Bullying in Schools Pervasive, Disruptive and Serious, UCLA Study Finds

More than one in five 12-year-olds are repeatedly either bullies, victims or both, and bullies are often popular and viewed by classmates as the "coolest" in their classes, according to new UCLA research from the most comprehensive study on young adolescent bullying in an ethnically diverse, large urban setting.

Bullies, seven percent of the students, are psychologically strong. "Bullies are popular and respected: they are considered the 'cool' kids," said Jaana Juvonen, UCLA professor of psychology, and lead author of "Bullying Among Young Adolescents: The Strong, the Weak, and the Troubled," published in the December issue of the journal Pediatrics. "They don't show signs of depression or social anxiety, and they don't feel lonely.

"We hope that these findings help us dispel the myth that bullies suffer from low self-esteem," Juvonen said. "Our data indicate that bullies do not need ego boosters. Unfortunately, this myth is still guiding many programs conducted in schools. Instead, we should be concerned about the popularity of bullies and how to change the peer culture that encourages bullying."

Depression, social anxiety, and loneliness are common among victims of bullies, who are nine percent of the students in the UCLA study. "Young teens who are victims of bullying are often emotionally distressed and socially marginalized," said Juvonen, who also works as a consultant to Los Angeles elementary schools on developing anti-bullying programs. "Many of the victims are disengaged in school.

"Victims are reluctant to talk about their plight," she added. They suffer is silence and often blame themselves. This is one of our challenges for intervention: we need to provide students with educational settings in which they feel comfortable talking about their plight. But we also need to give kids tools to effectively deal with bullying. One method of doing so involves engaging students to talk about strategies that might help them stop bullying and tactics that make them feel better after being bullied. Teachers can facilitate the generalization of these skills if they help students mediate incidents between students."

One of the schools that Juvonen has worked with, UCLA's Corinne Seeds University Elementary School, regards bullying incidents as "teachable moments" that allow students to develop not only behavioral skills, but also cognitive coping strategies that alleviate the pain associated with being bullying.

Students who witness bullying often encourage bullies by watching someone getting pushed around or called names or helping a classmate spread rumors about another student, Juvonen said. Bystanders rarely intervene with bullying. Juvonen regards this as one of the biggest challenges for effective anti-bullying intervention.

"Bully-victims," the six percent of students who both bully and get bullied, are the most disturbed group of all, Juvonen and her colleagues found. They are by far the most unpopular students, least engaged in school, most disruptive in class and they also reported somewhat elevated levels of depression and loneliness, Juvonen said. Teachers ranked these "bully-victims" as having by far the most conduct problems.

The UCLA study shows that the bully-victim group has the worst of both worlds of bullies and victims, and a unique risk profile. "Their high levels of disruptive behavior, disengagement from school, and social problems with their peers suggest they are a particularly high-risk group," Juvonen said. The study shows that compared with other students, all three groups show less interest in school and have difficulties getting along with classmates.
Sandra Graham, UCLA professor of education, and Juvonen are in the fourth year of a long-term study of more than 1,900 sixth graders, and their teachers, in 11 Los Angeles area public middle schools with predominantly minority and low-income students. Each student provides confidential reports on which classmates bully others and which are victims of bullying. They also report about their own feelings of depression, anxiety, and loneliness. In addition, teachers rate students' behavior. The research is funded federally by the National Science Foundation and privately by the William T. Grant Foundation.

Bullying includes physical aggression, verbal harassment, and public humiliation. Bullying occurs across ethnic groups and income brackets, and the problems associated with bullying are similar across these groups, Juvonen said.

Boys are twice as likely to be bullies as girls, almost twice as likely to be victims of bullies, and more than three times as likely to be in both categories, report Juvonen, Graham, and Mark Schuster, associate professor of pediatrics in UCLA's David Geffen School of Medicine and a senior natural scientist and director of the UCLA/RAND Center for Adolescent Health Promotion. "Both boys and girls can be mean, and use a variety of tactics to intimidate or humiliate one another," Juvonen noted. In the study bullying is defined as "starting fights and pushing other kids around," "putting down and making fun of others," and "spreading nasty rumors about others." Bullying is a significant problem in schools, and is associated with a range of problems, including poor mental health and violent behavior, Juvonen said. Other studies have shown that bullies are significantly more likely to engage in anti-social behavior later in life, particularly assaults and rapes, Juvonen noted.

Additional research from Graham and Juvonen's project, not yet published, shows that victims of bullying experience headaches, stomach aches and colds more often than students not involved in bullying, Juvonen said.

Up Close & Personal

My name is Jane and I want to share my story of Post Traumatic Stress Disorder also known as PTSD.

I was sexually abused starting when I was 9 years old and the abuse continued into my early teenage years. I never told anyone because I had seen my abuser (my stepfather) hit my baby brother and my mother. I believed him when he said I should never tell. Although he never hit me, what he did do left scars, maybe worse scars than being struck.

When I reached my mid-to-late twenties, I was finally able to verbalize about the abuse. I believed because I could verbalize it, I was dealing with the abuse. I was to find out that was not the case. Talking about it was only one very small step in healing.

When I was in my late thirties, I was injured in a freak accident that not only left me a concussion, a herniated cervical disk and whiplash injury but the accident also took away my career. I had been a hairdresser for 15 years and I was no longer able to do that work. My way of dealing with this was the same way I had learned to deal with the abuse, just stuff it down inside.

When I was in my early-forties, I had to deal with the death of four members of immediate family. They died within a 6-month period from May to November. To deal with these deaths, I again did what I had learned to do as a child. I stuffed all feelings down deep inside and kept on going on with life. When I was 47 years old my only brother, who was only 40 years old, died suddenly. I literally fell apart emotionally. While I was in therapy everything came out, the abuse, the loss of my livelihood, the deaths I had never dealt with. I was diagnosed continued, page 10
with PTSD. All those feelings for all the years that I had stuffed down inside me came tumbling out. If I said I was a wreck, that would be putting it mildly. Not only did I never totally deal with the sexual abuse but also I never dealt with the grief of losing close family members and losing my ability to earn a living.

