SUICIDE PREVENTION • **RESOURCE GUIDE** • OVERCOMING ADDICTION • VETERANS' SERVICES • PREVENTION • STOP BULLYING • TALK THERAPY • RECOVERY • DEFEATING ALCOHOLISM

2016

Mental Health Guide

OF ARKANSAS

• **SUPPORT** • OUT OF THE DARKNESS • NO LONGER A VICTIM • REMOVING THE STIGMA • HOLISTIC APPROACH • **MENTAL WELLBEING** • SURVIVING PTSD • HEALING • SUBSTANCE ABUSE • CLINICAL TRIALS •

ay ABOUT YOU

AYMAG.COM/MENTALHEALTHGUIDE / 2016

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MENTAL HEALTH GUIDE 2016

INTRO

Welcome to our first-ever Mental Health Guide.

AY's 2016 Mental Health Guide includes valuable information, a resource directory and stories featuring individuals who've overcome mental health challenges.

We hope you'll use this guide to gain knowledge and to direct others. Our goal is to be as complete a resource as possible. To that end, we'll update the electronic version of this guide periodically. You'll find more information online at aymag.com/mentalhealthguide as well as via our social media outlets.

Thank you for the opportunity to partner with you in Arkansas' first Mental Health Guide.

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on the cover

DESIGNED BY
SARA EDWARDS NEAL.

STATE OF ARKANSAS
ASA HUTCHINSON
GOVERNOR

As Governor of the State of Arkansas, I believe the mental health and well-being of Arkansans is a top priority for our state. To help ensure an individual's well-being, we must address all aspects of health—physical, emotional and mental. While we often remember to look after our physical bodies, we so often fail to address the less tangible issues associated with emotional and mental health.

According to the Centers for Disease Control and Prevention, nearly a quarter of all Americans deal with mental illness, some of which is associated with chronic medical issues such as cardiovascular disease, cancer and diabetes. Also, many of our family members, friends and neighbors cope with physical issues through the improper use of substances. This is a serious issue that must be addressed directly and without shame and stigma.

No matter the cause, a lack of mental well-being has a ripple effect in our communities — 26% of homeless adults live with serious mental illness, 24% of state prisoners have a recent history of a mental health condition and 90% of individuals who die due to suicide had an underlying mental illness. Yet, nearly 60% of adults and half of youth who need mental health services live without receiving vital care.* These numbers are alarming, and more importantly, for every person represented by these statistics is a spouse, children, parents, coworkers, church families, and people who are impacted and suffer heartbreak as they try to help their loved ones.

This Mental Health Guide is an important resource to find information about agencies and organizations that are committed to helping Arkansans achieve a better state of mental health, as well as personal stories about individuals who have overcome mental health issues.

I hope that as you read and utilize this guide, you will join the fight to end the stigma associated with mental illness and join me and numerous others who are working to ensure the overall well-being of the residents of Arkansas.

Sincerely,

Asa Hutchinson

Source: National Alliance on Mental Illness

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Hello!

On behalf of Arkansas Blue Cross and Blue Shield, thank you for caring about your fellow Arkansans by reading and sharing this resource guide.

Like diabetes or heart disease, mental illness touches everyone either directly or indirectly through someone they care about. And, it can be devastating.

One in five adults in America experiences a mental illness in a typical year, and up to 7 percent suffer from a serious mental illness such as schizophrenia, depression or bipolar disorder. As many as one in eight has a serious problem with alcohol or drugs, with 40 percent of that group having a "dual diagnosis," or concurrent mental/nervous disorder.

When our loved ones experience addiction, depression, anxiety and the emotional and psychological distress that comes with them, it's easy to feel isolated.

When we, as a community, become educated about mental illness and addiction, we can encourage one another to seek treatment without fear. Those who don't get treatment may be at risk for chronic health conditions, unstable family relations, unemployment and poverty. When people receive the treatment they need, they leave behind the cycle of reliance on high-cost community services such as emergency departments, law enforcement and the criminal justice system.

Mental illness can be difficult to detect. Through education and conversation, we can work together to remove the stigma and assist people to connect to the resources they need to start the journey to help and health.

For more than 65 years, Arkansas Blue Cross has been dedicated to provide affordable, reliable healthcare coverage. We understand that people need healthcare that works for a lifetime.

We believe that well-being goes beyond physical health. We look forward to continuing to connect Arkansans to the resources they need for vibrant living – mind, body and spirit.

Whether someone you know or love has been diagnosed with a medical condition or addiction, it's important to remember that people are not defined by their illnesses, and everyone has the right to live a healthy, pain-free life.

We are committed to our members and to all of Arkansas to help provide resources such as this guide so that no one feels alone and everyone can live fearlessly.

Best regards,

Mark White

Mark White
President and Chief Executive Officer

MHG
OF ARKANSAS

Living well and being well is more than a physical state. One's emotional and mental health factors into an overall state of wellbeing. Between 121,000 and 150,000 Arkansans live with a serious mental condition, yet only 50 percent of us receive treatment. In light of this fact, it's time to elevate the conversation about issues that impact us.

We've recently begun to tackle the difficult topic of suicide; it's critical that we focus on efforts to prevent suicide — it's the 11th leading cause of death in Arkansas. Our veterans who so selflessly served our country need our compassion and access to services, and many of our state's most vulnerable residents, children and the elderly, have mental health issues that must be addressed. We applaud the efforts of the organizations and agencies that work hard to address these needs.

One of the things we noticed is there isn't a resource that addresses the issues we are facing, one place to get information to get the help you and/or your loved one needs. In the pages that follow, we share statistics and expert advice about concerns such as suicide prevention, addiction, eating disorders, depression and the stigma associated with mental health issues. We also share the personal stories of five individuals who have overcome alcoholism, post-traumatic stress disorder and the loss of a child. Lastly, you'll find a resource directory that includes companies and service providers that work each day to help improve the mental health of Arkansans.

While this Mental Health Guide provides a wealth of information, we realize there may be other topics you'd like to see included — we've only begun to scratch the surface. This is the first issue. We plan to produce the Mental Health Guide annually and as issues evolve and are addressed, the Guide will evolve and grow. We have also produced this publication online as a PDF so you may print copies and refer others to it for use; log on to aymag.com/mentalhealthguide.

We hope you find this Mental Health Guide a useful tool.

From our Editor,

Angela

ANGELA E. THOMAS

ay

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MHG OF ARKANSAS

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A TOPIC WELL WORTH DISCUSSION

The Centers for Disease Control and Prevention defines mental illness as "disorders generally characterized by dysregulation of mood, thought and/or behavior." According to the agency, mood disorders, such as major depression, are the most pervasive of all mental disorders. Other examples of mental illness include schizophrenia, bipolar disorder, obsessive-compulsive disorder and borderline personality disorder.

The National Alliance on Mental Illness (NAMI), the largest nonprofit, grassroots mental health education organization, shares several key facts regarding mental illness:

- Mental illnesses are not the "result of weakness, lack of character or poor upbringing."
- Mental illnesses are treatable. In fact, 70 to 90 percent of individuals who seek treatment, often a combination of "pharmacological and psychosocial treatments" and support experience a significant reduction of symptoms and enjoy an improved quality of life.
- Mental illnesses are biologically based brain disorders.
- Mental illness affects people of all demographic backgrounds — all ages, races, religions and income.

Eating disorders are of great concern as well. According to NEDA, the National Eating Disorders Association, 20 million women and 10 million men in the United States suffer from a clinically significant eating disorder at some time in their lives.

A review of nearly 50 years of research confirmed that anorexia nervosa, a potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss, has the highest mortality rate of any psychiatric disorder. Further, for females between ages 15 and 24 who suffer from anorexia nervosa, the mortality rate associated with the illness is 12 times higher than the death rate of all other causes of death.

However, the stigma associated with mental illness often keeps individuals from seeking treatment and from being open with others about it. This fear can in turn create a sense of hopelessness, and many suffer in silence. ◘

STATISTICALLY SPEAKING

In this issue, we address a number of topics that affect mental wellbeing. Following are statistics that speak to these topics.

DEPRESSION IS THE LEADING CAUSE OF DISABILITY WORLDWIDE.

DEPRESSION AFFECTS **16 MILLION** Americans, specifically **6.9%** OF AMERICANS live with major depression, and **42 MILLION** ADULTS in the United States live with anxiety disorders.

YET, AN INCREDIBLE **90%** of people who commit suicide have a DIAGNOSABLE MENTAL DISORDER.

NEARLY **60%** OF ADULTS and NEARLY HALF OF YOUTH AGES 8 TO 15 did not receive mental health services in the previous year.

ARKANSAS' suicide rate was **15.3 PER 100,000 PEOPLE,** which ranks high among southern states.

Half of all CHRONIC MENTAL ILLNESS begins at **age 14** three-quarters by **age 24.**

ANNUALLY, **43.8 MILLION** AMERICANS experience mental illness.

IN ARKANSAS **12.5%** of the population experienced frequent mental distress.

14% OF WOMEN experienced this more than men, 11 percent.

ARKANSANS **25-34** YEARS OF AGE reported the highest rate of mental distress.

DEFINING MENTAL HEALTH ISSUES

BY ANGELA E. THOMAS

WHAT IS A MENTAL ILLNESS?

The National Alliance on Mental Illness (NAMI) defines mental illness as "a condition that impacts a person's thinking, feeling or mood and may affect his ability to relate to others and function on a daily basis." One's mental wellbeing may be influenced by a number of factors: genetics, environment and lifestyle are just a few. Traumatic events may affect an individual's mental state, as may "biochemical processes and basic brain structure."

Statistics from NAMI indicate that "1 in 5 adults experiences a mental health condition annually, and 1 in 20 lives with a serious mental illness, such as schizophrenia or bipolar disorder;" however, recovery is possible.

Mental health illnesses may be classified as chronic or acute. Chronic mental health issues, according to Bob Burchfield, psychiatric nurse and system director of behavior services for Baptist Health, are profound and persistent, adversely affecting one's daily routines. An acute mental health issue is an exasperation of symptoms that go beyond the baseline.

"A person in this category may hear voices and live somewhat normally with that, but cannot sleep, at which point the symptoms intervene with their lives and medications are no longer effective," Burchfield said. "To address this, we would document the behavior, noting the symptoms and adjust or change his medications."

Dr. Pedro Delgado, psychiatrist at the University of Arkansas for Medical Sciences, explained mental illness as clusters.

"[Midrange] mental health issues are less severe, they may be chronic but not disabling," Delgado said. "Examples of this are mild depression and anxiety. Acute disorders happen abruptly in response to an event, such as witnessing a mass shooting or [becoming a rape victim], and there's a likelihood that these issues will go away with treatment as they are caused by stress or distress."

He said most people who experience a trauma may experience an acute phase, however, the majority of these individuals get better. Others may never come of out it and experience post-traumatic stress disorder on a long-term basis.

It's important to understand that each of us may experience heightened stress due to things such as bereavement, a change in job status or an issue with our health; however, if you experience long-term symptoms, have panic attacks or begin to use other measures or substances to cope, it's important to get help. Without it, the symptoms could become chronic.

"For instance, if you're depressed for more than a month, you could be having a major depressive episode. It's important to seek professional assistance from someone who understands and can teach you coping strategies," he said.

An acute mental illness for example, Burchfield said, may be episodic. For instance, a 65-year-old man whose wife recently died of cancer receives a diagnosis of prostate cancer and becomes suicidal, though he has no history of mental illness.

"The difference here isn't the diagnosis, but the symptoms the patient is experiencing," said Stephanie Graves, program manager for Baptist Health Behavior Services.

"Yes, a person can have chronic depression and not be suicidal, however, an incident — such as a cancer diagnosis — can become a crisis and cause an acute situation. Let's say a patient is being treated for severe depression. [He is managing well and living normally,] then the holidays come and it's a new year. He may enter the New Year thinking, I'm just tired of living like this and become suicidal. He may require a change in medication. Or in both situations, hospitalization may be required for treatment."

Burchfield also shared a scenario involving a computer engineer who suffered from obsessive–compulsive disorder. "Y2K was a trigger for him. His family became concerned; they said he wasn't eating, sleeping or functioning normally. However,

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ACUTE adjective

characterized by sharpness or severity of sudden onset, ex: acute pain brought on by injury, an acute infection; having a sudden onset, sharp rise, and short course, ex: acute illness, an acute inflammation

Source: merriam-webster.com/medical/acute

Example: panic attacks

CHRONIC adjective

marked by long duration, by frequent recurrence over a long time, and often by slowly progressing seriousness; suffering from a disease or ailment of long duration or frequent recurrence, ex: a chronic arthritic, chronic sufferers from asthma

Source: .merriam-webster.com/medical/chronic

Example: obsessive-compulsive disorder, anorexia

when Jan. 1, 2000 came and there were no nuclear warheads, no airplanes falling from the sky, and computers didn't crash worldwide, he was fine. He simply needed to get through that acute phase."

WHEN TO SEEK HELP

While many individuals may be able to live normally with treatment, lack of funds and health insurance are barriers. Others, Burchfield said, are ignorant of what's available.

"A lot of people simply don't know what treatment options are available. Others simply don't know what is going on with them or their loved one. They know something isn't quite right but may not know the symptoms that would drive you to seek treatment or they may not know where to turn."

Graves echoed this. "I get five to 10 calls each week asking for guidance. People who ask, 'Where do I go?' 'What can I do?' 'Who should I call?' 'Should I bring my [loved one] to the hospital?'"

Dr. Melissa Powell, a psychiatrist, recommends starting with your primary care physician. "He or she knows you, knows the most about you medically speaking and can make a recommendation. He can help you determine if you should seek help and if you're not functioning properly, if your relationships become problematic, or if you're having a difficult time and people around you notice, he or she can refer you to a medical professional."

Are you concerned about a loved one, friend or coworker? Powell offered this advice: "If you have a good relationship with the person, you might gently approach him and say something like 'I noticed you were teary-eyed at the meeting …' or 'You raised your voice and that's not something you normally do.' Ask, 'Can I help? Why don't you talk to your doctor?' or 'Have you considered seeing a therapist?'"

"Many times, we're just overwhelmed with life. We have too much stress, and no one teaches us how to handle stress. It's good to see a therapist. Your primary care physician can help determine if you should see a licensed clinical social worker (LCSW) or a psychiatrist. If needed, the LCSW will recommend another mental health professional."

She said psychiatrists offer a different level of care. "Psychiatrists are medical doctors and can prescribe medications that can be beneficial."

Powell said you should seek professional help if:

- you aren't sleeping.
- you don't have an appetite or find that you have a much bigger appetite than normal.
- you cannot concentrate.
- you lose interest in your hobbies and things that bring you joy.

TYPES OF TREATMENT

The types and duration of treatment varies based on the type of mental disorder. Someone who suffers from anxiety disorder, mood disorders or psychiatric disorders experiences things differently. Their understanding of life is distorted and delusional. A mood disorder is a disturbance in one's ability to maintain a stable mood; it's a long-lasting alteration in one's emotional state or one could experience a period of depression and abnormal euphoria, Delgado explained. This person will need extended care.

Contrast that with a rape victim. While he or she may have to deal with the trauma throughout his or her life, the treatments will be largely supportive, such as individual or group therapy. "While this is an acute issue, he or she will get better and you can expect him or her to get better and return to normal," Delgado said. "Treating the resulting anxiety with a combination of therapy and if needed sleep and/or anxiety medications, generally speaking, may be necessary in the short term."

During inpatient care, patients participate in therapy, receive medical treatment and nonmedical therapy. Individuals are referred to inpatient care when they pose a danger to the safety of themselves or others, according to Delgado.

"A person who can't meet his basic needs, has delusional ideas that may lead to hurting others or themselves requires care in

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CLINICAL TRIALS

If you are taking medication for a mental health or addiction issue, your physician will prescribe medicine based on his knowledge and training as a medical professional. If you are interested in being part of a clinical trial, you may indicate this idea to him.

According to the U.S. Food and Drug Administration's website, fda.gov, drugs that undergo preclinical testing must undergo a rigorous evaluation process, which includes scrutiny about everything about the drug, including the design of clinical trails.

A clinical trial enlists volunteers who fit characteristics defined by the trial's researchers to answer specific questions about health. The trials are carefully conducted and are the safest and most effective way to find new treatments.

They are administered according to a protocol, which describes the study in full detail, outlines the type of volunteers who may participate, and details the outcomes that will be measured. Every participant in a clinical trial must agree to follow the protocol.

Participants may gain access to beneficial new treatments; receive expert medical care for the condition being studied; and help others by contributing to medical research and treatment advances.

IS THERE A DOCTOR IN THE HOUSE?

Doctors at CHI St. Vincent are taking a new approach to mental health and primary care, a holistic approach that will, hopefully, help more Arkansans get the assistance they need quickly and conveniently.

"We are working to have mental health professionals in primary care physicians' offices," said Dr. Shannon Greenfield, Ph.D., director of CHI St. Vincent's Outpatient Behavioral Health. "For instance, if a patient is visiting his primary care physician, or PCP, and mentions that he is experiencing symptoms such as depression, anxiety or substance abuse, the PCP could then say, 'We have someone here in the office who may be able to help you with that.'"

Taking this "ounce of prevention is worth a pound of cure" approach represents a paradigm shift, Greenfield said. Right now, PCPs must refer their patients to mental health professionals, and it's then up to the patients to follow up. He estimates that up to half of those patients don't follow through, which means they don't receive care that could actually be vital.

"Imagine, if the patient is there in the office and doesn't even have to leave the room [to be seen by a mental health professional]. This would increase the chances that they receive the needed help quickly and without having to face the perceived stigma associated with seeking treatment for mental health issues at a separate clinic. It's a holistic, mind-and-body approach that is taking place nationwide," Greenfield said.

