



# Mental Health Matters: Everyone has a Story

2022-23

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# Mental Health Matters: Everyone Has a Story!

## Introduction

A mental illness is a condition that disrupts a person's thinking, feeling, mood, and ability to relate to others, which creates distress in one's functioning. As a result, it is very likely that a person may be feeling somewhat uncomfortable at the thought of facing a problem like this. Questions such as the following may arise in a person's mind: Am I over-reacting? Is this just a phase? If I seek help, am I just going to make things worse? What can I expect?

A person is not alone in having these thoughts and feelings. According to the National Alliance of Mental Illness (NAMI), an estimated one in five school-aged children is affected by a mental health condition. Regardless of a person's socioeconomic status, age, race, gender, or IQ, one can be affected by a mental health condition. Consequently, one's mental health must be considered a real health issue. It is a concern that needs immediate attention just as one would give attention to a broken bone.

Children and teens who experience a mental health condition—and are not getting the help that they need—are at risk of possibly resorting to destructive behaviors to cope with their problem. Because a mental illness won't simply go away with time, not doing anything can put the child at risk for more serious harm.

Just like any other medical condition, a mental illness can be assessed, diagnosed, and successfully treated. However, we must work to remove the stigma that is attached to someone seeking help for his/her mental health concern. Just as we educate communities about physical health concerns such as heart disease, diabetes, or cancer, it is imperative that we engage in conversations about mental health, what mental illness is, how to recognize it, and how it can be treated.

For this 2022-23 school year, the Baldwin County Public School System will participate in a mental health awareness campaign, which is designed to promote a more positive, proactive approach to addressing mental health and mental illness. The goals for this awareness campaign include the following:

1. To reduce the stigma regarding mental health
2. To normalize help seeking and self-care
3. To raise awareness about mental health issues
4. To promote positive mental health practices
5. To encourage people to support others around them

The theme for this year-long campaign is *Mental Health Matters: Everyone Has a Story!* All scheduled activities for this campaign will culminate in May, which is Mental Health Awareness Month.

Included in this toolkit are ideas and suggestions for faculty and staff members, as well as schools, that can be implemented throughout the school year to bring awareness about the mental health concerns that many face daily. Also included in the toolkit are ideas and suggestions for Mental Health Awareness Month, which will be celebrated in May 2023. A plethora of resources for parents, students, faculty and staff members, and the community at large are included.

While May is traditionally considered as Mental Health Awareness Month, incorporating wellness ideas throughout the school year is essential to a positive, healthy school environment. Not only will you help to foster a safe school environment, but you will also help to encourage trusting and caring relationships between adults and students. And by so doing, we will be doing our part to help de-stigmatize the talk of one's mental health and well-being.

*Ms. Patrice Davis*

Prevention and Support Services Coordinator  
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## Mental Health Awareness Ideas for Schools

1. **Art Class.** Have students to create an educational coloring book that not only contains important messages about mental health, but also portrays visual ideas about mental health. (Reference the coloring book created by students in West Virginia entitled *Out of the Shadows and Into the Light.*)
2. **English Class.** Have students participate in an essay contest. The theme for the contest could be **Speaking Up About Mental Health! This is My Story.** The goal of the essay contest is to address ways to eliminate and/or to reduce mental health stigma that students may need to overcome when seeking mental health treatment.

The contest would solicit essays that

- Raise awareness of mental health among children and their families.
- Promote communication and understanding among teens, parents, guardians, and other caregivers to seek help for mental health issues.
- Provide students the opportunity for self-expression about mental health concerns.

Ideas for essay topics could include the following:

- Resilience and coping during challenging times
- School policies or practices that could help reduce stigma
- Conversations about mental health or related stigmas
- Barriers to mental health treatment
- Other areas of concern to individuals and their communities with respect to mental health

3. **English Class/Publication Course.** Have students write an “Op-Ed” in the local newspaper about the facts of mental health issues.
4. **Wednesday’s Wellness Activities.** These include a variety of activities chosen to reinforce the importance of treating ourselves with kindness, connecting with others, getting in movement throughout the day, and making choices that are healthy for us. They can be used as brain breaks, particularly when you need to bring the energy up, or if students have been seated for a length of time. If time allows, students could also journal/reflect on a post-it about the experience afterwards. Activities include the following:
  - Self-hug: Inhale and bring your arms out to a T. Exhale and give yourself a big hug. Now tell yourself something kind. Repeat this exercise with the opposite arm on top.
  - Tree circle: Everyone stands in a circle and does his/her best tree pose. Once your branches (arms) are raised, connect hands. See how long you can hold with the support of your circle.
  - Wall sit: It will be hard, but you can do it. Put your back on the wall and bend your knees to sit against the wall. Hold for 30 seconds.

- Make your choice: For 1 minute, do jumping jacks or jog in place.
5. **Thankful Thursday's Activities.** Practicing gratitude can be such a grounding experience. This is a great activity to use 1.) When students first come into the classroom; 2.) When students have finished an assignment; 3.) To create a "gratitude wall" or "gratitude chain"; 4.) To exchange with classmates when tensions rise.
    - Self-Esteem Gratitude: Draw or write one thing about yourself that you are grateful for.
    - Connection Gratitude: Draw or write about someone you are grateful for.
    - Resilience Gratitude: Draw or write about a challenge you have faced with courage.
    - Choice Gratitude: Draw or write about one healthy choice you made today.
  6. **Crossword Puzzle.** Create a crossword puzzle entitled *Test Your Knowledge of Common Mental Health Disorders and Terms* and have students to complete it.
  7. **Word Search Puzzle.** Create a word search puzzle including common terminology of various mental health disorders and have students to complete it.
  8. **Grades 1-3.** Have students complete the *How Do You Feel Coloring and Activity Book?*
  9. **School Newsletters and Social Media Sites.** Feature stories, resources, and information about mental health in your school's monthly newsletter and on your school's social media sites, i.e., Facebook, Twitter, Instagram, etc.
  10. **Community Fairs.** Host a table at a community fair and share resources and information about mental health with the attendees.
  11. **Professional Development.** Offer professional development to faculty and staff members about mental health.
  12. **Self-Care Checkup.** Self-care activities help us enhance our well-being and maintain good mental health. They can include habitual, routine activities such as eating well and getting regular exercise. Becoming aware of how often, or how well, we practice self-care activities can help us identify areas we are neglecting and improve upon them for better mental health. Periodically throughout the school year, have students to complete the self-care checkup assessment to better help them determine the frequency and quality of self-care in five important life domains: emotional, physical, social, professional, and spiritual self-care.
  13. **Self-Care Plan.** Have students to create/complete a self-care or mental health awareness plan.
  14. **Grief Bags.** Have students in grades K-6 to create grief bags for those students who are dealing with a death in the family. The bag may include a picture frame for a special photograph; *The Invisible String*, which is a storybook for children experiencing loss; a journal; and a workbook filled with activities designed to help students grieve.

15. **Mental Health Check-In.** Periodically, have students do a mental health check in based upon the following rubric.



I am doing really great.



I am doing pretty good.



I am doing okay.



I am starting to struggle.



I am having a real hard time.



I need to reach out for support.

16. **Flower Shower.** Have a Flower Shower for a faculty or staff member who may have recently experienced a death in the family, or battled cancer or some other serious illness, or had a recent surgery, etc. Each student in the teacher's classroom would be asked to bring a single flower, and by the end of each class period, the teacher will have a full bouquet of flowers from students in the class.
17. **Small Groups.** Conduct a variety of small groups for students on the following topics: coping skills; grief, loss, and forgiveness; anger management; conflict management; stress management; personal hygiene; values, beliefs, and goals.
18. **Sidewalk Messages.** Using chalk, have students write sidewalk messages that include positive messages for others to read and see. These messages may include inspiring quotes, smiley faces, or uplifting messages.
19. **Positive Quotes Wall/Board/Note.** Each of us needs a little inspiration and reminder on how to be positive at work and in life. Have students share their favorite positive quotes on a designated space on the school campus.
20. **Mental Health Management Bingo.** Positive coping strategies play an important role in helping us maintain good mental health. Using the mental health management bingo game in the classroom is a good way to support students by building awareness of mental health at school and in daily life. It is a great way to open up discussion on the key element of overall mental well-being.
21. **Practice Gratitude.** When it feels like everything is going awry, that's the time to look at the flip side. What's actually going right? The benefits of gratitude are endless, but when you have a daily gratitude practice, that's when you really reap the benefits. Encourage students to try journaling. For each day of the month, ask students to write down at least one thing for which they are grateful.

22. **Add Value to Someone Else's Life.** Each of us can always use some uplifting. We each possess unique gifts and ways of giving back to the world that we may not be using fully. Encourage students to think about ways they can take action now to bring some value and joy to another person's life. Some ideas for consideration include the following:

**In the community**

- Tip extra
- Be kind
- Say thank you

**In the home**

- Make a favorite family meal
- Sit down and talk uninterrupted
- Do a household chore your parent/guardian would normally do

Support people with your time, talents, funds, or other means to make life feel a little sweeter.

23. **Stay on Top of Your Sleep.** When you minimize the social media noise, practice gratitude, and generally start watching what goes into your mind and body, it makes it easier to sleep. If you're finding sleep is interrupted due to schedule disruptions, worrisome thoughts, etc., do your best to adjust what you can to get your seven to eight hours of quality sleep.

**For a better night's sleep:**

- Do a calming activity before bed.
- Sleep in a cool, quiet environment.
- Minimize electronics use an hour before bed.
- Go to bed and wake up at the same time daily.

Make sleep a priority. It will help you maintain a good mood, vibrant health, and a more optimistic attitude when you're not exhausted.

24. **Shine Your Light Club.** For secondary level students, this club would advocate for mental health and suicide awareness. In conjunction with the peer helpers at each school, this club could serve as a platform for teenagers to share their voices and raise awareness about mental health. There would not be an application process to join the club. Instead, the major requirement for inclusion would be a passion or a heart to help others. The club would help students by:

- Educating students on mental health and suicide.
- Empowering other students to reach out.
- Fighting stigma on mental health.
- Helping students find an outlet and letting them know that they are not alone.

25. **Stop the Stigma.** After learning about social-emotional learning, have students create colorful mini posters with quotes on them that promote mental health awareness. Hang the posters around the classroom as a constant reminder for students that mental health should not be stigmatized.

26. **Write Positive Post-Its.** Have students to encourage one another by writing positive messages on sticky notes that promote mental health awareness, i.e., “It gets better!” “Hang in there!” Allow students to stick these post-it notes on a designated bulletin board so that every student can see them when they come to school. The sticky notes will serve as a reminder that mental health should be discussed and that students themselves can take action to promote mental health awareness.
27. **Create a Mood Tracker.** Have students to draw out a personal mood tracker chart for the year. (An example of one can be found here on the Teachers Pay Teachers website: <https://www.teacherspayteachers.com/Product/Year-long-Mood-Tracker-3668183>.) Students can choose which colors represent each mood. Encourage students to fill in their daily mood with the corresponding color. Over time, they can analyze their tracker chart and reflect on how their mood and mental health changed throughout the school year. Tracking moods and their fluctuation over time creates awareness, which makes students more effective managers of their moods.
28. **Provide Brain Breaks.** Give students a brain break or a chance to sit quietly for a few minutes, close their eyes, do yoga, or meditate. This can give them a chance to “breathe” as they may be facing stress from school, home, life, and jobs. This mental health activity allows students to put their minds to rest for a short while before they return to being solely focused on tasks and assignments. Alternatively, you can have a “Time In” where students can converse with each other for five minutes.
29. **Open a Mental Health Dialogue.** Before diving into a lesson about mental health basics, ask your students questions such as, “How is mental health currently perceived in the United States?” or “How can mental health awareness impact your school?” An open discussion in the classroom can evoke and promote mental health awareness amongst your students.
30. **Assembly.** Hold a school-wide (or grade level) assembly program and invite someone to share his/her personal testimony about struggles with mental health or overcoming a mental health illness.

## Ideas for Mental Health Awareness Month

1. **Decorations.** Decorate classroom doors, as well as bulletin boards.
2. **Announcements.** Make morning and afternoon announcements that stress the importance of not just being healthy in our bodies, but also in our minds.
3. **Wear green.** Choose a particular day of the week to wear green, which is the ribbon color for mental health awareness.
4. **Have students create an end-of-the year playlist.** Have students share a song that somehow relates to the past school year—be sure to have them share the reason for their choice, as well. Celebrate the end of the school year by listening to these songs.
5. **Thank you note.** Have students write a note to someone who had a positive impact on them this school year.
6. **Summer Dreams.** Have your students draw a self-portrait of them living their best life during the summer—whether that's relaxing by the pool, or reading a book, or playing outside with friends. Next, encourage students to write about their summer plans or what they would like to do this summer.
7. **Six-Word Memoir.** In six words, have students capture the theme/feelings/essence of the school year. Collect their memoirs and compile them into a slide show. As an added bonus, include the songs students included on their end-of-the-year playlist.
8. **Compliment Book/Sheet.** Have students share compliments or what they like most about each other on either a one-pager or make a booklet. After all of the compliments have been completed, the student can have reminders about what their classmates and friends like most about them.
9. **Encourage community participation.** Ask your local government officials or business associations to light a prominent area lime green during the week. This might be City Hall, a local monument, park, shopping mall, or main street. Also ask local businesses to display lime green ribbons on their front doors.
10. **Green ribbons.** Tie lime green ribbons around all the trees on your school campus.
11. **Pledge.** Have students complete the **Pledge to Take Action for Mental Health.**
12. **Kindness Rocks.** Have students paint rocks and place them along highly visible areas of the school campus. These rocks can include inspirational messages for both students and adults on the school campus.

13. **May Calendar.** Share a May calendar that focuses on “**Tips for Fostering Resiliency in Your Child.**”
14. **Art Contest.** Have students showcase their mental health themed art to raise awareness and to decrease stigma. Schools are encouraged to create specific guidelines for students to apply and to participate in this art contest.
15. **Creative Arts Contest.** Have students participate in this creative arts contest that encompasses three entry categories: Original Artwork, Writing, and Photography. The theme of the contest will be **Why Does Mental Health Matter to You?**

**Original Artwork:** Must be an original artwork that combines drawing, pictures (and words if you wish) to express the contest theme. A description should be included with the artwork.

**Writing:** Must be a story, essay, or poem based on the contest theme and no longer than 300 words.

**Photography:** Photos cannot show a person’s face and/or a depiction of nudity or violence. A description should be included with the photo, and submitted photos should be in a high-resolution format.

Judging will be based on originality, creativity, and how well the student’s entry expresses the contest theme. A team of judges will select the top submissions for each category and grade level. Entries, once submitted, may be used for the purpose of promoting mental health awareness.

16. **Wellness Wednesdays.** Have students to take charge of their emotional wellness and health by taking a power break each Wednesday during their lunch. (Designate a particular meeting room on campus during lunch waves for students to participate in these mini sessions. Invite guest speakers to address various topics of interest for the students.) Suggestions for these topics include the following:

**Take a Time Out to Take Charge!**

- Take Time Out to Breathe
- Overwhelmed? Take Time Out for Leisure
- Tame Your Temper: Take Time Out to Acknowledge and Address Anger
- Take Time Out to Learn Strategies for Coping
- Take Time Out to Celebrate

Students may also be encouraged to participate in activities that promote their physical well-being, i.e., go for a walk, explore nature, go hunting, go swimming, etc. Ask students to share pictures with you of the activities in which they participated so that you can post them on your schools’ social media sites.

17. **Mindful Mondays.** Encourage students to participate in a self-care challenge. See how many activities they can complete throughout the week.
18. **Tuneful Tuesdays.** Listen to music in between classes and see if students are able to name the tune.
19. **Thoughtful Thursdays.** Encourage students to think of a time when someone did something thoughtful for them. Ask them how did this kind gesture make them feel? Then ask students to think of something thoughtful or kind that they can do for their classmates on today.
20. **Wear Green Fridays.** Encourage students to wear green on each Friday during the month. Take pictures of the students and share the pictures on your school websites and social media accounts. Include verbiage with the pictures explaining the significance of the students being dressed in green attire.

## Mental Health Awareness Ideas for Faculty and Staff Members

1. **Host a Stress Reduction Workshop.** Stress hormones trigger the body's "fight or flight response," which when left untreated can cause chronic physical and emotional issues. Stress can trigger health woes that include everything from headaches to heartburn and insomnia to irritability. Staff will benefit from knowing there are healthy ways to handle stress.
2. **Create an Interactive Bulletin Board.** Bulletin boards in the workplace don't need to be boring. Instead, get creative with hallway bulletin boards by printing resources, adding fact sheets, and including inspirational quotes. Pose questions on the bulletin boards that require employees to write their thoughts directly on the board. Some ideas of questions to include are the following: What made you smile today? What are you grateful for? What's your favorite activity to blow off steam?
3. **Have a Well-Being Day.** Host a day dedicated to well-being activities and exploration. It can be as simple as a mini wellness benefits review with a light breakfast and equally light workday. Or, a variety of well-being stations can be set up for the faculty and staff. Ideas include: a hydration station with fruit-infused water, a coloring book station, a quiet meditation area, or an area for stretching.
4. **Create an Escape Room.** Break rooms are a must for escaping work. Aside from the typical kitchen break room setup, consider making a different type of escape room for employees. Add meditation pillows, bean bags, a diffuser, etc. in a space where employees can go for a restorative moment of quiet. Reflection and meditation are perfect mental health awareness month activities that can bring peace in as little as a few minutes.
5. **Host a Tea/Coffee Event.** Invite a mental health advocate for a morning tea or coffee event. Host a healthy breakfast and invite the faculty and staff to come in and listen to the presentation. It can be a Q & A session about stress, anxiety, or any number of mental health topics. Or, ask for a specific theme to be covered like stress management techniques or anxiety-reducing activities.
6. **Discuss Mental Health.** Mental health discussions aren't only reserved for therapy offices. When administrators ask questions beyond, "Hi, how are you?" it starts a different dialogue. Questions like, "How are you feeling today?" or "How have you been spending your time?" are great ways to open up windows to mental health discussions.
7. **Share Screening Tools.** Employees can't get the appropriate professional help if they don't know they have a problem. Consider sharing mental health screening tools via e-mail, bulletin boards, and team meetings to actively promote mental health awareness. Mental Health America has a series of free mental health tests that can be taken confidentially.

8. **Schedule an On Site Yoga Day.** Yoga not only stretches the body, but it can also stretch the mind. Consider bringing in a local yoga teacher for a class on deep breathing and yoga. Employees will learn how to quiet their minds while also moving their body during this typically favored wellness activity.
9. **Have a Paint Party.** Gather your faculty and staff together for a relaxed, low-key event that also serves as a mental health awareness month activity. This event can be scheduled on a Friday evening after work as a way to wrap up the work week. Or, a designated paint “studio” can be set up where individuals can drop by any time during the week to relieve stress as they paint. This artistic activity doesn’t have to be just for serious artists, either. It’s a simple way to encourage employees to emotionally release stress. Share pamphlets during the event on ways to reduce stress and other worries in healthy ways.
10. **Gratitude Challenge.** A regular gratitude practice is shown to improve optimism and improve mood. Those who do it on a consistent basis tend to feel better overall. Ask employees to take part in a gratitude challenge. This can be as simple as journaling about three things they’re grateful for each evening, or you can have a virtual or in person bulletin board where individuals leave anonymous notes of what they’re grateful for.
11. **Wellness Gift Exchange.** A wellness gift exchange is a great opportunity to actively involve employees in a wellness event. Ask faculty and staff members to purchase a small gift (under a certain dollar amount) that can help mental health. Set up the activity like a Secret Santa gift exchange, or have individuals wrap the gifts without tags and place them on a table. Anyone who participates can stop by throughout a designated day to pick up their gift. Ideas for gifts may include stress balls, stress “play dough,” self-help books, a candle, a spa gift set, etc.
12. **Create a Coloring Area.** Coloring is a peaceful way to sit and observe thoughts quietly without judgment. By setting up a quiet area with coloring books, employees are allowed to escape for a break and practice mindfulness in a non-traditional way.
13. **DIY Workshop.** Crafting has been known to reduce depression and anxiety, while increasing happiness. For a fun and lighthearted mental health awareness month activity, consider hosting a series of DIY workshops. Anything from making soap and bath bombs to wood carving or painting makes for a great team activity that also works wonders for mental health. Employees can either meet at a local craft studio, or a local artisan can be hired to teach a workshop—depending upon your budget.
14. **Have a Massage Day.** A massage is proven to reduce both physical and emotional stress, so why not host a massage day in the workplace? Local massage school students always need clock hours in order to receive their certification and/or license. Call a local massage school to see if they are agreeable to hosting students for a massage day. If proper social distancing needs to be maintained, many students have massage chairs that can be set up outside, too.
15. **Stop and Smell the Roses.** Research shows that outdoor time is good for physical and emotional health. Consider planning a day to spend outside working on a local community garden or the

school's garden. Gardening is shown to elevate serotonin levels in the brain, which increases happiness overall.

16. **Giveaway Wellness Items.** A fun mental health awareness month activity for employers and employees alike includes giveaways. Throughout the month, randomly surprise your employees with useful wellness items. When your employees take care of their well-being, their mental health benefits. Giveaway items like subscriptions to meditations apps, positive self-help books or magazines, or even a spa getaway, if your budget allows.
17. **Host Well-Being Mondays.** Help your faculty and staff take charge of their work week—and that “Case of the Mondays”—by seizing the day right off the bat. Offer self-help techniques that can help to improve morale and workplace attitudes. Topics to consider may include: stress management techniques, stress-relieving activities, confidence builders, energy boosters, and positive self-talk.
18. **Promote Random Acts of Kindness.** Research shows that doing a kind act for another person is beneficial to mental health. Not only does it provide a momentary happiness boost to the person receiving it, but the person showing kindness also benefits. Showing kindness—whether it's by helping out on a project or opening a door for someone—can boost optimistic feelings, confidence, and happiness. It may also have a domino effect that encourages others to show kindness, too.
19. **Hold a Community Dance Party.** Dancing is known to not only elevate one's mood, but it also increases one's heart rate. Both activities can improve overall health by lessening depression and the risk of other health issues. Consider hosting an outdoor community dance party at a local park for your faculty and staff. Dancers can pay a donation with proceeds given to a local mental health organization. It's also a way to boost social health, which is another mental health improvement opportunity.
20. **Have an Outdoor Event Day.** Research proves that outdoor green spaces are good for mental health. Those who spend time outdoors will find that they have reduced stress, anxiety, and depression. Consider hosting a special event like an outdoor field day. Set up a variety of team-building activities—like hula hoop contests, egg races, and water balloon tosses—to generate laughs and encourage physical movement.
21. **Create a Wellness Room.** This room will feature inspirational messaging, an essential oils diffuser, foot massager, salt lamps, and a calming water feature. Puzzles, picture books, and a meditation area will need to also be included in this wellness room. The room should include soft lighting, relaxing music, and lounge chairs.
22. **Lunch and Learn Workshops.** Schedule various workshops/presentations for the faculty and staff members that they can participate in during their planning periods or during their lunch time.

# Mental Health Illnesses

Children and adolescents with anxiety disorders experience extreme feelings of panic, fear or discomfort in everyday situations. Anxiety is a normal reaction to stress, but if the child's anxiety becomes excessive, irrational and they avoid feared situations that interfere with daily life, it may be an anxiety disorder.

Anxiety disorders are the most common type of mental health disorders in children, affecting nearly 13 percent of young people.\* Overall, nearly one quarter of the population will experience an anxiety disorder over the course of their lifetimes.\*\*

## Common types of anxiety disorders

### Panic Disorders

Characterized by unpredictable panic attacks and an intense fear of future attacks. Common symptoms are heart palpitations, shortness of breath, dizziness and anxiety. These symptoms are often confused with those of a heart attack.

### Specific Phobias

Intense fear reaction to a specific object or situation (such as spiders, dogs or heights) that often leads to avoidance behavior. The level of fear is usually inappropriate to the situation.

### Social Phobia

Extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or ridicule and may lead to avoidance behavior.

### Separation Anxiety Disorder

Intense anxiety associated with being away from caregivers and results in youth clinging to parents or refusing to do daily activities such as going to school or sleepovers.

### Obsessive-Compulsive Disorder (OCD)

Individuals are plagued by persistent, recurring thoughts (obsessions) and engage in compulsive ritualistic

behaviors in order to reduce the anxiety associated with these obsessions. (e.g. constant hand washing).

### Post-Traumatic Stress Disorder (PTSD)

PTSD can follow an exposure to a traumatic event such as a natural disaster, sexual or physical assault, or witnessing the death of a loved one. Three main symptoms are reliving a traumatic event, avoidance behaviors and emotional numbing, and physiological problems such as difficulty sleeping, irritability or poor concentration.

### Generalized Anxiety Disorder (GAD)

Experiencing six months or more of persistent, irrational and extreme worry about many different things, causing insomnia, headaches and irritability.

### How it affects my child

Children and adolescents with anxiety are capable of leading healthy, successful lives. If anxiety is left undiagnosed, youth may fail in school, experience an increase in family stress and disruption, and have problems making or keeping friends. To avoid these harmful consequences, early identification and treatment are essential.

\*<https://store.samhsa.gov/product/The-Comprehensive-Community-Mental-Health-Services-for-Children-with-Serious-Emotional-Disturbances-Program-2017-Report-to-Congress/PEP20-01-02-001>

\*\*[http://www.freedomfromfear.org/aanx\\_factsheet.asp?id=10](http://www.freedomfromfear.org/aanx_factsheet.asp?id=10)

## What can we do about it?

Take your child to a mental health professional if an anxiety disorder is suspected.

- Consult with teachers and school so that social issues can be monitored and addressed.

**Once diagnosed, caregivers should consult with the health care expert on how best to provide for the child's needs, which may include:**

- Practicing relaxation techniques at home as recommended by the clinician
- Encouraging your child to approach, rather than avoid, feared situations so that he or she can experience success and see that nothing bad is going to happen
- Learning about your child's anxiety disorder so that you can be their advocate
- Consulting with teachers and school psychologists so that the child's special needs can be met in school
- A prescription of medication, for a period of time, to relieve anxiety. Ensure that your child receives their medication at the same time every day.

**Specific strategies that can be used at home include:**

- Be predictable.
- Provide support and comfort, remembering to encourage all of the child's efforts.
- Never ridicule or criticize the child for becoming anxious. Although there may be no logical danger, these feelings are real to the child.
- While avoiding coercion, break up fearful tasks into smaller, more manageable steps.
- Avoid constantly reaffirming to your child that everything will be okay. It is important that he/she learn that they are capable of reassuring themselves and devise ways to do so.
- Do not attempt to eliminate all anxious situations for your child. Children with anxiety disorders must learn that it is normal to experience some anxiety.
- Create a mutual plan with the child to address their needs, letting them set the pace for their recovery.

## Resource Links

### Children's Mental Health Matters!

Facts for Families – First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### Anxiety Disorders Association of America

This site assists those with anxiety disorders with finding a therapist, understanding their disorder and treatment recommendations, and offers inspirational stories and support groups. It has a special section devoted to children and adolescents.  
<http://www.adaa.org>

### American Academy of Child & Adolescent Psychiatry

Contains resources for families to promote an understanding of mental illnesses.  
<https://www.aacap.org>  
[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/The-Anxious-Child-047.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Anxious-Child-047.aspx)

### National Institute of Mental Health

NIMH strives to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics and resources.  
<https://www.nimh.nih.gov/>

### Worry Wise Kids

Lists the red flags that can alert parents to each individual anxiety disorder and details the steps parents can take if they suspect their child suffers from an anxiety disorder and supplies parenting tips for helping anxious youth.  
<http://www.worrywisekids.org>



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Attention Deficit Hyper-Activity Disorder (ADHD) is a disorder that affects three to seven percent of school-age children. ADHD makes it difficult for children to pay attention or sit still. Until relatively recently, it was believed that children outgrew ADHD in adolescence as hyperactivity often lessens during the teen years. However, it is now known that ADHD nearly always persists from childhood through adolescence and that many symptoms continue into adulthood. In fact, current research reflects rates of roughly two to four percent among adults. It is more common in males than females in childhood, but equally prevalent in males and females in adulthood.

## There are three types of ADHD:

- ADHD Combined Type (Classic ADHD) – trouble with inattention, hyperactivity and impulsivity
- ADHD Predominantly Inattentive Type – trouble with attention, sluggish; difficult to identify
- ADHD Predominantly Hyperactive Impulsive Type – trouble with impulsivity and hyperactivity; occurs more often in younger children

## How it affects my child

Although individuals with this disorder can be very successful in life, without proper identification and treatment, ADHD may have serious consequences, including school failure, family stress and disruption, depression, problems with relationships, substance abuse, delinquency, risk for accidental injuries and job failure. Additionally, at least two thirds of individuals with ADHD have another co-existing condition, such as learning problems. Early identification and treatment are extremely important.

## Stress and Health

Take your child or adolescent for an evaluation if ADHD is suspected. There are several types of professionals who can diagnose ADHD, including school psychologists, clinical psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists and pediatricians.

## How is ADHD diagnosed?

A good assessment consists of:

- Parent and teacher ratings of behavior
- Behavioral observations in the classroom
- Clinical interview with parents
- IQ/achievement testing to assess for learning disabilities

## Once diagnosed, ADHD in children often requires a “multimodal” comprehensive approach to treatment which includes:

- Parent and child education about diagnosis and treatment
- Behavior management techniques in the home and classroom
- School programming and supports
- Medication - Stimulant and non-stimulant medications may be helpful as part of the treatment for ADHD

## Specific strategies to use at home include:

- Setting clear expectations and house rules
- Keeping a consistent routine
- Providing praise and reward for appropriate behavior
- Ignoring mild misbehavior to focus on the more serious misbehaviors
- Use of daily report card at school

## Resource Links

### Children's Mental Health Matters!

Facts for Families —First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### American Academy of Child & Adolescent Psychiatry

This site contains resources for families to promote an understanding of mental illnesses.  
[www.aacap.org](http://www.aacap.org)

### ADHD Parents Medication Guide

[http://www.parentsmedguide.org/parentguide\\_english.pdf](http://www.parentsmedguide.org/parentguide_english.pdf)

### ADHD: What Parents Need to Know

<http://www.med.umich.edu/1libr/yourchild/adhd.htm>

### American Academy of Pediatrics

<https://healthychildren.org/English/health-issues/conditions/adhd/Pages/default.aspx>

### Children and Adolescents with Attention Deficit Hyperactivity Disorder

[www.chadd.org](http://www.chadd.org)

### United States Department of Education

"Identifying and Treating Attention Deficit Hyperactivity Disorder: A resource for School and Home"

This guide for families and educators provides information on the identification of ADHD and educational services for children with ADHD.

<https://www2.ed.gov/rschstat/research/pubs/adhd/adhd-identifying.html>

### National Resource Center on ADHD

A program of CHADD, funded through a cooperative agreement with the Centers for Disease Control and Prevention.

<http://www.chadd.org/NRC.aspx>

### KidsHealth

What Is ADHD?

<http://www.kidshealth.org/parent/emotions/behavior/adhd.html>

### Medline Plus

Attention Deficit Hyperactivity Disorder

<http://nlm.nih.gov/medlineplus/attentiondeficithyperactivitydisorder.html>

### National Institute of Mental Health

NIHM strives to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics and resources.

<http://www.nimh.nih.gov>

### Network of Care - Maryland

A comprehensive website for mental health information in Maryland.

<https://portal.networkofcare.org/Sites/Maryland>  
Select your area for county specific information.



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# Bipolar Disorder in Teens and Young Adults: Know the Signs

Bipolar disorder is a mental disorder that causes unusual shifts in mood, marked by episodes of mania and depression.

## Common Signs & Symptoms of Mania



- Showing intense happiness or silliness for a long time
- Having a very short temper or seeming extremely irritable
- Talking very fast or having racing thoughts
- Having an inflated sense of ability, knowledge, and power
- Doing reckless things that show poor judgment

## Common Signs & Symptoms of Depression



- Feeling very sad or hopeless
- Feeling lonely or isolating themselves from others
- Eating too much or too little
- Having little energy and no interest in usual activities
- Sleeping too much

Teens and young adults with bipolar disorder symptoms may think and talk about self-harm or suicide. If someone you know is expressing these thoughts, seek help immediately.

**National Suicide Prevention Lifeline**  
**1-800-273-TALK (8255)**

**Crisis Text Line**  
**Text HELLO to 741741**



**NIH** National Institute  
of Mental Health

[nimh.nih.gov/bipolardisorder](https://nimh.nih.gov/bipolardisorder)

NIMH Identifier No. OM 20-4318

Bullying is a common experience for many children and adolescents. Teasing, ignoring or intentionally hurting another child are all types of bullying. Harassment and sexual harassment are also considered forms of bullying. Bullies may be large and aggressive, but they also could be small and cunning. Victims of bullying have poor self-confidence and typically react to threats by avoiding the bully. Both bullies and their victims make up a fringe group within schools. Those children who bully want power over others. Both bullies and their victims feel insecure in school. Boys typically bully by using physical intimidation. Girls bully in a less obvious manner by using social intimidation to exclude others from peer interactions.

## How it affects my child

### Children who are bullied by their peers are:

- more likely to show signs of depression and anxiety, have increased feelings of sadness and loneliness, experience changes in sleep and eating patterns, and lose interest in activities they used to enjoy
- more likely to have health complaints
- less likely to do well in school, miss, skip or drop out of class

### When compared to their developmental peers, children who bully their peers are:

- more likely to engage in criminal activity as adults
- abuse alcohol and drugs
- less likely to do well in school

## Types of bullying

- **Verbal bullying** is saying or writing cruel things about another person. Verbal bullying includes:
  - teasing
  - name-calling
  - inappropriate sexual comments x taunting
  - threatening to cause harm

- **Social bullying**, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:
  - leaving someone out on purpose x telling other children not to be friends with someone
  - spreading rumors about someone
  - embarrassing someone in public
- **Physical bullying** involves hurting a person's body or possessions. Physical bullying includes:
  - hitting/kicking/pinching
  - spitting
  - tripping/pushing
  - taking or breaking someone's things x making mean or rude hand gestures
- **Cyberbullying** is bullying that takes place using electronic technology. Electronic technology such as cell phones or computers as well as social media sites, text messages, chat, and websites. Examples of cyberbullying include:
  - cruel text messages or email
  - rumors sent by email or posted on social networking sites
  - embarrassing pictures, videos, websites, or fake profiles

## What can we do about it?

**Know your child's routines and pay attention to any changes to that routine.** Does your child arrive home later than usual, take alternate routes to school (in order to avoid confrontation with a bully), or appear more overwhelmed or sad?

**Maintain close contact with teachers to see if your child avoids certain classes or school settings.** This may also help you to understand bullying.

**Empower your child by showing how much you value him/her.** Spend time talking with him/her personal self-worth and the importance of sticking up for himself/ herself.

**Help your child understand the difference between aggression and passive communication by showing different examples of each.** Ask your school psychologist or social worker to explain the different forms of communication: aggressive (typical of bullying), passive (typical of bullying victims) and assertive (most effective means of communication).

**Discuss with your child the impact of being a bully and how bullying is hurtful and harmful.** Model how to treat others with kindness and respect.

**If you suspect your child is being bullied at school, talk with your child's teacher or principal.** Children should not be afraid to go to school or play in their neighborhood.

**If your child sees another child being bullied, help your child report the bully to a teacher or another adult.** Saying nothing could make it worse for everyone.

**Become familiar with the bullying prevention curriculum at your child's school.** For example, in Maryland, state law requires that all public schools include a bullying prevention component within their curriculum. See Maryland State Department of Education website for more information:  
<http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/Bullying/index.aspx>

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## Resource Links

### Children's Mental Health Matters!

Facts for Families — First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### American Academy of Child & Adolescent Psychiatry

This site contains resources for families to promote an understanding of mental illnesses.  
AACAP Facts for Families - Bullying  
[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Bullying-080.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Bullying-080.aspx)

### Kidscape

What is bullying?  
<https://www.kidscape.org.uk/advice/facts-about-bullying/what-is-bullying/>

### Maryland State Department of Education

<http://marylandpublicschools.org/Pages/default.aspx>

### Maryland Suicide & Crisis Hotlines

<http://suicidehotlines.com/maryland.html>

### StopBullying.Gov

A federal website managed by the U.S. Department of Health and Human Services.  
<https://www.stopbullying.gov/>

### Bullying and LGBT Youth

<https://www.stopbullying.gov/bullying/lgbtq>

### Kids Resources/Links

#### StopBullying.gov

This federal website has a link just for kids.  
<https://www.stopbullying.gov/resources/kids>



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Children with symptoms of depression show behaviors that cause distress for the child, problems in social relationships and difficulties in school. The symptoms may include intense sadness, being irritable or grouchy, losing interest in daily activities that they used to enjoy, losing interest in friends, complaints about feeling ill (especially stomach and headaches) and doing poorly in school. Teenagers are sad sometimes, but when it lasts for two weeks and interferes with their functioning, parents should be concerned.

## How it affects my child

**When compared to their same-age peers, children who display symptoms of depression are more likely to:**

- Have lower levels of academic performance
- Are more likely to attempt suicide
- Are more likely to have unprotected sex
- Are more likely to abuse substances

**If one or more of these signs of depression persist, parents should seek help**

- Frequent sadness, tearfulness, crying
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Hopelessness
- Persistent boredom; low energy
- Social isolation, poor communication • Low self-esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility • Difficulty with relationships
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of, or efforts to run away from home
- Thoughts or expressions of suicide or self destructive behavior

## What can we do about it?

Actively observe your child's behavior around the house. Consider how and where your children spend their time—in their room alone, outside with peers, in front of the television.

Think about the factors at home that may contribute to the child's symptoms of depression. Write these down on a piece of paper and bring them with you when meeting with a mental health professional, school staff or pediatrician.

Learn how to identify “cries for help” from children and adolescents with depression. Know when your child needs immediate attention from you or a specialist.

Ask school or community mental health professionals about local resources. Attempt to enroll your child in a recreational league or youth organization that utilizes their interests, strengths and talents.