PTSD pops up when you least expect. I found a song, a commercial on TV, a smell, and many little everyday things that we never even think about could set off strong emotional feelings. This is called a flashback. Whatever kicks it off you are suddenly thrown back in time to the trauma and a memory you may not even exist in your conscious mind. I find that there are still blank spaces in my memory and I am told I may never remember everything.

The good news is with a good therapist and medication, you can reach a point where you can resume your life. From time to time I still call my therapist for “routine maintenance.” Occasionally something will happen that makes the memories come flooding back. The times I need to see my therapist are further and further apart. I seldom need medication anymore. I have a firm belief that the rediscovery of my faith in God has also helped me along the healing path. My abuser passed away a few years ago. With my faith, I was able to not only attend the funeral but to forgive this man who had abused me so many years ago. This ability to forgive has set me free in a way that I would never have believed was possible. With God, all things are possible.

The new
East Side Center
by Ann Elms
I like the Café. It is a beautiful kitchen. The rooms are large and have lots of windows, like the lounge with TV and magazines. The dining area is cheerful bright, dazzling bright. I like to sit here. The art room is huge and well organized. I like the weight room and you can walk laps around the building inside. 650 steps make a mile. Your weight comes off. I’m inspired to come everyday.

The Café is Cool!
By Lydia Sabin
Working in our new East Side Center café is cool! I like it because it is an opportunity to serve others and learn new skills such as making coffee and making change. There is never a dull moment at the Café. Members work in the Café in two hour shifts, Monday through Friday, from 8am to 3pm.

Raise the Light: Renew the Life
Open House Celebration
Friday, May 7th
1pm until 5pm
230 Maple St., Glens Falls
Please join us at the Open House!
Presents:  1:30pm
Ongoing: Tours, videotapes, photography and art exhibits, entertainment and refreshments.

Above Photo: The former Glens Falls Box Company building, circa 1901, has been restored and is now an active community mental health center. The photo of the 100 year old site and the renovated facility (bottom) show little outward change. The dramatic difference occurs when you enter. The vast space of wood and brick has been replaced with wide molding, cherry wood tones, bright inside hallways and offices flooded with natural lighting. East Side Center, too, is accessible by one hallway which passes the café, stainless steel kitchen, and the work program’s mail room. Besides regenerating spirits, the Maple Street property reflects the strength and endurance of its history—qualities seen throughout AMH history. (Historical photo courtesy of the Chapman Historical Museum.)
It was like a breath of fresh air reading the testimony of the then Acting Commissioner of Mental Health’s Dr. Sharon Carpinello’s executive budget testimony of February 4th.

“This budget is more than just numbers; it’s about people, about individuals, families and their children. It’s about bringing people home. It’s about providing the best treatment available, in an individualized service environment. It’s about recovery and hope for the future. It’s about recognizing and building on the things that work. It’s about quality and partnerships…”

It has been a long time since we involved in the community mental health system have read such heartfelt words as “about bringing people home…about recovery…hope for the future”, and most of all about partnerships.

Dr. Carpinello’s proposal is refreshing and appears to be committed to a mission. Some of the highlights of this mission address the following goals:

The creation of a Bipartisan Commission for the Closure of State Psychiatric Centers to comprehensively review and make recommendations regarding all aspects of this objective.

A reaffirmed commitment to Community Reinvestment extending the Reinvestment Program until 2010.

Expansion of services to children and families through increased case management, school mental health services, family support and the number of children served through the home and community based services waiver.

Community Bed Development through increasing supported housing.

Increasing funding for community residences, finally acknowledging a commitment to housing and recognizing that the community residence model has changed drastically over the years and is in critical need of support.

Increasing forensic services through expanding and enhancing clinical services for individuals with mental illness in prisons.

Improving the quality of life, safety, and care to residents in adult homes through service coordination, case management and enhanced social/recreational opportunities.

In the mid 1970’s the Office of Mental Health approached not-for-profit agencies with a partnership model of developing and providing mental health services in the community, in particular – community residences. Sadly, because of the lack of mission, commitment and planning this partnership faded and throughout the 1990’s much of what has developed in community mental health has not been planful but reactionary.

We would like to commend Dr. Carpinello on her testimony. This coupled with OMH’s newly released Statewide Comprehensive Plan for 2004 through 2008 revives a commitment to partnership and collaboration. We want to help with this mission and very much want to share her optimism.

As she concludes in her testimony: “This is optimism for a future filled with hope and opportunity. It’s an opportunity for us to help parents achieve what they want most for their children- to have them home, happy, successful in school, with friends.

It’s an opportunity for us to ensure that adults with mental illness can live and work in the community. Most importantly, it’s an opportunity to further break the walls of stigma that surround us. And optimism because Recovery is Real.”
Capital Construction & Service Consolidation

The following individuals, foundations and businesses contributed to the AMH Capital Construction and Service Consolidation Campaign from December 2003 to March 2004.

Thank you for recognizing the value of our work and caring about the many individuals with different degrees of psychiatric, emotional and behavioral disorders who need a supportive community.

Foundations
Joan and By Lapham
The Charles R. Wood Foundation
Jackie & Stephen Schlate
in honor of Belinda Bradley
Dr. Michael and Toni Homenick
Genpack LLC
Bob and Carol Madden
Aileen C. Clarke
in memory of Dr. E. Yale Clarke

Bricks & Mortar
Richard & Claire Bartlett
The Maune Family
in memory of Roger Miles Maune
Byung O. Kim, MD & Myung Sook Kim
Presbyterian Women’s Group,
in 1st Presbyterian Church of Glens Falls
Helen Stern
Brian and Beverly Sann Fund,
The Greater Harrisburg Foundation
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in honor of Nancy Harrigan
North Country Xerographics, Inc.
Dr. & Mrs. C.R. Bannon
Mary Ellen & James Merrigan, PhD’s
William W. Sharon D. Engle
in memory of Bruce Wiley
‘04 Mental Health Legislative Agenda

Parity
Put an end to insurance discrimination by enacting parity in coverage for mental health and chemical dependency as is provided for other health services.

