philosophy of reporting with integrity coupled with using the latest technological advances to tell stories that people need to know about.

CONGRATULATIONS TO THE MOSAIC STAFF!



This illness is stopping him from living his life.”

— Catherine Williams on her son’s life with diabetes.

Survivors of sexual violence are at an increased risk for developing severe mental health problems, and although awareness has risen, resources have not. University students, who face increasing amounts of pressure to overachieve, make up a vulnerable population.

Victims face problems such as post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse disorders or eating disorders, according to the Rape, Abuse & Incest National Network (RAINN).

“In my experience, whether or not there is a direct correlation [between sexual trauma and long-term mental health issues] other than acutely, I couldn’t say, but people in the aftermath of trauma are more likely to experience anxiety and depression symptoms,” Mira Krivoshey, assistant director of health promotion at Loyola’s Wellness Center, said. “Long-term, depending on how survivors disclose or not or what kind of support they receive, survivors may experience something called rape trauma syndrome, another version of PTSD.”

Emotional support plays a crucial role in a survivor’s mental health. On top of the trauma, needing to relive traumatic moments by going through the process of formally filing a complaint adds stress to an already vulnerable psyche. It is one of the three main reasons Krivoshey said victims do not report violations.

“It can be difficult for survivors to report and tell their story multiple times,” Krivoshey said. “Another reason [victims don’t report] is that they don’t think anything would be done about it. The nature of the types of violations is hard to prove, so often perpetrators will go unpunished. The third reason is a lot of people don’t think or recognize it’s serious enough to do anything about.”

Krivoshey said survivors downplay what happened to them because as a coping method and because “it’s also just how we talk about sexual violence in our society.”

At Loyola, both students and faculty receive mandatory training on sexual misconduct in an attempt to combat campus sexual violence. Campus sexual harassment and assault is already an infrequently reported and recorded issue. On top of that, proper resources are sometimes stretched thin.



Under Title IX, federally funded educational institutions are required to appoint at least one Title IX coordinator. For larger schools like Loyola, one coordinator isn’t enough, according to Jessica Landis, Deputy Title IX Coordinator.

“I am really confident that we’ve got the right people in place and a system that is fair and equitable at its core,” Deputy Title IX Coordinator Jessica Landis said.

There were seven reports of rape at Loyola in the 2015 – 2016 school year, according to the 2016 Security and Fire Safety Report. This number is low for a country where one in five women are raped at some point in their lives, according to the National Sexual Violence Resource Center.

A 2014 report by a U.S. Senate Subcommittee found that 40 percent of colleges and universities did not investigate a sexual assault case in the previous five years. Identifying the reason why the schools didn’t investigate is difficult, but the same study found that 21 percent of the nation’s largest private institutions conducted fewer investigations than the number of incidents reported to the Department of Education.

The dialogue around sexual violence is changing. When Secretary of Education Betsy DeVos in 2017 rescinded Title IX guidelines and criticized the previous administration for creating victims in the accused, victim advocates criticized her for protecting attackers and discouraging victims from coming forward.

“There will be no more sweeping [sexual violence] under the rug,” DeVos said in a Department of Education press release. “But the process must also be fair and impartial, giving everyone more confidence in its outcomes... The notion that a school must diminish due process rights to better serve the ‘victim’ only creates more victims.”

Landis said she believes the policies, processes and practices at Loyola are working well. The situation looks good on paper, but that does not mean there is no room for improvement.

“What’s important for everyone to keep in mind as we go through this period of change is that we’ve got to keep students at the center of the discussion,” Landis said. “It’s equally important – to both parties – that we have an equitable process that has due process at its center.”

Under Title IX legislation, universities are required to provide at least one Title IX coordinator, regardless of the size of the institution.

At Loyola, Landis oversees the Lake Shore and Water Tower campuses, LUREC, Cuneo Mansion and Gardens and Loyola’s three study abroad centers. Nearby Northwestern University and DePaul University also provide one Title IX Coordinator for their students.

Loyola’s undergraduate population is over 10,000. Northwestern has 8,000 and DePaul has 15,000.

“I’m one person resourcing a whole lot of students, so a challenge I face is making sure I’m being attentive to students needs,” Landis said. “We have an increase in reporting, which is a good thing because more people are coming forward and more people are getting resources, but there’s only so much that I can keep up with. That’s a challenge that I have heard from a number of my colleagues, too.”

