

TABLE OF EXPERTS

ST. LOUIS
BUSINESS JOURNAL



MENTAL
HEALTH

MEET THE EXPERTS

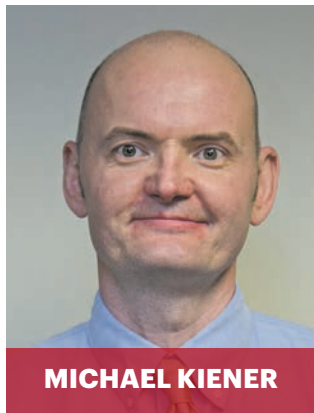


KATHLEEN BOYD-FENGER

As the Head of School at Logos, Kathy Boyd-Fenger believes that every child deserves an education tailored to their needs and access to emotional growth.

Boyd-Fenger is herself a graduate of Logos, and went on to earn a B.A. in Psychology, an M.A. in Counseling, and a lifetime teaching certificate in Special Education from Webster University. She earned her Doctorate in Education Leadership from UMSL.

Boyd-Fenger believes growth comes for young people when we take the time to make relationships, build self-esteem and recognize each journey has its own struggles and triumphs.

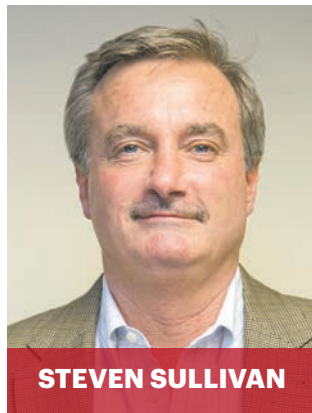


MICHAEL KIENER

Michael Kiener is an associate professor and director of Maryville University's Rehabilitation Services and Counseling programs.

Michael has degrees in early childhood education, rehabilitation counseling, and a Ph.D. in counselor education and has experience in private and not for profit rehabilitation settings, including volunteering at St. Patrick Center, primarily counseling Veterans.

At Maryville, he received the Outstanding Faculty Award and the 2012 President's Award for Strategic Excellence: Civic Engagement.



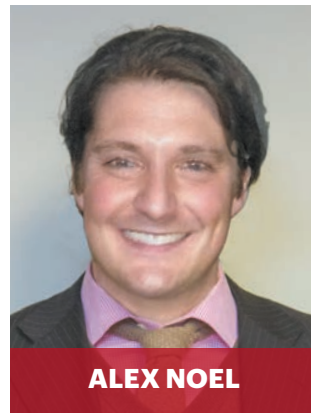
STEVEN SULLIVAN

Steven R. Sullivan became Provident's President and Executive Director in 2014.

He most recently was an executive with the Ameren Corporation.

Sullivan has been a Board member of the Urban League of Metropolitan St. Louis for three years; serves on the Board of Food Outreach; and was previously a Board member at the Sheldon Concert Hall.

A native of the St. Louis area, Sullivan holds a B.S.B.A. from the University of Missouri-St. Louis, a law degree from the University of Missouri-Kansas City and a MBA from the University of Missouri-St. Louis.



ALEX NOEL

Alex Noel, Team Leader of Outpatient Behavioral Health Services at SSM Health Care, has more than 10 years of progressively responsible experience in the fields of clinical and administrative mental health care.

Prior to his service at SSM Health Care, Noel led behavioral health services at the St. Louis City Justice Center Maximum Security Jail.

Noel holds a Master's Degree from the Washington University Brown School of Social Work and is Licensed as a Clinical Social Worker. He is pursuing a MBA through Webster University.



MIKE KELLER

Mike Keller is President of the Missouri Mental Health Foundation and Executive Director of Independence Center, a leading Clubhouse model program for adults with serious and persistent mental illness.

Mr. Keller is immediate past chair of the Missouri Coalition of Community Behavioral Health Centers, and serves on the boards of Behavioral Health Response and Behavioral Health Network.

He is on the Advisory Council of the International Center for Clubhouse Development, and the Provider Services Advisory Board of the St. Louis Regional Health Commission.



JAMA DODSON

Jama Dodson was appointed Executive Director of the Saint Louis Mental Health Board (MHB) in 2012.

MHB was established in 1994 following a tax initiative passed by City voters to support more mental health services. Ten years later in 2004, MHB was designated to administer another tax passed to provide services to children and youth up to age 19.