Protecting Access
Ensure that individuals living with mental illness have access to the medications and treatment they need and want.

Prison and Jail Reform
Prevent individuals with mental illnesses from becoming involved or further involved with the criminal justice system due to inappropriate treatment and ensure appropriate post-release support.

Political Parley
State continues “pounds foolish” approach

By Karen Padowicz

After again passing with popularity in the Assembly, “Timothy’s Law” is still stuck in the Senate and one wonders how much of the resistance is based on politics rather than the logic of the legislation.

The bill was named in memory of a 12 year-old Schenectady boy who committed suicide following his family’s tragic journey through a discriminatory health care system. Timothy represents thousands of kids statewide who are handed over to the State in order to access mental health services through Medicaid.

The question AMH and other mental health providers are asking is why not save costs by enacting Timothy’s Law? By placing Timothy in publicly funded social service programs, the state must also pay for the child’s housing, education and other health care expenses which can cost as much as hundreds of thousands of dollars per year for each child. Timothy’s Law would help the State avoid many of these costs by returning the cost of providing mental health care to insurance providers and the intact family unit.

It seems that legislators respond to LOUD lobbying efforts rather than logic. The optimism initially expressed by the Republican Chairman of the Senate’s Mental Health Committee, Thomas Libous, dimmed within a few days following pressures from small business. Libous went from believing the bill would pass this go around to distancing himself from the outcome. Meanwhile, the bill can not get to the floor because of Senate Majority Leader, Joseph Bruno, R-Brunswick. The week of March 21, he was quoted in the Journal News saying, “We would bankrupt the people of this state if we were to adopt it in this form.”

What appears to be missing is the Senate’s awareness of how much untreated mental illnesses already cost “the people.” Since these are masked by other problems and certainly more difficult to “see”, arguments become distorted.

For example, The Journal of the American Medical Association estimates the cost of lost worker productivity due to depression alone is more than $44 billion annually, nationwide. Isn’t this “bankrupting the people”? Add mental health problems among children and teens – statistically growing and “seen” in drug and alcohol abuse, plunging academic performance, disruptive classrooms and growing jail populations—and you can imagine how costly this becomes.

Senators have also apparently chosen not to look at who benefits the most from not passing this legislation—it’s not “the people” really; it’s more like “the people” offering health insurance policies.

An article, “Excellus earnings hit $161M”, from the March 12th Democrat and Chronicle, looked at the 2003 profits of Excellus Health Plan—the state’s largest nonprofit provider and parent of the local Blue Cross health plans—and found they had almost two times
more earnings than the year before. This, in spite of the company’s hefty paychecks for top executives and perhaps because of ongoing increases in member premiums.

With each premium increase added to all the other “cost-of-living” increases, it is apparent that more people are placed in a tighter and tighter economic noose and certainly do not see “earnings two times” the previous year.

Timothy’s Law would make mental health on par with physical health where treatment is usually determined by the needs of the illness. In policies where mental health is covered, care is restricted by higher co-pays and limited visits. This disparity is what causes families who cannot afford to continue treatment for seriously ill kids to relinquish their rights in order to access care via Medicaid.

Assemblywoman Theresa Sayward voted “yes” and continues to believe in the legislation’s value to her constituents.

And, although Senator Little supported the Law when in the Assembly she now wants to look at revising it as originally written. An idea she mentioned at a March 21 meeting with her in Albany was to remove the alcohol and substance abuse piece of the legislation. One wonders what the realities were that changed her opinion.

The legislation on prison and jail reform also represents a more preventative approach by addressing the revolving door reality of people with psychiatric illnesses involved in the criminal justice system. While often placed in jail because of symptoms related to untreated mental illness, inmates continue to be abandoned in solitary confinement “boxes” where illness festers. Similar to Timothy, the story of one inmate’s death, James Butler, exemplifies the tragedy which affects other mentally ill inmates. James hung himself following 200 days in solitary confinement. He had been diagnosed with manic-depression several years before his death.

No Law will correct all of New York’s budget woes, but it seems that Timothy’s Law, Prison & Jail Reform and the other concepts supported by agencies across the state, will help families and tax-payers simultaneously.

A phone call, e-mail or letter to Senator Little will help. Every elected official pays attention to where the majority of voters stand.

It’s time for mental health to get LOUD. If you are a parent or have an aunt or neighbor or friend with psychiatric problems…please ask for Senator Little’s support. The mental health system must change and every voice in it must speak out.

On the web-

www.timothyslaw.org

Seventeenth-century philosopher Rene Descartes conceptualized the distinction between the mind and the body. He viewed the "mind" as completely separable from the "body" and for almost two centuries, mental health advocates have been trying to put them back together. This separation between the so-called "mental" and "physical" health has no real relevance to the scientific understanding of health in the 21st century yet the myths and misinformation persist. Mental health advocates all over the world have, in almost apologetic posturing, said that this false premise should no longer exist and yet these voices continue to go unheard. The time has come to reinforce what we stand for - mind and body are inseparable; health is a complete state of well-being - and there is no health without mental health.

Why, with all the evidence to the contrary, do these myths continue? I suggest that systems of health care globally reinforce this prejudice, and to create changes would require major paradigm shifts in policy and the delivery of health services. Mental health care would have to be mainstreamed and the stigma and discrimination borne by people with mental illnesses would have to end. There would be no excuses for marginalizing the funding for the delivery of mental health services and we
would have to ensure that prevention of mental illness and promotion of mental health receive their fair share of public health resources. In the best of all worlds, this would have happened long before now.