“Loyola has made a very large commitment to battling sexual violence or gender-based violence,” Jay Malcolm, deputy Title IX coordinator for athletics, said. “We have seen numbers or reports continuously go up. That shouldn’t alarm anyone.”

Malcolm said the rise in reports is a sign that more people feel comfortable coming forward. It also means sexual violence is still a reality, even on the campus that contributed authors to the Illinois Preventing Sexual Assault in Higher Education Act, and does little to answer the question of whether survivors receive sufficient resources for their mental health. ■



title IX

The landmark legislation continues to be applied by schools when addressing trauma suffered following sexual assault

Story & Photos By HANAKO MAKI

TITLE IX FAST FACTS

Title IX is a civil right that prohibits sexual discrimination in education.

It applies to all people, regardless of gender identity

Schools must proactively ensure campuses are free of discrimination.

Schools cannot retaliate against someone who files a complaint.

Schools must have an established procedure for handling complaints.

Schools should ensure victims do not have to share spaces with their assailant.

Schools can issue no-contact directives to prevent accused students from approaching victims.

Schools cannot discourage students from continuing their education.



in the spec trum

Local counseling center caters to the unique needs of the LGBT community

By JAMILYN HISKES

Photo By CHRISTIAN STERK via UNSPLASH

Imagine if wearing makeup put your life in danger. Or what if using a public bathroom, or the simple act of holding your significant other's hand, made you the target of verbal and physical abuse?

Those in the lesbian, gay, bisexual and transgender (LGBT) community endure this on a daily basis, and studies have shown it takes a serious toll on their mental health.

Although the nation's view on such issues as gay marriage has shifted drastically in the past decade, clearing the way for many people to be more open about their lifestyles, a paradox still exists when it comes to sexual orientation and disorders such as depression and anxiety.

According to the 2016 Annual Review of Clinical Psychology (ARCP), these maladies are up to twice as likely to appear in the LGBT community than among heterosexuals.

In response to this, counseling and therapy centers specific to the needs of LGBT individuals exist in many major cities, including Chicago. The Center on Halsted and IntraSpectrum Counseling are two of the city's most prominent LGBT psychotherapy practices, characterized by regular personal interactions between client and therapist. Dr. Ian Bonner, the executive director of IntraSpectrum, believes the work done by counseling centers like these is invaluable to the community.

"For a big chunk of the people who come here, this isn't the first place they've tried to have psychotherapy," Bonner said. "People have had bad experiences elsewhere. Some have had perfectly good, well-meaning therapists who were trying to be supportive and affirming, but didn't have either the lived experience or professional experience...to really relate to some important things."

IntraSpectrum, in the Andersonville neighborhood, has a staff of LGBT therapists who are paired with LGBT clients based on the clients' preferences, needs and availability. Troy Gibson specializes in helping clients of color and also thinks LGBT folks need therapists who can relate to them on a personal level.

"I think it's necessary to have safe spaces for the [LGBT] community, especially regarding mental health, because mental health is already stigmatized," Gibson said. "I think it's necessary to have spaces like [IntraSpectrum] to normalize the clients' experiences and find a community that supports them, that they might not be able to find elsewhere."

There are several factors that contribute to poor mental health in the LGBT community. One is the general discrimination still present in much of American society, even if it's not as overt as it used to be. This contributes to "minority stress," which Bonner believes is especially harmful.

"Minority stress is the very real lived experience of life being harder" because of your identity, Bonner said. "That stress aggregates and causes mental, emotional and physical symptoms over time. Some people have grown up or lived in such a state of minority stress for so long that they don't even know it's there. They don't know they're stressed out all the time because they've never felt any different."

Studies show discrimination is still rampant in American society. Fifty percent of gay men surveyed reported experi-

encing some form of discrimination in the past year, and 24 percent of bisexual men said the same, according to a report published in 2014 in the American Journal of Orthopsychiatry. Gay and bisexual women were treated similarly — 54 percent of lesbians reported discrimination in the past year, as well as 17 percent of bisexual women.

Another reason for high levels of mental illness within this group is the lack of support they receive from their loved ones. The ACRP reported that many LGBT youth are hesitant to come out to their parents and friends for fear of rejection, and Gibson said he's witnessed this first hand.