Her community involvement reflects a commitment to strategic investment in quality services by memberships on the boards of the Gateway Center for Giving, the United Way of Greater St. Louis and the Leadership Council of Ready By 21 St. Louis.

Mental health

PHOTOS BY DILIP VISHWANAT | SLBJ

► WHAT CAN BE DONE TO PREVENT OR REDUCE MENTAL HEALTH DISORDERS BEFORE THEY BECOME SEVERE?

Kathy Boyd Fenger: When we look at prevention of mental health disorders, we have to also look at education. Understanding that mental health is as necessary to treat as any other medical diagnosis is essential in reducing symptoms. The earlier you can get treatment to the onset of the mental illness, the better the outcome. At Logos, we focus on helping children and adolescents understand what mental health means, and that we all have the right to live a life that brings us joy and success. We often hear, in regards to our students, that parents or mental health professionals say they saw signs for years before the mental health challenge became a total disruption to a child's life, or even the family. To reduce the effects of this happening, well that is what the people in this room do every day, educate and treat mental health as a medical diagnosis.

Steve Sullivan: One of the keys to early intervention is removing the stigma around mental illness—to get people to realize that one in five adults are going to have mental health issues in their lifetime and that it's okay to come forward. One of the things we've done at Provident is engage in a training program called Mental Health First Aid. We go out to the community to teach people what to look for and how to respond. What does a mental health issue look like? With that kind of

education, they can intervene early.

Michael Kiener: It is important to frame this discussion from a wellness perspective and focus on individual strengths and what the individual is doing well and not overly focusing on individual deficits. As stated, early intervention and decreasing stigma are essential.

Jama Dodson: Stepping back even further, child abuse and neglect are really important determinants of later-on mental health conditions. And I've been reading more about maternal depression and how that's affecting kids in terms of their own later trajectory.

Alex Noel: The phrase that we use a lot at SSM is "continuity of care." We've grown more robust intensive outpatient services, our transitional care programs, even our adolescent programs. But we know that there's a community out there that has very specialized services and that we need to be attuned to it.

Mike Keller: Missouri has an extraordinarily collaborative provider community. It's a too well kept secret. Still, sometimes the people who are dealing with serious and persistent issues for adults don't know the service providers working with children. But overall, we collaborate with each other very well and we collaborate with the State Department of Mental Health to a remarkable degree. Missouri is the envy of any other state in terms of holistic



"The earlier you can get treatment to the onset of the mental illness, the better the outcome."

KATHY BOYD FENGER, Logos

approaches to behavioral health including alcohol and drug issues, health care homes and mental health programs.

Kathy Boyd Fenger: To piggy-back, the local resources available in St. Louis, for adults and children, are wonderful, but they can be difficult to access. First, we have to inform our public about what is available. We also need to line up with the community on how to overcome financial barriers, transportation barriers, waiting

lists And it's estimated that mental illness will go up 15 percent by 2020. We have 450 million people in the U.S., and if you add 15 percent on top of that, something has to happen to get the word out about these services.

Steve Sullivan: One of the things we're doing, getting back to the continuity of services, is working with the hospitals. We have a program called Hope After. This program is designed for people that have attempted suicide, but not taken it to completion. Sometimes the police department will take them to the hospital, and then two or three days later, they'll be discharged. We're trying to be the long-term safety net for those folks so that they have a place to turn to after discharge.

► **MORE AND MORE, WE'RE HEARING ABOUT TRAUMA, PARTICULARLY WITH RETURNING VETERANS. CAN WE TALK ABOUT THE ROLE THAT TRAUMA PLAYS IN THOSE WHO DEVELOP MENTAL ILLNESS?**

Mike Keller: It's huge. And we're only now, within the last few years, coming to terms with how pervasive it is. And I do believe that it's the PTSD crisis that has made us more sensitive. But the prevalence of abuse and rape, the molestation experiences that so many people are trying to live with, and because of the stigma of mental illness, it's not surfacing. So, I'm wondering, when you say 15 percent growth by 2020, if that's in diagnosis because we're...

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Kathy Boyd Fenger: More aware.

Mike Keller: More attuned. Or that the cause factors are increasing.

