Tending to mental health

May is Mental Health Awareness Month, and we’d like to take a moment to shine a light on some common myths concerning mental health:

**There’s something wrong with me.** Often, when we or someone we care about has mental illness, we wonder what went wrong. We might think that we - or the one we love - are somehow different than most people. While mental illness can be terribly difficult, it is actually not that unusual. In fact, a recent study that followed people from age 11 to 38 found that over 80% of them experienced mental illness at some point during the study. Forty-one percent (41%) had a mental health condition that lasted for many years, and forty-two percent (42%) experienced a short-lived mental illness. Depression, anxiety, and substance abuse were the most common diagnoses in the study. And yet, many people don’t seek help because they are ashamed of what is happening to them. They think that it is their fault, or that they will be seen as “less” because they have a mental illness. It can be a relief for folks to know that having a rough go at some point is actually quite common.

You can make a difference today by working to dispel this debilitating myth through your self-talk, and how you talk to and about others. Let people know there’s no shame in sharing their experience.

**I’m all alone.** Mental illness has a powerful ability to isolate those who have it and yet, as previously mentioned, most people have at least a short-term experience with mental illness. When we are open with each other about our struggles, we have the chance to learn that we really are all in this together. And no matter what our personal experience is, we can all reach out to each other to say, “I’m here. I’m willing to listen.”

**There’s no hope for me.** Sometimes people avoid getting help for mental illness because they don’t think it will do any good. In fact, there are all sorts of effective ways to ameliorate mental health issues. There are strategies that focus on the individual, such as diet, exercise, counseling, medication and expanding social supports. There are also environmental factors, like addressing economic disparities, racism, and community violence. If you or someone you know is struggling right now, today is the day to take action. If you’re not sure where to start, call us! We can help you figure out what you need and how to get it.

Lastly, thank you for your support for those we serve. Thanks to your investment, hurting people are finding out what is right with them, that they are not alone, and that there is hope!

With deep gratitude,
Maureen, Amy & Eileen

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**OVERVIEW OF PROGRAMS**

**On-Site Clinical:** Psychiatric and therapeutic consultations for uninsured and underinsured youth and adults

**Urban Youth Outreach:** Individual, family, and group therapeutic consultations, and psychosocial support for minority youth affected by violence

**The Living Room:** Weekly peer support for those struggling with daily living issues

**Chiropractic Care & Wellness:** Chiropractic care, mind/body integration work & yoga classes to promote overall wellness

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To receive this bi-annual newsletter by email, please send your address to adurkee@spirituschristi.org.
Christine absolutely radiates warmth. When she talks to you, you’d think you’re the only person in the world. But beneath her upbeat exterior, Christine has a lot of pain and struggle. She came to us last October for help with depression. Her “bestest soul sister friend” had passed away just three months earlier, and Christine’s grief was making it hard to function.

“Michelle and I were friends through Compeer for 10 years,” she explains. “In July, she called from the emergency room to say she’d just found out she had lung cancer. She passed away a week later.”

After Michelle’s death, Christine told a friend that she was having difficulty with grief. She hadn’t seen a therapist in a few years due to financial constraints, but she knew it would help her. That friend recommended she call us.

“Sarah [Christine’s therapist] and I have been doing a pretty darn good job together,” says Christine. “I beat myself up a lot because of insecurity and a lack of self-confidence. Sarah has helped me to be easier on myself.” With Sarah, Christine has learned that it’s okay to grieve the loss of her friend, and that it’s also okay to keep her friend’s memory alive. Counseling has helped her to accept that she will always have a special connection to her friend even though she has passed away.

In addition to grief, Christine has struggled with depression and anxiety since she was a child. As an infant, Christine had a kidney infection, accompanied by high fever, which doctors treated with tetracycline. Christine had an allergic reaction to the antibiotic and it almost cost her life. The experience caused a host of developmental issues, including learning difficulties. “I’ve been in special classes my whole life,” she explains. Growing up with learning disabilities took a toll on her self-esteem. People often got impatient with her when she failed to catch on to things as quickly as they expected, and this caused her a lot of anxiety.

Counseling is helping her to see the negative stories that she has believed about herself that are simply not true. Christine is also aware of how growing up with developmental issues has helped her. “I learned to persevere and to advocate for myself,” she says. “Without the willpower I have, I wouldn’t have graduated from high school and college. I’ve been able to find and keep jobs since I was 16 years old. I always find a way to make things happen.”

Christine also deals with chronic pain and mobility issues due to fibromyalgia and arthritis. She says the pain contributes to her anxiety and depression. “When I struggle with depression,” she notes, “I’d rather sleep and stay hidden.” She and her therapist are coming up with strategies to help her get out of bed in the morning. She now sees, for example, how important it is to have something to do and somewhere to go to get her up and moving. She also has a sign on her wall that says Do one thing every day that makes you happy. “I love scrapbooking and making cards. So I put a beautiful piece of my cousin’s art below the sign.” The sign and the art inspire her to be creative, which is something she loves to do.

Christine is learning all sorts of things right now in therapy. One thing she is especially grateful for is learning the “QTIP” principle: Quit Taking It Personally. She has always tended to think she needs to take care of others, but her counselor taught her that it’s not her job to do that. She is also learning to be gentle with herself and to allow herself to feel and express her feelings. She is seeing the work paying off in various areas of her life, including what she describes as a long time problem with hoarding.

Clearly, Christine has a lot to offer the world and herself. She just needed support and some help getting a new perspective. Of her time at the Center, she says, “I am heart-fully healing in different ways because I met Sarah.”
Some years ago, during a therapeutic exercise called the Team of Life, one of our Urban Youth Outreach participants identified staying alive to see my 18th birthday as the most significant goal he had scored in life so far. He went on to say, “Staying alive in Rochester is one of the hardest things [to do] in our life. We have to jump through hoops and tackle obstacles every day.”

The next year, at age 19, the youth who spoke these words was killed by gun violence on a street in Rochester. His words, and other program participants’ expressions of the reality of violence in their lives, remain poignant reminders to me of the daily hardships experienced by our program participants and the importance of celebrating achievements such as their 18th birthdays. During group sessions, youth have reflected, “It’s hard to imagine, but if we could live the rest of our lives without violence, we would want to do that.”

Nationally, homicide is the number one cause of death among black males age 15-24. In fact, nearly 50% of black adolescent males die by homicide (CDC, 2015). In Rochester, violence problems have grown along with increases in a wide range of problematic social conditions, according to a 2017 report issued by RIT’s Center for Public Safety Initiatives. “By any way it is measured,” the report concludes, “Rochester has a serious violence problem and has had it, uninterrupted, for nearly 50 years.”

Our outreach program began in 2006, following a year in which 8 of 53 Rochester homicide victims were under 18 years of age and 42 of the 53 victims were black children. Our initiative attends to the multiple and synergistic problems that threaten the health and welfare of too many of the youth in our community: violence, poverty, and the prevailing racial disparities in health care access and delivery.

Let’s keep working together to make violence-free living easier for our youth to imagine.

Written by Eileen Hurley, RN, LCSW, director of our Urban Youth Outreach Program.
MORE WAYS TO GIVE:

United Way

United Way of Greater Rochester

Donor Designation Program #2403

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Your support makes all the difference!

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Prescribe and manage medications for participants, 2-4 hrs per month
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SPECIAL THANKS TO OUR MEDIA PARTNER:

From Current Participants:

My counselor has helped me get my life back and enjoy everyday activities.

I love coming here and talking with my counselor. She really cares about my needs and she goes out of her way to try and help me any way she can. Thank you!