

# the Bert Nash Community

VOL. I, ISSUE 3

N E W S L E T T E R

OCTOBER 2008

200 MAINE STREET | LAWRENCE, KS 66044 | (785) 843-9192 | www.bertnash.org

For almost 60 years, the Bert Nash Community Mental Health Center has advanced the mental health of the Douglas County Community through comprehensive behavioral health services responsive to evolving needs and changing environments.

## Victory for Parity Bill Broadly Outlaws Health Insurance Discrimination; Recognizes Importance of Mental Health to Overall Health

This month, the Bert Nash Center hailed as “a great civil rights victory” the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act that will broadly outlaw health insurance discrimination against Americans with mental health and substance-use conditions. The parity bill, which recognizes the importance of mental health to overall health, requires health insurers to offer mental health benefits equal in cost and scope to medical and surgical benefits. Health insurance plans sponsored by businesses with more than 50

employees will be prohibited from imposing day and visit limits or applying different deductibles, copays, and out-of-network charges.

It will provide parity for 82 million Americans covered by self-insured plans and another 31 million in plans that are subject to state regulation. It is estimated that roughly 67 percent of adults and 80 percent of chil-

dren requiring mental health services do not receive help, in large part because of discriminatory insurance practices.



“We at Bert Nash have been advocates of mental health parity for a long time. One in four Americans will have a diagnosable mental health problem this year. Removing the discrimination in insurance plans against mental health disorders reflects a growing awareness of the importance and efficacy of mental health treatment.” said David Johnson, CEO of the Bert Nash Center.

The Bert Nash Center does not discriminate in admission or provision of services based on religion, sex, race, color, national origin, disability or age. The Bert Nash Center is committed to becoming a culturally competent health care provider. We strive to develop a workforce and services that address the needs of consumers and families with diverse values, beliefs, racial and ethnic backgrounds, languages and sexual orientations. The Bert Nash Center is an equal opportunity employer and service provider. A private, not-for-profit organization, the Bert Nash Center contracts with, and may receive grants from city, county, state and federal governments.



## October is Depression Screening Month

Although depression is by no means a silent disease, it is seriously under-diagnosed. Experts estimate that only 34% of people with depression seek help. When people do reach out for help, doctors and mental health clinicians typically diagnose depression by asking about feelings and experiences. They may also use screening tools and look for possible medical causes by performing a physical exam and sometimes ordering lab tests.

If your symptoms suggest depression and medical causes seem unlikely, your clinician will be interested in hearing whether you've had any feelings of sadness or hopelessness and whether you've noticed any

changes in your appetite, sex drive, or sleep patterns. Your caregiver might ask you to complete a checklist that may pick up some symptoms or subtle mood changes that otherwise might not be identified. Alternatively, the clinician may complete a similar scale based on his or her observations; such scales are slightly better at detecting depression than self-reports.

Because you may minimize symptoms or may not even be aware of them, your doctor or therapist may want to speak to someone close to you. Where a child or teen is concerned, the clinical interviews parents and, when possible, teachers or a guidance counselor.

[Quiz Yourself on page 2 >](#)

*“What a child doesn't receive, he can seldom later give.”*

- P.D. JAMES

### WHAT'S INSIDE?

[Supporting the Center](#)  
PAGE 2

[Quiz Yourself](#)  
PAGE 2

[In Focus: Adolescent DBT](#)  
PAGE 2

[Anxiety & Fitness](#)  
PAGE 3

[Meet Kristen](#)  
PAGE 3

[Mental Health First Aid](#)  
PAGE 4

[Event Photos](#)  
PAGE 4



# Supporting the Center

The Bert Nash Center’s Endowment Trust Fund supports crucial programs fully financed by public funds and client fees. A volunteer citizen board oversees the fund.

Every week, our staff works with hundreds of Douglas County individuals and families. Our endowment gives the Bert Nash Center staff the resources they need to serve our community.

For more information or to find out how you can contribute, please contact the Community Development Office at (785) 843-9192.