Kathy Boyd Fenger: At Logos, a lot of our students will come with past traumas – whether it's abuse or witnessing something, or even having experienced bullying at school. They really see more than I certainly saw as a kid, and they don't know how to deal with it. One of our mottos is, "Turning struggles into strengths." Trauma can lead to a built-up resilience. We want our kids to say, "Okay, I can get through it. I can persevere." And you develop resilience. Without support, you can just be done in by it – you can't beat it.

Jama Dodson: And coping is a really important piece. And so is being able to recognize the signs. Instead of punishing behaviors, recognize that they may be indicative of something else going on. I was altered about a situation at a school not long ago at which a staff member was trying to get a little child to go in for a nap. He was shrieking, not like, "I don't want to behave" or "I don't want to play by the rules." He was totally frightened. Unfortunately, the adult was very punitive and told him what a bad boy he was. It was heartbreaking.

Michael Kiener: If someone experiences trauma it doesn't mean they will develop a mental illness. When working with individuals who have been traumatized it is crucial to facilitate the development of support systems and appreciate the role employment plays in individual quality of life. Maryville's Rehabilitation Counseling program educates individuals from a strength based perspective and increasing empathy from a holistic view of the individual. When students engage with clients from this perspective, they will have a more complete understanding of the difference between a traumatic experience and the development of mental illness.

Steve Sullivan: When you look at the numbers, they don't lie. The connections are incredible. We do a lot of re-integration work with sex offenders. And our research has found that 85 percent of sex offenders who come in for counseling have had some adverse childhood experience – 85 percent.

Alex Noel: But we know trauma can definitely exacerbate pre-existing conditions and bring forward the first symptoms of underlying conditions.

► **WHEN A COMMUNITY LIKE OURS GOES THROUGH EVENTS LIKE WE SAW IN FERGUSON IN AUGUST, IS THAT TRAUMA?**

Mike Keller: Absolutely.

Kathy Boyd Fenger: We always try to get our kids to talk about triggers. Absolutely, what the community witnessed in Ferguson is a trigger for

those who live there and who live nowhere near that area. Whether or not it is trauma, that is based on the individual. But certainly, for kids who experienced past traumas, watching distress can heighten fear and anxiety.

Steve Sullivan: We have been very active in Ferguson, distributing pamphlets about our free counseling for children and adults who have been impacted by the events in Ferguson. We actually haven't seen a big uptick in our office in Ferguson. So we met

the Jennings, Ferguson-Florissant, Normandy and Riverview Gardens school districts to offer in-school support, teach coping skills and deal with the effects of trauma.

► **WHAT DOES TRAUMA LOOK LIKE IN THAT SITUATION?**

Kathy Boyd Fenger: We saw more fear in our kids. We have a student who lives right in the heart of Ferguson. So, for him, it was survival. Just the chaos he existed in or went home to every

night. But with the rest of the kids and the staff, we saw people more anxious, more edgy, more fearful. We did a lot of talking, a lot of planning. There was a program called Hearts for Ferguson that helped relieve everybody's sense of anxiety. The kids wrote notes on a heart to give to kids in Ferguson schools. So, that helped them feel proactive.

Steve Sullivan: One thing we saw in our after-school programs, which

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A university cannot be an ivory tower on the hill. We need to increase and deepen community partnerships.

MICHAEL KIENER,
Maryville University's
Rehabilitation Services
and Counseling

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are mostly in the city, was kids talking poorly about police officers. So we brought St. Louis County police officers into our classrooms to explain what being an officer really means. Initially, these kids were scared when the officer walked in. But by the end of the session they were smiling and laughing together.

► **WHAT ABOUT POLICE OFFICERS AND THEIR TRAUMA?**

Steve Sullivan: It's very real.

Kathy Boyd Fenger: And their families' trauma, being afraid that their loved one isn't going to come home.

Mike Keller: They're in a world that's very analogous to the Vietnam vets. They were doing what we as a society asked of them and there's no heroism or virtue to it.

Jama Dodson: That's a really interesting metaphor. And we can't negate the role of racism. Some older kids are very angry about police relations. Being afraid to go certain places, or to behave in certain ways your whole life is pretty traumatic in a cumulative, repetitive kind of way. Those experiences need to be validated, and at the same time, channeled into something that can be positively addressed.

Alex Noel: When a crisis hits, you can't have enough support.

