



WASHINGTON HEALTH SYSTEM
Center for Mental Health and Wellbeing

MONTHLY NEWSLETTER



Preventing Bullying

October is National Bullying Prevention Month, a time to focus and raise awareness on bullying. During this month, many groups across the country will release new resources, campaigns, and efforts aimed at bringing awareness to the issue of bullying.

What is Bullying?

Bullying is a form of youth violence and an [adverse childhood experience](#) (ACE). CDC defines bullying as any unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, that involves an observed or perceived power imbalance, and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm. Common types of bullying include:

- **Physical** such as hitting, kicking, and tripping
- **Verbal** including name-calling and teasing
- **Relational/social** such as spreading rumors and leaving out of the group
- **Damage to property of the victim**

Bullying can also occur through technology, which is called electronic bullying or cyberbullying. A young person can be a perpetrator, a victim, or both (also known as “bully/victim”). For more information about bullying definitions please see [Bullying Surveillance Among Youths: Uniform Definitions for Public Health and Recommended Data Elements, Version 1 pdf icon](#) [8.64 MB, 116 Pages, 508].

How big is the problem?

Bullying is widespread in the United States. Bullying negatively impacts all youth involved including those who are bullied, those who bully others, and those who witness bullying, known as bystanders.

- **Bullying is common.** About 1 in 5 high school students reported being bullied on school property. More than 1 in 6 high school students reported being bullied electronically in the last year.
- **Some youth experience bullying more than others.** Nearly 40% of high school students who identify as lesbian, gay, or bisexual and about 33% of those who were not sure of their sexual identity experienced bullying at school or electronically in the last year, compared to 22% of heterosexual high school students. About 30% of female high school students experienced bullying at school or electronically in the last year, compared to about 19% of males. Nearly 29% of White high school students experienced bullying at school or electronically in the last year compared to about 19% of Hispanic and 18% of Black high school students.

**October
2021**

Month

[National Depression and Mental Health Screening Month](#)
[Health Literacy Month](#)
[Bullying Prevention Month](#)
[Domestic Violence Awareness Month](#)
[Pregnancy and Infant Loss Awareness Month](#)
[ADHD Awareness Month](#)

Week

[Mental Illness Awareness Week](#) (Oct. 3-9)
[OCD Awareness Week](#) (Oct. TBA)
[National Health Education Week](#) (Oct. 18-22)
[ADHD Awareness Week](#) (TBA)

Day

[International Day of Non-Violence](#) (Oct. 2)
[National Depression Screening Day](#) (Oct. 7)
[World Mental Health Day](#) (Oct. 10)
[National Coming Out Day](#) (Oct. 11)
[National Stop Bullying Day](#) (Oct. 13)
[National Pregnancy and Infant Loss Remembrance Day](#) (Oct. 15)

To learn more visit:
<https://sacwellness.com/mental-health-awareness-calendar/>

- **Bullying is a frequent discipline problem.** Nearly 14% of public schools report that bullying is a discipline problem occurring daily or at least once a week.
 - Reports of bullying are highest in middle schools (28%) followed by high schools (16%), combined schools (12%), and primary schools (9%).
 - Reports of cyberbullying are highest in middle schools (33%) followed by high schools (30%), combined schools (20%), and primary schools (5%).

What are the consequences?

Bullying can result in physical injury, social and emotional distress, self-harm, and even death. It also increases the risk for depression, anxiety, sleep difficulties, lower academic achievement, and dropping out of school. Youth who bully others are at increased risk for substance misuse, academic problems, and experiencing violence later in adolescence and adulthood. Youth who bully others and are bullied themselves suffer the most serious consequences and are at greater risk for mental health and behavioral problems.

How can we prevent bullying?

Bullying is preventable. There are many factors that may increase or decrease the risk for perpetrating or experiencing bullying. To prevent bullying, we must understand and address the factors that put people at [risk for or protect them from violence](#). CDC has developed a resource, [A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors pdf icon\[4.09 MB, 64 Pages, 508\]](#), to help communities take advantage of the best available evidence to prevent youth violence. This resource is also [Cdc-pdfpdf iconavailable in Spanish pdf icon\[3.89 MB, 68 Pages, 508\]](#) and can be used as a tool in efforts to impact individual behaviors as well as the relationship, family, school, community, and societal risk and protective factors for violence. The approaches in this resource, particularly universal school-based programs that strengthen youths' skills and modify the physical and social environment, have been shown to reduce violence and bullying or key risk factors.

Different types of violence are connected and often share root causes. Bullying is linked to other forms of violence through [shared risk and protective factors](#). Addressing and preventing one form of violence may have an impact on preventing other forms of violence.



To read the full article, please visit:

<https://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/fastfact.html>

Violence Prevention

Connecting the Dots

The different forms of violence—child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse and suicidal behavior—are interconnected and often share the same root causes.

Understanding the overlapping causes of violence and the things that can protect people and communities can help us better prevent violence in all its forms.

Why use a cross-cutting approach?

Several decades of research, prevention, and services have revealed a lot about the different forms of violence and how to prevent and respond to them. One fact that continuously emerges from this body of work is that the different forms of violence are strongly interconnected.