*“We make a living by what we get,  
but we make a life by what we give.”*

- WINSTON CHURCHILL



# Quiz Yourself

## DO YOU HAVE ANY OF THE FOLLOWING:

- Feelings of extreme sadness or emptiness (depressed mood)
- Loss of interest or pleasure in all or most of your daily activities
- Tiredness and lack of energy almost every day
- Sleeping a lot more or less than usual
- Noticeable change in appetite or weight
- Feeling and appearing anxious, restless, or slowed down nearly everyday
- Feelings of worthlessness or inappropriate, overwhelming guilt
- Difficulty thinking, concentrating, or making decisions
- Thoughts about death or suicide

**Recognize the Symptoms or Warning Signs:** If you have 5 or more of these symptoms during a 2-week period, you may be suffering from depression. Please talk to your doctor or call the Bert Nash Center at 843-9192.

Reprinted from Understanding Depression, a Special Health Report from Harvard Medical School, Copyright © 2008 by Harvard University. All rights reserved.

## In Focus: Adolescent DBT (Dialectical Behavior Therapy Services)

The Bert Nash Center’s Adolescent DBT program is a research-based multi-family, adolescent focused therapy based on Dialectical Behavior Therapy (DBT) developed for individuals with mood disorders and impulsive behaviors who lack effective coping skills. DBT is based on the theory that most self-destructive behaviors are maladaptive coping devices. DBT is a skills-based model that attempts to replace problem behaviors with more adaptive solutions. DBT offers alternatives to chaos and promotes the goal of creating a life worth living. It is significantly different from other

methods but is based on and closely related to Cognitive Behavioral Therapy.

DBT skills help clients learn how to stabilize emotions and decrease mood swings, tolerate pain and emotional distress, increase effectiveness in interpersonal relationships, decreasing teenager and family conflict and increasing negotiation process, increase self-awareness, and decrease emptiness.

DBT is a team approach involving wholehearted commitment from both client and therapist who enter into a



contract for treatment. Clients agree to not harm themselves during treatment and therapists agree to stick with the DBT model to help the client create a life worth

living. DBT therapists use multi-family skills training, individual/family sessions and phone coaching.

For more information, contact Juliet Nelson, PhD., DBT Coordinator, at 843-9192 or Kristen Runk, LMSW at (785) 830-1801.

## A Link between Anxiety and Physical Fitness

Research on the physiology of anxiety-related illness is still young, but evidence continues to grow of the mutual influence between emotions and physical functioning. An estimated 57 million adults suffer from anxiety disorders. They share an unwarranted fear or distress that interferes with daily life. Now, anxiety has been implicated in several chronic physical illnesses, including heart disease, chronic respiratory disorders, and gastrointestinal conditions. When people with these disorders have untreated anxiety, the physical disease is more difficult to treat, symptoms often become worse, and in some cases they die sooner.

**Anxiety and gastrointestinal disorders.** In the two most common functional digestive disorders — IBS and functional dyspepsia (upset stomach)—the nerves regulating digestion appear to be hypersensitive to stimulation. Symptoms — abdominal pain, bloating, and diarrhea or constipation in IBS; and pain, nausea, and vomiting in functional dyspepsia — can be chronic and difficult to tolerate.

There are no firm data on the prevalence of anxiety disorders in people with functional digestive disorders, but a 2007 New Zealand study of subjects with gastroenteritis (inflammation of the digestive tract) found an association between high anxiety levels and the development of IBS following a bowel infection.

**Chronic respiratory disorders.** In asthma, inflamed airways constrict spasmodically, reducing the flow of air through the lungs. In chronic obstructive pulmonary disease (COPD), inflammation of the airways is exacerbated by a loss of elasticity in the lungs: not only is it more difficult for air to reach the lungs, but the lungs neither fill nor expel air completely.

In several studies involving COPD patients, anxiety has been associated with more frequent hospitalization and with more severe distress at every level of lung function. So even if anxiety doesn't affect the progress of the disease, it takes a substantial toll on quality of life.

**Anxiety and heart disease.** Anxiety disorders have also been linked to the development of heart disease and to coronary events in people who already have heart disease. In the Nurses' Health Study, women with the highest levels of phobic anxiety were 59% more likely to have a heart attack, and 31% more likely to die from one, than women with the lowest anxiety levels. Data from 3,300 postmenopausal women in the Women's Health Initiative showed that a history of full-blown panic attacks tripled the risk of a coronary event or stroke.