Seek a specialist’s opinion of psychiatric treatments for depression or to learn more about different types of medicine prescribed for depression. Depression is often treated effectively with a combination of therapy and anti-depressants.

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## Resource Links

### **Children’s Mental Health Matters!**

Facts for Families — First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### **American Academy of Child & Adolescent Psychiatry**

This site contains resources for families to promote an understanding of mental illnesses.  
[www.aacap.org](http://www.aacap.org)

#### *The Depressed Child*

(which was a reference for this fact sheet)  
[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/The-Depressed-Child-004.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Depressed-Child-004.aspx)

#### *Grief and Children*

[https://www.aacap.org/aacap/families\\_and\\_youth/facts\\_for\\_families/FFF-Guide/Children-And-Grief-008.aspx](https://www.aacap.org/aacap/families_and_youth/facts_for_families/FFF-Guide/Children-And-Grief-008.aspx)

### **National Institute of Mental Health**

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<http://www.nimh.nih.gov>

#### *Depression in Children & Adolescents*

<http://www.nimh.nih.gov/health/topics/depression/depression-in-children-and-adolescents.shtml>



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Learning doesn't begin when children start school, it begins at birth. By the time children turn three, they have already begun to lay the foundation for the skills and abilities that will help them succeed in school. Problem solving, toleration frustration, language, negotiating with peers, understanding routines, and self-control are all skills that are developed early in life. The pace of brain development in this stage of life far exceeds growth in subsequent life stages. Research tells us that early experiences can, and often do, impact brain development.

Supporting a child's social and emotional development is a critical component of school-readiness. Parents and caregivers can help children to identify and express emotions, foster secure relationships, encourage exploration, and provide a secure base for the child.

## Behaviors that warrant concern

### Infants and Toddlers (birth to age 3)

- Chronic feeding or sleeping difficulties
- Inconsolable "fussiness" or irritability
- Incessant crying with little ability to be consoled
- Extreme upset when left with another adult
- Inability to adapt to new situations
- Easily startled or alarmed by routine events
- Inability to establish relationships with other children or adults
- Excessive hitting, biting and pushing of other children or very withdrawn behavior

### Preschoolers (ages 3 to 5)

- Engages in compulsive activities (e.g., head banging)
- Throws wild, despairing tantrums
- Withdrawn; shows little interest in social interaction
- Displays repeated aggressive or impulsive behavior
- Difficulty playing with others
- Little or no communication; lack of language
- Loss of earlier developmental

## Childhood traumas

### What is Traumatic Stress?

Research has shown that exposure to traumatic events early in life can have many negative effects throughout childhood and adolescence, and into adulthood. Children who suffer from child traumatic stress are those who have

been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended.

### What Is Resilience?

Resilience is the ability to adapt well over time to life-changing situations and stressful conditions. While many things contribute to resilience, studies show that caring and supportive relationships can help enhance resilience. Factors associated with resilience include, but are not limited to:

- The ability to make and implement realistic plans;
- A positive and confident outlook; and
- The ability to communicate and solve problems.

### Factors that contribute to childhood trauma

- Caregiver's competencies
- Neglect
- Witnessing domestic violence
- Witnessing community violence
- Emotional, physical, or sexual abuse
- Loss of caregiver

### Symptoms of Traumatic Stress

- Re-experiencing the event, reenacting
- Avoidance and general numbing of responsiveness
- Increased arousal
- Witnessing community violence
- Emotional, physical, or sexual abuse
- Loss of caregiver

## What does it look like?

- Changes in play
- New fears
- Separation Anxiety
- Sleep disturbances
- Physical complaints
- Distress at reminders
- Withdrawal, sadness, or depression
- Easily startled
- Difficulties with attention, concentration, and memory
- Acting out, irritability, aggression

## Suggested Activities to Promote Social Emotional Development

- Read books and help your child identify emotions.
- Allow your child to control the book and take ownership of reading activity.

- Use pictures of a range of faces (happy, scared, sad, mad, silly, tired, etc.) and have your child practice making those faces.
- Follow your child's lead in play.
- Narrate your child's actions and continuously describe your own actions and surroundings.

## Programs that Support Early Childhood Mental Health

- Home Visiting programs
- Early Head Start
- Head Start
- Judy Centers

## Resource Links

### Prevention

#### Family Tree

410-889-2300

Parenting HelpLine: 800-243-7337

<http://www.familytreemd.org/>

#### The Parents Place of Maryland

<http://www.ppmmd.org>

800-394-5694 or 410-768-9100

#### B'more for Healthy Babies

<http://healthybabiesbaltimore.com/>

#### Maryland SEFEL Pyramid Model

<https://earlychildhood.marylandpublicschools.org/sefel>

#### The Center for Social and Emotional Foundations for Early Learning, Vanderbilt University

<http://csefel.vanderbilt.edu>

### Treatment

#### Early Childhood Mental Health Consultation Project

<https://earlychildhood.marylandpublicschools.org/infant-and-early-childhood-mental-health-iecmmh-consultation-project>

#### University of Maryland Taghi Modarressi Center for Infant Study

<https://www.umms.org/ummc/health-services/psychiatry/services/child-adolescent/outpatient/center-for-infant-study>

#### Johns Hopkins Children's Mental Health Center

410-955-3599

[https://www.hopkinsmedicine.org/psychiatry/specialty\\_areas/child\\_adolescent/patient\\_information/outpatient/broadway\\_campus/childrens\\_mental\\_health.html](https://www.hopkinsmedicine.org/psychiatry/specialty_areas/child_adolescent/patient_information/outpatient/broadway_campus/childrens_mental_health.html)

#### Catholic Charities Early Childhood Mental Health Services

410-252-4700



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An Eating Disorder is a psychological condition that shows itself in unhealthy and extreme eating habits. There are four types of eating disorders that are characterized by specific behaviors. Two primary behaviors are binge-eating, the consumption of a large amount of food in a short period of time accompanied by feelings of loss of control, and purging or self-induced vomiting. Misuse of laxatives, diet pills, or water pills, or intense excessive exercising after bingeing are also considered purging.

## Types of Eating Disorders

**Bulimia Nervosa** is the most common of the four diagnoses. It is characterized by preoccupation with food and weight, bingeing and a compensation for bingeing by purging, excessive exercise or fasting. This pattern is accompanied by shame and secrecy. Individuals with Bulimia Nervosa cannot be identified on the basis of weight—many are normal weight or even overweight.

**Anorexia Nervosa** is characterized by a refusal to maintain a normal weight for one's height, body type, age and activity level; restriction of food intake due to an intense fear of becoming "fat" or gaining weight (extreme concern over one's weight); body image misperception and loss of two consecutive menstrual periods in females.

**Binge-eating Disorder** is characterized by bingeing, feelings of shame and self-hatred associated with bingeing, but not accompanied by purging.

**Eating Disorders Not Otherwise Specified** covers all maladaptive eating behaviors that do not fit into the above diagnoses. Examples include: restricting food intake, meeting some but not all of the requirements for the above diagnoses, chewing food and spitting it out, or bingeing and purging irregularly.

## How it affects my child

Of the currently more than 10 million Americans afflicted with eating disorders, 90 percent are children and adolescents.

- The average age of eating disorder onset has dropped from 13-17 to 9-12.
- The number of males with eating disorders has doubled during the past decade.

## Children with an eating disorder may experience:

Physical problems (many that can be life-threatening) such as:

- Excessive weight loss
- Irregular or absence of menstruation in females
- Hair loss
- Severe digestive system problems
- Damaged vital organs
- Tooth and gum problems
- Swollen salivary glands due to induced vomiting
- General malnutrition
- Dehydration
- Thinning of the bones resulting in osteoporosis or osteopenia

Emotional issues such as:

- Low-self-esteem and a poor body image
- Being prone to mood swings, perfectionism and depression
- Strained relationships with family and friends
- Performing poorly in academic situations
- Suffering from other psychiatric disorders such as depression, anxiety, alcohol and drug dependencies

## What can we do about it?

**Build children's self-esteem based on their positive traits.** Be as supportive and encouraging as you can in raising children. Also, always try to highlight the positive points of their personalities and praise them for their good behaviors. Do not expect them to be perfect.

**Serve as a healthy role model for your children.** Do not diet. The key to developing a healthy lifestyle is to practice moderation both in eating and exercising.

**Construct a healthy relationship with food.** Make meal time a fun time by gathering all family members together and enjoying a variety of healthy foods. Never turn meal time into a power struggle between you and your child by rewarding or punishing him/her for his/her behavior with food.

**Teach your children to respect differences in body structure and feel good about their appearances.**

Avoid labeling your children regarding weight and commenting about other people's weight and appearance as an indicator of their character and personality. Not all people resemble thin models and movie stars, so you should teach children that everyone is born with a unique body shape which is mostly

influenced by family history. Encourage a realistic and positive body image.

**Watch for warning signs.** If you notice a change in your child's dietary behavior, such as anxiety around meal time, avoidance of social situations involving food, food rituals, visiting the bathroom soon after meals, rapid fluctuation in weight, overeating or hoarding, it is a good idea to seek the advice of a mental health professional.

**Taking care of yourself.** A battle with an eating disorder can be long and difficult, especially for parents. Do not blame yourself. If you begin to feel overwhelmed, it is wise to seek professional help. Remember, you cannot help your child without being healthy yourself.

## Resource Links

### Children's Mental Health Matters!

Facts for Families — First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### American Academy of Child & Adolescent Psychiatry

This site contains resources for families to promote an understanding of mental illnesses.

[www.aacap.org](http://www.aacap.org)

*Facts for families with teenagers with eating disorders*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Teenagers-With-Eating-Disorders-002.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teenagers-With-Eating-Disorders-002.aspx)

### American Psychiatric Association

Common Questions about Eating Disorders  
<https://www.apa.org/topics/eating-disorders>

### KidsHealth for Parents

<http://kidshealth.org/en/teens/eat-disorder.html?WT.ac=ctg#catproblems>

**Maudsely Parents** is a site for parents of children with eating disorders.

<http://www.maudsleyparents.org/>

### National Assoc. of Anorexia and Associated Disorders

<http://www.anad.org>

### National Eating Disorders Association

Parent Toolkit

<https://www.nationaleatingdisorders.org/parent-toolkit>

### National Institute of Mental Health

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<https://www.nimh.nih.gov/index.shtml>

*Facts About Eating Disorders and the Search for Solutions*

<https://www.nimh.nih.gov/health/topics/eating-disorders/index.shtml>

### NOVA: Dying to be Thin

Investigates the causes, complexities, and treatments for eating disorders anorexia nervosa and bulimia nervosa.

PBS also provides a teacher's guide to the film and activities to do in the classroom. This film is accessible at:

<https://www.pbs.org/wgbh/nova/video/dying-to-be-thin/>



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Grief is a natural response to a death or a loss, such as a divorce, an end to a relationship or a move away from friends. Grief may produce physical, mental, social or emotional reactions. Physical reactions can include change in appetite, headaches or stomach aches, sleeping problems and illness. Emotional reactions can include anger, guilt, sadness, worry and despair. Social reactions can include withdrawal from normal activities and the need to be near others or to be apart from others. The grief process also depends on the situation surrounding the death or loss, the relationship with the person who died and the person's attachment to that person. Grief is normal, but when the symptoms are very intense or last a long time, professional help may be needed.

### How it affects my child

The way in which children are communicated with and managed at the time of a loss will affect how they are able to grieve and how they manage loss in the future. Children are often confronted with both natural death and death through unnatural means such as murder or suicide. The media may bring this issue to life for children, and they need an outlet to deal with the grief of unsettling images and thoughts.

Children who grieve may display many symptoms that impact their functioning. Some examples include:

- **Young Children**
  - Bedwetting
  - Thumb sucking
  - Clinging to adults
  - Exaggerated fears
  - Excessive crying
  - Temper tantrums
- **Older Children**
  - Physical symptoms (headaches, stomach aches, sleeping and eating problems)
  - Mood swings
  - Feelings of helplessness and hopelessness
  - Increase in risk-taking and self-destructive behaviors
  - Anger, aggression, fighting, oppositional behavior

- Withdrawal from adults and/or peers and activities they enjoyed prior to the loss
- Depression, sadness
- Lack of concentration and attention

### What can we do about it?

#### **Be a constant source of support in your child's life.**

Research shows that maintaining a close relationship with a caring adult after the loss can help.

**Provide a structured environment that is predictable and consistent.** Limit choices; introduce small, manageable choices over time.

**Contain "acting out" behavior.** Insist that children express their wants, needs and feelings with words, not by acting out. This is also true for teens, who have a tendency to act out in anger rather than expressing how they feel directly.

**Encourage children to let you know when they are worried or having a difficult time.** Crying can help children release their feelings of sadness and help them cope with the loss.

**Let your child know that they are safe.** Often when children are exposed to trauma they worry about their own safety and the safety of their family members. It is a good idea to keep them from seeing too many pictures of the event.

**Encourage your child to ask questions about loss and death.** Children often have many questions about death and may need to ask again and again. Be patient and answer these questions as openly and honestly as possible. Talk to your child about death in a way they can understand.

**Give your child affection and nurturing.** Attempt to connect with them.

**Help your child maintain a routine.** It is helpful for your child to continue with daily activities. Offer suggestions on how to eat and sleep well.

**Be patient with regressive behaviors such as thumb sucking and bed wetting.**

**Put together a memory book.** This is a good exercise to help your child experience their emotions in a positive way.

**Be aware of your own need to grieve.** Parents have often experienced the same loss as their children, and should allow themselves to experience grief and get support.

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## Resource Links

### **Children's Mental Health Matters!**

Facts for Families — First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### **American Academy of Child & Adolescent Psychiatry**

This site contains resources for families to promote an understanding of mental illnesses.  
[www.aacap.org](http://www.aacap.org)

#### *Children and Grief*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-And-Grief-008.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Grief-008.aspx)

#### *Children's Sleep Problems*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Childrens-Sleep-Problems-034.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Childrens-Sleep-Problems-034.aspx)

#### *Helping Children after a Disaster*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Helping-Children-After-A-Disaster-036.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Helping-Children-After-A-Disaster-036.aspx)

### **The Dougy Center for Grieving Children and Families**

<http://www.dougy.org/>



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All children are oppositional from time to time, especially if they are tired, hungry, upset or stressed. They may argue and talk back to teachers, parents, and other adults. Oppositional behavior is a normal part of development for toddlers and early adolescents. However, oppositional behavior becomes a serious concern when it is so frequent that it stands out when compared with other children of the same age and development level and when it affects the child's social, family and academic life.

Children with Oppositional Defiant Disorder (ODD) show a pattern of negative, hostile and defiant behavior that lasts at least six months and impairs their ability to interact with caregivers, teachers and classmates. During this time period, the child or adolescent may often lose their temper, actively defy adults and appear spiteful. Other symptoms may include frequent temper tantrums, blaming others for their misbehavior and being easily annoyed by others.

## How it affects my child

One to sixteen percent of all school-age children and adolescents have ODD. The causes of ODD are unknown, but many parents report that their child with ODD was more rigid and demanding than the child's siblings from an early age. When compared to their peers, children with ODD are more likely to have difficulties with academic performance and may engage in risky behaviors, including delinquent activities and substance use, although this is more common in oppositional children who are aggressive. Without intervention, children with ODD are more likely to develop other more serious problems such as destruction of property, aggression towards people and animals, lying or stealing.

## What can we do about it?

Take your child or adolescent for an evaluation if ODD is suspected. There are several types of professionals who can diagnose ODD, including clinical psychologists, clinical social workers, nurse practitioners, psychiatrists and pediatricians. It is important to look for other disorders which may be present, such as Attention Deficit Hyperactivity Disorder (ADHD), learning disabilities, mood disorders (depression, bipolar disorder) and anxiety disorders. It may be difficult to improve symptoms of ODD without treating the coexisting disorder.

### Specific strategies to use at home include:

- Setting up a daily school-home note system with your child's teacher(s)
- Being consistent
- Having set rules and consequences
- Using praise and rewards frequently
- Setting up a reward system at home
- Supervising your child and getting to know his/her friends
- Identifying a homework buddy or tutor to help with homework
- Identifying a mental health professional who can help you to set up a behavioral management program
- Asking your therapist to improve social relationships by:
  - Working on group social skills
  - Teaching social problem-solving
  - Teaching other behavioral skills often considered important by children such as sports skills and board game rules
  - Decreasing undesirable and antisocial behaviors
  - Helping your child develop a close friendship

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### **American Academy of Child & Adolescent Psychiatry**

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[www.aacap.org](http://www.aacap.org)

#### *Oppositional Defiant Disorder*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx)

#### *Conduct Disorder*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Conduct-Disorder-033.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Conduct-Disorder-033.aspx)

#### *Violent Behavior*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Understanding-Violent-Behavior-In-Children-and-Adolescents-055.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Understanding-Violent-Behavior-In-Children-and-Adolescents-055.aspx)

### **Mental Health America**

Fact Sheet on Conduct Disorder  
<https://www.mhanational.org/conditions/conduct-disorder>

### **Mayo Clinic**

This site discusses everything from the definition of ODD to lifestyle and home remedies to help change behaviors associated with the disorder.  
<https://www.mayoclinic.org/diseases-conditions/oppositional-defiant-disorder/diagnosis-treatment/drc-20375837>

### **National Institute of Mental Health**

NIMH strives to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics and resources.  
<http://www.nimh.nih.gov>



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Psychosis occurs when an individual loses contact with reality. The term “psychosis” does not refer to a specific diagnosis, but rather a group of symptoms. Three out of every 100 people experience psychosis at some point in their lives, and most will recover.

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## How it affects my child

Psychosis affects the way a person thinks, feels and acts. Symptoms include:

- Hallucinations (hearing, seeing, tasting, smelling or feelings things that are not there)
- Delusions (fixed beliefs that are false, such as that one is being watched or followed)
- Disordered/confused thinking and difficulty concentrating
- Rapid changes in mood/feelings
- Behavior changes, including not taking care of or grooming oneself as usual or laughing at inappropriate times

## What can we do about it?

Treatment for psychosis often involves the following:

- Learning treatment options and working with professionals
- Working with a mental health professional to learn coping skills
- Working with a physician to determine how medications can help
- Working with professionals (neurologists, psychiatrists, and pediatricians) who specialize in helping youth and young adults to manage relationships, jobs, and school.

## Why is early treatment so important?

Experiencing symptoms of psychosis may disrupt your child's life. When psychosis is detected early, many problems can be prevented and the greater the chances are of a successful recovery. Mental illnesses with psychosis often develop between ages 15 to 25. This is a critical stage of life, when teens and young adults are developing their identities, forming relationships, and planning for their future.

## What helps people recover from psychosis?

The most important thing is for you and your child to be actively involved in treatment.

- Participate in treatment by partnering with your child's providers to learn all you can about medications and therapy.
- Help your child to focus on personal goals, which can be strong motivators for recovery.
- Help your child to find needed support -friends, family, support groups
- Make sure your child has structure in their life, whether school, work, volunteering or other activities.

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*Note: All information provided by: National Institute of Mental Health's Recovery After an Initial Schizophrenia Episode – Implementation and Evaluation Study. This information can be retrieved at: <http://marylandeip.com/eip-resources>*

## Resource Links

### **Maryland Early Intervention Program (EIP)**

Offers specialized programs with expertise in early identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults at risk for, or in the early stages of mental illness with psychosis.  
[www.marylandeip.com](http://www.marylandeip.com)

### **Maryland Coalition of Families**

A coalition of organizations throughout Maryland dedicated to working on behalf of children with mental health needs and their families.  
<http://mdcoalition.org/>

### **National Alliance on Mental Illness**

A nation-wide organization that provides support, advocacy, education, and awareness to those affected by mental illness and their families.  
<http://www.nami.org/>

### **American Psychiatric Association's Healthy Minds Blog**

Provides articles regarding mental health and mental health treatment.  
<https://www.psychiatry.org/news-room/apa-blogs>

### **Here to Help**

Provided by the Canadian government, this site provides additional information, resources, and tools for those affected by mental illness.  
<http://www.heretohelp.bc.ca/factsheet/psychosis>

### **Children's Mental Health Matters**

Facts for families – First steps in seeking help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### **Mental Health Association of Maryland**

MHAMD is a state-wide education and advocacy agency. Programs include the Maryland Parity Project, Mental Health First Aid and mental health publications and resources.  
<https://www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/>  
[www.mhfamaryland.org](http://www.mhfamaryland.org)

### **Psychosis 101**

A website devoted entirely to providing information, resources, and connection to those affected by mental illness with psychosis.  
<http://www.psychosis101.ca/>



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Children who exhibit self-injurious behavior (SIB) perform deliberate and repetitive acts of injuring their own body as a way to cope with overwhelming negative feelings, such as sadness, anxiety or stress, or as a way to experience some sense of feeling. SIB can also provide a way for the youth to express some internal rage, to re-enact a past trauma, or to offer a brief sense of control. Some forms of self-injurious behavior are cutting, carving, scratching, burning, branding, biting, bruising, hitting, and picking/pulling skin and hair. A child that self-injures does so typically with secrecy and shame, so they will seek to hide the injuries with long clothing and try to explain the injuries with probable causes. Research indicates that girls are more likely to self-injure than boys, and that most begin SIB between the ages of 12 to 15.

## How it affects my child

Children who participate in SIB

- Often feel alienated, isolated and powerless to stop
- Are more likely to engage in other risky behaviors, such as substance or alcohol abuse
- Often have an underlying mental health concern, such as anxiety, depression or post-traumatic stress disorder
- May continue to self-injure into adulthood; but with therapy, support and training in healthy coping strategies, and possibly medication, SIB can be overcome
- May be responding to a history of physical, emotional or sexual abuse

## What can we do about it?

- Talk openly and non-judgmentally about the behavior with your child to help reduce the shame and secrecy that surrounds self-injury.
- Be aware that SIB is a method for your child to temporarily lessen overwhelming emotional issues. Addressing the emotional issues that "set off" the action will help more than focusing on stopping the action of self-injury alone.
- Be cautious not to punish a child that engages in self-injurious behavior. Punishing may increase the child's troubled emotions.
- Work with your child to identify those "triggers" or events that are most likely to cause a desire to self-injure. • Be aware that most teenagers engaging in self-injurious behavior are not attempting suicide. It is critical to recognize, however, that some injuries are life-threatening.
- Work with a mental health professional experienced in self-injurious behavior. They can work with you and your child about uncovering the meaning behind the self-injury and identifying strategies you and the child can use to help prevent further injury.
- Learn about and talk with your child about healthy ways to communicate, self-soothe, and cope such as writing, drawing, exercising, and relaxation techniques.

## Resource Links

### Children's Mental Health Matters!

Facts for Families — First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### American Academy of Child & Adolescent Psychiatry

This site contains resources for families to promote an understanding of mental illnesses.  
[www.aacap.org](http://www.aacap.org)

#### *Facts for Families No. 73*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Self-Injury-In-Adolescents-073.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Self-Injury-In-Adolescents-073.aspx)

### Mental Health America

<https://www.mhanational.org/self-injury-and-youth>

### S.A.F.E Alternatives (Self-Abuse Finally Ends)

<http://www.selfinjury.com>  
Info Line 800-DONTCUT (366-8288)

### Resource for Teens

**To Write Love on Her Arms**  
[www.twloha.com](http://www.twloha.com)



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Many youth use alcohol and other drugs. Some develop serious problems which require professional treatment. The younger kids start using drugs and alcohol, the more likely they are to develop a substance use disorder later on. And, other psychiatric disorders often co-exist with substance use problems and need assessment and treatment. Fortunately, there are excellent resources for parents who want to prevent their kids from using drugs, and for those who believe their children may have a substance use problem.

## How it affects my child

Drugs and alcohol contribute to a host of problems for our children, including:

- Poor academic performance
- Memory and learning problems
- Truancy and absenteeism
- Problems with family and peer relationships and lack of empathy for others
- A tendency to engage in other risky activities and to feel invulnerable
- An increased risk for moving on to more dangerous drugs, and developing dependency

**While all children are at risk of using drugs and alcohol, the following risk factors significantly increase the chance that a child will develop a serious alcohol or drug problem:**

- Having a family history of substance use or dependency
- Depression or low self-esteem
- Social isolation; inability to fit into the mainstream

## What can we do about it?

Research has documented that family involvement and classroom-based prevention programs are the most effective means of addressing substance use among youth.

**Watch for signs of a substance problem:**

- Sudden moodiness or irritability
- Becoming more secretive

- Argumentative, disruptive, rule-breaking behavior
- Low self-esteem or depression
- Poor judgment; irresponsible behavior
- Social withdrawal; pulling away from family
- Withdrawal from former activities or friends; change in friends; general lack of interest

**Spend time with your children.** Show them how much you love them and are concerned about their safety and well-being.

**Educate your children about drugs and alcohol.** Try to give them information that is appropriate for their age and level of development. Younger children can be told that drugs and alcohol can hurt their bodies, while older children can benefit from information about specific drugs and their effects.

**Think about the structure and discipline you provide.** Make sure that it is appropriate to your child's age and development, and that you consistently reinforce the behavior you expect.

**Let your child know—directly and firmly—that you disapprove of drug and alcohol use.** Remember that you are your child's most important role model. Do not smoke, drink to excess or use drugs yourself.

**Try to listen carefully to your children, and stress the importance of open, honest communication.** Kids whose parents talk to them regularly about the dangers of drugs are much less likely to use drugs than kids whose parents don't have these conversations.

**Help your child recognize their own feelings, by sharing your feelings (e.g. I feel lonely),** and by commenting on how your child appears to be feeling. Remember that children who can express their feelings are more likely to receive support from others, and are less likely to turn to drugs and alcohol to try to get rid of bad feelings.

**Take care of yourself.** It is difficult to help your child if you are becoming overwhelmed. Keeping yourself healthy will also allow you to present as a healthy role model for your child.

**Be aware of your child's friends, as kids are most likely to use drugs and alcohol with friends** (at parties, in cars, etc.).

**Encourage your child's positive interests.** Activities such as sports, exercise, art, community service and part-time employment provide positive alternatives to using drugs, and help your child feel good about themselves.

**Remember that parental monitoring and supervision are critical for drug use preventions.** Try to be an active, consistent presence in your child's life, and let them know that you will do whatever it takes to ensure their safety and well-being. Checking in with your child's teachers, coaches and other adults in their life is a good idea.

**If you suspect that your child is using drugs, you should voice your suspicions openly—avoiding direct accusations, when they are sober or straight and you're calm.** This will show that your child's well-being is crucial to you and that you still love them, but are most concerned with what they are doing to themselves. Take action. Don't assume that your child is experimenting or that it is a one-time incident.

**Seek counseling from a certified mental health professional with experience in youth and substance use and treatment.** Meeting with school counselors and/or your family doctor can lead to the right intervention and support for your child and family.

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## Resource Links

### The AntiDrug.com

A website of the National Youth AntiDrug Media Campaign, provides parents and caregivers with information on proven prevention strategies and information about what to do if you suspect that your adolescent is using drugs or alcohol.

<https://drugfree.org/resources/>

### Building Blocks for a Healthy Future

A website developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) geared toward caregivers of younger children (age 3 to 6). You will find basic information about helping your children make good choices and develop a healthy lifestyle.

<https://www.samhsa.gov/sites/default/files/samhsa-2014-prevention-resources.pdf>

### SAMHSA

How To Tell If Your Child Is Drinking Alcohol: A list of specific signs that your child may be in trouble with alcohol: <https://www.samhsa.gov/underage-drinking/parent-resources/how-tell-if-your-child-drinking-alcohol>

### National Institute on Drug Abuse

NIDA provides links to facts on specific drugs for parents and teachers as well as age-appropriate curriculum regarding drug education.

<https://www.drugabuse.gov/parents-educators>



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Suicide is the act of taking one's own life and continues to be a serious problem among young people. Some youth may experience strong feelings of stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and other fears while growing up. These can be very unsettling and can intensify self-doubts. For some, suicide may appear to be a solution to their problems and stress.

According to the CDC, in 2017, suicide was the 2nd leading cause of death for 10-14 year olds and the 2nd leading cause of death for 15-24 year olds. The American Foundation for Suicide Prevention found that in Maryland, suicide is the 3rd leading cause of death for 10-34 year olds. On average, one person died by suicide every 13 hours in the state. Building strong family relationships, having the knowledge of the risks and warning signs of suicide/depression, and having access to prevention and intervention resources will often decrease the likelihood of suicide in youth.

### How it affects my child

Warning signs may include:

- Depressed mood, ADHD or other mental health problem
- Family loss or instability, significant problems with parent
- Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- Withdrawal from friends and family
- Difficulties in dealing with sexual orientation
- Poor ability to manage one's negative emotions
- No longer interested in or enjoying activities that once were pleasurable
- Impulsive, aggressive behavior, frequent expressions of rage
- Alcohol and/or drug abuse
- Engaging in high risk behaviors (e.g., fire-setting, involvement in cults/ gangs, cruelty to animals)
- Social isolation and poor self-esteem
- Witnessing or being exposed to family violence or abuse
- Having a relative who completed or attempted suicide
- Being preoccupied with themes and acts of violence on TV shows, movies, music, magazines, comic books, video games and internet sites

- Giving away meaningful belongings
- Frequent episodes of running away or being incarcerated

#### IMPORTANT

**Some children may exhibit many warning signs yet appear to be coping with their situation and others may show no signs and yet still feel suicidal. The only way to know for sure is to ask your child and to consult a mental health professional.**

**If you are worried that your child may be thinking about suicide ask your child directly if they are considering suicide.** Ask whether they have made a specific plan and have done anything to carry it out. Explain the reasons for your concerns. Listen openly to your child, tell your child that you care deeply and that no matter how overwhelming their problems seem, help is available. Many children make suicide threats—they should be taken seriously.

**Immediately get your child professional help** from a doctor, community health center, counselor, psychologist, social worker, youth worker or minister. In Maryland, call 2-1-1, press 1. You can also call 1-800-273-TALK or research local suicide hotlines and crisis centers.

**If your child is in immediate danger, do not leave your child alone and seek help immediately.** You can call 911 or take your child to the emergency room. If your child has a detailed plan or appears acutely suicidal and will not talk, they could be in immediate danger and it is important to get help right away. Do not leave your child alone and seek help immediately.

**Learn warning signs,** risks, and other factors associated with suicide especially if your child has made suicidal attempts or threats in the past.

**Offer support to your child.** Make sure your child knows that you are there for them, encourage them to seek you out in times of need, and if you are not there at the time when your child feels depressed or suicidal, have another support person to go to for help.

**Secure any firearms,** dangerous weapons and medications away from the child and preferably remove them from the house.

## Hotlines & Crisis Centers

### Maryland Crisis Helpline

Dial 2-1-1, press 1

Text your zip code to 898-211

<https://211md.org/>

### National Suicide Prevention Lifeline

1-800-273-TALK

1-800-273-8255

<https://suicidepreventionlifeline.org>

## Resource Links

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### American Academy of Child & Adolescent Psychiatry

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*Teen Suicide*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Teen-Suicide-010.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx)

### American Foundation for Suicide Prevention

<http://www.afsp.org>

### National Association of School Psychologists

Preventing Youth Suicide: Tips for Parents & Educators

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators>

*Preventing Youth Suicide: Brief Facts & Tips*

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/preventing-youth-suicide>

### National Institute of Mental Health

NIMH strives to transform the understanding and treatment of mental illness through basic clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics, and resources.

<http://www.nimh.nih.gov>

### Suicide AwarenessVoices of Education (SAVE)

<http://www.save.org/>

### Yellow Ribbon Suicide Information for Parents

<https://yellowribbon.org/get-help/i-am-a-parent.html>



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Suicide is the act of taking one's own life and continues to be a serious problem among young people. Some youth may experience strong feelings of depression, stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and other fears while growing up. These can be very unsettling and can intensify self-doubts. For some, suicide may appear to be a solution to their problems and stress. Research has shown that lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ) youth are more than twice as likely to attempt suicide than straight peers. However, sexual orientation is not noted on death certificates in the U.S. so exact completion rates are difficult to report. Studies have also confirmed that LGBTQ youth have higher rates of suicidal ideation than their straight peers and often have more severe risk factors. It is important to note that being LGBTQ is not a risk factor in and of itself; however, minority stressors that LGBTQ youth encounter – such as discrimination and harassment – are directly associated with suicidal behavior as well as indirectly with risk factors for suicide.

## How it affects youth

Warning signs specific to LGBTQ Youth may include:

- Previous suicide attempts
- A diagnosable mental illness and/or substance use disorder
- Relationship issues
- A high rate of victimization/bullying
- Difficulties in dealing with sexual orientation
- Lack of family acceptance
- Expressing hopelessness or helplessness
- Having a plan

### IMPORTANT

**Some youth may exhibit many warning signs yet appear to be coping with their situation and others may show no signs and yet still feel suicidal. The only way to know for sure is to ask the youth and to consult a mental health professional.**

## How can we help?

Some factors which may help to lower a youth's risk of considering suicide are:

- Programs and services that increase social support and decrease social isolation among LGBTQ youth (support groups, hotlines, social networking)
- Access to effective, culturally competent care

- Support from medical and mental health professionals
- Coping, problem solving and conflict resolution skills
- Restricted access to highly lethal means of suicide
- Strong connections to family
- Family acceptance of one's sexuality and/or gender identity
- A feeling of safety and support at school
- Connectedness at school through peer groups
- Positive connections with friends who share similar interests
- Cultural and religious beliefs that discourage suicide
- Positive role models and self-esteem

**If you are worried that a youth may be thinking about suicide ask them directly if they are considering suicide.** Ask whether they have made a specific plan and have done anything to carry it out. Explain the reasons for your concerns. Listen openly.

**Be sure to express that you care deeply** and that no matter how overwhelming his or her problems seem, help is available. All suicide threats should be taken seriously.

**Immediately seek professional help** from a doctor, community health center, counselor, psychologist, social worker, youth worker or minister if you suspect a suicide attempt. In Maryland, call 2-1-1, press 1. You can also call 1-800-SUICIDE or research suicide hotlines and crisis centers.

**If the youth is in immediate danger, do not leave them alone and seek help immediately.** You can call 911 or take them to the emergency room. If the youth has a detailed plan or appears acutely suicidal and will not talk, they could be in immediate danger and it is important to get help right away. Do not leave the youth alone and seek help immediately.

**Learn warning signs, risks, and other factors** associated with suicide especially if the youth has made suicidal attempts or threats in the past.

**Offer support.**

**Secure any firearms, dangerous weapons and medications.**

## Hotlines & Crisis Centers

### Maryland Crisis Helpline

Dial 2-1-1, press 1  
Text your zip code to 898-211  
<https://211md.org/>

### National Suicide Prevention Lifeline

1-800-273-TALK  
1-800-273-8255  
<https://suicidepreventionlifeline.org/>

### The Trevor Project

TREVOR LIFELINE: 1-866-488-7386  
<https://www.thetrevorproject.org/>

## Resource Links

### Children's Mental Health Matters!

Facts for Families — First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### American Academy of Child & Adolescent Psychiatry

This site contains resources for families to promote an understanding of mental illnesses.  
[www.aacap.org](http://www.aacap.org)  
*Teen Suicide*  
[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Teen-Suicide-010.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx)

### American Foundation for Suicide Prevention

<http://www.afsp.org>

### National Association of School Psychologists

Preventing Youth Suicide: Tips for Parents & Educators  
<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators>  
*NASP Resources: Mental Health Disorders*  
<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/mental-health-disorders>

### Gay, Lesbian & Straight Education Network

Virtual Resources  
<https://www.glsen.org/resources/virtual-resources>

### National Institute of Mental Health

NIMH strives to transform the understanding and treatment of mental illness through basic clinical research, paving the way for prevention, recovery, and cure.  
<http://www.nimh.nih.gov>

### Suicide Awareness Voices of Education (SAVE)

<http://www.save.org>

### The Trevor Project

A national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgendered, and questioning youth.  
[www.thetrevorproject.org](http://www.thetrevorproject.org)

### Yellow Ribbon Suicide Information for Parents

<https://yellowribbon.org/get-help/i-am-a-parent.html>



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Transition-age is defined roughly as the period between 14 – 24 years of age when youth are preparing to move from adolescence to young adulthood in the areas of employment, education and independent living. The transition to adulthood can be challenging for all young adults – not just those with mental health needs. For young adults with mental health issues, the transition to adulthood can be longer and more difficult. The social and emotional delays experienced by youth with mental health needs impede the skills necessary to successfully transition to adulthood.

Transition-age youth with mental health needs do not necessarily fit the child or adult mental health system; services need to be tailored to their specific needs and developmental characteristics.

Youth coded with an “emotional disability” on an Individualized Education Program have the highest dropout rate of any disability group, hovering around 50% in Maryland. Transition-age youth with mental health needs have the lowest rate of engagement in continuing education or employment.

## High School

If your child is eligible for an Individualized Education Program (IEP) or 504 plan, s/he may be receiving mental health or other support services at school.

- An IEP is developed for students with more intensive mental health needs who qualify for special education.
- Your child's IEP team is responsible for helping your child with transition planning and implementation.
- Under a 504 plan, the school can make special accommodations for your child if s/he does not qualify for special education.

If your child has a 504 plan, s/he will have access to the services for transition assistance, but you or your child may be responsible for initiating contact to access these supports.

## High School Support Staff

- IEP Case Manager
- Guidance Counselor
- Transition Coordinator
- Division of Rehabilitation Services (DORS counselor)

## After High School

The transition from high school can be challenging for youth with behavioral issues. Some youth may wish to attend college or vocational schools and others may want to seek employment.

## Education opportunities

- College
- Community College
- Vocational and Technical Schools
- Division of Rehabilitation Services (DORS) Workforce and Technology Center (WTC) in Baltimore

## Apprenticeship Programs Employment opportunities

- DORS provides a range of services:
  - Career assessment
  - Career decision-making
  - Counseling and referral
  - Vocational training
  - Employment assistance
- Supported employment through the Mental Hygiene Administration

## Housing

Most families of young adults will find their youth continuing to live with them, if not on a permanent basis, then on a revolving door trajectory – moving out for a time and then moving back in. Outside of the idea of living in the family home, there are both subsidized and private-pay housing possibilities.