"There's fear related to [LGBT] identities, because society unfortunately doesn't accept LGBT identities," Gibson said. "There's a lot of fear about...rejection, fear of prejudice, fear of [job] termination. I think that definitely contributes to higher anxiety, higher suicidal ideation and higher depressive symptoms."

These fears are warranted. Rejection by parents can and does lead to homelessness for LGBT youth. Forty percent of the population served by homeless shelters and "drop-in" centers in the U.S. identify as lesbian, gay, bisexual or transgender, according to a 2012 survey by the Williams Institute. A 2009 study published in the Annual Review of Clinical Psychology also found that youth who experience rejection or discrimination from loved ones are eight times more likely to have suicidal thoughts, six times more likely to be depressed and three times more likely to cope using illegal drugs than their straight counterparts.

Some have asked, are there mental illnesses unique to the LGBT community? Not necessarily, according to Bonner and Gibson. However, there are stressors LGBT individuals face that heterosexual people do not.

"One thing that's unique to LGBT populations specifically, even from other minority populations, is that it's an identity that's still stigmatized and not shared by your family or your immediate friends," Bonner said. "So relational issues — dating, friendships, even parent-child relationships — are particularly different. Sure, there's straight people who have bad relationships with their family, but disproportionately... [LGBT people are reminded that] trust and unconditional love are not givens — these are things that can be revoked."

Luckily, there are ways to reduce the amount of prejudice society shows toward the LGBT community. Perhaps the best way is community outreach, which is an emphasis at IntraSpectrum.

"Going out into a community where people may not know that we exist or may not know where to get these [mental health] resources, gives them access to things they may have never seen before," he said.

Outreach also serves to educate people about subjects they may be willfully or unintentionally ignorant about.

"Andersonville is a wonderful little bubble of a neighborhood, but there's just so much that people don't know or don't have access to," Bonner said. "If anyone's interested in better care for anyone that they work with who might be LGBT... maybe we're not going to see those people as clients, but maybe we can make change in the community to spread knowledge and tolerance." ■

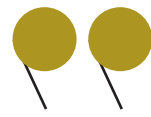
Artist speaks

Loyola professor discusses how art saved his life

Story & Photos By MICHEN DEWEY

STORY BEGINS pg. 42 >>

Matt Bodett often uses art as a way to cope with having Schizoaffective Disorder, and to communicate with those around him who aren't able to understand how he feels.



I could hardly draw, and [that] was the thing I loved and it hurt too much to not have that in my life.”

— MATT BODETT, LOYOLA PROFESSOR

From an early age, Loyola professor Matt Bodett knew he would be an artist, even skipping high school classes just to draw all day.

Art was his escape then. It later would become his salvation when a mental disorder led to a breakdown that turned his world inside out and had him questioning his very existence.

As a side effect of a five-year medication trial, Bodett said he “would gnaw on my own tongue and it was just miserable. Or [I would] be a vegetable, just checked out, and there was a lot of joylessness.”

Eventually, thanks to persistence and a strong support system, he was able to climb out of the abyss. But for every Matt Bodett in the world, there are thousands of others who never detach themselves from the grip of a mental disorder, as a result of either a lack of access to resources or because they never find the light that will lead them out of the darkness.

“Most people diagnosed end up on government support for the rest of their life because they can’t hold jobs and can’t function well in society. At least that’s what we’re told, that you might be homeless, you might be in a hospital for the rest of your life,” Bodett said.

Even if these individuals are provided with housing, it’s not likely that they’ll continue to have residential stability unless they have access to continued treatment and services, according to the National Mental Health Association.

In the United States, one-third of the homeless population suffers from some form of untreated mental illness, according to the National Alliance on Mental Illness (NAMI). Chicago ranks higher, with 33 percent of the city’s homeless population afflicted, according to the Chicago Coalition for the Homeless.

Bodett was more fortunate than many when his disorder began to take over his life. As he started college in 2002 at Ricks College, now named Brigham Young University – Idaho, he felt the pressure many art students face when thinking about if being an artist is going to pay the bills. He decided to major in art education, thinking being paid to teach about art would be a happy medium. But after a few years of undergraduate work, all of that changed.

In 2004, at the age of 22, Bodett was diagnosed with schizoaffective

disorder, which is not to be confused with schizophrenia. The difference being the former has symptoms of both schizophrenia and either depression or bipolar disorder, and affects 0.3 percent of the population, according to NAMI. Symptoms include hallucinations, delusions, disorganized thinking, depressed mood and manic behavior.

