



Healthier approaches to teenage mental health

Clare Sheedy/For the Post-Gazette

Gabriella Wright, co-founder of the Never Alone initiative of The Chopra Foundation, speaks at Mental Health Action Day last month, hosted by the Pittsburgh Youth Mental Health Coalition at PNC Park.

By Cindy Alexander

With a national crisis in teen mental health, local experts are calling on parents to normalize mental health care for their kids.

The Citrone 33 Foundation convened a Pittsburgh Youth Mental Health Coalition last month to explore ways to address the problem. The event, a Mental Health Action Day, brought together dozens of people involved in mental health care in Pittsburgh to discuss solutions.

Given the shortage of mental health professionals and affordable mental health treatment options, experts said a first step is expanding support and understanding in families.

“Just as we talk about things like ‘you need to exercise and eat right and get enough sleep,’ we as parents need to open conversations with our kids about their brains getting rest, how they are feeling

mentally and encouraging activities that promote mental health,” said Bethany Leas, outpatient services director for Child and Adolescent Behavioral Health Services at UPMC Western Behavioral Health.

“We teach them how to brush their teeth, how to take a shower, and as they get older, how to take on responsibilities like completing chores. Talking about mental health should be part of that normal activity you do in your life when teaching your kids,” said Ms. Leas.

By making mental health a normal part of your conversation with your children, you are allowing them to feel comfortable about having conversations with you when they may be struggling mentally.

But if your kids aren’t talking to you, determining whether this is just typical teenage behavior or something more that you may want to keep an eye on is important.

“Teenagers can be moody, have their ups and downs, and we don’t want to make a mountain out of a molehill because otherwise every American child will be in psychotherapy somewhere, and we don’t need that,” said Dr. Anthony Mannarino, Allegheny Health Network chair of psychiatry and behavioral health and director of the Center for Traumatic Stress in Children and Adolescents, also at AHN.

Feeling hopeless

Data from a 2021 CDC analysis shows that more than 44% of high school students have felt persistently sad or hopeless in the year prior.

Recent developments including the COVID-19 pandemic, school shootings and war in Ukraine, can impact a child’s mental health, increasing anxiety and depression.

“In the first year of COVID, the isolation that resulted when schools were shut

down and kids were attending virtually, it kept teenagers out of touch, at least to some extent, with their peer group,” Dr. Mannarino said.

Parents should look for changes in behavior that can include a normally energetic teen who now seems down in the dumps or saddened, a social teen suddenly turning down invitations from friends, and spending more and more time alone or changes in eating habits.

Ms. Leas advised parents to consider whether the change is consistent and persistent.

“If this is just something that has been going on for a week and a half, maybe they are just having an off week,” she explained. “But if it is something that is happening over multiple months, and it continues even after you have intervened and tried to help, that may be the time to reach out and ask for some consultation.”

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Seeing gun violence as a public health issue: Q&A with Richard Garland

By Maliya Ellis
Pittsburgh Post-Gazette

Gun violence is yet again in the public consciousness both locally and nationally, from the recent spate of shootings in Pittsburgh’s South Side to the May shooting in Uvalde, Texas, which claimed the lives of 19 schoolchildren and two teachers.

Richard Garland, an assistant professor in Behavioral and Community Health Sciences at the University of Pittsburgh, and the director of the Violence Prevention Initiative at Pitt’s Center for Health Equity, looks at gun violence prevention through the lens of public health.

Mr. Garland has a unique perspective on violence prevention as a formerly incarcerated person himself. Growing up in Philadelphia, Mr. Garland became involved with gangs, was eventually arrested and spent 22 years in prison from 1979 to 1991. He received his GED while incarcerated

and later pursued a bachelor’s degree in communications and a masters in social work with a focus on community organization, both from Pitt.

He has since dedicated his career to violence prevention and recidivism reduction through programs like Reimagine Reentry, which provides support for people returning home from incarceration, the Gunshot Recurring Injury Prevention Service, and One Vision One Life, a nonprofit aimed at crime reduction.