CHI St. Vincent has piloted the program in two Little Rock family practice clinics thus far. Greenfield is careful to point out that this is a developmental program and that they will need to increase personnel before the program can be fully active.

"We're also looking to increase the use of screening measures," he said. "Right now, doctors are screening patients for depression. We're also looking for screenings for anxiety and substance abuse."

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a safe place to receive treatment. Many times inpatient care will begin in a hospital, however, most people aren't there long enough to make a real impact."

Individuals who have eating disorders, such as anorexia or bulimia, substance abuse issues (including alcohol and drugs) and personality disorders may also require long-term, inpatient care. Once a patient is stabilized, he may be referred to a residential/inpatient facility, then to intensive outpatient care and finally to outpatient therapy.

Kristin Agar is a licensed clinical social worker and professionally trained interventionist. While she provides psychotherapy, she often recommends clients begin their road to recovery in a more structured manner. There are several levels of treatment available, she explained, and the level of care is based on an assessment of what an individual needs to get better.

One of the first issues addressed in treatment is the individual's physical state. "[Often a person who has experienced a crisis], hasn't been caring for himself. So he may require sleep and proper nutrition," Agar said. "Treatment will involve addressing emotional, mental and physical needs."

"During residential or inpatient treatment, patients live at a facility and adhere to very strict and structured schedules. Their days are filled with activities," she said.

This includes skills groups, during which patients learn about their disease and recovery. They learn about the physicality of their mental wellbeing, how to eat and rest properly, and participate in individual and group therapy learning any number of skills including how to deal with the emotions that trigger [episodes] or that triggered them to use if they are addicts. They'll learn how to deal with stress, anxiety, depression and life issues.

"Most inpatient treatments include some type of spiritual component, not necessarily religion, but something that includes a higher power and the ability to reach outside of self," Agar said. "After all, you cannot cure the problem [or address the issue] with the same thinking that created it."

Inpatient or residential treatment typically lasts 30 days or so; however, Agar said some facilities offer long-term programs for up to two years.

Intensive outpatient treatment entails therapy for three to four hours daily for four to six weeks or up to three months. Typically, patients receive support services, which may include medication management, and participate in individual and group therapy sessions, including family therapy; they'll learn coping and recovery skills; receive nutrition education and more.

Outpatient therapy includes much of the same on a less-frequent schedule. Agar often recommends patients also participate in support groups such as Alcoholics Anonymous, Narcotics Anonymous or faith-based recovery groups. She pointed out that the totality of an individual's life must be addressed.

"You cannot treat just the addiction [or just the trigger that caused crisis]. The goal is to help people find long-term recovery, and to do this, the individual's family must participate in therapy as well. You cannot treat the patient alone, because the stressors are still out there. Crises and addiction are hard on an individual's family. They are sick and wounded as well. Recovery needs to be family focused."

It's also important to recognize someone experiencing or recovering from a mental health crisis or addiction is experiencing an illness. Agar said, "We must remember he or she is sick and needs help. Society is often quick to judge. But these aren't bad people. They simply need help." ◘

SUICIDE

BY ANGELA E. THOMAS
PHOTOGRAPHY COURTESY OF THE ARKANSAS SECRETARY OF STATE

Suicide prevention became a topic of discussion last year when Gov. Asa Hutchinson formed the Arkansas Suicide Prevention Council. Since then, local media have addressed the topic and a number of rallies have been held, and our company has chosen to address the topic as well.

While suicide is difficult to discuss, it's a subject that must be talked about. "There's a lot of work to be done," said Chris Epperson, council member and chair of the Arkansas chapter of the American Foundation for Suicide Prevention (AFSP). "While deaths due to the top 10 leading causes of death are decreasing, suicide is increasing."

The AFSP works in a number of areas to prevent suicide: through education; research, which is very often conducted statewide and nationally by working with organizations such as the Centers for Disease Control and Prevention; and through advocacy; their delegates work on the state level and in our nation's capitol meeting with legislators to address a number of issues, such as suicide among veterans. "Veterans account for only 1 percent of the overall population, yet they account for 20 percent of all suicides in the United States," Epperson said.

This January, AFSP held its first clinician training to help doctors become more informed about how to help prevent suicide. Epperson said research shows that about 50 percent of people who die by suicide visit an emergency room (ER) or doctor within 60 days of their deaths.

"We are working to train physicians and ER doctors to ask questions to identify warning signs and to catch the patients early on so they can get the help they need," Epperson said.

The AFSP's advocacy work also includes addressing the issue of access. "Years ago The Mental Health Parity and Addiction Equity law was passed. It basically says that insurance companies must allow [an equal number of] mental health care visits and general doctors visits annually," Epperson said. However, that policy isn't being followed by all companies, he said.

The AFSP's education efforts include dispelling myths and distributing information via their website afsp.org as well as through brochures, movies and training.

For instance, they address myths surrounding suicide. Epperson said, "One of the most common myths is that if you mention suicide to someone who you feel is contemplating suicide, it will happen. That's simply not true. Statistics show that individuals are actually relieved that someone asked. Exposing those feelings releases a bit of the blackness and shame [associated with suicide]. Once you start the conversation, you can figure out how to help and how to get help."

Another myth, he said, is that bullying causes suicide. While bullying is a serious subject, there are a number of factors that go into someone taking his life, Epperson said. A family history of suicide; psychological factors, such as perfectionism, the drive to be the best, look your best and to be on top; as well as biological factors, such as mental health issues, often factor into a decision to self-harm.

"We find that there often are a combination of things that lead to someone dying by suicide," he said. "Contagia is another topic people often ask about, and it can exist in tight-knit groups, such as in schools. That's why it's important to talk about it. Youth need a place to talk about suicide and a way to process grief constructively."

The Arkansas chapter of AFSP distributed to every junior, middle and high school in the state the After Suicide Toolkit For Schools to equip officials and educators on how to deal with the aftermath of a suicide. To help prevent suicide, they also distributed the Model School District Policy on Suicide Prevention, which includes information about risk factors, tools for staff development and instructions for handling situations that take place in and outside of school and more. They also delivered to the state's high schools the "More Than Sad," program. It includes information to teach teens how to recognize depression in themselves as well as others; to help educators become proactive; and to help parents recognize signs, i.e., behaviors and personality changes. Last fall, all three programs were distributed to private schools through the William McCastlain Memorial Fund.

For more information about "More Than Sad" as well as Out of the Darkness Walks, educational and prevention tools, survivor support programs, volunteer opportunities and more, log on to afsp.org/arkansas. ◘

WARNING SIGNS OF SUICIDE

While there is no single cause for suicide, there are several warning signs.

VERBAL: GET HELP IF A PERSON SPEAKS OF:

- being a burden to others;
- feeling as if his life has no meaning or purpose;
- experiencing unbearable pain or sadness;
- feeling trapped; or
- killing himself.

BEHAVIOR: GET HELP IF A PERSON:

- begins to drink alcohol or use drugs, or increases his use of these;
- acts recklessly;
- withdraws from family and/or friends;
- isolates himself and no longer participates in normal or social activities;
- sleeps too much or too little;
- looks for way to kill himself (searching online);
- visits or calls people to say goodbye;
- gives away valued or prized possessions; or
- becomes aggressive.

MOOD: GET HELP IF A PERSON SHOWS SIGNS OF:

- depression;
- a loss of interest in normal activities;
- rage, irritability or agitation;
- humiliation; or
- anxiety.

Source: American Foundation for Suicide Prevention

YOUTH & SUICIDE

BY ANGELA E. THOMAS

YOUTH, SUICIDE AND HOW YOU CAN HELP

Nearly everyone has been affected by suicide, and while it is a tragedy that certainly needs to be addressed, Greg Adams, licensed clinical social worker and program coordinator for the Center for Good Mourning and Bereavement at Arkansas Children's Hospital, wants to be certain the topic is addressed properly.

"Certainly and unfortunately the rate of suicide for all age groups is going up; however, the highest incidence of suicide is not among youth," Adams said.

Statistics from the American Foundation for Suicide Prevention (AFSP) support his statement: "Adolescents and young adults, 15 to 24 years of age, had a suicide rate of 11.6 while adults ages 45 to 64 had a suicide rate of 19.2; and the rate of suicide is highest in middle age — white men in particular."

"That said, it's important to know that suicide affects people from every race and ethnicity, age and gender. Statistically, men and boys are almost four times as likely to take their lives than women and girls; however, women and girls have three times as many attempts," Adams said. This can be accounted for by the fact that men and boys more often choose guns as the mode, he added.

"Ninety percent of people who self-harm or take their lives have mental health problems and the most common is depression. This is why it's so important to get individuals who are depressed the help they need," he said. "We must remove the stigma associated with depression and mental health issues. It's often complicated because people tend to want simple explanations, but suicide is complicated. There are a number of factors that come together in a toxic way to [cause an individual to self-harm or take his life]."

Adams shared factors that often contribute to suicide; he credits suicidologist Edward S. Schneidman. "There are three things that happen: overwhelming pain — it could be emotional, spiritual, social or physical and it's subjective; secondly, an event or instance in which something gets 'stirred up' and agitates the individual, whether it's a failed test, being bullied, a break up or loss of a job. And lastly, having the means to harm oneself. If you put these three things together, suicide is more likely to happen."

However, Adams said, we can help prevent suicide. The first step is to help individuals manage their pain through therapy, medication and/or talking through problems and helping the person understand their pain will pass. "We can also make the world safer. Decrease bullying in school; make it easier for individuals to get help. Lastly, research shows if there are more steps between a suicidal person and the means to take his life, the moment may pass."

Firearms are used in almost 50 percent of all suicides, according to the AFSP. "We can keep guns locked up and not loaded. Safely store medications," Adams said. "If you want to lose weight, you don't keep cookies in the house. If you have to go to the store to purchase cookies, you're more likely to get past the moment when you feel you've *got* to have cookies. We should be more thoughtful about gun storage — especially if you know someone in your home is struggling [emotionally or with a physical or mental illness]."

Adams said we can also raise awareness. "The rate of suicide is twice that of homicide, and while accidents are the No. 1 cause for death, suicide is second, so it's a major concern. We must address this with more and better access to mental health care, reduce access to the means to self harm, and increase public messages and education," Adams said.

Parents, teachers and peers are most likely to see warning signs of suicide in youth. Adams said it's important to note significant changes in behavior, such as substance abuse; in personality — displays of anger, agitation and depression; and expressed hopelessness. These are among some of the most common signs. Also take note of online behavior, such as a young person looking for information about self-harm or how to kill oneself.

"Parents shouldn't hesitate. Have your child evaluated if you are concerned. If the situation is critical, go to the nearest emergency room," Adams said. There he'll be assessed to determine the risk level involved.

"It's important to let [a person in crisis know] that you understand. Try to understand the stresses in his life. Don't downplay or minimize what he's going through," he added.

If you're a young person whose friend is having a problem, speak up. You do not want to keep a secret when it's a life-and-death matter. Adams drew this correlation: "If you're driving and come upon an accident — let's say the driver's leg is broken — you would stop, call 911 and stay with the injured person. You wouldn't try to fix the broken leg — you're not a doctor — but you'd be certain he got help. Well, if your friend is suicidal or depressed, you don't need to fix him. Again, you're not a doctor. Simply call for help." ◘

RISK FACTORS FOR SUICIDE

HEALTH FACTORS

- substance abuse disorders
- serious or chronic health condition or pain

MENTAL HEALTH CONDITIONS

- depression
- bi-polar or manic-depressive disorder
- schizophrenia
- borderline or antisocial personality disorder
- conduct disorder
- psychotic disorders or psychotic symptoms
- anxiety disorders

ENVIRONMENTAL FACTORS

- stressful life events, such as death, divorce or job loss
- prolonged stress factors, such as harassment, bullying, relationship problems or unemployment
- access to lethal means, including firearms and drugs
- exposure to graphic or sensationalized accounts of suicide

HISTORICAL FACTORS

- previous suicide attempts
- family history of suicide attempts

Source: American Foundation for Suicide Prevention

LGBTQ COMMUNITY

BY JILLIAN MCGEHEE
PHOTOGRAPHY COURTESY OF RHYS HARPER

MENTAL HEALTH IN THE LGBTQ COMMUNITY

Individuals with mental health conditions often face stigma. This negativity can be compounded for those in the lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) community. Fear of "coming out" and being discriminated against due to sexual orientation and gender identities can impair mental health.

Angie Bowen, a counselor with the Bowen Wellness Center who specializes in LGBTQ mental health concerns, moved here from Wisconsin years ago. Noting her progression of LGBTQ awareness in Central Arkansas, she said, "I went from 'Where are they?' to 'Oh my gosh, they're hiding' to 'Oh wow, they're hiding because of the hostile area we're in.' There's no way an LGBTQ individual can emerge unscathed when he or she grows up in a culture of condemnation or one that makes you feel like you wish you didn't exist."

According to the National Alliance on Mental Illness (NAMI), LGBTQ individuals are 3 times more likely than others to experience a mental health issue. Prejudice and other biases might lead to depression, generalized anxiety disorder, post-traumatic stress disorder, thoughts of suicide and substance abuse. Rates of mental health conditions are particularly high in bisexual and questioning individuals and those who live in fear or choose not to reveal their sexual orientation or gender identity.

NAMI statistics show that suicide is one of the leading causes of death for LGBTQ people, ages 10 to 24. Family support plays a major role in preventing suicide. According to NAMI, individuals who faced rejection after coming out to their families were more than 8 times more likely to have attempted suicide than someone who was accepted.

Finding a mental health professional to counsel with can be a lifesaver for LGBTQ individuals, especially for those who have no support system. LGBTQ youth are particularly affected. According to the U.S. Department of Health and Human Services, because LGBTQ youth live in a society that discriminates against and stigmatizes homosexuals they are more vulnerable to mental health issues than heterosexual youth. This vulnerability is magnified for homeless LGBTQ youth.

Penelope Poppers, founder and executive director of Lucie's Place in Little Rock, said there is a huge lack of societal responsibility to ensure the basic rights of LGBTQ individuals. Being ostracized leads to mental health conditions, which people don't tend to talk about anyway, she said, and isolation is even greater for LGBTQ individuals. At Lucie's Place, a safe haven for homeless LGTBQ young adults, there is a focus on immediate needs, Poppers said, "but we're really trying to help our clients focus on the future as well, and this includes dealing with their mental health."

That can be difficult as many of them have been kicked out of their homes, and they face many challenges and stressors as minorities "on the street."

Lucie's Place, a drop-in center, assists young adults, ages 18 to 25, providing safe living environments, job training and counseling services. Poppers established the organization in 2012. Last year, they served about 70 people offering immediate assistance with food, clothing, transportation and communication services, Poppers said. Her goal is to open a home for homeless LGBTQ individuals to help them become productive members of society.

Finding a trustworthy counselor is a tough issue for the LGBTQ community as well, Bowen said. "I've had countless clients who reported being coerced or strong armed at some point by so-called Christian counselors for what they call 'reparative therapy.' These individuals are looking for someone who doesn't judge them or try to 'fix' them."

In addition to in-person counseling, Bowen recommends online support. The Arkansas Transgender Equality Coalition (ArTEC) website, artranscoalition.org, is a good place to start. "ArTEC is a very good resource and they help safely plug people into online groups," Bowen said. ◘

◀ Penelope Poppers, founder & executive director, Lucie's Place

Angie Bowen, MS, LPC, NCC, Bowen Wellness Center ▶

BULLYING

BY ANGELA E. THOMAS

HARMFUL 'RITE OF PASSAGE'

Nearly every person has experienced bullying, whether you've been bullied or were the bully. While many consider bullying "one of those things that every kid goes through," the effects of bullying are certainly not to be minimized.

Bullying is defined by stopbullying.gov, a website managed by the U.S. Department of Health & Human Services, as "unwanted, aggressive, and often repeated behavior among school-aged children that involves a real or perceived power imbalance. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally and excluding someone from a group on purpose."

Researchers presenting at the Pediatric Academic Societies annual meeting last spring shared the results of a study examining the mental health outcomes of young adults who were bullied as children. The findings indicated that adults who were bullied as children were more likely to suffer from mental health problems than adults who as children were neglected or abused. The study found that those bullied suffered a number of physical health consequences including increased tissue inflammation.

A second study yielded evidence that "being bullied as a child puts an individual at high risk for depressive disorders. About 12 percent of the study participants were diagnosed with a psychiatric disorder before age 30."

Further, 31 percent of the participants who as children were bullies and also bullied themselves had high rates of depression, anxiety disorders, schizophrenia and substance abuse.

Children who bully and are bullied, according to one researcher, are likely having psychiatric problems. Bullying, whether the aggressor or victim, affects children socially, emotionally and psychologically.

Tracy Nicholas, mother and author of *Is Your Child Really 'Fine?' How to Know and How to Help*, addressed in her book the stigma of bullying, the ability that children have to gloss over the issue and what parents can do to stop bullying. She wrote that children become bullies because they are hurting. "Children who bully are 'stuffing down' the hurt. They don't tell their parents, teachers or others and don't deal with their emotions. The bullying is a way of acting out." ◘

TO COMBAT BULLYING

- Help children understand what bullying is and that it is unacceptable.
- Teach your child how to safely stand up for himself. Be certain your child knows how to get help.
- Keep the lines of communication open. Check in with your child often; ask questions, such as:
  - What was something good that happened today?
  - How was lunch time today? Who did you sit with?
  - What is it like to ride the bus to school?
- Go to school events.
- Meet your child's friends.
- Share phone numbers with parents in your child's class.
- Get to know your child's bus driver, teachers and coaches.
- Encourage your child to do things they love. Encourage activities such as volunteering, playing sports or joining a youth group or school club. This builds confidence.
- Model how to treat others with respect and kindness.