## Subsidized housing

- Transition-age youth Residential Rehabilitation Programs
  - Adult Residential Rehabilitation Programs
- For more information, please contact your local Core Service Agency.

## Other housing options might be:

- Main Street Housing
- Section 8 housing
- Private-pay

## Health Care

Health care in Maryland will change in the coming year with the Affordable Care Act and Medicaid expansion. To learn more or for enrollment information, visit [www.marylandhealthconnection.gov](http://www.marylandhealthconnection.gov)

### Health Care options include

- Medicaid
- Maryland Primary Adult Care (MPAC)
- Private Insurance

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## Resource Links

### Children's Mental Health Matters!

Facts for Families — First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

Facts for Families — School Services  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### Core Service Agencies or Local Behavioral Health Authorities

<https://www.marylandbehavioralhealth.org>

### Department of Human Services

800-332-6347  
<http://dhr.maryland.gov>

### Main Street Housing

410-540-9067  
<http://www.mainstreethousing.org>

### Maryland Department of Disabilities

800-637-4113  
<http://mdod.maryland.gov>

### Maryland Transitioning Youth

1-800-637-4113  
<http://mdod.maryland.gov/education/Pages/transitioningyouth.aspx>

### Maryland's Vocational Rehabilitation Agency – DORS

To learn more about the wide range of services DORS offers, you can visit [www.dors.state.md.us](http://www.dors.state.md.us) or call 410-554-9442 or 1-888-554-0334

### The Parents Place of Maryland

<http://www.ppmmd.org>  
800-394-5694 or 410-768-9100

For information on health insurance coverage for mental health/substance use disorders or Mental Health Parity please visit:  
[www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/](http://www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/)  
or call 443-901-1550

To apply for Supplemental Security Income (SSI) call 1-800-772-1213



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A trauma is a dangerous, frightening, and sometimes violent experience that is often sudden. Trauma is a normal reaction that occurs in response to an extreme event. It can happen to one family member or a whole family. Examples of a trauma are:

- Violence
- Fire
- Homelessness
- Natural Disaster

After experiencing a trauma, children, teenagers and families may feel traumatic stress. Feelings of traumatic stress include:

- Feeling scared or anxious
- Feeling numb

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## How it affects my child

Many people who go through trauma will have trouble adjusting to life after the event. The brain of children and teenagers may be harmed and they may not develop needed skills. After trauma, some children suffer from Post Traumatic Stress Disorder (PTSD), Child Traumatic Stress (CTS) or depression.

**PTSD** usually happens after a major trauma that was life-threatening. **CTS** happens after trauma is over. It is important to get help for a child or teenager after going through a trauma so they can continue to grow. For more information, refer to the Anxiety Disorder Fact Sheet included in this kit.

## Signs & Symptoms

There are lots of reactions to trauma including:

- Thinking about what happened
- Aggression or irritability
- Body aches
- Having trouble at school
- Nightmares or difficulty sleeping
- Trouble concentrating
- Refusing to go to school

## What can we do about it?

It's important to get help if children or teenagers are having signs or symptoms after a trauma. Caregivers and relatives can help children in two important ways:

1. Talking to children about what happened
2. Getting professional help

## Recommendations for families

- Learn what trauma is
- Get help from trauma experts
- Be involved in your child's health

## What can caregivers say and do?

- Tell children they are safe
- Let children talk about feelings and fears
- Go back to a daily schedule
- Spend extra time with family and friends

## Resource Links

### **Children's Mental Health Matters!**

Facts for Families — First Steps in Seeking Help  
[www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

### **American Academy of Child & Adolescent Psychiatry**

This site contains resources for families to promote an understanding of mental illnesses.  
[www.aacap.org](http://www.aacap.org)

#### *Helping Children after a disaster*

Information for parents about trauma, PTSD, and behavioral changes to look for.

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Helping-Children-After-A-Disaster-036.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Helping-Children-After-A-Disaster-036.aspx)

#### *Posttraumatic Stress Disorder (PTSD)*

Defines PTSD and gives symptoms.

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Posttraumatic-Stress-Disorder-PTSD-070.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Posttraumatic-Stress-Disorder-PTSD-070.aspx)

#### *Talking to Children about Terrorism and War*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Talking-To-Children-About-Terrorism-And-War-087.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Talking-To-Children-About-Terrorism-And-War-087.aspx)

#### *Talking to Children about the News*

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-And-The-News-067.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-The-News-067.aspx)

### **The Children's Hospital of Philadelphia – Center for Pediatric Child Traumatic Center**

<http://www.chop.edu/cpts>

### **Maryland Coalition of Families for Children's Mental Health**

<http://www.mdcoalition.org>

### **National Institute of Mental Health**

NIMH strives to transform the understanding and treatment of mental illness through basic clinical research, paving the way for prevention, recovery, and cure. Visit NIMH for information on clinical trial and mental health information, statistics, and resources.

<http://www.nimh.nih.gov>

#### *Helping Children and Adolescents Cope with Violence and Disasters*

Defines trauma, describes how children react to trauma and how to help them, includes tips for parents and caregivers.

<https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events/index.shtml>

### **The National Child Traumatic Stress Network**

NCTSN seeks to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events.

<http://www.nctsn.org>

### **Aces Too High**

<https://acestoohigh.com/got-your-ace-score/>



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MHAMD | 443-901-1550 | [www.mhamd.org](http://www.mhamd.org)

MCF | 410-730-8267 | [www.mdcoalition.org](http://www.mdcoalition.org)

# Statistics and Fact Sheets

# Mental Health in Alabama



**1 in 5 U.S. adults** experience mental illness each year.



**794,000 adults** in Alabama have a mental health condition.

That's more than **3X** the population of Birmingham.

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.



More than half of Americans report that **COVID-19** has had a **negative impact** on their mental health.

In February 2021, **43% of adults in Alabama** reported symptoms of **anxiety or depression**.

**23.2%** were unable to get needed counseling or therapy.

**Alabamians struggle to get the help they need.**



More than half of people with a mental health condition in the U.S. **did not receive any treatment** in the last year.

Of the **207,000 adults in Alabama** who **did not receive needed mental health care**, **49.6%** did not because of cost.

**9.7%** of people in the state are uninsured.



**1 in 20 U.S. adults** experience serious mental illness each year.

In Alabama, **214,000 adults** have a **serious mental illness**.



**Alabamians** are over **3x more likely to be forced out-of-network** for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs.



**1 in 6 U.S. youth** aged 6–17 experience a **mental health disorder** each year.

**44,000 Alabamians** age 12–17 have depression.

**2,927,845 people** in Alabama live in a community that **does not have enough mental health professionals**.

## An inadequate mental health system affects individuals, families and communities.



**High school students** with depression are more than **2x more likely to drop out** than their peers.

**61.8% of Alabamians** age 12–17 who have depression **did not receive any care** in the last year.



3,351 people in Alabama are homeless and **1 in 6 live with a serious mental illness.**



On average, 1 person in the U.S. **dies by suicide every 11 minutes.**

In Alabama, **823 lives were lost to suicide** and 165,000 adults had thoughts of suicide in the last year.

**1 in 4 people with a serious mental illness has been arrested**

by the police at some point in their lifetime –



leading to over **2 million jail bookings** of people with serious mental illness each year.

About **2 in 5 adults** in jail or prison have a history of mental illness.



**7 in 10 youth** in the juvenile justice system have a mental health condition.



**NAMI**  
National Alliance on Mental Illness

NAMI Alabama is part of NAMI, National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

*This fact sheet was compiled based on data available in February 2021. For full citations, visit: [nami.org/mhpolicystats](https://nami.org/mhpolicystats).*

# 988

AMERICA'S  
SUICIDE PREVENTION +  
MENTAL HEALTH CRISIS  
LIFELINE



## In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency, in partnership with the Federal Communications Commission and the Department of Veterans Affairs, working to make the promise of 988 a reality for America. Moving to a 3-digit dialing code is a **once-in-a-lifetime opportunity** to strengthen and expand the existing National Suicide Prevention Lifeline (the Lifeline).

Of course, 988 is more than just an easy-to-remember number—it is a direct connection to compassionate, accessible care and support for all Americans who might be experiencing suicidal thoughts, who are at risk of suicide, or who are struggling with emotional distress. Preparing for full 988 implementation and operational readiness requires a bold vision for **a crisis care system that provides direct, life-saving services to all in need.**

SAMHSA sees 988 as a first step towards a transformed crisis care system in much the same way as emergency medical services have expanded in the US.



In pursuit of this bold yet achievable vision, SAMHSA is first focused on strengthening and expanding the existing Lifeline network, providing life-saving service to all who call, text or chat via 988. Longer term, SAMHSA recognizes that linking those in crisis to community-based providers—who can deliver a full range of crisis care services—is **essential to meeting behavioral health crisis needs across the nation.**





## Frequently Asked Questions

### What is the Lifeline and will 988 replace it?

**The Lifeline** is a national network of over 180 local, independent, and state-funded crisis centers equipped to help people in emotional distress or experiencing a suicidal crisis. Moving to 988 will not replace the Lifeline, rather it will be an easier way for all Americans to access a strengthened and expanded network of crisis call centers.

### When will 988 go live nationally?

**The 988 dialing code** will be available nationally for call, text, or chat on July 16, 2022. Until then, those experiencing a mental health or suicide-related crisis, or those helping a loved one through crisis, should continue to reach the Lifeline at its current number, **800-273-8255**. SAMHSA recommends not promoting 988 widely until it is available nationwide.

### How is this different than 911?

**Like 911**, there will need to be a system of entities working in lock step to support the establishment and growth of 988 in a way that meets our country's growing suicide prevention and mental health crisis care needs. SAMHSA is actively engaged with 911 counterparts at the federal, state and local levels to plan for smooth coordination.

### How is 988 being funded?

**Congress has provided the Department of Health and Human Services workforce funding through the American Rescue Plan, some of which will support the 988 workforce.** Also, the President's Fiscal Year 2022 budget request provides additional funding for the Lifeline itself and for other existing federal crisis funding sources. At the state level, in addition to existing public/private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunication fees to help support 988 operations.

### Is 988 available for substance use crisis?

**SAMHSA views 988 as an opportunity to transform our country's behavioral health crisis system to respond to anyone in need.** The Lifeline accepts calls from anyone who is suicidal or in emotional distress, including substance use crisis. This transformation will take time and requires resources from federal, state and local levels to prepare the crisis system to better meet these needs.

## Urgent realities.



Too many Americans are experiencing suicide and mental health crises without the support and care they need. In 2019 alone, the US had one death by suicide about every 11 minutes — and for people aged 10 – 34 years, suicide is the second leading cause of death.

## Easier access.



Moving to an easy-to-remember, 3-digit dialing code will provide greater access to life-saving services.

## There is hope.



Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works! The Lifeline helps thousands of people overcome crisis situations every day.

Email 988 questions to:

**988Team@  
samhsa.hhs.gov**

# My Mental Health: Do I Need Help?

First, determine how much your symptoms interfere with your daily life.



## Do I have mild symptoms that have lasted for less than 2 weeks?

- Feeling a little down
- Feeling down, but still able to do job, schoolwork, or housework
- Some trouble sleeping
- Feeling down, but still able to take care of yourself or take care of others



## If so, here are some self-care activities that can help:

- Exercising (e.g., aerobics, yoga)
- Engaging in social contact (virtual or in person)
- Getting adequate sleep on a regular schedule
- Eating healthy
- Talking to a trusted friend or family member
- Practicing meditation, relaxation, and mindfulness

If the symptoms above do not improve or seem to be worsening despite self-care efforts, talk to your health care provider.



## Do I have severe symptoms that have lasted 2 weeks or more?

- Difficulty sleeping
- Appetite changes that result in unwanted weight changes
- Struggling to get out of bed in the morning because of mood
- Difficulty concentrating
- Loss of interest in things you usually find enjoyable
- Unable to perform usual daily functions and responsibilities
- Thoughts of death or self-harm



## Seek professional help:

- Psychotherapy (talk therapy)—virtual or in person; individual, group, or family
- Medications
- Brain stimulation therapies

For help finding treatment, visit [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp).

If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or text the Crisis Text Line (text HELLO to 741741).



National Institute  
of Mental Health



# Children and Mental Health

## Is This Just a Stage?

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

### Mental Health in Childhood

Raising a child can be challenging. Even under the best circumstances, their behaviors and emotions can change frequently and rapidly. All children are sad, anxious, irritable, or aggressive at times, or they occasionally find it challenging to sit still, pay attention, or interact with others. In most cases, these are just typical developmental phases. However, such behaviors may indicate a more serious problem in some children.

Mental disorders can begin in childhood. Examples include anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, depression and other mood disorders, eating disorders, and post-traumatic stress disorder (PTSD). Without treatment, these mental health conditions can prevent children from reaching their full potential. Many adults who seek mental health treatment reflect on the impact of mental disorders on their childhood and wish they had received help sooner.

### When to Seek Help

How can you tell the difference between challenging behaviors and emotions that are a normal part of growing up and those that are cause for concern? In general, consider seeking help if your child's behavior persists for a few weeks or longer; causes distress for your child or your family; or interferes with your child's functioning at school, at home, or with friends. **If your child's behavior is unsafe, or if your child talks about wanting to hurt themselves or someone else, seek help immediately.**

*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 and treatment 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
- Are spending 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, 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

Learn more about warning signs at [www.nimh.nih.gov/children](http://www.nimh.nih.gov/children).

### Get Immediate Help

If you, your child, or someone you know is in immediate distress or is thinking about hurting themselves, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the Crisis Text Line (HELLO to 741741) or go to the **National Suicide Prevention Lifeline** website at <https://suicidepreventionlifeline.org>.

## First Steps for Parents

If you are concerned about your child's mental health, you can start by talking with others who frequently interact with your child. For example, ask their teacher about your child's behavior in school, at daycare, or on the playground.

You can talk with your child's pediatrician or health care provider and describe the child's behavior, as well as what you have observed and learned from talking with others. You also can ask the health care provider for a referral to a mental health professional who has experience and expertise in treating children. (See the section, Choosing a Mental Health Professional, for additional information.)

## Choosing a Mental Health Professional

When looking for a mental health professional for your child, you may want to begin by asking your child's pediatrician for a referral. If you need help identifying a provider in your area, you can call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357). You also can search SAMHSA's online Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>), which lists facilities and programs that provide mental health services. It's especially important to look for a mental health professional with training and experience treating children, particularly your child's specific problems.

Asking questions and providing information to your child's health care provider can improve your child's care. Talking with the health care provider builds trust and leads to better results, quality, safety, and satisfaction. Here are some questions you can ask when meeting with prospective treatment providers:

- Do you use treatment approaches that are supported by research?
- Do you involve parents in the treatment? If so, how are parents involved?
- Will there be "homework" between sessions?
- How will progress be evaluated?
- How soon can we expect to see progress?
- How long should treatment last?

To find ideas for starting the conversation with your health care provider, visit the Agency for Healthcare Research and Quality website ([www.ahrq.gov/questions](http://www.ahrq.gov/questions)) and the National Institute of Mental Health (NIMH) website ([www.nimh.nih.gov/talkingtips](http://www.nimh.nih.gov/talkingtips)). Additional information about finding a qualified mental health professional is available at [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp) and through other organizations listed in the More Information and Resources section of this fact sheet.



## Assessing Your Child's Behavior

An evaluation by a mental health professional can help clarify problems underlying your child's behavior and provide reassurance or recommendations for the next steps. An evaluation offers an opportunity to learn about your child's strengths and weaknesses and to determine which interventions might be most helpful.

A comprehensive evaluation of a child's mental health includes the following:

- An interview with the parents to discuss the child's developmental history, temperament, relationships with friends and family, medical history, interests, abilities, and any prior treatment. It is important for the mental health professional to get a picture of the child's current situation—for example, a recent change in schools, an illness in the family, or another change that affects the child's daily life.
- Information gathering from the child's school, such as standardized tests and reports on behavior, capabilities, and difficulties.
- If needed, an interview with the child and the mental health professional's testing and behavioral observations.

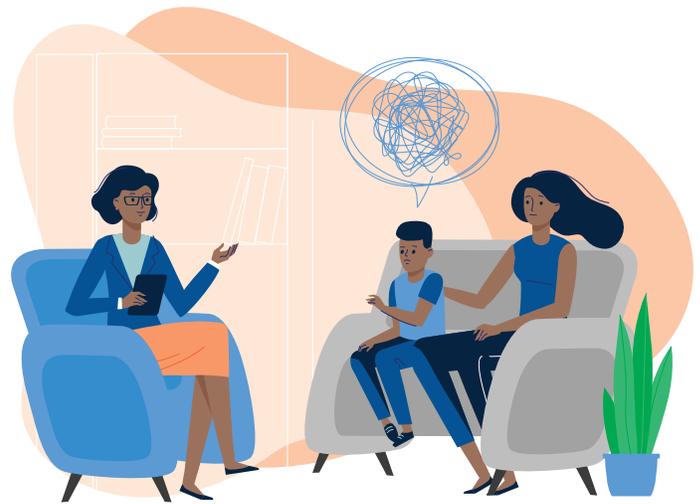
## Treatment Options

The mental health professional will review the evaluation results to help determine if a child's behavior is related to changes or stresses at home or school or if it's the result of a disorder for which they would recommend treatment. Treatment recommendations may include:

- **Psychotherapy ("talk therapy").** There are many different approaches to psychotherapy, including structured psychotherapies directed at specific conditions. For more information about types of psychotherapies, visit the NIMH website at [www.nimh.nih.gov/psychotherapies](http://www.nimh.nih.gov/psychotherapies). Effective psychotherapy for children always includes:

- Parent involvement in the treatment
- Teaching the child skills to practice at home or school (between-session “homework assignments”)
- Measures of progress (such as rating scales and improvements on “homework assignments”) that are tracked over time.
- **Medications.** As with adults, the type of medicines used for children depends on the diagnosis and may include antidepressants, stimulants, mood stabilizers, or other medications. For general information on specific classes of medications, visit [www.nimh.nih.gov/medications](http://www.nimh.nih.gov/medications). Medications are often used in combination with psychotherapy. If multiple health care providers or specialists are involved, treatment information should be shared and coordinated to achieve the best results.
- **Family counseling.** Including family members in treatment can help them to understand how a child’s challenges may affect relationships with parents and siblings.
- **Support for parents.** Individual or group sessions for parents that include training and the opportunity to talk with other parents can provide new strategies for supporting a child and managing difficult behavior in a positive way. The therapist also can coach parents on how to communicate and work with schools on accommodations.

To find information about treatment options for specific disorders, visit the NIMH website at [www.nimh.nih.gov/health](http://www.nimh.nih.gov/health). Researchers continue to explore new treatment options for childhood mental disorders; the Participating in a Research Study for Children section in this fact sheet provides information on participating in clinical research.



## Working With the School

Children who have behavioral or emotional challenges that interfere with success in school may benefit from plans or accommodations provided under laws that prevent discrimination against children with disabilities. Your child’s health care providers can help you communicate with the school.

A first step may be to ask the school whether accommodations such as an individualized education program may be appropriate for your child. Accommodations might include measures such as providing a child with a tape recorder for taking notes, allowing more time for tests, or adjusting seating in the classroom to reduce distraction. There are many sources of information on what schools can and, in some cases, must provide for children who would benefit from accommodations and how parents can request evaluation and services for their child:

- There are Parent Training and Information Centers and Community Parent Resource Centers located throughout the United States. The Center for Parent Information and Resources website ([www.parentcenterhub.org/find-your-center](http://www.parentcenterhub.org/find-your-center)) lists centers in each state.
- The U.S. Department of Education website ([www.ed.gov](http://www.ed.gov)) has detailed information on laws that establish mechanisms for providing children with accommodations tailored to their individual needs and aimed at helping them succeed in school. The Department also has a website on the Individuals with Disabilities Education Act (<https://sites.ed.gov/idea>), and its Office for Civil Rights ([www.ed.gov/about/offices/list/ocr/frontpage/pro-students/disability-pr.html](http://www.ed.gov/about/offices/list/ocr/frontpage/pro-students/disability-pr.html)) has information on other federal laws that prohibit discrimination based on disability in public programs, such as schools.
- Many of the organizations listed in the section, More Information and Resources, also offer information on working with schools as well as more general information on disorders affecting children.

## More Information and Resources

Information on specific disorders is available on the NIMH website ([www.nimh.nih.gov/health](http://www.nimh.nih.gov/health)).

The following organizations and agencies have information on symptoms, treatments, and support for childhood mental disorders. Some offer guidance for working with schools and finding mental health professionals. Participating in voluntary groups can provide an avenue for connecting with other parents dealing with similar issues.

**Please Note:** This resource list is provided for informational purposes only. It is not comprehensive and does not constitute an endorsement by NIMH, the National Institutes of Health (NIH), the U.S. Department of Health and Human Services, or the U.S. government.

- American Academy of Child and Adolescent Psychiatry, Facts For Families Guide ([www.aacap.org/FFF](http://www.aacap.org/FFF))
- Association for Behavioral and Cognitive Therapies ([www.abct.org](http://www.abct.org))
- Centers for Disease Control and Prevention, Children's Mental Health ([www.cdc.gov/childrensmentalhealth](http://www.cdc.gov/childrensmentalhealth))
- Child Mind Institute (<https://childmind.org/topics-a-z>)
- Mental Health America ([www.mhanational.org](http://www.mhanational.org))
- National Alliance on Mental Illness ([www.nami.org](http://www.nami.org))
- National Association of School Psychologists ([www.nasponline.org/resources-and-publications/families-and-educators](http://www.nasponline.org/resources-and-publications/families-and-educators))
- National Federation of Families ([www.ffcmh.org](http://www.ffcmh.org))
- Society of Clinical Child and Adolescent Psychology, Effective Child Therapy (<https://effectivechildtherapy.org>)
- StopBullying.gov ([www.stopbullying.gov](http://www.stopbullying.gov))

## Research on Disorders Affecting Children

NIMH conducts and supports research to help find new and improved ways to diagnose and treat mental disorders that occur in childhood. This research includes studies of risk factors—including those related to genetics, experience, and the environment—which may provide clues to how these disorders develop and how to identify them early.

NIMH also supports efforts to develop and test new interventions, including behavioral, psychotherapeutic, and medication treatments. Researchers are also seeking to determine whether the beneficial effects of treatment in childhood continue into adolescence and adulthood.

## Participating in a Research Study for Children

Children are not little adults, yet they are often given medications and treatments that have been tested only in adults. Research shows that, compared to adults, children respond differently to medications and treatments, both physically and mentally. The way to get the best treatments for children is through research designed specifically for them.

Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for your child. For more information about clinical research and how to find clinical trials being conducted around the country, visit [www.nimh.nih.gov/clinicaltrials](http://www.nimh.nih.gov/clinicaltrials).

## For More Information

**MedlinePlus (National Library of Medicine)**

<https://medlineplus.gov>  
(En español: <https://medlineplus.gov/spanish>)

**ClinicalTrials.gov**

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)  
(En español: <https://salud.nih.gov/investigacion-clinica>)

**National Institute of Mental Health**

Office of Science Policy, Planning,  
and Communications  
Science Writing, Press, and  
Dissemination Branch  
Phone: 1-866-615-6464  
Email: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

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## TAKING CONTROL OF YOUR MENTAL HEALTH:

# Tips for Talking With Your Health Care Provider



**Don't wait for your health care provider to ask about your mental health. Start the conversation. Here are five tips to help prepare and guide you on how to talk to your health care provider about your mental health and get the most out of your visit.**



### 1. Don't know where to start for help? Talk to your primary care provider.

If you're going to your primary care provider for other health concerns, remember to bring up your mental health concerns. Mental health is an integral part of health. Often, people with mental disorders can be **at risk for other medical conditions**, such as heart disease or diabetes. In many primary care settings now, you may be asked if you're feeling anxious or depressed, or if you have had thoughts of suicide. Take this opportunity to talk to your primary care provider, who can help refer you to a mental health specialist. You also can visit the [NIMH Find Help for Mental Illnesses](#) webpage for help finding a health care provider or treatment.



### 2. Prepare ahead of your visit.

Health care providers have a limited amount of time for each appointment. Think of your questions or concerns beforehand, and write them down.

- **Prepare your questions.** Make a list of what you want to discuss and any questions or concerns you might have. This [worksheet can help you prepare your questions](#).

- **Prepare a list of your medications.** It's important to tell your health care provider about all the medications you're taking, including over-the-counter (nonprescription) drugs, herbal remedies, vitamins, and supplements. This [worksheet can help you track your medications](#).
- **Review your family history.** Certain mental illnesses tend to run in families, and having a close relative with a mental disorder could mean you're at a higher risk. Knowing your [family mental health history](#) can help you determine whether you are at a higher risk for certain disorders. It also can help your health care provider recommend actions for reducing your risk and enable both you and your provider to look for early warning signs.



### 3. Consider bringing a friend or relative.

Sometimes it's helpful to bring a close friend or relative to your appointment. It can be difficult to absorb all the information your health care provider shares, especially if you are not feeling well. Your companion can be there for support, help you take notes, and remember what you and the provider discussed. They also might be able to offer input to your provider about how they think you are doing.



### 4. Be honest.

Your health care provider can help you get better only if you have clear and honest communication. It is important to remember that communications between you and a health care provider are private and confidential and cannot be shared with anyone without your expressed permission. Describe



all your symptoms with your provider, and be specific about when they started, how severe they are, and how often they occur. You also should share any major stresses or recent life changes that could be triggering symptoms.



Examples of symptoms include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite or weight changes (or both)
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment



### 5. Ask questions.

If you have questions or even doubts about a diagnosis or treatment your health care provider gives, ask for more information. If

your provider suggests a treatment you’re not comfortable or familiar with, express your concerns and ask if there are other options. It’s okay to disagree with your provider on what treatment to try. You may decide to try a combination of approaches. You also may want to get another opinion from a different health care provider. It’s important to remember that there is no “one-size-fits-all” treatment. You may need to try a few different health care providers and several different treatments, or a combination of treatments, before finding one that works best for you.

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## For More Information

NIMH website  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

MedlinePlus (National Library of Medicine)  
<https://medlineplus.gov>  
(En español: <https://medlineplus.gov/spanish>)

ClinicalTrials.gov  
[www.clinicaltrials.gov](http://www.clinicaltrials.gov)  
(En español: <https://salud.nih.gov/investigacion-clinica>)

### National Institute of Mental Health

Office of Science Policy, Planning, and Communications  
Science Writing, Press, and Dissemination Branch  
6001 Executive Boulevard  
Room 6200, MSC 9663  
Bethesda, MD 20892-9663  
Phone: 301-443-4513 or  
Toll-free: 866-615-6464  
TTY: 301-443-8431 or  
TTY Toll-free: 866-415-8051  
Fax: 301-443-4279  
Email: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)  
Website: [www.nimh.nih.gov](http://www.nimh.nih.gov)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
NIH Publication No. 19-MH-8094



# I'M SO STRESSED OUT!

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Feeling overwhelmed? Read this fact sheet to learn whether it's stress or anxiety, and what you can do to cope.

## Is it stress or anxiety?

Life can be stressful—you may feel stressed about performance at school, traumatic events (such as a pandemic, a natural disaster, or an act of violence), or a life change. Everyone feels stress from time to time.

What is stress? Stress is the physical or mental response to an external cause, such as having a lot of homework or having an illness. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time.

What is anxiety? Anxiety is your body's reaction to stress and can occur even if there is no current threat.

If that anxiety doesn't go away and begins to interfere with your life, it could affect your health. You could experience problems with sleeping, or with your immune, digestive, cardiovascular, and reproductive systems. You also may be at higher risk for developing a mental illness such as an anxiety disorder or depression. More information about anxiety disorders is available at [www.nimh.nih.gov/anxietydisorders](http://www.nimh.nih.gov/anxietydisorders).

## So, how do you know when to seek help?

## Stress vs. Anxiety

### Stress

- Generally is a response to an *external* cause, such as taking a big test or arguing with a friend.
- Goes away once the situation is resolved.
- Can be positive or negative. For example, it may inspire you to meet a deadline, or it may cause you to lose sleep.

### Both Stress and Anxiety

Both stress and anxiety can affect your mind and body. You may experience symptoms such as:

- Excessive worry
- Uneasiness
- Tension
- Headaches or body pain
- High blood pressure
- Loss of sleep

### Anxiety

- Generally is *internal*, meaning it's your reaction to stress.
- Usually involves a persistent feeling of apprehension or dread that doesn't go away, and that interferes with how you live your life.
- Is constant, even if there is no immediate threat.



## It's important to manage your stress.

Everyone experiences stress, and sometimes that stress can feel overwhelming. You may be at risk for an anxiety disorder if it feels like you can't manage the stress and if the symptoms of your stress:

- Interfere with your everyday life.
- Cause you to avoid doing things.
- Seem to be always present.



## Coping With Stress and Anxiety

Learning what causes or triggers your stress and what coping techniques work for you can help reduce your anxiety and improve your daily life. It may take trial and error to discover what works best for you. Here are some activities you can try when you start to feel overwhelmed:

- Keep a journal.
- Download an app that provides relaxation exercises (such as deep breathing or visualization) or tips for practicing mindfulness, which is a psychological process of actively paying attention to the present moment.
- Exercise, and make sure you are eating healthy, regular meals.
- Stick to a sleep routine, and make sure you are getting enough sleep.
- Avoid drinking excess caffeine such as soft drinks or coffee.
- Identify and challenge your negative and unhelpful thoughts.
- Reach out to your friends or family members who help you cope in a positive way.

## Recognize When You Need More Help

If you are struggling to cope, or the symptoms of your stress or anxiety won't go away, it may be time to talk to a professional. Psychotherapy (also called "talk therapy") and medication are the two main treatments for anxiety, and many people benefit from a combination of the two.

If you or someone you know has a mental illness, is struggling emotionally, or has concerns about their mental health, there are ways to get help. Find more information on the National Institute of Mental Health (NIMH) website at [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp).

If you are in immediate distress or are thinking about hurting yourself, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255). You also can text the **Crisis Text Line** (HELLO to 741741) or use the Lifeline Chat on the **National Suicide Prevention Lifeline** website at <https://suicidepreventionlifeline.org>.

## More Resources

- NIMH: Anxiety Disorders ([www.nimh.nih.gov/anxietydisorders](http://www.nimh.nih.gov/anxietydisorders))
- NIMH: Caring for Your Mental Health ([www.nimh.nih.gov/mymentalhealth](http://www.nimh.nih.gov/mymentalhealth))
- NIMH: Child and Adolescent Mental Health ([www.nimh.nih.gov/children](http://www.nimh.nih.gov/children))
- NIMH: Taking Control of Your Mental Health: Tips for Talking With Your Health Care Provider ([www.nimh.nih.gov/talkingtips](http://www.nimh.nih.gov/talkingtips))
- Centers for Disease Control and Prevention: Anxiety and Depression in Children ([www.cdc.gov/childrensmentalhealth/depression.html](http://www.cdc.gov/childrensmentalhealth/depression.html))



# Self-Care for Families

## TIPS TO HELP FUEL YOUR FAMILY'S SELF-CARE JOURNEY

### EMOTIONAL

- Write positive notes
- Verbalize & talk about feelings
- Draw self portraits
- Practice positive self-talk

### PHYSICAL

- Dance party
- Go for a walk
- Free yoga (Cosmic Kids)
- Good sleep
- Eat a balanced diet

### SPIRITUAL

- A gratitude list
- Write thank you's
- Spend time outside
- Talk about forgiveness

### MENTAL

- Read together
- Draw or write stories
- Practice belly breaths
- Make vision boards
- Make mindfulness jars

### PRACTICAL

- Clean up/declutter
- Assign chores
- Learn about money
- Homework/study
- Have a daily routine
- Create a budget

### SOCIAL

- Play in the park
- Call friends/family
- Have family dinner
- Talk about friendship
- Take a break from media

# STRESS CATCHER

## CATCH SOME GREAT COPING STRATEGIES AND SKILLS FOR MANAGING STRESS

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Life can get challenging sometimes, and it's important for kids (and adults!) to develop strategies for coping with stress or anxiety. This stress catcher "fortune teller" offers some strategies children can practice and use to help manage stress and other difficult emotions.

Follow the instructions to create a fun and interactive way for children to practice coping strategies.



## CREATE YOUR STRESS CATCHER

- STEP 1.** Color the stress catcher (on page 2), and cut out the square.
- STEP 2.** Place the stress catcher face down. Fold each corner to the opposite corner, and then unfold to create two diagonal creases in the square.
- STEP 3.** Fold each corner toward the center of the square so that the numbers and colors are facing you. Turn over the square, and again fold each corner into the center so that the color names are visible.
- STEP 4.** Fold the square in half so that the color names are touching, and the numbers are on the outside. Now open it and fold it in half the other way.
- STEP 5.** Insert your thumb and first finger of each hand (pinching motion) under the number flaps.
- STEP 6.** Close the stress catcher so only the numbers show.

## USE YOUR STRESS CATCHER

1. Pick a number, and open and close the stress catcher that number of times.
2. Next, pick a color and spell out the color name, opening and closing the stress catcher for each letter.
3. Then pick a color that is visible and open that flap.
4. Read what it says, and practice the coping strategy.
5. This game can be played with one or two players and is a way to practice coping strategies.



## ADDITIONAL RESOURCES

5 Things You Should Know About Stress  
[www.nimh.nih.gov/stress](http://www.nimh.nih.gov/stress)

The Teen Brain: 7 Things to Know  
[www.nimh.nih.gov/teenbrain](http://www.nimh.nih.gov/teenbrain)

5 Action Steps for Helping Someone in Emotional Pain  
[www.nimh.nih.gov/health/publications/5-action-steps-for-helping-someone-in-emotional-pain](http://www.nimh.nih.gov/health/publications/5-action-steps-for-helping-someone-in-emotional-pain)

National Suicide Prevention Lifeline  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
1-800-273-TALK (8255) for free 24-hour help

Crisis Text Line  
[www.crisistextline.org](http://www.crisistextline.org)  
Text HELLO to 741741 for free 24-hour help

For more information about mental health, visit the NIMH website at [www.nimh.nih.gov](http://www.nimh.nih.gov). For information on a wide variety of health topics, visit the National Library of Medicine's MedlinePlus service at <https://medlineplus.gov>.



[www.nimh.nih.gov](http://www.nimh.nih.gov)

NIH Publication No. 20-MH-8121

**RED**

**8**

**7**

**ORANGE**

Tell yourself the facts,  
and don't focus on  
the worst-case  
scenario.

Laugh!  
Find something  
funny!

**YELLOW**

**6**

**5**

**GREEN**

Listen to or  
play music.

Imagine a beautiful  
and peaceful place.

**BROWN**

**1**

**2**

**PINK**

Exercise.  
Play outside.  
Ride a bike,  
dance, or  
take a walk.

Talk it out  
with a trusted  
adult or friend.

Write down  
everything  
you are feeling.

**PURPLE**

**3**

**4**

**BLUE**

Take a few deep  
breaths. Breathe in  
and out through  
your nose  
and out through  
your mouth.

# Mental Health in My Community

It's OK to talk about mental health.

Get help if you need it.

Help is available and effective.

If you know someone in need, help is available.

**SAMHSA**  
Treatment Locator Hotline  
1-877-SAMHSA7

**SAMHSA**  
Treatment Locator  
<http://www.samhsa.gov>

**SAMHSA's**  
National Suicide Prevention Lifeline  
1-800-273-TALK (8255)

Nearly **two-thirds** of the 45 million U.S. adults over 18 years old with any mental illness went without treatment.<sup>1</sup>

The cost of treatment for mental health issues is **equivalent** to the cost of cancer care.<sup>7</sup>

Mental health issues result in an estimated **\$193 billion in lost earnings**.<sup>8</sup>

Nearly **1 out of 4** community hospital stays involved a mental or substance use disorder.<sup>9</sup>

Almost **21.6 million persons** over 12 years old in the U.S. needed treatment for a substance use problem.<sup>5</sup>

**\$247 billion** annual estimated cost of mental and emotional problems among young people.<sup>10</sup>

genetics stress level  
biology stressful events income  
**Factors that influence mental health**<sup>2</sup>  
social exclusion faith  
access to health resources social support

**1/2** of adult mental health problems **begin before age 14**.<sup>3</sup>

**3/4** of adult mental health problems **begin before age 24**.<sup>6</sup>

**Supportive and meaningful relationships** help build resilience and well-being.<sup>4</sup>

Suicide is the **3rd leading cause of death** for youth ages 15-24.<sup>11</sup>

Find more information at  
<http://www.MentalHealth.gov>

[Click Here for Citations](#)

Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
[www.samhsa.gov](http://www.samhsa.gov) • 1-877-SAMHSA-7 (1-877-726-4727)



# Eating Disorders:



# About More Than Food



National Institute  
of Mental Health

## What are eating disorders?

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Eating disorders are serious, biologically influenced medical illnesses marked by severe disturbances to one's eating behaviors. Although many people may be concerned about their health, weight, or appearance from time to time, some people become fixated or obsessed with weight loss, body weight or shape, and controlling their food intake. These may be signs of an eating disorder.

Eating disorders are not a choice. These disorders can affect a person's physical and mental health. In some cases, they can be life-threatening. With treatment, however, people can recover completely from eating disorders.

## Who is at risk for eating disorders?

---

Eating disorders can affect people of all ages, racial and ethnic backgrounds, body weights, and genders. Even people who appear healthy, such as athletes, can have eating disorders and be extremely ill. People with eating disorders can be underweight, normal weight, or overweight. In other words, you can't tell if someone has an eating disorder by looking at them.

The exact cause of eating disorders is not fully understood. Research suggests a combination of genetic, biological, behavioral, psychological, and social factors can raise a person's risk.

## What are the common types of eating disorders?

---

Common eating disorders include anorexia nervosa, bulimia nervosa, binge-eating disorder, and avoidant restrictive food intake disorder. Each of these disorders is associated with different but sometimes overlapping symptoms. People exhibiting any combination of these symptoms may have an eating disorder and should be evaluated by a health care provider.