As a violence prevention expert particularly well-versed in community organizing, Mr. Garland spoke with the Post-Gazette about his research, the factors that contribute to gun violence and what everyday citizens can do to help.

Note: This interview has been edited for clarity and length.

Q: What do you see as the driving factors behind the increasing violence?

A: I can’t say enough about how much the pandemic has contrib-



Richard Garland, assistant professor of behavioral and community health sciences at the University of Pittsburgh School of Public Health, looks at violence as a disease.

uted to the rise in violence, because people are not as patient as they used to be, they’re very reactive, and the type of drugs that they’re using and pills that they’re taking only just exacerbate the whole issue of violence.

In that sense, social media for us is the devil. A lot of feuds have started on social media. When people were quarantined the first couple of months, they were really on their phones and on the internet, and it’s really made things worse. One of the largest aspects of this violence that I see right now that’s happening is mental health.

Q: You work at the School of Public Health. Can you talk a little bit about how violence prevention can be classified as a public health issue and how public health tools can help address gun violence?

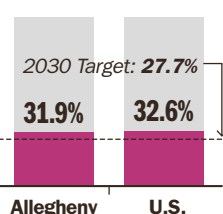
A: Our public health approach is that we look at violence as a disease. For all the years that I’ve been

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How Allegheny County ranks for high blood pressure

High blood pressure is the number one modifiable risk factor for stroke. It also contributes to heart attacks, heart failure, kidney failure and atherosclerosis.

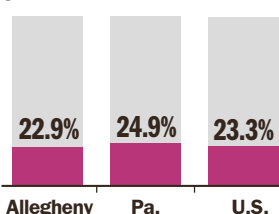
Based on 2019 data from the Centers for Disease Control and Prevention, Allegheny County has a value of **31.9%**.



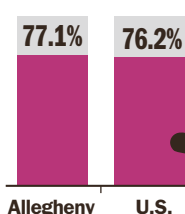
That is better than the national value of **32.6%** but still above the 2030 national health target of **27.7%**.

Medication for high blood pressure

Based on 2021 data from Claritas Consumer Profiles, **22.9%** of adults in Allegheny bought medication for high blood pressure. That’s below the state value of **24.9%** and the national value of **23.3%**.



Among adults in Allegheny County with high blood pressure, **77.1%** have taken medication for it. That ranks in the worst **25%** of counties in Pennsylvania but better than the U.S. value of **76.2%**.



Blood pressure can be controlled through lifestyle changes, including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, controlling your weight and staying physically active.

Sources: Allegheny County Health Department; CDC, Claritas

Research: Roberta Zeff, graphic: Ed Yozwick/Post-Gazette

Social media could help combat misleading information on vaccines

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Before social media, anti-vaccination organizations used to fight vaccine mandates against smallpox for the sake of personal liberty, such as the Anti-Vaccination Society of America and other regional leagues formed in the 1870s, the study's lead author, Beth Hoffman, a post-doctoral associate in the Department of Behavioral and Community Health Sciences at Pitt Public Health wrote in the journal *Vaccine*.

However, their power was limited. The Supreme Court eventually affirmed the right of states to legislate vaccine mandates, and all 50 passed laws requiring students to be immunized with specific vaccines to attend school.

Ms. Hoffman said she thought social media might be the reason anti-vaccination organizing has been so successful in the present. She explained, "Back in the late 1890s with the opposition that eventually led to the Supreme Court case, it was a lot harder for anti-vaccine activists to organize, particularly across different regions. So while there were pockets here and there, the minority couldn't be as vocal as they are now."

Ms. Pagoto agreed. "Social media can make social norms more salient," she said. "Every post counts because it's one more data point for people to perceive," affecting their behavior, such as deciding to get vaccinated.

