



SEPTEMBER 2023



Letter from the Editor: I can't believe it's September already. Summer always goes by so fast. Kids are back at school facing a new year, new friends and new studies. With this in mind, we have copied an article from the National Institute of Health in regard to child and adolescent mental health. It's good for all of us to be aware and supportive of our beloved children.



Child and Adolescent Mental Health

Mental health is an important part of overall health for children as well as adults. For many adults who have mental disorders, symptoms were present—but often not recognized or addressed—in childhood and adolescence. For a young person with symptoms of a mental disorder, the earlier treatment is started, the more effective it can be. Early treatment can help prevent more severe, lasting problems as a child grows up.

Warning signs

It can be tough to tell if troubling behavior in a child is just part of growing up or a problem that should be discussed with a health professional. But if there are behavioral signs and symptoms that last weeks or months, and

if these issues interfere with the child's daily life at home and at school, or with friends, you should contact a health professional.

Young children may benefit from an evaluation and treatment if they:

- Have frequent tantrums or are intensely irritable much of the time.
- Often talk about fears or worries.
- Complain about frequent stomachaches or headaches with no known medical cause.
- Are in constant motion and cannot sit quietly (except when they are watching videos or playing video games)
- Sleep too much or too little, have frequent nightmares, or seem sleepy during the day.
- Are not interested in playing with other children or have difficulty making friends.
- Struggle academically or have experienced a recent decline in grades.
- Repeat actions or check things many times out of fear that something bad may happen.





Older children and adolescents may benefit from an evaluation if they:

- Have lost interest in things that they used to enjoy.
- Have low energy.
- Sleep too much or too little or seem sleepy throughout the day.
- Spend more and more time alone and avoid social activities with friends or family.
- Diet or exercise excessively, or fear gaining weight.
- Engage in self-harm behaviors (such as cutting or burning their skin)
- Smoke, drink alcohol, or use drugs.
- Engage in risky or destructive behavior alone or with friends.
- Have thoughts of suicide.
- Have periods of highly elevated energy and activity and require much less sleep than usual.
- Say that they think someone is trying to control their mind or that they hear things that other people cannot hear.

Mental illnesses can be treated. If you are a child or teen, talk to your parents, school counselor, or health care provider. If you are a parent and need help starting a conversation with your child or teen about mental health, find resources for families from the Substance Abuse and Mental Health Services Administration. If you are unsure where to go for help, ask your pediatrician or family medical provider or visit NIMH's Help for Mental Illnesses webpage.

It may be helpful for children and teens to save several emergency numbers to their cell

phones. The ability to get immediate help for themselves or for a friend can make a difference.

Save Some Emergency Phone Numbers

- The phone number for a trusted friend or relative
- The non-emergency number for the local police department
- 988 Suicide & Crisis Lifeline: 988

If you or someone you know needs immediate help, call or text the 988 Suicide & Crisis Lifeline at 988.



A Cycle of Hurt

Kids who are seen as different from their peers in some way are more likely to be the target of bullying behaviors. Being bullied can cause lasting harm.

Kids who experience bullying are at higher risk for mental health conditions, like depression and anxiety, and for dropping out of school.

The reasons why some kids bully others are numerous. Some kids who bully may be dealing with aggression or violence at home. Others may struggle with social skills and have trouble understanding others' emotions. Some may bully to fit in or gain social status.

Being bullied can sometimes start a cycle of bullying. Kids who are bullied will often go on to bully others. "Victims learn from those experiences and can become the aggressors," Ostrov explains. This puts them at risk for other problems, too.

Kids who engage in bullying in elementary and middle school are more likely to develop other harmful behaviors as they get older, says Dr. Dorothy Espelage, a psychologist who studies peer aggression at the University of North Carolina.

“They have the greatest odds of engaging in sexual harassment and sexual violence later on,” she explains.

Kids who bully also have an increased risk of mental health conditions and problems in school, adds Ostrov. And those who are both bullied and bully others are at the greatest risk for mental health conditions and school behavior problems.

Stepping In

What can you or your kids do if a child is being bullied? For kids who witness bullying, speaking up in the moment can feel risky, says Dr. Michele Ybarra, a child mental health expert at the Center for Innovative Public Health Research. “Kids don’t want to be the next target—that’s a real fear,” she says.



But there are other things kids can do if they want to help someone. “If it feels too big, too scary, and not safe for a child to speak up when they witness bullying, then maybe they can get a group of their friends who, together, can stick up to the bully. Or see if a trusted adult can help,” she explains.

STOP
BULLYING
STAND UP. SPEAK OUT.

Kids can also do other things to offer support, Ybarra adds, “like sitting with the person who was bullied at lunch. Or just saying something nice to them at their locker can sometimes make a big difference.”

While parents may want to confront a child who is bullying their kid, or the parents of the child who is doing the bullying, “that can also escalate problems,” says Ostrov. “It’s better to calmly but assertively report the incidents to the school.”

He also recommends listening to your children and being careful not to dismiss their concerns. You can also try roleplaying with your kids to practice how to respond when being bullied.

“Roleplaying with children to help them figure out how to solve these situations can really have an impact,” he says.

A lot of bullying happens face to face. But it is happening online more and more. This is called cyberbullying. Cyberbullying isn’t much different from in-person bullying, Ostrov says. It’s just happening in a different place. And they often occur together.