► **WHAT ARE THE OTHER IDEAS OUT THERE TO BETTER BRIDGE THE GAP BETWEEN THE SYSTEMS OF BEHAVIORAL HEALTH CARE FOR ADOLESCENTS AND ADULTS?**

Mike Keller: Going back to the first question, reducing stigma would help a great deal. And be willing to name it. The stigma burden is so great that parents would rather talk about the drinking or drugs and not talk about what's underneath it.

Steve Sullivan: Even though we have great services, sometimes people aren't open to using them so we provide other options. Our Feeling Kind of Blue program, which recently won a National award from the American Association of Suicidology for being the Most Innovative New program, is a social media site where people who are feeling depressed can converse with each other. Nine times out of ten, they build each other up and everything goes fine. But, we monitor the site 24/7 and if we notice someone expressing suicidal thoughts, we intervene and offer support. People on that website may not otherwise come forward on their own because of the stigma attached to suicide.

Michael Kiener: Professionals need to be current in their education and to use effective techniques – mental health treatments evolve and improve as in other healthcare professions. Professionals need to be able to collect data on their practice in order to improve, which is a big component of the training at Maryville. When rehabilitation counselors collaborate with their clients to determine goals and emphasize a positive therapeutic relationship, individuals will have a greater ability to realize positive change.

Alex Noel: Absolutely. People should know these are very treatable illnesses. I mean, very treatable. The treatments are getting better and better every year.



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Breaking down the stigma and inviting people from all colors, races and creeds to realize that this is something we all universally go through at different points and to different extents is a common denominator. We can really come together, especially in our community – across the board.

► **BUT IF YOU'RE IN THE MIDDLE OF THE DISTRESS, TRYING TO CATCH YOUR BREATH, IT CAN BE HARD TO STOP AND ASK FOR HELP.**

Kathy Boyd Fenger: As adults, most of us have coping skills to calm ourselves down and people to go to when we get in that rough place. We'll pick up a phone or say I'm going to go home and read a book or whatever you do. So part of our job is to help kids to get to that point. We want our kids to know that their problems won't disappear, but the way they manage them can be more effective.



Most years in Missouri, two times as many people die from suicide as are killed by homicide.

STEVE SULLIVAN,
Provident

Michael Kiener: When I'm working with somebody, it's not uncommon to hear, "Oh, I'm so depressed, I can't get out of bed." And, then I reframe their response and say, "But you made it here today. So, what was different today that made you be able to get out of bed to come see me?" Also, 60 percent of people report a positive pre-session change from just making the phone call to obtaining services.

Kathy Boyd Fenger: It's taking action.

► **DOESN'T IT DEPEND A GREAT DEAL ON THE INTEGRATION WITH THE WELLNESS COMMUNITY? THE PEDIATRICIAN OR GENERAL PRACTITIONER?**

Alex Noel: That's huge. We've known for years that general practitioners and pediatricians have been frontline behavioral health people just by the nature of people coming for regular check-ups. It's about education. We continue to work with physician organizations to get the message across that if it doesn't seem right, get the

patient referred for further services in the behavioral health realm. We're even doing that for some people who are high utilizers of the ER – making referrals to intensive out patient programs where they can get ongoing help.

► **THE CRISIS HOTLINE IS ANOTHER SCREENER, CORRECT?**

Steve Sullivan: Absolutely. And we're getting better and better in making sure that once people get off the phone, the situation has de-escalated and they feel

safe. But it's difficult sometimes because by its very nature, we don't know who they are unless they decide to self-disclose. That's why it's so important to become educated about the warning signs for mental illness. Friends, family, co-workers should ask the hard questions if there is concern before the situation gets out of control. Provident offers training to the community on Suicide Prevention and Mental Health First Aid. Unless they decide to self-disclose.

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Mental Health Fund

The Saint Louis Mental Health Board invests in community-based projects that provide quality behavioral health programs for adults with serious and persistent mental health and/or substance abuse disorders as they work toward recovery and improve their quality of life.

Impact Areas

- Individuals with serious behavioral health disorders achieve and sustain their progress toward recovery.
- Individuals with serious behavioral health disorders who require frequent interventions are able to avoid relapse or emergencies.
- Individuals with behavioral health disorders and other chronic conditions improve management of their overall health.



Children's Services Fund

The Saint Louis Mental Health Board supports a wide range of programs that address the mental health needs of children related to emotional and behavioral health, trauma and establishing healthy, supportive family environments.

