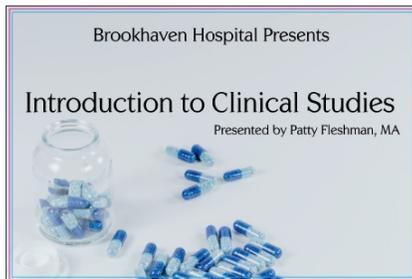


## Upcoming Events at Brookhaven

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### **Professional Seminar Series - January 8th, 2020**

Click below to RSVP for our  
January 8th Seminar

[Click Here to RSVP](#)



### **Tulsa AMP Meeting at Brookhaven - January 21st, 2020**

For more info visit the  
[AMP Facebook Page](#)

[Click Here for More info on AMP Tulsa](#)

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## **Beds Currently Available**

Beds are open now for behavioral health and/or  
substance abuse/addiction patients.

*To start the admissions process or if you have any questions  
call us at (888) 298-HOPE (4673)*



## Did you Know?

We accept individuals with moderate to severe brain injuries and **co-occurring** behavioral/substance use disorders

## Current News



**USA News & World Report:** FOLLOWING THE RECENT seventh anniversary of the Sandy Hook shooting where 26 people were killed including 20 children, news of shootings at schools in Wisconsin and California made headlines. An anonymous note left in a Florida school recently threatened a shooting.

I am a survivor of a mass school shooting over 10 years ago at Virginia Tech and I am deeply concerned that more than 236,000 U.S. students have experienced gun violence at school since 1999. As a university professor, researcher, engineer and parent, I understand the threat of violence remains constant for students, families and citizens. Whether that violence begins on the streets or verbally on social media, the aftermath of threats are real. But addressing mental health needs of students can be virtual.

Digital mental health integration can range from computer-based assessment and diagnosis, to predictive analysis of risk factors for future issues. If a student presents with risk factors, for instance, school administrators can work to tailor interventions to an individual student, Self-guided apps for therapies like cognitive behavioral therapy or digital therapies supported by a mental health professional can help.

Teletherapy can link students with counselors or peers with specialized skills or cultural competencies. Companies such as Talkspace, Betterhelp and 7cups have developed models of linking individuals with therapists or trained listeners that communicate by phone, video or text. When a student needs face to face or group care, they can seek that anonymously with technology. For instance, an LGBTQ teen who has not outed themselves may want to attend group therapy with other LGBTQ teens across the country.

Research studies show that self-guided apps are effective at reducing symptoms for all levels of depression, including severe depression.

Digital health is cost effective and scalable. The cost of a using a digital therapy app is relatively low, but they do require resources to build, implement and maintain. With the cost of one person to maintain an app, the number of students who can receive treatment grows exponentially. An added benefit of universal assessment and treatment is normalizing mental health care and reducing the stigma of seeking help for the next generation.

Proactive approaches to mental health can even prevent mental illness in teens. In response to Colorado's high suicide rate, Cañon City Schools implemented universal mental health screening to high school students. Through this approach, the district was able to reach all students, but focus on the ones with risk factors. These approaches can reduce future behavioral issues and improve

academic outcomes for at-risk students.

The web-based program, CATCH-IT, which stands for Competent Adulthood Transition with Cognitive Behavioral Humanistic and Interpersonal Training, is effective at preventing symptoms of depression for teens, much like a depression vaccination.

Why is this new approach necessary? Young people are particularly vulnerable to mental health concerns, as suicide and homicide are the second and third leading causes of death for people ages 10-24. Administrators and policymakers need to address the mental wellbeing of students and digital solutions may be the answer. Ideally, digital expertise and automation can provide universal mental health care screening and treatment to every student. The problem is the general approach to student mental wellbeing in the U.S. has been reactionary. Often when students exhibit behaviors that may indicate challenges, they are either referred to services, they must be aware of their own challenges and seek help themselves, or at worst they are harshly disciplined while waiting for support.

One in five children meets the criteria for an emotional or behavioral health disorder, yet the number who receive treatment ranges between 50% and 80%, according to a 2019 survey of 43,283 children aged 3-17 years.

The National Center for Education Statistics in 2018 reported many barriers to treatment, from variations in the services offered in schools, to falling through the gaps in the process of referrals, testing and placement that requires a great deal of coordination and time.

Some students face long waits or staff unable to provide comprehensive care. Administrators cite small budgets and overworked staff as reasons for the long waits to visits and short-term care.

For example, the Chicago Teachers Union recently reported that in 2017 to 2018, the ratio in the Chicago Public Schools was “one psychologist per 1,760 students, and one social worker per 1,238 students —close to five times what is recommended by the National Association of Social Workers.”

School psychologists and social workers can make a big difference in the lives of many, but they alone cannot provide the comprehensive support that is needed for the future. Even with increased staff and budgets, comprehensive student mental health care reform needs to provide timely access to tools for prevention, diagnosis, treatment and ongoing support to every student.

Taken from: [US News and World Report](#)

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Do you have a client, friend, or loved one struggling with **behavioral health or substance use disorders that you believe may be caused by an underlying brain injury** (e.g. concussion, car injury, sports injury, etc.)?

*If you suspect behavioral or addiction issues may be a result of a brain injury, **Brookhaven Hospital is uniquely qualified to help.***

*When a potential injury is suspected, our treatment team can complete assessments to identify complicating neurocognitive deficits and other secondary conditions which allows us **to appropriately enhance behavioral/addiction interventions, leading to better outcomes.***

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