At this point, Bodett had been in college for a few years, and realized after the diagnosis working with kids might not be an option.

“My view of schizophrenia before I was diagnosed, or even after I was diagnosed, was really bleak, and I did not have a lot of hope for what was going to happen. So, I figured if I’m going to be unemployed for the rest of my life, I may as well make art,” Bodett said.

Prior to his diagnosis, Bodett said he often experienced hallucinations and paranoia.

“One day I was inputting data onto a computer, and I felt like I was in this weird vortex where time is moving really slow [and the] room was starting to change its structure around me,” Bodett said. “It was a really off-putting experience, and I couldn’t figure out what was happening.”

Bodett went to the campus counseling center, where he was seen by a professional who started him on medication after diagnosing him with a bipolar disorder, a common misdiagnosis for people with schizoaffective disorder, according to NAMI. By the end of the summer, Bodett said his doctors took him off the medication, causing him to have a major breakdown and be hospitalized for treatment.

Bodett had to move back home to live with his parents and transfer to Boise State University, which turned out to be a blessing. Due to Bodett being on Medicaid at this point, he had social workers and a psychosocial rehab worker — a person who would come to his house every day and get him to go for a walk, shower and brush his teeth.

For a brief time, Bodett’s parents wanted to keep his situation private, even from family members. But they ended up taking classes through NAMI, the nation’s largest grassroots mental health organization. NAMI supports individuals and families affected by mental illness, aims to reduce stigma and advocates on a political level for the rights of individuals with mental illness, according

to Kasey Franco, NAMI Chicago’s training and outreach coordinator.

Bodett’s parents went through a free 12-week program offered by NAMI called Family 2 Family, during which topics such as diagnosis, crisis, rehabilitation, relapse and medication are discussed in a support group setting.

“What we try to do is allow them to gain some empathy by understanding what a person with mental illness experiences through a variety of exercises ... and of course [discuss] self-care for the caregiver coping with worry, stress and being overwhelmed,” Franco said.

For his part, Bodett initially had to work with new doctors and try different medications. “It was a series of four or five years of just miserable medications,” said Bodett, who discovered that he couldn’t create the artwork he wanted to while on the drugs.

“I couldn’t pursue the things I needed. I could hardly draw, and [that] was the thing I loved and it hurt too much to not have that in my life,” Bodett said.

Over time, he learned to cope with his symptoms without medication, relying instead on meditation through art. He said in no way is he against medication, and in many ways it can be life-saving. It just didn’t work for his specific situation.

“It was an opportunity to use art to understand my situation, because nobody else that I knew could tell me about it. There’s no way for me to seek help for what I was going through other than my counselors. And I can’t tell them everything because I don’t have words for everything.”

Bodett discovered creating art had become a way of learning to listen to his body and recognize the stages in which his illness presents itself: first with anxiety, followed by paranoia, which turns into isolation and, finally, hallucinations.

Today, Bodett has come full circle with his original college education plan, having taught at Boise State University, College of Western Idaho, College of Idaho and Loyola, where he teaches



Matt Bodett teaches and makes art, but also spends time as a mental health advocate.

drawing.

Bodett also is a mental health advocate, through a series of performance art and by serving on the advisory council for the Institute for Therapy through the Arts (ITA). ITA is a community-based arts program that treats children, adults and families, according to Marni Rosen, ITA’s practice director.

The ITA advisory council is made up of colleagues and members of the community who have experiences ITA can benefit from, according to Rosen. She said the council is assembled as a way to gather information outside of the resources ITA already has to give different perspectives, new ideas, connections and enrich the program.

Rosen said Bodett is just one of a council of people who come from different backgrounds and experiences. She said ITA appreciates Bodett’s support and “highly respects his advocacy work.”

Bodett’s performances are a set of 12 productions that relate to different aspects of mental health, such as identity, suffering, healing and stigma. One of the groups sponsoring his performances,

3Arts, is an organization that focuses on supporting women artists, artists of color, and artists with disabilities through promotion, residencies, project support and cash grants, according to 3Arts’ Director of Programs, Sara Slawnik.

Slawnik said she attended one of Bodett’s audio-visual performances, describing it as ground-breaking, and hopes more people learn from his shows.