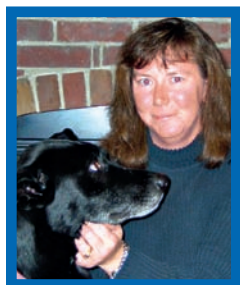


1 in 5 adults suffer from some form of anxiety disorder each year

**Physical benefits of treating anxiety.** Therapies that have been successful in treating anxiety disorders are now being used to ease the symptoms of chronic gastrointestinal and respiratory diseases, and may have an important role in preventing and treating heart disease. These are the best-studied approaches:

**Seeking help.** About 30% of people with anxiety disorders go through life untreated. If you think you might fall into this category — or if you have IBS, asthma, COPD, or heart disease and haven't been evaluated for anxiety — you may want to consult your primary care clinician. You may also want to talk to your clinician if you have pain, dizziness, insomnia, or other symptoms that persist after physical causes have been ruled out.

**The Bert Nash Center's Anxiety Disorders Clinic.** In an effort to address the suffering of those afflicted with persistent anxiety, Bert Nash has developed the Anxiety Disorders Clinic (ADC), under the direction of Sandra D. Lawrence, Ph.D. ADC is committed to providing quality, research-based treatment to individuals with a primary diagnosis of an anxiety disorder. In addition, specialized assessment and consultation are available for both consumers and professionals in the community.



**Kristen Runk**  
DBT SPECIALIST

### What is your favorite memory working at the Center?

My favorite memory is being offered the Adolescent DBT Coordinator position. I realized then that I could make a bigger difference in promoting the program. Because I previously worked in Child and Family Services I have many contacts in other agencies in Lawrence. I am now better able to provide time to promote this program to entire agencies. This will make a difference in continuing to build this program.

### What is most important to you about your work?

I love to see my clients using DBT skills to improve their level of effectiveness with others. I am especially fond when families graduate the DBT group and convey to other newer families how they implement skills into their lives. It is incredibly inspiring to hear accounts of how families utilize skills to decrease arguments and increase positive communication. Additionally, I am greatly appreciative of my team. With the work we do, it is incredibly important to receive support and encouragement.

## Bert Nash Employee SPOTLIGHT

### What else should we know about you?

I am blessed to have a close relationship with both my family and my husband's family. This includes my husband's daughter and her children. We were lucky to be introduced to her only 7 years ago. That makes me a step-grandmother before the age of 40! I was lucky enough to spend a semester in Wales when I was in college. My husband and I strongly support many local agencies — Headquarters Counseling Center, the Lawrence Humane Society (we have adopted 2 dogs and are thinking about fostering others) and Van Go JAMS (we have many pieces in our home from the teen artists).

# 3 Myths & Facts ABOUT Suicide

**MYTH** | Once a person is seriously considering suicide, there is nothing you can do.

**FACT** | Most suicide crises are time-limited and based on unclear thinking. Persons attempting suicide want to escape their pain. Solutions are available with the help of concerned individuals who support them through the crisis period, until they are able to think more clearly.

*SOURCE: National Institute for Mental Health*

**MYTH** | If you ask a person about their suicidal intentions, you will encourage the person to kill themselves.

**FACT** | The opposite is true. Asking someone directly about their suicidal feelings will often lower their anxiety level and act as a deterrent. The crisis and resulting emotional distress will already have triggered the thought in a vulnerable person. Your openness and concern in asking about suicide will allow the person experiencing pain to talk about the problems which may help reduce his or her anxiety. This may allow the person with suicidal thoughts to feel less lonely or isolated, and perhaps a bit relieved.

**MYTH** | Improvement following a suicidal crisis means that the risk of suicide is over.

**FACT** | Most suicides occur within three months after the onset of a period of "improvement," when people have the energy to turn their suicidal thoughts and feelings into action. Relatives, mental health professionals, and physicians should be especially vigilant during this period of time.



## AN EVENING WITH...

Larry Brown and Friends were our special guests on September 27, 2008. The event took place at Crown Toyota, with a BBQ dinner from Biggs BBQ and beer and wine from Mass Beverage. The event helped raise over \$35,000 for the Center.



Coach Self and Max Faulkenstein catch up with friends



Bert Nash Center Employees Marilyn Sell and Janice Storey get some one-on-one time with Coach Brown



Mike Maddox, Danny Manning, Bill Self, Monte Johnson and Larry Brown share a chuckle during the event.



Larry Brown signs a copy of "The Bert Nash Story" for David Johnson, CEO.