Ms. Hoffman said that about 25% of parents are vaccine-hesitant and still persuadable. There is even some skepticism about vaccines in the medical community. Her study cited previous research finding that roughly 10% of primary care physicians lack confidence in the Pfizer and Moderna vaccines, and 32% lack confidence in the Johnson & Johnson vaccine.

"Clinicians or scientists, if those people aren't on social media, anti-vaccine people will fill that void," Ms. Hoffman said.

Citing prior research, the study recommended that health care providers use personal narratives, especially the freedom from fear of becoming infected with the virus, combined with accurate science to encourage vaccination over social media.

TikTok messaging

Rather than wait for institutions to catch up with modern ways of disseminating public health information, some medical professionals have taken matters into their own hands.

Dr. Wolynn said, "It is negligent for primary care practices not to have some form of social media presence to connect with patients." He recommended that every practice invest in at least a part-time communications director.

Health care providers may also fear trolling and backlash if they post to social media about vaccination. Dr. Wolynn founded Shots Heard Round the World, a nonprofit now owned by The Public Good Projects, to defend providers against orchestrated online attacks by the anti-vaccination movement.

While he is a full-time pediatrician, Dr. Wolynn puts 90% of his social media efforts into TikTok videos to educate his 57,000 followers about the benefits of COVID-19 vaccines and other health interventions while entertaining them at the same time, he hopes.

"My whole job is behavior change," he said, "and yet we're not using the world's most powerful behavior change tool."

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Claire Sheedy/For the Post-Gazette

If a teen needs help, it's critical to normalize the evaluation process, members of the Pittsburgh Youth Mental Health Coalition advises.

Mental health support

TEENS, FROM H-1

If it does seem that your teen may need some help, normalizing the evaluation process is critical.

"Yes, it is scary as a parent to walk into mental health when your kid is a normal, typical, functioning kid who has always been doing well and now you are faced with 'this is not the same' or 'something is going on,'" said Ms. Leas.

But when you as a parent treat this visit just like you would treat a visit to the pediatrician or primary care physician, you are teaching your children that going to a doctor when you have a mental health concern is just like going to a doctor when you are in pain or physically ill.

"There are so many parents walking this journey," said Ms. Leas, "and parents hopefully realize they did nothing wrong."

Local resources

"There are hotlines that a teenager or parent can use when they need to speak to someone right away," said Dr. Manarino.

Some local resources include:

Resolve Crisis Services, a partnership between Allegheny County and UPMC Western Psychiatric Hospital, has a 24-hour crisis hotline at 1-888-7-YOU-CAN.

UpStreet Pittsburgh, a nonprofit organization, offers free mental health sup-

port for anyone ages 12 to 22 at their website, upstreetpg.org.

The National Alliance on Mental Illness has a Keystone Chapter with online resources for families raising children with "emotional and mental health needs." More information on their programs can be found on their website, namikeystonepa.org.

Allegheny Family Network has a Parent Support Line that offers a trained family support partner with personal experience raising a child with behavioral issues who can help with connections to community services, negotiating different systems or emotional support.

"Virtual visits have been amazing in getting people help. The show-up rate is greater because people don't have to worry about transportation, if the weather is bad, and for parents with other children, they don't have to worry about child care," Dr. Manarino said. "I have a few teenagers I see, and they do quite well with virtual."

The most important thing is to recognize when your child is struggling and getting them the help they need.

"As we begin to create more awareness about proactive parenting with mental health, we will be in a different place," said Ms. Leas.

Cindy Alexander is a freelance reporter.

Swimming upriver: A Father's Day story

By Katrine Watkins

This leg of the Mahoning River in Western Pennsylvania is deserted on a weekday in midsummer. On the far bank, willows bend to the water, their delicate leaves lifting in the light breeze.

Eight years old, I am spending the afternoon with my teenage brother. We take turns jumping off the dock, grabbing onto inflated inner tubes that wobble on the water. We dog-paddle back to the dock to jump off again, over and over.

