

MENTAL HEALTH RESOURCE GUIDE

FOR INDIVIDUALS
AND FAMILIES

hope

for mental health 

Mental Health Resource Guide for Individuals and Families
Edition 2.0



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INTRODUCTION

Half of all adults in the U.S. will develop mental illness in their lifetime.¹ That means everyone knows someone who is affected by mental illness. The more people know about mental illness, the better equipped they will be to recognize the signs and address the issues proactively.

While this resource guide is drawn from highly reputable and trusted sources of information about mental illness, it is not a comprehensive study and it is not intended to be used as a diagnostic tool. Rather, it will serve as a quick reference for individuals and families seeking insight and information. Further clinical assessment may be needed. This guide provides basic information about mental illness—potential warning signs, definitions of the most common diagnoses, and frequently asked questions.

No one gets better alone! No family should walk through a mental health crisis alone. We all need a support system of family, friends, mental health professionals, support groups, and a faith community in challenging times.² This guide provides practical tools to help you build a supportive network of hope.

It's time to break the silence and stop the stigma. It's time to acknowledge the facts and embrace the millions suffering from mental illness everyday. It's time to tear down the barriers that prevent churches from discussing this relevant topic and tackle the subject head on, without shame, denial, or guilt. It's time to get educated. **It's time to offer hope.**

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Section 1

**MENTAL ILLNESS
OVERVIEW**

What is Mental Health?

MentalHealth.gov defines mental health as our emotional, psychological, and social well-being. It affects how we think, feel, and act.³ Mental health is the ability to function effectively in daily activities, resulting in productivity at work and school, experiencing fulfilling relationships, and developing resilience to change and adversity.⁴ Mental health is important at every stage of life, from childhood and adolescents through adulthood.⁵

What is Mental Illness?

Many people think mental disorders are rare.⁶ But in fact, over 43 million Americans (1 in 5 adults) experience mental illness in a given year.⁷ In addition, 1 in 5 children under age 18 have or have had a diagnosable psychiatric disorder.⁸

A mental illness is a disease causing mild to significant disturbances in thinking, behavior, and/or emotion resulting in an inability to cope with ordinary life challenges and routines. According to Mental Health America there are more than 200 classified forms for mental illness. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia, and anxiety disorder.

As with other health conditions, mental illnesses are often physical as well emotional and psychological. They may be caused by reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination on these. With the proper care and treatment, many people learn to cope with their illness and continue functioning in their daily lives. Mental illness is real and highly treatable.⁹

Triggering Events

It's important to be aware of life events and circumstances that can elicit a mental health crisis or mental illness. Several common triggers for mental health challenges are:

- Loss of a loved one¹⁰
- Divorce or separation¹¹
- Any major transition—new home, new school, new job, etc.

- Traumatic life experiences—living through a natural disaster, rape, abuse, war, car accident, death of a loved one, etc.¹²
- Teasing or bullying¹³

Possible Signs of Mental Illness

Identifying the difference between typical behaviors and signs of mental illness can be challenging. Below are early warning signs that may indicate the onset of mental illness. According to Mental Health America, it is especially important to pay attention to sudden changes in thoughts and behaviors. When a combination of these changes occurs at the same time it may indicate a problem that should be addressed. The symptoms below should not be due to recent substance abuse or other medical conditions. Mental Health America identifies these signs below in children, adolescents and adults.

In Adults, Young Adults and Adolescents:

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Strange thoughts (delusions)
- Seeing or hearing things that aren't there (hallucinations)
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Numerous unexplained physical ailments
- Substance abuse¹⁴

In Older Children and Pre-Adolescents:

- Substance abuse
- Inability to cope with problems and daily activities
- Changes in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Changes in ability to manage responsibilities—at home and/or at school
- Defiance of authority, truancy, theft, and/or vandalism
- Intense fear
- Prolonged negative mood, often accompanied by poor appetite or thoughts of death
- Frequent outbursts of anger

In Younger Children

- Changes in school performance
 - Poor grades despite strong efforts
 - Changes in sleeping and/or eating habits
 - Excessive worry or anxiety (i.e., refusing to go to bed or school)
 - Hyperactivity
 - Persistent nightmares
 - Persistent disobedience or aggression
 - Frequent temper tantrums ¹⁵
-

Section 2

**TYPES OF
MENTAL ILLNESS**

ANXIETY DISORDER

Impacts:

18.1% of adults¹⁶

8% of adolescents¹⁷

In the United States, anxiety disorders are considered the most common mental health issue, resulting in psychological and physical reactions. Unlike relatively mild, brief anxiety caused by a stressful event, anxiety disorders can last for at least six months and get worse if they are not treated.

Anxiety disorders often occur due to separation, panic, social settings, compulsion, phobias, or even normal day-to-day activities. The symptoms include unexplainable feelings of fear and obsessive and negative thoughts.

Types:

Generalized Anxiety Disorder (GAD): This form of anxiety causes people to have a difficult time getting through daily activities. People worry over everyday life situations where there is typically no cause for concern.

Separation Anxiety Disorder: People with separation anxiety disorder are unable to be away from their loved ones without an overwhelming fear that an injury, disaster, or death will happen.

Social Anxiety Disorder: This extreme fear of being embarrassed in front of others can lead to isolation, depression, fear of public settings, and other negative reactions to social situations.

Panic Disorder: This illness often leads to “panic attacks” that cause physical symptoms like chest pain, heart palpitations, shortness of breath, dizziness, or stomach distress.

Phobias: For people with phobias, certain places, events or objects create irrational fear. In an attempt to control their fears, many people become isolated and avoid engaging in life.¹⁸

Obsessive-Compulsive Disorder (OCD): OCD is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). These rituals are a coping mechanism for those living with OCD to deal with uncontrollable thoughts and emotions.¹⁹

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Impacts:

4.1% of adults²⁰

9% of children and adolescents²¹

Attention deficit hyperactivity disorder is one of the most common childhood disorders and can continue into adulthood.²² It's quite common for children to be distracted, impulsive, or hyperactive at times, but children with ADHD show these symptoms and behaviors more frequently and severely.²³

Symptoms and Warning Signs:

- Trouble paying attention (In girls, this is often manifested through daydreaming.)²⁴
- Inattention to details and making careless mistakes
- Easily distracted
- Loses items; trouble getting organized
- Trouble finishing homework or sticking to a job
- Trouble remembering and keeping appointments; forgetting to turn in homework
- Trouble listening; interrupts or intrudes on others
- Trouble following multiple commands
- Blurting out answers
- Impatient; prefers "quick fixes" rather than taking the necessary steps
- Fidgets or squirms; seems restless and may try to do several things at once, most of them unsuccessfully
- Cannot sit still and runs around or climbs excessively
- Continually "on the go"
- Talks too much and has difficulty completing tasks quietly
- Known to make mistakes or fail at school, work, or in relationships²⁵

BIPOLAR DISORDER

Impacts:

2.6% of adults²⁶ (51% are untreated annually²⁷)

11.2% of adolescents²⁸

The emotional rollercoaster associated with bipolar disorder may range from overly high (mania) to overly low (depression). Between the polar emotions of this serious medical condition, there might be bouts of balanced moods. These highs and lows are called “episodes” and can fluctuate at different rates. The first manic episode may be triggered by stress or trauma, but sometimes there is no clear reason why the bipolar disorder is present.²⁹

Symptoms and Warning Signs of Mania (Highs):

- Feeling extremely irritable or euphoric
- Expressing extreme agitation
- Thinking or talking rapidly
- Hallucinating or having delusions, which can result from severe episodes of mania³⁰
- Acting overly joyful or silly
- Having a short fuse or temper
- Having sexual thoughts and discussions more than usual³¹
- Sleeping very few hours without the side effect of fatigue
- Engaging in risky or thrill-seeking behavior³²

Symptoms and Warning Signs of Depression (Lows):

- Feeling extremely sad or hopeless
- Being in an irritable mood
- Having no desire for once-enjoyable activities
- Sleeping too much or having trouble sleeping
- Showing changes in appetite or weight
- Having little or no energy or moving slowly
- Having problems concentrating
- Feeling aches and pains for no reason
- Finding minor decisions overwhelming
- Obsessing over feelings of loss, personal failure, guilt, or helplessness
- Having recurrent thoughts or talk of death or suicide (Note: Any thoughts or talk of suicide must be taken seriously.)