“It was an incredible performance using accessibility services to ensure people with vision impairments are able to experience the work. Matt had a really amazing collaboration with the audio describers and [Steppenwolf] Theater to make it a really special and creative performance,” Slawnik said.

In the midst of a breakdown and medication trials that didn’t work, all could have been lost for Bodett if it weren’t for art and a lifeline of support. Through this experience, he said he has learned the most important things about getting better are being willing to talk to someone, listening to those who want to help you and seeking counseling services. ■

Causes of Schizoaffective Disorder

What causes Schizoaffective Disorder remains unknown, but its development could be due to a combination of the following:



Brain Chemistry



Drug Use



Stress



Genetics

National Alliance on Mental Illness

self-harm

despair
feeling
salvation
treatment
diagnosis
therapy
stigma
exercise
medication
help
battle
depression
anxiety
health
game
head
support
poetry
thinking
family

THE MANY LAYERS OF MENTAL ILLNESS

By ANJELICA PICKETT

There is no “best” way to cope with any of the numerous mental health disorders, so finding a method that works is critical for anyone battling a condition, whether it be depression or self-harm.

For Loyola student Elisabeth Carr, a combination of medication and therapy has helped her deal with despair. Makeba Tsibu, 19, a Loyola sophomore, used counseling to fight the urge to cut her wrists. For others, joining a support group or adopting a rigorous exercise routine has

“People need to be motivated to get treatment,” said Dr. Patti Kimbel, a practicing psychologist and professor at Chicago’s Roosevelt University.

Carr, 20, a sophomore from Bay City, Michigan, is studying psychology and working at Loyola’s Museum of Art. Although she finds comfort in socializing or reading a book, each day presents a challenge, and it has been that way since she was diagnosed with general anxiety and depression in her last year of high school.

“I guess the main thing is that I stopped enjoying things that I used to enjoy,” said Carr, whose road to salvation began when she confided in her best friend, who had been diagnosed with depression. After educating herself about her family history, and learning her grandfather and two aunts struggle with anxiety depression and bipolar disorder, Carr decided to get help from the school therapist. “When I told my best friend I was struggling, it was great to have that weight off my chest and to be able to discuss it.”

Today, Carr said she is less dependent on counseling, and has found other coping methods.

“I don’t assume everyone knows, but I deal with it like everyone knows,” Carr said. I don’t hide it but I don’t mention it unless it is relevant.”

She is especially reluctant to tell her extended family.

“Not everyone in my extended family knows that I deal with mental illness,” Carr said. “They can be a little disrespectful, which I find discouraging.It’s just hard, you want people to understand and you don’t want people to treat you differently. People say it’s all in my head, which it is because it’s a mental illness, but, that doesn’t mean it’s not real.”

Time to Change, a social movement created to fight myths and stigmas about mental health, found that more than 1 in 3 people with mental health problems have been treated negatively as a result of stigma.

Not everyone can afford to get professional help or treatment. Tsibu was diagnosed with depression at the age of 12, after her father died of a stroke.

Her freshman year, Tsibu received treatment at the Loyola Wellness Center, which offers services such as counseling, group therapy, health education and even a therapy dog. Most are free to Loyola students regardless of insurance status, and the center has had more than 20,000 visits since the 2014/2015 school year, according to its website.

However, the sessions are limited to 6-8 visits each academic year. Students who are seeking longer-term therapy, or whose counselor determines they would benefit from longer-term therapy, are given referrals.

Tsibu doesn’t have the financial means to seek outside help, which pushes Tsibu to find her own forms of treatment. Tsibu often draws comics and cartoons, writes free verse poetry, and shops at her favorite store, TopShop.

One of Tsibu’s personal accomplishments is stopping self-harm. She hurt herself using a medical blade to cut her wrist. With the help of added responsibilities from school, her job and writing poetry in her free time, she stopped self-harm a year ago.

“I’ve been writing a lot more,” she says. “I read a lot of poetry over the summer, and I was thinking maybe I could turn all this depressing stuff that I’m feeling and thinking, and like write it all down and maybe it will sound like a poem, as opposed to keep reliving it over and over in my head.”

She also got rid of the medical blade.

“I was kind of like maybe I should just stop,” she said. There are other non-medical treatment options, such as joining a support group, finding a hobby, exercising or utilizing a hotline or phone apps such as “Text a Tip” and “Stop, Breathe, and Think.”