We are waiting to catch sight of our father, who has made a ritual of swimming far upriver. When he floats back, letting the current carry him, and we spot him rounding the bend, we scramble out of the water to the dock and begin shouting as loud as we can, "Hey, Pop! Pop!" He is asleep, and we think it's our job to wake him before the next bend downstream. Sometimes as we keep up the shouting we see Pop flip over to his stomach and begin a strong crawl upriver again. But sometimes he does disappear downriver, and we watch the bend for his return.

We count on him, with or without our intervention, to wake and to swim upriver far enough to disappear again. And when he reappears asleep, we will be ready to shout again.

At least that's the story. The retelling of my family history often begins with this tale from my father's life as a champion sleeper. If ever a skeptical listener

has suggested that my floating father may have been just feigning sleep, I have answered the unfortunate doubter with a resolute shake of my head.

I know that my father's ability to fall asleep so quickly and sleep so soundly was genuine because his talent was passed down to me. Most of my adult life, I have been smug when the topic of conversation has turned to insomnia. I could count on one hand the number of times that my sleep had been interrupted; even as a new mother, I never heard my young son's cries for me and lay comatose as my husband responded to "Mommy!" night after night. For years I thought that this superpower was Pop's gift, a legacy that guaranteed me a rest beyond anyone's wildest dreams.

That's always been the story, and it's a good one. But I don't know for sure how old I was that day in the 1960s, or if it was my brother or a friend who was with me. What I have always remembered as the Mahoning River may actually have been Mahoning Creek, a tributary of the Allegheny. My siblings all tell their versions of the same story, but none of us really knows if Pop was really asleep as he floated down the river on those summer days.

A factory worker living in a small row house with a family of six to support, he had good reason to just search out a little solitude. Those afternoons floating downriver that we are so fond of recounting were rare opportunities for my



Courtesy of Katrine Watkins
Katrine Watkins' father, Martin Howsare, in a family photo.

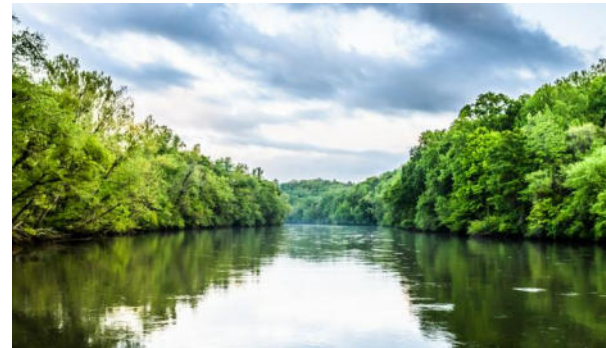
father. He left school at 14 for the first of many years as a laborer, and his jaunty walk was as intentional as his hard-headed, pragmatic attitude. To be called a tough cookie was to have earned his highest praise.

Another memory: I am 14, and my father is a few months away from collecting a pension and Social Security. Pop's aluminum lunch box sits open on the kitchen counter. This late summer day, he is packing his lunch for the evening shift in a glass factory adjacent to the Allegheny River. When the thin ribbon of microscopic glass, wide as his outstretched arms, vertically exits the "tank," he will cut off one scored sheet after another and stack them up. This is a job for a younger man, and one that he did years ago, but the only job available to him now. The temperature at this end of the tank is over 90 degrees year-round. If the glass is flawed, it will shatter as he carries it and slice through his clothes. At home, even in the hottest weather, Pop refuses to wear shorts. His shins are covered with scars.

This is what I know now, and decades after his death, it's still a more than good enough story to tell.

On some summer days, Pop swam upriver as he did for most of his life, but first, on those same precious summer days, he would float. And as we watched, he would let the current take him.

Katrine Watkins grew up in New Kensington and lives in Stanton Heights.