### What is anorexia nervosa?

Anorexia nervosa is a condition where people avoid food, severely restrict food, or eat very small quantities of only certain foods. They also may weigh themselves repeatedly. Even when dangerously underweight, they may see themselves as overweight.

There are two subtypes of anorexia nervosa: a *restrictive* subtype and a *binge-purge* subtype.

*Restrictive:* People with the restrictive subtype of anorexia nervosa severely limit the amount and type of food they consume.

*Binge-Purge:* People with the binge-purge subtype of anorexia nervosa also greatly restrict the amount and type of food they consume. In addition, they may have binge-eating and purging episodes—eating large amounts of food in a short time followed by vomiting or using laxatives or diuretics to get rid of what was consumed.

Symptoms of anorexia nervosa include:

- Extremely restricted eating and/or intensive and excessive exercise
- Extreme thinness (emaciation)
- A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
- Intense fear of gaining weight
- Distorted body or self-image that is heavily influenced by perceptions of body weight and shape
- Denial of the seriousness of low body weight

Over time, anorexia nervosa can lead to numerous serious health consequences, including:

- Thinning of the bones (osteopenia or osteoporosis)
- Mild anemia
- Muscle wasting and weakness
- Brittle hair and nails
- Dry and yellowish skin
- Growth of fine hair all over the body (lanugo)
- Severe constipation
- Low blood pressure
- Slowed breathing and pulse
- Damage to the structure and function of the heart
- Drop in internal body temperature, causing a person to feel cold all the time
- Lethargy, sluggishness, or feeling tired all the time
- Infertility
- Brain damage
- Multiple organ failure

Anorexia nervosa can be fatal. It has an extremely high death (mortality) rate compared with other mental disorders. People with anorexia are at risk of dying from medical complications associated with starvation. Suicide is the second leading cause of death for people diagnosed with anorexia nervosa.

If you or someone you know is in immediate distress or is thinking about hurting themselves, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255). You also can text the **Crisis Text Line** (HELLO to 741741) or use the Lifeline Chat at the **National Suicide Prevention Lifeline** website at <https://suicidepreventionlifeline.org>. If you suspect a medical emergency, seek medical attention or call 911 immediately.

## What is bulimia nervosa?

Bulimia nervosa is a condition where people have recurrent episodes of eating unusually large amounts of food and feeling a lack of control over their eating. This binge eating is followed by behaviors that compensate for the overeating to prevent weight gain, such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors. Unlike those with anorexia nervosa, people with bulimia nervosa may maintain a normal weight or be overweight.

Symptoms and health consequences of bulimia nervosa include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel and increasingly sensitive and decaying teeth from exposure to stomach acid when vomiting
- Acid reflux disorder and other gastrointestinal problems
- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging
- Electrolyte imbalance (too low or too high levels of sodium, calcium, potassium, and other minerals), which can lead to stroke or heart attack



## **What is binge-eating disorder?**

Binge-eating disorder is a condition where people lose control of their eating and have reoccurring episodes of eating unusually large amounts of food. Unlike bulimia nervosa, periods of binge eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder are often overweight or obese.

Symptoms of binge-eating disorder include:

- Eating unusually large amounts of food in a short amount of time, for example, within two hours
- Eating rapidly during binge episodes
- Eating even when full or not hungry
- Eating until uncomfortably full
- Eating alone or in secret to avoid embarrassment
- Feeling distressed, ashamed, or guilty about eating
- Frequent dieting, possibly without weight loss

## **What is avoidant restrictive food intake disorder?**

Avoidant restrictive food intake disorder (ARFID), previously known as selective eating disorder, is a condition where people limit the amount or type of food eaten. Unlike anorexia nervosa, people with ARFID do not have a distorted body image or extreme fear of gaining weight. ARFID is most common in middle childhood and usually has an earlier onset than other eating disorders. Many children go through phases of picky eating, but a child with ARFID does not eat enough calories to grow and develop properly, and an adult with ARFID does not eat enough calories to maintain basic body function.

Symptoms of ARFID include:

- Dramatic restriction of types or amount of food eaten
- Lack of appetite or interest in food
- Dramatic weight loss
- Upset stomach, abdominal pain, or other gastrointestinal issues with no other known cause
- Limited range of preferred foods that becomes even more limited (“picky eating” that gets progressively worse)

## How are eating disorders treated?

Eating disorders can be treated successfully. Early detection and treatment are important for a full recovery. People with eating disorders are at higher risk for suicide and medical complications.

A person's family can play a crucial role in treatment. Family members can encourage the person with eating or body image issues to seek help. They also can provide support during treatment and can be a great ally to both the individual and the health care provider. Research suggests that incorporating the family into treatment for eating disorders can improve treatment outcomes, particularly for adolescents.

Treatment plans for eating disorders include psychotherapy, medical care and monitoring, nutritional counseling, medications, or a combination of these approaches. Typical treatment goals include:

- Restoring adequate nutrition
- Bringing weight to a healthy level
- Reducing excessive exercise
- Stopping binge-purge and binge-eating behaviors

People with eating disorders also may have other mental disorders (such as depression or anxiety) or problems with substance use. It's critical to treat any co-occurring conditions as part of the treatment plan.

Specific forms of psychotherapy ("talk therapy") and cognitive-behavioral approaches can treat certain eating disorders effectively. For general information about psychotherapies, visit [www.nimh.nih.gov/psychotherapies](http://www.nimh.nih.gov/psychotherapies).

Research also suggests that medications may help treat some eating disorders and co-occurring anxiety or depression related to eating disorders. Information about medications changes frequently, so talk to your health care provider. Visit the U.S. Food and Drug Administration (FDA) website at [www.fda.gov/drugsatfda](http://www.fda.gov/drugsatfda) for the latest warnings, patient medication guides, and FDA-approved medications.



## Where can I find help?

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If you're unsure where to get help, your health care provider is a good place to start. Your health care provider can refer you to a qualified mental health professional, such as a psychiatrist or psychologist, who has experience treating eating disorders.

You can learn more about getting help and finding a health care provider on the National Institute of Mental Health (NIMH) webpage, Help for Mental Illnesses, at [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp). If you need help identifying a provider in your area, call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357). You also can search SAMHSA's online Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>), which lists facilities and programs that provide mental health services.

For tips on talking with your health care provider about your mental health, read NIMH's fact sheet, Taking Control of Your Mental Health: Tips for Talking With Your Health Care Provider, at [www.nimh.nih.gov/talkingtips](http://www.nimh.nih.gov/talkingtips).

For additional resources, visit the Agency for Healthcare Research and Quality website at [www.ahrq.gov/questions](http://www.ahrq.gov/questions).

## Are there clinical trials studying eating disorders?

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NIMH supports a wide range of research, including clinical trials that look at new ways to prevent, detect, or treat diseases and conditions, including eating disorders. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information about clinical research and how to find clinical trials being conducted around the country, visit [www.nimh.nih.gov/clinicaltrials](http://www.nimh.nih.gov/clinicaltrials).

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NIMH website

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.nimh.nih.gov/espanol](http://www.nimh.nih.gov/espanol) (en español)

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

<https://salud.nih.gov/investigacion-clinica> (en español)

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National Institute  
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 21-MH-4901

Revised 2021

# Let's Talk About Eating Disorders

The way we talk about eating disorders matters. Here are some facts you can use to help shape the conversation around eating disorders.



## “Eating disorders are medical illnesses.”

Genetic and environmental factors can influence eating disorders. An eating disorder is not a trend or a choice.



## “Eating disorders are serious and can be fatal.”

Eating disorders often involve serious medical complications that can cause permanent damage or death. People with eating disorders also have an increased risk of dying by suicide.



## “Eating disorders can affect anyone.”

Eating disorders do not discriminate. They affect people of all ages, races and ethnicities, and genders.



## “You can't tell if someone has an eating disorder by looking at them.”

People with eating disorders can be underweight, normal weight, or overweight.



## “Family members can be a patient's best ally in treatment.”

Eating disorders are caused by a combination of genetic, biological, behavioral, psychological, and social factors. Family members do not cause eating disorders and can be great sources of support.



## “It is possible to recover from an eating disorder.”

Complete recovery is possible with treatment and time.



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[www.nimh.nih.gov/eatingdisorders](http://www.nimh.nih.gov/eatingdisorders)

NIMH Identifier No. OM 20-4317

# Depression



National Institute  
of Mental Health

## What is depression?

Everyone feels sad or low sometimes, but these feelings usually pass with a little time. Depression (also called major depressive disorder or clinical depression) is different. It can cause severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. It is an illness that can affect anyone—regardless of age, race, income, culture, or education. Research suggests that genetic, biological, environmental, and psychological factors play a role in depression.

Depression may occur with other mental disorders and other illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse, and vice versa. Sometimes medications taken for these illnesses cause side effects that contribute to depression symptoms.

## What are the different types of depression?

Two common forms of depression are:

- **Major depression**, which includes symptoms of depression most of the time for at least 2 weeks that typically interfere with one's ability to work, sleep, study, and eat.
- **Persistent depressive disorder** (dysthymia), which often includes less severe symptoms of depression that last much longer, typically for at least 2 years.

Other forms of depression include:

- **Perinatal depression**, which occurs when a woman experiences major depression during pregnancy or after delivery (postpartum depression). For more information, visit [www.nimh.nih.gov/perinataldepression](http://www.nimh.nih.gov/perinataldepression).
- **Seasonal affective disorder**, which comes and goes with the seasons, typically starting in late fall and early winter and going away during spring and summer. For more information, visit [www.nimh.nih.gov/SAD](http://www.nimh.nih.gov/SAD).
- **Depression with symptoms of psychosis**, which is a severe form of depression where a person experiences psychosis symptoms, such as delusions (disturbing, false fixed beliefs) or hallucinations (hearing or seeing things that others do not see or hear). For more information about psychosis, visit [www.nimh.nih.gov/psychosis](http://www.nimh.nih.gov/psychosis).

Individuals diagnosed with bipolar disorder (formerly called manic depression or manic-depressive illness) also experience depression. For more information about this mood disorder, visit [www.nimh.nih.gov/bipolardisorder](http://www.nimh.nih.gov/bipolardisorder).



## What are the signs and symptoms of depression?

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Common symptoms of depression include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of irritability, frustration, or restlessness
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies or activities
- Decreased energy, fatigue, or being “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early morning awakening, or oversleeping
- Changes in appetite or unplanned weight changes
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and that do not ease even with treatment
- **Suicide attempts or thoughts of death or suicide**

**If you or someone you know is in immediate distress or is thinking about hurting themselves**, call the National Suicide Prevention Lifeline toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the Crisis Text Line (HELLO to 741741) or go to the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>.

## How is depression diagnosed?

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To be diagnosed with depression, an individual must have five depression symptoms every day, nearly all day, for at least 2 weeks. One of the symptoms must be a depressed mood or a loss of interest or pleasure in almost all activities. Children and adolescents may be irritable rather than sad.

If you think you may have depression, talk to your health care provider. Primary care providers routinely diagnose and treat depression and refer individuals to mental health professionals, such as psychologists or psychiatrists.

During the visit, your provider may ask when your symptoms began, how long they last, how often they occur, and if they keep you from going out or doing your usual activities. It may help to make some notes about your symptoms before your visit. Certain medications and some medical conditions, such as viruses or a thyroid disorder, can cause the same depression symptoms. Your provider can rule out these possibilities by doing a physical exam, interview, and lab tests.

Find tips to help prepare for and get the most out of your visit at [www.nimh.nih.gov/talkingtips](http://www.nimh.nih.gov/talkingtips). For additional resources, visit the Agency for Healthcare Research and Quality website at [www.ahrq.gov/questions](http://www.ahrq.gov/questions).

## Does depression look the same in everyone?

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Depression can affect people differently, depending on their age.

**Children** with depression may be anxious, cranky, pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die.

**Older children and teens** with depression may get into trouble at school, sulk, be easily frustrated, feel restless, or have low self-esteem. They also may have other disorders, such as anxiety and eating disorders, attention-deficit hyperactivity disorder, or substance use disorder. Older children and teens are more likely to experience excessive sleepiness (called hypersomnia) and increased appetite (called hyperphagia). In adolescence, females begin to experience depression more often than males, likely due to the biological, life cycle, and hormonal factors unique to women.

**Younger adults** with depression are more likely to be irritable, complain of weight gain and hypersomnia, and have a negative view of life and the future. They often have other disorders, such as generalized anxiety disorder, social phobia, panic disorder, and substance use disorders.

**Middle-aged adults** with depression may have more depressive episodes, decreased libido, middle-of-the-night insomnia, or early morning awakening. They also may more frequently report having gastrointestinal symptoms such as diarrhea or constipation.

**Older adults** with depression commonly experience sadness or grief or may have other less obvious symptoms. They may report a lack of emotions rather than a depressed mood. Older adults also are more likely to have other medical conditions or pain that may cause or contribute to depression. In severe cases, memory and thinking problems (called pseudodementia) may be prominent.

## How is depression treated?

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Depression treatment typically involves medication, psychotherapy, or both. If these treatments do not reduce symptoms, brain stimulation therapy may be another treatment option. In milder cases of depression, treatment might begin with psychotherapy alone, and medication added if the individual continues to experience symptoms. For moderate or severe depression, many mental health professionals recommend a combination of medication and therapy at the start of treatment.

Choosing the right treatment plan should be based on a person's individual needs and medical situation under a provider's care. It may take some trial and error to find the treatment that works best for you. You can learn more about the different types of treatment, including psychotherapy, medication, and brain stimulation therapies, at [www.nimh.nih.gov/depression](http://www.nimh.nih.gov/depression). For information on finding a mental health professional and questions to ask when considering therapy, visit [www.nimh.nih.gov/psychotherapies](http://www.nimh.nih.gov/psychotherapies).

## Medications

Antidepressants are medications commonly used to treat depression. They take time to work—usually 4 to 8 weeks—and symptoms such as problems with sleep, appetite, or concentration often improve before mood lifts. It is important to give medication a chance before deciding whether or not it works.

**Please Note:** Some individuals—especially children, teenagers, and young adults—may experience an increase in suicidal thoughts or behavior when taking antidepressants, particularly in the first few weeks after starting or when the dose is changed. All patients taking antidepressants should be watched closely, especially during the first few weeks of treatment.

Information about medications changes frequently. Visit the U.S. Food and Drug Administration (FDA) website at [www.fda.gov/drugsatfda](http://www.fda.gov/drugsatfda) for the latest warnings, patient medication guides, and newly approved medications.

Treatment-resistant depression occurs when a person doesn't get better after trying at least two antidepressants. Esketamine is a newer FDA-approved medication for treatment-resistant depression delivered as a nasal spray in a doctor's office, clinic, or hospital. It often acts rapidly—typically within a couple of hours—to relieve depression symptoms. Individuals usually continue to take an oral antidepressant to maintain the improvement in depression.

Another option for treatment-resistant depression is to add a different type of medication that may make an antidepressant more effective, such as an antipsychotic or anticonvulsant medication or bupropion, an antidepressant that works differently from most.

Medications prescribed by your health care provider for depression can have side effects, but these may lessen over time. Talk to your provider about any side effects that you have. Do not stop taking medications without the help of a health care provider. If you abruptly stop taking your medicine, you may experience severe withdrawal symptoms.

FDA has not approved any natural products for depression. While research is ongoing, some people find natural products, including vitamin D and the herbal dietary supplement St. John's wort, to help depression. Do not use St. John's wort or other dietary supplements for depression before talking to your provider. For more information, visit the National Center for Complementary and Integrative Health website at [www.nccih.nih.gov](http://www.nccih.nih.gov).

## Psychotherapy

Psychotherapy (also called “talk therapy” or “counseling”) teaches individuals with depression new ways of thinking and behaving and helps with changing habits that contribute to depression. Most psychotherapy occurs with a licensed, trained mental health professional in one-on-one sessions or with other individuals in a group setting. Two effective psychotherapies to treat depression include cognitive behavioral

therapy (CBT) and interpersonal therapy (IPT). The use of older forms of psychotherapy, such as dynamic therapy, for a limited time also may help some people with depression.

With CBT, people learn to challenge and change unhelpful thinking patterns and behavior to improve their depressive and anxious feelings. Recent advances in CBT include introducing mindfulness principles and the development of specialized forms of therapy targeting particular symptoms, such as insomnia.

IPT focuses on interpersonal and life events that impact mood and vice versa. The goal of IPT is to help people improve their communication skills within relationships, establish social support networks, and develop realistic expectations to help them deal with crises or other issues that may be contributing to or worsening their depression.

## **Brain Stimulation Therapy**

Brain stimulation therapy, which involves activating or inhibiting the brain directly with electricity or magnetic waves, is another option for some people when other depression treatments have not been effective.

The most common forms of brain stimulation therapy include electroconvulsive therapy and repetitive transcranial magnetic stimulation. Other brain stimulation therapies are newer and, in some cases, still experimental. You can learn more about these therapies at [www.nimh.nih.gov/braintherapies](http://www.nimh.nih.gov/braintherapies).

## **How can I find help?**

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The Substance Abuse and Mental Health Services Administration provides the Behavioral Health Treatment Services Locator, an online tool for finding mental health treatment and support groups in your area, available at <https://findtreatment.samhsa.gov>. For additional resources, visit [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp).



## How can I take care of myself?

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Once you begin treatment, you should gradually start to feel better. Go easy on yourself during this time. Try to do things you used to enjoy. Even if you don't feel like doing them, they can improve your mood. Other things that may help:

- Try to get some physical activity. Just 30 minutes a day of walking can boost mood.
- Try to maintain a regular bedtime and wake-up time.
- Eat regular, healthy meals.
- Do what you can as you can. Decide what must get done and what can wait.
- Try to connect with other people, and talk with people you trust about how you are feeling.
- Postpone important life decisions until you feel better.
- Avoid using alcohol, nicotine, or drugs, including medications not prescribed for you.

## How can I help a loved one who is depressed?

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If someone you know has depression, help them see a health care provider or mental health professional. You also can:

- Offer support, understanding, patience, and encouragement.
- Invite them out for walks, outings, and other activities.
- Help them stick to their treatment plan, such as setting reminders to take prescribed medications.
- Make sure they have transportation to therapy appointments.
- Remind them that, with time and treatment, the depression will lift.

Take comments about suicide seriously, and report them to your loved one's health care provider or therapist. **If they are in immediate distress or thinking about hurting themselves, call 911 for emergency services or go to the nearest hospital emergency room.**

## Where can I find clinical trials for depression?

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Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so others may receive better help in the future.

Researchers at the National Institute of Mental Health (NIMH) and around the country conduct many studies with patients and healthy volunteers. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit [www.nimh.nih.gov/clinicaltrials](http://www.nimh.nih.gov/clinicaltrials).

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MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

<https://salud.nih.gov/investigacion-clinica> (en español)

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
NIH Publication No. 21-MH-8079  
Revised 2021

# Teen Depression: More than just moodiness



Being a teenager can be tough, but it shouldn't feel hopeless. If you have been feeling sad most of the time for a few weeks or longer and you're not able to concentrate or do the things you used to enjoy, talk to a trusted adult about depression.

## Do I have depression?



■ Do you often feel sad, anxious, worthless, or even “empty”?



■ Have you lost interest in activities you used to enjoy?

■ Do you get easily frustrated, irritable, or angry?



■ Do you find yourself withdrawing from friends and family?



■ Are your grades dropping?

■ Have your eating or sleeping habits changed?



■ Have you experienced any fatigue or memory loss?



■ Have you thought about suicide or harming yourself?

**Depression looks different for everyone. You might have many of the symptoms listed above or just a few.**

## How do I get help for depression?

**You're not alone, and help is available. You can feel better. To get help:**



■ **Talk to a trusted adult** (such as your parent or guardian, teacher, or school counselor) about how you've been feeling.



■ **Ask your doctor** about options for professional help. Depression can be treated with psychotherapy (also called “talk therapy”), medication, or a combination of medication and talk therapy.



■ **Try to spend time with friends or family**, even if you don't feel like you want to.



■ **Stay active and exercise**, even if it's just going for a walk. Physical activity releases chemicals, such as endorphins, in your brain that can help you feel better.



■ **Try to keep a regular sleep schedule.**



■ **Eat healthy foods.**

**For immediate help, call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or visit [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).**



# FREQUENTLY ASKED QUESTIONS

# About Suicide

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**Suicide is a leading cause of death in the United States and a major public health concern. When a person dies by suicide, the effects are felt by family, friends, and communities. This brochure, developed by the National Institute of Mental Health (NIMH), can help you, a friend, or a family member learn more about the warning signs of suicide, ways to help prevent suicide, and effective treatment options.**

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## **IF YOU KNOW SOMEONE IN CRISIS:**

Dial 911 in an emergency. Or call the **National Suicide Prevention Lifeline** at 1-800-273-TALK (8255), 24 hours a day, 7 days a week, or use the Lifeline Chat at <https://suicidepreventionlifeline.org>. The Lifeline is free, confidential, and available to everyone.



National Institute  
of Mental Health

## What is suicide?

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**Suicide** is when people harm themselves with the goal of ending their life, and they die as a result.

A **suicide attempt** is when people harm themselves with the goal of ending their life, but they do not die.

Avoid using terms such as “committing suicide,” “successful suicide,” or “failed suicide” when referring to suicide and suicide attempts, as these terms often carry negative meanings.

## Who is at risk for suicide?

---

People of all genders, ages, and ethnicities can be at risk for suicide.

The main risk factors for suicide are:

- A history of suicide attempts
- Depression, other mental disorders, or substance use disorder
- Chronic pain
- Family history of a mental disorder or substance use
- Family history of suicide
- Exposure to family violence, including physical or sexual abuse
- Presence of guns or other firearms in the home
- Having recently been released from prison or jail
- Exposure, either directly or indirectly, to others’ suicidal behavior, such as that of family members, peers, or celebrities

Most people who have risk factors for suicide will not attempt suicide, and it is difficult to tell who will act on suicidal thoughts. Although risk factors for suicide are important to keep in mind, someone who is showing *warning signs* of suicide may be at higher risk for danger and need immediate attention.

Stressful life events (such as the loss of a loved one, legal troubles, or financial difficulties) and interpersonal stressors (such as shame, harassment, bullying, discrimination, or relationship troubles) may contribute to suicide risk, especially when they occur along with suicide risk factors.

## What are the warning signs of suicide?

---

Warning signs that someone may be at immediate risk for attempting suicide include:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often

Other serious warning signs that someone may be at risk for attempting suicide include:

- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Making a plan or looking for ways to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing eating or sleeping habits
- Showing rage or talking about seeking revenge

## Does asking someone about suicide put the idea in their head?

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No. Studies have shown that asking people about suicidal thoughts and behaviors does not cause or increase such thoughts. Asking someone directly, “Are you thinking of killing yourself?” can be the best way to identify someone at risk for suicide.

## Do certain groups of people have higher rates of suicide?

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According to the Centers for Disease Control and Prevention (CDC), women are more likely to attempt suicide than men, but men are more likely to die by suicide than women. This may be because men are more likely to attempt suicide using very lethal methods, such as firearm or suffocation (e.g., hanging), and women are more likely to attempt suicide by poisoning, including overdosing on prescribed or unprescribed prescription drugs. However, recent CDC data suggest that the leading means of suicide for women may be shifting toward more lethal methods.

CDC data also show that suicide rates vary by race, ethnicity, age, and gender. American Indian and Alaska Native men have the highest rates of suicide, followed by non-Hispanic White males.

Although the rate of suicide death among preteens and younger teens is lower than that of older adolescents and adults, it has increased over time. Suicide now ranks as the second leading cause of death for youth ages 10 to 14. For children under age 12, research indicates that Black children have a higher rate of suicide death than White children.

**NOTE:** After steadily increasing for many years, the overall suicide rate decreased slightly from 2018 to 2019. You can learn more about this finding on the CDC website, at [www.cdc.gov/nchs/products/databriefs/db398.htm](https://www.cdc.gov/nchs/products/databriefs/db398.htm). Researchers are examining whether this decrease occurred across different racial, ethnic, gender, and age groups, and whether it will continue over time.

**Looking for more data and statistics?** For the most recent statistics on suicide and more information about suicide risk, please visit the CDC website at [www.cdc.gov/suicide](https://www.cdc.gov/suicide) and the NIMH suicide statistics page at [www.nimh.nih.gov/health/statistics/suicide](https://www.nimh.nih.gov/health/statistics/suicide).

## Do people ‘threaten’ suicide to get attention?

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Suicidal thoughts or actions are a sign of extreme distress and an indicator that someone needs help. Talking about wanting to die by suicide is not a typical response to stress. All talk of suicide should be taken seriously and requires immediate attention.

## What treatment options and therapies are available?

Effective, evidence-based interventions are available to help people who are at risk for suicide:

- **Cognitive Behavioral Therapy (CBT):** CBT is a type of psychotherapy that can help people learn new ways of dealing with stressful experiences. CBT helps people learn to recognize their thought patterns and consider alternative actions when thoughts of suicide arise.
- **Dialectical Behavior Therapy (DBT):** DBT is a type of psychotherapy that has been shown to reduce suicidal behavior in adolescents. DBT also has been shown to reduce the rate of suicide attempts in adults with borderline personality disorder, a mental illness characterized by an ongoing pattern of varying moods, self-image, and behavior that often results in impulsive actions and problems in relationships. A therapist trained in DBT can help a person recognize when their feelings or actions are disruptive or unhealthy and teach the person skills that can help them cope more effectively with upsetting situations.
- **Brief Intervention Strategies:** Research has shown that creating a safety plan or crisis response plan—with specific instructions for what to do and how to get help when having thoughts about suicide—can help reduce a person’s risk of acting on suicidal thoughts. Staying connected and following up with people who are at risk for suicide also has been shown to help lower the risk of future suicide attempts. Research also has shown that increasing safe storage of lethal means can help reduce suicide attempts and deaths by suicide. In addition, collaborative assessment and management of suicidality can help to reduce suicidal thoughts.
- **Collaborative Care:** Collaborative care is a team-based approach to mental health care. A behavioral health care manager will work with the person, their primary health care provider, and mental health specialists to develop a treatment plan. Collaborative care has been shown to be an effective way to treat depression and reduce suicidal thoughts.

## What should I do if I am in crisis or someone I know is considering suicide?

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**If you notice warning signs of suicide—especially a change in behavior or new, concerning behavior—get help as soon as possible.**

Family and friends are often the first to recognize the warning signs of suicide, and they can take the first step toward helping a loved one find mental health treatment.

If someone tells you that they are going to kill themselves, do not leave them alone. Do not promise that you will keep their suicidal thoughts a secret—tell a trusted friend, family member, or other trusted adult.

**Call 911** if there is immediate danger, or go to the nearest emergency room.

In a crisis, you also can contact:

- **National Suicide Prevention Lifeline**

<https://suicidepreventionlifeline.org>

**Call 1-800-273-TALK (8255); En español 1-888-628-9454**

The Lifeline is a free, confidential crisis hotline that is available to everyone 24 hours a day, 7 days a week. The Lifeline connects people to the nearest crisis center that provides crisis counseling and mental health referrals.

- **Crisis Text Line**

[www.crisistextline.org](http://www.crisistextline.org)

**Text “HELLO” to 741741**

The Crisis Text Line is available 24 hours a day, 7 days a week. This confidential service helps anyone, in any type of crisis, connecting them with a crisis counselor who can provide support and information.

## What if I see suicidal messages on social media?

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Knowing how to get help when someone posts suicidal messages can help save a life. Many social media sites have a process to get help for the person posting the message. To learn more, visit <https://suicidepreventionlifeline.org/help-someone-else/safety-and-support-on-social-media>.

**If you see messages or live-streaming content that suggests someone is actively engaging in suicidal behavior, call 911** or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

## How can I find help?

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If you have thoughts of suicide, tell your health care provider. Your health care provider will listen to your concerns and can help you figure out next steps. Find tips for talking with your doctor about mental health concerns at [www.nimh.nih.gov/talkingtips](http://www.nimh.nih.gov/talkingtips).

To find mental health treatment services in your area, call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357) or use the SAMHSA Behavioral Health Treatment Services Locator at <https://findtreatment.samhsa.gov>.

## Where can I learn about NIMH research on suicide?

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NIMH supports promising research that is likely to have an impact on reducing suicide in the United States. Research is helping improve our ability to identify people at risk for suicide and to develop and improve effective treatments. NIMH researchers continue to study suicide and how to best implement suicide prevention and intervention programs in different settings, including health care, community, school, and the justice system.

To learn more about NIMH research priorities and recent research on suicide prevention, visit the NIMH website at [www.nimh.nih.gov](http://www.nimh.nih.gov).

For additional information about suicide prevention efforts, visit the National Action Alliance for Suicide Prevention at <https://theactionalliance.org> and Zero Suicide at <http://zerosuicide.sprc.org>.

## What should I know about clinical trials?

---

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit [www.nimh.nih.gov/clinicaltrials](http://www.nimh.nih.gov/clinicaltrials).

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## For More Information

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NIMH website

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.nimh.nih.gov/espanol](http://www.nimh.nih.gov/espanol) (en español)

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

<https://salud.nih.gov/investigacion-clinica> (en español)

### **National Institute of Mental Health**

Office of Science Policy, Planning, and Communications

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Room 6200, MSC 9663

Bethesda, MD 20892-9663

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TTY: 301-443-8431 or

TTY Toll-free: 1-866-415-8051

Fax: 301-443-4279

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Website: [www.nimh.nih.gov](http://www.nimh.nih.gov)



National Institute  
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 21-MH-6389

Revised 2021

# WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

## TALKING ABOUT:



- ▷ Wanting to die
- ▷ Great guilt or shame
- ▷ Being a burden to others

## FEELING:



- ▷ Empty, hopeless, trapped, or having no reason to live
- ▷ Extremely sad, more anxious, agitated, or full of rage
- ▷ Unbearable emotional or physical pain

## CHANGING BEHAVIOR, SUCH AS:



- ▷ Making a plan or researching ways to die
- ▷ Withdrawing from friends, saying good bye, giving away important items, or making a will
- ▷ Taking dangerous risks such as driving extremely fast
- ▷ Displaying extreme mood swings
- ▷ Eating or sleeping more or less
- ▷ Using drugs or alcohol more often

**If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.**

**National Suicide Prevention Lifeline  
1-800-273-TALK**

**Crisis Text Line  
Text “HELLO” to 741741**



[www.nimh.nih.gov/suicideprevention](http://www.nimh.nih.gov/suicideprevention)

NIMH Identifier No. OM 19-4316

# Generalized Anxiety Disorder:

When Worry Gets  
Out of Control



National Institute  
of Mental Health

**Do you often find yourself worrying about everyday issues for no obvious reason? Are you always waiting for disaster to strike or excessively worried about things such as health, money, family, work, or school?**

**If so, you may have a type of anxiety disorder called generalized anxiety disorder (GAD). GAD can make daily life feel like a constant state of worry, fear, and dread. The good news is GAD is treatable. Learn more about the symptoms of GAD and how to find help.**

## **What is generalized anxiety disorder?**

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Occasional anxiety is a normal part of life. Many people may worry about things such as health, money, or family problems. But people with GAD feel extremely worried or nervous more frequently about these and other things—even when there is little or no reason to worry about them. GAD usually involves a persistent feeling of anxiety or dread that interferes with how you live your life. It is not the same as occasionally worrying about things or experiencing anxiety due to stressful life events. People living with GAD experience frequent anxiety for months, if not years.

GAD develops slowly. It often starts around age 30, although it can occur in childhood. The disorder is more common in women than in men.

## **What are the signs and symptoms of generalized anxiety disorder?**

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People with GAD may:

- Worry excessively about everyday things
- Have trouble controlling their worries or feelings of nervousness
- Know that they worry much more than they should
- Feel restless and have trouble relaxing
- Have a hard time concentrating
- Startle easily
- Have trouble falling asleep or staying asleep

- Tire easily or feel tired all the time
- Have headaches, muscle aches, stomachaches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Feel irritable or “on edge”
- Sweat a lot, feel lightheaded, or feel out of breath
- Have to go to the bathroom frequently

Children and teens with GAD often worry excessively about:

- Their performance in activities such as school or sports
- Catastrophes, such as earthquakes or war
- The health of others, such as family members

Adults with GAD are often highly nervous about everyday circumstances, such as:

- Job security or performance
- Health
- Finances
- The health and well-being of their children or other family members
- Being late
- Completing household chores and other responsibilities

Both children and adults with GAD may experience physical symptoms such as pain, fatigue, or shortness of breath that make it hard to function and that interfere with daily life.

Symptoms may fluctuate over time and are often worse during times of stress—for example—with a physical illness, during school exams, or during a family or relationship conflict.

## **What causes generalized anxiety disorder?**

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Risk for GAD can run in families. Several parts of the brain and biological processes play a key role in fear and anxiety. By learning more about how the brain and body function in people with anxiety disorders, researchers may be able to develop better treatments. Researchers have also found that external causes, such as experiencing a traumatic event or being in a stressful environment, may put you at higher risk for developing GAD.

## How is generalized anxiety disorder treated?

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If you think you're experiencing symptoms of GAD, talk to a health care provider. After discussing your history, a health care provider may conduct a physical exam to ensure that an unrelated physical problem is not causing your symptoms. A health care provider may refer you to a mental health professional, such as a psychiatrist, psychologist, or clinical social worker. The first step to effective treatment is to get a diagnosis, usually from a mental health professional.

GAD is generally treated with psychotherapy (sometimes called “talk therapy”), medication, or both. Speak with a health care provider about the best treatment for you.

### Psychotherapy

Cognitive behavioral therapy (CBT), a research-supported type of psychotherapy, is commonly used to treat GAD. CBT teaches you different ways of thinking, behaving, and reacting to situations that help you feel less anxious and worried. CBT has been well studied and is the gold standard for psychotherapy.

Another treatment option for GAD is acceptance and commitment therapy (ACT). ACT takes a different approach than CBT to negative thoughts and uses strategies such as mindfulness and goal setting to reduce your discomfort and anxiety. Compared to CBT, ACT is a newer form of psychotherapy treatment, so less data are available on its effectiveness. However, different therapies work for different types of people, so it can be helpful to discuss what form of therapy may be right for you with a mental health professional.

For more information on psychotherapy, visit [www.nimh.nih.gov/psychotherapies](http://www.nimh.nih.gov/psychotherapies).

### Medication

Health care providers may prescribe medication to treat GAD. Different types of medication can be effective, including:

- Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Anti-anxiety medications, such as benzodiazepines

SSRI and SNRI antidepressants are commonly used to treat depression, but they also can help treat the symptoms of GAD. They may take several weeks to start working. These medications also may cause side effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. Talk to your health care provider about any side effects that you may experience.

Benzodiazepines, which are anti-anxiety sedative medications, also can be used to manage severe forms of GAD. These medications can be very effective in rapidly decreasing anxiety, but some people build up a tolerance to them and need higher and higher doses to get the same effect. Some people even become dependent on them. Therefore, a health care provider may prescribe them only for brief periods of time if you need them.

Buspirone is another anti-anxiety medication that can be helpful in treating GAD. Unlike benzodiazepines, buspirone is not a sedative and has less potential to be addictive. Buspirone needs to be taken for 3–4 weeks for it to be fully effective.

Both psychotherapy and medication can take some time to work. Many people try more than one medication before finding the best one for them. A health care provider can work with you to find the best medication, dose, and duration of treatment for you.

For basic information about these and other mental health medications, visit [www.nimh.nih.gov/medications](http://www.nimh.nih.gov/medications). Visit the Food and Drug Administration's website ([www.fda.gov/drugsatfda](http://www.fda.gov/drugsatfda)) for the latest warnings, patient medication guides, and information on newly approved medications.

## **Support Groups**

Some people with anxiety disorders might benefit from joining a self-help or support group and sharing their problems and achievements with others. Support groups are available both in person and online. However, any advice you receive from a support group member should be used cautiously and does not replace treatment recommendations from a health care provider.

## Are there clinical trials studying generalized anxiety disorder?

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NIMH supports a wide range of research, including clinical trials that look at new ways to prevent, detect, or treat diseases and conditions—including GAD. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit [www.nimh.nih.gov/clinicaltrials](http://www.nimh.nih.gov/clinicaltrials).

## Finding Help

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### Behavioral Health Treatment Services Locator

This online resource, provided by the Substance Abuse and Mental Health Services Administration, helps you locate mental health treatment facilities and programs. Find a facility in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp).

### Talking to a Health Care Provider About Your Mental Health

Communicating well with a health care provider can improve your care and help you both make good choices about your health. Find tips to help prepare for and get the most out of your visit at [www.nimh.nih.gov/talkingtips](http://www.nimh.nih.gov/talkingtips). For additional resources, including questions to ask a provider, visit the Agency for Healthcare Research and Quality website at [www.ahrq.gov/questions](http://www.ahrq.gov/questions).

If you or someone you know is in immediate distress or is thinking about hurting themselves, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255). You also can text the **Crisis Text Line** (HELLO to 741741) or use the Lifeline Chat on the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>.