Types:

Bipolar I: In this disorder, a person's episodes last at least seven days or are so severe that they require hospitalization. A combination of both highs and lows are common for most people.

Bipolar II: People experience depressive episodes shifting back and forth with a milder form of mania that does not include psychotic episodes.

Cyclothymic Disorder: People experience a chronically unstable mood state for at least two years with mild depression and a milder form of mania that does not include psychotic episodes.³³

BORDERLINE PERSONALITY DISORDER (BPD)

Impacts:

1.6%–5.9% of adults³⁴

Commonly misunderstood, borderline personality disorder is a serious mental illness marked by unstable moods, behaviors, and relationships. Most individuals with BPD suffer from problems with regulating emotions and thoughts, impulsive and reckless behavior, and unstable relationships with others. People suffering from BPD feel emotions deeply and for long periods of time, especially after an intense event. Symptoms may be triggered by ordinary events such as minor separations from people to whom they feel close.³⁵ Genetic and environmental factors are generally thought to be the cause of BPD.

Symptoms and Warning Signs:

- Extreme reactions including panic, depression, rage, frantic actions, and feelings of abandonment, whether real or perceived
- A pattern of strained and rocky relationships, often ranging from idealization to devaluation
- Distorted and unstable self-image or sense of self, which can result in sudden changes in feelings, opinions, values, or plans for the future
- Impulsive and often reckless behaviors, such as frivolous spending, unprotected sex, substance abuse, overeating, and reckless driving
- Recurring suicidal behaviors or threats
- Self-harming behavior, such as cutting
- Intense mood swings, with each episode lasting from a few hours to several days
- Chronic feelings of emptiness and/or boredom
- Inappropriate, intense anger, or problems controlling anger
- Feeling paranoid or cutoff from oneself
- Losing touch with reality³⁶

For other personality disorders see page 26.

CONDUCT DISORDER

Impacts:

8.5% of children and adolescents³⁷

Conduct disorder impacts children and teens and is evident through a persistent pattern of disruptive and violent behaviors such as aggression, theft, vandalism, lying, destruction, or breaking rules. Conduct disorder is more common among boys than girls and can have early onset. A diagnosis is likely when symptoms continue for six months or longer.³⁸

Symptoms and Warning Signs:

- Aggressive behavior to other people or animals, such as bullying, intimidating, initiating fights, or cruelty to animals
 - Non-aggressive actions that causes property loss or destruction, such as arson or property damage
 - Deceitfulness, lying, or stealing
 - Cutting class or running away from home
 - Lack of remorse for behaviors; trouble feeling and expressing empathy and reading social cues³⁹
-

CO-OCCURRING DISORDERS: MENTAL HEALTH AND SUBSTANCE USE DISORDER

Impacts:

3.3% of adults have both AMI (Any Mental Illness) and an SUD (Substance Use Disorder)

1.4% of adolescents have an SUD while having an MDE (Major Depressive Episode)⁴⁰

The presence of a mental health and a substance use disorder at the same time is referred to as co-occurring disorders (previously referred to as dual diagnosis).⁴¹ Either disorder can develop first.⁴² Co-occurring disorders can be difficult to diagnose because of the complexity of symptoms and the severity in which they can vary. People with mental health disorders are more likely to experience an alcohol or substance use disorder than people without.⁴³ Some people misuse drugs and/or alcohol to “self-medicate” to try to deal with challenges related to their mental illness. However, this worsens the symptoms of mental illnesses. The treatment for people with co-occurring disorders is more complicated than the treatment of either condition alone. Experts advise that both should be treated simultaneously.⁴⁴

DEPRESSION

Impacts:

6.7% of adults have at least one major depressive episode a year⁴⁵
12.5% of adolescents experience depression in a year⁴⁶

Depression is more than just a feeling of sadness or of having a rough day; it is a serious mental health condition that requires attention and treatment. With an early diagnosis and appropriate treatment many people show improvement. Some people only have one episode of depression, but for most people depression is recurring. Left untreated, depression can worsen, relationships can suffer, and even lead to suicide.

Children who are depressed are more likely to complain of physical aches and pains rather than to say they are depressed, although they display many of the same signs that teens and adults do. Teens tend to be negative, irritable, and have difficulty in school. They may become short-tempered, abuse substances, feel misunderstood, or run away. If one or more of these signs persist, parents should seek professional help.

Women are 70% more likely than men to have depression. In addition, 10–15% of women experience postpartum depression. When depressed, men are more likely to turn to drugs or alcohol, and tend to be tired, moody, disinterested, and usually have trouble sleeping. African Americans and Latinos are more likely to be misdiagnosed with depression, so it is crucial to look for a health care professional who understands their background. Elderly adults often face difficult physical, economic, and relational changes, and as a result are often under-diagnosed for depression.⁴⁷

According to NAMI, to be diagnosed with depression, a person must have experienced a major depressive episode that has lasted longer than two weeks.

Symptoms and Warning Signs:

- Feeling agitation or slow⁴⁸
 - Frequent sadness, crying, or hopelessness
 - Lack of interest in activities that were once enjoyed
 - Poor communication and difficulty with relationships
 - Increased irritability, anger, or hostility
 - Regular complaints of physical illnesses such as headaches and stomachaches
 - A major change in eating and/or sleeping habits
 - Frequent absences, poor performance or concentration at work or school
 - Extreme sensitivity to rejection or failure, low self-esteem, and guilt
 - Persistent boredom and low energy
 - Expressions of suicidal thoughts or self-destructive behavior⁴⁹
-

DISRUPTIVE MOOD DYSREGULATION DISORDER (DMDD)

Impacts:

0.8%–3.3% of children⁵⁰

Characterizations of disruptive mood dysregulation disorder are frequent and severe outbursts that do not measure in intensity or duration to the situation. Tantrums are inconsistent with the child’s developmental level and interfere with their ability to function at home, in school, or with friends. The child must be between six and 18 years of age though signs typically begin around age ten. Symptoms last consistently for at least one year without a break of three or more months.⁵¹

Symptoms and Warning Signs:

- Intense tantrums that occur at least three times per week
 - Sad, irritable, or irate moods almost daily
 - Reaction to situation is bigger than expected
 - Trouble functioning in more than one location (home, school, and/or with friends)⁵²
-

DISSOCIATIVE DISORDER

Impacts:

2% of adults⁵³

Characterized by an involuntary escape from reality, dissociative disorders trigger a disconnection between thoughts, identity, consciousness, and memory. Usually the disorder develops following a tragic event, such as abuse or military combat in an effort to keep negative memories under control.⁵⁴

Types:

Dissociative Amnesia: A main trait is difficulty recalling important information about one’s self, usually surrounding a particular event, such as combat or abuse. The onset for an amnesic episode is usually sudden, and an episode can last minutes to years.

Depersonalization Disorder: As if watching a movie, people with depersonalization disorder experience recurring and ongoing feelings of detachment from actions, feelings, thoughts, and sensations. People and objects tend to feel unreal.

Dissociative Identity Disorder: Previously known as “multiple personality disorder,” it is characterized by multiple identities and voices taking control in a person’s head. Identities may have unique names, characteristics, mannerisms, and voices. Although onset can happen at any age, it is more likely to occur in people who experienced ongoing trauma before the age of five.⁵⁵

EATING DISORDER

Impacts:

8.2% of adults⁵⁶

10% of adolescent girls⁵⁷

Eating disorders are characterized by extremes in eating behaviors and feelings of distress or concern about body weight or shape. Although all eating disorders have food and weight issues in common, most experts believe that eating disorders are a coping mechanism for painful emotions. Eating disorders can be triggered by a history of physical or sexual abuse, low self-esteem, cultural pressures, and stress. Most people do not fit in a specific category and often crossover from one eating disorder to another over time.⁵⁸

Types:

Anorexia Nervosa: Anorexia is defined by an inability to maintain one's body weight within 15% of ideal body weight (IBW). Due to lack of nutrition, the body is forced to conserve energy. Electrolyte imbalances can lead to irregular heartbeats and possibly heart failure and death. The symptoms include irritability, social withdrawal, lack of emotion, fear of eating in public, and obsessions with food and exercise.