L. Patt Franciosi, PhD, President
World Federation for Mental Health

Editor’s Note: Home can be healing or hostile...nurturing or numbing...mentally healthy or mentally toxic. In the two personal stories in this column, readers are introduced to both.

Finding Home
By Tomika Clary
My Dad referred to it as “the day the little tornado arrived at our doorstep.” My Mom says it was really the day that I “came home.” I think of it more as my new beginning because I was starting a new life. I am talking about the day I first moved to Salem (New York) to live with the Clary’s.

I was four years old and this was the first time I was really settling in one place. Up until that day, I had lived a very confusing life for a four year old. I had been moved from one foster home to another. Even if they were good people, I acted as if I hated the families I lived with. I didn’t understand why I was moving around so much and living with so many different people. I was very frustrated and it showed in my behavior. I yelled, kicked and hit other kids. My actions obviously contributed to my leaving these homes.

I arrived at the Clary house on March 23, 1992. I remember the date because the Clary’s had requested that they first bring me home on their anniversary. They had been thinking about adopting a child for a long time, but decided to wait until Tom, their son, was a little older. Tom was six years old and considered himself “the man”. When Mom and Dad went to foster care classes a few days a week, my oldest brother, Jude, watched Tom. Tom didn’t understand where they had been going and just thought they went out to eat a lot. One day Mom said to him that he was going to have a little sister and that he (in his words) “couldn’t be a jerk.”

Sue and Bill Clary picked me up in an ugly green station wagon at Parson’s Child & Family Center in Albany. I was very nervous. I was wearing a long purple sweater that almost looked like a dress with purple and black leggings. I also had on a purple visor and yellow heart-shaped sunglasses. I’m really not sure why, but Mom and Dad said that I was “the cutest little thing.” On this ride home we stopped to get ice cream cones to celebrate. I was so surprised that my Dad could eat ice cream with his front teeth. I thought he was crazy.

When we finally arrived at the big white house in Salem, I was getting anxious. I was nervous about meeting the rest of the family, but excited about seeing my room. I had pictured it in my mind a hundred times before. I saw my room as small with pink walls and pink carpeting. There was also a little window, a bed, a desk and toys. When I saw my real room I was pleasantly surprised. It was not at all what I expected, but I thought it was great. My Mom had painted a tree on the wall and the ceiling so that it would resemble a tree house.

I met the rest of my new family members that day: Erin, Tom and later on, Jude. I saw that they were just as nervous as I was, but they welcomed me. I grew to love the Clarys and even though I was a brat, they loved me too. Eventually I realized I didn’t have to act out and had a better attitude towards everything. A few years after my arrival, I was adopted by the Clarys and we lived crazily ever after.

Madden no stranger to NAMI-NC
By Nancy Harrigan, President, NAMI-NC
(The following was published in the Letter to the Editor section of The Post-Star)

Thank you for your series about the Madden Hotel and your publication of readers’ reactions, which ranged from all the way compassion to angry blaming of the unfortunate individuals who must call the Madden home.
Unlike so many of your readers, who were amazed to discover that people live in such abysmal conditions in Glens Falls, we at the North Country Chapter of National Alliance for the Mentally Ill found this information anything but a surprise. Time and again, local people arrive at our support group with a harrowing tale of finding their (adult) child, parent or other mentally ill loved one holed up in a barren room at the Madden -- terrified, decompensating, and more often than not, harassed by other lodgers who steal their belongings and mercilessly threaten or make fun of them. If they can not be speedily relocated, the inevitable outcome for these loved ones is a drastic and precipitous interrupting of their recovery, and eventually, return to the hospital.

Sometimes our loved ones find their way to the Madden on their own. More often, however, they are referred there by the county Departments of Social Services as there is nowhere else to send them. In Glens Falls, as other places, there is a desperate shortage of housing for people with mental illness who are not ill enough to be in the hospital and not well enough to be able to work fulltime and manage in the community. The problem is only going to get worse. Many of those with mental illnesses who currently live with their families, will, before long, join the ranks of the homeless as their families age, die or otherwise become unable to care for them. In addition, there is a constant stream of other mentally ill people from the area reentering our communities as they leave prisons, hospitals and inadequate settings like the Madden.

Gov. Pataki's Executive Budget for 2004 begins to address the longstanding crisis in housing. We applaud these positive steps which, incidentally, have come about only after years of tirelessly petitioning Albany by organizations like NAMI which are dedicated to improving the lot of people with mental illness and their families. However, after the addition of the budgeted units this year, more than 86% of the state’s population of 227,000 individuals designated in an epidemiological study by the Office of Mental Health as having severe and persistent mental illness will still be faced with places like the Madden because of inadequate state assistance for housing.

The larger Glens Falls area needs many more housing options like the 90 beds which Warren-Washington Association for Mental Health provides in their supervised apartments and group homes. For such facilities to be created and maintained, government money as well as private funds are needed. We urge everyone to let our legislators know of the crisis in housing for people with mental illness. And, remind them the cost to the community -- and to the individuals affected -- is far less for assisted housing than it is for repeated hospitalizations and homelessness.

NAMI-NC is a grassroots group of individuals, families and friends affected by mental illness in themselves and others. They are reached at www.naminorth.org or PO Box 633 Glens Falls, NY 12801.

How does change happen?
Usually slowly, but with a lot of NOISE.
Watch for mental health-related articles in our newspapers and respond by writing a Letter to the Editor.
Submit your story to “As I See It” or “Up Close & Personal” so others can share your knowledge.
Contact your elected officials and tell them why mental health is important to the health of your community, nation and world.
Help educate the community and build public support for the inequities affecting people living with mental illnesses.
CHANGES

Jason Ball
With one year remaining at Plattsburgh State University, Jason is now working as a Residential Counselor in Hudson Falls. Previously, he counseled developmentally disabled children at the Double “H” Hole in the Woods.