Source: stopbullying.gov; "Study: Mental Health Effects of Bullying Even Worse Than Effects of Abuse by Adults," Forbes, April 28, 2105; and "Childhood Bullying Can Have Lasting Effects on Mental Health," Live Science, Dec. 9, 2015.

DEPRESSION & GRIEF

BY REBECCA F. WARD, LCSW, MSW, AND ANGELA E. THOMAS

DEPRESSION IS NOT A WEAKNESS IN CHARACTER

Millions of Americans — almost 19 million, or 10 percent of our population, according to 2012 statistics — suffer from depression. An estimated 11 percent of adolescents, 30 percent of college students, 14 percent of new moms and 10 percent of adults 65 and older have been affected by depression.

Depression is a terrible disease and one of a few psychiatric illnesses that has a mortality rate. Unsurprisingly, women are twice as likely as men to experience a major depressive disorder.

An estimated 50 percent of the individuals who experience depression don't seek treatment, even though psychotherapy treatments for depression usually last 20 weeks to 5 months.

Depression is defined by the National Institute of Mental Health (NIMH) as a serious mood disorder characterized by extreme sadness, anxiety and exhaustion. Depression has several forms, including persistent depressive disorder, which is a depressed mood that lasts for at least two years; the symptoms may lesson for periods of time, but eventually return. Other forms include perinatal depression, psychotic depression, seasonal affective disorder and bipolar disorder.

Depression has become a less taboo topic as it has become the focus of media reports and movies and as famous people have begun to discuss it. And while medication can help, very often individuals undergo psychotherapy, also known as talk therapy, or a combination of the two to treat their depression successfully.

Depression, especially in adults, can co-occur with serious medical illnesses, such as diabetes, cancer, heart disease and Parkinson's disease, according to NIMH. Depression can also be brought on by life events such as the death of a child or a spouse or the loss of a job, and some people may be biologically inclined to depression because of their brain chemistry.

Depression can also be a part of grief. Grief is a normal human process. We are an emotional species, and while we naturally prefer the happy, joyful, exhilarating feelings of love, achievement, connection, appreciation and self-acceptance, we also have to endure the darkness of negative emotions.

GRIEF: WHEN TO GET HELP

Depression is generally a part of grief. While there is no time limit for grief, there are some characteristics that aren't part of the normal grief response. These include guilt over what was or was not done at the time of the death; pervasive feelings of worthlessness; and hallucinatory experiences involving the deceased. When these are part of the clinical picture, a diagnosis of major depressive disorder must be considered, and individuals experiencing these symptoms should seek immediate professional help. ◘

RED FLAGS

BECOME CONCERNED IF AN INDIVIDUAL EXPERIENCES FIVE OR MORE OF THESE SYMPTOMS EVERY DAY OR NEARLY EVERY DAY FOR TWO WEEKS OR LONGER:

- depressed mood for most of the day
- markedly-diminished interest or pleasure in all or almost all activities most of the day
- significant weight gain or weight loss, when not dieting, or daily appetite changes
- insomnia or hypersomnia
- psychomotor agitation or retardation
- fatigue or loss of energy
- feelings of worthlessness or excessive or inappropriate guilt
- diminished ability to think or concentrate or indecisiveness
- recurrent thoughts of death — not just a fear of dying — recurrent suicidal ideation without a specific plan, a suicide attempt or a specific plan for committing suicide

Sources: National Institute of Mental Health, nimh.nih.gov

ARE YOU UNINSURED OR UNDERINSURED? HELP MAY BE AS CLOSE AS YOUR LOCAL COMMUNITY MENTAL HEALTH CENTER.

Community Counseling Services, Inc.
Hot Springs • communitycounselingservices.org • 501.624.7111

Counseling Associates, Inc.
Conway • caiinc.org • 501.327.4889

Counseling Clinic, Inc. • Benton • counselingclinicinc.org • 501.315.4224

Delta Counseling Associates
Monticello • deltacounseling.org • 870.367.9732

Health Resources of Arkansas, Inc.
Batesville • healthresourcesofarkansas.com • 870.793.8900

Little Rock Community Mental Health Center, Inc. • 501.686.9300

Mid-South Health Systems Inc.
Jonesboro • mshs.org • 870.972.4000

Ozark Guidance Center, Inc.
Springdale • ozarkguidance.org • 479.750.2020

Professional Counseling Associates
North Little Rock • pca-ar.org • 501.221.1843

South Arkansas Regional Health Center
El Dorado • sarhc.org • 870.862.7921

Southeast Arkansas Behavioral Healthcare System, Inc.
Pine Bluff • sabhs.org • 870.534.1834

Southwest Arkansas Counseling & Mental Health Center, Inc.
Texarkana • swacmhc.com • 870.773.4655

Western Arkansas Counseling & Guidance Center
Fort Smith • wacgc.org • 479.452.6650

VETERANS' ISSUES

BY ANGELA E. THOMAS

SERVICE COMES WITH HIGH COST

Our nation's veterans make great sacrifices to ensure our freedoms, often serving in combat and doing so diligently and bravely. Military service is not without its consequences, among them are issues with mental wellbeing.

According to a 2014 study*, nearly 1 in 4 active duty members showed signs of a mental health condition. "We lose about 23 veterans to suicide each day," said Chris Epperson, chair of the Arkansas chapter of the American Foundation for Suicide Prevention (AFSP).

The AFSP has identified a number of factors associated with suicide. They include stressful life events, such as job loss or unemployment, depression and substance abuse. Statistically, the unemployment rate for veterans outpaces that of civilians, and veterans often return with serious mental health issues, such as post-traumatic stress disorder (PTSD), alcohol dependence syndrome and substance abuse disorder, according to the American Psychological Association (APA).

According to the National Alliance on Mental Illness, the three primary mental health concerns military personnel experience are PTSD, traumatic brain injury and depression.

The stigma associated with mental illness often plays a role in veterans' hesitancy to seek professional help. The APA found service members fear "embarrassment, disappointing their comrades, losing the opportunity for career advancement, and dishonorable discharge as motivations to hide mental illness from their family, friends and colleagues."

Nicole Hart, founder and CEO of ARVets, has personally dealt with two of the most prominent mental health issues facing veterans: PTSD and traumatic brain injury. A veteran of Operation Iraqi Freedom, she said veterans' attempt to deal with issues themselves is due to a mindset. "The military teaches resiliency. So many times, military personnel internalize their problems versus seeking help. We are taught to focus on the mission, accomplish it and move on to the next mission."

This mindset is carried in their everyday lives. In civilian life, she said, the mission is to go to work, get the kids to school and take care of the family, and while the overall message from the higher level has been to help military personnel understand that if you're having trouble you should get help, that message isn't always embraced on the command level.

"Everything about the military centers around strength, and soldiers are seen as warriors and heroes; vulnerability is not part of that image," Hart said. "So any issues that someone may be facing are pushed to the background, often for so long that when problems do come to light the ramifications have long-term effects."

She said the message must change. "I've been in combat. I dealt with PTSD and traumatic brain injury, and I'm strong in spite of that. We must address mental health issues from a place of knowledge and power, and take care of our battle buddies, our families and ourselves. Everybody in your circle needs you to take care of yourself, completely." ◘

PREPARING FOR A MENTAL HEALTH CRISIS

If you are an adult who lives with the challenges of a mental illness, you may want to consider a psychiatric advance directive, better known as a "PAD." A PAD is a legal document that specifies an individual's instructions for mental health treatment during a psychiatric emergency or crisis.

According to the Arkansas Department of Human Services Division of Behavioral Health Services, in Arkansas you must name a person, an agent, to express those instructions for you. You can use a durable power of attorney to name the agent and include the PAD in that document. The PAD "acts as your voice, allowing you to provide information such as treatment, medications and more."

For more information, log on to humanservices.arkansas.gov and search for "psychiatric advance directive." There you'll find a pamphlet that provides details as well as a sample PAD.

ACCORDING TO STATISTICS FROM THE APA:

- Veterans are "more likely to be unemployed than their civilian counterparts."
- Of the 1.7 million veterans who served in Iraq and Afghanistan, 20 percent suffer from PTSD or major depression. And nearly 13,000 have alcohol dependence syndrome.
- More than 7 percent of all veterans meet criteria for a substance abuse disorder.
- Fifteen percent of Iraq soldiers suffered concussions or traumatic brain injuries, and they were significantly more likely to be diagnosed with PTSD three months after returning home than soldiers without brain injuries.
- Female veterans are more likely to suffer from mental health issues as 1 in 5 have PTSD related to "military sexual trauma," which includes everything from sexual harassment to rape.

**Source: National Alliance on Mental Illness.*

EATING DISORDERS

BY REBECCA F. WARD, LCSW, MSW
& ANGELA E. THOMAS

RECOGNIZING AN EATING DISORDER

In my profession, there are few diagnoses that have a mortality risk. Eating disorders are one of them.

Eating disorders affect up to 30 million people of all ages and genders in the United States. Theses disorders, such as anorexia, bulimia and binge eating, are associated with extreme emotions, attitudes and behaviors that surround weight and food issues, according to NEDA, the National Eating Disorders Association. Eating disorders have serious consequences; these include but aren't limited to: muscle loss and weakness; severe dehydration, which could result in kidney failure; abnormally slow heart rate and low blood pressure; electrolyte imbalances; tooth decay; and more. Binge eating specifically can lead to high blood pressure and cholesterol levels, gall bladder disease and more.

A 2010 study found it's common for eating disorders to occur with other issues, such as alcohol and substance abuse disorders, depression and obsessive-compulsive disorder.

While eating disorders were once primarily associated with teenage girls, they are now also associated with young adults and younger children. "By age 6, girls especially start to express concerns about their weight or shape, and 40 to 60 percent of elementary school girls — ages 6 to 12 — are concerned about their weight or becoming too fat." Dieting and the drive to be thin is affecting young girls — 46 percent of 9- to 11-year-olds "sometimes" diet — and the behavior is sometimes driven by their families — 82 percent of their families are "sometimes" on diets.

Further, 10 to 15 percent of individuals with anorexia or bulimia are male, according to figures from the National Association of Anorexia Nervosa and Associated Disorders.

SIGNS OF EATING DISORDERS

Often the signs of an eating disorder are obvious: noticeable weight loss; eating very little food at meals; tooth enamel decay; dry skin; and retreating to the bathroom after meals. But what about people who suffer from eating disorders and it's not so obvious? They look fine and seem to be healthy. For instance, bulimics often maintain normal weight due to the purging associated with the disorder. So, how can you tell if a friend or family member has an eating disorder? What are the symptoms to look for?

Poor body image is a marker for possible eating issues. When you hear someone talk a lot about his or her body in negative terms, take note. He or she may often say things like, "I just hate my hips. They're huge." And, "I look fat no matter what I wear" or "I think I look bloated and miserable."

Excessive exercising is another possible sign. Many who have eating disorders use exercising, rather than purging, as a way to get rid the food they've eaten. These folks will run miles a day, spend hours working out and allow almost nothing to interfere with their routines.

Eating in public is another no-no for many with eating disorders. They often think others are critically watching their eating behaviors. Also, if they cannot control the ingredients in the food they're eating, they often obsess about fat and carb content. And, if forced to eat out, they will frequently move food around or cut it up on their plates to make it look as if they're eating, when in truth they may have only taken a few bites.

A preoccupation with safe foods, called orthorexia, is often a precursor to anorexia. While not an official diagnosis, those with orthorexia are highly concerned with the quality of food, only eating what they know to be healthy and free of "bad things," such as fat, calories and sugar. People with anorexia focus more on quantity, though they, too, generally have very limited diets and eat the same "safe foods," over and over.

While women are much more likely than men to develop eating disorders, each case is serious. Mortality rates for anorexia nervosa, for instance, are about 4 percent and almost that high for bulimia nervosa. These rates are not particularly reliable, however, because those who suffer and die from eating disorders may ultimately die of heart or organ failure, malnutrition or suicide.

GET HELP

If you think you have an eating disorder or if you think one of your friends, colleagues or a family member might be afflicted, please seek treatment. Start a dialogue. As discussed, eating disorders can be deadly and should not be ignored. Luckily, there are good treatments, and people do recover.

Kristin Agar, a LCSW and certified interventionist, and several of her colleagues have formed the Eating Disorder Coalition of Arkansas (EDCA), a weekly support group run by professionals. Their focus is education, research and resources.

"We have a great need to treat people with food disorders," Agar said. "Anorexia has the No. 1 mortality rate of all the psychiatric disorders."

For more information about the EDCA, log on to edcofar.org or call 501.664.0091. You'll also find the organization on Facebook at facebook.com/edcofar.

**Source: National Association of Anorexia Nervosa and Associated Disorders, anad.org; National Eating Disorders Association, nationaleatingdisorders.org* ◘

ADDICTION

BY ANGELA E. THOMAS

THERE'S ALWAYS HOPE

"An addiction is a maladaptive overindulgence in behavior — in process or in substance — that has become self destructive."

This definition was supplied by Kristin Agar, a licensed clinical social worker as well as a certified intervention professional and certified Arise Interventionist. She has practiced since 1978 and is one of a handful of Arkansas-based professionals who specialize in addiction recovery.

"Having an addiction is getting involved with something to the extent that it harms you or your loved ones and you're unable to stop," she said, expounding on her previous definition. "It is a chronic illness, a brain disease. We know, through actual scans of the brain, that when you place stimuli in front of an addict, it causes a reaction." For instance, showing a cocaine addict a photograph of the house where he purchased cocaine causes the brain to become stimulated.

She said the most common addictions are gambling, gaming, shopping and pornography; these are process addictions. Alcohol, food and drug addictions are the most common substance addictions.

"We think of substance abuse the most, but gaming, gambling and pornography can undo your family just as much. These addictions cause individuals to go bankrupt and wreck the family," Agar said. Many times the underlying causes are anxiety and depression. She added, it's a cycle. "People use addictive behavior to cope with anxiety and depression and this simply exasperates the problem: You use [or gamble or overeat], and beat yourself up about it, become depressed or anxious about it, and repeat the addictive behavior to try to escape those feelings. It's a way to try to escape reality. Addiction occurs and is often related to stress and a bigger issue that speaks to the underlying dysfunction."

HOW CAN ONE DISTINGUISH BETWEEN A SLIGHT PROBLEM AND AN ADDICTION?

Agar said when family and friends say things like "You know better," "You weren't brought up this way," or "It feels like I'm living with a stranger," it's time to sound an alarm.

"A slight problem becomes an addiction when it interferes with a person's professional or personal life … when he loses the ability to keep something in check," she said.

Another warning sign is a change in behavior: "When an easygoing individual becomes secretive, agitated and isolated. In teens, we'll often see a change in their friends, and they may begin to act and dress differently."

Agar said while professional help is always good, "we've been blessed" with good nonprofessional ways to get help: organizations like Overeaters Anonymous, Alcoholics Anonymous, Narcotics Anonymous, etc. She said the meetings are effective because they're one-on-one interactions with people who have walked the path, and she sometimes recommends patients attend 12-step programs.

To overcome an addiction, she said you must stop the behavior; find the underlying cause; and replace the behavior with something positive and find new coping skills, whether it's religion or spirituality, meditation, relaxation or even

TOP MYTHS ABOUT ADDICTION

Myth: First, you have to admit you have a problem.

Act now. Agar said, "[An addict] does not have to want help for an intervention or therapy to work. He does not have to be ready. I've had many clients who were hauled into treat. Do not wait for your loved one to 'hit rock bottom.' It's never too late to act. It's never too early to act. As long as he's still living, there's always hope."

Myth: He simply needs to talk to the right person.

"There is no one person who can talk an addict into changing or getting help. The team approach of an intervention is quite effective. There's strength in numbers," Agar said.

◀ Kristin Agar, LCSW, CIP, CAI

exercise. Her recommendation: "Find your passion. Get out of self and help others," she said. "Find a hobby, play sports or get involved with a community group."

Agar said recovery can also involve cognitive behavior therapy, changing the thought process, and adjunct treatments, such as acupuncture and meditation.

"And because this isn't just about the individual, treatment has to involve family and friends because they're impacted and [the relationships may also be a part of the stress and anxiety that played into the addiction]."

"Recovery will also include staying away from triggers for a time. Remember, addiction is an inability to stop [negative behaviors], even though you know the consequences," Agar said.

Addiction recovery may include outpatient therapy, whether individual or group therapy, or intensive outpatient programs, which Agar said involves learning about the physical, mental and emotional aspects of addiction as well as the cognitive behavior therapy she described.

"It's important that we remove the shame, blame and guilt associated with addiction and replace them with resilience, hope and strength," Agar said. "Addiction is a family illness. I don't know anybody who hasn't been touched by some sort of addiction. There have been an extraordinary number of deaths of youth who have overdosed on opiates. They [teens] often start with one thing, such as [marijuana] then escalate to something else. Pressure, stress and grief are common problems for youth."

AN INTERVENTION MAY BE AN ANSWER

"An intervention is an act of love and care on the part of family and friends. It is a way to show love and concern, to get help for the addict. It is not an act of hostility or betrayal, and it's not ganging up on the addict. It's a way to help stop what's happening," Agar said.

There are two types of interventions, an invitational intervention and a surprise intervention, according to Agar. During an invitational intervention, the individual who has the problem is involved from the very beginning. The interventionist works with his family and friends to form a team. They may meet with or without the addict to mobilize resources to help him into treatment.