Bulimia Nervosa: Bulimia is characterized by a destructive pattern of eating too much followed by forced vomiting, abuse of laxatives, or excessive exercise to control one's weight. Symptoms include a negative self-image, lack of control, feeling guilty or shameful about eating, and withdrawal from loved ones.

Binge Eating Disorder (BED): Binge eating disorder is the most common eating disorder. Individuals experience episodes of rapid food consumption in which they "lose control" of the ability to stop eating and ingest a very large amount of food in a short period of time even if they are full.⁵⁹

NON-SUICIDAL SELF-INJURY

Impacts:

1%–4% of adults

15% of adolescents⁶⁰

Self-injury, also called “self-harm,” is an unhealthy coping strategy but is usually not a suicide attempt. People who self-injure often try to feel physical pain in an effort to bring about relief from a deeper emotional pain or punish themselves for perceived faults. It becomes an attempt to manage or reduce severe anxiety or distress and is an effort to feel a sense of control over life situations.

Common forms of self-injury are cutting, burning, scratching, bruising, or head banging. Much self-injury becomes a pattern of behaviors that are ritualistic by using the same tool and causing harm in the same places.

Cutting releases brain chemicals called endorphins, the same chemicals referred to in the “runner’s high.” Self-harm can leave permanent scars and other physical damage. Research has found that self-harm is an addictive behavior. Any form of self-injury is a sign of bigger issues and needs an evaluation. It is not advisable to tell a person to stop their coping mechanisms immediately.

Symptoms and Warning Signs:

- Keeping sharp objects on hand
 - Wearing long sleeve shirts and pants, even in hot weather to hide cuts or scars
 - Claiming to have frequent accidents or mishaps
 - Spending a great deal of time alone
 - Behavioral and emotional instability, impulsivity, and unpredictability
 - Frequent thoughts of hopelessness or worthlessness⁶¹
-

OPPOSITIONAL DEFIANT DISORDER (ODD)

Impacts:

3.3% of children and adolescents⁶²

As one of the more common mental health disorders found in children and adolescents, oppositional defiant disorder is evident through a pattern of aggressive behaviors usually aimed at parents and other authority figures.⁶³ Such displays of anger generally begin during preschool years and almost always before the teen years. It is difficult to determine the difference between a strong-willed child and one with ODD—but for a diagnosis, several symptoms must occur consistently for at least six months and cause significant impairment at home, with friends, and at school.⁶⁴

Symptoms and Warning Signs:

- Angry and irritable mood; often loses temper
 - Easily annoyed by others; resentful
 - Deliberately annoys people
 - Argumentative; actively defies or refuses to comply with adults' requests or rules
 - Blames others for mistakes or misbehavior
 - Spiteful or vindictive behavior
 - Resists authority⁶⁵
-

PERSONALITY DISORDER

Impacts:

9.1% of adults⁶⁶

People with a personality disorder find it challenging to function with other people. They tend to be rigid and unable to adapt to changes in everyday life. Personality disorders are usually recognizable by adolescence and become less obvious throughout middle age.⁶⁷

Types:

Antisocial Personality Disorder: Antisocial Personality Disorder: People repeatedly act with impulsive, careless, and unsympathetic behavior, ignoring rules and laws. They have a lack of respect for others and no remorse for their wrongful actions. They may have a history of violent relationships, legal troubles, thoughtless behavior, and aggression.⁶⁸

Avoidant Personality Disorder: People experience excessive Tim discomfort in social settings, nervousness, and fear of rejection. They are hypersensitive to criticism and although they would like close relationships, they have a difficult time making them due to fear and feelings of inadequacy.

Borderline Personality Disorder: Most individuals with BPD suffer from problems with regulating emotions and thoughts, impulsive and reckless behavior, and unstable relationships with others. People suffering from BPD feel emotions deeply and for long periods of time, especially after an intense event. Symptoms may be triggered by ordinary events such as minor separations from people to whom they feel close.⁶⁹

Dependent Personality Disorder: Those with dependent personality disorder demonstrate submissive behaviors and often turn to others for decision-making. Lack of self-confidence leads to their longing for reassurance and advice. They tend to be easily wounded by any negative feedback or disapproval, and dislike being alone due to a feeling of hopelessness. Their dependence on others can lead to intense sadness when a close relationship ends, and ultimately to a strong fear of rejection.⁷⁰

Narcissistic Personality Disorder: People with narcissistic personality disorder have a high sense of self-importance, are consumed with unrealistic visions of success, and look for constant attention. Their self-esteem is very fragile and they are often envious of others or believe others are envious of them.⁷¹

Obsessive-Compulsive Personality Disorder: People with this disorder strive for perfection, are never satisfied with their achievements, and take on too many responsibilities. They are preoccupied with getting things right, which causes them to be unable to complete tasks. They are inflexible and reluctant to delegate or work with others.

Paranoid Personality Disorder: People with paranoid personality disorder show signs of pervasive distrust, lack of forgiveness, and are prone to unjustified outbursts of anger. They view others as disloyal, condescending, or deceitful. The essential feature is interpreting the actions of others as deliberately threatening or demeaning.

Schizoid Personality Disorder: People with this disorder display a pattern of detachment from self and others including restricted emotions, lack of desire for closeness with friends and family, and they seldom enjoy activities. They do not respond to social cues and often seem distant.

Schizo typal Personality Disorder: This disorder leads to odd or eccentric manners of speaking or dressing, as well as strange, outlandish or paranoid beliefs and thoughts. Those suffering from the disorder have difficulty bonding and experience extreme anxiety in social settings.⁷²

POST-TRAUMATIC STRESS DISORDER (PTSD)

Impacts:

3.5% of adults⁷³

4% of adolescents⁷⁴

Post-traumatic stress disorder is triggered by a terrifying event that is experienced or witnessed. Events such as sexual abuse, physical abuse, assaults, witnessing violent crimes, war, a friend's suicide, and natural disasters can cause PTSD. Symptoms interfere with daily life and can last for months or years.

Symptoms and Warning Signs:

- Flashbacks of traumatic events, nightmares, and frightening thoughts
 - Avoidance of certain places or objects that are reminders of the traumatic event
 - Out-of-body experiences or feelings that the world is "not real"
 - Easily startled, feeling tense, afraid, or nervous
 - Trouble sleeping
 - Outbursts of anger or rage⁷⁵
-

SCHIZOPHRENIA

Impacts:

1% of adults⁷⁶

Schizophrenia is a disorder in which people interpret reality abnormally. They may hear voices inside their head, or believe people are reading their minds, controlling their thoughts, or plotting to harm them. People with the illness are afraid of being harmed which causes them to withdraw or become extremely agitated. As a chronic condition, schizophrenia requires lifelong treatment.⁷⁷

Symptoms and Warning Signs:

- Hallucinations: Hearing sounds or voices; seeing, smelling, or feeling things that do not exist
 - Delusions: A fixed belief in something that is false despite evidence that proves otherwise
 - Flat affect: A person's face does not move or he or she talks in a dull or monotonous voice
 - Dysfunctional ways of thinking or inability to organize thoughts
 - Agitated body movements; repeating certain motions
 - Lack of pleasure in everyday life
 - Difficulty in beginning and sustaining planned activities
 - Problems using information immediately after learning it⁷⁸
-

Conditions Sometimes Related to Mental Illness

ANOSOGNOSIA (LACK OF INSIGHT)

Impacts:

50% of people with schizophrenia
40% of people with bipolar disorder⁷⁹

Anosognosia is a condition that is sometimes related to mental illness. Brain imaging studies show that the frontal lobe of the brain can be damaged by schizophrenia and bipolar disorder leaving an individual unaware of their own mental health condition. Family members and friends can be tempted to conclude the person is in denial when in reality, the person may not be able to even consciously choose denial. This lack of insight leads to conflict with others, an increase in anxiety, and avoidance of treatment (including medication). Anosognosia can increase the risk of homelessness or incarceration.⁸⁰

Consider the LEAP® approach for someone who is unaware that they may be ill:

Listen to what they identify as their overwhelming obstacles in life.

