

MHA NEWSLETTER

MENTAL HEALTH IN RURAL AMERICA

Key Concerns in Rural America

Living and working in rural America presents a variety of distinct stresses and strains as varied as rural America itself. Regardless of differences, state leaders from across the nation indicate that mental and behavioral health problems are a major, widespread rural concern. Unfortunately, this need for mental health care has not been met with widely available and accessible mental health services in rural areas. Among other factors, the problem of inadequate mental health care is strongly tied to a lack of affordable, meaningful health insurance coverage. Here, major depression rates in some areas significantly exceed those in urban areas. Teens and older adults in rural areas have significantly higher suicide rates than their urban counterparts. Further, stress is associated with increased mental health disorders and rural people experience stress with cyclical farm crises, natural disasters and social isolation.

In many rural communities, mental health services are simply not available. In fact, more than 85 percent of the 1,669 federally designated mental health professional shortage areas are rural. This desperate lack of trained mental health professionals means that individuals who need emergency care will likely be transported out of their communities to other locations where care is available. Given the scarcity of mental health services in rural areas, it is no wonder that distance to mental health

providers and a lack of public transportation to reach care prevent rural people from accessing needed mental health services.

Rural Mental Health in Cortland County

While there are no longer any traditional mental health clinics in rural areas of Cortland County, Family Counseling Services (FCS), Family Health Network of CNY and Health-Home programs provide

...continued on page 2

In this issue...

Mental Health in Rural America	1-2
Dealing with Grief During the Holidays	1-2
App of the Month	2
Diabetes and Depression	3
A Look at Veterans and Suicide	3
Community Events	4



National Rural Health Day
Celebrating the Power of Rural!
NOVEMBER 17, 2016
<https://nosorh.org/>

DEALING WITH GRIEF DURING THE HOLIDAYS

1. Only do what feels right. It's up to you to decide which activities, traditions or events you can handle. Don't feel obligated to participate in anything that doesn't feel doable. Grieving takes time. You are very vulnerable right now, so all you need to do is get through the day or week or season — in a healthy way.



2. Accept your feelings — whatever they might be. Everyone takes his or her own path in grief and mourning. Some may try to avoid sad feelings; others will be bathed in tears. Some feel bad that they aren't up for enjoying a holiday; others feel guilt because they are feeling joy. However you feel, accept it. And accept the inevitable ups and downs: You may feel peaceful one moment and gut-wrenchingly sad the next.

3. Call on your family and friends. Talk with loved ones about your emotions. Be honest about how you'd like to do things this year — if you want to talk about those who have passed, do so, and let others know it's OK. Take a buddy to events for support and

create an "escape plan" together in case you need to bow out quickly. Read books about getting through the holidays after loss, and seek out support groups, lectures or faith-community events. Seek professional support from a therapist. Stay in touch with others who are grieving via online groups and connections with friends.

4. Focus on the kids. Many holidays place special attention on children, and it often helps to focus on their needs. Perhaps you can participate in the family rituals or gatherings that are most important to the kids, and excuse yourself when you reach your limit.

5. Plan ahead. Sometimes the anticipation is worse than the actual holiday. Create comforting activities in the weeks approaching a holiday so that you have something to look forward to rather than building up a dread of the pain the holiday could bring. New activities might be easier, but familiar traditions might be comforting as well — do what feels best for you.

6. Scale back. If the thought of many holiday activities feels painful, overwhelming or inappropriate this year, cutting back may help. Opt for minimal decorations at home, take a break from sending holiday greetings, or try e-greetings instead. Limit holiday parties to small gatherings. Do whatever feels safe and comfortable to you, but above all be gentle with yourself.

...continued on page 2



App(s) of the Month: SmartTraxx

Cortland Transit's Fixed Bus Routes 1-4, and evening buses for Route 6, are now equipped with the GPS tracking device, Smart Traxx. You can follow the buses in real time. To download the iTunes/Android app, please go to <http://www.way2gocortland.org/smarttraxx-gps>. This user-friendly app can assist you in getting to all your appointments on time, in transferring from one bus to another, and reduces the time spent in inclement weather waiting for the bus to arrive. Any questions? Call Ann at Seven Valleys Health Coalition at (607) 756-4198 or Cortland Transit at (607) 758-3383.



...Mental Health in Rural America continued

complimentary care to meet mental health needs for residents in rural settings throughout the County.

FCS provides a school-based program with mental health counselors available in every school, K-12, in Cortland County, including the rural school districts of Cincinnatus, DeRuyter, Marathon and McGraw. FCS recognizes that one in five children experiences a mental health challenge. The earlier children and adolescents receive services to address their mental health needs, the better the outcome. School-Based Counseling helps schools and parents identify these needs and address them appropriately. In-school services are convenient for both children and families. Because counseling is provided during the school day, there is decreased difficulty with scheduling, transportation, and attendance, especially for families in rural settings who would struggle more with the needed transportation to the mental health clinic in the City of Cortland.