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## For More Information

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NIMH website

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.nimh.nih.gov/espanol](http://www.nimh.nih.gov/espanol) (en español)

Medline Plus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

<https://salud.nih.gov/investigacion-clinica> (en español)

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National Institute  
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 22-MH-8090

Revised 2022

# Resilience: A Strength-Based Approach to Good Mental Health

*Resilience is an innate capacity to rebound from adversity and change through a process of positive adaptation. In youth, resilience is a fluid, dynamic process that is influenced over time by life events, temperament, insight, skill sets, and the primary ability of care givers and the social environment to nurture and provide them a sense of safety, competency and secure attachments.*

## Core Concepts:

### Sense of Competency

- Engages in make-believe play
- Interested in new things
- Imitates behavior of others
- Tries to do things for him/herself
- Tries out new words / builds vocabulary

### Caring & Respect of Self & Others

- Empathy
- Giving back, helping out
- Ability to compromise
- Giving others the benefit of the doubt

### Problem Solving & Coping Skills

- Seeks help when needed
- Ability to self soothe or self regulate
- Willingness to admit and learn from mistakes
- Can accept instruction and constructive criticism

### Optimism and Hope for the Future

- Sense of humor
- Belief that things can get better
- Playful, Creativity, Exploration
- Joy in accomplishments

### Ability to Reframe Stress

- Tolerates frustration
- Understands how perception influences outcomes
- Flexibility; able to adapt to change
- Can improvise

### Sense of Purpose & Meaning

- Spirituality; higher purpose
- Feeling that you are lovable
- Self improvement
- Cultural heritage and traditions

### 0 to 5 years

- Can begin to generalize learned skills
- Shows patience in meeting a goal
- Desires to be the best one can be
- Self-Efficacy: "I Can!" attitude
- Beginning to form a sense of self

- Values win-win solutions
- Can show forgiveness
- Cares about what happens to others
- Has capacity for intimacy
- Shows gratitude for successes

- Seeks others' expertise
- Has self-management skills
- Takes ownership and responsibility
- Ability for abstract thinking
- Understands cause and effect

- Can laugh at oneself
- Future and goal oriented
- Has creative outlets for self expression
- Seeks out and can enjoy times of peace and quiet
- Sees life as basically good and positive

- Can accept ambiguity / uncertainty
- Connects attitude with behavior
- Deals with adversity and the unexpected
- Has positive outlets to reduce stress
- Puts things in perspective

- Explores different belief systems
- Has a belief that one's life matters
- Wants to plan for a rewarding career
- Has a sense of belonging to a community
- Tries to live by their core values

### 6 to 12 years

- Self motivated / sense of autonomy
- Has initiative, sees things through to completion
- Cooperates in achieving goals
- Have high, but realistic expectations for youth

- Have the ability to work with diversity
- Offer ample volunteer opportunities
- Treat all youth with consistency & fairness
- Promotion of Wellness and Prevention efforts

- Promote open communication around community satisfaction
- Seeks external resources for problems
- Law enforcement is seen as a vital part of the community
- Resilience is modeled in homes/communities

- Opportunities for modeling/peer mentoring
- Recreational outlets available for families
- Youth are integrated into the community
- There is a belief that all children can be successful

- Local ownership and community pride
- Safe, healthy outdoor activities available
- Diverse opportunities for spiritual and cultural enrichment
- Families and communities support quality education

### 13 to 18 years

- Gather and unite around priority issues
- Value diversified leadership
- Cooperate in achieving goals
- Have high, but realistic expectations for youth

- Have the ability to work with diversity
- Offer ample volunteer opportunities
- Treat all youth with consistency & fairness
- Promotion of Wellness and Prevention efforts

- Promote open communication around community satisfaction
- Seeks external resources for problems
- Law enforcement is seen as a vital part of the community
- Resilience is modeled in homes/communities

- Opportunities for modeling/peer mentoring
- Recreational outlets available for families
- Youth are integrated into the community
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- Safe, healthy outdoor activities available
- Diverse opportunities for spiritual and cultural enrichment
- Families and communities support quality education

*What can Families & Communities do to Promote Resilience?*

### Related Topics & Models

Resiliency Theory Pioneer – Norman Gramezy  
 Attachment Theory – John Bowlby  
 Erickson's Developmental Stages  
 Neuroplasticity – Neuroscience – through Mindfulness and Repetition  
 Social and Emotional Competency – Daniel Goleman  
 Positive Psychology – Martin Seligman  
 Positive Youth Development  
 Post-Traumatic Stress Disorder (PTSD) – Richard Davidson  
 Strength Based Practical Systems of Care (SOC)  
 Transformational Coping  
 Primary Mental Health Project – Emory Cowen  
 Public Health Approach to Children's Mental Health – Georgetown Univ., Center for Child and Human Development  
 Salutogenic Model of Health – Sense of Coherence (comprehensibility, manageability, meaningfulness) – Aaron Antonovsky  
 International Resilience Project – Resilience Research Center (across cultures)  
 Reaching In... Reaching Out – Penn Resilience Program  
*Resiliency: What We Have Learned* by Bonnie Benard  
 Stress Hardiness – Susan Kobasa  
 Family & Community Models that Support Resilience  
 Building Bridges to Support Resilience  
 Families and Schools Together (FAST)  
 Nurse Family Partnerships  
 Safe Schools / Healthy Children  
 Healthy Communities / Healthy Youth  
 Asset Based Community Development Center  
 The Incredible Years  
 Resiliency Ohio

**Longitudinal Studies**  
 Project Competence – University of Minnesota – Ann Masten  
 Kaui Study – Emmy Wemmer and Ruth Smith  
 Project Human Development Chicago Neighborhoods  
 Some Assessment Tools  
 Inventory Early Childhood Assessment (IECA)  
 40 Developmental Assets – Search Institute  
 Connor – Davidson Resilience Scale  
 CANS (Child & Adolescents Needs & Strengths)  
 Post Traumatic Growth Inventory  
 The Stress Vulnerability Scale – Sheehan  
 Resilience Scale  
 Center on the Social and Emotional Foundations for Early Learning (CSSEFL)  
 Infant/Toddler, Early Childhood Environment Rating Scales

## Resources for Parents



## When do I Seek Help for my child?

Mental Health, also known as emotional or behavioral health, is a vital part of your child's overall health and development. All children experience periods of anger, frustration and sadness. However, for some children, these normal stresses can be overwhelming to the point that it interferes with the child's everyday life; such as:

- Having difficulty at home, in school, interpersonally or within the family
- Having difficulties affecting his/her ability to eat or sleep
- Having a hard time in situations where they used to be okay
- Experiencing problems significant enough that they are causing the child or other family members distress

Families often wonder if what their child is experiencing or how they are behaving are typical states of development. When trying to separate what is "normal" from what is not, consider several things:

- How long has the behavior or emotion been going on: days, weeks, or months?
- How frequently does the behavior or emotion occur: several times a day, once a day, once a week?
- How intense is the behavior: annoying, upsetting, or very disruptive?
- Has there been a traumatic event in the child's life, such as a death, accident, illness, or changes with the family?

## In Younger Children

**There are a few signs, as your child grows, that may indicate the need to seek help from a mental health professional. Examples are:**

- Intense anxiety with separation from caregiver
- Marked decline in school performance
- Poor grades in school despite trying very hard
- Severe worry, fear, or anxiety—regular refusal to go to school, go to sleep, or take part in activities that are normal for the child's age
- Hyperactivity; fidgeting; constant movement beyond regular playing
- Persistent nightmares
- Persistent disobedience or aggression provocative opposition to authority figures
- Frequent, unexplainable temper tantrums

## In Pre-teens or Teenagers

- Marked fall in school performance
- Inability to cope with problems and daily activities
- Marked changes in sleeping and/or eating habits
- Frequent physical complaints
- Sexual acting out
- Depression shown by sustained, prolonged negative mood and attitude, difficulty sleeping, or thoughts of death
- Abuse of alcohol and/or drugs
- Intense fear of becoming obese with no relationship to actual body weight
- Persistent nightmares
- Threats of self-harm or harm to others
- Self-injury or self destructive behavior
- Frequent outbursts of anger, aggression
- Frequent threats to run away
- Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, theft, or vandalism
- Strange thoughts, beliefs, feelings, or unusual behaviors

## The Bottom Line—Trust Your Gut!

You know your child better than anyone. If you think there is a problem, trust your instincts and seek help. You can talk with your pediatrician or family doctor. You will be glad you did.

## Talk to Your Pediatrician or Child's Doctor

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP) aims to support the efforts of primary care providers (PCPs), including pediatricians, family physicians, nurse practitioners and physician's assistants, in assessing and managing mental health concerns in their patients from infancy through the transition to young-adulthood. B-HIPP consultation services are available to all pediatric PCPs throughout Maryland.

[www.mdbhipp.org](http://www.mdbhipp.org)

*Much of this Fact Sheet is adapted from the American Academy of Child & Adolescent Psychiatry, "Facts for Families" and from Dr. Robert Franks, Connecticut Center for Effective Practice, [kidsmentalhealthinfo.com](http://kidsmentalhealthinfo.com)*



Coordinated by



The Children's Mental Health Matters! Campaign is a collaboration of the Mental Health Association of Maryland (MHAMD) and the Maryland Coalition of Families (MCF) with support from the Maryland Department of Health - Behavioral Health Administration. The Campaign goal, with School and Community Champions across the state, is to raise public awareness of the importance of children's mental health. For more information, please visit [www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

If you are worried about your child's emotions or behavior, you can start by talking to friends, family members, your spiritual counselor, your child's school counselor, or your child's pediatrician/family physician about your concerns. The primary sources of information about options for helping your child are listed below. Contact information for local resources is listed by county on the back of this sheet.

## Seeking help

Your child's **pediatrician** can talk with you about your concerns, and can make referrals for treatment.

Your **insurance company** can provide you with a list of the mental health professionals within your healthcare network.

**School Psychologists**, trained in both psychology and education, can help children and youth academically, socially, behaviorally, and emotionally. They may be part of an IEP team and perform academic and psychological evaluations.

**Core Service Agencies (CSAs)** or **Local Behavioral Health Authorities (LBHAs)** are local agencies responsible for planning, managing and monitoring a specific region's public mental health services in Maryland. Many CSAs/LBHAs have specialists that coordinate services for children and adolescents that do not have health insurance.

**Family or System Navigators** provide one- to-one support to families. Each county in Maryland has Navigators that can help families access resources within Maryland's mental health system, understand their child's mental health concerns, find the right type of help, and provide support through the whole process. Family Navigators are parents who have cared for a child with special needs and have been trained to help other families. Any parent or caregiver can call a Navigator to request assistance for their child, aged 0 - 21 years, with special needs. There is no cost for navigation services.

**County "warmlines"** are community-based service referral call-lines staffed by trained people, often 24 hours a day. These phone numbers are designed to address certain non- life threatening concerns and questions.

**Mental Health Education and Advocacy Organizations** are dedicated to assisting family members with finding help for their child.

- **Mental Health Association of Maryland.** MHAMD is a statewide education and advocacy agency. Programs and services vary by chapter. [www.mhamd.org](http://www.mhamd.org)

MHAMD offers information and resources on Health Insurance Protections, Parity Law, and the Affordable Care Act at [www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/](http://www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/)

- **Mental Health First Aid** trains parents and caregivers to recognize mental health problems, know how to access services and support youth struggling with mental health issues. [www.mhfamaryland.org](http://www.mhfamaryland.org)
- **Maryland Coalition of Families.** MCF has Family Navigators and offers advocacy training and support for families. [www.mdcoalition.org](http://www.mdcoalition.org)
- **National Alliance on Mental Illness.** (NAMI) Maryland is dedicated to education, support and advocacy of persons with mental illnesses, their families and the wider community. [www.namimd.org](http://www.namimd.org)

It is important to remember that many children and families benefit from other services and supports in places other than traditional providers. Often, these services are provided along with other forms of services. It is well researched that many children benefit from after-school activities, athletics and community and faith-based organizations.

# CMHM Family Resource Kit Contacts by County

These numbers should provide you with the help you seek. Even if it is not the current number, those responding should direct you to the correct number.

Jurisdiction	CSA	Navigator	Mobile Crisis Team or Hotline
Statewide	Maryland Crisis Hotline Maryland State-Wide Info & Referral	NONE	Maryland Crisis Helpline 2-1-1, press 1
Allegany	Allegany Behavioral Health Systems Office 301-759-5070	Maryland Coalition of Families (MCF) 443-741-8329	Maryland Crisis Helpline 2-1-1, press 1
Anne Arundel	Anne Arundel Co. Mental Health Agency 410-222-7858	Arundel Child Care Connections 443-782-5001	Anne Arundel Co. Crisis 410-768-5522
Baltimore City	Behavioral Health System Baltimore 410-637-1900	MCF – Baltimore City 410-235-6344	Baltimore’s Crisis, Information & Referral (CI&R) Line 410-433-5175
Baltimore County	Baltimore Co. Bureau of Behavioral Health 410-887-3828	Catholic Charities 410-252-4700	Baltimore Child and Adolescents Response System (Baltimore Co.) 410-443-5175 Baltimore Co. Crisis Team 410-931-2214
Calvert	Calvert Co Core Service Agency 443-295-8584	Center for Children 410-535-3047	Maryland Crisis Helpline 2-1-1, press
Caroline	Caroline Co. Core Service Agency 888-407-8018	MCF – Mid-Shore 410-479-1146	Maryland Crisis Helpline: 2-1-1, press 1 Eastern Shore Mobile Crisis 888-407-8018
Carroll	Carroll Co. Behavioral Health Authority 410-876-4449	MCF – Carroll County 443-741-8255	Maryland Crisis Helpline: 2-1-1, press 1
Cecil	Cecil Co. Core Service Agency 410-996-5112	MCF – Eastern Shore, Cecil Co 443-472-8836	Maryland Crisis Helpline: 2-1-1, press 1 Eastern Shore Mobile Crisis 888-407-8018
Charles	Charles Co. Behavioral Health Authority 301-609-5757	Center for Children 301-374-6696	Maryland Crisis Helpline: 2-1-1, press 1
Dorchester	Mid-Shore Behavioral Health Authority 410-770-4801	MCF – Eastern Shore, Dorchester Co. 410-901-1007	Maryland Crisis Helpline: 2-1-1, press 1 Eastern Shore Mobile Crisis 888-407-8018
Frederick	Mental Health Management Agency of Frederick Co. 301-600-1755	Mental Health Assoc., Systems Navigation 301-663-0011	Maryland Crisis Helpline: 2-1-1, press 1 Frederick County 301-662-2255
Garrett	Garrett Co. Behavioral Health Authority 301-334-7440	Garrett Co. Partnership for Children and Families, Inc. 301-334-1189	Maryland Crisis Helpline: 2-1-1, press 1
Harford	Harford Co. Office on Mental Health 410-803-8726	MCF – Harford Co. 410-420-9880	Harford Co. Crisis Team 410-638-5248
Howard	Howard Co. Mental Health Authority 410-313-7316	MCF – Central Office 410-730-8267	Howard Co. Crisis Team 410-531-6677
Kent	Mid-Shore Behavioral Health Authority 410-770-4801	MCF – Mid-Shore Kent/Queen Anne’s 410-810-2673	Maryland Crisis Helpline: 2-1-1, press 1 Eastern Shore Mobile Crisis 888-407-8018
Montgomery	Montgomery Co. Dept. of Health & Human Services 240-777-1414	Montgomery Co. Federation of Families for Children’s Mental Health, Inc. 301-879-5200 x 27	Montgomery Co. Crisis System 240-777-4000
Prince George’s	Prince George’s Co. Behavioral Health Services 301-583-9520	Children & Families Information Center (CFIC) 866-533-0680	Prince George’s Co. Crisis Response Team 301-429-2185
Queen Anne’s	Mid-Shore Behavioral Health Authority 410-770-4801	MCF – Eastern Shore, Kent/Queen Anne’s Co. 410-810-2673	Maryland Crisis Helpline: 2-1-1, press 1 Eastern Shore Mobile Crisis 888-407-8018
Saint Mary’s	St. Mary’s Co. Health Dept. 301-475-4330	The Family ACCESS Center St. Mary’s Co. 301-866-5332	St. Mary’s County 301-863-6661
Somerset	Somerset Co. Core Service Agency 443-523-1700	Somerset Family Link 410-651-2824	Maryland Crisis Helpline: 2-1-1, press 1 Eastern Shore Mobile Crisis 888-407-8018
Talbot	Mid-Shore Behavioral Health Authority 410-770-4801	MCF – Eastern Shore , Talbot Co. 410-901-1007	Maryland Crisis Helpline: 2-1-1, press 1 Eastern Shore Mobile Crisis 888-407-8018
Washington	Washington Co. Mental Health Authority 301-739-2490	MCF – The Family Network, Wash. Co. 240-313-2086	Maryland Crisis Helpline: 2-1-1, press 1
Wicomico	Wicomico Behavioral Health Authority 410-543-6981	Wicomico Partnership for Families & Children 410-546-8155	Maryland Crisis Helpline: 2-1-1, press 1
Worcester	Worcester Co. Core Service Agency 410-632-3366	Worcester Youth & Family Counseling Services, Inc. 410-641-4598	Maryland Crisis Helpline: 2-1-1, press 1 Worcester Co. Crisis Response Team 911

If you have insurance questions, please visit [www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/](http://www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/) or call 443-901-1550.

Sometimes parents struggle with getting help because of their worries about what this might mean for their child or their family. Parents may worry about what other family members, neighbors or other peers in their community think about their child. It is important when getting help to find treatments and providers who are sensitive to the family and child's beliefs and values. The family and child should feel like they are respected by the professional, allowing the family to feel free to ask questions, raise concerns, and to assist in the decisions about next steps for treatment.

If a child receives a mental health diagnosis from a pediatrician or a mental health professional, it provides the professionals with a way of understanding the child's situation and problems or concerns they currently face. Diagnoses—such as depression, ADHD, or anorexia—typically are not permanent and can change over time. These diagnoses do not fully explain or describe the child's strengths and positive nature. Mental health diagnoses also help insurance providers, Medicaid and other third party payers to classify and indentify the child's issues for payment. More information about the more common diagnoses and behaviors in children and adolescents are listed on the left side of the *Family Resource Kit*.

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## Treatment

**The good news is that treatment works.** Therapy, sometimes in conjunction with medication, has been shown to be very effective in reducing the levels of distress in children who are experiencing mental health problems. There are numerous mental health professionals that can provide therapy; and in some cases, therapy and medication.

## Psychiatrists

Most psychiatrists have a medical degree and at least four additional years of study and training. They provide medical/ psychiatric evaluations and a full range of treatment interventions for emotional and behavioral problems and psychiatric disorders. As physicians, psychiatrists can prescribe and monitor medications.

## Child and Adolescent Psychiatrists

Child and Adolescent Psychiatrists are psychiatrists who have two years of advanced training (beyond general psychiatry) with children, adolescents and families. Psychologists have a PhD and are licensed by the State of Maryland. They can provide psychological evaluation and treatment for emotional and behavioral problems. They also can provide psychological testing and assessments. They may not prescribe medications in Maryland.

## School Psychologists

School Psychologists are trained in both psychology and education, and possess at least a master's degree. They are licensed by the State of Maryland. School psychologists help children and youth academically, socially, behaviorally, and emotionally. They may be part of an IEP team and perform academic and psychological evaluations.

## Social Workers

Social Workers typically have a master's degree in social work. In Maryland, social workers are licensed by the state after passing an examination. Social workers can provide different forms of therapy.

## Licensed Marriage and Family Therapists

Licensed Mental Health Counselors and Licensed Professional Counselors have a graduate degree and clinical training. They can provide various types of therapy in an individual, family or group setting.

## Nurses

Advanced Practice Registered Nurses and Psychiatric Mental Health Nurses have postgraduate-level degrees and advanced clinical education, knowledge, skills and scope of practice. They work with individuals and families, assessing mental health needs and developing a nursing diagnosis. In Maryland, nurse practitioners may also prescribe some mental health medications.

## Paying for Care

In Maryland, most health insurance plans cover some mental health treatment. Call your insurance provider before beginning treatment to find out which clinicians accept your insurance and what services are covered.

If you do not have health insurance, please refer to the list of local mental health agencies provided on the back of the Fact Sheet titled: First Steps in Seeking Help.

You may also visit the Maryland Parity Project at:

[www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/](http://www.mhamd.org/information-and-help/paying-for-care/maryland-insurance-protections/) or call 443-901-1550.

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## Other Resources For Care in Maryland

### Greater Washington Society of Clinical Social Work

[www.gwscsw.org](http://www.gwscsw.org)

### The Maryland Chapter – American Academy of Pediatrics

[www.mdaap.org](http://www.mdaap.org)

### Maryland Psychiatric Society

[www.mdpsych.org](http://www.mdpsych.org)

### Maryland Psychological Association – Maryland Chapter

[www.marylandpsychology.org](http://www.marylandpsychology.org)

### National Association of Social Workers – Maryland Chapter

[www.nasw-md.org](http://www.nasw-md.org)

### Network of Care

A comprehensive website offering mental health information by county.

[www.networkofcare.org](http://www.networkofcare.org)



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The Children's Mental Health Matters! Campaign is a collaboration of the Mental Health Association of Maryland (MHAMD) and the Maryland Coalition of Families (MCF) with support from the Maryland Department of Health - Behavioral Health Administration. The Campaign goal, with School and Community Champions across the state, is to raise public awareness of the importance of children's mental health. For more information, please visit [www.ChildrensMentalHealthMatters.org](http://www.ChildrensMentalHealthMatters.org)

Well-trained mental health professionals will work with you to plan a treatment that best meets your child's needs and includes their knowledge of best practices. The first place to start in identifying the right treatment is by having a thorough evaluation. During the evaluation, the clinician will collect history about your child and family, his or her symptoms, events leading up to the distress, school performance, relationships, and other issues. It often takes many sessions to collect the right information to do a comprehensive evaluation. During this time, the clinician may also ask you or your child to take some simple screening tests and other assessments to better understand the nature of your child's concerns. The tests are to make sure your child gets the best treatment and no hidden concerns are missed.

### Therapy – What Should I Expect?

Therapy is the primary component of treating your child's mental health issues. Therapy is a form of treatment that can help children and families understand and resolve problems, modify behavior and make positive changes in their lives. There are several types of therapy that involve different approaches, techniques and interventions. At times, a combination of different therapy approaches may be helpful. In some cases, a combination of medication with therapy may be more effective.

It is important that parents and caregivers are closely involved in their child's treatment. The child may have therapy sessions alone with the therapist. At times, parents and caregivers may participate in therapy sessions with their child or may have private therapy sessions with their child's therapist.

Remember that due to confidentiality laws, the therapist may not be able to share everything the child tells the therapist in the sessions, which can be very frustrating to parents and caregivers. Be sure to ask your child's therapist what information they can and cannot share with you.

### Medication – Part of the Larger Treatment Package

Medication can be an effective part of the treatment for several mental disorders of childhood and adolescence. A doctor's recommendation to use medication may raise concerns and questions in both the parents and the child. The physician who recommends medication should be experienced in treating psychiatric illnesses in children and adolescents. They should fully explain the reasons for medication use, what benefits the medication should provide, as well as possible risks and side effects. Other treatment alternatives should also be discussed. Child psychiatrists may not be available in some rural areas and often pediatricians prescribe medications for children. If parents still have serious questions or doubts about medication treatment, they should feel free to ask for a second opinion by a psychiatrist. For a sample list of questions to ask your doctor about medications, visit [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Psychiatric-Medication-For-Children-And-Adolescents-Part-III-Questions-To-Ask-051.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Psychiatric-Medication-For-Children-And-Adolescents-Part-III-Questions-To-Ask-051.aspx)

## Talking with Children about Medication

Many children and teens are reluctant to take medication. They may be embarrassed, don't like to be different, or don't like the side effects. All of these are very real concerns. It is important to honestly discuss medication with your child so they understand how the medication will help them—not change them. They will be the same person, but medication can help them control their behavior and can help the unpleasant feelings go away.

Medication is most effective when it is taken at regular intervals so there is no lapse in time between doses. Preventing medication stops and starts can produce the greatest benefit and help determine whether the medication is actually helping. Establishing a regular time to give your child their medication helps establish a pattern.

Older children and teens who take medication on their own often do not take their medication regularly or stop taking it without talking to their parents or doctor. Explain why following prescription guidelines are important. Encourage your child to come to you with any medication-related concerns so you can work together to solve the problem or find another treatment option.

If your child is experiencing unpleasant side effects, talk with your doctor. Medication should never have a numbing effect on a child's energy, curiosity or enthusiasm.

*Adapted from the American Academy of Child & Adolescent Psychiatry, "Facts for Families" and from Dr. Robert Franks, Connecticut Center for Effective Practice, [kidsmentalhealthinfo.com](http://kidsmentalhealthinfo.com)*



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School is a major part of a child's life and a child with mental health needs can experience challenges that make it difficult to be successful in school. Your child's school can provide a range of services that can help your child succeed.

## School Psychologist

Most schools have a school psychologist who is trained in both psychology and education, and possesses at least a master's degree. They are licensed by the State of Maryland. School psychologists help children and youth academically, socially, behaviorally, and emotionally. They may be part of an IEP team and perform academic and psychological evaluations.

## School Mental Health Programs

Many schools have a therapist that comes to the school and meets with children to provide emotional support and address behavior issues in school. The therapist may also meet with you to discuss your child's progress and help you cope with your child's behavior(s) or moods. There can be a charge for these services or, if your child has Medicaid, you will be asked to sign a form giving the school permission to bill Medicaid for the therapy.

## Individualized Education Program (IEP)

Children with more intensive mental health needs may qualify for special education services under the federal law called Individuals with Disabilities Education Act (IDEA). IDEA requires that children with a disability receive additional services to help them in school. A child with mental health needs must show certain characteristics to qualify for special education as a child with an "emotional disability."

"(i) Emotional Disability is a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's education performance:

1. an inability to learn that cannot be explained by intellectual, sensory, or health factors

2. an inability to build or maintain satisfactory interpersonal relationships with peers or teachers
  3. inappropriate types of behavior or feelings under normal circumstances
  4. a general pervasive mood of unhappiness or depression
  5. a tendency to develop physical symptoms or fears associated with personal or school problems
- (ii) Emotional Disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance."

In addition, in order to be eligible for services under IDEA, the student, by reason of their disability, must require special education and related services.

*Note that the definition of Emotional Disability is not a diagnosis or medical term, but rather a term used in the federal education law to designate eligibility for special education. Under IDEA, if a child is found eligible, the student is entitled to an Individualized Educational Program (IEP) that is designed to meet their unique needs.*

## 504 Plans

Children with mental health needs who do not qualify for special education may qualify for services under another federal law, Section 504 of the Rehabilitation Act. Section 504's definition of disability is broader than the IDEA's definition. To be protected under Section 504, a student must be determined to: Have a physical or mental impairment that substantially limits one or more major life activities; or have a record of such an impairment; or be regarded as having such an impairment.

Under a 504 Plan, the school can make special accommodations for your child such as: a quiet space if your child becomes upset at school, home instruction, or a tape recorder or keyboard for taking notes.

## Social and Emotional Foundations for Early Learning (SEFEL)

In Maryland, SEFEL is focused on promoting the social and emotional development and school readiness of young children between birth and five years of age. SEFEL's Pyramid Model, which is being integrated into early education settings throughout the state, promotes effective practices to enhance young children's social and emotional competence and to prevent challenging behaviors. Visit <https://earlychildhood.marylandpublicschools.org/sefel> for more information.

## Positive Behavioral Interventions and Supports (PBIS)

PBIS Maryland has been implemented in more than 900 schools across all 24 local school systems. The goals of PBIS are to promote a positive school climate, reduce disruptive behaviors, and create safer, more effective

schools for all students. The emphasis on PBIS is on rewarding positive behaviors rather than focusing on reactive, punitive practices.

## Taking Medication at School

Sometimes it is necessary for children to take medication during school hours. Schools have very strict regulations governing medications at school. A form completed by your child's doctor is required and can be downloaded from the Maryland State Department of Education website: <https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf>

All medication must be in containers labeled by the pharmacist or doctor and an adult must bring the medication to school. Non-prescription medication must be in the original container with the label intact.

## Resource Links

### Resources on Special Education

#### Maryland State Department of Education

<http://MarylandLearningLinks.org>

<http://marylandpublicschools.org/programs/Documents/Special-Ed/FSS/BuildingIEPswithMDFamiliesMar2018.pdf>

#### Maryland SEFEL Pyramid Model

<https://earlychildhood.marylandpublicschools.org/sefel>

#### Maryland Association of Nonpublic Special Education Facilities (MANSEF)

<http://www.mansef.org>

#### Disability Rights Maryland

<https://disabilityrightsmd.org/wp-content/uploads/89563-4-DRM-SE-Handbook-english.pdf>

#### The Parents Place of Maryland

<http://www.ppm.org>

800-394-5694 or 410-768-9100

### Resources on 504 Plans

#### Office of Civil Rights, Protecting Students with Disabilities

Frequently Asked Questions About Section 504 and the Education of Children with Disabilities

<http://www2.ed.gov/about/offices/list/ocr/504faq.html>



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The Behavioral Health Administration, Child and Adolescent Resilience, Wellness and Prevention Committee has defined resilience as: “an innate capacity to rebound from adversity and change through a process of positive adaptation. For youth, resilience is a fluid, dynamic process that is influenced over time by life events, temperament, insight, skill sets, and the primary ability of caregivers and the social environment to nurture and provide them a sense of safety, competency, and secure attachments.” For adults as well, resilience is an ability to adapt and grow in times of disappointment, stress and uncertainty. This can be learned and practiced through using skills that lead to a sense of competency, optimism, caring for others, and being balanced in one’s attitude toward life. To nurture a sense of well-being, that can help you rebound even in the face of life’s sorrows and setbacks, is to be resilient.

Parents, caregivers, extended family members and other adults in children’s lives have both the responsibility and opportunity to model ways to feel safe, connected, valued, capable and respected. There are instances which, for a variety of reasons, may be more challenging due to adversity, trauma or unsafe living conditions. On the other hand, children may grow up in nurturing environments and still because of genetics, brain chemistry or a developmental or learning disability, have an emotional, mental health or behavioral disorder. Whether the reason is nature, nurture or some combination of both, the result is that family systems are often over taxed and the child’s overall sense of wellbeing and security can be compromised. While risk is a contributing factor for poor outcomes, it is not a given because parents and caregivers, with the support of others, can help all children gain and maintain a sense of their own strengths and abilities. Below are some suggestions that parents and caregivers can use to help children be more resilient, while also understanding the importance of taking care of themselves in ways that promote positive family interactions, relationships and personal growth.

## What are ways that parents and caregivers can support resilience in children?

- Model ways to have everyday resilience and to manage stress and change
- Have high, but realistic expectations based on the child’s age and developmental stage
- See the world through your child’s age and the joy that can create for you both
- Encourage exploration, self-reliance and healthy risk taking
- Provide comfort in times of distress
- Promote a sense of safety and trust Establish limits, rules and structure that are fair and consistent
- Promote a love of learning and curiosity
- Show by example how to admit and learn from mistakes
- Teach and model for children the importance of personal responsibility
- Promote a sense of humor, playfulness and delight in their imagination
- Instill a sense of pride in your family as well as your cultural traditions and rituals
- Model ways to be determined even when frustrated or disappointed
- Encourage, within limits, a child’s need for autonomy and expression of freewill
- Try to have consistent and relaxing meals and bedtimes
- Teach ways to negotiate that are respectful and allow your child to feel heard
- Instill in children a sense of values while respecting other viewpoints

- Help children enjoy times of peace and quiet
- Encourage good nutrition, exercise, diet and physical fitness
- Promote a sense of awe and wonder for nature and the universe
- Teach gratitude and a recognition of blessings in life
- Be optimistic and promote a sense of hope in your child for their future
- Provide opportunities for friendships and a social support system to develop
- Try to encourage your child's ability to figure out life through trials and error and success
- Be your child's biggest advocate while teaching them to advocate for themselves
- Be mindful of how your thinking is helping or hurting your situation
- Develop and stay in touch with friends and a support system
- Be okay with asking for help and provide it to others when you can
- Find quiet moments every day that you can use for relaxation and reflection
- If important to you, nurture your need for intimacy and closeness with a partner
- Stress can have its benefits, but know also how to prevent and limit its harmful effects
- Maintain a sense of autonomy outside your role as parent and spouse
- Be a lifelong learner, find enjoyment through learning new ideas
- Have realistic expectations of yourself and others
- Seek out resources needed to support family growth and development
- Find/develop the confidence to speak up for the best interest of your child and family
- Promote ways to feel competent, connected, and to have life satisfaction

## What can parents or caregivers do for self-care?

### It is important to take care of you too!

- Find ways to take care of yourself based on what you enjoy doing
- Have a creative outlet/hobby for self-enrichment
- Find comfort in the small things and gratitude in your own accomplishments and contributions

## Resource Links

### Mind Resilience

[www.mindresilience.org](http://www.mindresilience.org)

### National Resilience Resource Center

[www.nationalresilienceresource.com](http://www.nationalresilienceresource.com)

### Strengthening Families: Center for Study of Social Policy

[www.cssp.org](http://www.cssp.org)

### National Family Resiliency Center

[www.nfrchelp.org](http://www.nfrchelp.org)

### Science of Resilience: Harvard Graduate School of Education

<https://www.gse.harvard.edu/news/uk/15/03/science-resilience>

### Center for Child and Family Well-Being

<http://depts.washington.edu/ccfwb/content/home>

### American Academy of Pediatrics – Building Resilience in Children

[www.healthychildren.org](http://www.healthychildren.org)

### Neuroscience for Kids

<http://faculty.washington.edu/chudler/neurok.html>

### Understood for All

<https://www.understood.org/en/friends-feelings/empowering-your-child/building-on-strengths/building-resilience-in-kids>



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# NAVIGATING

a mental health

# CRISIS

A NAMI resource guide for those experiencing  
a mental health emergency



National Alliance on Mental Illness

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## About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

What started as a small group of families gathered around a kitchen table in 1979 has grown into the nation's leading voice on mental health. Today, we are an association of thousands that includes state organizations, local affiliates and volunteers who raise awareness and provide advocacy, education and support in communities across the United States.

## Acknowledgements

This guide was prepared by Teri Brister, PhD., LPC.

Permission provided by Sue Abderholden, Executive Director, NAMI Minnesota for use of materials from *Mental Health Crisis Planning for Adults: Learn to recognize, manage, prevent and plan for your loved one's mental health crisis.*

[www.nami.org](http://www.nami.org)

NAMI HelpLine: 800-950-NAMI (6264)

Text "NAMI" to 741741 to reach the Crisis Text Line



facebook.com/NAMI



@NAMICommunicate



NAMICommunicate



notalone.nami.org \* ok2talk.org

NAMI 3803 N. Fairfax Drive, Suite 100, Arlington, VA 22203

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You are not alone. NAMI is there for you and your family. For more information, visit [www.nami.org](http://www.nami.org) or call/email the NAMI HelpLine at 800-950-NAMI (6264) or [info@nami.org](mailto:info@nami.org). Find a NAMI near you at [www.nami.org/local](http://www.nami.org/local) and information about NAMI's education classes, presentation and support groups at [www.nami.org/programs](http://www.nami.org/programs).

# INTRODUCTION

**N**AMI developed this guide to support people experiencing mental health crises, their friends and families by providing important, sometimes lifesaving information. This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis and resources that may be available for those affected. Also included is information about advocating for a person in crisis along with a sample crisis plan.

In this guide, we use the term “mental health condition” and “mental illness” interchangeably to refer to a variety of mental illnesses including, but not limited to, depressive disorders, bipolar disorder, post-traumatic stress disorder and anxiety disorders. NAMI views mental health conditions or mental illnesses as physical conditions, often requiring medical treatment just like other conditions such as diabetes or high blood pressure. Mental health conditions are physical illnesses that result when one of the many mechanisms of the brain is not adequately doing its job.

Learning that someone you love has a mental health condition can be frightening. People experiencing episodes of mental illness—and the people who care for them—need information. However, that information is not always readily available and the search for answers may require

more energy and persistence than what we have available in times of crisis.

When a mental health condition is present, the potential for a crisis is never far from mind. If you are reading this guide, it is likely that you or someone you love may be experiencing symptoms of a mental health condition.

Crisis episodes related to mental illness can feel overwhelming. There is the initial shock, followed by a flood of questions.

- ◆ Why him/her?
- ◆ Why me?
- ◆ What went wrong?
- ◆ Why is this happening now?
- ◆ What did we do?
- ◆ What didn't we do?
- ◆ What can we do?

Everyone can feel overwhelmed, confused, or experience anger, grief or guilt. It's important to remember that we all do the best that we can with the information and the resources we have available to us.

Like any other health crisis, it's important to address a mental health emergency quickly and effectively. With mental health conditions, crises

## Prevalence of Mental Illness in the United States

- ◆ **1 in 5 adults—43.8 million or 18.5%**—experiences mental illness in a given year
- ◆ Among the **20.2 million adults** who experienced a substance use condition, **50.5% (10.2 million adults)** had a co-occurring mental illness
- ◆ **1 in 5 youth aged 13-18 (21.4%)** experiences a severe mental health condition at some point during their life; for children aged 8-15 that estimate is 13%
- ◆ **46% of homeless adults** staying in shelters have a mental illness and/or substance use disorder
- ◆ **20% of state prisoners** and **21% of local jail prisoners** have a recent history of a mental health condition
- ◆ **70% of youth in juvenile justice systems** have at least one mental health condition
- ◆ **60% of all adults** and almost **50% of all youth ages 8-15** with a mental illness received no mental health services in the previous year
- ◆ **African-Americans and Hispanic-Americans** used mental health services at about half the rate of Caucasian-Americans in the past year and Asian Americans at about 1/3 the rate
- ◆ **50% of adults with mental illness** report experiencing symptoms prior to the age of 14; **75%** prior to the age of 24

Source: National Institute of Mental Health [www.nimh.nih.gov](http://www.nimh.nih.gov)

can be difficult to predict because often there are no warning signs. Crises can occur even when treatment plans have been followed and mental health professionals are actively involved. Unfortunately, unpredictability is the nature of mental illness.

Unlike other health emergencies, people experiencing mental health crises often don't receive instructions or materials on what to expect after the crisis. It is also possible that the first point of contact may be with law enforcement personnel instead of medical personnel since behavioral disturbances and substance use are frequently part

of the difficulties associated with mental illness.