“Text a Tip” is a crisis line aimed at preventing people from harming themselves. Users can text TIP708 and send their messages to 274637 (or Crimes) if they see suspicious activity. All personal phone information will be stripped from the text before it is forwarded to the authorities.

“Stop, Breathe, and Think” is a free application designed for “guided meditations and mindfulness,” according to the website stopbreatheandthink.com. There are two versions, one for children and one for adults, which encourages users to take 5 minutes to evaluate what they are feeling.

“Stop what you are doing. Check in with what you are thinking, and how you are feeling. Breathe. Practice mindful breathing to create space between your thoughts, emotions and reactions. Think. Broaden your perspective and strengthen your force field of peace with personalized meditations and actives,” users are told.

According to Kimbel, an assistant clinical professor at Roosevelt University who also has 15 years experience as a private practice clinician, “social media had aided reduction of suicide rates in the past five years” from teens creating posts.

Steven Davis, 31, from Cedar Rapids, Iowa, recommends that people affected with a mental illness look for different options until they find something that works for them.

“If it’s something they have medications for, definitely try them,” said Davis, a mechanical engineer who was diagnosed with Attention Deficit Disorder and depression in the first grade. “If you try them and you’re still having problems, it means you need to try something else. Unfortunately, it’s gonna be a trial-and-error process.”

Davis changed his medication after going back to college for a second time and experienced a huge improvement. “The fact that I actually graduated college was a big deal to me,” Davis said. “I didn’t decide to change my depression meds until after I decided I was going back to school. Fortunately I did try something really different, and it worked for me.”

Davis said he pushes himself to exercise for at least an hour everyday at the gym to feel better both mentally and physically. He also listens to audio books when doing house chores.

“It’s very important to get regular exercise and socialize with people,” he said. “That can be a very good support system.”

Regardless of the solution, those inside and outside the medical profession agree on one thing: Doing nothing is not an option. ■

According to the National Alliance on Mental Health Organization, “approximately 1 in 5 youth aged 13–18 experiences a severe mental disorder at some point during their life.”

Over one-third of students with a mental health condition age 14-21 and older who are served by special education drop out—the highest dropout rate of any disability group.

Step. Right. Up!



By ALEXIS McDANIEL

This circus is always in town, and in its bag of tricks is empowerment for Chicago's youth.

Tucked discreetly in the Uptown neighborhood, the CircEsteem staff performs daily operations out of a building housing Alternatives', a youth and family agency. Alternatives' mission is to provide a safe space and support system for children, and one special program in particular uses the circus theme to invigorate and motivate.

Since its founding in 2001, CircEsteem has reached out to help over 100,000 children through its programs, workshops and birthday parties. Through October 2017, CircEsteem has worked with 750 youth in 21 neighborhoods in sessions spanning 10 weeks or longer.

Executive director Dan Roberts notes his CircEsteem staff is not qualified to identify or offer therapy to children suffering from a

mental illness or abuse, but by partnering with dozens of Alternatives social workers, at risk youth can be identified.

The social workers perform check-ins with the children, looking for symptoms or signs of disorders so they can direct them to an outside therapy source. To ensure everyone has a positive experience, they also participate in group discussions and healthy conversations. Programs director Kasumi Kato calls CircEsteem the first line of defense for many children as it reaches out to their children to other services.

CircEsteem aims to do what its name implies – build children's self-esteem through circus routines, teamwork and social skills.

"Circus is unique because it is a non-competitive sport. The only person you compete with is yourself," said Roberts, who has been working for CircEsteem for 15 years and watched it grow to reach a

Uptown circus program gives struggling kids direction

variety of children.

The idea is to teach children from as young as 5 to their teens valuable life lessons through mentoring, community violence awareness, gang prevention and academic enrichment. Each effort might target a different demographic, but they all aim to help in the same way. The program's diversity allows children from a variety of backgrounds and perspectives to come together to create art and lift each other up.

In 2016, CircEsteem received a grant from the city of Chicago and Mayor Rahm Emanuel to create a mentoring and anti-violence program for 8th-grade boys in the Gage Park neighborhood. The program, CircEsteem at Sawyer School, is in its first year and has an enrollment of 17. They meet once a week for two-and-a-half hours.

Kato recalls the story of a boy who entered the Sawyer program shy and was a target for teasing.