Rebecca Sharrow
Rebecca is a new Residential Counselor in the Satellite Program of AMH Residential Services.

Terri Feulner
Caleo Counseling Services welcomes Terri to the position of Receptionist/Secretary. Terri spent eleven years providing secretarial services at WSWHE BOCES prior to joining staff at Caleo, the outpatient clinic program of AMH.

Tim Coons
Tim is a new Residential Counselor at the Genesis and Pearl Street residences. He is also working toward his MSW degree with completion slated for 2005. Previously, Tim worked at the Bronx Psychiatric Center as a Rehabilitation Counselor.

Affluent kids: pressured and ignored
According to a Columbia University study, pressures to achieve and isolation from parents increase mental health problems among middle school students from affluent, suburban backgrounds.
Suniya S. Luthar, a professor of Psychology and Education at Columbia's Teacher's College, had first studied an older cohort of suburban high school students as a control group to compare with inner-city youth. The suburban 10th graders had significantly higher levels of every kind of substance use - cigarettes, alcohol, marijuana, and hard drugs - than did their inner-city counterparts.

"We also found significantly higher levels of anxiety," she told United Press International in a phone interview. And suburban girls exhibited signs of clinical depression at rates three times higher than "a normative sample" of girls of the same age throughout the country. In general, suburban boys who used substances were more popular and enjoyed higher peer status. Luther's findings were published in 1999 in Volume 11 of the "Journal of Development and Psychopathology".

To determine whether these were suburban adolescent phenomena or general suburban phenomena, Luthar and her colleague Bronwyn E. Becker studied a cohort of 302 students in sixth and seventh grades from an affluent Northeastern community where the median family income in the year 2000 was almost $102,000. The 1999 national median income was $40,816, according to the U.S. Census. "At the sixth-grade level, everything still seems to be pretty much fine," Luthar said. "There's no sign of girls or boys being unusually troubled in any regard."

But problems began to show among seventh-graders, whose average age was 13. "Again we found a higher rate of clinically significant depressive problems among the girls," the psychologist said. "And for boys we found the same pattern of substance use that we had seen in the high school kids. Once again, peers seemed to approve of substance use."

The researchers found support for two possible causes for these problems: achievement pressures and isolation from parents. Feelings of emotional closeness derive from things as simple as sufficient downtime to relax with families, Luthar said. "Upwardly mobile, affluent families place great emphasis on the achievements of children as well as parents, including multiple
extracurricular activities. Between the children's busy schedules and the parents' busy professional schedule, very often what you find is that youngsters do not have enough time to sit down and have a calm and relaxing evening with their parents.”

Additionally, the pressures placed on suburban kids to become high achievers can actually aid in the defeat of others. Researchers found some kids developing “maladaptive perfectionism”, where the need to achieve and avoid failure becomes excessive. This added stress may be a factor in the higher rate of clinical depression and substance abuse.

When’s the last time you got psyched?

I thought it was going to be hard to “Get Psyched” before I had even had my first cup of coffee. I was wrong. The energy from the audience of teens from the region was like highly charged particles ready to burst.

However, a hushed tone swept the audience of teachers and students from six local schools as one brave young man stood up and introduced himself.

Within an hour, I had been enlightened on mental health issues ranging from bi-polar disorder, bulimia, alcoholism and depression. I listened to the stories of the three individuals who told the crowd about experiences of sexual abuse and violence during their youth. Although the real-life revelations were disturbing and hard to swallow, they were received with compassion and respect for such raw honesty. I, along with approximately 200 teens and teachers, was mesmerized by the riveting discussion.

Many responded and participated honestly and openly about media images, culture and societal problems. Their questions and statements were addressed respectfully. As I milled about the room I casually spoke with teachers, organizers and students about their thoughts. “It’s cool because it makes me think about what’s going on in my life,” said Lake George High School junior, Erin Jay. Her friend Ashlee Gray, echoed Erin’s words and added, “It makes you think about people who have had a hard time.”

Excerpt, “Between the Bells” by Lisa Sax

Students identify “Voices and Choices”

Editor’s Note: “Get Psyched” the semi-annual field trip conference offered to students from grade 9 through 12, was held on March 24th and once again, the room was filled. Lisa Sax, Coordinator and Curriculum writer for Newspapers in Education came. Following personal stories from individuals who are in different stages of recovery from a mental illness, participants presented role play work they developed prior to attending. Lisa and a few other adults who attended were also given role play assignments. Based on her experience as a participant and reporter, she wrote an article in the March 25th column, “Between the Bells”, The Post-Star. Parallax readers may have missed her review so an excerpt is printed here. March Attendees: A few of the comments teens made about “unhealthy” and “healthy” behaviors are listed. These represent the “Voices” they heard in a few of the skits. Unhealthy “Choices” can happen when environments are filled with unhealthy voices which pick at a person’s confidence. Self-esteem—or the lack of it—is grown or diminished by internal and external voices. In mental illnesses a person loses control and the “Voices” and “Choices” hurt who a person is and how he or she lives.

The next “Get Psyched” - Voices and Choices: Tune-in to what’s being said—is scheduled November 17th as the Fort William Henry in Lake George. Space is limited. Contact Karen Padowicz 793-2352, ext. 237. karen@wwamh.org

Unhealthy Behaviors

- Putting people down
- Everyone talking at once
- Abusive
- Not listening
- Lack of control
- Self-centered
- Comparing kids
- “Shut up!”
- Hitting
Impulsive
Sarcastic humor
Giving up

Healthy Behaviors
Taking time
Aware of others’ needs
Listening to each other
Concern for others—
not self-centered
Not make assumptions
Find positives
Communicate feelings
Taking responsibility of self
Empowering students
Don’t play into the problem
Offer help

Funding for the next level
The Mid Atlantic Arts Foundation honored all East Side Center artists by awarding a second year grant for the photography program.