In a surprise intervention, again a team is gathered, and the interventionist prepares the members, telling them what to expect; the members write letters and rehearse how they will confront the addict. They'll also present options for recommended treatment.

"The goal is to help with understanding and empowerment, which the individual needs because his brain isn't working properly anymore," Agar said.

You'll always want to have a qualified, trained interventionist. The team will present treatment options, which may include individual therapy; counseling with a support group; intensive outpatient therapy, which may entail up to three hours each day or an all-day program; or a residential detox program. "It's totally individualized," she added. ◘

AN OUNCE OF PREVENTION

In 2014, more Americans died from drug overdoses than in any year on record; the majority of these deaths – six out of 10 – involved opioids, including prescription opioid pain relievers. The figures are staggering: nearly 2 million people abused or were dependent on prescription opioids in 2014 and in 2015, 7.8 percent of students, in eighth through 12th grades, abused prescription opioids.

The Centers for Disease Control and Prevention (CDC) has declared the misuse of prescription opioids, drugs like oxycodone, hydrocodone and methadone, an epidemic.

To combat this, the CDC is working with state agencies to implement prescription drug monitoring programs. The Arkansas Prescription Drug Monitoring Program has helped reduce the number of "doctor shoppers," individuals who visit multiple physicians to obtain prescriptions; in 2013, for instance, the number dropped from 114 to 31.

The National Institute on Drug Abuse and the National Institutes of Health have joined forces to form the NIDA for Teens website teensdrugabuse.gov. The site was created for middle and high school students, parents and educators and "provides accurate and timely information" for use in classrooms and homes.

To help reduce the likelihood of a family member or loved one misusing leftover prescriptions, authorities suggest safely disposing the drugs at a drug drop or drug disposal site. Log on to awarerx.org to find the site closest to you.

RESOURCE LISTING

*Locations that are noted by color and number are included on the resource map following this section.

THIS PUBLICATION IS SUPPORTED BY THE FOLLOWING ORGANIZATIONS.

They are here to serve your mental health care needs.

Arkansas Blue Cross Blue Shield
320 W. Capitol
Little Rock, AR 72201
501.378.2959 ●15

Arkansas Department of Health
4815 W. Markham St.
Little Rock, 72205
501.661.2000 ●16

Arkansas Families First
4004 McCain Blvd., Suite 203
North Little Rock, AR 72116
501.812.4265 ●17

Arkansas Judges and Lawyers Assistance Program (JLAP)
18 Corporate Hill Drive, #201
Little Rock, AR 72205
501.907.2527 ●18

Bradford Health
4 Executive Center Court
Room 106
Little Rock, AR 72211
501.725.8000 ●19

Centers for Youth and Families
Elizabeth Mitchell Children Center (EMCC)
Out Patient Counseling
Day Treatment Services (DTS)
6601 W. 12th St.
Little Rock, AR 72204
501.666.8686
888.868.0023 ●20

Elizabeth Mitchell Adolescent Center (EMAC)
Access/Admissions
Executive Offices
6501 W. 12th St.
Little Rock, AR 72204
501.666.8686
888.868.0023 ●21

Youth Emergency Shelter
6425 W. 12th St.
Little Rock, AR 72204
501.666.8686 or
1.888.868.0023 ●22

Southeast Residential Center
936 Jordan Drive
Monticello, AR 71655
870.460.0066 or
1.888.868.0023 ●23

Bess Chisum Stephens Community Center
The Parent Center
The Parent Resource Library
1200 S. Cleveland
Little Rock, AR 72204
501.666.8686 or
1.888.868.0023 ●24

Freeway Medical Building: Therapeutic Family Homes Program
Prevention Services
5800 W. 10th St., Suite 600
Little Rock, AR 72204
501.666.8686 or
1.888.868.0023 ●25

CHI St. Vincent Hospital
Two St. Vincent Circle
Little Rock, AR 72205
501.552.3000 ●26

CHI St. Vincent Hospital North
2215 Wildwood Ave.
Sherwood, AR 72120
501.552.7100 ●27

CHI St. Vincent Hospital Morrilton
4 Hospital Drive
Morrilton, AR 72110
501.977.2300 ●28

CHI St. Vincent Hospital Hot Springs
300 Werner St.
Hot Springs, AR 71913
501.622.1000 ●29

Community Counseling Services, Inc.
125 Dons Way
Hot Springs, AR 71913
501.620.5252 ●30

Community Service Inc.
100 S. Cherokee
Morrilton, AR 72110
501.354.4589 ●31

106 Cherokee Lane
Clarksville, AR 72830
479.754.7296

818 N. Creek Drive
Conway, AR 72032
501.327.9788

Conway Day Services
816 N. Creek Drive
Conway, AR 72032
501.329.5848

Hwy. 65, Rt. 6
Clinton, AR 72031
501.745.2956

730 Boston St.
Danville, AR 72833
479.495.5177

203 N. Fourth
Ozark, AR 72949
479.667.5855

1505 S. Oswego Ave.
Russellville, AR 72802
479.967.3370

Russellville Day Services
1415 S. Oswego Ave.
Russellville, AR 72802
479.967.3370

DaySpring Behavioral Health Services Preferred Family Healthcare
106 Ridgeway, Suites F, G & H
Hot Springs, AR 71901
501.609.0400 ●32
dayspringbhs.com
*44 locations statewide

Fairhaven Residential Treatment Center
890 Houston Levee Road
Cordova, TN 38018
901.757.7979 ●103

Fairhaven Outpatient Center
671 N. Ericson Road
Cordova, TN 38018
844.757.7979 ●104

Families, Inc.
Ash Flat Clinical Office
Remington Plaza
75 Hwy. 62/412 Suite J
Ash Flat, AR 72513
870.994.7060 ●33

Jacksonville Clinical Office
1200 James St.
Jacksonville, AR 72076
501.982.5000

Jonesboro Corporate/Clinical Office & Psychology Dept.
1815 Pleasant Grove Road
Jonesboro, AR 72401
870.933.6886

Mountain Home Clinical Office
700 S. Main St.
Mountain Home, AR 72653
870.425.1041

Osceola Clinical Office
3201 W. Keiser St.
Osceola, AR 72370
870.622.0592

Paragould Clinical Office
1101 Morgan St., Suite 8
Paragould, AR 72450
870.335.9483

2305 Old County Road
Pocahontas, AR 72455
870.892.1005

Searcy Clinical Office
1507 E. Race
Searcy, AR 72143
501.305.2359

Trumann Clinical Office
1704 Hwy 69 West
Trumann, AR 72472
870.483.4003

Walnut Ridge Clinical Office
1425 W. Main St.
Walnut Ridge, AR 72476
870.886.5303

Little Rock Community Mental Health Center
1100 N. University
Evergreen Place Suite 200
Little Rock, AR 72207
501.686.9300 ●34

Methodist Family Health
1209 Hwy 71N, Suite B
Alma, AR 72921
479.632.1022 ●35

500 E. Main St.
Suite 310
Batesville, AR 72501
870.569.4890

35 Choctaw Trace
Cherokee Village, AR 72529
870.376.4502

74 W. Sunbridge Drive
Fayetteville, AR 72703
479.582.5565

407 S. Seventh St.
Heber Springs, AR 72543
501.365.3022

3632 Central Ave., Suite B
Hot Springs, AR 71913
501.463.5003

2239 S. Caraway, Suite M
Jonesboro, AR 72401
870.910.3757

1600 Aldersgate Road
Suite 100B
Little Rock, AR 72205
501.537.3991

621 E. North St.
Magnolia, AR 71753
870.234.0739

Millcreek Behavioral Health
1828 Industrial Drive
Fordyce, AR 71742
870.352.8203 ●36

National Association of Social Workers, Arkansas Chapter
1123 S. University Ave., #1010
Little Rock, AR 72204
501.663.0658 ●37

National Park Medical Center
1910 Malvern Ave.
Hot Springs, AR 71901
501.602.2705 ●38

Oasis Renewal Center
14913 Cooper Orbit Road
Little Rock, AR 72223
501.376.2747 ●39

Ouachita Children's Center
339 Charteroak
Hot Springs, AR 71901
501.623.5591 ●40

Ouachita County Medical Center
638 California Ave.
Camden, AR 71701
870.836.1000 ●41

Rivendell Behavioral Health Services of Arkansas
100 Rivendell Drive
Benton, AR 72019
501.316.1255 ●42

Springwood Behavioral
1955 Truckers Drive
Fayetteville, AR 72704
888.521.6014 ●43

The Bridgeway
21 Bridgeway Road
North Little Rock, AR 72113
1.800.274.3439 ●44

The Guidance Center
(Western Arkansas Counseling & Guidance)
Primary Service Center
3111 S. 70th St.
Fort Smith, AR 72903
479.452.6650 ●45

Crawford County Clinic
2705 Oak Lane
Van Buren, AR 72956
479.474.8084 ●46

Franklin County Clinic
Hwy 23 N & Airport Rd.
Ozark, AR 72949
479.667.2497 ●47

Logan County Clinic
174 N. Welsh
Booneville, AR 72927
479.675.3909 ●48

Logan County Clinic
415 S. Sixth St.
Paris, AR 72855
479.963.2140

Polk County Clinic
307 S. Cherry St.
Mena, AR 71953
479.394.5277 ●49

Horizon
3113 S. 70th St.
Fort Smith, AR 72903
479.478.6664 ●50

NEW Center
3109 S. 70th St.
Fort Smith, AR 72903
479.452.9490 ●51

Scott County Clinic
1857 Rice Road
Waldron, AR 72958
479.637.2468 ●52

University of Arkansas for Medical Sciences
4301 W. Markham
Suite #890
Little Rock, AR 72205-7199
501.686.8999 ●53

Valley Behavioral
10301 Mayo Drive
Barling, AR 72923
479.494.5700 ●54

Wolfe Street Foundation
1015 S. Louisiana
Little Rock, AR 72202
501.231.3557 ●55

Woodland International Research Group, Inc.
910 Autumn Road
Little Rock, AR 72211
800.611.4873
501.221.8681 ●56

Woodland Research Group Northwest, LLC
1501 S. Old Missouri Road
Springdale, AR 72764
479.927.3000 ●57

ARKANSAS DEPARTMENT OF HEALTH PSYCHIATRIC HOSPITAL/UNIT PROVIDER LIST

The following facilities have been licensed by the Arkansas Department of Health.

Ashley County Medical Center
1015 Unity Road
Crossett, AR 71635
870.364.4111 ●58
County Located: Ashley

Baxter Regional Medical Center
624 Hospital Drive
Mountain Home, AR 72653
870.508.1000 ●59
County Located: Baxter

Bradley County Medical Center
404 S. Bradley St.
Warren, AR 71671
870.226.3731 ●60
County Located: Bradley

St. Bernards Medical Center
2712 E. Johnson Ave.
Jonesboro, AR 72401
870.932.2800 ●61
County Located: Craighead

Conway Regional Medical Center
2302 College Ave.
Conway, AR 72034
501.329.3831 ●62
County Located: Faulkner

Leo N. Levi National Arthritis Hospital
300 Prospect Ave.
Hot Springs, AR 71901
501.624.1281 ●63
County Located: Garland

St. Joseph's Mercy Health Center, Inc.
300 Werner St.
Hot Springs, AR 71913
501.622.1000 ●64
County Located: Garland

Medical Park Hospital
2001 S. Main St.
Hope, AR 71801
870.777.2323 ●65
County Located: Hempstead

Hot Spring County Medical Center
1001 Schneider Drive
Malvern, AR 72104
501.337.4911 ●66
County Located: Hot Spring

White River Medical Center
1710 Harrison St.
Batesville, AR 72501
870.262.1200 ●67
County Located: Independence

Harris Hospital
1205 McLain St.
Newport, AR 72112
870.523.8911 ●68
County Located: Jackson

Jefferson Regional Medical Center
1600 W. 40th Ave.
Pine Bluff, AR 71603
870.541.7100 ●69
County Located: Jackson

Johnson Regional Medical Center
1100 E. Poplar St.
Clarksville, AR 72830
479.754.5454 ●70
County Located: Johnson

Vista Health Texarkana
701 Arkansas Blvd., Suite 300
Texarkana, AR 71854
870.772.5028 ●71
County Located: Miller

Great River Medical Center
1520 N. Division St.
Blytheville, AR 72315-1448
870.838.7100 ●72
County Located: Mississippi

Ouachita County Medical Center
638 California Ave.
Camden, AR 71701
870.836.1000 ●73
County Located: Ouachita

Mena Regional Health System
311 N. Morrow St.
Mena, AR 71953
479.394.6100 ●74
County Located: Polk

Arkansas State Hospital
305 S. Palm St.
Little Rock, AR 72205
501.686.9000 ●75
County Located: Pulaski

Baptist Health Medical Center — Little Rock
9601 Interstate 630, Exit 7
Little Rock, AR 72205-7299
501.202.2200 ●76
County Located: Pulaski

Baptist Health Medical Center — Little Rock
11401 Interstate 30
Little Rock, AR 72209-7056
501.455.7101 ●77
County Located: Pulaski

North Metro Medical Center
1400 Braden St.
Jacksonville, AR 72076
501.985.7000 ●78
County Located: Pulaski

Pinnacle Pointe Behavioral Healthcare System
11501 Financial Centre Pkwy.
Little Rock, AR 72211
501.223.3322 ●79
County Located: Pulaski

St. Vincent Infirmary Medical Center
Two St. Vincent Circle
Little Rock, AR 72205-5499
501.552.3000 ●80
County Located: Pulaski

The BridgeWay, Inc.
21 BridgeWay Road
North Little Rock, AR 72113
501.771.1500 ●81
County Located: Pulaski

UAMS Medical Center
4301 West Markham St.
Slot 557
Little Rock, AR 72205
501.686.5000 ●82
County Located: Pulaski

United Methodist Behavioral Hospital
1601 Murphy Drive
Maumelle, AR 72113
501.803.3388 ●83
County Located: Pulaski

Five Rivers Medical Center
2801 Medical Center Drive
Pocahontas, AR 72455
870.892.6000 ●84
County Located: Randolph

Rivendell Behavioral Health Services of Arkansas
100 Rivendell Drive
Benton, AR 72019
501.316.1255 ●85
County Located: Saline

Saline Memorial Hospital
1 Medical Park Drive
Benton, AR 72015
501.776.6000 ●86
County Located: Saline

Sparks Regional Medical Center
1001 Towson Ave.
Fort Smith, AR 72901-4921
479.441.4000 ●87
County Located: Sebastian

Vista Health Fort Smith
10301 Mayo Road
Fort Smith, AR 72903
479.494.5700 ●88
County Located: Sebastian

Forrest City Medical Center
1601 Newcastle Road
Forrest City, AR 72335
870.261.0000 ●89
County Located: St. Francis

Springwoods Behavioral Health Services
1955 W. Truckers Drive
Fayetteville, AR 72704-5637
479.973.6000 ●90
County Located: Washington

Vista Health
4253 Crossover Road
Fayetteville, AR 72703
479.521.5731 ●91
County Located: Washington

White County Medical Center
1200 S. Main St.
Searcy, AR 72143
501.278.3100 ●92
County Located: White

River Valley Medical Center
200 N. Third St.
Dardanelle, AR 72834
479.229.4677 ●93
County Located: Yell

THE MENTAL HEALTH COUNCIL OF ARKANSAS

The council exists for the purpose of ensuring that appropriate community-based mental and behavioral healthcare is available throughout the state of Arkansas in a manner, which is accessible, balanced, affordable and quality driven.

For more information, log on to mhca.org. For a list of specific locations by county and region for the MHCA service providers, log on to aymag.com/mentalhealthguide.

Mental Health Council of Arkansas Members

Specialty Center:
Birch Tree Communities
6701 Hwy. 67 South, Bldg. 4
Benton, AR 72015
501.315.3344 ●1

Specialty Center:
Centers for Youth and Families
6601 W. 12th St.
Little Rock, AR 72204
501.666.8686 ●2

Community Counseling Services, Inc.
125 Dons Way
Hot Springs, AR 71913
501.624.7111 ●3
communitycounselingservices.org

Counseling Associates, Inc.
350 Salem Road, Suite 9
Conway, AR 72034
501.327.4889 ●4
caiinc.org

Counseling Clinic, Inc.
307 E. Sevier St.
Benton, AR 72015
501.315.4224 ●5
counselingclinicinc.org

Delta Counseling Associates
790 Roberts Drive
Monticello, AR 71655
870.367.9732 ●6
deltacounseling.org

Health Resources of Arkansas, Inc.
25 Gap Road
Batesville, AR 72503
870.793.8900 ●7
healthresourcesofarkansas.com

Little Rock Community Mental Health Center, Inc.
1100 N. University Ave.
Suite 200
Little Rock, AR 72205
501.686.9300 ●8

Mid-South Health Systems Inc.
2707 Browns Lane
Jonesboro, AR 72401
870.972.4000 ●9
mshs.org

Ozark Guidance Center, Inc.
2400 S. 48th St.
Springdale, AR 72762
479.750.2020 ●10
ozarkguidance.org

South Arkansas Regional Health Center
715 N. College
El Dorado, AR 71730
870.862.7921 ●11
sarhc.org

Southeast Arkansas Behavioral Healthcare System, Inc.
2500 Rike Drive
Pine Bluff, AR 71613
870.534.1834 ●12
sabhs.org

Southwest Arkansas Counseling & Mental Health Center, Inc.
2904 Arkansas Blvd.
Texarkana, AR 71854
870.773.4655 ●13
swacmhc.com

Western Arkansas Counseling & Guidance Center
3111 S. 70th St.
Fort Smith, AR 72903
479.452.6650 ●14
wacgc.org

PREVENTION SERVICES

The Arkansas Department of Human Services Division of Behavioral Health Services publishes a Substance Abuse Resource Guide, which includes a detailed list of Prevention Services Providers Directory. Log on to humanservices.arkansas.gov for more information.