Empathize with them and communicate that you would feel how they feel if you were in their shoes.

Agree by finding common ground whenever possible. If there is an area of disagreement, attempt to agree to disagree while affirming you are there for them and want the best for them more than anything.

Partner with them to help them reach their goals. Even if your loved one does not see they have a mental illness, they may be open to seeking therapy if their therapist is also able to help them overcome the overwhelming obstacles they identified.⁸¹

For further information read, *I Am Not Sick I Don't Need Help!*, by Xavier Amador.

Conditions Sometimes Related to Mental Illness

SUICIDE

Impacts:

1 death by suicide in the U.S. every 12 minutes⁸²

10th leading cause of death in adults⁸³

2nd leading cause of death ages 15–24 and 25–34⁸⁴

90% of those who die by suicide had a mental illness⁸⁵

17% of students in grades 9–12 seriously consider suicide⁸⁶

Suicide is a condition that is sometimes related to mental illness. It is the act of taking one's own life.⁸⁷ There are multiple reasons a person might attempt suicide, but the leading cause is due to untreated mental illness. Contributing factors may include death of a loved one, a failed relationship, a serious loss, terminal illness, abuse, or feelings of hopelessness.⁸⁸ Women are more likely to attempt suicide than men, but men are more likely to complete a suicide attempt.⁸⁹

Symptoms and Warning Signs:

- Expressions of hopelessness and helplessness⁹⁰
- Social withdrawal from friends, family, and the community⁹¹
- Loss of interest in activities⁹²
- Dramatic mood swings⁹³
- Personality changes⁹⁴
- Aggression, rage, or irritability⁹⁵
- Impulsive or reckless behavior⁹⁶
- Sleeping too much or too little⁹⁷
- Increased alcohol and drug use⁹⁸
- Lack of interest in future plans⁹⁹
- Talking, writing, or thinking about death¹⁰⁰
- Talking about killing oneself, being a burden to others, feeling trapped, experiencing unbearable pain, or having no reason to live¹⁰¹
- Verbal suicide threats such as, "I wish I wasn't here,"¹⁰² "You'd be better off without me," or "Maybe I won't be around"¹⁰³
- Visiting or calling people to say goodbye¹⁰⁴

- Giving away prized possessions¹⁰⁵
- Looking for a way to kill oneself, such as searching online for materials or means¹⁰⁶

Suicide Risk Factors

- History of previous suicide attempts
 - Family history of suicide¹⁰⁷
 - Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide
 - Stressful life events such as a death, divorce, or job loss
 - Prolonged stress factors such as harassment, bullying, relationship problems, and unemployment¹⁰⁸
 - History of interpersonal violence¹⁰⁹
 - Access to lethal means including firearms and drugs¹¹⁰
 - Stigma associated with mental illness and seeking help¹¹¹
-

Section 3

FREQUENTLY ASKED QUESTIONS

Q: I am concerned about a loved one's mental health. How should I talk with him or her about it?

Prepare for the conversation, set the stage and create an inviting atmosphere. MentalHealth.gov recommends the following tips and questions.

Tips for ways to respond:

- Discuss your concerns about your loved one's mental health when the person feels safe and comfortable; timing is everything.
- Communicate your observations in a straightforward manner.
- Watch for reactions during the discussion and slow down or back up if the person becomes confused or looks upset.
- Speak at a level that is age-and-developmentally appropriate.

Questions to ask:

- I have noticed you have seemed different lately (irritated, sad, distant, that you have a lot on your mind, distracted, distressed). I am concerned about you. How can I help?
- Can you tell me more about what is happening in your life (work, school, family, friends, home)?
- Sometimes you need to talk to someone about your feelings. I'm here to listen. How can I help you feel loved?
- Would you be open to talking with someone else (an adult, a pastor, a therapist) about what's going on?
- I'm worried about your safety. Can you tell me if you have thoughts about harming yourself or others?¹¹²

Q: How do I get an accurate diagnosis for my child?

According to the National Alliance on Mental Illness (NAMI), these are steps individuals and families can take to help their mental health services provider make an accurate diagnosis.

- 1. Record Keeping:** Organize and keep accurate records related to emotional, behavioral, social, and developmental history of the child. According to the National Alliance on Mental Illness (NAMI), the records should include observations of the behaviors at home, in school, and in the community.

The following can be helpful to record:

- Primary symptoms, behaviors, and emotions of concern
- A developmental history
- A complete family history of mental illness and substance use disorders
- Behavioral, emotional, and developmental challenges the child is experiencing
- The times of day or year when the child experiences the most challenges
- Interventions and supports that have been used, including therapy, medication, residential, or community services and hospitalization—and their effectiveness
- Settings that are most difficult for the child: school, home, and/or social situations
- Any major changes or stresses: divorce, death of a loved one, etc.
- Factors that may act as triggers or worsen behaviors or emotions
- Significant mood instability
- Disruptive sleep patterns¹¹³

- 2. Comprehensive Physical Examination:** To make an accurate diagnosis, it is important to start the process with a child's primary care physician. A comprehensive physical examination should be done to rule out other physical conditions that may be causing symptoms. The child should also be evaluated for co-occurring conditions that may cause behavioral problems or poor performance like learning disabilities, sensory integration problems, and other physical or mental disorders. If any co-occurring conditions are found, ask the school to do a psycho-educational evaluation.¹¹⁴
- 3. Specialists in Children's Mental Health:** After other physical conditions and learning disabilities are evaluated, it is time to meet with a qualified mental health provider. To find a child psychiatrist visit www.aacap.org.¹¹⁵
- 4. The Diagnostic and Evaluation Process:** There is no one single diagnostic tool (a blood test, MRI scan, or X-ray) that can diagnose mental illnesses. Therefore, a diagnosis should be made based on professional observation, evaluation, and information provided by family and other experts. Criteria are based on information found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). The evaluation should include a comprehensive look at all aspects of the child's life: school, church, family, friends, and other activities.¹¹⁶
- 5. Adjustments in the Diagnosis:** It may take several visits with a mental health professional before a diagnosis is made. The diagnosis may also change as new symptoms emerge or existing symptoms change. A diagnosis must be confirmed over time. Thus an ongoing two-way communication between the treatment provider and the family is necessary to track and monitor the child's condition and progress. Sometimes a second opinion is helpful.¹¹⁷
- 6. Working with the School:** Meeting with your child's teacher and other school personnel can be helpful in identifying and making the necessary accommodations and supports for your child to thrive academically and reduce challenging behaviors at school.¹¹⁸

- 7. Service and Support Options:** Ask the child's treating provider to recommend effective psychosocial interventions, skills training, support groups, and other options that can help the child cope with symptoms and develop the skills necessary to ultimately lead a full and productive life.¹¹⁹

- 8. The Importance of Families:** It may be helpful to talk with other families who have family members living with mental illness. For some children, having a diagnosis is scary and the person may be resistant to accept it. Others are often relieved to know they are not alone and there are treatment options that can help. Family-specific support groups are available by contacting 211, local faith communities, or local NAMI chapters (see resources).¹²⁰

Q: What are the types of mental health professionals?

