Health Tip

If you are older than 25, chances are your earliest embarrassments went undocumented or forgotten. Our children’s world is less forgiving. Parents must understand social media and its potential for effortless bullying in front of a global audience. Here are some tips on preventing and addressing cyberbullying.

There is no substitute for parental supervision. Young children, and teenagers on occasion, should be supervised directly while on the internet.

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Nichols Cottage: Helping Children and their Families

Mental illness among the very young is more common than one might think. According to the U.S. Surgeon General, about 10% of children and adolescents suffer from serious mental disorders that cause significant impairment in their day-to-day lives at home, in school, and with their peers. One of the most challenging issues for a parent is recognizing mental illness in a child, getting help, and developing a strategy to manage the illness.

Since the 1970s, Nichols Cottage has provided inpatient psychiatric care to children ages 5 to 12 with acute mental illness such as anxiety disorders, depression, bipolar disorder, schizophrenia, and obsessive compulsive disorder. Situated on our 230 acre campus, this program is staffed with an expert team who creates an individualized treatment plan for each patient.

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We achieved a wonderful milestone this past summer as NewYork-Presbyterian Hospital/Westchester Division was named a “Planetree Designated Patient-Centered Hospital.” This designation is given to hospitals dedicated to improving the patient experience and actively involving patients in their care. We are honored to be the first psychiatric hospital in the world to receive this prestigious recognition.

Being a Planetree-designated hospital is the natural next phase for NYP/Westchester Division. Since opening our doors in 1894, we have been at the forefront of the Moral Treatment movement, an early forerunner of the Planetree model. We continue this tradition today by engaging families in the treatment process, offering a broad array of rehabilitative therapies, and upgrading our facilities with the patients’ comfort and treatment in mind.

Nichols Cottage (highlighted in this issue) exemplifies our commitment to the Planetree model. Recently renovated, this 17-bed unit treats our youngest patients. Our team of doctors, nurses, psychologists, social workers, and rehabilitation specialists partners with patients and their families to develop and implement treatment plans in a child-friendly atmosphere. Therapy is done in a way that kids can relate to – through art, music, gym, and groups. Children are able to recover while parents are given the tools to continue the treatment process at home after their child is discharged.

Nichols Cottage provides comprehensive services including a complete review of medication, focused group therapy, individual therapy, and parent support. Children attend daily group sessions focused on building self-esteem, managing anger and stress, and developing social skills. To foster positive self-expression, children participate in arts and crafts, pet therapy, dance, and physical activities including play at the playground, gym, and pool. Children also attend classes to keep up with their school studies.

Parents are encouraged to participate in their child’s treatment by attending counseling sessions to help everyone in the family develop new skills, attitudes, and ways of relating to each other. “When parents are involved, studies and practice show there are better outcomes,” Dr. Hatziergati noted.

When a child is ready to be discharged, the Nichols team takes an active role in reintegrating the child into the home and school. The team works with the child, parents, and school, when needed, to create the best atmosphere for success. The Nichols Cottage staff also follows up with the child’s outpatient treatment team. “With proper ongoing treatment, most children can be restored to live full and productive lives,” said Dr. Hatziergati.

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ECT For Depression: An ‘Old’ Treatment Gets Better

Treating patients suffering from major depression who do not respond to medications has long posed difficult challenges for mental health professionals. Doctors at NYP/Westchester are using electroconvulsive therapy, or ECT, in new ways to treat these patients and are seeing positive results.

Severe depression, or “major depression,” is a common disorder that is the leading cause of disability according to the World Health Organization. Symptoms may include low mood (sadness, crying, hopelessness, guilt), loss of self esteem, anxiety, irritability, insomnia, loss of appetite, loss of energy, or loss of interest. It may strike only once in an individual’s life, but frequently occurs more often. While psychotherapy helps some patients, medication is required for others to help cope with moderate to severe symptoms. It is important to have treatment alternatives like ECT available because major depressive episodes can interfere with work or lead to life-threatening physical health changes. Findings from recent research studies are helping doctors use ECT in a way that minimizes side effects.