Prevention Resource Centers

operated by North Arkansas Partnership for Health Education Area Health Education Center
303 N. Main St., Suite 301
Harrison, AR 72601
870.391.3367

operated by Decision Point
614 E. Emma St., Suite M426
Springdale, AR 72764
479.927.2655

operated by Crowley's Ridge Development Council
2401 Fox Meadow Lane
Jonesboro, AR 72404
870.933.0033

operated by Harbor House, Inc. (Men's Facility)
615 N. 19th St.
Fort Smith, AR 72914
479.783.1916

operated by Community Service, Inc.
100 S. Cherokee St.
Morrilton, AR 72110
501.354.4589

operated by Family Service Agency
628 W. Broadway, Suite 300
North Little Rock, AR 72114
501.372.4242, x 327 or x 328

operated by Community Service Inc.
1401 Malvern Ave., Suite 100
Hot Springs, AR 71901
501.318.2648

operated by St. James United Methodist Church
900 N. University
Pine Bluff, AR 71601
870.850.7216 or 870.536.6366

operated by Phoenix Youth and Family Services
310 Alabama St.
Crossett, AR 71635
870.364.1676

operated by UAMS/AHEC South Arkansas
460 W. Oak
El Dorado, AR 71730
870.864.2497
or 870.881.4426

operated by Southwest Arkansas Counseling & MHC
601 Hazel St.
Texarkana, AR 71854
870.774.2435

ARKANSAS DEPARTMENT OF VETERANS AFFAIRS DISTRICT VETERAN SERVICE OFFICES

The Arkansas Department of Veterans Affairs (ADVA) "serves Arkansas veterans and their eligible dependents, through advocacy and education to access federal and state benefits, high-quality, long-term nursing care and burial honors."

To help ensure veterans receive the care they deserve, the department has established nine district veteran service offices (VSOs). Each is staffed with a district veteran service officer whose "primary responsibility is to provide direct support to the county veteran service officers. The district veteran service officers will also facilitate veteran district advocacy teams (VDAT) to help fill gaps in service utilizing local private/public partnerships, and are available to provide casework assistance to veterans by appointment."

District 1
2200 Ft. Roots Drive
Bldg 65, Room 119
North Little Rock, AR 72114
501.370.3820 ●94
Counties: White, Faulkner, Pulaski, Lonoke, Perry, Saline, Garland, Hot Spring, Grant

District 2
2143 Martin Luther King Jr., Blvd
Fayetteville, AR 72701
479.387.6610 ●95
Terry Thurman
Counties: Benton, Carroll, Madison, Washington

District 3
1600 S. College St.
Mountain Home, AR 72653
870.404.6944 cellular 96
Elesha Granniss
Counties: Baxter, Boone, Cleburne, Fulton, Independence, Izard, Marion, Sharp, Stone

District 4
TBA
Russellville, AR 97
Counties: Conway, Johnson, Montgomery, Newton, Pope, Searcy, Van Buren, Yell

District 5
2311 E. Nettleton
Jonesboro, AR 72401
870.253.9767 cellular 98
Tony Davis
Counties: Clay, Craighead, Greene, Jackson, Lawrence, Poinsett, Randolph, Mississippi

District 6
616 Garrison
Fort Smith, AR 72044
479.966.5295 99
Eric Siddons
Counties: Crawford, Franklin, Logan, Polk, Scott, Sebastian

District 7
300 Eldridge Road #2
Forrest City, AR 72335
870.736.7360 cellular 100
Larry Smith
Counties: Arkansas, Crittenden, Cross, Jefferson, Lee, Monroe, Phillips, Prairie, St. Francis, Woodruff

District 8
TBA
Hope, AR 101
Counties: Clark, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Pike, Sevier

District 9
477 S. Main St.
Monticello, AR 71655
870.623.6900 102
Sue Harper
Counties: Ashley, Bradley, Calhoun, Chicot, Cleveland, Dallas, Desha, Drew, Lincoln, Ouachita, Union

CONFIDENTIAL SERVICES AVAILABLE FOR MILITARY PERSONNEL AND VETERANS

Arkansas has two Vet Centers established to help veterans from combat zones transition back into civilian life. The Center has a mobile unit that travels throughout the state, visiting 62 counties. Their team of licensed marital and family therapists, licensed clinical social workers and license professional counselors offer:

- individual readjustment counseling
- group meetings
- military sexual trauma counseling
- bereavement counseling
- marital and family counseling
- employment counseling and guidance
- benefits and referral assistance
- substance abuse information and referrals
- community education

For more information, contact the Little Rock Vet Center.

Little Rock Vet Center
201 W. Broadway St.
Suite A
North Little Rock, AR 72114
501.324.6395

Fayetteville Vet Center
1416 N. College Ave.
Fayetteville, AR 72703
479.582.7152

National Call Center
866.644.5371

Suicide Hotline
800.273.8255

HELP FOR VETERANS AND THEIR SURVIVORS AND DEPENDENTS

If you are a person who served in the active military, naval or air service and who was discharged or released under conditions other than dishonorable, you may qualify for VA healthcare benefits including qualifying Reserve and National Guard Members. The following is an abbreviated list of helpful numbers and website to information for Federal Benefits for Veterans Dependents and Survivors.

Bereavement Counseling
202.461.6530

Caregiver Support
855.260.3274
www.caregiver.va.gov

Debt Management Center
800.827.0648

Health Care
877.222.8387
va.gov/healthbenefits

Homeless Veterans
877.424.3838
va.gov/homeless

Mental Health
mentalhealth.va.gov

My HealtheVet
www.myhealth.va.gov

National Resource Directory
nrd.gov

State Departments of Veterans Affairs
va.gov/statedva.htm

Special Health Issues
800.749.8387

Telecommunication Device for the Deaf
800.829.4833

VA Benefits
800.827.1000

VA Combat Call Center
877.927.8387

VA Vet Centers
www.vetcenter.va.gov

Veterans Crisis Line
800.273.8255

Vocational Rehabilitation and Employment
vetsuccess.gov

Women Veterans
877.222.8387
womenshealth.va.gov

SOURCE: U.S. DEPARTMENT OF VETERANS AFFAIRS

FUNDED SUBSTANCE ABUSE TREATMENT PROVIDERS

The following are Funded Substance Abuse Treatment Providers as identified by the Arkansas Department of Human Services Division of Behavioral Health Services:

Preferred Family Healthcare, Inc. DBA Decision Point
602 N. Walton Blvd.
Bentonville, AR 72712
479.464.1060
aoinc.org
Counties served: Benton, Carroll, Washington, Madison

Preferred Family Healthcare, Inc. DBA Health Resources of Arkansas
3204 E. Moore
Searcy, AR 72143
501.268.7777
aoinc.org
Counties served: Boone, Marion, Baxter, Newton, Searcy, Fulton, Izard, Stone, Cleburne, Van Buren, Sharp, Independence, Jackson, White, Woodruff

Northeast Arkansas Community Mental Health Center DBA Mid South Health Systems
2707 Browns Lane
Jonesboro, AR 72401
870.972.4000
mshs.org
Counties served: Randolph, Clay, Greene, Lawrence, Craighead, Poinsett, Mississippi, Cross, Crittenden, St. Francis, Lee, Phillips, Monroe

Western Arkansas Counseling and Guidance Center
3111 S. 70th St.
Fort Smith, AR 72908
479.452.6650
wacgc.org
Counties served: Crawford, Franklin, Sebastian, Logan, Scott, Polk

Quapaw House, Inc.
812 Mountain Pine Road
Hot Springs, AR 71913
501.767.4456
quapawhouseinc.org
Counties served: Johnson, Pope, Yell, Conway, Faulkner, Perry, Montgomery, Garland, Pike, Clark, Hot Spring

10th District Substance Abuse Program DBA New Beginnings C.A.S.A
412 York St.
Warren, AR 71671
870.226.9970
Counties: Jefferson, Arkansas, Grant, Cleveland, Lincoln, Desha, Drew, Bradley, Ashley, Chicot

Southwest Arkansas Counseling and Mental Health Center
2904 Arkansas Blvd.
Texarkana, AR 71854
870.773.4655
swacmhc.com
Counties served: Sevier, Howard, Hempstead, Lafayette, Miller, Little River, Dallas, Nevada, Ouachita, Calhoun, Union, Columbia

Recovery Centers of Arkansas
1201 River Road
North Little Rock, AR 72114
501.372.4611
rcofa.org
Counties served: Saline, Pulaski, Lonoke, Prairie

Statewide Medical Detox
Quapaw House Little Rock Medical Detox/CORT Program
7600 Enmar
Little Rock, AR 72209
501.686.9393
quapawhouseinc.org
Counties served: all counties in Arkansas

ARKANSAS DEPARTMENT OF HUMAN SERVICES DIVISION OF BEHAVIOR HEALTH SERVICES NON-FUNDED SUBSTANCE ABUSE TREATMENT PROVIDERS

There are a number of non-funded centers that offer services for adults and/or adolescents. This includes outpatient treatment, opioid programs, medical detox, mental health services, referrals from drug court, juvenile drug court and more. For a list of these facilities, log on to http://humanservices.arkansas.gov/dbhs. Click on DBHS Services and/or Publications and Documents for the list of Non-Funded Substance Abuse Treatment Providers.

SUICIDE PREVENTION

Are you dealing with a great amount of stress? Having feelings of hopelessness or self-harm?

Emergency Services
911

Arkansas Crisis Center
888.274.7472

American Foundation for Suicide Prevention
888.333.2377
afsp.org

American Foundation for Suicide Prevention Arkansas Chapter
afsp.org/arkansas
arkansas@afsp.org

Arkansas Suicide Prevention Council
The Council serves at the pleasure of the Governor and was created under House Bill 1887 in 2015. For more information, contact the Arkansas Governor's Office at 501.682.2345 or governor.arkansas.gov.

Arkansas Suicide Prevention Network
arsuicideprevention.org

National Suicide Prevention Lifeline
800.273.8255

SUPPORT FOR SUICIDE LOSS

Are you dealing with the loss of a loved one due to suicide? There are a number of support groups throughout the state.

Central Arkansas Survivors of Suicide
North Little Rock, AR
sherryferguson@sbcglobal.net

Garland County Suicide Prevention Coalition
Survivors of Suicide Loss Grief Group
501.627.5441 or 501.249.9758

S.O.S./Dr. Robert E. Elliott Foundation
Searcy, AR
501.278.4357

Survivors of Suicide Loss Support Group
Batesville, AR
870.799.4047

SOURCE: AFSP, AFSP.ORG

RECOVERY SERVICES

Are you or someone you know dealing with substance abuse? Recovery is possible. Join others who understand and who are working to overcome their addictions.

Arkansas Alcoholics Anonymous (AA)
arkansascentraloffice.org
501.664.7303

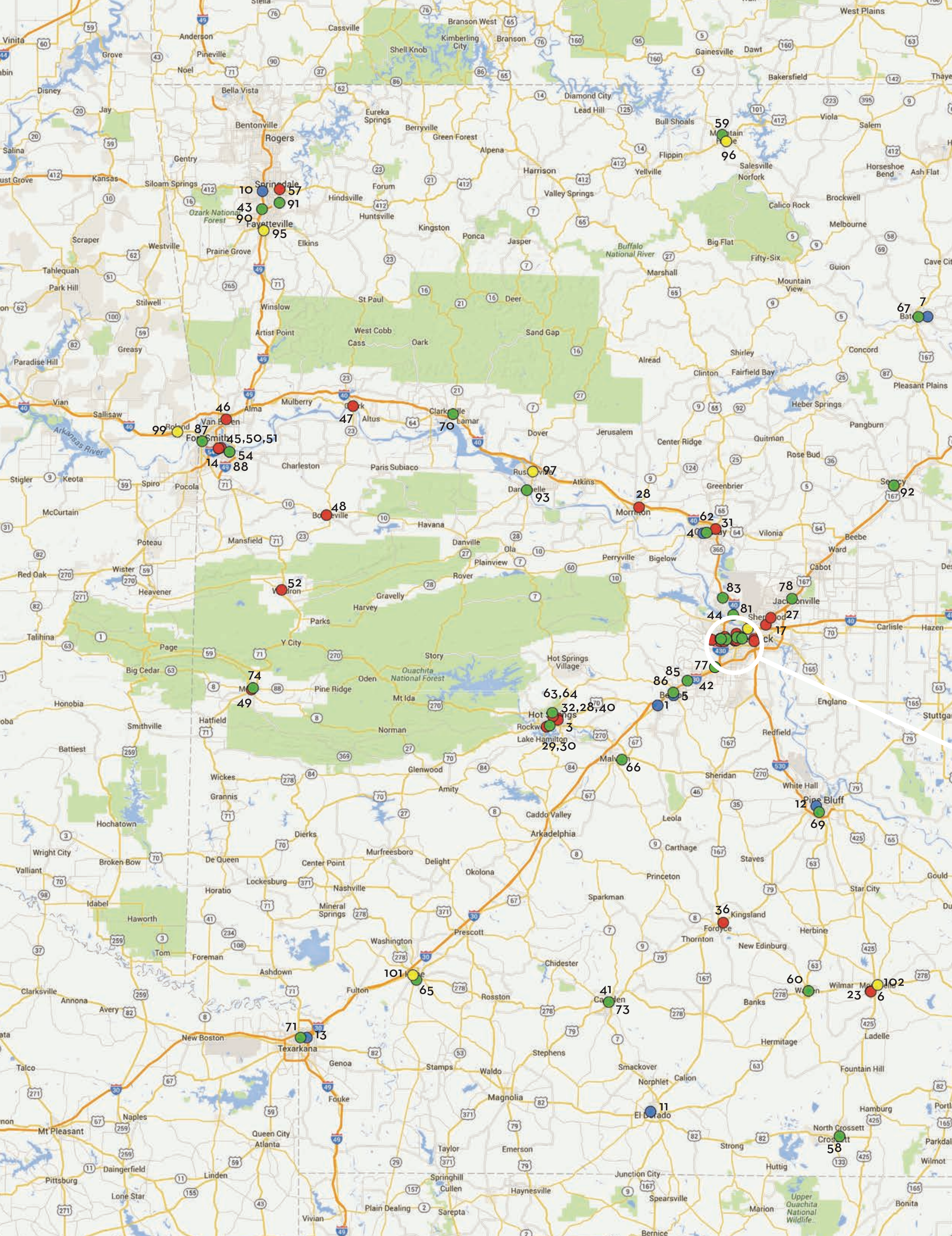
Arkansas Regional Service Committee of Narcotics Anonymous
arscna.org
800.338.8750

Arkansas Area Al-Anon/Alateen
ar.al-anon.alateen.org

Celebrate Recovery Groups (Faith-based)
grouplocator.crgroups.info

Substance Abuse and Mental Health Services Administration
samhsa.gov

Wolfe Street Foundation
wolfestreet.org
501.372.5662



Branson West
Branson
Kimberling City
Shell Knob
Cassville
Anderson
Pineville
Noel
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Vinita
Bella Vista
Bentonville
Rogers
Gentry
Siloam Springs
Springdale
Fayetteville
Ozark National Forest
Prairie Grove
Westville
Elkins
Eureka Springs
Berryville
Green Forest
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Hindsville
Huntsville
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Ponca
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Bull Shoals
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Salesville
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Horseshoe Bend
Ash Flat
Calico Rock
Brockwell
Melbourne
Valley Springs
Buffalo National River
Big Flat
Fifty-Six
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Marshall
Mountain View
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Park Hill
Stilwell
Winslow
Artist Point
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Oark
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Harvey
Parks
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Y City
Story
Hot Springs Village
Big Cedar
Mena
Oden
Pine Ridge
Ouachita National Forest
Mt Ida
Hot Springs
Rockwell
Lake Hamilton
Benton
Bryant
England
Stuttgart
Honobia
Smithville
Hatfield
Norman
Malvern
Redfield
Sheridan
White Hall
Pine Bluff
Battiest
Wickes
Grannis
Glenwood
Amity
Hochatown
Caddo Valley
Arkadelphia
Leola
Wright City
Broken Bow
Dierks
De Queen
Murfreesboro
Delight
Okolona
Carthage
Staves
Valliant
Center Point
Lockesburg
Nashville
Horatio
Princeton
Star City
Gould
Idabel
Haworth
Mineral Springs
Sparkman
Kingsland
Fordyce
Herbine
Thornton
New Edinburg
Prescott
Washington
Chidester
Tom
Foreman
Ashdown
Hope
Fulton
Rosston
Camden
Warren
Wilmar
Monticello
Banks
Clarksville
Annona
Avery
New Boston
Texarkana
Genoa
Stamps
Waldo
Stephens
Smackover
Calion
Norphlet
Hermitage
Ladelle
Fountain Hill
Talco
Fouke
Magnolia
El Dorado
Hamburg
North Crossett
Crossett
Strong
Mt Pleasant
Naples
Queen City
Atlanta
Daingerfield
Linden
Taylor
Emerson
Junction City
Huttig
Pittsburg
Lone Star
Springhill
Cullen
Haynesville
Spearsville
Plain Dealing
Sarepta
Vivian
Marion
Bernice
Upper Ouachita National Wildlife
Bonita
Wilmot
Parkdale
Portland
West Plains
Kansas
Salina
Disney
Jay
Scraper
Arkansas River

RESOURCE MAP
LEGEND

- Supporting Organizations
- Arkansas Department of Veterans Affairs District Veteran Service Offices
- Arkansas Department of Health Licensed Psychiatric Hospitals/Units
- Mental Health Council of Arkansas Members

An Independent Licensee of the Blue Cross and Blue Shield Association

National Alliance for the Mentally Ill, US Substance Abuse and Mental Health Services Administration

You Are...