There are many types of mental health professionals. Finding the right one may require some research. Often it is a good idea to first describe the symptoms to your family physician, pastor, or counselor for advice on finding the right mental health professional who specializes in treating the mental illness your loved one is experiencing.¹²¹

Mental Health America Lists: Types of Mental Health Professionals

Psychiatrist: Provides psychiatric, medical evaluation, and treatment for mental illness. A psychiatrist can prescribe and monitor medications.¹²²

Child and Adolescent Psychiatrist: Specializes in the diagnosis and the treatment of mental disorders affecting children, adolescents, and their families. A child and adolescent psychiatrist will evaluate, diagnosis, design a treatment plan, and discuss recommendations.¹²³

Psychologist: Provides psychological evaluation and treatment for mental illness. A psychologist can also administer psychological testing and assessments. They are trained to diagnose people and can provide individual and group therapy.¹²⁴

Clinical Social Worker: Provides case management and advocacy, and is trained to diagnose people and provide individual and group counseling.¹²⁵

Licensed Professional Counselor (Licensed Marriage and Family Therapist): Trained to diagnose and provide individual and group counseling.¹²⁶

Certified Alcohol and Drug Abuse Counselor: Has specific clinical training in alcohol and drug abuse. The counselor is trained to diagnose and provide individual and group counseling.¹²⁷

Nurse Psychotherapist: A registered nurse who is trained in the practice of psychiatric and mental health nursing. He or she is trained to diagnose and provide individual and group counseling.¹²⁸

Q: When looking for a mental health professional, are there tips to help find a good connection?

Mental Health America suggests you spend a few minutes talking with the professional on the phone, asking questions about their approach to working with patients, their philosophy, and whether or not they have a specialty or concentration. Discuss the symptoms you have observed in yourself or your loved one and if you feel comfortable talking to the counselor or physician. The next step is to make an appointment.¹²⁹

Questions to ask the professional:

- Are you issue-specific? What are your specialties?
- Do you see patients under 18?
- Do you take insurance?
- Are you faith affiliated?
- What are your core values?

What will the professional ask me?

On the initial visit, the counselor or physician will want to get to know the patient. Questions will be based around the problem at hand, what the patient does for a living, the current situation, emotions, behaviors, living situation, and health history. It is also common to be asked about family and friends. This information helps the professional assess the situation and develop a plan for treatment.¹³⁰

If there is a level of discomfort with the professional after the first, or even several visits, discuss those feelings at the next meeting. Don't be afraid to contact another counselor or physician for a second opinion. Feeling comfortable is very important to the success of the patient's treatment.¹³¹

Q: What tips can help family members cope when a loved one is diagnosed with a mental illness?

Mental Health America suggests these tips to help families cope:

- **Accept your feelings:** Despite the different symptoms and types of mental illnesses, many families who have a loved one with a mental illness share similar experiences. You may find yourself denying the warning signs, worrying what other people will think because of the stigma, or wondering what caused your loved one to become ill. It is not uncommon to question your faith, feel anger toward God, and ask “Why?” Accept that these feelings are normal and common among families going through similar situations. Find out all you can about your loved one’s illness by reading and talking with mental health professionals. Share what you have learned with others, turn to your church for hope and support, and pray for peace, comfort, and wisdom from the Lord.

Sometimes emotions are difficult to identify. There is a “Feelings Word List” on page 66 to assist you.

- **Handle unusual behavior:** The outward signs of mental illness are often behavioral. A person may be extremely quiet or withdrawn. Conversely, he or she may burst into tears, have great anxiety or have outbursts of anger. Even after treatment has started, some individuals with a mental illness can exhibit antisocial behaviors. When in public, these behaviors can be disruptive and difficult to accept. The next time you and your family member visit your doctor or mental health professional, discuss these behaviors and develop a strategy for coping. Your family member’s behavior may be as dismaying to them as it is to you. Ask questions, listen with an open mind, and be there in support.¹³²
- **Establish a support network:** Whenever possible, seek support from friends, family members, and your church (such as your small group). If you feel you cannot discuss your situation with friends or other family members, find a support group. These groups provide an opportunity for you to talk to other people who are experiencing the same type of problems. They can listen and offer valuable advice (see Resources, page 59).¹³³

- **Seek counseling:** Therapy can be beneficial for both the individual with a mental illness and other family members. A mental health professional can suggest ways to cope and better understand your loved one's illness. When looking for a therapist, be patient and talk to a few professionals so you can choose the person that is right for you and your family.¹³⁴
 - **Take time out:** It is common for the person with the mental illness to become the focus of family life. When this happens, other members of the family may feel ignored or resentful. Some may find it difficult to pursue their own interests. If you are the caregiver, schedule time for yourself as it will help keep things in perspective and may give you more patience and compassion for coping or helping your loved one. Being physically and emotionally healthy helps you to help others.¹³⁵
-

Q: How can I be the best advocate for my mentally ill child?

NAMI recommends getting a comprehensive evaluation. Child psychiatric disorders are complex and at times confusing. A full assessment often involves several visits. Effective treatment depends on a careful and accurate diagnosis.¹³⁶

- **Insist on the best:** Talk to physicians, therapists, guidance counselors, and other parents. Find out who in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they board certified? Push schools, insurance companies, and state agencies to provide the most appropriate and best possible services, not merely services that are deemed sufficient or adequate.¹³⁷
- **Ask lots of questions about any diagnosis or proposed treatment:** Encourage your child to ask any questions he or she may have, in addition to asking your own questions. Remember that no one has all the answers, and that there are few simple solutions for complex child psychiatric disorders. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.¹³⁸
- **Insist on care that is family-centered and builds on your child's strengths:** Ask about specific goals and objectives. How will you know if treatment is helping? If your child's problems persist or worsen, ask what options and alternatives are available.¹³⁹
- **Ask about comprehensive wraparound or individualized services geared specifically to the needs of your child and family:** Find out if such services are available in your state or community.¹⁴⁰
- **Be prepared:** One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports in an organized place. Insist on receiving your own copies of all evaluations. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.¹⁴¹

- **Feel free to seek a second opinion:** Any responsible mental health professional will be glad to help with referrals or by sharing information. If you have questions about your child's diagnosis or the proposed course of treatment, arrange an independent consultation with another clinician.¹⁴²
- **Help your child learn about their condition:** Use books, pamphlets, and the Internet. Make sure the information is age-appropriate. Answer questions with honest, accurate, and consistent information, but don't overload your child with more details than they want or need.¹⁴³
- **Know the details of your insurance policy, and learn about the laws governing insurance in your state:** In some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company's network, you may be able to receive treatment from a provider of your choice, with the insurance company responsible for full payment.¹⁴⁴
- **Work with the schools:** Insist on access to appropriate mental health consultation services. You can also suggest in-service training programs to enhance awareness about child psychiatric disorders. Request copies of your child's educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings.¹⁴⁵
- **Learn about the reimbursement and funding systems in your state:** The more you know, the better you can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is there a Medicaid Waiver Program which allows increased flexibility based on the specific needs of children and families? Is your child eligible? What other sources of funding are potentially available?¹⁴⁶

- **If necessary, use a lawyer:** Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Talk to a local representative of either the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program or the American Civil Liberties Union for a legal referral. You can also call the State Bar Association. Consider a legal consultation to make sure you are pursuing all appropriate avenues and options regarding services for your child.¹⁴⁷
-

Q: What is talk therapy?

Talk therapy, another term for psychotherapy, is a method of talking face-to-face with a mental health professional. Talk therapy is a way to treat people with a mental disorder by helping them understand their illness. It teaches people strategies and gives them tools to deal with stress and unhealthy thoughts and behaviors. Sometimes therapy alone may be the best treatment for a person; other times, therapy is combined with medications. There is no “one-size-fits-all” approach. The kind of therapy a person receives depends on his or her needs. Mental Health America says several of the most commonly used therapies are:¹⁴⁸

- **Behavior Therapy:** Includes stress management, biofeedback and relaxation training to change thinking patterns and behavior.¹⁴⁹
- **Psychoanalysis:** Long-term therapy meant to “uncover” unconscious motivations and early patterns to resolve issues and to become aware of how those motivations influence present actions and feelings.¹⁵⁰
- **Group Therapy:** Includes a small group of people who, with the guidance of a trained therapist, discuss individual issues and help each other with problems.¹⁵¹
- **Family Therapy:** Helps family members improve communication, deepen connection, and resolve conflicts.¹⁵²
- **Cognitive Behavioral Therapy (CBT):** Helps a person focus on his or her current problems and how to solve them. The therapist helps the person learn how to identify distorted or unhelpful thinking patterns, recognize and change inaccurate beliefs, relate to others in more positive ways, and change behaviors accordingly.¹⁵³
- **Dialectical Behavior Therapy (DBT):** The therapist assures the patient that the behavior and feelings are valid and understandable. At the same time, the therapist coaches the patient to understand that it is his or her personal responsibility to change unhealthy or disruptive behavior. DBT emphasizes the value of a strong and equal relationship between patient and therapist.¹⁵⁴

- **Interpersonal Therapy (IPT):** Based on the idea that improving communication patterns and the ways people relate to others will effectively treat depression. IPT helps identify how a person interacts with other people. When a behavior is causing problems, IPT guides the person to change the behavior. Sometimes IPT is used with antidepressants. The therapist helps the patient learn to express appropriate emotions in a healthy way.¹⁵⁵
 - **Family-Focused Therapy (FFT):** Includes family members in therapy sessions to improve family relationships, which may support better treatment results. Therapists trained in FFT work to identify difficulties and conflicts among family members that may be worsening the patient's illness. The therapist educates family members about their loved one's disorder, its symptoms and course, and how to help their relative manage it more effectively. The therapy aims to prevent family members from "burning out" or disengaging from the effort.¹⁵⁶
-

Q: How is talk therapy adapted for children and adolescents?