Many NAMI affiliates work closely with local law enforcement agencies to ensure that officers receive training on how to respond effectively to people experiencing crises. NAMI believes mental health crises should be addressed efficiently and effectively. At NAMI we want you to know that:

- ◆ You are not alone
- ◆ This is not your fault
- ◆ You deserve help and support
- ◆ There is support available for you

## Consequences of Lack of Treatment

- ◆ Mental illness costs America \$193.2 billion in lost earnings per year
- ◆ Mood disorders, including major depression, dysthymic disorder and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18–44.
- ◆ People with mental illness face an increased risk of having chronic medical conditions. Adults in the U.S. with mental illness die on average 25 years earlier than others, largely due to treatable medical conditions
- ◆ Over one-third (37%) of students with a mental health condition age 14–21 and older who are served by special education drop out—the highest dropout rate of any disability group
- ◆ Suicide is the 10th leading cause of death in the U.S., the 3rd leading cause of death for people aged 10–24 and the 2nd leading cause of death for people aged 15–24
- ◆ More than 90% of children who die by suicide have a mental health condition
- ◆ Each day an estimated 18-22 veterans die by suicide
- ◆ 2 million people with mental illness are booked into jails each year.
- ◆ Nearly 15% of men and 30% of women booked into jails have a serious mental health condition.
- ◆ Once in jail
  - At least 83% of jail inmates with a mental illness did not have access to needed treatment and as a result, their conditions get worse
  - They stay longer than their counterparts without mental illness
  - They're at risk of victimization
- ◆ After leaving jail
  - Many no longer have access to needed health care and benefits
  - A criminal record often makes it hard for people to get a job or housing
  - Many people, especially without access to mental health services and supports, wind up homeless, in emergency rooms and often re-arrested

Simply jailing people experiencing mental health crises creates huge burdens on law enforcement, corrections facilities and state and local budgets. It does not protect public safety and people who could be helped are being ignored.

*Sources: National Institute of Mental Health, U.S. Department of Justice and Substance Abuse and Mental Health Services Administration*

**NAMI wants to help you navigate what can be an overwhelming time in your life by helping you understand what to expect.**

# UNDERSTANDING mental illness

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, daily functioning and ability to relate to others. Mental illness doesn't develop because of a person's character or intelligence. Just as diabetes is a disorder of the pancreas, a mental illness is a disorder of the brain that can make it difficult to cope with the ordinary demands of life. No one is to blame—not the person and not the family.

Currently, there are no blood tests or tissue samples that can definitively diagnose mental illnesses. Diagnoses are based on clinical observations of

behavior in the person and reports from those close to the person. Symptoms vary from one person to another, and each person responds differently, which complicates getting an accurate diagnosis. The most common mental illness diagnoses include depressive disorder, bipolar disorder, schizophrenia and anxiety disorders, but there are many others.

Regardless of the diagnosis, symptoms can be similar and can overlap, especially in times of crisis. The following are some examples of symptoms that you may have noticed in yourself or your loved one.

## Social Withdrawal

- ✓ Sitting and doing nothing for long periods of time
- ✓ Losing friends, unusual self-centeredness and self-absorption
- ✓ Dropping out of previously enjoyed activities
- ✓ Declining academic, work or athletic performance

## Irregular Expression of Feelings

- ✓ Hostility from one who is usually pleasant and friendly
- ✓ Indifference to situations, even highly important ones
- ✓ Inability to express joy
- ✓ Laughter at inappropriate times or for no apparent reason

## Mood Disturbance

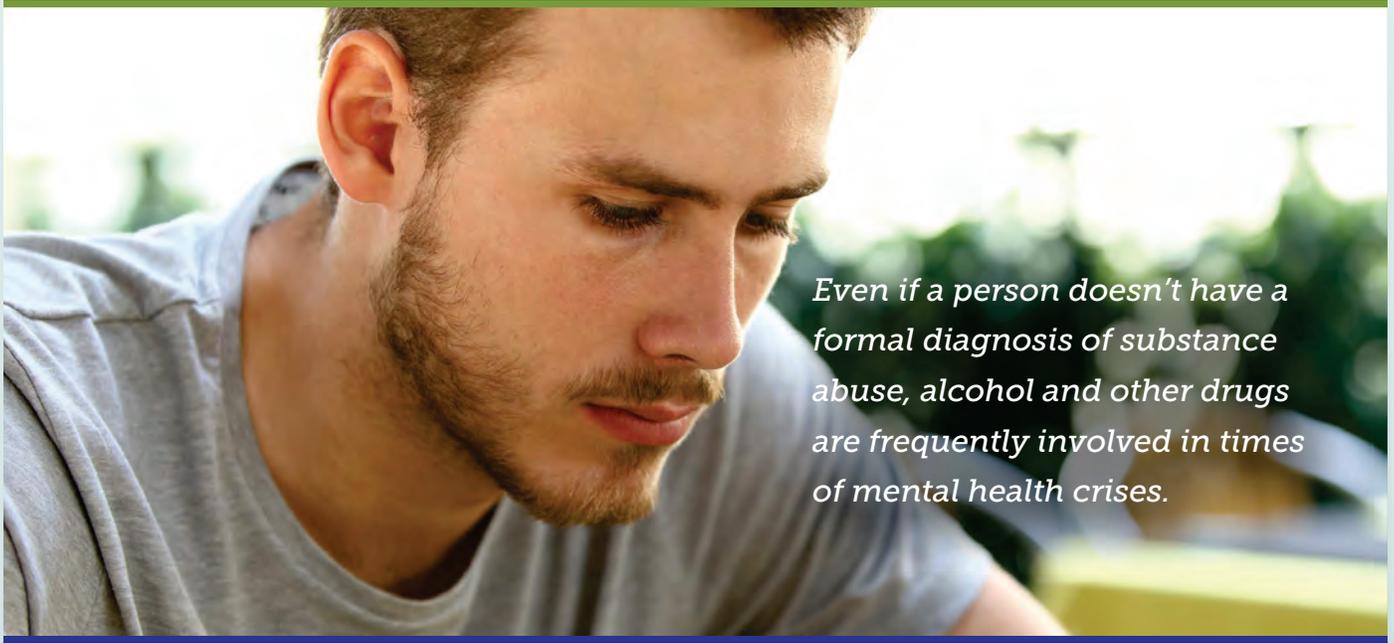
- ✓ Deep sadness unrelated to recent events or circumstances
- ✓ Depression lasting longer than two weeks
- ✓ Loss of interest in activities once enjoyed
- ✓ Expressions of hopelessness
- ✓ Excessive fatigue, or an inability to fall asleep
- ✓ Pessimism; perceiving the world as gray or lifeless
- ✓ Thinking or talking about suicide

## Changes in Behavior

- ✓ Hyperactivity, inactivity, or alternating between the two
- ✓ Lack of personal hygiene
- ✓ Noticeable and rapid weight loss or gain
- ✓ Involvement in automobile accidents
- ✓ Drug and alcohol abuse
- ✓ Forgetfulness and loss of personal possessions
- ✓ Moving out of home to live on the street
- ✓ Not sleeping for several nights in a row
- ✓ Bizarre behavior, e.g. skipping, staring, strange posturing, grimacing
- ✓ Unusual sensitivity to noises, light, clothing

## Thought Disturbances

- ✓ Inability to concentrate
- ✓ Inability to cope with minor problems
- ✓ Irrational statements
- ✓ Use of peculiar words or language structure
- ✓ Excessive fears or suspiciousness, paranoia



*Even if a person doesn't have a formal diagnosis of substance abuse, alcohol and other drugs are frequently involved in times of mental health crises.*

It's important to be aware that the presence of one or more of these symptoms is not evidence that a mental illness is present. They may be a typical reaction to stress, or they may be the result of another underlying medical condition.

In fact, one of the most important parts of an initial psychiatric evaluation is a physical work up to rule out underlying physical illnesses. This is especially true when symptoms develop rapidly.

There is always reason for hope. New, more effective therapeutic interventions, support services and medications are being developed. Recovery education and peer support can help people cope with and even lessen symptoms so they don't impact daily functioning.

### **Co-occurring Conditions**

Often mental illness is not the only thing going on in a person's life. Other conditions may also be present that further complicate the difficulties created by mental illness. This is referred to as co-occurring, co-morbid conditions or dual diagnosis—meaning that there is more than one condition causing the difficulties.

Substance use/abuse is the most common. Even if a person doesn't have a formal diagnosis of substance abuse, alcohol and other drugs are frequently involved in times of mental health crises. In addition to complicating the symptoms of mental health conditions, alcohol and other drugs can also interfere with medications that may be used to treat the conditions.

In a crisis, it's important to let health care professionals know any information that you have about everything the person is taking including supplements, homeopathic remedies, over the counter medications, prescriptions, alcohol and street drugs to help determine what role that may play in the current crisis episode. All too frequently there can be interactions between substances, including those that are legitimately prescribed.

There is effective treatment available for co-occurring conditions. Once the crisis has resolved a health care provider can help make arrangements for a referral for appropriate services.

# UNDERSTANDING mental health crises

A mental health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. Many things can lead to a mental health crisis. Some examples of situations that can lead or contribute to a crisis include:

## Home or Environmental Stressors

- ◆ Changes in relationship with others (boyfriend, girlfriend, partner, spouse)
- ◆ Losses of any kind due to death, estrangement or relocation
- ◆ Conflicts or arguments with loved ones or friends
- ◆ Trauma or exposure to violence

## School or Work Stressors

- ◆ Worrying about upcoming projects or tasks
- ◆ Feeling singled out by co-workers/peers; feeling lonely
- ◆ Lack of understanding from peers, co-workers, teachers or supervisors
- ◆ Real or perceived discrimination
- ◆ Failing grades, losing a job

## Other Stressors

- ◆ Being in crowds or large groups of people
- ◆ Experiencing community violence, trauma, natural disasters, terrorism
- ◆ Pending court dates
- ◆ Using or abusing drugs or alcohol
- ◆ Starting new medication or new dosage of current medication
- ◆ Treatment stops working
- ◆ Stopping medication or missing doses

## Warning Signs of a Mental Health Crisis

It's important to know that warning signs are not always present when a mental health crisis is developing. Common actions that may be a clue that a mental health crisis is developing:

- ◆ Inability to perform daily tasks like bathing, brushing teeth, brushing hair, changing clothes
- ◆ Rapid mood swings, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- ◆ Increased agitation verbal threats, violent, out-of-control behavior, destroys property

- ◆ Abusive behavior to self and others, including substance use or self-harm (cutting)
- ◆ Isolation from school, work, family, friends
- ◆ Loses touch with reality (psychosis) - unable to recognize family or friends, confused, strange ideas, thinks they're someone they're not, doesn't understand what people are saying, hears voices, sees things that aren't there
- ◆ Paranoia

It's important to be aware of how long the changes in personality or daily functioning have been occurring and how much difficulty they're causing. This level of detail can be important for the health care professional to know.

## When the Crisis Involves the Risk of Suicide

Risk of suicide is a major concern for people with mental health conditions and those who love them. Encouraging someone to get help is a first step towards safety.

People who attempt suicide typically feel overwhelming emotional pain, frustration, loneliness, hopelessness, powerlessness, worthlessness, shame, guilt, rage and/or self-hatred. The social isolation so common in the lives of those with mental illness can reinforce the belief that no one cares if they live or die.

Any talk of suicide should always be taken seriously. Most people who attempt suicide have given some warning—but this isn't always the case. If someone has attempted suicide before, the risk is even greater.

## Common warning signs of suicide include:

- ◆ Giving away personal possessions
- ◆ Talking as if they're saying goodbye or going away forever
- ◆ Taking steps to tie up loose ends, like organizing personal papers or paying off debts
- ◆ Making or changing a will
- ◆ Stockpiling pills or obtaining a weapon
- ◆ Preoccupation with death
- ◆ Sudden cheerfulness or calm after a period of despondency

- ◆ Dramatic changes in personality, mood and/or behavior
- ◆ Increased drug or alcohol use
- ◆ Saying things like “Nothing matters anymore,” “You’ll be better off without me,” or “Life isn’t worth living”
- ◆ Withdrawal from friends, family and normal activities
- ◆ Failed romantic relationship
- ◆ Sense of utter hopelessness and helplessness
- ◆ History of suicide attempts or other self-harming behaviors
- ◆ History of family/friend suicide or attempts

### What To Do If You Suspect Someone is Thinking About Suicide

If you notice any of the above warning signs or if you’re concerned someone is thinking about suicide, don’t be afraid to talk to them about it. Start the conversation.

Open the conversation by sharing specific signs you’ve noticed, like:

*“I’ve noticed lately that you [haven’t been sleeping, aren’t interested in soccer anymore, which you used to love, are posting a lot of sad song lyrics online, etc.] ...”*

Then say something like:

- ✓ “Are you thinking about suicide?”
- ✓ “Do you have a plan? Do you know how you would do it?”
- ✓ “When was the last time you thought about suicide?”

If the answer is “Yes” or if you think they might be at risk of suicide, you need to seek help immediately.

- ✓ Call a therapist or psychiatrist/physician or other health care professional who has been working with the person

- ✓ Remove potential means such as weapons and medications to reduce risk
- ✓ Call the National Suicide Prevention Line at 1-800-273-8255 or call 911

Listen, express concern, reassure. Focus on being understanding, caring and nonjudgmental, saying something like:

- ✓ “You are not alone. I’m here for you”
- ✓ “I may not be able to understand exactly how you feel, but I care about you and want to help”
- ✓ “I’m concerned about you and I want you to know there is help available to get you through this”
- ✓ “You are important to me; we will get through this together”

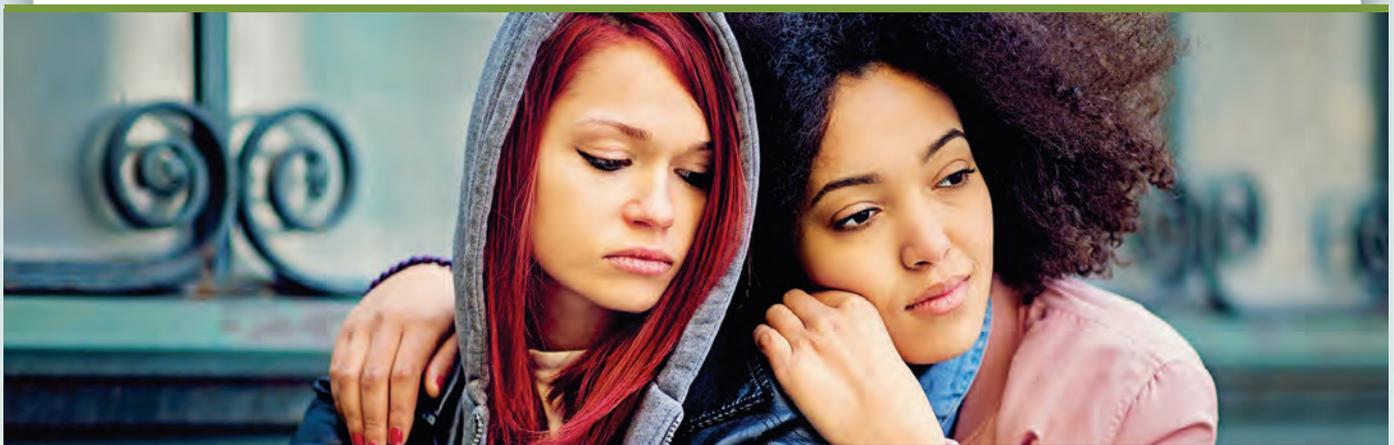
What Not to do

- ✗ Don’t promise secrecy. Say instead: “I care about you too much to keep this kind of secret. You need help and I’m here to help you get it.”
- ✗ Don’t debate the value of living or argue that suicide is right or wrong
- ✗ Don’t ask in a way that indicates you want “No” for an answer
  - “You’re not thinking about suicide, are you?”
  - “You haven’t been throwing up to lose weight, have you?”
- ✗ Don’t try to handle the situation alone
- ✗ Don’t try to single-handedly resolve the situation

What Not to say

- ✗ “We all go through tough times like these. You’ll be fine.”
- ✗ “It’s all in your head. Just snap out of it.”

Please remember, a suicide threat or attempt is a medical emergency requiring professional help as soon as possible.



# WHAT TO DO in a mental health crisis

When a mental health crisis occurs, friends and family are often caught off-guard, unprepared and unsure of what to do. The behaviors of a person experiencing a crisis can be unpredictable and can change dramatically without warning.

If you're worried that you or your loved one is in crisis or nearing a crisis, seek help. Make sure to assess the immediacy of the situation to help determine where to start or who to call.

- ◆ Is the person in danger of hurting themselves, others or property?
- ◆ Do you need emergency assistance?
- ◆ Do you have time to start with a phone call for guidance and support from a mental health professional?

A person experiencing a mental health crisis can't always clearly communicate their thoughts, feelings, needs or emotions. They may also find it difficult to understand what others are saying. It's important to empathize and connect with the person's feelings, stay calm and try to de-escalate the crisis. If the following suggestions don't help, seek outside assistance and resources.

## Techniques that May Help De-escalate a Crisis:

- ✓ Keep your voice calm
- ✓ Avoid overreacting
- ✓ Listen to the person
- ✓ Express support and concern
- ✓ Avoid continuous eye contact
- ✓ Ask how you can help
- ✓ Keep stimulation level low
- ✓ Move slowly
- ✓ Offer options instead of trying to take control
- ✓ Avoid touching the person unless you ask permission
- ✓ Be patient
- ✓ Gently announce actions before initiating them
- ✓ Give them space, don't make them feel trapped
- ✗ Don't make judgmental comments
- ✗ Don't argue or try to reason with the person

If you can't de-escalate the crisis yourself, you can seek additional help from mental health

professionals who can assess the situation and determine the level of crisis intervention required.

If you don't believe there is an immediate danger, call a psychiatrist, clinic nurse, therapist, case manager or family physician that is familiar with the person's history. This professional can help assess the situation and offer advice including obtaining an appointment or admitting the person to the hospital. If you can't reach someone and the situation is worsening, consider calling your county mental health crisis unit, crisis response team or other similar contacts.

If the situation is life-threatening or if serious property damage is occurring, don't hesitate to call 911 and ask for immediate assistance. When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency, your relationship to the person in crisis and whether there are weapons involved. Ask the 911 operator to send someone trained to work with people with mental illnesses such as a Crisis Intervention Training officer, CIT for short.

CIT officers are specially trained to recognize and de-escalate situations involving people who have a mental illness. They recognize that people with mental illnesses sometimes need a specialized response, and are familiar with the community-based mental health resources they can use in a crisis. You can always ask for a CIT officer when you call 911, although they are not available in all areas.

When providing information about a person in a mental health crisis, be very specific about the behaviors you are observing. Describe what's been going on lately and right now, not what happened a year ago. Be brief and to the point.

For example, instead of saying "My sister is behaving strangely," you might say, "My sister hasn't slept in three days, hasn't eaten anything in over five days and she believes that someone is talking to her through the television."

Report any active psychotic behavior, significant changes in behaviors (such as not leaving the

house, not taking showers), threats to other people and increases in manic behaviors or agitation, (such as pacing, irritability).

Once you call 911, there are two entities that may become involved—medical/first responders and law enforcement. You need to be prepared for both.

## Medical Response/Emergency Department

If the situation can't be resolved on site or it's recommended by first responders or law enforcement, taking your loved one to the emergency department may be the best option. Be aware that if they are transported in a law enforcement vehicle, usual policy is to use handcuffs. This can be upsetting for everyone involved, but may be the only option you have at the time.

You may also be allowed to transport them in your vehicle, or they may be transported via ambulance. **Remember, once first responders arrive, you are not in control of these decisions.** The most important thing is to get to a medical facility for evaluation and treatment as soon as possible.

A visit to the emergency department doesn't guarantee admission. Admission criteria vary and depend on medical necessity as determined by a physician and insurance coverage.

Be prepared for an emergency department visit to be lengthy, likely several hours. Bring anything that may help the person who is in crisis stay calm, like books, music, games, etc. Some hospitals have separate psychiatric emergency units. They're typically quieter and are staffed by mental health professionals and practitioners. Check to see if there is one in your area.

Make sure to bring any relevant medical information, including the names and doses of any medications and your crisis kit, if you have one. If you don't have a crisis kit, there is a Portable Treatment Record in this guide that can help you develop one. It includes a crisis plan and a relapse plan.

## Law Enforcement Response

When the law enforcement officer arrives, provide them with as much relevant and concise information about the person as you can:

- ◆ Diagnosis
- ◆ Medications

- ◆ Hospitalization history
- ◆ Previous history of violence, suicide attempts or criminal charges

If the person has no history of violent acts, be sure to point this out. Share the facts efficiently and objectively, and let the officer decide the course of action.

**Remember that once 911 has been called and officers arrive on the scene, you don't control the situation.** Depending on the officers involved, and your community, they may actually take the person to jail instead of an emergency room. Law enforcement officers have broad discretion in deciding when to issue a warning, make an arrest or refer for evaluation and treatment.

You can request and encourage the officers to view the situation as a mental health crisis. Be clear about what you want to have happen without disrespecting the officer's authority. But remember, once 911 is called and law enforcement officers arrive, they determine if a possible crime has occurred, and they have the power to arrest and take a person into custody. Law enforcement can, and often will, call mental health resources in your community. Nearby supports and services may assist in deciding what options are available and appropriate.

If you disagree with the officers don't argue or interfere. Once law enforcement has left, call a friend, mental health professional or advocate—like NAMI—for support and information. To find the NAMI affiliate in your area visit [www.nami.org](http://www.nami.org) or call 1-800-950-NAMI (6264).

And if your loved one is not admitted to treatment and the situation worsens, don't be afraid to call for help again. The situation can be reassessed and your loved one may meet the criteria for hospital admission later, even though they initially did not.

## Family Reactions

Feelings, reactions, and responses to mental health emergencies vary from family to family and person to person within each family. Family members may feel:

- ◆ Confusion and disorientation
- ◆ Isolation, distancing or denial
- ◆ Extreme fatigue
- ◆ Guilt based on based on the mistaken assumption that the “parents are to blame”
- ◆ Fear for the safety of the individual, the family, and society

- ◆ Anger that such an awful thing has happened to your loved one and family
- ◆ Frustration over the lack of access to services and treatment facilities
- ◆ Outrage at mental health professionals because parents, close relatives, and/or the patient wasn't listened to
- ◆ Concern that you may be judged or criticized by friends, relatives, and colleagues outside the immediate family circle
- ◆ Exhaustion from being on-call 24 hours a day, 7 days a week, 52 weeks a year
- ◆ Desire to escape the stress by leaving, or even abusing substances

*If you don't feel safe at any time, leave the location immediately.*



### When Calling 911 for a Mental Health Emergency

**Remember to:**

- ✓ Remain calm
- ✓ Explain that your loved one is having a mental health crisis and is not a criminal
- ✓ Ask for a Crisis Intervention Team (CIT) officer, if available

**They will ask:**

- ✓ Your name
- ✓ The person's name, age, description
- ✓ The person's current location
- ✓ Whether the person has access to a weapon

**Information you may need to communicate:**

- ✓ Mental health history, diagnosis(es)
- ✓ Medications, current/discontinued
- ✓ Suicide attempts, current threats
- ✓ Prior violence, current threats
- ✓ Drug use
- ✓ Contributing factors (i.e. current stressors)
- ✓ What has helped in the past
- ✓ Any delusions, hallucinations, loss of touch with reality

### Tips for While You Wait for Help to Arrive

**If you don't feel safe at any time, leave the location immediately.**

**If you feel safe staying with your loved one until help arrives:**

- ✓ Announce all of your actions in advance
- ✓ Use short sentences
- ✓ Be comfortable with silence
- ✓ Allow your loved one to pace/move freely
- ✓ Offer options (for example "do you want the lights off?")
- ✓ Reduce stimulation from TV, bright lights, loud noises, etc.
- ✗ Don't disagree with the person's experience

# WHAT TO EXPECT from mental health treatment

There are a variety of treatment options available for people with mental illness and the best combination of treatment and other services will be different for each person. Recommendations are made by health care professionals based on the type of illness, the severity of symptoms and the availability of services. Treatment decisions should be made by the individual in collaboration with the treatment team and their family when possible. In a crisis, the recommendation may be a hospital stay.

**Voluntary admission** is always preferable. The immediate outlook is brighter for the person who understands the necessity and benefit of hospitalization and is willing to participate in a treatment plan.

Private insurance may only cover a short hospitalization. Contact the insurance company to see how many hospital days are covered, both per year and per lifetime. Although federal law and the law of most states require parity insurance coverage (meaning psychiatric conditions are supposed to be covered in the same way other physical health conditions are), there are many exceptions to such coverage. Knowing what your insurance will cover before a crisis occurs can help things go smoothly if emergency care is needed. Be sure to check with your insurance company about what age coverage stops for your adult children.

**Involuntary admission—commitment**—may be recommended for someone who is experiencing extreme symptoms such as psychosis, being violent or suicidal or refuses the health care professional's recommendation to go to a treatment facility. If law enforcement and/or mental health professionals become involved, you may have no choice.

Getting a court order for involuntary hospitalization of an adult with mental illness is complex and varies from state to state. It's designed to balance the need to provide treatment in the least restrictive environment, with protection of the civil liberties of the person who is in crisis. When families see the rapid deterioration of a loved one, the instinct to protect them is strong. We are terrified that they

may get hurt, injure someone else, or even die. Balancing the urgent need for treatment with the person's basic civil rights can be controversial and difficult. Seeking involuntary hospitalization of a family member, without having it damage family relationships or the self-esteem of the person is challenging.

There are specific laws in each state defining the criteria for involuntary commitment to a psychiatric facility. This is a legal process that involves a judge and a hearing. Typically, the criteria include:

- ◆ Recent threats or attempts to physically harm themselves or others
- ◆ Recent inability to care for themselves—food, clothing, shelter or medical care—due to the mental illness symptoms
- ◆ Recent risk of harm to themselves or others

**Emergency holds** are another option in crisis situations and can be ordered by a physician (and in some states others such as law enforcement) to temporarily confine the person in a secure facility, such as a hospital. Emergency holds typically last for 72 hours—not including weekends and holidays. The purpose of the hold is to keep the person safe while deciding next steps. An emergency hold doesn't necessarily initiate the involuntary commitment process. It's a way to further assess the person while keeping them safe.

**Inpatient psychiatric units** are more like an Intensive Care Unit (ICU). They can be noisy and appear hectic. Unlike other areas of the hospital where patients generally stay in their room or bed, patients and staff are usually moving around the unit. People may be talking loudly or expressing intense emotions.

Being hospitalized for a mental illness is also different because of the restrictions in place to protect the person receiving treatment. These can include locked doors, clothing and gift rules, restrictive visiting hours and limits on where patients can go. Phones are located only in common areas and their use is sometimes restricted. These rules are in place to help ensure the safety of the patient and others.

Due to privacy laws and treatment schedules, family may have a difficult time reaching their loved one by phone or visiting while they're hospitalized. Many hospitals require the patient to sign a privacy release to allow family members or friends to contact them while hospitalized. When calling the main number, the receptionist will not tell you if your loved one is even in the hospital.

You can ask to be connected to the unit and depending on the hospital, your call may be transferred to the patient phone area or the nursing desk. Be polite but assertive and request that a message be taken to your loved one.

During the hospital stay, it's important that your loved one connects with people from their community who provide support and reassurance. Encourage your loved one to allow calls or visits from friends, neighbors, advocates, specific family members or their spiritual leader.

Visiting hours are often limited to make time for therapy sessions and other treatment. Check with the hospital about these times and any age restrictions. Frequently children under 15 years old may not be allowed to visit. Exceptions may be made if your loved one's children want to visit.

For the health and safety of your loved one and other patients, there are limits on what you can bring into the hospital. You may be required to let staff lock up your purse and coat. Everything brought to your loved one may be inspected,

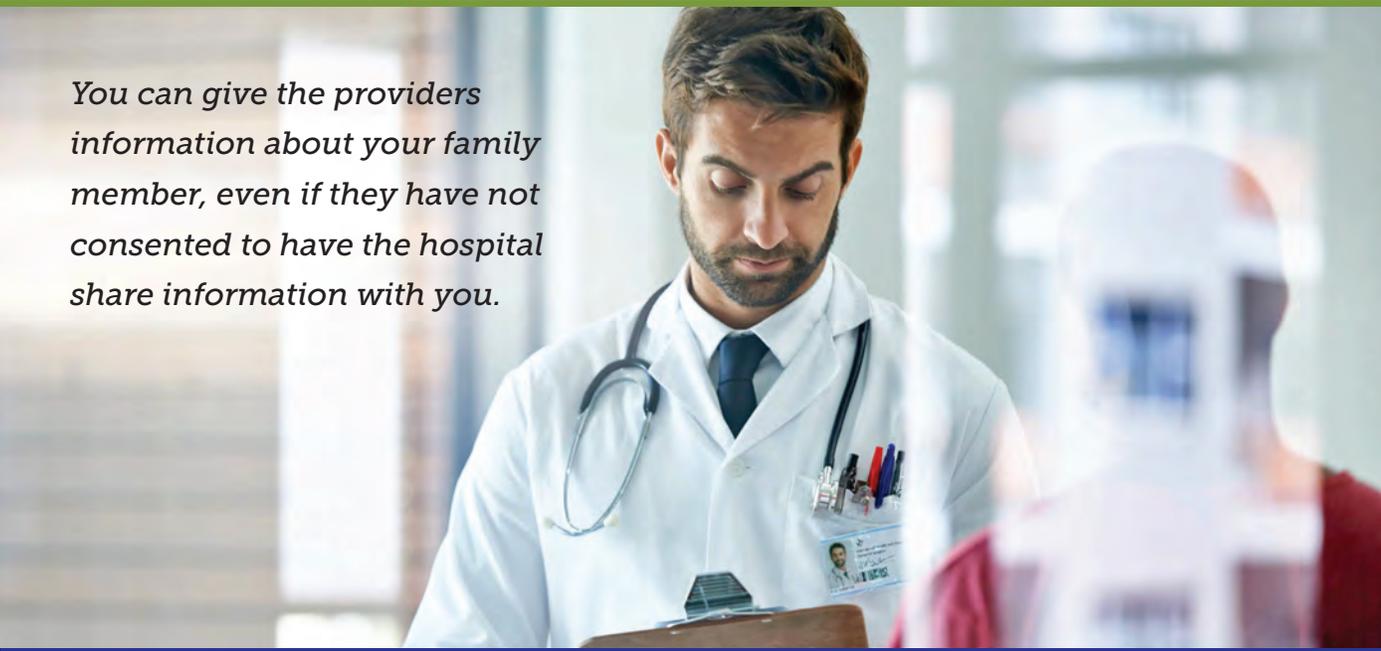
check with the hospital for what items are allowed. You can always ask a staff member about bringing in an item you are unsure about, such as their favorite food.

## Confidentiality

If you are the parent or guardian of someone younger than 18, you generally have access to medical records and input into treatment decisions. It is always preferable for your adult family member to share information with you. However, there are exceptions under federal law (HIPAA - Health Insurance Portability and Accountability Act) that permit providers to release information to you without consent. To learn more about these exceptions, see the guide [HIPAA Privacy Rule and Sharing Information Related to Mental Health](https://www.hhs.gov/sites/default/files/hipaaprivacy-rule-and-sharing-info-related-to-mentalhealth.pdf). You can find the document at [www.hhs.gov/sites/default/files/hipaaprivacy-rule-and-sharing-info-related-to-mentalhealth.pdf](https://www.hhs.gov/sites/default/files/hipaaprivacy-rule-and-sharing-info-related-to-mentalhealth.pdf).

For best results, ask your loved one to sign an authorization for release of this medical information to you during the emergency evaluation or admission process. If they refuse, ask staff to continue asking them throughout treatment in hopes that they will change their mind as their condition improves.

If a release has been signed, family members should request to attend a treatment team meeting that usually involves a social worker, nurse and psychiatrist. Ask the team for the following:



*You can give the providers information about your family member, even if they have not consented to have the hospital share information with you.*

- ◆ Diagnosis and what the diagnosis means
- ◆ Course of the illness and its prognosis
- ◆ Treatment plan
- ◆ Symptoms causing the most concern, what they indicate and how they're being monitored
- ◆ Medications prescribed, why these particular medicines have been selected, the dosage, the expected response and potential side effects
- ◆ If the diagnosis, medications and treatment plan have been discussed with your loved one, and the reasoning behind those decisions and if not, explain the reasoning
- ◆ Pamphlets and book recommendations that explain the illness(es) being treated
- ◆ How often you can meet with the treatment team to discuss progress
- ◆ Whom you can contact for information between meetings
- ◆ The aftercare plan once your family member has been discharged from the facility, and what to do if your loved one leaves against medical advice

At the treatment team meeting, you can describe what factors you think contributed to your loved one's crisis, any particular stressors and anything else you think might be helpful for effective treatment including challenges with adherence to treatment in the past. It's also helpful for you to suggest the most appropriate living situation after their discharge. Be honest and don't apologize if living with you isn't an option.

For more an overview of the Privacy Rule go to: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## Types of Treatment

Treatment generally takes place in one of two types of setting: outpatient or inpatient. Outpatient mental health services are provided while the person lives at home and continues their regular routines with work, school and family life. For this reason, outpatient services are considered the least restrictive form of treatment.

Inpatient means that the person is admitted to a treatment environment that requires staying overnight. It may be a hospital, a residential treatment center, or a crisis unit of some sort, but the treatment is provided while the person is on site at the treatment facility 24 hours a day. The length of stay in an inpatient setting varies, and usually depends heavily on the severity of the crisis as well as health insurance coverage.

Research has shown the most effective treatment plan involves a combination of intervention types, regardless of whether treatment takes place in an inpatient psychiatric unit or in an outpatient setting. Examples of interventions or treatment options include:

**Psychosocial treatments**, including certain forms of psychotherapy (often called talk-therapy) and social and vocational training, are helpful in providing support, education, and guidance for people with mental illnesses and their families.

- ◆ **Individual psychotherapy** involves regularly scheduled sessions between the person and a mental health professional. Examples include cognitive behavior therapy (CBT), dialectical behavior therapy (DBT) and interpersonal therapy.
- ◆ **Psychoeducation** involves teaching people about their mental health condition and treatment options.
- ◆ **Self-help and peer support groups** for people and families led by and for people with personal experience. These groups are comforting because participants learn that others have experiences like theirs and that they're not alone. NAMI Connection and NAMI Family Support groups are examples of peer support groups.
- ◆ **Peer recovery education** is structured instruction taught by people who have lived experience and can take place in a single session or a series. NAMI Peer-to-Peer is an example of a peer recovery education program.
- ◆ **Peer-run services** are mental health programs where the staff uses information, skills and resources they have gained in their own personal recovery to help others. Peer services are based on principles of empowerment, choice, mutual help and recovery. The goal of peer-run programs is to create a supportive place in which people can find peers who understand them, learn recovery skills and help others. Common types of peer-run programs include:
  - ✓ Drop-in or peer support center such as a clubhouse program
  - ✓ Peer mentoring, peer case management
- ◆ **Certified Peer Support Specialist** work alongside other health care professionals in traditional mental health programs to provide an extra level of support services to people with mental illness

**Medications** often help a person with mental illness to think more clearly, gain control and stabilize

emotions. Although any licensed physician can prescribe medication, psychiatrists and psychiatric nurse practitioners are the most knowledgeable about psychotropic medicines (those used to treat mental illnesses). Ask the prescribing health care professional

- ◆ What to expect from the medication
- ◆ What is the therapeutic range of dosage
- ◆ What side effects are common (and not so common)
- ◆ How long it takes for the medication to start working
- ◆ How to know if the medicine is working
- ◆ What to look for that shows it is working or not
- ◆ What to do or say if taking the medication or taking it regularly is a challenge

Keep a written record of all prescribed medications, the recommended dose and how well (or poorly) each works and is tolerated. A medication that works well for one person may be ineffective or intolerable for another. If the medicine isn't working, it's important for one of you to tell the doctor so that adjustments can be made.

Pharmacists are also an excellent source of information if you have questions. Read the package inserts that come with the medicine. It's important to discuss this information and any questions with the doctor who knows the patient and is prescribing the medication(s).

In addition to their intended therapeutic effects, psychotropic medications often have side effects which vary, both among individuals and in intensity and severity. It's important to monitor both intended and unexpected side effects of medicine(s) and report these to the doctor.

It can take weeks or even months for psychotropic medications to be effective, which can be frustrating. If side effects are experienced it's important to contact the clinician that prescribed the medication immediately and discuss options. Stopping a medication without talking with the health care professional first can lead to unwanted complications including a return of symptoms.

## Types of Health Care Professionals Involved in Mental Health Treatment

There are different types of health care professionals who treat mental health conditions. A combination of these professionals works as a treatment team with the person and the family to provide the best care possible. Some of the more

common types of health care professionals include the following.

- ◆ **Psychiatrists** are medical doctors who specialize in psychiatry and are typically in charge of the patient's care plan.
- ◆ **Psychologists** administer diagnostic tests, conduct individual, family or group therapy sessions.
- ◆ **Psychiatric nurse practitioners** diagnose and treat mental health conditions and provide health care, including prescribing medication.
- ◆ **Physician assistants** treat illnesses, including prescribing medications.
- ◆ **Registered nurses (RN)** assess the patient's progress and provide emotional support, encouragement and health education. The RN also, administers medications and monitors the overall health of the patient.
- ◆ **Therapists** conduct individual, group, or family therapy. The therapist can be a Psychologist (Ph.D.), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Marriage and Family Therapist (MFT).
- ◆ **Social workers** identify social service and therapeutic needs, help connect the patient with community resources and make referrals for services. They work directly with the patient, their family and community providers to explain treatment options and plans and identify any ongoing needs for the patient.
- ◆ **Nursing assistant/psychiatric aide/mental health worker/behavior technicians** work under the direction of psychiatrists, psychologists, nurses and social workers in inpatient settings to provide routine nursing and personal care for the patient, including eating, dressing, grooming and showering. They help ensure that the unit is safe.
- ◆ **Case managers** assist with applying for resources such as Social Security benefits and Medicaid. They're aware of housing options in their area and know how to get housing vouchers or rental assistance. They know about community programs and groups, and about job training and possible work.
- ◆ **Patient advocates** assist families to resolve or address issues regarding quality, appropriateness and coordination of care for the patient.

- ◆ **Occupational therapist (OT)/recreational therapists** assess the patient's ability to function independently. Assessment areas include the patient's strengths, behaviors, social skills and cognitive skills, thought processes, activities of daily living, functional abilities, work skills, goals and sensory needs. They also perform evaluations to help determine the best living situation for patients.