Each year, 1 in 5 adults in America experiences a mental illness; and as many as 1 in 8 has a serious problem with alcohol or drugs.

Mental and behavioral health issues are difficult to detect and affect people from all walks of life. The impact on those that suffer, their families and the communities that care for them is widespread. Most of us know someone who needs help.

Many suffer in fear, silence and isolation, delaying help until personal and social cost are much higher. We believe that well-being goes beyond physical health.

There is help, there is hope.

...Not Alone

MPI 5104 4/16

You have heard smoking is harmful to your health. You have listened to your loved ones lecture you to quit. You have read the surgeon general's warning on the package. You know how much money it costs you every day. It still does not make it any easier to quit using tobacco.

The Arkansas Tobacco Quitline can help you. It's free, private, and personalized just for you. When you call 1-800-QUIT-NOW, a trained quit counselor will assist you with setting a quit date and building a quit plan that fits your life. Free nicotine replacement therapies, like gum, patches, or lozenges may also be available to ease nicotine cravings.

A quit counselor can help you with overcoming barriers when it comes to quitting. They are there for you 24 hours per day, 7 days per week. They

can help you deal with stress, fight cravings, and cope with irritability when you need it most. Quit counselors can also send encouraging texts and emails to help you stay on track. The Arkansas Tobacco Quitline offers a five-call quit program with no pressure, no hassles, and no judgments. Quit counselors understand, support, and encourage you throughout your quit journey.

Quit counselors also provide personalized services to expecting and post-partum moms who are ready to quit. Quit counselors respond to the mother's feelings with a woman-centered approach. They are there to talk about the health benefits of quitting for both mom and baby. Pregnant women who enroll in this free service receive an eight-call program with one dedicated quit counselor.

After quitting, it doesn't take long to begin to feel the benefits. Within 12 hours of quitting, the carbon monoxide levels in your blood drop, enabling the blood to carry more oxygen to your organs and tissues. Within 2 weeks of quitting, your risk of heart attack drops and lung function improves. By the end of the first month after quitting, coughing and shortness of breath begin to decrease.

Join over 20,000 Arkansans who have been able to quit tobacco through the Arkansas Tobacco Quitline today. Call 1-800-QUIT-NOW to speak with a trained quit counselor to enroll in the free services. For more information, visit stampoutsmoking.com.

In the midst of any crisis, the National Suicide Prevention Lifeline is here for you at 1-800-273-TALK. Specialists are available to help 24 hours a day, 7 days a week. You may also seek help via the website at www.suicidepreventionlifeline.org. Help is available for you whenever you need it. If you're feeling hopeless, anxious, withdrawn, angry, or have had changes in mood, you could be at risk for suicidal behavior. Be familiar with the warning signs, and seek help immediately. Even though things may be difficult right now, please know that you matter.

YOU ARE IMPORTANT, AND HELP IS AVAILABLE. 1-800-273-TALK.

RIVENDELL CELEBRATES 30 YEARS OF CHANGING LIVES THROUGH COMPASSIONATE HEALING!

For more than 30 years, Rivendell Behavioral Health Services of Arkansas has offered access to a full continuum of emotional and behavioral health services for adults, children and adolescents. Our philosophy of treatment is to promote the dignity and respect of the patients we serve. The foundation of providing quality and compassionate care is through a strong and supportive relationship between Rivendell staff members and our patients. With an engaged and encouraging staff, the environment we create promotes our patients' safety and is optimal for positive change. At all times, the essential patient rights of dignity and respect are preserved to the greatest extent possible.

SUBSTANCE ABUSE & PSYCHIATRIC TREATMENT

For those facing substance abuse-related issues, Rivendell takes an in-depth look at coinciding emotional and behavioral factors. Our acute care unit for adolescents, ages 13 – 18, offers a dual diagnosis track, which is specifically designed to evaluate and stabilize early destructive behaviors and psychiatric disorders.

Educating both the patient and his or her family is a primary focus of this short term program. Understanding and recognizing the risks and potential complications of minors experimenting with drugs and other harmful substances helps both the patient and family prepare for treatment. Rivendell's staff takes into account the social, educational and medical ramifications of chemical dependence, and we teach how abusing drugs and alcohol can have long-term effects on the body and mind, and also may result in serious legal consequences.

These services are provided to patients in a structured, safe environment where they can detox along with group, individual and family therapy sessions for processing and developing coping skills. Our medical director works with the patient and his or her therapist to create a treatment plan designed to safely re-integrate the youth into his or her home environment and community where support services are accessible. A case manager will assist in scheduling a follow up outpatient appointment prior to discharge, ensuring the family and patient have a clear path to recovery in aftercare.

For adults, Rivendell has recently expanded

services to include 46 beds for inpatient treatment and an outpatient program or Partial Hospitalization Program (PHP). The inpatient program treats those suffering from depression, suicidal thoughts, anger, mood swings, addiction, grief and trauma and other emotional or behavioral health disorders. The PHP is designed as a two to three week day program from 8:00am to 3:00pm Monday through Friday. The clients meet to learn more about their illness and how to heal in 10 practical phases of recovery with trained counselors, therapists, nurses and the psychiatrist.

INPATIENT TREATMENT FOR YOUTH AND ADULTS

- Acute care for children (ages 4 to 12)
- Adolescents (ages 13-17)
- Adults (ages 18 and up)
- Dual diagnosis treatment
- Partial hospitalization
- Outpatient follow up plan

INPATIENT CARE COMPONENTS

- Psychiatric evaluation
- Emotional stabilization
- Behavioral intervention
- Medication management
- Group, individual and family therapy
- Recreational therapy
- Education
- Aftercare planning
- Visitation with family and loved ones
- Immediate safety for patient and others
- Access to medical treatment
- Around-the-clock clinical observation
- Reduced anxiety and depression
- Improved overall health

CONTACT RIVENDELL TODAY

Help is available. Contact Rivendell today to speak with an Assessment and Referral counselor to answer any questions you may have. This assessment is available to you at no charge 24-hours a day, seven days a week, and is completely confidential. You are not alone, and we can help.

Rivendell
Behavioral Health Services of Arkansas

www.rivendellofarkansas.com / 100 Rivendell Drive / Benton, AR 72019

1.800.264.5640

ROAD TO RECOVERY

It's never easy to admit that you or someone you care about is addicted to alcohol or drugs. But once you recognize the problem, the road to recovery appears at your feet. The first step down that road is to find professional help. If that's where you are now, you've come to the right place. For more than 30 years, Bradford's proven treatment programs have been helping adults and adolescents get back on the path to a full, rewarding life – free of alcohol and drugs.

IF YOU OR SOMEONE YOU KNOW IS SUFFERING FROM ADDICTION YOU CAN CALL TODAY TO START THE ROAD TO RECOVERY.

CONSULTATION

Bradford offers a no-cost consultation. We ask questions, listen carefully, gather information, and make recommendations to patients and their families. We assist those we serve by helping them make life-changing decisions for themselves and their family members.

TREATMENT SERVICES

- Medical Detox
- Intensive Outpatient: allows clinically-appropriate patients to remain in their home environment overnight while attending special sessions designed to treat their continual risk of relapse and environmental issues.
    - Morning and evening programs
    - Family program

RESIDENTIAL TREATMENT

- Adolescent and adult
- 28 day treatment
- 90 day Extended Care Program specializing in grief, trauma, and relapse prevention.

SPECIALIZED PROFESSIONALS PROGRAMS

- Healthcare Professional Program
- Law Enforcement First Responders Program
- Legal Professional Program
- Military Personnel Program

BRADFORD HEALTH SERVICES

4 Executive Center Crt.
Little Rock, AR 72211

501.725.8000
bradfordhealth.com

Most insurance accepted and can often work with companies on a case by case basis.

CHI St. Vincent

*Imagine better health.*SM

YOUR MENTAL HEALTH – YOUR QUALITY OF LIFE

Life can be more than just frustrating. It can be hard – sometimes seemingly impossible. Juggling jobs, kids, school, small budgets, big bills and life's unpleasant surprises leave little down time. Under constant stress, depression and anxiety creep in and can cause physical health problems.

At CHI St. Vincent, we strive for the whole picture of health – body, mind and spirit - including your mental health. Talk with your primary care physician if you're sad, feeling overwhelmed, hopeless or anxious. It's a step only you can take to get to a better quality of life and health.

With primary care clinics from Morrilton to Murfreesboro and Mt. Ida to Lonoke, we have plenty of options in Central Arkansas. In addition, CHI St. Vincent provides wellness programs and health education.

To find a primary care physician near you, visit chistvincent.com/clinics

PREFERRED FAMILY HEALTHCARE

continually strives to be a dynamic, caring organization united to assist others in achieving their potential.

INNOVATIVE TREATMENT

We are committed to effective results. Utilizing many different, yet proven techniques, positive treatment results are frequently achieved. PFH is committed to enhancing the individual's own motivation, to facilitate changes in thinking and providing alternative, more adaptive choices for each individual to make better decisions.

- **Individualized**
  PFH matches each client's unique needs with effective and appropriate services.
- **Community Based**
  PFH connects clients to community resources and ensures access to needed services
- **Culturally Relevant**
  PFH provides services that address and support client's diverse needs and background.
- **Responsiveness**
  PFH actively answers needs as they occur, tailoring services and creating a personalized plan.

ARKANSAS BEHAVIORAL HEALTH SERVICES AVAILABLE

- Outpatient Services
- Individual, Group and Family Counseling
- 24 Hour Crisis Management
- Psychiatric Services
- Community Based Services
- Intervention Support Services
- Rehabilitative Day Programs
- After School and Summer Programs
- Drug Court Services
- System of Care

Continuity of Care and working closely with referral sources is our priority to ensure that all clients maintain healthy supports both during treatment and post discharge.

QUALITY STAFF

Professionally Licensed and Certified Staff

Medicare, Arkansas Medicaid, and Private Insurance accepted.

Dayspring Behavioral Health
A division of Preferred Family Healthcare

1610 West 3rd Street
Little Rock, Arkansas 72201

501.372.4440
dayspringbhs.com

FAIRHAVEN TREATMENT CENTER

FOR EATING DISORDERS

COMPASSIONATE AND EXPERIENCED TREATMENT FOR FAMILIES IN THE MID SOUTH STRUGGLING WITH EATING DISORDERS

Fairhaven Treatment Center for Eating Disorders is a Residential and Outpatient facility that offers an opportunity for complete recovery in a structured, supportive and tranquil environment. We offer a full continuum of care to treat adolescent girls and adult women struggling with Anorexia, Bulimia, Binge Eating Disorder, and other related conditions in a personalized and comfortable setting.

PASSIONATE ABOUT YOUR RECOVERY

The therapists and staff at Fairhaven are committed to delivering individualized care to each person who walks through our door. Our mission is to help our clients heal in a safe, compassionate environment and develop the tools to enjoy a lifetime of recovery. We treat our clients like the individual people they are, instead of a condition or illness. Everyone on our staff is here to help every step of the way, throughout the recovery journey.

RECLAIM THE JOY

Our goal is to help clients realize they have the strength within themselves to achieve healthy connectedness, both personally and with others. This process of self-discovery helps our clients reclaim the joy in their lives.

ADULT PROGRAMS

- Residential Treatment
- Partial Hospitalization Program
- Transitional Living
- Intensive Outpatient Program

ADOLESCENT PROGRAMS

- Partial Hospitalization Program
- Intensive Outpatient Program

FAIRHAVEN OUTPATIENT CENTER
671 N. Ericson Road
Cordova, TN 38018

FAIRHAVEN RESIDENTIAL TREATMENT CENTER
890 N. Houston Levee Road
Cordova, TN 38018

FOR MORE INFORMATION, CONTACT US AT:
844.757.7979 (Assessment) • 901.757.7979 (Office) • 901.757.7980 (Fax)
www.fairhaventc.com

NATIONAL ASSOCIATION OF SOCIAL WORKERS

Discover the power of social work.

ADVANCE IN THE WORKPLACE

Career Center: Search online for a new social work job, negotiate for higher pay, or start a business.

Webinars: learn what's happening in multiple fields of practice through free and discounted courses.

Practice Tools: Get guidance on hot practice topics from social workers who understand notional policy.

PROTECT YOURSELF

Insurance: Make sure complaints don't derail your career with insurance and risk management workshops.

Legal: learn how colleagues ore handling complex regulatory and legal challenges in the workplace.

Ethics: Use the NASW Code of Ethics to improve your organization's service standards.

CONNECT WITH COLLEAGUES

Social Media: Join 1 OO,OOO+ social workers online to discuss compelling professional and social issues.

Conferences: Build skills and earn CEUs through your chapter conference or the notional conference.

Chapters: Attend local education, advocacy, and social events to expand your social work network.

ADVOCATE FOR SOCIAL WORK

Reinvestment: Help social workers in Congress pass notional legislation to study and support the profession.

Listserv: Shape public policy by contacting elected officials online about social work positions.

Media: Change public perceptions of social workers by educating journalists, filmmakers, and producers.

NASW · ARKANSAS CHAPTER

National Association of Social Workers

YOUR CHAPTER MEMBERSHIP

Best of all, your NASW membership is two for one — you receive the benefits of both national and your state chapter.

naswar.org/membership/benefits/

The BridgeWay was built to help Arkansas move from despair to hope. We built this bridge for children, adolescents, adults and seniors. We built this bridge for you.

The BridgeWay
Children • Adolescents • Adults • Seniors

21 Bridgeway Road
North Little Rock
1-800-245-0011
thebridgeway.com

From the despair of substance abuse THERE IS AN OASIS.

The Oasis Renewal Center is a division of Recovery Centers of Arkansas specializing in treatement of substance use disorders.

With over 48 acres, the Oasis provides a remote, quiet atmosphere with rustic, upscale accommodations. The professional staff at the Oasis is committed to blending the latest research-based practices with proven traditional treatment. The Oasis staff is trained on federal confidentiality laws and ethics.

OASIS
RENEWAL CENTER

Call us to schedule a tour or FREE screening.
14913 Cooper Orbit Road / Little Rock
501.37.OASIS / OasisRenewalCenter.com

Community Service, Inc. is a nonprofit agency that works with children, youth and their families to help them deal with behavioral issues so they can be successful in their homes, schools, vocations, and communities. No child is ever turned away due to their inability to pay for services.

PROGRAMS

- Juvenile Justice
- Mental Health Services
- Prevention & Education
- Rehabilitation Day Services
- Substance Abuse Services
- Therapeutic Foster Care
- Youth Advocate Program
- Youth Leadership Program
- The First Tee

ADMINISTRATIVE OFFICE
100 S. Cherokee St.
Morrilton, AR
501.354.4589

106 Cherokee Ln.
Clarksville, AR
479.754.7296

451 Ingram St.
Clinton, AR
501.754.2956

818 N. Creek Dr.
Conway, AR
501.327.9788

1408 East 8th St.
Danville, AR
479.495.5177

203 N. 4th. St.
Ozark, AR
479.667.5855

1505 S. Oswego Ave.
Russellville, AR
479.967.3370

CSI Community Service, Inc.
Caring and Responsive Youth Services

csiyouth.com

Families, Inc. Counseling Services is a private counseling agency with outpatient facilities throughout Northeast, North Central and Central Arkansas. Since our establishment in 2000, we have taken the unique approach of providing services in the client's home and school, as well as the outpatient clinic. Families, Inc. offers a variety of therapeutic services for all ages on an individual, couple, family and group basis. Through counseling, individuals receive emotional support from a licensed professional, who helps the client work to resolve conflicts with others, understand feelings such as anxiety and depression, and try out new solutions to old problems.

FAMILIES, INC. counseling services

Families, Inc. offers ten convenient outpatient centers across Northeast, North Central and Central Arkansas.

ASH FLAT CLINICAL OFFICE
Remington Plaza
75 Hwy. 62/412 Suite J
Ash Flat, AR 72513
870.994.7060

JACKSONVILLE CLINICAL OFFICE
1200 James Street
Jacksonville, AR 72076
501.982.5000

JONESBORO CORPORATE/CLINICAL OFFICE & PSYCHOLOGY DEPT.
1815 Pleasant Grove Road
Jonesboro, AR 72401
870.933.6886

MOUNTAIN HOME CLINICAL OFFICE
700 S. Main Street
Mountain Home, AR 72653
870.425.1041

OSCEOLA CLINICAL OFFICE
3201 W. Keiser St. PO Box 447
Osceola, AR 72370
870.622.0592

PARAGOULD CLINICAL OFFICE
1101 Morgan Street Suite 8
Paragould, AR 72450
870.335.9483

POCAHONTAS CLINICAL OFFICE
2305 Old County Rd. PO Box 630
Pocahontas, AR 72455
870.892.1005

SEARCY CLINICAL OFFICE
1507 E. Race
Searcy, AR 72143
501.305.2359

TRUMANN CLINICAL OFFICE
1704 Hwy 69 West
Trumann, AR 72472
870.483.4003

WALNUT RIDGE CLINICAL OFFICE
1425 W. Main Street
Walnut Ridge, AR 72476
870.886.5303

FamiliesInc.net

Springwoods Behavioral Health offers inpatient acute psychiatric services to adults, senior adults, and adolescents. There is also a women specific acute care program that offers treatment dealing with issues related specifically to women. Outpatient programs include Partial Hospitalization (PHP) for patients who have mild to moderate psychiatric or emotional disorders and need more intensive treatment than provided in the traditional outpatient setting. Intensive Outpatient (IOP) is for those who are at a lower risk but still require frequent therapy. Confidential no-cost assessments are provided at our facility and are available 24 hours a day, 7 days a week.