Impact Areas

- Parents will provide safe and nurturing environments for their families.
- Children and youth are successful learners.
- Children and youth develop healthy life skills.
- At-risk and troubled children and youth are stabilized.



Strategic Partnerships

MHB supports partnerships that use evidence-based programs to strengthen the service delivery system for:

- Immigrants and refugees that have survived torture,
- Adults who are homeless or at risk of homelessness due to behavioral health disorders, and
- Youth development focused collective impact.

MHB coordinates two federally funded projects from the Office of Refugee Resettlement and the Substance Abuse and Mental Health Services Administration; and is a member of the Ready by 21 St. Louis Investment Team that supports the formation of a collaborative impact model of youth development for the St. Louis region.

Through these strategic partnerships MHB will attain the following goals:

- Improve access to and quality of services for immigrants and refugees
- Increase access to affordable housing for adults with serious mental illness
- Increase use of evidence based practices in mental health service delivery
- Align resources and high-quality services to improve outcomes for youth

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Saint Louis Mental Health Board
INVESTING IN PROGRAMS THAT WORK

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► **WHAT ARE THE NUMBERS OF HOMELESS WHO ALSO HAVE MENTAL HEALTH ISSUES?**

Jama Dodson: They do a census every year in the city for the Homeless Division out of the Department of Human Services through their project, The Homeless Continuum of Care. In 2012, there were 5,400 people counted. Almost 1,000 of the homeless were persons with serious mental illness. And then an additional 1,900, who were not

homeless, had a serious mental illness and were at risk of homelessness. So, they were really close to the edge.

Mike Keller: Couch surfing somewhere. They're not living on the street, but they're living at the mercy of friends or relatives.

Jama Dodson: People with serious mental illness are often employed in lower paying jobs and often are at the margins of the economy. Health insurance is not always available so many times they must go to the

emergency rooms to seek treatment. Medicaid expansion would go a long way to alleviating crises and emergencies.

Mike Keller: But the providers are doing very, very collaborative things to address this. A little history that is significant is when the emergency department closed at Metropolitan St. Louis Psychiatric Center. The community panicked. It was amazing. The police and the EMS workers and representatives from all the providers came together for meeting after meeting after meeting.

One of the outcomes was the Behavioral Health Network, which puts the social service agencies together with the hospitals. So, we are collaborative on ways to bridge people from hospital emergencies or to divert them. We're doing more hand-offs. And it has been very, very successful.

► **IN WHICH AREAS DO YOU SEE AN INCREASED NEED FOR MENTAL HEALTH PROFESSIONALS?**

Michael Kiener: There is an increased need nationally for rehabilitation counselors to work with veterans returning home and helping them respond positively to home life and in many instances secure employment. Another area of need is working with youth with disabilities transition from high school to employment and or college.



Child abuse and neglect are really important determinants of later-on mental health conditions.

JAMA DODSON,
Saint Louis Mental Health Board

Kathy Boyd Fenger: For us, it's finding child and adolescent psychiatrists. There are some great ones out there, but far and few between. If you have a child who might really benefit from some psychopharmacology, it can take four to six months to get an appointment with a doctor.

Steve Sullivan: I agree. But I would add crisis workers. We've gone through a decade of war with Afghanistan and Iraq. I was a young man during the Vietnam War and I saw how we treated those veterans when they came back. And yet, we have the highest suicide rate in the history of our country coming out of the current war. We lose more people in this country to suicide than we do to motor vehicle accidents. Most years in Missouri, two times as many people die by suicide as are killed in homicides. And even in the St. Louis metropolitan area, usually more people die by suicide than by homicide. From 2013 to 2014

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alone, Provident saw almost a 25 percent increase in crisis calls. When Robin Williams died, we saw a 100 percent increase in calls the following week.

► **WHAT'S THE TRAINING NEEDED FOR A CRISIS WORKER?**

Steve Sullivan: Actually, most of the people who work our hotlines are volunteers and are supervised by a licensed counselor. They go through a 70-hour program where they learn how to listen and how to respond to folks that are presenting themselves in a truly dire situation.

Michael Kiener: Many students from our undergraduate and graduate rehabilitation programs volunteer on the crisis hotline. They need to demonstrate empathy and active listening skills so the individual feels respected and heard.