Getty Images/iStockphoto

Richard Garland's unique perspective on violence prevention

VIOLENCE, FROM H-1

doing this work, it wasn't until I got to Pitt that I realized that violence is a disease just like any other. When polio was here, we treated it. We're treating a disease. We're treating it in a way where we're saying: no more shootings.

Q: What strategies have you found to be effective in reducing gun violence?

A: I use the outreach workers, people who are familiar with the streets and with the neighborhoods. I try to hire people from that community. And I usually use this slang saying: They have to have the juice, meaning that they got a reputation, they could have been formerly incarcerated, they could have been former drug dealers.

So they call us on a daily basis. "Hey, this little feud is going on in the streets here. We think that we can get the two entities together and we might be able to squash it before it gets out of hand." Many of these people have kids, and they don't want their kids to go through the things that they went through. So they are the ones that I use to stop the transmission of the disease, because they're on the ground.

It takes a unique person. But it's also a real big self-esteem builder for our outreach workers to do violence intervention because now they're doing something good for the community, and they're not tearing down the community like they used to. From somebody that used to be part of the problem, we made them part of the solution, and we transform their identity, which really helps us to change the narrative or change community norms from what used to be to



What's needed "is that somebody shows these kids that they have a little faith in them, that they can do the right thing if given the opportunity," Richard Garland says.

what is new. That's why this is so important.

I can get a guy to call from the penitentiary, and believe it or not, they can squash something that's going on in the neighborhood. All these different relationships can work to our benefit if we apply them.

Q: Is gun control at all a part of your violence prevention efforts?

A: I try to leave legislation stuff to the legislators. And when we talk about gun legislation, it's almost too late. There's a lot of guns that are being stolen or being sold on the market. We can come up with all the legislation in the world. We still got a whole bunch of guns out there right now. That's the reason why I'm saying, how about no more guns? If we had no guns, the rate of homicides would go way down.

sonal experience with violence and the prison system inform your current approach to violence prevention?

A: The reason why I do this work is because many of the guys that I was in prison with, we always talked about prison not being the place for us to be. It's because of a lot of the men and women that are left behind that I think about why I'm doing this work.

I used to take pictures in the visiting room down at the penitentiary, so a lot of young people who used to come see their brothers or dads or cousins, they would see me in the visiting room. And [after I was released] I would see them guys, and they would show me love and allow me to do some interventions in between.

Q: Do you have any success stories of how your interventions in a community have measurably reduced crime or violence that would have occurred?

A: From 2002 to 2012, I ran a program called One Vision One Life where we had former gang members, former drug dealers work in the streets. These guys and girls were the problem before, and some of them are doing well now because they changed their life. When you can turn a guy who used to be making at least \$1,000 a day sometimes to making what's considered peanuts, the main thing is that he don't have to look over his shoulder anymore, or he's just waiting for a time before he can go back to jail. But when we give him something positive to do, we change that identity, what we call identity transformation, changing the narrative, by giving him a job and making him a produc-

tive member of society.

Q: When trying to help victims of gun violence change their lifestyles, what topics have you found resonated?

A: I've seen quite a few moms and dads that will say, "Man, it's amazing that he's transformed to the person that he is now," because of what they thought he was. What is needed is I think that somebody shows these kids that they have a little faith in them, that they can do the right thing if given the opportunity. We just got to be willing to try to steer them in the right direction.

Q: Do you have any advice for people who want to help reduce violence in their communities or neighboring communities?

A: They have to be a little bit more present. I would love to see more programming going on in urban communities. We need more activities for kids — and adults. I'm talking about positive activities that they do. We forget that kids need to be kids, and they need to be kept busy doing positive things. When they're kept busy to do positive things, that whole thing about getting involved in negativity goes away.

So we can always point to all the wrongs that have gone on in the community when we talk about drugs and alcohol and stuff like that, but we don't talk about the good stuff that has gone on in some of these communities. We need to concentrate a lot more on those things that people are giving back, that do good work in the community and they never are acknowledged.

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