



WASHINGTON HEALTH SYSTEM
Center for Mental Health and Wellbeing

MONTHLY NEWSLETTER



Ensuring mental health and well-being in an adolescent's formative years can foster a better transition from childhood to adulthood.

Adolescence is a critical and formative period in which individuals begin their transition from childhood to adulthood. Ensuring that adolescents are fully supported in all facets of life, including their mental health and well-being, is critical for fostering this transition and laying the foundation for healthy and productive adulthoods.

Mental health conditions constitute a major burden of disease for adolescents globally. In 2019, it was estimated that one in seven adolescents experience mental disorders [1]. This amounts to an estimated 166 million adolescents (89 million boys and 77 million girls) boys and girls globally.

Among adolescents aged 10–19, anxiety and depression disorders make up about 40 per cent of mental disorders. These are followed by conduct disorders (20.1%) Attention-deficit hyperactivity disorder (19.5%).

Taking these and similar findings into account, mental health has gained increased recognition as a critical component of the global health agenda. Within the Sustainable Development Agenda, for example, Sustainable Development Goal (SDG) target 3.4 aims to reduce premature mortality from non-communicable diseases through the prevention and treatment of mental health conditions as well as through the promotion of mental health and well-being. These objectives are crucial to reducing preventable deaths among adolescents.

Self-harm is among the top causes of death for adolescents.

According to latest estimates from the World Health Organization, suicide is the fourth leading cause of death for adolescent boys and girls aged 15-19, after road injury, tuberculosis and interpersonal violence. For girls aged 15–19, suicide is the third leading cause of death after tuberculosis and maternal conditions.

To read the full article and get the statistical data and graphs, please visit: [Adolescent mental health statistics - UNICEF DATA](#)

March 2022

Month

Self Harm Awareness Month

American National Nutrition Month

Brain Injury Month

National Developmental Disabilities Awareness Month

Week

National Careers Week (March 6-11)

Sleep Awareness Week (March 12-18)

National Drug and Alcohol Facts Week (March 20-26)

World Autism Awareness Week (March 27-April 2)

Day

Self-Injury Awareness and Zero Discrimination Day (March 1)

International Women's Day (March 8)

World Sleep Day (March 17)

World Down Syndrome and Eliminate Racial Discrimination Day (March 21)

To learn more visit:

<https://sacwellness.com/mental-health-awareness-calendar/>



Self-Harm Awareness Month

Mental health and self-harm are very important topics to discuss. March is Self-Harm Awareness Month. Dr. Christopher Fichtner, Clinical Professor, and Interim Chair at the UCR Health at Citrus Tower debunked common misconceptions individuals have regarding self-harm and mental health. Dr. Yamaguchi, Health Sciences Assistant Clinical Professor, at the UCR Health Department of Psychiatry and Neuroscience also shared insight into self-harm awareness.

Common Misconceptions Debunked

Myth: Individuals who self-harm are trying to kill themselves.

Fact: Individuals who self-harm are not typically trying to kill themselves. They may be trying to distract themselves from painful feelings, or they may be punishing themselves.

Myth: Individuals who self-harm are making up stories and none of it is real.

Fact: Those who self-harm often have a history of childhood sexual or physical abuse, emotional neglect, or bonds with caregivers that were unstable or insecure. Self-harm may at times be an attempt to neutralize intrusive memories or negative feelings of a depressive or angry nature, and may reflect an underlying posttraumatic stress disorder (PTSD).

Myth: Individuals who self-harm attention-seeking.

Fact: Some individuals may self-harm in response to dissociative symptoms such as feeling numb or as if having an out-of-body experience, and may be an attempt to “feel something”.

Myth: Individuals can stop self-harming at any time, they’re not trying hard enough to stop.

Fact: It can be difficult to quit self-harming. Many reasons can contribute to this, including the shame that some individuals who self-harm feel. This shame can then contribute to resisting sources of help.

Toshia Yamaguchi, MD

Myth: When you overcome self-harm, you can never relapse.

Fact: Individuals can relapse, especially when facing new or recurrent stressors. Though relapses are natural, it can feel like defeat.

Dr. Fichtner also shared alternatives to self-harming behavior. These include Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), as well as Psychotherapy. Other alternatives include medication, though no medication is researched and approved specifically for the indication of self-harming behavior.

Dr. Yamaguchi addresses that it is important to acknowledge the reasons why individuals may self-harm and to be there for those individuals who may feel alone in their recovery journey.

To read the full article, please visit: [Self-Harm Awareness Month - UCR Health](#)

Did You Know?

World Sleep Day is This Month, Here are Some Tips for Better Sleep

1. Stick to a sleep schedule.
2. Pay attention to what you eat and drink.
3. Create a restful environment.
4. Limit daytime naps.
5. Include physical activity in your daily routine.
6. Manage worries.

To read the full article, please visit: [Sleep tips: 6 steps to better sleep - Mayo Clinic](#)

If you or a loved one are in need of Mental Health treatment, please reference the numbers on the last page of this newsletter.



Dear Valued Referral Sources,

In Irish, as in English, “thank you” is a phrase: This literally means “**may good be at you**” (idiomatically “may you have that which is good”), and is the way to say “thank you” to one person. On behalf of WHS, we would like to say “may good be at you” for your continued support. Happy St. Patrick’s Day!

Sincerely,

Jennifer Campbell, MSW, LSW

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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