Competing with 61 other proposed projects, the Foundation valued the evolution of individuals from students to teachers in 2004. Sean Mailhot will instruct beginning students and Dona Ann McAdams will take students to advanced instruction in a second class this Spring. The 2003 grant provided cameras, photographic supplies, darkroom equipment, and teaching time.

More on McAdams
Dona Ann McAdams spends Mondays at East Side Center. The rest of the week she is in New York City or at her home in Vermont. Photography chose her in 1972 during a class in “Cultural Coherence”. Students were at the Museum of Modern Art and told to write a paper about an artist. McAdams strayed and selected photographer Diane Arbus. “My teacher said photography was not about art,” she explained, “but the beautiful way Arbus photographed midgets and other freaks changed my perceptions.” So began her journey mixing photography’s beauty with society’s concept of ugly images.

“I feel people have a responsibility to show what’s wrong,” said McAdams. To help people rethink reliance on nuclear energy, she photographed nuclear reactors and industrial landscapes. She’s tried to increase support for AIDS, through beautiful photos of ravaged humans. Her work with the severely mentally ill found intensely human, beautiful moments that touch us all. In the photography grant program at East Side Center, “Picturing Ourselves”, Dona wants people to experience being on the opposite end of the camera. “It’s an opportunity to create self-definition by virtue of what you choose to shoot,” she noted. Besides strengthening the individual, McAdams sees the imagery as another means to crack the negative stereotypes often associated with people living with mental illnesses.

Class brings world and self into view
By Karen Padowicz
Natalie now refers to herself as a photographer. She researches the work of other artists, studies styles of development and looks at the world through a lens. Similar to her photos, this “new” Natalie developed over time and within the context of the Photography Program, “Picturing Ourselves” offered at South Street Center in 2003.
She was the first SSC member to sign up for classes because she thought that photography might be a way to help lift the depression which had debilitated her life for over a year.

The first day of class was terrifying. “I felt terribly nervous, incompetent, afraid I’d make mistakes,” she said. Some of her apprehension was illness-related, but some was also because of what she heard about her teacher—Dona Ann McAdams. Natalie “couldn’t believe she had this opportunity to work with someone who had exhibited at the Museum of Modern Art!” What Natalie did not know was that this was only one of close to 150 national and international exhibits and several dozen distinguished publications referring to her work.

On paper, McAdams is intimidating. Natalie expected a high fashion model from Manhattan; someone whose persona bore “all the airs”, including perhaps the condescension, of a New York City artist.

In person, she was quite different. In addition to all the Museum shows, McAdams had spent 20 years at Brooklyn Day working with the severely mentally ill “620” population. These were the people whose histories included being institutionalized and then “dumped” into the community when the policy of “deinstitutionalization” began. Dona, a graduate of The San Francisco Art Institute and the Masters of Fine Arts program at Rutgers University, had been hired to teach the visual arts in photography.

What compelled her to stay two decades had something to do with who Dona is and who the people were at Brooklyn Day. “I saw amazing art and people begin to function again,” reasoned McAdams. She also saw people reenact the same stories day after day, and others whose illness destroyed them. Ultimately, McAdams published a book of the collaborate art and photos which evolved from her classes.

Natalie’s work was evolving too. The first day of class people were handed a 35 mm camera and told to freely shoot the entire roll of 36. Most were hesitant including Natalie who spent an hour taking pictures of the architecture of her favorite places downtown. When the students returned, they talked about their experiences. Natalie remembers how Dona’s words kept building confidence throughout the seven months as students learned about the process of photography; how what the len’s sees can change in the darkroom. “Dona's work is gorgeous” she said, “she showed me one picture that had taken over 100 shots to find the perfect lighting, height and backdrop. I had no idea of the complexity of that one photo.” Metaphorically, this process was life itself—trying, failing, revising, reinventing, rejecting.

Natalie learned more than photography from McAdams. She learned she was not her depression and she was capable of accomplishing something in spite of her illness. She learned that she still has the intellectual capacity to complete things, to learn new things and to create.

Who she was had been buried in the trappings of depression and the culture which stigmatizes and marginalizes people with psychiatric disorders. Her illness made employment impossible so she had lost her social contacts, economic power and definition of where she fit in the community. Depression took away her ability to believe in a future where her greatest accomplishment could be more than finding the strength to get out of bed that day.

While out taking pictures, she felt a fear of labeling herself “mentally ill” by identifying herself as part of a rehabilitation program at South Street Center so she stayed safe by taking pictures of SSC members. Nevertheless, as her confidence grew, Natalie tested the community and was “surprised by the positive feedback” she received.

Natalie’s also looking forward to the May 7th Open House at the new East Side Center where her photos will be on display. “Dona’s gotten me to the point where I’m beginning to think about selling my pieces.” Photos and artwork created through East Side Center programs will be available for sale. The May 25th AMH Annual Dinner will again include a silent auction of selected pieces.

Natalie has this and another round of classes in her future. She’s already signed up for the advanced level class which began April 12th. The beginners class will be taught by Sean Mailhot, one of the students from Natalie’s class last year. Dona believes in empowerment so members who can become teachers, will teach.

Photography has a secure place at the new East Side Center. When McAdams visited 230 Maple Street during its renovation phase Belinda Bradley showed her a small rectangular space and said, “Here is your darkroom.” A dark, small space that has given vast hope to Natalie.

~The program was made possible through a grant from the Mid Atlantic Arts Foundation. ~
Test Research
Finds Key to Schizophrenia

Consultant psychiatrist, Dr. Stephen Lawrie, of the Royal Edinburgh Hospital and the division of psychiatry at Edinburgh University's faculty of medicine, said his team had picked up specific changes in the brains of people who would go on to develop schizophrenia.