Talk therapy can be adapted to the needs of children and adolescents, depending on the mental disorder. Psychosocial treatments that involve a child's parents and family also have been shown to be effective, especially for disruptive disorders such as conduct disorder or oppositional defiant disorder. Some effective treatments are designed to reduce the child's mental health symptoms and improve parent-child interactions. Parents are taught the skills they need to encourage their children. Playing, drawing, building, pretending, and talking are important ways for children and adolescents to share feelings and resolve problems.¹⁵⁷

If talk therapy is recommended for a child or teen, the American Academy of Child and Adolescent Psychiatry recommends parents ask the following questions:¹⁵⁸

- Why is talk therapy being recommended?
 - What results can be expected?
 - How long will my child be involved in therapy?
 - How frequently will the doctor see my child?
 - Will the doctor be meeting with just my child or with the entire family?
 - How can I communicate with the doctor about the questions I have in the process?
 - How much do therapy sessions cost?
 - How will we (the parents) be informed about our child's progress and how can we help?
 - How soon can we expect to see some changes?¹⁵⁹
-

Q: What other types of therapies might be used in treatment?

There are a variety of therapeutic approaches to help someone with mental illness. The National Institute of Mental Health says the treatment of mental illnesses can range from medication and counseling to social support, preventative measures, and occupational therapies.

- **Animal-Assisted Therapy:** Working with animals, such as horses, dogs, or cats, may help some people cope with trauma, develop empathy, and encourage better communication. Companion animals are sometimes introduced in hospitals, psychiatric wards, nursing homes, and other places where they may bring comfort and have a mild therapeutic effect.¹⁶⁰
- **Drug Therapy:** Medication can be beneficial to some people with mental or emotional disorders. The patient should ask about risks, possible side effects and interaction with certain foods, alcohol, and other medications.¹⁶¹
- **Electric Convulsive Treatment (ECT):** ECT is used to treat some cases of major depression, delusions, and hallucinations, or life-threatening sleep and eating disorders that cannot be effectively treated with drugs and/or psychotherapy.¹⁶²
- **Light Therapy:** Light therapy is used to treat seasonal affective disorder (SAD). During light therapy, a person sits in front of a “light box” for periods of time, usually in the morning. The box emits a full spectrum light, and sitting in front of it appears to help reset the body’s daily rhythms.¹⁶³
- **Movement/Art/Music Therapy:** These methods include the use of movement, art, or music to express emotions. This is effective for people who cannot otherwise express feelings.¹⁶⁴

- **Health and Wellness:** Never underestimate the importance of a healthy diet and exercise, since physical activity produces endorphins (chemicals in the brain that act as natural painkillers). Health and wellness can also improve the ability to sleep, which in turn reduces stress. *The Daniel Plan®: 40 Days to a Healthier Life*, is an excellent resource for creating a healthy lifestyle and is framed around faith, food, fitness, focus, and friends.¹⁶⁵
-

Q: How do I know if therapy is effective?

It is normal for therapy to be painful and uncomfortable at times. It is hard work, but with time and continual work, people can expect to feel more hope. Those suffering may feel gradual relief from the distress and will generally have a greater ability to make decisions, handle stress, perform daily activities, and improve relationships with others.¹⁶⁶

Q: How do I talk with someone who is suicidal?

If you suspect someone you know is suicidal, tell that person that you are worried and want to help. Don't be afraid to use the word "suicide." By simply asking, you will not put the idea in their mind. Ask whether they are considering taking their life and ask if they have a specific plan. Having a plan may indicate that they are farther along and need help right away. Your direct, non-judgmental questions can encourage them to share their thoughts and feelings.¹⁶⁷

The Yellow Ribbon Program makes these recommendations as you prepare for a conversation:

1. Preparation steps before you talk:

- Identify your resources
- Remember to say "suicide"
- Choose an appropriate time to talk with them¹⁶⁸

2. Talking points:

- "You can come to me and talk about suicide."
- "Do you know anyone who has talked about suicide?"
- "Do you know anyone who has attempted suicide?"
- "Have you ever thought of attempting suicide?"
- "What can I do to help? We are in this together!"¹⁶⁹

3. How to respond to a cry for help:

- Breathe
- Be genuine, caring, and show respect; have a caring conversation
- Don't lie or make promises you can't keep¹⁷⁰
- Tell them:

"I am glad you talked to me."

"I do care. Tell me what's happening in your life."

"How can I help?"

"Let's find someone who can help you get through this."¹⁷¹

If you do find that someone is contemplating suicide, it is essential to help them find immediate professional care. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, though—no matter how overpowering—does not last forever.

If they tell you they are going to end their life, you must act immediately. Don't leave the person alone, and don't try to argue. Instead, ask questions like, "Have you thought about how you'd do it?" "Do you have the means?" and "Have you decided when you'll do it?" If the person has a defined plan, the means are easily available, the method is a lethal one, and the time is set, then risk of suicide is obviously severe. In such an instance, you must take the individual to the nearest psychiatric facility or hospital emergency room. If you are together on the phone, you may even need to call 911 or the police. Remember, under such circumstances no actions on your part should be considered too extreme—you are trying to save a life.

All threats should be taken seriously. Make sure teens know they are not betraying someone's trust by trying to keep them alive. Don't automatically assume that someone who was considering suicide and is now in treatment is, in fact, doing better. Some people who die by suicide actually do so just as they seem to be improving. It's important to make certain that the lines of communication between you and the individual remain open.¹⁷²

Q: What should I do if my loved one is in a mental health crisis and is willing to get treatment?

If your loved one has a mental health service provider such as a psychiatrist, therapist, case manager, or other mental health worker, attempt to obtain their professional assistance in determining appropriate action. If the person does not have a service provider or a written plan, you should work with the individual to learn what treatments he or she would like to receive. Determine if there is a person that could be contacted to assist during the crisis.¹⁷³

If your loved one has insurance, you can save time by calling their provider first to identify which hospital will accept the person. It is advised to accompany the individual and provide as much information as possible to the evaluating doctor or mental health worker regarding the individual.¹⁷⁴

It is also important to provide your loved one with as much choice and decision-making authority in determining their treatment. This may take longer but will have a better outcome because the ultimate decision has the individual's support. In addition, you will decrease the traumatizing effects of crisis for the individual, thus promoting a quicker recovery.¹⁷⁵

In working with your loved one, it is important to be engaging and cooperative. Arguing with the individual is unproductive and will not have beneficial results for you or the individual. You can be direct with the person about your concerns but remain nonjudgmental and noncritical. Talk about the potential benefit of hospitalization as a way to reduce the stress of daily responsibilities and to allow focused time on recovery.¹⁷⁶

Q: What should I do if my loved one is in a mental health crisis and is not willing to get help?