## Complementary Health Approaches

Traditional medical and therapeutic methods have improved over the years, but they often don't completely get rid of symptoms. As a result, many people use complementary and alternative methods to help with recovery. These non-traditional treatments can be helpful but it's important to keep in mind that, unlike prescription medications, the U.S. Food and Drug Administration (FDA) does not review, regulate, monitor or approve most of them.

The National Center for Complementary and Integrative Health (NCCIH) is the main government agency for investigating non-traditional treatments for mental illness and other conditions. Complementary health approaches, the term favored by NCCIH, encompasses three areas of unconventional treatment:

- ◆ Complementary methods where non-traditional treatments are given in addition to standard medical procedures
- ◆ Alternative methods of treatment used instead of established treatment
- ◆ Integrative methods that combine traditional and non-traditional as part of a treatment plan

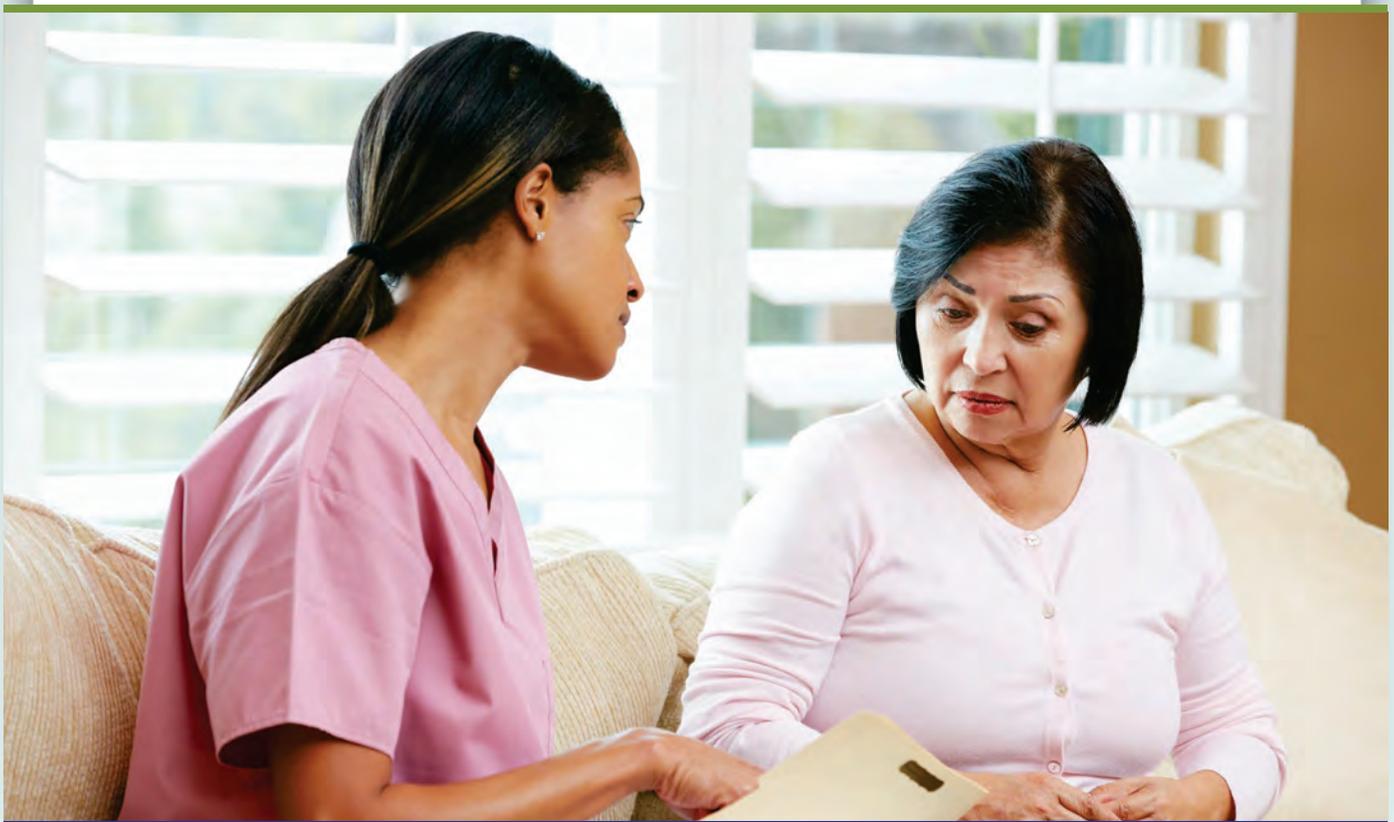
To learn more about these options visit <https://nccih.nih.gov>.

Remember, complementary health approaches may provide additional help but should not be considered as substitutes for traditional therapeutic treatment methods.

## Creating an Effective Discharge Plan

The discharge plan includes ways you can help care for and support your loved one once they're released from a hospital or other inpatient treatment setting. Discharge plans are not always shared with family members, but don't hesitate to ask what the plan is for your loved one's care once they're released. The plan should include:

- ◆ Reason for admission
- ◆ Information on diagnosis in terms that are easy to understand



- ◆ Medications to take after discharge and the following information:
  - Purpose of medication
  - Dosage of medication
  - When to take medication
  - How to take medication
  - Possible side effects
  - Where to get medication and refills
  - Instructions about over-the-counter medications legal substances such as alcohol and nicotine as well as illegal substances considering the patient's history
- ◆ Self-care activities such as exercise and diet, physical activity level or limitations and weight monitoring
- ◆ Coping skills such as sleep hygiene, meditation or yoga
- ◆ Recovery goals, plans for work, school and social outlets
- ◆ Crisis management
  - Symptoms that should be reported to the treatment team including the urgency of the issue, whom to contact, how to contact them, and what to do in an emergency during after-clinic hours
  - Action steps and care options for when warning signs occur
- ◆ Follow-up appointments (usually within seven business days of leaving the hospital). Make sure you know:
  - When the appointment is (date and time)
  - Where the appointment is
  - Who the appointment is with
  - What the appointment is for
  - How to reschedule the appointment if necessary
- ◆ Referrals to community support services, including
  - Mental health and/or substance use disorder support groups
  - Social services available through a variety of county and nonprofit organizations including financial assistance for medications, transportation assistance, nutrition support, emergency housing and volunteer opportunities

Confirm that the medications prescribed at discharge are covered by any health insurance plan that is in place. Discuss benefit coverage and affordability with the doctor, nurse practitioner or whoever is prescribing the medications. Any changes in medications should be clear to you and your family. It's always best for both the person and the family to be involved in the discharge process.

Everyone should understand why, how and when to take the medications and what other treatment services are planned. Each person can also help inform the treatment team about anything else that will be helpful.

## Following a Crisis

A critical part of the discharge plan is an appointment with a mental health care professional, typically within seven days of being discharged. If there are other physical illness concerns, an appointment with an appropriate medical provider should also be scheduled. These appointments should be made before leaving the facility where crisis services were received.

To assist the mental health care professional at the follow-up appointments be prepared with the following information:

- ◆ Name all medications
- ◆ Purpose of the medication
- ◆ Dosage
- ◆ Side effects experienced
- ◆ Any changes in living situation, access to transportation or other previously unidentified concerns
- ◆ Difficulties obtaining or paying for medications
- ◆ Success with self-care strategies and coping skills
- ◆ Any concerns you have since discharge and how your loved one has responded
- ◆ If the crisis plan continues to meet your loved one's needs
- ◆ How other medical conditions are being managed

There is a sample Portable Treatment Record at the end of this guide that provides a format for you to use to capture this information and track it going forward. Having a system in place can help make future crises easier because you will have the critical information in a single place. It is good to periodically review the crisis plan with your loved one to be sure it's up to date.

It's important to remember that crisis services are meant to help people with symptoms of mental illness get the help they need in a safe setting. Recovery can be a process that requires ongoing care, treatment and support.

# ADVOCATING for treatment

Your loved one deserves effective and appropriate care for their mental health. However, it can be difficult to find appropriate services or even know where to start looking. Being an advocate, the person that supports and at times speaks for your loved one, is an important role to play. There are three types of advocacy related to mental health: personal advocacy, public advocacy and legislative advocacy.

**Personal advocacy** starts with educating yourself about available services and understanding client/patient rights. It also includes working through the challenges that may be part of accessing treatment services in your community and state.

Tips to help you in personal advocacy efforts and general communications with health care professionals are:

- ◆ Be organized
- ◆ Be objective
- ◆ Stay calm
- ◆ Be effective
- ◆ Get support

Effective communication helps ensure that you or your loved one receive appropriate treatment. Good communication involves verbal and nonverbal language and listening skills. It also involves using the language of the professionals. By communicating in a professional manner, you help ensure that there is mutual understanding.

Verbal and nonverbal communication work together to convey a message. You can improve your spoken communication by using nonverbal signals and gestures that reinforce and support what you are saying. Non-verbal techniques include:

- ◆ Use eye contact
- ◆ Concentrate on keeping a calm tone of voice
- ◆ Avoid nonverbal gestures and hand signals that can be misread
- ◆ Sit next to the most important person at the meeting
- ◆ Speak slowly and clearly

You can also develop verbal skills to show that you are listening and understand what has been said. Some of these techniques include:

- ◆ **Paraphrasing:** putting into your own words what the other person has said; do this by using fewer words and highlighting the facts
- ◆ **Reflective listening:** focusing on the feeling or emotion of what has been said; state back what you hear and see, while taking note of the nonverbal and verbal communication
- ◆ **Summarizing:** restate the important points the other person said; do this after a person has spoken for a long period of time
- ◆ **Questioning:** ask open-ended questions to clarify what has been said.
- ◆ **Using I-Statements:** begin sentences with I-statements; doing that clarifies that you're speaking from your point of view, conveys how you feel and are non-judgmental, you might say "I hear my loved one is...is that correct?"
- ◆ **Listening:** focus on what the other person is saying without letting your own thoughts and feelings interfere; be open to what others suggest since they may have a good idea that you haven't considered

**Public advocacy** includes speaking to organizations, faith communities, clubs, school classes or other groups about your experience with mental health conditions. Every time you write a letter to the editor, speak to someone outside your work or social circle, forward a social media post, you are doing public advocacy. These actions help reduce stigma by normalizing the public's understanding of how mental illness affects people.

**Legislative advocacy** is what most of us think of when we hear the word 'advocacy.' It's actually easier than it sounds. Every time you call, write, meet with or testify in front of elected representative(s) you are doing legislative advocacy. Getting involved with your local NAMI organization is a way to be involved in public and legislative advocacy efforts and make your voice heard.

Programs such as NAMI In Our Own Voice, NAMI Ending the Silence and NAMI Smarts provide an opportunity to learn to tell your story effectively.



*Public advocacy includes speaking to organizations, faith communities, clubs, school classes or other groups about your experience with mental health conditions.*

Remember that you have the power to make a difference for yourself and your loved one!

### **Who to Contact with Concerns/ Grievances**

If there are concerns about the care provided or other aspects of the treatment services, bring them first to the treatment facility's direct care staff. If that person is not available or the issue is not resolved, speak with the facility director, an administrator or nurse manager. If the problem is not resolved, you may want to contact the patient advocate for the organization.

For concerns that can't be resolved with the facility, contact your state's Disability Rights Services office. You can also contact the organization that certifies the facility, such as the state department of health or mental health, or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This information should be displayed in public areas of the facility.

# OTHER TYPES of crisis situations

## Searching for a Missing Loved One

Once you determine your loved one is missing, contact law enforcement immediately. Provide them with all the information you can. If the person remains missing more than three days, ask the law enforcement officials to place them on the FBI's National Crime Information Center (NCIC) list as an "endangered adult." This computer network provides information nation wide. If you make it clear to police that this is a mental health issue, they may be able to reduce the number of days it takes to file a report.

Federal law prohibits law enforcement from imposing a waiting period before accepting a missing child report. Within 2 hours of receiving a missing child report, law enforcement must add the information to the FBI's National Crime Information Center Missing Person File. You should then call the National Center for Missing and Exploited Children (CMEC) 1-800-843-5678. CMEC will provide technical and case management assistance to help ensure all available search and recovery methods are used.

When a missing person over the age 21 is located, law enforcement cannot hold the person against their will if they haven't committed a crime and are not a danger to themselves or others. In order for that to occur, medical guardianship or court order stating those actions must exist. You may ask law enforcement to let you know if when they locate your loved one, even if your loved one refuses to contact you.

## Register with the National Missing and Unidentified Persons System (NamUs)

Upload information about your loved one on [www.findthemissing.org](http://www.findthemissing.org). This resource will help you, law enforcement and other members of the justice community enter data about the person who is missing.

## Check nearby hospitals, religious centers, homeless shelters and libraries

Although some of these places may say that they are unable to confirm if your loved one is there due to confidentiality rules, you need to know that

*Facebook, Twitter, Instagram and other social media used by your loved one may provide clues to their location.*



HIPAA in fact gives health care providers discretion to confirm that a loved one is there even though they may be unable to share specific information about the person's treatment.

### **Create a missing person poster that includes**

- ◆ Two recent photos
- ◆ Name
- ◆ Hometown plus state
- ◆ Height, weight, age and features such as scars or tattoos
- ◆ Vehicle license plate number and photo of car
- ◆ Place last seen
- ◆ Phone number of who to contact if located

### **Check out social media or create a website**

Facebook, Twitter, Instagram and other social media used by your loved one may provide clues to their location. Look at their friends' social media accounts as well.

### **Contact your NAMI State Organization or NAMI Affiliate**

Your NAMI organization may know about local resources and places to look for your loved one. They may also be able to help share your flyers and expand the search.

### **Alert local media**

Ask the local media to make a public announcement. The publicity may be seen by your loved one or provide information to law enforcement that may help find your loved one. Keep in mind that the media may not cover your story.

## **Handling the Arrest of a Family Member**

### **Medication**

If your family member requires medication, he or she should inform the jail staff. If the jail staff hasn't been informed, ask the jail's physician to contact your loved one's treatment team. You may need to contact your loved one's doctor yourself. Do this in writing and follow-up with a phone call. Your request should include:

- ◆ Your loved one's diagnosis
- ◆ The type of medication
- ◆ Contact information for the doctor
- ◆ Your contact information

### **Mistreatment**

If your family member is being mistreated in jail, contact your state's protection and advocacy

agency, which is responsible for protecting the rights of individuals with disabilities. You may also contact your state's Department of Mental Health, Legal Aid or your state's affiliate of the American Civil Liberties Union (ACLU).

### **Going to Court**

The arrest of a family member may mean they need to appear in court. Knowing what to expect can help you provide support for your loved one and hopefully lead to the best outcome.

### **Working with a Public Defender Attorney**

Most people charged with crimes are assigned a public defender if they can't afford a private attorney. The public defender works for your family member, not you. You can ask your loved one to sign a release that allows the attorney to share information with you.

Here is what you should do:

- ◆ **Contact the public defender.** Attorneys are often in court all day, so call early in the morning or during lunch. Leave a message or call the office and ask for an email address or text number. If you can't reach them, mail a brief summary (no more than three pages) of your loved one's medical information to the office.
- ◆ **Attend the initial hearing.** Introduce yourself to the public defender. Be brief and polite. Thank them for their time and let them know you're available to provide whatever information would be helpful.
- ◆ **Ask the attorney to consider any jail diversion or pre-trial release programs.** If you don't know about any programs, contact your NAMI Affiliate to find out if there is a jail diversion program, mental health court or other program to help defendants with mental health conditions in your community.

You may also hire a private defense attorney who has experience working with clients with mental health conditions.

### **Help Finding an Attorney**

The NAMI HelpLine (1-800-950-NAMI (6264)) maintains a Legal Resource Service that provides you with information on legal services or refer you to an attorney from our legal directory. The directory includes attorneys who have volunteered with NAMI and are interested in working with cases relating to mental health issues. The Legal Resource Service can't provide direct legal advice, they can provide information that will help you support your loved one.

## Preparing for a Court Appearance

If your loved one is released, they may still need to appear in court. If they do not want to appear in court, you can ask the attorney if there's a way that the hearing can continue without their presence. If they need to attend, here are some things you can do to make the experience easier

- ◆ Have a friend drive and drop you off at the courthouse door
- ◆ If you drive, arrive early to find parking
- ◆ Security may search bags and ask you to remove clothing like a belt or jacket; if your loved one will be upset by these procedures, ask if you can carry these items into the courthouse for them
- ◆ Bring medicine in case you are in court for several hours
- ◆ If allowed, bring snacks
- ◆ Dress nicely; this will make a good impression on the court and show that you are taking the hearing seriously

# PREPARING for a crisis

No one wants to worry about the possibility of a crisis—but sometimes it can't be avoided. It's rare that a person suddenly loses control of thoughts, feelings and behavior. General behavior changes often occur before a crisis. Examples include sleeplessness, ritualistic preoccupation with certain activities, increased suspiciousness, unpredictable outbursts, increased hostility, verbal threats, angry staring or grimacing.

Don't ignore these changes, talk with your loved one and encourage them to visit their doctor or nurse practitioner. The more symptomatic your family member becomes, the more difficult it may be to convince them to seek treatment.

If you're feeling like something isn't right, talk with your loved one and voice your concern. If necessary, take action to get services for them and support for yourself.

When a mental health crisis begins, it is likely your family member is unaware of the impact of their behavior. Auditory hallucinations, or voices, may be giving life-threatening suggestions or commands. The person believes they are hearing, seeing or feeling things that aren't there. Don't underestimate the reality and vividness of hallucinations. Accept that your loved one has an altered state of reality and don't argue with them about their experience. In extreme situations, the person may act on these sensory distortions.

If you are alone and feel safe with them, call a trusted friend, neighbor or family member to come be with you until professional help arrives. In the meantime, the following tips may be helpful:

- ✓ Learn all you can about the illness your family member has.
- ✓ Remember that other family members (siblings, grandparents, aunts and uncles...) are also affected, so keep lines of communication open by talking with each other.
- ✗ Avoid guilt and assigning blame to others. It's not helpful or useful to do so. The illness is no one's fault.
- ✓ Find out about benefits and support systems when things are going well. Don't wait until there is a crisis. Support systems should encompass both physical and mental health.
- ✓ Learn to recognize early warning signs of relapse, such as changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.
- ✓ Talk to your family member, especially when they're doing well. They can usually identify such signs (and other more personal ones). Let them tell you what helps to reduce symptoms and relieve stress. A visit to a psychiatrist, case manager, therapist, support group, or friend may help prevent a full-blown relapse. The person may also need an adjustment in medication.
- ✗ Don't threaten; this may be interpreted as a play for power and increase fear or prompt an assault.
- ✗ Don't shout or raise your voice. If your loved one doesn't appear to hear or be listening to you, it's not because he or she is hard of hearing. Other voices or sensory input is likely interfering or predominating.
- ✗ Don't criticize or make fun of the person. It can't make matters better and may make them worse.
- ✗ Don't argue with other family members, particularly in your loved one's presence. This is not the time to argue over best strategies, allocate blame or prove a point. You can discuss the situation when everyone has calmed down.
- ✗ Don't bait the person. He or she may just act on any threats made if you do. The consequences could be tragic.
- ✗ Don't stand over the person. If the person is sitting down, you sit down (or stand well away from him or her). If the person is standing, keep your distance.

- ✗ Avoid direct, continuous eye contact or touching the person. Such contact may seem threatening.
- ✓ Do what your loved one wants, as long as it's reasonable and safe. Complying with reasonable requests helps them regain some sense of control.
- ✗ Don't block the doorway or any other exit. You don't want to give your loved one the feeling of being trapped.

Sometimes your loved one may become violent, particularly if he or she has been drinking alcohol or has taken a street drug. Substance use increases the risk of violence for anyone, not just those who have a mental illness. Clues that a person may become violent include clenched fists, a prominent blood vessel in the neck or forehead, working of the jaw, a hard and set expression to the face, and angry staring or talking. Acknowledge your own uneasiness, tell your loved one how their behavior is making you feel. Sometimes such feedback can diffuse the situation.

If you and the rest of your family have made a limit setting plan, now is the time to use it. If you haven't already warned your loved one of the consequences of certain behaviors while he or she was calm, use your judgment and past experience to decide to warn him or her, or simply go ahead with the plan.

Give your loved one plenty of physical and emotional space. Never corner a person who is agitated. This is not the time to make verbal threats or sarcastic remarks. Don't try to lecture or reason with your loved one when he or she is agitated or losing control. Find an exit and leave if you are scared or they become violent.

Get help. Having other people there, including law enforcement, may defuse the situation. Developing a plan is another way to feel more prepared when emergency situations occur.

**A crisis plan** is a written plan developed by the person with the mental health condition and their support team, typically family and close friends. It's designed to address symptoms and behaviors and help prepare for a crisis. Every plan is individualized, some common elements include:

- ◆ Person's general information
- ◆ Family information

- ◆ Behaviors present before the crisis occurs, strategies and treatments that have worked in the past, a list of what actions or people that are likely to make the situation worse, a list of what helps calm the person or reduces symptoms
- ◆ Current medication(s) and dosages
- ◆ Current diagnoses
- ◆ History of suicide attempts, drug use or psychosis
- ◆ Treatment choices/preferences
- ◆ Local crisis lines
- ◆ Addresses and contact information for nearby crisis centers or emergency rooms
- ◆ Mobile crisis unit information, if there is one in the area
- ◆ Contact information for health care professionals (phone and email)
- ◆ Supports - adults the person has a trusting relationship with such as neighbors, friends, family members, favorite teacher or counselor at school, people at faith communities or work acquaintances
- ◆ Safety plans

The crisis plan is a collaboration between the person with the mental health condition and the family. Once developed, the plan should be shared by the person with involved family, friends and professionals. It should be updated whenever there is a change in diagnosis, medication, treatment or providers. A sample crisis plan is included in the Portable Treatment Record at the end of this guide.

The more the person with the mental health condition and the family can work together to identify and understand what contributes to a crisis and what strategies helped, the more prepared you will be for a future crisis.

Helpful tips to remember:

- ◆ Create a safe environment by removing all weapons and sharp objects
- ◆ Lock up medications, both over-the-counter and prescription medications
- ◆ Discuss with others in the household about how to stay safe during a crisis
- ◆ Post the number of your county mental health crisis team
- ◆ Contact your local law enforcement and provide them with a copy of the crisis plan

**Psychiatric Advance Directives (PAD)** are legal documents that share a person's specific instructions or preferences regarding future

mental health treatment. PADs are used during a psychiatric emergency if the person loses their capacity to give or withhold informed consent to treatment. PADS can also include specific consent to communicate with family members, caregivers or friends during crisis situations. The National Resource Center on Psychiatric Advance Directives (NRC-PAD, [www.nrc-pad.org](http://www.nrc-pad.org)) provides information for person with a mental health

condition, family members, clinicians and policy makers interested in PADs. State laws vary on PADs. Learn more by asking your health care provider or your attorney for information about your state. Once you, or your loved one, have developed the advance directives, share it with the health care professionals involved in the treatment plan as well as concerned family members.

# NAMI resources

NAMI is the nation's largest grassroots mental health organization. NAMI provides advocacy, education, support and public awareness so that all people and families affected by mental illness can build better lives. There are NAMI organizations at the national, state and local level.

## We educate.

Offered in thousands of communities across the United States through NAMI state organizations and affiliates, our education programs ensure hundreds of thousands of families, individuals, professionals, students and educators get the support and information they need.

## We advocate.

NAMI shapes national public policy for people with mental illness and their families and provides volunteer leaders with the tools, resources and skills necessary to save mental health in all states.

## We listen.

Our toll-free NAMI HelpLine (1-800-950-NAMI (6264)) responds to hundreds of thousands of requests each year, providing free referral, information and support.

## We lead.

Public awareness events and activities, including Mental Illness Awareness Week and NAMI Walks, successfully fight stigma and encourage understanding.

To learn more about NAMI

- Visit [www.nami.org](http://www.nami.org)
- Call the NAMI HelpLine: 800-950-NAMI (6264)
- Email the NAMI Helpline: [info@nami.org](mailto:info@nami.org) Find a NAMI near you: [www.nami.org/local](http://www.nami.org/local) Information about NAMI's education classes, presentation and support groups: [www.nami.org/programs](http://www.nami.org/programs).

## NAMI Classes

**NAMI Basics** is a 6-session course for taught by and for parents/caregivers of people younger than 22 years of age experiencing mental health challenges. The course is offered in Spanish as Bases y Fundamentos de NAMI in a limited number of states.

**NAMI Family-to-Family** is a 12-session course for taught by and for families, partners and friends of people with mental health conditions. The course is offered in Spanish as De Familia a Familia de NAMI in a limited number of states.

**NAMI Homefront** is a 6-session mental health course for taught by and for families, partners and friends of military Service Members and Veterans. NAMI Homefront is also available online, taught live in a virtual classroom.

**NAMI Peer-to-Peer** is an 8-session recovery course for taught by and for adults (18 years and older) with a mental health condition. The course is offered in Spanish as De Persona a Persona de NAMI in a limited number of states.

**NAMI Provider** is available as a 5-session course or a 4-hour introductory seminar for health care staff.

## NAMI Presentations

**NAMI Ending the Silence (ETS)** is a 50-minute prevention and early intervention program that engages school-aged youth in a discussion about mental health. ETS also has presentations for school staff and parents.

**NAMI In Our Own Voice** is an interactive presentation that provides insight into what it's like to have a mental illness.

## NAMI Support Groups

**NAMI Connection** is a recovery support group program facilitated by and for any adult (18 years and older) with a mental health condition.

**NAMI Family Support Group** is a support group facilitated by and for family members, caregivers and loved ones of individuals with mental illness.

# Portable Treatment Record

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Emergency contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_

## Primary care physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_

## Psychiatrist

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_

## Other mental health professionals (therapist, case manager, psychologist, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of mental health professional: \_\_\_\_\_

Office address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of mental health professional: \_\_\_\_\_

Office address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Medical History

## Allergies to medications:

Medication	Reaction

## Psychiatric medications that caused severe side effects:

Medication	Side effects	Approximate date discontinued

## Major medical illnesses:

Illness	Treatment	Current status

## Major medical procedures (ex: surgeries, MRI, CT scan)

Date	Procedure	Result





# Crisis Plan

**Emergency resource 1:**

Phone:

Cell phone

**Emergency resource 2:**

Phone:

Cell phone:

**Physician:****Phone:**

If we need help from professionals, we will follow these steps (include how the children and other vulnerable family members will be taken care of):

1.

---

2.

---

3.

---

4.

---

5.

---

**When will we think about going to the hospital?** What type of behavior would make us consider doing this?

**When will we think about calling 911?** What type of behavior would make us consider doing this?

# Relapse Plan

The person with the mental health condition and the family should talk together and agree on the following parts of their plan:

**How do we know the symptoms are returning?** List signs and symptoms of relapse:

1.

2.

3.

**When the symptoms on line 1 appear, we will:**

◆

◆

◆

**When the symptoms on line 2 appear, we will:**

◆

◆

◆

**When the symptoms on line 3 appear, we will:**

◆

◆

◆

**When will we think about going to the hospital?** What type of behavior would make us consider doing this?

**When will we think about calling 911?** What type of behavior would make us consider doing this?

# Student Resources

# Recharging Your Personal Battery: Mental Health **Self-Care Tips**



Life can be stressful, and your body and mind can't go nonstop without any breaks. You may focus on work or school, your family, or other commitments and forget you need to take care of yourself, too. This can weaken your mental health and lead to burnout.

You don't want your phone to run out of battery when you need to use it. Similarly, when your mental or physical energy runs low, you need to plug into your personal power sources. **By building self-care activities into your life, you give your mind and body the break they need to recharge—to help you be the best self you can be.**

## Self-Care Basics

Some activities are so important for mental health and wellness that they form the foundation of taking care of yourself. These include:

- **Get enough sleep:** Feeling well-rested is critical to your overall well-being. Try to get 7 to 9 hours of sleep each night so your body and brain can reset and be ready for the next day.
- **Eat healthy food:** Dealing with busy and stressful days requires energy, and eating the right kinds of foods can improve your mood and ability to function.
- **Stay hydrated:** Getting enough to drink helps your body and brain work well and also increases your energy. Focus on water or drinks without added sugar.
- **Move your body:** Exercise increases your energy levels and boosts your mood. Whether you take a walk, go on a hike, join a dance class, or go to the gym, you'll feel better after getting active.
- **Take your medications:** If you have any physical or mental health conditions, follow your doctor's instructions to help prevent a crisis situation or other problems from developing.
- **Manage your schedule:** Try to avoid taking on more than you can handle. Know your limitations and be sure to build in time for the things that are most important to you. Saying "no" can be a kind of self-care.
- **Connect with friends and family:** Social support is vital to good mental health. Keep in touch with friends and family members you enjoy being with, and who will give you a boost of positivity or comfort.
- **Avoid alcohol or drugs:** The use of alcohol and drugs can make a mental health condition worse and increase the chances of a crisis developing. Work on reducing the amount you use and how often. You may need to cut them out of your life to care for your mental health.



Get More Resources at: [takeaction4mh.com](https://takeaction4mh.com)

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## Pick Your Pick-Me-Ups

Everyone is different, so the self-care activities that work for one person may not be helpful to another. **Find the things that help you relax and feel good.** Try different activities to see which ones you want to add to your personal go-to list when you need a boost.

Here are some ideas. **Check off the activities that you have tried and take opportunities to try new activities:**

- Go outside to get some sunshine
- Listen to music and sing along
- Take a power nap
- Meditate or use a mindfulness app
- Eat a piece of dark chocolate
- Take a walk in nature
- Write in a journal
- Join a community sports league or play a pick-up game at the park
- Take a long, warm bath
- Get your hair or nails done
- Watch a TV show or movie that makes you feel good
- Have a dance party
- Stretch or do some yoga moves
- Take a break from your screen
- Breathe in for 5 counts, hold for 5, breathe out for 5, hold for 5, and repeat
- Plan a vacation
- Go to a museum and look at beautiful things
- Read a book
- Connect with other people in an online support group
- Work in the garden
- Listen to nature sounds like ocean waves or a babbling brook
- Do something creative like art, writing or playing an instrument
- Go for a long drive
- Call a friend you haven't spoken with in a while
- Turn off your phone alerts
- Play with the kids in your life
- Color in a coloring book or downloaded coloring sheets
- Cook your favorite dish
- Pray
- Light a candle or use aromatherapy scents
- Play a game
- Get a massage or use a self-massage tool
- Make a list of 10 things you're grateful for in your life
- Take up an extreme sport activity
- Buy yourself fresh flowers
- Order in dinner
- Watch the sunrise or sunset
- Take a mental health day
- Relax with a cup of tea or coffee
- Watch cute animal videos
- Learn something new
- Send a note to someone you care about

## What if I still need help?

Self-care activities are like keeping the battery charged so your phone will function throughout the day. If the battery runs low, you may not be able to use the device until you plug it in again. Sometimes, though, a phone may have a problem like a software glitch or a broken screen that needs professional attention.

For your mental health, self-care can keep you in good emotional shape and prevent small stresses from turning into big ones. But sometimes it's not enough. **If you start to feel overwhelmed, anxious or depressed, it may be time to seek help (takeaction4mh.com/learn-more-resources).** **Find out more about the different types of support available to you (takeaction4mh.com/find-help-now).**



Get More Resources at: [takeaction4mh.com](https://takeaction4mh.com)

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# Stay Connected to Friends and Family



Friends and family provide support and comfort in good times and challenging times. Studies have shown that supportive relationships increase well-being.

**Here are some actions you can take to stay connected to friends and family, to let them know how you're doing, and to ask for support when needed.**

## TAKE ACTION

### Stay in Touch with Friends and Family

**Make a point of staying in touch with the friends, family members, neighbors, and coworkers who are a positive force in your life.** Meet them for coffee. Go for a walk. Call to catch up. Or send a quick text to share something that made you think of them. Let them know how important they are to you. Even a simple note saying, "How are you?" or "I'm glad you are in my life" will let them know that you care about them and keep the connection current.

**Strong, healthy relationships with loved ones increases our sense of belonging, improves our confidence, and reduces stress and anxiety. Staying connected promotes feelings of well-being, wards off feelings of sadness and loneliness, and it makes it easier to ask for help.** Different people can provide different kinds of support, all of which can be helpful.

## TAKE ACTION

### Let Friends and Family Know How You're Doing

**It's always a good idea to let caring friends and family know how we're doing.** But it takes courage. Talking to others about our feelings can be difficult. We worry about upsetting them or changing the way they feel about us. And when we're not feeling our best, we may feel like withdrawing from others completely. **Even so, sharing our feelings with someone we trust is the first step toward feeling better.**



Get More Resources at: [takeaction4mh.com](https://takeaction4mh.com)

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# Check-In Chats: Supporting the People You Care About



Checking in with the people in your life is a helpful way to take action for mental health. Many people want to support their family and friends, but aren't sure how to bring up the subject of mental health. The good news is that it doesn't have to be hard!

## Here are some tips for having a Check-In Chat:

### WHO can you check in with?

- ✓ Family
- ✓ Friends
- ✓ Co-workers, fellow students, or other people you see often
- ✓ Neighbors
- ✓ Someone you think might be struggling with their mental health

### WHAT is a Check-In Chat?

- ✓ A conversation about how someone is feeling
- ✓ A way to ask if someone needs some support for their mental health
- ✓ A chance to show you care and are there for them

### WHY have a Check-In Chat?

- ✓ You can make a big difference in someone's life
- ✓ Connecting with someone makes them feel less isolated and supported
- ✓ Starting a conversation can lead to someone opening up about their situation and needs
- ✓ You can help someone find support or services when needed
- ✓ Talking about mental health gets easier the more you do it

### WHERE could you have a Check-In Chat?

- ✓ In person
- ✓ On the phone
- ✓ Through text messages or social media direct messages
- ✓ Online video
- ✓ Wherever you both can talk and feel comfortable



Get More Resources at: [takeaction4mh.com](https://takeaction4mh.com)

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## WHEN is the right time for a Check-In Chat?

- ✓ Whenever you have a chance to catch up with someone
- ✓ If you notice that someone might be having a hard time with their mental health ([takeaction4mh.com/check-in-resources](https://takeaction4mh.com/check-in-resources)) or think they may be at risk of suicide ([takeaction4mh.com/check-in-resources](https://takeaction4mh.com/check-in-resources))
- ✓ When you know someone is dealing with a stressful event in their life
- ✓ As often as you and the other person want to check in

## HOW do you do a Check-In Chat?

- ✓ A Check-In Chat doesn't have to focus only on mental health. You can start by talking about anything that connects you to that person.
- ✓ The conversation might be easier while you are doing something else together, like taking a walk or another activity you both enjoy.
- ✓ Ask them how they are or what's going on in their life. Even if they say they are fine, give them a chance to share more by saying something like "Last time we talked, you said you were under pressure at work. How's that going?" Or "Seems like something is bothering you. Do you want to talk about it?"
- ✓ If you have reason to think they are struggling, you can open with "I've noticed that..." with examples of behavior changes or other concerns. Let them know you care and want to help.
- ✓ If you are worried they might be thinking about suicide, ask them about it directly. You will not plant the idea in their head, but rather could bring them relief to have a conversation. Get help with how to talk about suicide and what to do if you think they might hurt themselves ([takeaction4mh.com/check-in-resources](https://takeaction4mh.com/check-in-resources)).
- ✓ Listen to what they have to say without interrupting. Use eye contact and open body language to show you're listening. If you're not together in person, maintain focus while you chat, without looking at your phone, a computer, or the TV.
- ✓ Validate their feelings with responses like "That must be hard," or "It sounds like you're feeling really frustrated."
- ✓ Avoid giving advice or sharing your own experience unless they ask for it. Keep the Check-In Chat focused on the other person's mental health needs.
- ✓ Ask them "What can I do to support you?" and follow up on it.
- ✓ If the other person isn't interested in opening up, don't push them. Let them know you're there for them if they want to talk another time. Keep in touch with future check-ins.
- ✓ Check-in Chats don't have to be long talks. You can even text a question to someone who wants your support like "On a scale of 1-10, how do you feel today?" Depending on the answer, you can decide whether to follow up.
- ✓ If you could use some mental health support yourself, find a Check-In Buddy and make a plan to check in with each other on a regular basis. Or reach out to someone you trust to ask for support ([takeaction4mh.com/get-support-resources](https://takeaction4mh.com/get-support-resources)).

**Take action for mental health by having a Check-In Chat with someone you care about.** Think about someone in your life who might need some support and reach out to them today.



Get More Resources at: [takeaction4mh.com](https://takeaction4mh.com)

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**TAKE ACTION**

FOR MENTAL HEALTH

### **I Pledge to Take Action for Mental Health**

"I will **Check In** with myself to identify mental health needs.

I will **Learn More** about mental health.

I will **Get Support** for my own mental health, and support the mental health of others.

I will **share this pledge** with others, to help them take action too!"

Would you like to write your own **Pledge to Take Action for Mental Health?**

Write it below:

Signature and Date: \_\_\_\_\_



# When Is It Time to **Seek Support** for Your Mental Health?



Everyone faces challenges sometimes. Your mental health can vary greatly based on what's happening in your life.

Life events can affect your mental health and wellness in different ways. Whether you are experiencing a major life event, or a less obvious stressor you may experience sadness, anxiety, or feel off-balance. **Recognizing these feelings or stressful events can help you know when to reach out for support.**

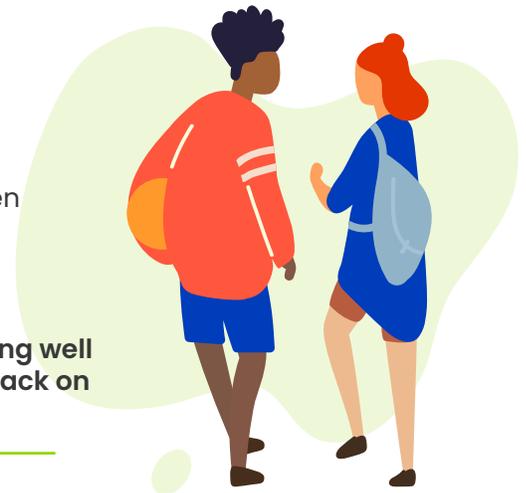
## How do I know when to seek help?

