

As I perused the local news websites this morning, the sad news of the discovery of the body of Nick Pratico flashed across my computer screen. Once again, another family deals with the nightmare of losing someone in a horrible way. It is certainly not my place to speculate as to the specifics of why this young man disappeared and the circumstances surrounding his death; however, it is safe to surmise that 18 year old young men do not simply walk away into the woods and pass away of natural causes. I never met Nick Pratico, nor any member of his family, and I only know what has been reported in the news since the day he disappeared. As a result, I have absolutely no insight as to what was on this young man's mind when he disappeared. What seems apparent, however, is that whatever was on his mind caused him to decide to disappear and that he was overwhelmed by something. Again, knowing nothing about his life or status, I certainly have no way to ascertain what Mr. Pratico was thinking about during the time of his disappearance or the subsequent time while he was missing. What I do know is that some people's brains are predisposed to certain mental states which can combine with the everyday events of life to create a toxic situation. Further, even though it is 2017, mental illnesses and afflictions are still often shrouded in secrecy and shame, and those who deal with such afflictions are often stigmatized. I think this issue deserves a deeper examination, if for no other reason than to allow the passing of this young man to open a conversation that will prevent the loss of others in our school family.

Mental illnesses, essentially any sort of behavioral or brain-based afflictions, are just as real as the physical type. We cannot see them, just as we cannot see the wind. The effects are quite real, just as the invisible wind can really blow down a tree. Physical afflictions are a common fact of life in our society, often announced and shared freely. We sign casts when a child has a broken arm. Would we also freely share our child's recent schizophrenia diagnosis? Unlikely. We use the names of mental illnesses and afflictions as descriptors in conversations, or worse, as terms of derision. How many times have we heard someone call another person "bipolar" when launching an insult? When I interview prospective teacher candidates, so many of them describe keeping a neat desk as "having OCD." It takes all of my strength to not correct them and explain that Obsessive Compulsive Disorder causes persistent and sometimes uncontrollable ruminations and has nothing to do with a neat desk. On the other hand, if a person was to get his head shaved at the barber and then come to work announcing that he "got a cancer cut," or a person's tanning session went awry and a co-worker said she looked like she has hepatitis, we would rightly consider such labels horrendous. Why the dichotomy between physical and mental afflictions?

As an educator, I consistently remind teachers that we have to be cognizant of what our students bring to school each day. I am not talking about books and pencils, but instead I mean the troubles and pain that some students secretly bring from home. A child who walks in grouchy in the morning may have just had a fight with Mom or Dad on the way to school. A child who seems irritable may have heard his or her parents fighting all night and are fearful that this time Daddy is not coming home for real. On the other hand, a child may also come to school coming from a home where a mental affliction of some sort disrupts the household on a nightly basis. How would we know this? We get messages from home that Tina could not complete her homework because she forgot her book, or that Jeremy had a headache last night. To my knowledge, we have never received a note stating that Todd could not complete an assignment because his mother was having an episode of threatening self-harm. Do you really think that something like this never happens? Why do we feel perfectly fine in reporting a urinary tract infection, but not an episode of extreme depression?

What does all of this have to do with you and me? Quite simply, this is important to all of us because people do not just “catch” a mental or brain-based affliction one day as a result of a germ. There are often (but not always) signs along the way, even in childhood and the teenage years, though such signs are sometimes very hard to see. I understand that as parents the last reality that we want to face is that something is afflicting our children. So often, though, the temptation is great to do so because we simply have a very difficult time accepting that it could happen to someone we love. No one wants to think of someone they love as hurting. I have learned that very often denial is a defense mechanism. It is pretty hard to ignore a broken foot, but much easier to try to rationalize a suspected case of depression. After all, if a person is not always frowning, they cannot be suffering from depression, right? If I can get her to smile, the problem is solved, right? (By the way, telling a person suffering from depression to “just smile” is just as effective as telling a person with Crohn’s Disease stop eating for a few days when a flare up occurs. Neither “remedy” works.) So, what to do?