We are nestled on 123 acres of Audubon Wildlife and Bird Sanctuary which is held in perpetuity and will not be developed, leaving the hospital in a calming environment. There are outdoor walk pathways and access to a patio and courtyard to enhance the natural setting and add a therapeutic touch.

We invite you to browse our website at www.springwoodsbehavioral.com to review a comprehensive list of our services and programs.

RESTORING HOPE FOR TOMORROW.
RECOVERING LIVES TODAY.

SPRINGWOODS
BEHAVIORAL HEALTH

1955 West Truckers Drive / Fayetteville
1.888.521.6014 / 479.973.6000

The Psychiatric Research Institute at the University of Arkansas for Medical Sciences provides psychiatric leadership for Arkansas by supporting robust research and training programs that enable the delivery of cutting-edge diagnostic and specialty behavioral health services not available anywhere else in the state. The Psychiatric Research Institute is also uniquely positioned to partner with community-based health-care providers to improve access to and the quality of behavioral health services across the state, from primary care to psychiatric inpatient settings.

UAMS | Psychiatric Research Institute

4301 W. Markham St., #554 / Little Rock, AR
(501) 526-8100 / psychiatry.uams.edu

IF YOU ARE OR SOMEONE YOU KNOW HAS BEEN DIAGNOSED WITH:

- Bipolar Disorder
- Schizophrenia
- Child & Adolescent MDD
- Child & Adolescent ADHD
- Major Depressive Disorder
- Memory Loss

WOODLAND INTERNATIONAL RESEARCH GROUP, INC
501-221-8681
Little Rock

WOODLAND RESEARCH NORTHWEST, LLC
479-927-3000
Northwest Arkansas

Clinical trials are studies conducted to assess the safety and effectiveness of new drugs, treatments, and medical devices. Volunteers are enlisted to participate in trials; depending on what is being tested, volunteers may be recruited from a broad range of ages and backgrounds, or from a group of individuals meeting very narrow criteria. All clinical trials are conducted according to a protocol which details the study, defines who can participate in the trial, and describes how the outcome will be measured. In return, participants may gain access to beneficial new treatments and receive medical care for the condition under study – while helping to advance medical knowledge and treatment.

WSF
WOLFE STREET
foundation

Wolfe Street Foundation is Arkansas' largest resource dedicated to recovery from alcoholism and addiction. Founded in 1982, we operate Wolfe Street Center at 1015 S. Louisiana in downtown Little Rock. At no charge to the 100,000 people that seek help each year, Wolfe Street provides safe meeting places, education and outreach to those in need.

Join us June 7th for our 20th annual Night at The Rep where all proceeds support operating the Wolfe Street Center. This event is one of only a handful of events each year that enable us to remain open 365 days a year, 16 hours a day.

WINDFALL: A NEW COMEDY,
DIRECTED BY JASON ALEXANDER
Silent Auction at 6 pm / Curtain at 7 pm
For tickets call or come by the Wolfe Street Bookstore or buy online at eventbrite.com

WOLFE STREET CENTER
1015 S. Louisiana St. / Little Rock
501.372.5662 / www.wolfestreet.org

A heartfelt thanks to UAMS, Bradford Health and Dubose Heating & Air for their generous sponsorship of this event!

SUICIDE IS A LEADING CAUSE OF DEATH — AND IT'S PREVENTABLE.

2016 EVENTS:

- Northwest Arkansas Walk - September 15th
- Hot Springs Community Walk - October 15th
- Little Rock Walk - November 6th

To see more and register for these events: AFSP.org/Arkansas or email LROutOfTheDarkness@Gmail.com

There is no single cause to suicide. It most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition. Our mission is to save lives and bring hope to those affected by suicide. We provide resources for those affected by suicide, and offer them opportunities to help others.

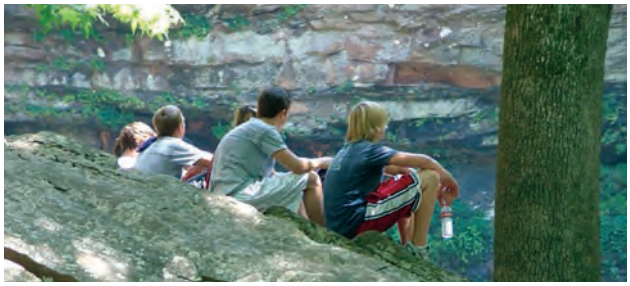
AMERICAN FOUNDATION FOR Suicide Prevention

For more information, visit us at AFSP.org/Arkansas.

JLAP, the only program of its kind in the state, helps Arkansas' judges, lawyers, their families and law students return to good mental health when they experience problems such as substance or behavior addiction, mood disorders, anxiety, or cognitive impairment.

ARKANSAS JUDGES & LAWYERS ASSISTANCE PROGRAM
jlap

confidential@arjlap.org / 501-907-2529 / arjlap.org



Horizon has offers a residential and an outpatient program for adolescents with substance use and mental health disorders. As addictions affect the entire family, the treatment integrates intensive family therapy as well as individual counseling, the twelve-step model and a unique outdoor therapeutic adventure program. Call for a confidential assessment.

The Guidance Center

Horizon, A Program of Western Arkansas Counseling & Guidance Center
3113 South 70th Street / Fort Smith, AR 72903
479-478-6664/ wacgc.org

LRCMHC provides an array of community-based services to assist in the recovery and well-being of adults with mental illness.

- Pinnacle House Day Program & Crisis Stabilization Program
- Outpatient Clinic & Community Intervention Team
- Residential Support & Housing
- Pharmacy

Little Rock Community Mental Health Center, INC.

(501) 686-9300 / lrcmhc.com
24-Hour Crisis and New Patient Number: 501-686-9300

Methodist Family Health is the only comprehensive behavioral and psychiatric healthcare system for children and families in Arkansas. Our services range from outpatient services, to acute and subacute hospitalization, to residential care. We bring healing and hope to challenging situations.

Methodist FAMILY HEALTH
Rebuilding the Lives of Children and Families Since 1899

FOR MORE INFORMATION:
501.661.0720 / methodistfamily.org

COMPASSIONATE CARE. POSITIVE RESULTS.

National Park Medical Center's Senior Care Unit focuses on the care of geriatric patients seeking emotional or behavioral health intervention in the hospital setting. Exclusively treating patients 65 and over, we are devoted to the safety and emotional needs for this specific patient population. We focus on positive results and a compassionate level of care for every patient and patient family.

NPMC
National Park Medical Center

1910 Malvern Ave / Hot Springs
501-321-1000 / nationalparkmedical.com

NPMC is partially owned by physician investors.
Visit nationalparkmedical.com for more information.

OCMC Ouachita County Medical Center

The mission of **Ouachita County Medical Center** is to provide accessible, personal and quality health care in a safe and confidential environment, with courtesy, friendliness and respect.

- Substance Abuse Training
- Home Care
- Hospice
- Women's Services
- Wound Care
- Imaging Services
- Respiratory Therapy
- Plus others

OUCHITA COUNTY MEDICAL CENTER
P.O. Box 797 / Camden, AR
(870) 836-1000 / ouachitamedcenter.com

RURAL HEALTH CLINIC & STEPHENS CLINIC
113 Ruby Street / Stephens, AR / (870) 786-9114

Drinks? Drugs? NAH!

Take Action Arkansas...Prevention Works

Division of Behavioral Health Services • Prevention Services

In 2007, Arkansas was reported to have the worst teen prescription pain reliever abuse problem in the entire United States. [1]In 2015, 21% of Garland County High School Seniors reported having abused or misused prescription drugs. [2]To find out how to talk to your kids about the dangers of inappropriate use of prescription drugs, contact the Ouachita Children's Center www.occnet.org or (501) 623-5591

OUACHITA CHILDREN'S CENTER

Our Community, Our Children

1) SAMHSA, in ONDCP's Teens and Prescription Drugs, Feb 2007
2) DBHS and Pride Surveys, 2015 Arkansas Prevention Needs Assessment (APNA), April 2016

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MENTAL ILLNESS STIGMA

BY REBECCA WARD, LCSW, MSW

Mental illness affects 1 in 5 Americans, a fact that may surprise you. You may hear that a friend, neighbor or family member is ill, but it likely will be discussed in hushed tones as if this kind of illness could have been avoided or perhaps indicates a serious aberration in a person's constitutional or genetic properties. Mental illness isn't something to be ashamed of or embarrassed about. It is an illness. However, mental illness gets little of the respect and attention given to physical illness.

According to a June 2015 report from The Pew Charitable Trusts, approximately 44 million adults "were classified as having a mental illness. Of these, 10 million had a serious mental illness." Yet, we have been hesitant to discuss this crisis.

While people openly discuss physical ailments or challenges, including surgeries, symptoms, medicines and consequences, few are nearly as open about discussing depression, bipolar disorder, panic attacks or suicidal ideation. Having a faulty gall bladder, for example, seems to be more acceptable than having a slow neurotransmitter or biochemical imbalance that causes the brain to malfunction or function differently.

The stigma of having a mental illness has improved over the years. Today, advocacy groups such as the National Alliance on Mental Illness, nami.org, and Stamp Out Stigma, stampoutstigma.com, are working to shed light on this critical issue. The message, as stated by the latter is simple: "Mental illnesses and substance use disorders — just like high blood pressure, high cholesterol or diabetes — are treatable health issues. Stigmas linked to mental health and addiction often keep people from seeking the help they need — yet for those who do, recovery is possible." And their mission, which is easily embraceable, is "to defeat the obstructive nature of mental illness and addiction stigma."

Today more and more people talk openly about the problems life has presented them and their emotional responses to those problems. Depression seems far more acceptable now and is no longer considered a personality defect or a character weakness. Anxiety disorders are recognized and respected as a condition anyone can develop and viewed as successfully treatable. Bipolar disease has been depicted in popular movies like "Silver Linings Playbook," a feature in which Bradley Cooper was nominated for an Academy Award for his portrayal of someone living that diagnosis. Jack Nicholson won an Oscar for his portrayal as someone with obsessive-compulsive disorder, or OCD, in "As Good As It Gets." These mainstream movies helped shine a light into the dark corners of mental illness. Our fears were quelled as Cooper and Nicholson invited audiences to look beyond the label of a mentally ill person.

Years ago, patients would sometimes ask for a private entrance/exit for my office and requested to not sit in the waiting room. True story: a male client in my office during his lunch hour grew nervous as his session ended and asked if he could use the back exit. He said, "I really can't be seen in here. I'd get fired." I showed him out and went to get my next client … his boss.

Today, people realize that being in therapy indicates that you are working to know yourself better, working through issues so you can engage in the world and the people in it in a healthier and more rewarding manner. This is a healthy shift.

How can we overcome the stigma associated with mental illness? Talk about it. We can each become more knowledgeable about mental health and talk to others about it. We can also support the efforts of organizations such as NAMI, Stamp Out Stigma and the American Foundation for Suicide Prevention, afsp.org. And if you recognize that something is "not quite right" with you or a loved one, speak out. Seek help from your medical professional. Don't allow your loved one to suffer in silence. Don't allow yourself to suffer in silence. ◘

TWELVE STEPS TO ONE GREAT COMEBACK

BY TRACY COURAGE
PHOTOGRAPHY BY BRANDON MARKIN
SHOT ON LOCATION AT LITTLE ROCK VIOLIN SHOP

Markey Ford's toolbox is a big, three-tiered red metal box from Sears, and one of her tools is a wooden-handled hammer inscribed with the words "This too shall pass." It's not a real toolbox — it's more of a visual representation of the kit of spiritual tools she has used to stay sober for 28 years.

As executive director of the Wolfe Street Foundation, Ford spent the past decade devoted to a cause near and dear to her heart: providing hope and encouragement to recovering alcoholics and their families.

Wolfe Street Center in downtown Little Rock, at the corner of 10th and Louisiana streets, provides facilities to support groups faithful to the original 12 steps of recovery. The center also offers education and prevention programs. The doors are open every day of the year, and more than 100,000 people annually come to the center. Ford walked in the doors of the old Wolfe Street Center at 12th and Wolfe Streets many years ago.

"I grew up in an alcoholic home," she said. "If someone was happy, you drank; if something sad happened, you drank. Drinking was the tool offered to handle whatever was going on. I remember everything about my first drink at age 13. It was magical, and I quickly discovered the power of alcohol."

As a young adult, Ford had an "uptown crowd" — the professional colleagues she had a drink or two with after work — and a "downtown crowd" — those she met at a bar later to get drunk. For a while, Ford seemed to have it all: a husband and two children, a career she loved, and she was active in church and civic organizations.

"I'm an overachiever. I had all the things that I thought should have made me OK," she said. "I always felt if I could be or accomplish enough on the outside, my insides would follow. I didn't understand it was the other way around. I was drinking alcohol to knock the edge off the constant miserable state I was in, but I didn't know where the misery came from."

Gradually, Ford needed more and more alcohol to take the edge off, though she was careful not to drink to excess around her family. Instead, she drank after everyone went to bed, crashing around 2 a.m. and waking at 6 a.m. with the alarm, and a hangover. She became a blackout drinker — unable to remember the next day what had happened the night before. She hit her bottom one night at an after-hours get-together with work colleagues.

"I said horrible, vulgar, unforgivable things to wonderful people who had done nothing to deserve it," Ford said. "A friend told me the next day what had happened, and I didn't remember any of it."

Ford's family and friends urged her to get professional help, but she refused to see a psychologist. Instead, she went to a 12-step meeting because it was free. As people talked during the meeting, she found herself nodding in agreement and even laughing at stories most people wouldn't admit to. She had done similar things.

"I found out I was not alone," she said. "I had never felt such relief. I was 35 years old. At the end of my first meeting, I went up to a lady and asked, 'What do I do now?'"

"Can you not take a drink today?" the lady asked.

"I'll try," Ford replied.

"OK, don't take a drink today, come back tomorrow, and I'll tell you what to do," the lady said.

Ford went back the next day and asked the lady about her next step, and the lady said: "Well, can you not drink just for today and come back tomorrow?"

The coming back part is important.

"There's this gaping hole within us that alcohol filled for so long," Ford explained. "When we come into recovery, that gaping hole is filled first with the fellowship, then working the 12 steps, and soon absolute miracles start happening that are unexplainable by anything other than God working in our lives."

Wolfe Street Center is where Ford found people who offered her the hope and encouragement she needed to live one day at a time. She watched others walk the walk and followed them as she found her survival tools and put them to use. Ford got sober when her children were 2 and 6.

In 2005, Ford was hired as executive director of Wolfe Street Foundation where she not only oversaw fundraising efforts and planned educational programs and special events but she also was often the one to greet new arrivals at the center. When Ford first took the job, she thought she'd stay five years. Those five years came and went. The center, in 2011, moved to its current location at 1015 Louisiana St., which Ford fondly calls the "Louisiana Purchase." Most recently they completed the Serenity Garden, and Ford stepped away from the job after this year's Oscar Gala, the foundation's largest fundraiser and the state's only Academy Award-sanctioned event. That evening the new executive director Caroline Ford was introduced with open arms.

"I feel I'd done all that I could," Markey Ford said. "It was time to pass the torch to someone with compassion and a vision for the future."

Her current philanthropic efforts are with NLP, a film company producing the recovery education documentary film project, "One Day At A Time, The History, Hope and Healing of 12 Step Recovery," which is set to air on PBS and BBC. She's also developing a summer concert in Central Arkansas to help fund the project.

In addition, Ford plans to continue going to meetings at Wolfe Street Center. "In case someone drops a tool, I'll be there to pick it up and put it in my toolbox." ◘

SOUNDING THE ALARM

BY ANGELA E. THOMAS
PHOTOGRAPHY BY BRANDON MARKIN

Steven Blackwood and Bruce Trimble serve as co-chairs of the Arkansas Suicide Prevention Council, formed last year by Gov. Asa Hutchinson to provide "a comprehensive and coordinated approach to prevent suicide across all age and demographic groups" in Arkansas and "to ensure that suicide prevention becomes a shared priority for all citizens." While Blackwood serves the council diligently, it's not a position that he ever hoped to hold. You see, he has become intimately knowledgeable with the topic as a result of a personal tragedy: he lost his son Alex in October 2009 to suicide.

"I tell people he died of depression," Blackwood said. Alex was a freshman at the University of Central Arkansas when he passed. "It came out of nowhere."

"Alex was one of those kids who had everything under control," Blackwood said. He describes his son as someone whom other kids got advice from. "He was an encourager."

As a youngster, Alex was involved in a number of activities, including baseball and soccer; however, he later became involved in American Quarter Horse Competitions and that became his passion. He obtained his high school diploma while attending school virtually, which allowed him to travel and train. In fact, he started college a semester late so he could participate in the American Quarter Horse Honor Roll, which is now known as High Point.

"Alex had a big heart. He was a giver. His competitors said he encouraged them and often gave them advice to help them become better. Alex would do whatever it took to stand up for someone who couldn't stand up for themselves. He was not a perfect kid, but he never gave me a reason to be ashamed or embarrassed," Blackwood said. Just as one would expect, Blackwood looked for answers after Alex's death. "The best explanation I've been given was from a counselor who called it an existential depression, when one asks 'Why do I exist? What is my purpose? Where do I fit in?'"

This makes sense to Blackwood, whose son literally went from having his name on a Jumbrotron and being celebrated to "living 20 minutes from home where he had to show his ID to be able to eat."