► **HOW DOES MENTAL HEALTH IMPACT ACADEMIC WORK? WHAT RESOURCES ARE AVAILABLE FOR TEENS WITH MENTAL HEALTH ISSUES?**

Kathy Boyd Fenger: When the kids come to Logos, we do an in-depth social history – psychosocial history. The impact that their struggles, their trauma or their mental health concerns have on their education is huge. People don't always think about something like anxiety or depression affecting academics, but if those are barriers to you getting to school, or performing, they have a direct impact. Our kids have a long history of school failure, and that does not mean getting a bad grade, that can be related to social-emotional failure. They usually have, not always, but a history of social, emotional or behavioral problems at school. So then their self-esteem has tanked. They feel so bad. About five years ago we did a study looking at ten years of data. If they hadn't been at Logos, what would have happened? Fifty percent would have dropped out of high school or attempted suicide. That's one out of two of our kids, so it's pretty powerful in terms of the impact.

Mike Keller: And the challenges are so much bigger than the ability of all of us working together. There's no room for silos.

► **WHAT RESOURCES ARE AVAILABLE FOR HOMELESS PEOPLE WITH MENTAL HEALTH OR ADDICTION DISORDERS? AND WHAT ROLE DOES PERMANENT SUPPORTIVE HOUSING PLAY IN RESPONDING TO THE NEEDS OF THESE PEOPLE?**

Jama Dodson: There are temporary shelters and transitional shelters. There are programs like the Independence Center, where people can come and be a part of a community. The City Department of Human Services through the Homeless Continuum of Care is doing a good job of collecting information on what exists. They have the data, and they have organizations

that are working together to meet the needs of the homeless in our community. At the Mental Health Board, we've recently begun funding development of permanent supportive housing units. For someone who has a serious condition, who really needs to have some assistance taking meds, making sure they get to their appointments and other supports,, permanent supportive housing allows the person to live in the community and have a much better quality of life.

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*When a crisis hits,
you can't have
enough support.*

ALEX NOEL,
SSM Health Care



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 **SSM Behavioral Health Services**

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► **WHAT CAN BE DONE TO IMPROVE SUPPORT SERVICES FOR ST. LOUISANS LIVING WITH SEVERE AND PERSISTENT MENTAL ILLNESSES?**

Mike Keller: We have to recognize that behavioral health is a public health issue. We need to bring public health sensitivity to it that says that it all belongs. That housing belongs. That transportation belongs. That employment certainly belongs. If you want to change somebody's life, give

the person an opportunity and the tools to work. So, it requires a very broad vision. And while we only have so many resources to support them, the right combination is more efficient. It's the better investment.

► **HOW DO YOU SEE THE EDUCATION OF MENTAL HEALTH PROFESSIONALS EVOLVING TO MEET SOCIETY'S NEEDS?**

Michael Kiener: A university cannot be an ivory tower on the hill. We need to increase and deepen community partnerships. We need to

bring people to campus. We need to have our students and faculty go out into the community and really see what the needs are, so we can adjust curriculum. I'm very proud to say Maryville is doing this, it's no longer faculty just disseminating information to passive recipients.

► **YOU TALKED ABOUT SUICIDE AS A SILENT EPIDEMIC. WOULD YOU EXPAND ON THAT?**

Steve Sullivan: I just quoted some statistics about suicide. I've only been in this role for a year and those

numbers just astonish me. I would have never thought we'd lose more people in a year to suicide than we do to car accidents. And, I would have never thought we'd lose more people in our metropolitan area to suicide than we do to homicide. Homicide is in the news every day. We need to de-stigmatize mental health issues and provide services that reach our clients, where they can be reached.

► **WHAT ARE HOSPITAL SYSTEMS DOING TO MEET THE GROWING BEHAVIORAL HEALTH NEEDS IN OUR COMMUNITY?**

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"Missouri has an extraordinarily collaborative provider community. It's a too well kept secret."

MIKE KELLER,
Missouri Mental Health Foundation

Alex Noel: Well, the integration is huge. And that's both inside and outside the organization. Going to where clients are. So, we make sure that we are providing services to rural areas, whether it's through TeleMed, which we've been developing, or even having a stand-up place that's closer in that community. SSM is a mission-driven organization. When we treat people, we're not just looking at somebody who has a mental illness or a mental health diagnosis. There are a lot of other factors that come into play. That's why our programming also addresses their medical concerns and their spiritual concerns. We encourage our patients to not just get by. We want to see them get to that next level.