As frustrating and scary as it is to see your loved one in a mental health crisis refusing to seek help, noncompliance to treatment is not considered a crime in the US. According to NAMI, taking medication or being in therapy is not enforceable, except in the case of minors and those who are a danger to themselves or others.¹⁷⁷

If you feel like your family member or friend is possibly a danger to themselves or others, you can contact 911 and ask for a crisis intervention officer to be sent to the location. It's possible that your community may also have a crisis intervention team (CIT) that could respond to an emergency situation; the local NAMI Affiliate may be able to provide you with contact information for a CIT.¹⁷⁸

Some people seem to be unaware of how mentally ill they are and therefore don't recognize their need for medical treatment. Family members might assume that this is due to denial, stubbornness, or pride, but there is a condition called "anosognosia" (impaired awareness of illness), caused by anatomical damage to the brain that explains why some individuals diagnosed with major mental illness do not believe that they are ill.¹⁷⁹

When a person has a long history of noncompliance with treatment and/or medication, assisted outpatient treatment (AOT) may be an option. (AOT) is court-ordered treatment (including medication) for individuals with severe mental illness, but they must meet strict legal criteria, which varies from state to state. Currently, 45 states have assisted outpatient treatment laws, but putting the laws into practice is often incomplete or inconsistent because of legal, clinical, official or personal barriers to treatment.¹⁸⁰

A book that many family members and friends have found helpful is *I Am Not Sick, I Don't Need Help!*, by Xavier Amador, Ph.D.

Q: How do I explain what mental illness is to my child?

Below are age-specific tips for discussing mental illness with your child recommended by the American Academy of Child and Adolescent Psychiatry:

- **Preschool Age Children:** Young children need less information and fewer details because of a limited ability to understand. Preschool children focus primarily on things they can see. For example, they may have questions about a person who has an unusual physical appearance, or is behaving strangely. They would also be very aware of people who are crying and obviously sad, upset, or angry.¹⁸¹
- **School Age Children:** Older children may want more specifics. They may ask more questions, especially about friends or family with emotional or behavioral problems. Their concerns and questions are usually very straightforward. “Why is that person crying? Why does daddy drink and get so mad? Why is that person talking to herself?” They may worry about their safety or the safety of their family and friends. It is important to answer their questions directly and honestly and to reassure them about their concerns and feelings.¹⁸²
- **Teenagers:** Generally, teenagers are capable of handling much more information and asking more specific and difficult questions. Teenagers often talk more openly with their friends and peers than with their parents. As a result, some teens may have already had misinformation about mental illnesses. Teenagers respond more positively to an open dialogue, which includes give and take, rather than a conversation that feels like a one-sided lecture. Be sure to allow time to listen and be prepared to address the tough questions.¹⁸³

It is important to talk with your children and loved ones about their emotions. Sometimes emotions are difficult to identify. A Feelings Word List is on page 66 to assist you.

Q: How do I support my loved one after a mental health hospitalization?

When someone has a mental health crisis, support from family can make a big difference. You may not know the right things to do or say—but with commitment, intentionality, and compassion, you can learn how best to support your loved one.¹⁸⁴

Hospitalization is sometimes necessary to stabilize someone having an acute mental health episode.¹⁸⁵ Unfortunately, 1 in 10 people discharged from state psychiatric hospitals are readmitted within 30 days according to SAMHSA.¹⁸⁶ Following hospitalization for a suicide attempt, the risk of suicide is greatly increased especially for people living with major depression, bipolar disorder, and schizophrenia. According to Mental Health America, 40% of people who die by suicide have made a previous attempt.¹⁸⁷

Before leaving the hospital, individuals need to have a discharge plan. Make sure they have a written list of what medications to take, what dosage, and when to take them. It is important to know that individuals might not feel better immediately. They should allow themselves to slowly and gradually get back to routine and to stick with their treatment plans. It may be helpful for individuals to connect with people who have had similar experiences. It is recommended that you work with the individual to develop a “game plan” to prevent future crisis situations. This can include a variety of options but the ultimate goal is to help the individual find the support that will enable him/her to prevent, avoid, divert, or manage a future crisis.¹⁸⁸

After a mental health hospitalization, it can be difficult to know how to support your loved one. People leaving the hospital after surgery or another medical emergency need time for healing and recovery. It is no different for people leaving a hospital due to mental health treatment. People leaving the hospital are vulnerable and a gentle approach to reintegrating with the world can be helpful.

Helpful Tips:

- Being hospitalized can be a traumatic experience. Be sensitive to whatever emotions the person is feeling.
 - It is important to know a person is not “fixed” when leaving the hospital.
 - It is likely the beginning of a longer-term recovery process.
 - It is unrealistic to think a person can go back to their normal life right away.
 - Don’t be afraid to ask about how someone is doing.
 - Assure the person of your commitment to the relationship.
 - Ask the person if you can help with practical needs: grocery shopping, making meals, cleaning their home, taking them to doctors appointments, etc.
 - Spend time together doing things that do not revolve around a mental illness like going to the park, watching a movie, etc.
 - It is normal to feel frightened and worried about someone after they have been hospitalized. Make sure you, as the caregiver, get the support you need as well.¹⁸⁹
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Section 4

MENTAL HEALTH RESOURCES

PHONE NUMBERS

2-1-1

Provides free and confidential information and referral for mental health services, help with food, housing, employment, counseling, and more.

Child-Help USA

Crisis line assists both child and adult survivors of abuse, including sexual abuse; also provides treatment referrals. 1-800-4ACHILD; 1-800-422-4453

Crisis Text Line

Free, 24/7 support and information for anyone in any type of crisis. Text HOME to 741741 from anywhere in the U.S.

National Alliance on Mental Illness Help Line

1-800-950-NAMI (6264)

National Suicide Prevention Lifeline

1-800-273-8255

WEBSITES

American Academy of Child and Adolescent Psychiatry (AACAP)

aacap.org

American Foundation for Suicide Prevention (AFSP)

afsp.org

FINDING*balance*[®] Inc.

findingbalance.com

Kay Warren: Mental Health

kaywarren.com/mentalhealth

Know the Signs

suicideispreventable.org

Mental Health America

mentalhealthamerica.net

MentalHealth.gov

mentalhealth.gov

National Alliance on Mental Illness (NAMI)

nami.org

National Institution of Mental Health (NIMH)

nimh.nih.gov

Saddleback Church Mental Health Initiative

hope4mentalhealth.com

**Substance Abuse and Mental Health Services
Administration (SAMHSA)**

samhsa.gov

U.S. National Library of Medicine

nlm.nih.gov/medlineplus/mentalhealth.html

Walk In Our Shoes

walkinourshoes.org

MENTAL HEALTH PROVIDER REFERRALS

Mental Health Insurance Information: Every health insurance plan is required by law to have certain essential health benefits; mental health is one of the components. To see your plan's coverage, contact member services. The phone number will be listed on your insurance card.

American Psychiatric Association (APA)

Provides names of APA members in your area.
psychiatry.org or call 1-888-357-7924

Child and Adolescent Psychiatrist Finder

aacap.org/AACAP/Member_Services/Find_A_Physician.aspx

GoodTherapy Worldwide Database

goodtherapy.org

National Association of Medicaid Directors

Can assist in finding a provider who accepts Medicaid.
medicaiddirectors.org

National Association of Social Workers (NASW)

Online directory of clinical social workers
socialworkers.org or call 202-408-8600

Network of Care (available in 25 states)

networkofcare.org

Medicare Physician Compare

Assists in finding a physician who is enrolled in Medicare.
medicare.gov/physiciancompare

Psychology Today's Therapy Directory

<https://therapists.psychologytoday.com/rms/>

Rehab Locator

Offers a searchable database for drug and alcohol rehab centers
rehab.org/centers or call 1-800-885-4616

Substance Health Information Network (SHIN)

Mental Health Facilities and Substance Abuse Treatment Facility Locators
findtreatment.samhsa.gov/locator or call 1-800-662-4357

The World Federation for Mental Health

Assists people worldwide find mental health services in their area.
wfmh.com

SUPPORT GROUPS AVAILABLE FROM SADDLEBACK CHURCH (949-609-8000)