While FCS and Cortland County Mental Health (CCMH) both offer medical psychiatric care through their mental health clinics in the City of Cortland, they often work closely with primary care physician (PCP) practices in a variety of settings to ensure comprehensive care for their clients who are in need of psychiatric medications and/or referrals for physical health concerns. One frequent PCP partner in Cortland County is Family Health Network (FHN) of CNY. FHN has PCP clinic locations in both Cincinnatus and Marathon, as well as school-based clinics in Cincinnatus, DeRuyter and Marathon schools.

Key contributors to mental services available for residents of Cortland County are Coordinated Children's Services Initiative

(CCSI), Health Home program providers, and the Single Point of Access (SPOA) program. CCSI Initiative links families with a Parent Partner with life experience in navigating child serving systems. Partner Parents work with families to bring providers together for Wraparound meetings developing family-specific service plans, assisting with accessing appropriate services, and helping meet transportation needs. Wraparound meetings are often held in rural schools and transportation is provided for parents when needed.

Heath Homes is a program that provides a care coordinator for those with certain medical/ mental health diagnosis. The benefit of this program in a rural setting is that much of the care coordination can be done over the phone. It is a free program that can be accessed by anyone age 15 and up, including adults of all ages, and will soon also be available to kids under 15.

SPOA or Single Point of Access is a way to connect with services. It narrows access to a variety of services to only one application, simplifying the system for those looking to provide mental health and care management support to children and youth. It is also a way to gain access or knowledge about services available in the community. If you have questions about accessing any of these services or need applications, please feel free to reach out to the **SPOA Coordinator, Alexandra E. Huntington-Ofner, MSW** at Cortland County Mental Health ahuntingtonofner@cortland-co.org or **607-423-5743**.

Portions of this article taken from Mental Health: Overlooked and Disregarded in America by Dr. Dianne Travers Gustafson, Creighton University; Kim Preston and Julia Hudson Center for Rural Affairs <http://files.cfra.org/pdf/Mental-Health-Overlooked-and-Disregarded-in-Rural-America.pdf>

...Dealing with Grief During the Holiday Season continued

7. Give. In times of grief, sometimes the biggest comfort is to give to others. Consider these options: 1) Shopping online; 2) Purchase something that symbolizes the person or time before your loss and donate it to a needy family. Or make a donation in a loved one's name to a charity or cause he or she cherished; 3) Volunteer to help people in some way that is related to that which has caused such anguish.

8. Acknowledge those you have lost. When we are grieving a loss, it can be helpful to participate in a related holiday ritual in his or her memory. Some ideas: lighting candles for them, talking about them, buying children's toys or books to donate in their name, dedicating a service to them, or planting a tree.

9. Do something different. Acknowledge that things have changed; indeed, the holiday will not be the same as it was ever again. Accepting this will help manage expectations. Plan new ac-

tivities, especially the first year after the loss. Go to a new location for family celebrations, change the menu or go out to eat, volunteer, invite friends over, attend the theater, travel ... create new memories. You can decide later what new rituals you keep and which you don't.

10. Skip it. If you feel that it will be too much for you and you'd like to simply opt out of participation in a holiday, let family and friends know. But plan alternative comforting activities for yourself and let someone know what you will be doing and make sure someone checks in with you on that day.

For more information on dealing with grief and loss during the holidays and year-round, contact Hospicare at 11 Kennedy Parkway in Cortland, 607-753-9105.

by Amy Goyer, Taken in part from AARP.org: <http://www.aarp.org/home-family/friends-family/info-12-2012/death-loss-christmas-holidays-goyer.html>



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To learn more about the Cortland MHA visit:
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DIABETES AND DEPRESSION

What's the connection between diabetes and depression? How can I cope if I have both?

If you have diabetes — either type 1 or type 2 — you have an increased risk of developing depression. And if you're depressed, you may have a greater chance of developing type 2 diabetes. The good news is that diabetes and depression can be treated together. And effectively managing one can have a positive effect on the other.

How they're related

Though the relationship between diabetes and depression isn't fully understood:

- Managing diabetes can be stressful and lead to symptoms of depression.
- Diabetes can cause complications and health problems that may worsen symptoms of depression.
- Depression can lead to poor lifestyle decisions, such as unhealthy eating, less exercise, smoking and weight gain — all of which are risk factors for diabetes.
- Depression affects your ability to perform tasks, communicate and think clearly. This can interfere with your ability to successfully manage diabetes.