To learn more about how different types of violence are connected and hear how communities are using this approach to prevent violence, visit [Connecting the Dots](#) on DVP's VetoViolence website.

To explore connections between different types of violence and their shared risk and protective factors visit the [Connections Selector](#) on DVP's VetoViolence website.

To read the full article, please visit:

<https://www.cdc.gov/violenceprevention/about/connectingtthedots.html>



10 Ways to Support Your Mental Health with Metastatic Breast Cancer!

It's not uncommon to experience a wide range of emotions following a metastatic breast cancer diagnosis, including stress, anxiety, fear, uncertainty, and depression. These emotions can have a strong effect on your mental health.

As you discuss your treatment options with your doctor, keep in mind that treating the physical symptoms of metastatic breast cancer is just one part of a comprehensive plan.

It's important to also take into account the mental and emotional effects of your diagnosis. Not only will it improve your overall quality of life, but it could also help you as you go through the treatment process.

In one [study](#), mortality rates were 25 percent higher in people with cancer who had depressive symptoms and 39 percent higher in people diagnosed with major depression.

Try not to let the stress posed by the cancer experience prevent you from continuing your life. Consider these 10 resources for mental health support.

1. Visit a mental health professional
2. Be open with your family and friends
3. Join a support group
4. Stay active in your community
5. Reduce stress
6. Consider additional medications
7. Meet with a social worker
8. Seek further education
9. Exercise
10. Eat right

When you have metastatic breast cancer, taking care of your emotional health is just as important as your physical health. Staying positive may be challenging. Take advantage of every resource available to you to support your mental health.

If you're having thoughts of suicide, or can't stop thinking about death, call 911 or the National Suicide Prevention Lifeline at 1-800-273-8255.

Visit your doctor or see a mental health professional right away if you're finding it hard to eat, sleep, get out of bed, or you've lost all interest in your normal activities.

To read the full article, please visit: [https://www.healthline.com/health/metastatic-breast-cancer/mental-health-](https://www.healthline.com/health/metastatic-breast-cancer/mental-health-support#:~:text=It%E2%80%99s%20not%20uncommon%20to%20experience%20a%20wide%20range,have%20a%20strong%20effect%20on%20your%20mental%20health.)

[support#:~:text=It%E2%80%99s%20not%20uncommon%20to%20experience%20a%20wide%20range,have%20a%20strong%20effect%20on%20your%20mental%20health.](https://www.healthline.com/health/metastatic-breast-cancer/mental-health-support#:~:text=It%E2%80%99s%20not%20uncommon%20to%20experience%20a%20wide%20range,have%20a%20strong%20effect%20on%20your%20mental%20health.)

There is a Mental Health Link to Cancer Risk

- Breast cancer kills more than 40,000 people in the United States each year, and patients often suffer from anxiety and depression. Research suggests that about 40 percent of patients with breast cancer have some type of mental health diagnosis.
- Mood disorders were the most common mental disorder linked to cancer. Thirty-two percent of men and 43% of women with mood disorders developed cancer less than two years after their diagnosis of mood disorder.
- 17% of women and 11% of men had anxiety disorders prior to their cancer diagnosis.

To learn more visit:
<https://www.webmd.com/mental-health/news/20041006/mental-health-linked-to-cancer-risk#:~:text=Mood%20disorders%20were%20the%20most%20common%20mental%20disorder,ha d%20anxiety%20disorders%20prior%20to%20their%20cancer%20diagnosis.>

OCTOBER 16TH | 2PM ET | WASHINGTON PARK

RACHEL'S GIFT PRESENTS
Angel DASH
WE WALK SO OUR ANGELS CAN FLY



Knights of Columbus, Council 10783, St. Matthew Parish,
St. Ann's Roman Catholic Church, Wyncott, PA



Council 1083
St. James Parish
Washington, PA



WASHINGTON HEALTH SYSTEM
Women's Health Services

1 MILE FUN RUN
& Memorial Walk
with VIRTUAL OPTION

proceeds benefit



Rachel's Gift is a 501(c)(3) public charity that provides education, resources, and support for caregivers and families enduring pregnancy and infant loss at **WHS Washington and Greene**. Since 2008, we have served thousands of moms and families by partnering with hospitals to provide specialized care for parents who lose a child to miscarriage, stillbirth, or infant death.



REGISTER TODAY! angeldash.org

OCTOBER IS PREGNANCY & INFANT LOSS AWARENESS MONTH



Dear Valued Referral Source,

We continue to send our thanks and gratitude to all healthcare works and colleges' collaborating with Washington Health System to ensure the best possible care and treatment for individuals seeking assistance. These last 18 months have certainly challenged all of us! As we head into fall, we hope you get the opportunity to enjoy family outings and watching the leaves change colors and fall from the trees. Continue to be safe and thank you for your ongoing referrals.

Sincerely,

Jennifer Campbell, MSW, LSW

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Washington Health System & Washington Physicians Group

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WHS Center for Mental Health & Wellbeing



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Greene County Crisis Line: 1-800-417-9460
Washington County 24-Hour Crisis Hotline: 1-877-225-3567
National Suicide Prevention Lifeline: 1-800-273-8255
Greenbriar Treatment Facility: 1-800-637-4673
STTARS Sexual Assault Hotline (Greene & Washington): 1-888-480-7283