"We had the CircEsteem at Sawyer kids perform at our annual gala, and the boy who had been really shy was on stage shining through," he said.

The next week, he offered to participate in an activity at school, teasing other boys who had been too shy to volunteer.

"The kids have just blossomed," Kato said. "Because they're 8th-grade boys, there is a lot that we can see just on the surface that fractures them from one another...but we're beginning to see individual quirks and traits that make them special."

CircEsteem is in the process of creating a sister program, which will seek to empower young girls.

On the surface, CircEsteem may seem to be just a fun outlet for children to learn to juggle and walk a tightrope, but it delves much deeper in helping them build confidence, even in the face of failure. They are then able to take these lessons and apply them to a group setting.

"It is inspiring to watch children come into the program with seemingly so little hope and leave the program as strong, powerful contributors to their communities and to Chicago," Roberts said. Some come back to be teachers and volunteers at CircEsteem, while others receive scholarships and attend college.

Roberts tells a story of a young woman who arrived in the United States as a refugee from the Sudan at the age of 11. After completing CircEsteem, she graduated from high school and attended Carleton University with a full scholarship. After sitting on the CircEsteem board, she is attending a university in Texas, pursuing a master's degree in public health.

"That young woman was fabulous from the beginning, but she could have been another statistic. Do I believe CircEsteem did that? No, I believe she did that, but I do believe CircEsteem aided in helping her succeed."

This past summer, Roberts and his CircEsteem team traveled to Poland and Indonesia with a group of six children who shared what they had learned. In Indonesia, the Chicago contingent helped Indonesian children create a show they would perform a number of times, while in Poland, children from different parts of the world shared art and music skills.

"These kids build these very powerful relationships with children who don't look like them, don't speak like them, don't eat like them, don't pray like them. Everything about these children is different, except that they have this passion, skill and talent for art," Roberts said. ■



PHOTOS COURTESY CIRCESTEEM

As funding declines for mental health facilities, patients fear for their futures

By NATALIE WATTS

Both federal and state funding for mental health has declined since the 1980s. And with the recent financial and budget troubles in Illinois, mental health funding is at an all new low, according to a public record statistical compilation.

Illinois ranks 38 out of 50 states in terms of investment in mental health services. The biggest cut to the Illinois budget happened between 2009 and 2011, according to Heather O'Donnell, vice president of public policy and advocacy at the Chicago-based community outreach program Thresholds.

These programs offer many services to individuals suffering from chronic and "significant mental illnesses," including treatment, counseling and supportive housing, O'Donnell said. As she described, "significant mental illnesses" can mean anything from bipolar disorder to illnesses with possible psychotic episodes.

As funding for services decreased, many people with mental health issues who were under treatment lost their options. O'Donnell likened the loss to telling a cancer patient that his or her chemotherapy was no longer available partway through the process.

Illinois Hospital Association data shows that as funding was cut, more people were hospitalized due to significant mental illnesses. Hospitalization costs then rose by 19 percent between 2009 and 2011.

The state tried to save \$113 million with those funding cuts, but instead they actually cost taxpay-

ers \$131 million over the span of those three years. Mental health treatment costs roughly \$28 per day. Hospitalization costs \$1,000 per day.

"Yet the chief opposition to mental health funding reform is still the money," O'Donnell said. "We literally have thousands and thousands of lives that are just destroyed because of this."


"But there's an enormous cost to the state. If these people go without the right treatment, then they spiral into disability for life."

In the Illinois Legislature's past session, a bill on the funding of "first episode psychosis treatment" was introduced in an attempt to prevent the spiral O'Donnell described. "Psychosis is an early symptom of a lot of disorders," O'Donnell said. And with every episode, the brain is damaged. These episodes "typically manifest before the age of 24," she explained.

The Illinois bill, if passed, would provide secondary coverage of preventative treatment by seeking federal approval for privately covered families to receive Medicaid coverage. "The whole goal is to keep them on their employer-provided insurance," O'Donnell said.

Because the private sector doesn't fund a lot of treatment options, the public sector shoulders most of the burden. Groups like Thresholds rely primarily on whether individuals who come to them have Medicaid, "and Medicaid does not come close to paying for treatment options," O'Donnell said. To pay for community outreach services, payment options are Medicaid or out-of-pocket payment.

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<< CONTINUED FROM pg. 48

Although the organization does take non-Medicaid clients, she said it has limited services available. And not everyone is eligible for Medicaid.