Managing the two conditions together

- *Diabetes self-management programs.* Diabetes programs that focus on behavior have been successful in helping people improve their metabolic control, increase fitness levels, and manage weight loss and other cardiovascular disease risk factors. They can also help improve your sense of well-being and quality of life.
- *Psychotherapy.* Similarly, participants in psychotherapy, particularly cognitive behavioral therapy, have reported improvements in depression, which has resulted in better diabetes management.

- *Medications and lifestyle changes.* Medications, for both diabetes and depression, and lifestyle changes, including different types of therapy coupled with regular exercise, can improve both conditions.
- *Collaborative care.* New research shows that treatment supervised by a nurse case manager that steps up therapy when needed, helps improve both depression and diabetes.

If you have diabetes, watch for signs and symptoms of depression, such as loss of interest in normal activities, feelings of sadness or hopelessness, and unexplained physical problems like back pain or headaches. If you think you might be depressed, seek help right away. Your doctor or diabetes educator can refer you to a mental health professional.

Taken from Question & Answers with M. Regina Castro, M.D.

<http://www.mayoclinic.org/diseases-conditions/diabetes/expert-answers/diabetes-and-depression/faq-20057904>

If you're at risk for developing type 2 diabetes, there is something you can do about it! The National Diabetes Prevention Program (DPP) can help you make a change for life. This program helps you learn how to change your lifestyle to prevent type 2 diabetes. Groups meet for 16 weekly sessions and six monthly follow-up sessions with a trained Lifestyle Coach. Contact your local Lifestyle Coach, Erin by November 10 to see if you're eligible for the Cortland DPP workshop!
erin@sevenvalleyshealth.org or 607-756-4198



A Center for Disease Control Program:

A LOOK AT VETERANS AND SUICIDE

The Department of Veterans Affairs released analysis of the most comprehensive research of veteran suicide rates in the U.S., examining over 55 million Veteran records from 1979 to 2014 from every state in the nation. The effort extends VA's knowledge from the previous report issued in 2010, which examined three million veteran records from 20 states. Based on the data from 2010, VA estimated the number of veteran deaths by suicide averaged 22 per day. The current analysis indicates that in 2014, an average of 20 veterans a day died from suicide.

Together, the numbers point to a significant mental health risk for individuals who served in the military, though the specific reasons remain unclear. Researchers found that the risk of suicide for veterans is 21 percent higher when compared to civilian adults. From 2001 to 2014, as the civilian suicide rate rose about 23.3 percent, the rate of suicide among veterans jumped more than 32 percent.

The problem is particularly worrisome among female veterans, who saw their suicide rates rise more than 85 percent over that time, compared to about 40 percent for civilian women.

Particularly noteworthy, roughly 65 percent of all veteran suicides in 2014 were for individuals 50 years or older. These are deeply disturbing statistics, especially for our nation's Vietnam veterans.

According to the new data, about 70 percent of veterans who took their own lives were not regular users of VA services.

From: Largest study of veteran suicide reveals more precise information by Mary Dever
<https://www.DAV.ORG/LEARN-MORE/NEWS/2016/LARGEST-STUDY-VETERAN-SUICIDE-REVEALS-PRECISE-INFORMATION/>



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RETURN SERVICE REQUESTED

Addressee

Questions, comments, or feed-back on the MHA Newsletter?
We appreciate your thoughts!

EMAIL OPTION:

If you'd like to receive the MHA Newsletter electronically in color as a PDF, please send your full name and email to: erin@sevenvalleyshealth.org

Community Events & Support

Local Veteran Resources:

Syracuse - VA Medical Center
800 Irving Avenue
Syracuse, NY 13210
(315) 425-4400

Tompkins/Cortland County
VA Outpatient Clinic
1451 Dryden Road
Freeville, NY 13068
(607) 347-4101

Vet Center
109 Pine Street
Syracuse, NY 13210
(315) 478-7127

Clear Path for Veterans
1223 Salt Springs Road
Chittenango, NY 13037
(315) 687-3300

Thank you for your service.

Cortland LGBT Men's Group (Monthly)

- Where: Cortland LGBT Resource Ctr, 73 Main St.
- Contact: (607) 756-8970

Parents & Change Support Group (Monthly)

- When: Nov 14 | Dec 12 from 6:00 to 7:30 PM
- Where: 90 Central Avenue
- Contact: Beckey Trippp (parentsandchange@yahoo.com)

Caregivers Support Group (Monthly)

- When: 4th Thursday at 12:30 PM
- Where: County Office Bldg (Dining Rm.)
- Contact: The Area Agency on Aging @ (607) 753-5060



If you have an upcoming community event or article you would like considered for admission to the MHA Newsletter, send your submission to ben@sevenvalleyshealth.org by the 7th of the month prior.

Disclaimer: The information presented here does not constitute professional medical advice. Individuals respond to treatment for mental health conditions in different ways, and treatment plans often need adjustment over time. Patients should work closely with their doctor and other health professionals in order to achieve optimal control of symptoms.