I believe that there are three important steps to addressing brain-based afflictions. **First**, stop giving silent affirmation to the stigmatization of mental illnesses and afflictions. Do not equate a clean closet with Obsessive Compulsive Disorder. Stop using Bipolar disorder as an insult. Never use schizophrenia as slur when someone provokes a verbal fight. Do not liken the result of drinking too much caffeine to generalized anxiety disorder. **Cut. It. Out.** Our words reveal much about how we think about things. **Second**, take warning signs seriously. If you suspect that someone you care about, especially a child, exhibits signs of a mental illness or affliction, do something about it. Face this challenge in the name of the great love and concern that you have for the person, and work to see a professional. I know that procuring mental healthcare is a much more daunting task than procuring physical healthcare for many people. Crisis centers can be nightmares. Insurance companies can be difficult to work with. Many of the best practitioners do not accept insurance, though some very high quality ones do. Do not rest until you get what you need for who you need it. **Third**, and most importantly for parents, be aware of risk factors for depression, anxiety disorders, and suicide. Certainly the argument can be made that brain-based afflictions do not force a person to self-harm. That said, such afflictions can often combine with certain environmental factors to make self-harm more likely. People who suffer from depression are not necessarily “goth-looking” who dress in all black and cover their car bumpers with skulls and blast techno music. Not by a long-shot. They are often people who struggle with high pressure or internal conflict. Risk factors include high pressure in school (honor students!), Obsessive Compulsive Disorder, depression, impulsivity, identity issues, substance abuse, and social isolation. How often do we learn of a suicide, which is immediately followed by a list of wonderful things that the person “had going for them?” That is, “How could she be driven to suicide when she was a three-sport athlete in high school, just graduated from an elite college, and had a fine fiancé?” The reality is that mental illnesses and afflictions cross socio-economic, racial, cultural, and all other types of barriers.

We must work to recognize that God created us all as we are, including any mental illnesses and afflictions that we deal with, for reasons that He alone knows. Considerable inroads can be made with acceptance, treatment, and vigilance. People who deal with mental illnesses and afflictions are just as valuable, productive, and important as everyone else. What gives me the right to make such an affirmative statement? Quite simply, I myself live with more than one of the mental illnesses and afflictions I referenced in this message, and have done so for almost my entire life. Does this make me less of a person, a sub-par principal, or a person to be pitied? Am I a bad father? Is the school that I run

any less of a school now? I don't think the answer to any of these questions is affirmative. (There are many reasons one could take issue with how I run a school, but none of them have to do with the way my brain is wired or its chemical composition.) Should I be embarrassed of any of this? I should not, and nor should anyone else who deals with such issues. Should a diabetic person be embarrassed to monitor their blood sugar levels? Of course not. Nor should a person with generalized anxiety disorder be embarrassed to use strategies to deal with episodes of severe anxiety. Do people hide the fact that they take medication to manage high cholesterol? So why should taking medication to manage bipolar disorder be any different? People go to see nutritionists to learn ways to develop healthy eating habits; people go to counseling to learn ways to develop healthy coping habits. I fail to see any difference.

Unfortunately, a family and loved ones can do everything "right," yet a person can still lose a battle with depression or lack of coping ability just as a person can have all the best doctors and treatment and still die of cancer. Make no mistake, mental illness and affliction do not simply affect a single person; the entire family is challenged. While I am not a doctor, I have it on good authority that there are very few perfect guarantees in the medical field in terms of both physical and mental afflictions. This should never stop us from working to lessen the effects of such afflictions, however. Reiterating one of my original points, I know nothing about Nick Pratico or his family, and I have never met any of them. I have no right to assert anything about this particular tragedy, except that it is, in fact, a tragedy. I am simply an outsider reflecting on this heartbreaking outcome, and if there is anything we can learn from it. On the other hand, I DO know the students in this school, and by extension, you. We are a family. For this reason, I share these thoughts with you. I do not know how many of our family members here deal with mental illnesses and afflictions, but I am willing to bet the number is not zero. For this reason, please think about what I have said here, and if prudent, take action. Remember, these things always happen to someone else, until one day it is *not* someone else. True, many people deal with mental illnesses and afflictions, very challenging lives, and/or intense pressures and do not harm themselves, just as it is possible to leave a book of matches on a hot ledge in the sun and not have them ignite. On the other hand, if these risk factors are present the chances of a disaster increase, just as a fire is more likely to occur where the matches are on the hot sunny ledge when compared to the empty ledge. Are there matches on your ledge, or the ledge of someone you love?

My most sincere condolences to the family of Nick Pratico as well as to all who love him, and to all families who deal with untimely and tragic losses. To every person and family who deals with the reality of mental illnesses and afflictions on a daily basis, remember, you are not alone.

May peace and every blessing be yours,

Jason C. Briggs, Ed.D.