Their work is part of a long-term research project involving the testing of more than 100 people whose relatives have schizophrenia and so are genetically predisposed to it. Lawrie said that of the 162 relatives the team had tested in the past 10 years, 21 had developed schizophrenia. "In those 21 we have seen very definite changes by using pen-and-paper tests, but more importantly with brain imaging techniques," he said.

"We have identified changes in the brain that can predict schizophrenia up to five years in advance. These are changes that would happen before anyone would make a clinical diagnosis. The results are utterly amazing. The obvious implication is that if we can detect the illness early, we can intervene and maybe even prevent it."

A study by the team, published in the current issue of the journal Brain, details its finding that scanning found subtle abnormalities in the brains of patients deemed to be at risk of schizophrenia. In the study, patients underwent scanning in a magnetic resonance imaging (MRI) machine while silently completing sentences. During the test at-risk subjects showed unique abnormalities in the frontal, thalamic (midbrain) and cerebella (hindbrain) regions of the brain, yet none "met any diagnostic criteria for a psychotic illness, was on medication or had even considered themselves unwell".

Detailed interviewing of the group, however, did show evidence of psychotic features in some. They showed additional abnormalities in the parietal lobe, near the back of the brain. Those who had the greatest abnormalities were much more likely to develop full-blown schizophrenia. He said the breakthrough would pave the way for the development of more effective treatments for people with schizophrenia, which affects around 60,000 people in the UK.

"A crucial question that no-one has yet been able to address is whether it is the structural or the functional changes in the brain that come first," said Lawrie. "That will be important in dictating the best treatments. If the structural changes are evident first, then you'd be thinking along the lines of cognitive enhancers or drugs similar to those prescribed for Alzheimer's. But if the functional changes come first, it might be possible to think more about more psychotherapeutic interventions.

"The treatments available at best control the symptoms of the illness. In almost all cases, people with schizophrenia don't get back to the work or the studying that they were doing before they became ill. We found that in almost all the high-risk group who develop schizophrenia, the first symptoms are anxiety and depression, and that slowly changes into the typical delusions and hallucinations.

"It's possible that if you were to intervene with anti-depressants or some sort of psychotherapy when people were anxious and depressed you might be able to treat that, and perhaps prevent the progression to psychosis. Often people with schizophrenia are diagnosed only when they get into problems with the law or barricade themselves in their room, or something dramatic like that."

The Sunday Herald - March 28, 2004

Up Close & Personal
Help eliminate stigma
By sharing your experiences you can help others understand they are not alone.

You are also beginning the process of healing. The stigma of our culture is often part of how we perceive ourselves. If we stop believing we need to be ashamed of psychiatric disorders, and we share this with our communities, internal and external perceptions will change.

Contact Karen Padowicz 793-2352 ext. 237 or E-mail: Karen@wwamh.org. You can either write the story or be interviewed and have it written for you.

(PUT IN EVENTS SECTION ALSO)

VISIT OUR NEW FACILITY AT 230 MAPLE STREET!
OPEN HOUSE CELEBRATION
FRIDAY, MAY 7TH
1PM UNTIL 5PM(see Parallax for details)

RESERVE THE DATE
Thursday, August 5th
Fireworks and fun
on Lake George!
Aboard the Horicon

JOIN US FOR MENTAL HEALTH MONTH!
AMH Annual Dinner
May 25th
5:30pm-9:00pm
Ballroom, Queensbury Hotel, Glens Falls
Visit with your friends in community mental health and help celebrate colleagues whose contributions have led us to today!
~featuring~
Walter P. Reichert Awardees:
Michael Mercedante & Janet Talley
Dorothea Dix Community Service Awardees:
The Morse Foundation
Charles R. Wood Foundation
Joan and By Lapham

Tickets $25.00 per person
Contact: Karen Padowicz – 793-2352 or email: karen@wwamh.org

NOTEWORTHY
Audio CD project being tested
The educational project, Under the Image: Real Voices. Real People, which was funded by the Glens Falls Rotary Foundation hit the classroom. Several teachers from area schools have offered to analyze its impact among teens they teach. Once adequately tested for effectiveness, project elements will be refined, mass produced and made available to schools. The project includes a 20 minute audio CD, a 54-page Teacher’s Companion, and 31-page Student Workbook. Topics fall under the 5 segments in the CD: Common Ground, Alienated and Angry, Troubled Waters, Peer-to-Peer, More than an image. The goal of the project is to question stigma and stereotypes, explores behaviors symptomatic of deeper problems, educate teens and teachers
about mental illnesses, suggest ways to create more productive environments, explore self-esteem, anger, conflict resolution, bullying, and encourage kids to abandon their fear and reach out when they need help.

National effort emerging to halt bullying

“The federal government is planning a $3.4 million campaign to combat bullying, drawing support from more than 70 education, law enforcement, civic and religious groups. With an expected start next year, the effort will frame bullying as a public health concern, targeting kids and the adults who influence them. The goal is to create a culture change in which bullying is not seen as cool, parents watch for warning signs, kids stand up for each other and teachers are trained to intervene.” (CNN.com 12/9/03)

“Lost Cases, Recovered Lives:
Suitcases from a State Hospital Attic”

400 suitcases were found when Williard Psychiatric Center closed in 1995. Arranged alphabetically and separated by gender, these neat piles represented the lives of patients who were buried on hospital grounds long ago. Willard housed more than 3,000 patients at its peak in 1958. An exhibit at the New York State Museum features 12 suitcases and their owners. According to Darby Penney, guest curator, the goal of the exhibit is to “present the lives of these people in all their complexities so that people can look past the stereotypes of mental patients.