You might think the hard times you've been having are just part of life. And you may be right. However, when a few bad days seem like they come more often than not, and last for more than two weeks, this can be more serious. If your usual coping methods aren't helping, it's time to seek additional support.

**Some of the most common signs that you may need support or professional help include:**

- Feeling sad or hopeless
- Feeling consistently anxious, worried, or overwhelmed
- Being unable to concentrate on work or school
- Having wide changes in moods
- Withdrawing from friends and activities
- Difficulty coping with daily problems or stress
- Consuming more alcohol or drugs than usual or more often
- Becoming easily irritable
- Undergoing changes in eating or sleeping patterns
- Thinking people are out to get you

**When one or more of these conditions keeps you from functioning well or affects your quality of life, getting support can help you get back on track and feel better.**



## What should I do?

Build your long-term wellness by taking care of yourself through healthy habits every day. Check in with yourself regularly to get a read on how you're feeling. If you notice that you're a bit stressed or feeling low, [boost your mental health with some self-care tools](https://takeaction4mh.com/learn-more-resources) (takeaction4mh.com/learn-more-resources).

**If you're having any of the warning signs or symptoms listed above, or if you feel like your usual coping methods aren't helping, reach out for support.** This might include talking with someone you trust like a friend or family member, joining a peer support group, or making an appointment with a mental health or medical professional. [Find out about the different types of support that are available](https://takeaction4mh.com/learn-more-resources) (takeaction4mh.com/learn-more-resources).



Get More Resources at: [takeaction4mh.com](https://takeaction4mh.com)

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FOR MENTAL HEALTH

## What is a mental health crisis?

What if your feelings of stress, anxiety, or depression keep coming back, or never go away at all? What if you feel like you can't cope with what's going on in your life? If your thoughts or emotions feel out of control, you may be heading toward a mental health crisis.

**Reach out to someone you trust and get assistance as soon as you are able.** You may choose to meet with a mental health professional, your religious or cultural leader, or another trusted source of support.

If you can't get an appointment quickly, **consider options like online therapy or speaking with someone at a mental health warmline or a crisis hotline** ([takeaction4mh.com/find-help-now](https://takeaction4mh.com/find-help-now)).

**If you are having thoughts of suicide, don't wait to get help. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or visit [www.suicidepreventionlifeline.org/chat](https://www.suicidepreventionlifeline.org/chat) to use the Lifeline Chat. Trained counselors are available 24/7 to offer support.**

**Remember that you are not alone and help is available.** See more about the warning signs of suicide and how to take action to stay safe ([takeaction4mh.com/check-in-resources](https://takeaction4mh.com/check-in-resources)).

## What if I'm worried about someone else?

Just as mental health may look different for each person, the signs of a mental health crisis can vary widely.

**If you notice that someone you know is acting differently than usual in their behavior or personality, this is a good clue to check in with them about how they are feeling.** You might see a pattern of them not taking care of themselves as they normally do. For example, they may skip work or school, sleep all day, or avoid personal care activities like bathing or eating.

Ask how you can best support them. You can even help them explore options for other types of assistance. **Get ideas on how to start the conversation with them** ([takeaction4mh.com/check-in-resources](https://takeaction4mh.com/check-in-resources)).

**Take action right away if someone puts themselves or others at risk of harm. If they are suicidal (<https://suicidepreventionlifeline.org/>), get help by contacting the National Suicide Prevention Lifeline listed above, or call 911 in a life-threatening situation.** Counselors at the National Suicide Prevention Lifeline can offer support to someone in crisis, and are also available to help you in supporting someone else.

**CHECK IN**

**LEARN MORE**

**GET SUPPORT**

When you regularly check in on your own mental health and that of the people you care about, you can take action to address problems early on before they become more serious. **Learn more on the Take Action for Mental Health website: [takeaction4mh.com](https://takeaction4mh.com).**



Get More Resources at: [takeaction4mh.com](https://takeaction4mh.com)

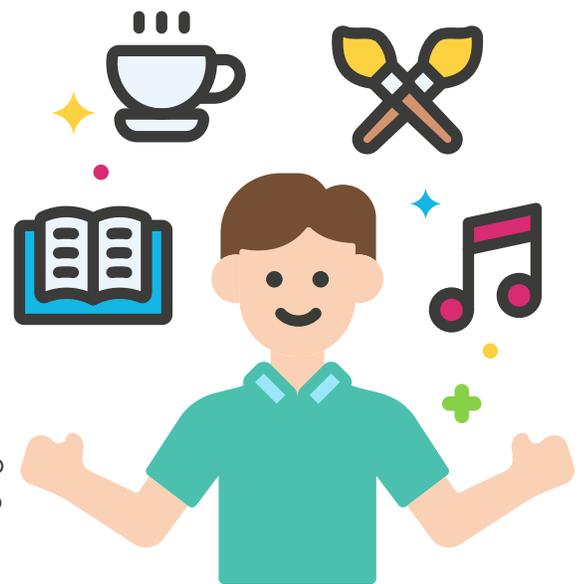
**Take  
Action**  
FOR MENTAL HEALTH

# Everyday Mental Health Tips

Here are 10 simple ways to keep your mental health in check:

## Tip #1: Practice Self-Care

Self-care is all about taking care of yourself. It means taking time out to do activities that are important for your physical and mental health. Spending time on yourself isn't selfish and should be a part of your weekly routine — no matter how busy you are. Eat right, go to bed a little earlier, do some yoga, grab a cup of coffee solo; it looks different for each person. Find what works for you to feel your best.



## Tip #2: Get High-Quality Sleep

Sleep is essential for both optimum physical and mental health. Not only does your body repair itself while you sleep, but it also helps you feel refreshed to focus and concentrate. Chronic lack of sleep is tied to an increased risk of heart disease, diabetes, kidney disease, high blood pressure, and stroke.

## Tip #3: Keep Stress in Check

Too much stress wears the body and the mind down. If you find yourself constantly stressed, your body will act as though it's in constant "fight or flight mode" which can cause a variety of health issues. Chronic stress weakens the immune system and can cause fatigue and issues like depression and anxiety. Find ways to wind down at the end of each day and to blow off steam when you feel stress building up.

## Tip #4: Move Your Body

Exercise is helpful for a variety of bodily functions and can keep you feeling well mentally and physically. Moving regularly increases your body's heart rate and releases "feel-good neurotransmitters" called endorphins. Whether you love dancing, skiing, skating, kickboxing, or running, moving your body daily can help you feel mentally strong.

## Tip #5: Enjoy Nature's Vitamin D

Vitamin D is responsible for keeping your immune system strong. Research also shows it plays a crucial role in elevating mood, too. Your skin processes vitamin D from the sun's rays, but if you're deficient — or live in a place with little sun — you may need to take a supplement as well. Spending time outdoors is also known to improve mood and conditions like anxiety and depression.

### Tip #6: Find Hobbies

Hobbies are a great way to meet new people and learn new things about yourself. Exploring hobbies can improve your social interactions, which can in turn improve your mood. Hobbies also give you a purpose outside of work and can be done simply for pleasure and are often quite rewarding. You don't need to pick up expensive hobbies, either. Reading, knitting, creating music, gardening, and other similar activities can be relatively low-cost and enjoyable.

### Tip #7: Drink Plenty of Water

Consuming enough water is an essential part of living well. If you aren't drinking enough water, you may feel sluggish and experience brain fog, which can have an impact on your mood. Keep water with you and drink regularly throughout the day to keep your energy levels up and your body feeling its best.

### Tip #8: Practice Gratitude

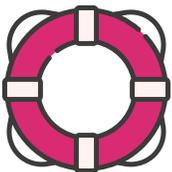
At the end of each day, think about 3 things you're grateful for. Reflect on those 3 things or write them down. It could be as simple as having a bed to sleep in or a beautiful, sunny day.

### Tip #9: Laugh

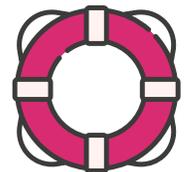
Laughter is always the best medicine. If you're feeling stressed out or down, find a way to laugh. You can call up your funniest friend, watch a comedy, or look up your favorite comedian on YouTube. When you're feeling crummy, a good laugh can be therapeutic.

### Tip #10: Ask For Help

If you're struggling, ask for help. It can be difficult to do so for fear of judgment, but asking for help takes courage. It also means you're a step closer to getting the proper mental health help you need. You can research mental health resources online, talk to your primary doctor, or even search for mental health counselors in your area. You'll find some free resources below, too.



## Need to Talk to Someone?



If you're struggling through a difficult time, help is available. Below are free or reduced-cost mental health resources.

**NAMI HelpLine** – Call 1-800-950-6264 Monday through Friday (10 am–6 pm, ET) or email [info@nami.org](mailto:info@nami.org) to get support or free resources.

**National Suicide Prevention Lifeline** – Call 800-273-8255 right away if you or someone you know is in crisis.

**Crisis Text Line** – Text NAMI to 741-741 for free 24/7 access to a trained crisis counselor.

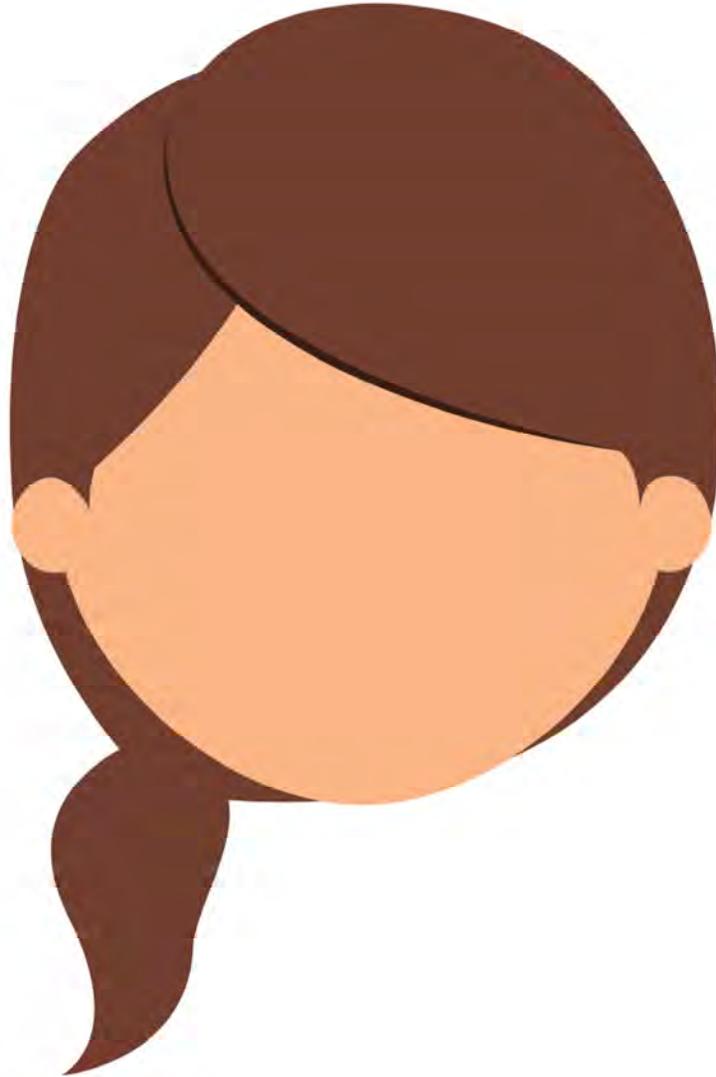
**National Domestic Violence Hotline** – Call 800-799-7233 for help 24/7. You'll be connected with a trained expert advocate who can get you resources and information confidentially.

**Therapy Aid Coalition** – This resource offers free and low-cost therapy options for essential workers and their family members.

# Community Resources

THE ALABAMA WING LINE IS HERE TO LISTEN.

1.844.999.4647  
1.844.99.WINGS



**Today I feel** \_\_\_\_\_

**YOU FILL IN THE BLANK- WE LISTEN**



NEED  
TO  
TALK?

1.844.999.4647



OPEN  
24/7



# How are you feeling today?

**The Alabama Warm Line is here to LISTEN!**

**1.844.999.4647**

**1.844.99.WINGS**



**Today I feel** \_\_\_\_\_

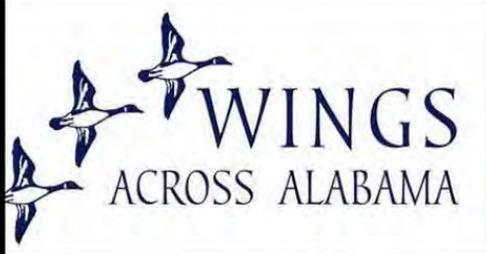
**YOU FILL IN THE BLANK- WE LISTEN**



**NOW OPEN 24/7**

DO YOU NEED TO TALK?  
WE ARE HERE TO LISTEN!  
OFFERING 24/7 NON-CRISIS PEER SUPPORT  
1.844.99.WINGS  
1.844.999.4647





# ALABAMA WARM LINE



**YOU TALK**

**WE LISTEN**



**OPEN  
24/7**



**FREE,  
CONFIDENTIAL  
NON-CRISIS  
PEER SUPPORT**



# OPEN NOW

**SPREAD THE WORD!**

---

**FOR MORE  
INFORMATION VISIT  
WINGSACROSSAL.ORG**



YOU ARE NOT ALONE.....

# WE ARE HERE TO LISTEN.

IF YOU ARE IN NEED OF AN EMPATHETIC  
EAR, CALL US FOR FREE, CONFIDENTIAL  
NON-CRISIS PEER SUPPORT



ALABAMA WARM LINE  
1.844.999.4647



1-844-999-4647

A Warm Line for Non-Crisis Peer Support

**OPEN 24/7**

# We're here for YOU

#CaringIsOurCalling

## Taking Care of YOU!

The responsibilities of **parenting** can be overwhelming in normal times, but the ongoing impacts of COVID-19 have made things even more stressful. Here are a few mindfulness tips to help you take back control and manage your well-being.



### 1. Redefine Your Expectations.

Acknowledge that the current situation is very different than before and modify expectations for yourself and your children.



### 2. Only Control the Controllable.

Some things are out of your control, so try to control only the things you can like how you spend your time, modeling positive thinking, and what priorities to focus on.



### 7. Embrace Professional Help.

Everyone needs support at some point. If things continue to feel overwhelming, don't be ashamed to reach out for help.



### 3. Reprioritize Your Needs.

Decide what is more vs. less important, and realize that your priorities may be different now. Don't forget to carve out time for yourself and time for fun with the kids.



### Need a Quick Reboot?

When you find yourself getting upset, one great way to reboot is to stop, close your eyes, and focus on deep breathing for 60 seconds. Be sure to breathe from your stomach, not your chest.



### 4. Establish a Flexible Routine.

A routine will help bring structure to your day and help accomplish your priorities. But be flexible, and know there will be times you have to adjust.



### 6. Boost Your Resiliency.

Be the strongest you by staying active and healthy, leaning on family and friends for emotional support, and trust yourself. Don't be too hard on yourself when things aren't perfect.



### 5. Stay Socially Engaged.

Social distancing doesn't mean social isolation. Stay connected with other parents. Reach out to teachers for assistance. You don't have to navigate this alone.

"It's amazing what just one day, one talk can do. You never really know what's going on in the mind of any particular student."

—Teacher

## About NAMI

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization. NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

If you're seeking support or need information on how to better manage a mental health challenge in yourself or a loved one, you are not alone. NAMI is here for you.

NAMI supports your and your family's unique journey towards mental health and wellness. Our outstanding peer-led programs provide free education, skills training and support. Thousands of trained volunteers are bringing these programs to their communities every day. We invite you to join our movement to ensure better lives for everyone.

To schedule a presentation,  
visit [nami.org/local](http://nami.org/local) and  
contact the NAMI Affiliate in your area



## Ending the Silence

[www.nami.org/ets](http://www.nami.org/ets)

NAMI Helpline:  
800-950-NAMI or [info@nami.org](mailto:info@nami.org)



[facebook.com/NAMI](https://www.facebook.com/NAMI)



[@NAMICommunicate](https://twitter.com/NAMICommunicate)



[NAMICommunicate](https://www.instagram.com/NAMICommunicate)

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National Alliance on Mental Illness

# Ending the Silence

A Mental Health Awareness Program  
that Supports Youth





## Ending the Silence

NAMI **Ending the Silence** is an engaging presentation that helps audiences learn about the warning signs of mental health conditions and what to do if you or a loved one show symptoms.

In presentations, a lead presenter shares an informative presentation and a young adult with a mental health condition shares their journey of recovery. Audience members can ask questions and gain understanding of an often misunderstood topic. Through dialogue, we can help grow the movement to end stigma.

"I'm really grateful and glad that you talked to us. I often feel very alone or weird because many kids my age don't understand. But, now I'm sure they would be more supportive of me."

—Student

## MENTAL HEALTH and Youth

**13%**

OF CHILDREN  
ages 8-15 experience a  
mental health condition

**50%**

OF CHILDREN  
ages 8-15 experiencing a  
mental health condition  
don't receive treatment

**13-20%**

OF CHILDREN  
living in the U.S.



(1 out of 5 children)  
experience a mental  
health condition in  
a given year

**17%**

OF HIGH SCHOOL  
STUDENTS  
seriously consider suicide

**1/2**

OF ALL LIFETIME CASES  
of mental illness begin  
by age

**14**

Despite effective treatments, there are long delays—sometimes decades—between onset of symptoms and treatment

## Three options for presentations

- Free of cost to schools and communities
- **NAMI Ending the Silence for Students:** 50-minute presentation designed for middle and high school students that includes:
  - Information about warning signs
  - Facts and statistics
  - How to get help for themselves or a friendResearch has shown that this program changes middle and high school students' knowledge and attitudes toward mental health conditions and toward seeking help
- **NAMI Ending the Silence for School Staff:** 1-hour presentation for school staff that includes:
  - Information about warning signs
  - Facts and statistics
  - How to approach students and how to work with families
- **NAMI Ending the Silence for Families:** 1-hour presentation for parents and primary caregivers that includes:
  - Information about warning signs
  - Facts and statistics
  - How to talk with your child and how to work with school staff



National Alliance on Mental Illness

*"This is a great step-by-step program that walks parents every step of the way. It is as if you are holding their hand through it all."*

*NAMI Basics Participant*

## NAMI Basics Education Program

- Available in 40 states in the U.S.
- Available in some communities in Spanish as Bases y Fundamentos de NAMI.

To locate a class, visit [nami.org/local](http://nami.org/local) and contact the NAMI Affiliate in your area.

# Basics

**A Free Peer  
Education Program**

## About NAMI

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If you are seeking support or need information on how to better manage a mental health challenge in yourself or a loved one, you are not alone. NAMI is here for you.

NAMI supports and enriches you and your family's unique journey towards mental health and wellness. Our outstanding peer-led programs provide free education, skills training and support. Thousands of trained volunteers are bringing these programs to their communities every day. We invite you to join our movement to ensure better lives for everyone.

[www.nami.org/basics](http://www.nami.org/basics)

NAMI Helpline:  
800-950-NAMI or [info@nami.org](mailto:info@nami.org)



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*"This class was unexpectedly wonderful! I did not expect to learn so very, very much! It covers so much more than basics that the title doesn't do it justice."*

*NAMI Basics Participant*



## NAMI Basics Education Program

**An education program specifically for parents and other family caregivers of children and adolescents experiencing mental health challenges.**

As a caregiver of a child or adolescent with a mental health condition you face unique challenges: social stigma, complex family dynamics, navigating the school system, unpredictable aspects of these conditions. It can be overwhelming.

NAMI Basics provides you with skills, knowledge and a community of people who can relate to your experience.

You will learn from people like you, who get it, who have been there. Trained peers will guide you on how to better understand and support your child while maintaining your own well-being.

### What should I know?

- Open to parents and family caregivers of people younger than 22 who are experiencing mental health challenges.
- Meets for six sessions.
- Free of cost to participants.
- Taught by trained family members whose children experience mental health challenges.
- No specific medical therapy or medication is endorsed or recommended.

### Why should I attend?

- Find a community of support.
- Gain practical up-to-date information about mental health challenges.
- Learn how to effectively advocate for your child with the school and mental health systems.
- Develop problem solving and communication skills.

## Join a Group

Check our website or Facebook page for information on the time and location.

- Website: [onemoremoment.net](http://onemoremoment.net)
- Facebook: [1.more.moment](https://www.facebook.com/1.more.moment)



## Donate a Box

"When your child breaks their leg, your friends will bring you a casserole, but when they struggle mentally or behaviorally people get uncomfortable"

At One More Moment, we are determined to Change That: We See You, We Hear You, We Support You, Dinner is On US!

30\$ donates a box and connects a family to a community of parents who understand.



# ONE MORE MOMENT

## Empowering Parents of Teens

251-644-8562

[onemoremoment.net](http://onemoremoment.net)

[1.more.moment](https://www.facebook.com/1.more.moment)





## Our Services

### 01 Support Groups/ Parent Training

- Parent Project Classes

### 02 One More Moment Together Box Campaign

### 03 Resources

- Guidance and assistance navigating community resources to support parents and their teens

### 04 One on One Support

- If a support group is the wrong fit, we offer in-person and talk or text one on one support!
- Call us today for individual support and assistance!



## Our Mission

To empower the parents of teens in crisis by providing support, validation, and connection to other parents who understand through in-person groups, parent training, and one on one support.

## Our Vision

To support the mental health of parents of teens in crisis when our role becomes more complex, by offering a safe space that allows parents to come together and support one another, and by offering opportunities for training in order to become more effective in our role.

## About Us

One More Moment is a parent-led organization established by a mother and her son in an effort to support, connect and empower parents and families of teens in crisis. As parents, we have so much in common regardless of the struggles that our teens face.

One More Moment was created to link parents to one another, connect parents to community resources and support the mental health of the parent, by promoting well-being and resilience when our role becomes more complex.



### Nicole Persinger

Mother of Four Teens and Co-Founder



### Denver Persinger

Co-Founder

# Appendices

# 50 Ways to Take a Break

Take a Bath 

Listen to Music 

Take a Nap 

Go to a body of water 

Watch the clouds 

Light a candle 

REST your legs up on a wall 

Let out a sigh 

Fly a Kite 

Watch the stars 

Learn something NEW 

Listen to a guided relaxation 

Read a Book 

sit in NATURE 

Write a Letter 

2x Move twice as slowly 

Take Deep Belly Breaths 

MEDITATE 

Call a friend 

Meander around Town 

WRITE in a journal 

Notice your Body 

Buy some Flowers 

Find a relaxing scent 

Walk Outside 

Go for a run 

Take a bike ride 

Create your own coffee break 

View some ART 

Eat a meal in SILENCE 

Turn off all electronics 

Pet a furry creature 

read or watch something FUNNY 

Examine an everyday object with Fresh Eyes 

Drive somewhere NEW 

Go to a park 

Go to a Farmer's Market 

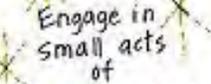
Forgive someone 

COLOR with Crayons 

Make some MUSIC 

Climb a Tree 

Let go of something 

Engage in small acts of KINDNESS 

Do some gentle stretches 

Paint on a surface other than paper 

Write a quick poem 

Read poetry 

Put on some music and DANCE 

Give Thanks 

# 99 Coping Skills

1. Exercise (running, walking, etc.).
2. Put on fake tattoos.
3. Write (poetry, stories, journal).
4. Scribble/doodle on paper.
5. Be with other people.
6. Watch a favorite TV show.
7. Post on web boards, and answer others' posts.
8. Go see a movie.
9. Do a wordsearch or crossword .
10. Do schoolwork.
11. Play a musical instrument.
12. Paint your nails, do your make-up or hair.
13. Sing.
14. Study the sky.
15. Punch a punching bag.
16. Cover yourself with Band-Aids where you want to cut.
17. Let yourself cry.
18. Take a nap (only if you are tired).
19. Take a hot shower or relaxing bath.
20. Play with a pet.
21. Go shopping.
22. Clean something.
23. Knit or sew.
24. Read a good book.
25. Listen to music.
26. Try some aromatherapy (candle, lotion, room spray).
27. Meditate.
28. Go somewhere very public.
29. Bake cookies.
30. Alphabetize your CDs/DVDs/books.
31. Paint or draw.
32. Rip paper into itty-bitty pieces
33. Shoot hoops, kick a ball.
34. Write a letter or send an email.
35. Plan your dream room (colors/ furniture).
36. Hug a pillow or stuffed animal.
37. Hyperfocus on something like a rock, hand, etc.
38. Dance.
39. Make hot chocolate, milkshake or smoothie.
40. Play with modeling clay or Play-Dough.
41. Build a pillow fort.
42. Go for a nice, long drive.
43. Complete something you've been putting off.
44. Draw on yourself with a marker.
45. Take up a new hobby.
46. Look up recipes, cook a meal.
47. Look at pretty things, like flowers or art.
48. Create or build something.
49. Pray.
50. Make a list of blessings in your life.
51. Read the Bible.
52. Go to a friend's house.
53. Jump on a trampoline.
54. Watch an old, happy movie.
55. Contact a hotline/ your therapist.
56. Talk to someone close to you.
57. Ride a bicycle.
58. Feed the ducks, birds, or squirrels.
59. Color with Crayons.
60. Memorize a poem, play, or song.
61. Stretch.
62. Search for ridiculous things on the internet.
63. "Shop" on-line (without buying anything).
64. Color-coordinate your wardrobe.
65. Watch fish.
66. Make a CD/playlist of your favorite songs.
67. Play the "15 minute game." (Avoid something for 15 minutes, when time is up start again.)
68. Plan your wedding/prom/other event.
69. Plant some seeds.
70. Hunt for your perfect home or car on-line.
71. Try to make as many words out of your full name as possible .
72. Sort through your photographs.
73. Play with a balloon.
74. Give yourself a facial.
75. Find yourself some toys and play.
76. Start collecting something.
77. Play video/computer games.
78. Clean up trash at your local park.
79. Perform a random act of kindness for someone.
80. Text or call an old friend.
81. Write yourself an "I love you because..." letter.
82. Look up new words and use them.
83. Rearrange furniture.
84. Write a letter to someone that you may never send.
85. Smile at least five people.
86. Play with little kids.
87. Go for a walk (with or without a friend).
88. Put a puzzle together.
89. Clean your room /closet.
90. Try to do handstands, cartwheels, or backbends.
91. Yoga.
92. Teach your pet a new trick.
93. Learn a new language.
94. Move EVERYTHING in your room to a new spot.
95. Get together with friends and play Frisbee, soccer or basketball.
96. Hug a friend or family member.
97. Search on-line for new songs/ artists.
98. Make a list of goals for the week/ month/year/5 years.
99. Face paint.



[www.yourlifeyourvoice.org](http://www.yourlifeyourvoice.org)

# 101 Stress Relievers

Need a quick—or not so quick—stress-break? Fresh out of ideas? Try one of these:

*Stop and look out the window.*

Work a crossword puzzle.

ANGRY? TALK TO A FRIEND ABOUT IT.

Apologize for a mistake. **Meditate.** Stand up and stretch.

**Ask for help.**

Call up an old friend. **Run.**

*Change coffee break to exercise break.*



Build a model ship.

**TELL** someone "I love you." a joke.

**STOP AND YAWN.**

Dance

**CLIMB A MOUNTAIN.**

Close your eyes. What do you see?

Count to ten—or 1000—before exploding. Count your blessings—make a list.

Cut back on caffeine.

**WATCH A REALLY GOOD MOVIE.**

Plan ahead.

Eat an orange slowly, segment by segment.



**DAYDREAM** spend your coffee break at the beach.

**Do one thing at a time.**



Eat a good breakfast.

Forgive someone.

Fly a kite. Get a massage. Get a pet.

**Find someone you're grateful to and thank them.**

Go fishing.



Get a good night's sleep.

Get up fifteen minutes early.

Keep a journal of thoughts and feelings.

**GO**

for a brisk walk. swimming.

to work a different way.

**Hug a tree.**

**Hug someone you love.**

**Laugh at something you did.**

Leave the car at home and take the bus.

Lie in a hammock.

Lift weights.

Listen to the birds.

Make love.

**LOOK**

at the big picture. closely at a flower, leaf, blade of grass or tree trunk. off into the distance.

Play a round of golf.

Make a list. Then follow it.

READ SOMETHING FUNNY EVERY DAY.

Plant a flower.



Read a good book.

Smell a rose.

Ride your bike to work.

Share feelings with someone.

...a cat in your lap. ...on some music. ...plants in your office. ...your feet up.

Massage your temples.

Quit smoking.

Write a poem.

Sit by a fountain or stream. Close your eyes and bear the water.

Practice Yoga.

Work out at the gym.

WEAR EARPLUGS WHEN IT'S NOISY.

- ✓ Take a child to the playground.
- ✓ Take a deep breath and let it all out.
- ✓ Take a leisurely stroll.
- ✓ Take a long bath.
- ✓ Take a nap.
- ✓ Take an herb tea break.
- ✓ Take one day at a time.
- ✓ Take the back roads.
- ✓ Take the stairs.
- ✓ Take time for the sunset—or sunrise.
- ✓ Take up knitting.

Write a letter to the editor.

TALK TO YOURSELF: "I CAN DO A GREAT JOB." "I CAN STAY CALM UNDER PRESSURE."

Paint a peaceful scene—in your imagination.

**Make time for play.**

Spend an evening without TV.

Write... down your fears. down your dreams. your congressman.

Watch a cloud for 5 minutes. Watch an ant or other insect for 5 minutes.

Sit by a fire.



Turn cocktail hour into exercise hour.

**SING A SONG.**

Walk barefoot in the grass.

**PRACTICE LAUGHING OUT LOUD.**

CLASP YOUR HANDS BEHIND YOUR HEAD AND STRETCH YOUR SHOULDERS.

Roll your shoulders up and around in a circular motion.

# Alphabet of Stress Management and Coping Skills

## A

Ask for help  
Aromatherapy  
Art  
Attend an event of interest  
Athletics  
Ask to talk to a friend  
Allow time to think  
Apologize  
Add numbers  
Aerobics  
Act out favorite actor/actress  
Artistically express feelings  
Act out feelings  
Address the real issue

## B

Bounce a stress ball  
Breathe slowly  
Baking  
Basketball  
Be attentive

## C

Count to ten  
Color a picture  
Catch a ball  
Call crisis line  
Call a friend  
Cookie decorating  
Collect thoughts  
Chat with friends  
Calming techniques

## D

Deep breathing  
Drawing emotions/feelings  
Dancing  
Do push ups  
Driving  
Drink water  
Dress up (play)  
Discuss feelings  
Demonstrate self-control

## E

Eat a snack  
Exercise  
Escape the situation

## F

Find a safe place  
Finish house work  
Fishing  
Free weight  
Find a book to read  
Filter emotions  
Find a puzzle to play  
Find a friend  
Free write feelings  
Following directions  
Fly a kite  
Focus attention elsewhere

## G

Go talk to an adult  
Go to happy place  
Golfing  
Games  
Going to a friends  
Get help from teacher  
Go outside  
Go running  
Go swimming  
Going to the gym  
Gather thoughts  
Go to a different place  
Grow a garden  
Get help from others

## H

Help someone else with a problem  
Hiking  
Have a party  
Hug a friend  
High jumps  
Hang out with friends  
Have someone listen to your problem

## I

"I" statements  
Identify triggers  
Instagram pictures  
Interact with friends  
Initiate conversation  
Imagine your safe place  
Invite someone to play  
Ignore people

## J

Jogging in place  
Jot down good behaviors  
Jumping Jacks  
Jumping rope  
Journaling

## K

Kick a soccer ball  
Keep a journal  
Knitting  
Kickboxing  
Keep calm by thinking  
Kickball  
Keep hands to yourself

## L

Listen and discuss  
Laugh  
Long walks  
Listen to music  
Lay down  
Lift weights  
Letter writing  
Look outside  
Learn something new  
Lay head down on desk

## M

Make a plan  
Make silly faces  
Make food  
Make a craft  
Meditate  
Make a book  
Meet new people

## N

Napping  
Notes to self  
Never give up  
Name something positive

## O

Offer assistance  
Organize item of interest  
Obstacle course  
Open up  
Observe a movie  
Observe surroundings

## **P**

Play a game  
Paint a picture  
Play instrument  
Prepare healthy meal  
Play at the park  
Phone a friend  
Play music  
Practice sport  
Play with PlayDough  
Pretend you are in the other  
persons shoes

## **Q**

Quiet time  
Quilting  
Quickly remove stressor  
Quiet down  
Question feelings

## **R**

Read  
Run  
Ride a bike  
Relax  
Rest  
Request space

## **S**

Sing  
Sleep  
Swim  
Soak in tub  
Soccer  
Send a letter  
Stretch muscles  
Sit in a hammock  
Sun bathing  
Standing alone  
Stop and think about  
response  
Shoot baskets  
Separate self  
Speak up  
Stop and listen

## **T**

Talk to a friend  
Talk to an adult  
Take time by yourself  
Take a walk  
Take a hot shower/bath  
Take deep breaths  
Take a break  
Take a nap  
Talk it out

## **U**

Untie your shoes  
Use a work out video  
Undertake a project  
Unite with family  
Unwind  
Utilize support system  
Use a yoyo  
Use tools  
Utilize resources/coping skills

## **V**

View TV  
Visit a friend/family  
Volunteer  
Visualize calm space  
Verbalize emotions  
effectively  
Visit counselor  
Video games  
Vent feelings

## **W**

Watch a movie  
Write poetry  
Walking  
Write in journal  
Walk outside  
Workout  
Write feelings/thoughts  
Walk away from situation  
Write a letter

## **X**

Xylophone playing  
Xbox  
X-ray your feelings

## **Y**

Yell into a pillow  
Yoga  
Yodel  
Yoyo

## **Z**

Zigzag around room  
Zumba  
Zone out

# PRIORITIZING SELF-CARE

When we have a lot on our plates or we are facing mental health challenges, it can feel easy to push our own needs to the side. However, making time for ourselves is essential to our overall well-being. Use this worksheet to help you better understand what is holding you back from taking time for yourself and your needs.

## WHAT ARE SOME THINGS THAT WOULD MAKE YOU FEEL BETTER, BUT YOU CANNOT SEEM TO DO?

---

---

---

Write out some thoughts and expectations that are preventing you from doing the self-care that you need. Don't worry about whether these thoughts or expectations are true. Instead, write down anything that comes to mind.

### THOUGHTS

Examples: I don't have time; my needs don't matter

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

### EXPECTATIONS

Examples: I should be better at \_\_; I would do \_\_ if it helped me

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

Pick one thought or expectation from either list above and re-write it here.

### THOUGHT OR EXPECTATION

---

---

Focusing in on this specific thought or expectation, answer the following questions.

**WHERE DOES THIS THOUGHT, OR EXPECTATION COME FROM? WHO SETS IT?**

**HOW DOES IT GET IN THE WAY OF TAKING CARE OF YOURSELF?**

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---

---

Now that you have answered the questions above, rewrite this thought so that it supports you and your self-care needs.

### NEW THOUGHT OR EXPECTATION

Examples: If I do \_\_ I may feel better; It is ok to take time for myself

---

---

While we only worked through one thought, we can use this process to evaluate how our negative thoughts and expectations prevent us from taking care of ourselves regularly. On a separate sheet of paper, follow these same steps with the other thoughts and expectations you listed in the first set of boxes.

# Mental Health Management Bingo

Positive coping strategies play an important role in helping us maintain good mental health.

Use this bingo game in your classroom to support your students by building awareness of mental health at school and in daily life.

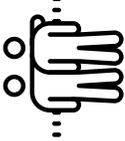
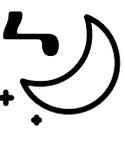
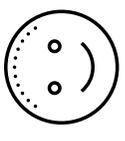
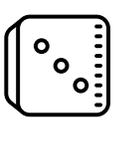
*Mental Health Management Bingo* can be a great way to open up discussions on this key element of overall well-being.

## Healthy Coping Strategies: BINGO!

- Before playing, hand out a copy of Mental Health Management Bingo worksheets to each student, as well as something to write with. Ask the class to take a look at their bingo sheets.
- *Mental Health Management Bingo* can be repeated with students' second favorite strategies if there is no winner the first time around.

## Instructions

1. To begin, read through each square at a time. As you go, ask your students whether the coping strategy matters to them, and try to find out which they find helpful when they are stressed or struggling emotionally.
2. Ask each student to note down the three coping strategies they find most useful when they are unhappy. Tell them to keep these hidden from other students, for now.
3. Explain why each coping strategy might be helpful for someone who has a mental health condition, such as depression, anxiety, or stress.
4. Next, invite the class to walk around with their sheets. They should ask their classmates for their favorite coping strategy, as well as a few questions about it. If a student has chosen e.g., "Paint, draw, or write something," their peer might ask "How does it help?" "What do you paint?" "How does it make you feel?". With the answers to three strategies, students can cross off the corresponding box on their squares.
5. The first student to complete a row or column of checked boxes wins. Tell them to call out 'Bingo!'

<p>Repeat a positive affirmation:</p> <p>_____</p> <p>_____</p>	<p>Spend time with good friends</p> 	<p>Forgive yourself</p> 	<p>Enjoy nature</p> 	<p>Take a walk outdoors</p> 
<p>Talk to an adult that you trust</p> 	<p>Do some exercise</p> 	<p>My #1 Strategy:</p> <p>_____</p> <p>_____</p>	<p>Breathe in and out deeply for 2 minutes</p> 	<p>Have a good night's sleep</p> 
<p>Squeeze a stress ball</p> 	<p>Read a good book</p> 	<p>My #2 Strategy:</p> <p>_____</p> <p>_____</p>	<p>Paint, draw, or write something</p> 	<p>Stop thinking about the problem</p> 
<p>List three things you're grateful for:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Play a game</p> 	<p>My #3 Strategy:</p> <p>_____</p> <p>_____</p>	<p>Sing!</p> 	<p>Do something kind for someone else</p> 
<p>Donate to a charity you care about</p> 	<p>Compliment someone</p> 	<p>Celebrate an accomplishment</p> 	<p>Hug a pet or friend</p> 	<p>Buy someone a 'just because' gift</p> 