“What’s happening online typically mirrors what happens offline, and vice versa,” Ostrov says.

Cyberbullying can happen through email, text messaging, social media, and even chat rooms in online video games. Parents may have no idea their child is being bullied online.

For signs that a child may be experiencing bullying, see the Wise Choices box. You can learn more about responding to bullying at StopBullying.gov(link is external)

Research suggests that cyberbullying may increase thoughts of suicide and attempts. Screening for cyberbullying may help identify more young people at risk of suicide

Suicide is the second leading cause of death for adolescents and young adults in the United States. In-person bullying is known to raise the risk of thoughts of suicide and attempts for both victims and perpetrators.

NIH-funded researchers led by Dr. Ran Barzilay from the Children's Hospital of Philadelphia used data from more than 10,000 young adolescents with an average age of 12. The participants were enrolled in a long-term study tracking brain development and child health. The team explored the associations between the types of bullying and thoughts of suicide and attempts. Results were published on June 27, 2022, in JAMA Network Open.

The participants who experienced cyberbullying were more than 4 times as likely to report thoughts of suicide and attempts as those who didn't. This association diminished but remained significant when the researchers adjusted for other factors known to affect thoughts of suicide and attempts. These include family conflict, racial discrimination, parental monitoring, and being supported at school.

The researchers also found that experiencing cyberbullying increased the risk of thoughts of suicide and attempts independent of in-person bullying.

“At a time when young adolescents are spending more time online than ever before, this study underscores the negative impact that bullying in the virtual space can have on its targets,” Barzilay says. “It may be prudent

for primary care providers to screen for cyberbullying routinely in the same way that they might screen for other suicide risk factors like depression. Parents and educators should also be aware of this risk factor.”

—by Sharon Reynolds

Warning Signs a Child Is Being Bullied

- Unexplained injuries.
- Lost or destroyed clothing, books, or electronics.
- Frequent headaches or stomach aches, feeling sick, or faking illness.
- Changes in eating habits.
- Trouble sleeping or frequent nightmares.
- Declining grades or loss of interest in school.
- Hiding their device or screen when others are near.
- Avoiding discussions of what they're doing on their device.
- Sudden loss of friends or avoidance of social situations.
- Expressing feelings of helplessness or negative thoughts about themselves.
- Self-destructive behaviors, including talk of suicide.

Adapted from StopBullying.gov (HHS)(link is external).

Links

- *Q&A: Dr. Jamie Ostrov on Bullying*
- *Healthy Social Media Habits: How You Use It Matters*
- *Delving Into Devices: Children and Screen Time*
- *The Power of Peers: Who Influences Your Health?*
- *Parenting Teens: Guiding Kids Through Turbulent Years*
- *Building Social Bonds: Connections That Promote Well-Being*
- *Preventing Bullying (CDC)(link is external)*
 - *#StopBullying (CDC)(link is external)*
 - *Stopbullying.gov (HHS)*

We Do Botox ("Xeomin") injections

What is Xeomin®?

Xeomin® (incobotulinumtoxinA) is a prescription medication injected into muscles and used to temporarily improve the appearance of moderate to severe frown lines between the eyebrows (glabellar lines) in adults.

How does Xeomin® Work?

When you squint or frown, the muscles between your eyebrows contract, causing the skin to furrow and fold. Over time, as your skin ages and loses some of its elasticity, these repeated contractions can cause persistent frown lines. Botulinum toxin type A – the active ingredient in Xeomin® – acts on nerve endings in muscles to prevent muscle fibers from contracting. By reducing these contractions, Xeomin® can temporarily reduce the lines between your eyebrows.

What should I tell my medical provider before treatment?

Before receiving treatment with Xeomin®, you should tell your medical provider about all of your medical conditions, including whether you have a disease that affects your muscles and nerves, have allergies to any botulinum toxin product, or have experienced any side effect from any other botulinum toxin in the past. In addition, tell your medical provider about your medical history and all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal supplements. Tell your medical provider if you have received any other botulinum toxin product(s) in the last four months or in the past. Be sure your medical provider knows exactly which product(s) you received and when you received them.

When can I expect to see results?

You may begin to see visible smoothing as early as 3-4 days after injection. The median first onset of effect was less than a week. The maximum effect occurred at 30 days. The typical duration of effect was up to 3 months in clinical trials but may last significantly longer or shorter in individual patients.

NEW NEIGHBORS

All Star Physical Therapy will be

opening soon a couple doors from us in our plaza in Kirtland. They are hoping to be up and running by a October/November time frame. All Star is a Physical therapy outpatient practice independently owned and operated by a physical therapist. They have three offices located in Ashtabula, Madison (previously within the Spire Institute) and soon to be Kirtland. They have been in business for over 13 years providing care to the greater northeast Ohio area. The practice model centers on one-on-one treatment specializing in vestibular/dizziness and balance dysfunctions, dry needling, sports medicine, post-surgical care, workers compensation rehabilitation and return to work, return to sport testing, geriatric care and pediatric care. "We accept most insurances and try to be in-network with as many insurances as we can. We are very excited to be opening our Kirtland office in the October/November time frame and entrenching ourselves within the community as we have with our other locations."



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