"Knowing what I know now, I would say he experienced a 10-day or two-week spiral. Had we known [about the depth of his emotions and about the occurrence of suicide in youth], we would have questioned him. If we were able to pick up the signs, we would have realized there was a problem," Blackwood said. "I taught him to be a world champion, but I failed miserably at teaching him that sometimes life sucks, and we sometimes just have to hide from the world. And that it's OK to take time to recharge."

"When word spread and people began to offer their condolences, they'd say they were so sorry and then say, 'This is such a problem.' I thought, 'What do you mean? I know, maybe, one or two people who [were affected by suicide].'"

When he asked, people began to share stories about suicide that Blackwood said, "blew him away." "I spent five years on a school board, and suicide and depression were never topics of discussion," he said.

That's not surprising. Despite the startling statistic that a person dies by suicide every 17 hours in Arkansas, suicide hasn't been a topic of discussion. "It's a difficult topic. It's something no one wants to look at or think about," Kristin Agar, LCSW and certified interventionist, said. "It's horrific, but we have to talk about it because a huge number of people are dying by suicide."

Blackwood, a certified real estate expert, is owner and principal broker for Blackwood Team Realtors and a self-professed "high-profile problems solver." He's served as president for the number of organizations and "likes to be a key ingredient in his community," working with others to ensure success. So it's natural that he'd take action. "I didn't apply for this job," Blackwood said of his work with the council, "and as bad as it sucks, I'm uniquely qualified for this position."

Of course, the entire Blackwood family mourned. His wife, Cindi, who also serves on the council, and their 20-year old daughter Ariel each grieved differently and at different times. Blackwood said that while they tried to resume normal family life, it was very important to respect one another's processes and timing, even to this day.

"Someone described the process of grieving and pain like an ocean wave. Before you can get your feet down, another wave comes. Sometimes, you can barely think about standing, the waves are so big and come in so fast, but over time, little by little, they're farther apart and a little smaller. Sometimes there's a tidal wave. You cannot always predict it," Blackwood said. "It's been seven years. It changed everything for us. Really, it's just been in the last 18 months or so that we've really started existing again."

He and Ariel have spoken publicly about their loss and depression. "Having my wife and daughter is vitally important. They and the work I do to make a significant impact for others keeps me going."

"We spend millions of dollars on the flu vaccine and we don't even know which strand of the flu to treat to be certain it's effective. We know 80 percent of Americans will experience depression and that if we can recognize it earlier, educate ourselves and get [those affected treatment, we could help prevent the loss of life]. So why aren't we spending money on suicide prevention — just as we spend money on the flu vaccine? We know there's an end to the flu because we've been educated, but without the proper education, someone suffering from depression will believe that what he's feeling is endless. Alex had no idea what was going on … what if he'd known that it wasn't the end of the world, that he wasn't the only one and that depression is a part of life?" ◘

LIFE IN SOBRIETY

BY JILLIAN MCGEHEE
PHOTOGRAPHY BY BRANDON MARKIN

Each day after completing his morning radio co-host duties, Tommy Smith would swing through his preferred liquor store and spend the rest of the day escaping with his "friend" Jack Daniels.

His routine changed in May 2011 when he was arrested for DWI. When he found himself in handcuffs, he fully realized he had a drinking problem. As he celebrates five years sober, Smith of 103.7 The Buzz's "The Show With No Name" is using his platform and experience to help others battling substance abuse.

Before his arrest, Smith pretended to join his wife, Karen, in giving up alcohol. "I would hide bottles in towels, in the bushes, and I still didn't think I had a problem," he said. "I was a happy drunk and always thought I had it under control. I would go a couple of weeks here and there without drinking. I just thought I liked to drink."

When Karen came to visit him during recovery at the Betty Ford Center in California, he jokingly said the next drink they would enjoy together would be at their son's upcoming wedding.

"She looked me in the eye, finger pointing, and said, 'No, you and I will be drinking apple juice.'" She expressed how much she loved him, he said, but if he ever started drinking again, their relationship would end. That ultimatum motivates Smith to this day to remain sober. "Karen is my rock."

The boisterous radio personality said he still is embarrassed by his actions five years ago. "I still feel ashamed and thought people would hate me. I felt so embarrassed, but people here at the radio station and friends like David Bazzel and Frank Fletcher have been so good to me." It's these same friends who saved Smith from his self-induced downward spiral.

Smith, who's been in the radio business for 40 years, initially thought he could attend a local recovery center, but those in his support system knew better.

"They knew if I stayed here to get sober, I could easily get someone to come pick me up," he said. "They said, 'You're going to California where no one knows you.' When I got to Betty Ford, reality set it. Upon walking in, they say, 'You can leave if you want to, but if you look out that door, you see what will greet you.' All you see is desert."

Fear set in when Smith first arrived at Betty Ford, with doubts of whether he could be sober. "I had quit drinking about eight days before going, so at least I didn't get the shakes," he said.

The center's regimented schedule of meditation, yoga and counseling sessions quickly became routine for Smith during his 30-day stay. As his release date approached, Smith said he started to become nervous. "My counselor said when I arrived at the Dallas airport, it would be the worst part because the temptation to drink would be severe, and he was right," he said. "But I made it without a drink. To this day, when I have a terrible day, there's a magical moment when I look in the mirror and say, 'You did it. You made it through the day without drinking.'"

While Smith sometimes feels lonely in a life without whiskey, the improved relationships with loved ones make sobriety more than worth it, he said. "I get off at 10 a.m. and then have the whole afternoon to myself. I used to have 'Jack' as a friend, and now I just try to stay as busy as possible playing golf or doing other things to keep my mind off taking a drink. The weekends can be really hard, and that's when I have to stay the busiest to keep my mind occupied. I'm really lucky my friends and family have seen my warts and still put up with me."

A proud milestone for Smith is surviving the death of both parents as a sober man. Smith has shared these stories and more about his substance abuse with various groups at schools and churches; his goal is to reach others who may be dealing with similar problems. He and co-host Roger Scott, also a recovering addict, are open to anyone who needs to talk and encourage others not to hide.

"We have realized, though, we are not professional consultants, so we've enlisted help from two mental health officials and are working with the governor to develop a basic help hotline," Smith said.

The hotline, slated to be available this summer, will be ideal for people who need to talk to someone in a critical moment.

"So often, you'll be in a bad state at night, for example, and there's no one to talk to, and then come morning, you brush it off and think you can handle things on your own," Smith said. "This hotline will help people in turning point moments, when they need help the most." The startling statistic that someone in Arkansas commits suicide every 17 hours solidifies the need for this hotline, he said. "If Roger and I can get better, anyone can. And we want troubled people to get the help they need that goes beyond our abilities."

A good indication that someone has an alcohol problem is if he or she drinks alone, Smith said. "It's one thing to come home and have a beer, but if they're drinking away the night or day, it might be time to ask, 'Are we going the wrong way, here?'"

For loved ones of alcoholics or drug addicts, Smith encourages them not to give up hope. "Be strong for them. You want to confront them at the right time, and just know nine times outta 10, they're gonna be mad, they're gonna lie. But tough love goes a long way." ◘

PROVIDING HOLISTIC HELP AT ARVETS

BY DENISE WHITE PARKINSON
PHOTOGRAPHY BY BRANDON MARKIN

While clinical research on PTSD, post-traumatic stress disorder, focuses on select gene processes and high-tech brain imaging, veterans throughout Central Arkansas are finding holistic solutions at ARVets, a "one-stop shop" for mental health resources for Arkansas veterans and their families. ARVets' successful model is measured in the sheer number of lives changed.

Nicole Hart, the organization's CEO, is marking the fourth year of ARVets' nonprofit mission to connect veterans with much-needed resources. A veteran of the Iraq War, Hart dealt with the death of her commanding officer and several fellow soldiers, all close friends, during her deployment. She has overcome survivor's guilt, and she is living proof that PTSD is survivable.

"For military service members, certain stressors take you back to a state of mind," Hart explained. "If you are experiencing something during which you need to feel protected, it will take you back to that time in your mind when you needed to be protected."

Hart's experience with PTSD mirrors that of other sufferers in its totality of emotional and physical reactions: the senses are overwhelmed by anxiety, fear and pain. "You can smell and see and feel it," Hart said. "It feels very present and real."

Originally from Oakland, Calif., Hart recalled her sometimes-difficult childhood as one of the first things in life she overcame. She persevered, thanks to a deep and abiding faith in her home church and the support of a loving father. A natural leader, Hart focused on her education, attended Harding University in Searcy, Ark., where she was active in student organizations and founded the college's first chapter of College Democrats. When her father died suddenly, Hart was thrust into adulthood. She joined the Arkansas National Guard to help care for her younger siblings and to ensure completion of her political science degree.

"In one recent therapy session," Hart said, "I had a revelation that my father had played such a protective role in my life that he was at the core of how I dealt with challenges. Now, I turn to God as my protector."

Hart completed her military training just as the United States entered the Iraq War; her deployment came at the height of the conflict. She returned to Harding and finished her schooling, and after graduation, joined the staff of former Gov. Mike Beebe as veterans affairs liaison, where she worked for seven years. Hart said her PTSD did not manifest until after her return from Iraq in 2005; she immediately began seeking answers. When a state task force studying veterans' needs found crucial gaps in programs and services, Hart took on the directorship of ARVets, an organization created to bridge gaps in veterans' care and connect veterans and their families with programs and resources.

In early 2015, Hart worked closely with the Attorney General's office and the Arkansas Department of Veterans Affairs (ADVA), and ARVets became the first ADVA-certified nonprofit organization providing services to veterans. ARVets focuses on four main target areas: community and family; homelessness; job training and career development; and behavioral and physical health.

"Our goal is to create a sustainable support system for veterans long-term, so that our clients know where to go and whom to go through," Hart said. "For 2016, we are focusing on addressing unemployment, increasing behavioral health programs and getting folks connected to health services through the VA."

ARVets has completed hundreds of upgrades to the discharge status of veterans, enabling access to VA health benefits. Because suicide rates for National Guard members were increasing — even for those who did not deploy — ARVets added programs to address former guard members' access to job training, creating partnerships to help former members gain and sustain employment. A longstanding partnership with Arkansas Department of Workforce Services helps lead clients to ARVets, where they can find out about other nonprofits; for example, the Arkansas Freedom Fund, which confronts PTSD through a novel mix of hiking, bicycling, fishing and other outdoor programs ideal for the Natural State. ARVets' partnerships with SAMHSA (Substance Abuse and Mental Health) and Arkansas Behavioral Health Collaborative also bring veterans to care providers. The ARVets website arvets.org is packed with information, easy to navigate and allows prospective partners to connect with the staff.

Hart draws from her own experience to urge everyone to engage in their healthcare by asking questions and researching treatment options. As a female veteran, Hart is one of a distinct minority: only 11.6 percent of returning veterans are women, and more research is needed to understand how standard treatment affects female physiology. When Hart learned of a nutritional program pioneered in her home state of California, she was able to adapt the program for her needs and discontinue certain medications. "I do a lot of meditation and mindfulness, although sometimes I have really hard moments," she said.

One important reason Hart worked to discontinue certain medications: She and husband Patrick learned last year they were expecting their first son this year. Hart said with a radiant smile, "One of the best blessings God gave me was my husband, who has been with me from the beginning, even before my deployment. ARVets offers services for the entire family because we know the family plays an integral role in the care of the veteran."

The Harts met in church and have two daughters, both of whom look forward to spoiling their baby brother, Patrick Junior.

Hart listed milestones of ARVets' development as a resource agency: dedicated volunteers; caseworkers who provide one-on-one help; ongoing group therapy sessions for PTSD; ARVets' computer workstations for use by clients to apply for jobs online, conduct research and update resumes; and the flexibility of ARVets as a rapid response organization that unravels bureaucratic tape.

"From a nonprofit perspective, it's been a blessing to be able to adjust to veterans' needs," Hart explained. "We're able to shift and move to meet them where they are."

One such opportunity was an outreach endeavor, "Stand Up for Veterans," during which the staff of ARVets meet an entire family — a couple with two children — where they were: homeless and living under a bridge. "We were able to get them shelter and help the father get a job. We helped them get a place to live, and then helped him get a better job," Hart said. Another notable success occurred when a veteran returning from active duty turned to ARVets and ended up working at NASA. "The freedom of a small nonprofit like ARVets lies in that we can sustain them," Hart said. "There's not a time limit."

As we ended our interview, a child's handmade card caught my eye. The brief note, taped to a desk, conveyed much about ARVets' mission:

Dear Soldier: Thank you for serving our country. It must have been hard leaving your family to fight for people you don't know, but you persevered and I thank you. ◘

BREAKING THE CYCLE

BY DENISE WHITE PARKINSON
PHOTOGRAPHY BY BRANDON MARKIN

The following story, unfortunately, echoes the experience of too many Americans. Although Arkansas was not Marie's intended destination, this story has a happy ending: she and her children have fallen in love with their adopted home.

Despite and/or because of what she overcame, Marie* never lost her faith in life. The seeds of Marie's inner strength grew from the time she was a young child, when her own mother fled an abusive husband and relocated across the country to begin anew.

"My mom never gave up," Marie said, recalling. "She was in school from the time I was 5 to 11 years old, getting a master's degree in business."

When Marie was 13 years old, a 23-year-old man who worked at a neighborhood movie theater began flirting with her. One day, when Marie was at the movies, he approached her at the concession stand and convinced her to follow him up to the projection room, where he raped her.

"My mom took me to the police station to do a rape kit. The police didn't believe my story, although my clothes were torn and bloody," Marie said.

Ultimately, evidence obtained from her clothing would convict him — but only after her mother kept insisting the police confront the young man. He confessed.

While she doesn't remember the specifics of the legal proceedings, the rape definitely had an effect on her — she suffered from PTSD.

"I dabbled in drugs for a while. I had friends, but I never talked to my friends about what happened," Marie said. A boyfriend once described her as "losing it" at times. "I'd become very angry. I had flashbacks and 'flipped out.' I was failing classes. For a time, I sought out attention in the 'wrong place,' but I quickly recovered from that."

Marie began the road to recovery by seeing a psychotherapist. The therapist became a source of great support, and the two maintain contact to this day. "I can pick up the phone and call her any time," Marie said.

A decade later, Marie was moved to call her therapist long-distance when the father of her children began exhibiting dangerous mental instability.

"My boyfriend and I had been dating for three months when we found out we were pregnant with twins," Marie said. Ready to give her all and make the situation work, Marie focused on safeguarding a healthy pregnancy, which resulted in the birth of beautiful twins. As a new father, her boyfriend started confiding in her about his own childhood.

"He spoke of his father returning from the Vietnam War with PTSD," she recalled. "He said his father beat his mother constantly — the whole family lived in fear."

Marie approached her boyfriend's mother about his increasing moodiness, but her answer was always: "Just ignore him." Marie worked fulltime and would come home to have her paycheck taken by her boyfriend, who remained stubbornly jobless. He began obsessing over Marie's every move. He would grab her as though he owned her body, she said.

"For a week, I had been hiding supplies and packing things, preparing to leave," Marie said. "He was convinced I was cheating on him."

One night, her boyfriend posed a question: Didn't Marie think cheaters should be killed? As she stammered no, her boyfriend suddenly announced he was going out, and left.

"We kept a gun in a hiding place, for protection," Marie said. "I ran to get the gun and take the bullets out." The gun was gone.

It was now or never. Waking her sleeping toddlers, she hurried to dress them, whispering that it was time to play the quiet game. She feared he would return at any moment and shoot them all. Two things were in Marie's favor: a fresh paycheck and an ideal parking spot in back of the apartment building.

"We lived on the third floor," she said. "I lugged trash bags full of clothing, trying to get the kids down the backstairs quietly." Upon exiting the building, Marie and the children sprinted to the car. One of the twins tripped, sending a piercing wail into the night. Marie's cellphone began to ring — her boyfriend was calling.

"I got the kids in the car and took off," Marie said. She drove for hours, stopping at a roadside motel when she couldn't stay awake. The next morning, she resumed her flight. Her goal was to reach a family member in Arkansas and from there continue on to family in a neighboring state. "Then my car started overheating," she said, with a sigh. It took three days to travel just a few hundred miles, but she made it.

The car became an instrument of serendipity, overheating and stranding her and the kids. After spending time with her family member, Marie moved with the twins into a women's shelter, ready to start over. She found the residential shelter welcoming, even homey, with comfortable rooms, shared chores, art classes, group therapy sessions, babysitting — even a backyard playground.

Determined to land a job, Marie spent every day from 8 a.m. to 5 p.m. filling out applications and sending out resumes. After a month, she got a job.

The shelter staff, concerned about her safety and her transportation needs, arranged for a mechanic to overhaul her car, but it was irreparable. The first day of her new job loomed, yet Marie had no reliable transportation. "I was down to my last dollar, crying, and the mechanic said, 'You know something? My mother took me and my brother in the middle of the night to escape our abusive father.'"

As Marie watched in disbelief, the mechanic found an old junked car on the station lot, fixed it up, and told her she could pay it off over time. She thanked him and went off to begin her new career.

Marie thrived at her new job and after six months had saved enough to move out of the shelter. She went in to thank her boss and share her excitement about her new home, which she found just in time for the holidays. Over the course of the conversation, her whole story came pouring out. Her boss was thunderstruck. The next thing Marie knew, he was making calls to the state headquarters and regional offices, setting off a flood of donations.

"We moved in to our new home, and they brought us beds, furniture, gift certificates — even a Christmas tree!" Marie said. "I called my therapist. She burst into tears and said it restored her faith in humanity."

That Christmas, Marie purchased gifts for women and children who were living in the shelter. Then, she and the twins went home, baked cookies and shared the best Christmas gift of all: peace.

**"Marie" is a name chosen to help safeguard her identity.* ◘

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