Commonly referred to as “shock therapy,” ECT has changed significantly since it was first used 80 years ago. For the procedure, patients are briefly sedated and the treatment is painless. ECT uses electrical stimulation through the scalp for a few seconds to cause a “controlled seizure,” a brief period of excess brain activity. Patients are closely monitored and wake up within a few minutes. The number of treatments required varies from patient to patient. Recent improvements to ECT involve the type and location of the electrical stimulation. According to Dr. Robert C. Young, Professor, Department of Psychiatry, Weill Cornell Medical College, and Attending Psychiatrist, NewYork-Presbyterian Hospital, “Taken together, these changes and improvements in ECT therapy mean that depressed patients are more comfortable during the treatment and cognitive side effects are minimized.”

Current research studies are looking at using ECT in conjunction with medications to improve patients’ responses to ECT, and using ECT to avoid depressive relapses.

Doctors, patients, and families should be aware of modern-day ECT practice. When discussing the possible benefits and risks of ECT in an individual with challenging depressive illness, having an up-to-date perspective is essential to the decision-making process.

Autism Update

On April 4th, NewYork-Presbyterian Hospital/Westchester Division held a groundbreaking for the new Center for Autism and the Developing Brain. The center will house state of the art diagnostic, treatment, and research facilities and is scheduled to open in early 2013.

Sunday, June 3, 2012
NewYork-Presbyterian Hospital/Westchester Division
White Plains, NY

For more information and to register, please go to: www.walknowforautismspeaks.org/westchesterfairfield

Health Tip

Cyberbullying

What is your child doing? With whom does she interact? When is he online? Parents can virtually supervise by "friend"ing their children on Facebook. Accounts created for supervision should post nothing. Their presence should be akin to hosting a children’s party in the home - visible but in the background.

Children can never truly know who is on the other side of an internet posting. Bullying often starts by an insincere friend or imposter, often targeting depressed or anxious children, tricking a child into making private thoughts public.

*Children must be taught to always ask themselves, “Would I be comfortable if the whole world saw this?”*

If your child is cyberbullied, he needs to be able to discuss it with you. Children need confidence that their parents will maintain their safety and avoid further embarrassment. Parents should never “blame the victim,” reminding children the problem is with the bullies, who themselves usually are victims of bullying at home or elsewhere.

Relate to the experience by sharing if you successfully overcame bullying.

Bullies require a reaction to reinforce their behavior. Children should never respond to online taunting. Cyberbullying should be ignored in the virtual world and addressed in the real one.

Parents also must consider their individual child’s nature to recommend realistic solutions. Not every child can or should respond to bullying in the same exact manner.

Cyberbullying is real and every child deserves to be protected against it. Be actively involved in your child’s online world, identify cyberbullying early, and work together to end it. At school or online, the bully’s greatest foe will be the involved parent.
MAY 2012 - May is Mental Health Month

WEDNESDAY
May 2
“Restoring Calm with an Explosive Child (and what to do when that doesn’t work)”
Presented By Despina Hatziergati, MD; Rosa Kim, MD

WEDNESDAY
May 9
“Debunking Myths: Talking Honestly About Mental Illness”
Presented By Jaime Shumake, MS, LMHC

WEDNESDAY
May 16
“Alternative Therapies to Restore You”
Presented By Ronney Rosenbaum, MS, CASAC; Cathy McQuade, MS; Kaitlyn Giordano, MS

WEDNESDAY
May 23
“Have a Good Mental Health Day Everyday: the 24/7 Plan”
Presented By Scott Trefny, MA, MS

All presentations will take place from 7:00 to 8:30 pm in the Hospital Auditorium located on the second floor of the Center Building underneath the clock tower. For further information and directions, call (914) 997-5779 or visit www.nyp.org.

NYP Speaker’s Bureau

NYP offers speakers for your organization, school, or business group to discuss topics such as eating disorders, depression, anxiety, stress management, and other issues concerning emotional health.

For more information, contact Alissa Kosowsky, Public and Community Affairs, (914) 682-6991.

For the 11th consecutive year, NewYork-Presbyterian ranks among the nation’s top hospitals, according to the 2011-2012 U.S. News & World Report Best Hospitals edition.