Mental Health Support Groups for Adolescents and Adults

Elaineq@saddleback.com

saddleback.com/supportgroups

Celebrate Recovery® — Christ-centered recovery program

Celebration Place™ — Celebrate Recovery® for children

The Landing™ — Celebrate Recovery® for students

celebraterecovery.com

RECOMMENDED RESOURCE LIST

Saddleback Resources
Available at pastors.com

Hope for Mental Health Starter Kit

Leading and Launching Life-Changing Support Groups

Tommy Hilliker

Celebrate Recovery® Starter Kit

Rick Warren and John Baker

Journey Toward Hope: A Guided Experience

Your First Step to Celebrate Recovery®

John Baker

How to Get Through What You're Going Through Sermon Series

Pastor Rick and Kay Warren

Hope Box

Book List

A Grace Disguised

Jerry Sittser

Becoming Human

Jean Vanier

Bipolar Survival Guide

David Miklowitz, PhD

The Catholic Guide to Depression

Aaron Kheriaty, MD

Change your Brain, Change Your Life

Daniel Amen, MD

Choose Joy Because Happiness Isn't Enough

Kay Warren

The Connected Child

Karyn Purvis and David Cross

The Connection

Karyn Purvis and Elizabeth Styffe

Grace for the Afflicted

Matthew Stanford, PhD

Grieving a Suicide

Albert Hsu

Hiding from Love

John Townsend, PhD

How to Raise Emotionally

Healthy Children

Gerald Newmark PhD

I Am Not Sick I Don't Need Help!

Xavier Amador, PhD

I Had a Black Dog

Matthew Johnstone

If You Feel Too Much

Jamie Tworkowski

***In the Middle of the Mess:
Strength for This Beautiful,
Broken Life***

Sheila Walsh

Life Inside the "Thin" Cage

Constance Rhodes

Life's Healing Choices

John Baker

Love Letters from the Edge

Shelly Beach and Wanda Sanchez

No Time to Say Goodbye

Carla Fines

***Overcoming Borderline
Personality Disorder***

Valerie Porr

Picking Up the Pieces Handbook

Chuck Hannaford, PhD

Psalms of Lament

Ann Weems

Resurrecting the Person

John Swinton

***Surviving Schizophrenia:
A Family Manual***

E. Fuller Torrey, MD

Talking to Depression

Claudia Strauss

Troubled Minds

Amy Simpson

An Unquiet Mind

Kay Redfield Jamison

***When Someone You Love
Has Mental Illness***

Rebecca Woolis

You Need Help!

Mark S. Komrad, MD

FEELINGS WORD LIST¹⁹⁰

HAPPY, cheerful, delighted, elated, encouraged, glad, gratified, joyful, lighthearted, overjoyed, pleased, relieved, satisfied, thrilled, secure, optimistic

LOVING, affectionate, cozy, passionate, romantic, sexy, warm, tender, responsive, thankful, appreciative, refreshed, pleased, comforted, reassured

HIGH ENERGY, energetic, enthusiastic, excited, playful, rejuvenated, talkative, pumped, motivated, driven, determined, obsessed, jittery

AMAZED, stunned, surprised, shocked, jolted, enlightened

ANXIOUS, afraid, uneasy, nauseated, nervous, restless, preoccupied, worried, scared, tense, fearful, terrified, insecure, indecisive, hyper-vigilant, cautious

CONFIDENT, positive, secure, self-assured, assertive

PEACEFUL, relieved, at ease, calm, comforted, cool, relaxed, composed, protected

OVERWHELMED, apprehensive, boxed in, burdened, confused, distressed, guarded, hard-pressed, paralyzed, panicky, tense, weighted down, edgy

TRAUMATIZED, shocked, disturbed, injured, damaged, unloved, unlovable, hated

ANGRY, annoyed, controlled, manipulated, furious, grouchy, grumpy, irritated, provoked, frustrated, hateful, cold, icy, bitter, cynical

LOW ENERGY, beaten down, exhausted, tired, weak, listless, depressed, detached, withdrawn, indifferent, apathetic, lazy, bored

ALONE, avoidant, lonely, abandoned, isolated, cut off, detached, disconnected, unwanted

SAD, unhappy, crushed, dejected, depressed, desperate, hopeless, grieved, heavy, weepy

BETRAYED, deceived, fooled, duped, tricked, misled, skeptical


CONFUSED, baffled, perplexed, mystified, misunderstood, disoriented, bewildered

ASHAMED, guilty, mortified, humiliated, embarrassed, exposed, stupid

DISAPPOINTED, let down, disheartened, disillusioned, distrustful

INVISIBLE, forgotten, overlooked, unimportant, invisible, disregarded, lost

DESPISED, ridiculed, dumb, belittled, mocked, scorned, shamed, hated, detested

	HAPPY	SAD	MAD	SCARED	CURIOUS	TIRED	ENERGETIC	 NOTES: Write about some good and bad things that happened in your day.
AFTER-NOON								
EARLY EVENING								
EVENING								
NIGHT								
BED								

DAY OF THE WEEK _____ DATE _____

SCRIPTURES FOR SUPPORT AND ENCOURAGEMENT

May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit.

Romans 15:13 (NIV)

But you, O LORD, are a shield about me, my glory, and the lifter of my head.

Psalms 3:3 (ESV)

He only is my rock and my salvation, my fortress; I shall not be shaken.

Psalms 62:6 (ESV)

Even youths shall faint and be weary, and young men shall fall exhausted; but they who wait for the Lord shall renew their strength; they shall mount up with wings like eagles; they shall run and not be weary; they shall walk and not faint.

Isaiah 40:30–31 (ESV)

Likewise the Spirit helps us in our weakness. For we do not know what to pray for as we ought, but the Spirit himself intercedes for us with groanings too deep for words. And he who searches hearts knows what is the mind of the Spirit, because the Spirit intercedes for the saints according to the will of God.

Romans 8:26–27 (ESV)

But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me.

2 Corinthians 12:9 (ESV)

For nothing will be impossible with God.

Luke 1:37 (ESV)

“For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to give you a future and a hope.”

Jeremiah 29:11 (ESV)

“And I will give you a new heart, and a new spirit I will put within you. And I will remove the heart of stone from your flesh and give you a heart of flesh. And I will put my Spirit within you, and cause you to walk in my statutes and be careful to obey my rules.”

Ezekiel 36:26–27 (ESV)

Look to the LORD and his strength; seek his face always.

1 Chronicles 16:11 (NIV)

I love you, LORD; you are my strength. The LORD is my rock, my fortress, and my savior; my God is my rock, in whom I find protection. He is my shield, the strength of my salvation, and my stronghold.

Psalms 18:1-2 (NLT)

My health may fail, and my spirit may grow weak, but God remains the strength of my heart; he is mine forever.

Psalms 73:26 (NLT)

He gives strength to the weary, he strengthens the powerless.

Isaiah 40:29 (NJB)

Each time he said, “My gracious favor is all you need. My power works best in your weakness.” So now I am glad to boast about my weaknesses, so that the power of Christ may work through me.

2 Corinthians 12:9 (NLT)

But the Lord stood with me and gave me strength.

2 Timothy 4:17 (NLT)

SOURCES

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CDC.gov

PsychCentral.com

DBSAlliance.org

Psychiatry.org

DSM5.org

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HelpGuide.org

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HowWeLove.com

SAVE.org

JABFM.org

Suicide.org

MayoClinic.org

TreatmentAdvocacyCenter.org

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WHO.int

MentalHealthAmerica.net

YellowRibbon.org

DISCLAIMER

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MENTAL HEALTH RESOURCE GUIDE

FOR INDIVIDUALS AND FAMILIES

May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit.

ROMANS 15:13 (NIV)

Includes basic education about common mental illnesses, answers to frequently asked questions, and information for families about how to support their mentally ill loved ones.

While this resource guide is drawn from highly reputable and trusted sources of information about mental illness, it is not a comprehensive study and it is not intended to be used as a diagnostic tool. Rather, it will serve as a quick reference for individuals and families seeking insight and information.

The Mental Health Resource Guide for Individuals and Families is provided free of charge as a courtesy to those seeking insight and information on mental health. It is designed to serve as a simplified reference guide and should not be utilized as a diagnostic tool. This free resource is also available online at hope4mentalhealth.com/resourceguide.



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