COFAMH receives educational funding

The Coalition for the Advancement of Mental Health recently received funding from the Mental Health Association of New York State as part of a statewide Community Mental Health Project (CMHP). COFAMH is currently developing a conference for November 2004 and content for inserts in The Post-Star. Meetings are held 12noon the first Thursday of the month at the new Mental Health Center, 230 Maple Street. If you are interested in attending, contact Karen Padowicz (793-2352, ext. 237 or email: karen@wwamh.org)

1-800-944-1601 educational hotline

Parents with questions about their children’s education can get advice from principals or psychologists through a free, anonymous hotline. For the 14th year, the National Association of Elementary School Principals will respond to questions on reading, discipline, learning difficulties and any other subject callers choose. Members of the National Association of School Psychologists will provide specialized help. The hotline operates 4-10pm, EDT Sunday, 10am-10pm, 10am-10pm, EDT, Monday and 10am-4pm EDT Tuesday. The number is 1-800-944-1601.(WAMmerger 4/8/03)

Prescription Drug Patient Assistance Program

Several national patient drug assistance programs provide free or low-cost medications for people who otherwise cannot afford them. These programs usually require a doctor’s consent and that the applicant provide proof of financial status and/or need. They may require that the applicant have no health insurance or have an insurance policy with no drug benefit. Each manufacturer has its own criteria for selection to its program. A full listing of companies, psychiatric drugs, and contact information to apply for assistance is available at the NAMI web site.

http://www.nami.org/Content/ContentGroups/Helpline1/Prescription_Drug_Patient_Assistance_Program. (Self-Help Source, 12/6/03)

Vitamins balance mood & mind

A variety of vitamin deficiencies can lead to depression so taking a vitamin a day may be beneficial. The B-complex vitamins are essential to mental and emotional well-being, but can not stored in our bodies. Therefore, we depend entirely on our daily diet to supply them. And even if your Vitamin B intake is good, certain “bad habit” foods and substances destroy them—particularly, alcohol, refined sugars, nicotine and caffeine. B-complex vitamins include niacin (B3), thiamine (B1), pantothenic acid (B5), pyridoxine (B6), B12 and folic acid. A deficiency can result in fatigue, memory problems, and mood swings.

Q & A Book on Bipolar Disorder

A new book by Bryan Court and Gerald Nelson, Bipolar Puzzle Solution, includes 187 questions and responses from both a person living with this illness and a psychiatrist. The questions were gathered from members of a support groups and cover all aspects of this disorder. One reader commented on Amazon.com by saying: “I was diagnosed in June and spent a couple
Preparing for “boomers”

2011 begins the first batch of baby boomers to enter into retirement. Michael Friedman, Director of the Center for Policy and Advocacy of the Mental Health Associations of NYC and Westchester, cautions planners to begin preparing for the “boomers” soon. There is already a significant shortage of mental health professionals specialized in the elderly so imagine what will happen when the boomers arrive, and arrive and arrive. From now until 2030 the population 65 or over will double (35 to 70 million); approximately 14 million of these will have mental health problems. Anxiety and mood disorders are the most prevalent among this age group. Friedman contends preparation “is not just a matter of doing more; it requires doing things differently” using a new vision which weaves together the clinical, rehabilitative, medical, social and family communities.

Postage keeps rising!

If you have found that the articles in Parallax—a new line of sight are not beneficial to your life, please let us know.

We would be pleased to keep you on our mailing list, but costs are rising and we need to make sure information is going to where it helps.

Tell us if you want your name and address removed from our list. (747-2284, ext. 232–Cheryl Ferris)

Want to receive Parallax by email?

Send your email address and the next edition will arrive on your computer.

E-mail “karen@wwamh.org” with your email address.

Parallax can also be read at the AMH site, www.wwamh.org

Empowerment

COFAMH, the Coalition for the Advancement of Mental Health creates educational programs for the community. This photo is of the recent “Get Psyched” workshop for high school students (see story on page 8).

COFAMH is currently planning a day-long mental health conference for November. The conference will include keynote speakers and breakout sessions. Some topics currently being explored are: medications, developing parent/teacher support groups, advocacy, accessing the mental health system.

COFAMH meets the first Thursday of each month at 230 Maple Street, Glens Falls. People interested in contributing to the content for November’s workshop are invited to attend or submit ideas. Contact Karen Padowicz, Chairman, at 793-2352. Email: karen@wwamh.org

Get Connected

http://www.monitoringthefuture.org

Where are we as a nation? Visit this site to learn more about where we stand today so we can better plan for tomorrow.

In releasing the results of the 2003 Monitoring the Future survey, HHS Secretary Tommy G. Thompson and John P. Walters, director of the White House Office of National Drug Control Policy stressed that current use (past 30 days) of any illicit drug between 2001 and 2003 among students declined from 19.4 percent to 17.3 percent. Similar declines were seen for past year use (from 31.8 percent to 28.3 percent) and lifetime use (from 41 percent to 37.4 percent). In their summary, the survey researchers note that “Earlier surveys in this series showed that illicit drug use reached it recent peak among teens in 1996 or 1997, depending on grade.
Parallax—a new line of sight: It’s apropos that the name for the AMH newsletter capture the meaning of our work—helping to change perceptions that are damaging or painful to those who live with mental illness. By creating “a new line of sight” in our selves, our community and our world, we can elevate humanity.

Parallax is published three times annually by the Warren Washington Association for Mental Health, Inc. (AMH), a non-profit, tax-exempt agency supported by contributions, special events, fees and government funding. Programs include Caleo Counseling Services, Residential Services (Community Living Apartments, Genesis, Pearl Street, Supported Housing), Support Services (Adult & Youth Case Management, Benefits Management, South Street Center, Dual Recovery, Development. Managing Editor: Peter Groff, CEO. Editor/Reporter/Designer: Karen Padowicz, Director of Development.

For more information write AMH at 3043 State Rt. 4, Hudson Falls, NY 12839 or call 518/747-2284, Fax 518/747-2253 or visit our web site at “www.wwamh.org”. Letters and guest articles welcome.

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