Mark Heyrman, chair of public policy for the advocacy group Mental Health America in Illinois, said part of the problem is that “our mental health funding is very much dependent on continued federal support for Medi-caid.”

The University of Chicago professor said the state is also behind in strategies to keep people with mental illnesses out of the criminal justice system and out of nursing homes. Cook County sheriff Tom Dart refers to the county jail as “the largest mental health facility in the state of Illinois.” Public records show that over 75 percent of inmates have some type of mental health issue.

Custody relinquishment is another problem. It happens after a psychiatric lockout. Teenagers with early signs of a mental health condition, who have tried to either commit suicide multiple times or become violent toward a family member, become hospitalized as a result of their condition, O’Donnell said.

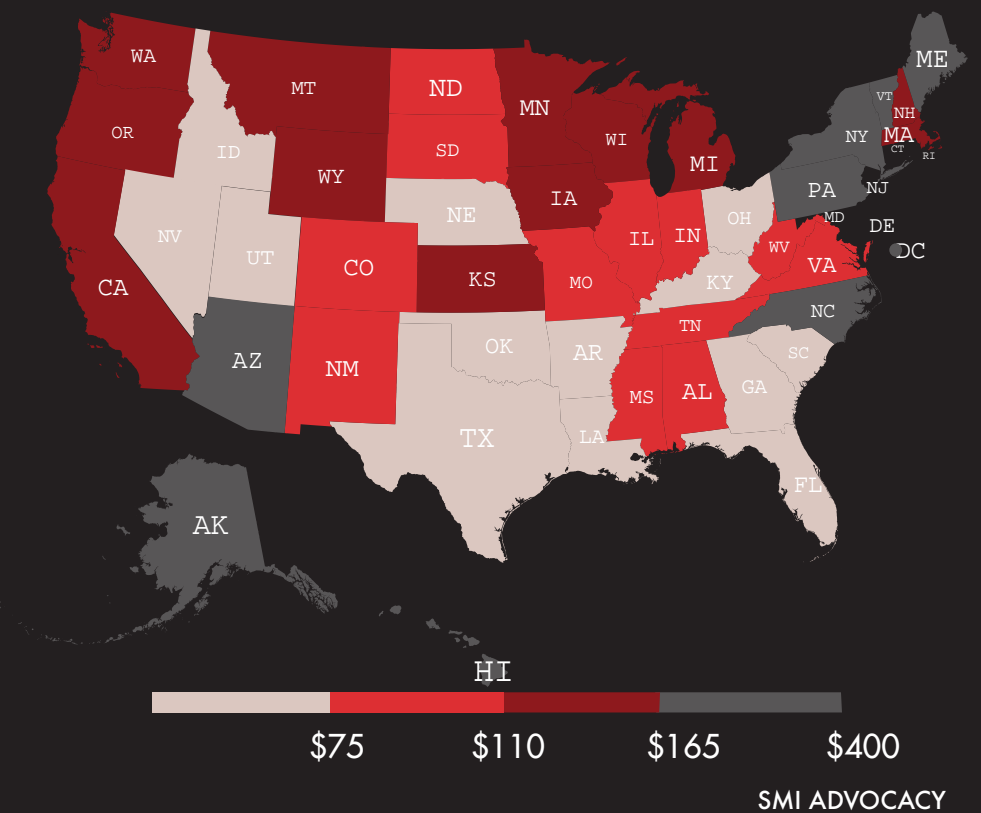
“The family might be afraid to take the child home or the hospital won’t allow them to take the child home,” she said. “And when there is a lockout, the hospital has to call the Department of Children and Family Services.”

From there, the situation is investigated as if it were a case of abuse or neglect, despite being a problem of lacking treatment. “It took a couple years, but it’s mildly better,” O’Donnell said. “But we shouldn’t even need to be having a conversation about custody relinquishment.”

There have been some improvements, said the advocates.

Both O’Donnell and Heyrman attributed positive movement on the funding front to the Affordable Care Act (ACA) and Medicare expansion. “That really allowed thousands of people across the nation to have access to treatment for the first time in their life,” O’Donnell said. Both advocates fear, however, that the proposed repeal of the ACA or the implementation of Medicaid spending caps could stunt efforts to increase the availability of cost-effective treatment

U.S. Mental Health Spending per Capita by State



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