WORKSHOP SUMMARY

The Montgomery County Department of Health and Human Services (MCDHHS) Asian American Health Initiative (AAHI), in partnership with the African American Health Program (AAHP) and Latino Health Initiative (LHI), hosted a free workshop entitled “Mental Health in Our Communities II” as a part of the Empowering Community Health Organizations (E.C.H.O.) Project 2015. Launched in 2011, E.C.H.O. is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations.

“Mental Health in Our Communities II” invited community leaders to learn more about mental health, its connection to the mind and body, tools to help overcome cultural and linguistic barriers, as well as local support services. Two speakers led the workshop – Karishma Sheth, Senior Program Director of the Mental Health Association of Montgomery County, and Eugene Morris, Manager of MCDHHS Access to Behavioral Health. The workshop included a small group exercise in which attendees discussed mental health and ways to reduce barriers when accessing services, within the context of a specific community. It concluded with a brief question and answer session. Over 100 people attended the workshop, representing about 50 organizations from the community.
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OVERVIEW OF MENTAL HEALTH AND MENTAL ILLNESS

What is Mental Health?
- A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

What is Mental Illness?
- A diagnosable illness that affects a person’s thinking, emotional state, and behavior, disrupting a person’s ability to work, carry out daily activities, and engage in satisfying relationships.
- According to the World Health Organization, mental illnesses cause more disability than physical illnesses.
- Barriers to treatment in society often leave those suffering feeling isolated and helpless.
- Mental illness can be placed on a continuum of mild to severe. Treatment through therapy, medication, or a combination of both, is often necessary for moderate to severe cases.
- Mental illnesses are often co-occurring, with 45% of individuals having two diagnoses.
  - Many individuals with mental illnesses are also susceptible to substance and/or alcohol abuse.
- The median age of onset for any mental illness is 14-years-old.
- A sign is what we see in an individual, while a symptom is what an individual is actually experiencing.

TYPES OF MENTAL HEALTH PROBLEMS

Major Depressive Disorder
- Lasts for at least 2 weeks and affects a person’s emotions, thinking, behavior and physical well-being, as well as his or her ability to work and have satisfying relationships.
- The prevalence rate among U.S. adults is 6.8%, being more common among women.
- Signs and symptoms include lack of energy, weight loss/gain, headaches, unexplained aches/pains, use of drugs/alcohol, withdrawal from others, loss of motivation, and anger/irritability.

Anxiety
- Differs from normal stress and anxiety in that it is more severe and long-lasting, interfering with work and relationships.
- The prevalence rate among U.S. adults is 19.1%, being more common among women.
• Signs and symptoms include signs of a panic attack, obsessive or compulsive behavior, phobic behavior, and unrealistic or excessive fear and worry.

**MIND AND BODY CONNECTION**
• The body responds to the way a person thinks, feels, or acts. Therefore, many signs of mental illness are somatic (physical).
• People with mental illness often come to medical professionals with physical symptoms, causing delay in mental illness diagnoses.
• N*COMMON provides mental health services to French- and Spanish-speaking immigrants who often have experienced torture, abuse, and/or trauma.
  o Immigrants often complain of physical symptoms, such as insomnia and headaches.
  o N*COMMON nurtures and helps them understand that they are experiencing a mental illness.

**CULTURAL BARRIERS AND CHALLENGES**
• There are many common myths about mental illness, which include but are not limited to:
  o “Strong people can work through problems alone,” the “ability to ‘snap out of it,’” a fear of addiction to medication, and/or the belief that what he or she is feeling is situational or temporary.
• There are differing definitions of wellness, cultural stigmas, and desires to seek help only within the family or community.
• Expression of symptoms varies across cultures, most often focusing on the physical aspects.
• There is limited availability of culturally and linguistically competent materials.
• There is a lack of health insurance and limited services for uninsured individuals.
• There is a fear of immigration problems caused by divulging too much information.
• Constraints, such as time, transportation, and childcare, make seeing medical professionals difficult.
• Some view therapy as an American phenomenon that is conforming and adapting.

**TOOLS TO HELP OVERCOME BARRIERS AND CHALLENGES**
• The tools to overcoming barriers and challenges focus on providing flexibility, listening, being culturally sensitive, while also establishing credibility and trust.
• Emphasize that individuals with a mental illness are normal and that it is not his or her fault.
• It is very important to treat mental illness similarly to physical illness in order to reduce stigmas.

**MONTGOMERY COUNTY AND PUBLIC BEHAVIORAL HEALTH SERVICES**
• Uninsured individuals now depend on Medicare and Medicaid to help find somebody in their “system” to provide the services needed.
• The Montgomery County Department of Health and Human Services (MCDHHS), in partnership with the state, has a “safety net” that provides ongoing services. These services fill in any gaps in the system.
  o MCDHHS Access to Behavioral Health helps individuals access and navigate through the system.
• *Mental Health First Aid is a powerful and informative resource for community leaders, which helps reduce stigma and empower people to be able to help those experiencing mental illness or in a mental health crisis.

• *The Red Flags Program teaches the warning signs of depression and suicide to middle and high school aged youth through their health education classes.
  o The curriculum is also set up so that every Montgomery County middle and high school should be giving a presentation on Red Flags to the parents and guardians in their school community.
  o Community leaders should encourage their communities to ask their children’s schools about the presentation and push for it to be scheduled.
MENTAL HEALTH RESOURCES

For emergencies, please contact your local hospital or call 911.

MONTGOMERY COUNTY GOVERNMENT RESOURCES
Please refer to the Montgomery County Department of Health and Human Services Mental Health and Crisis Services handout for more information.

Mental Health/Substance Abuse

**Adult Drug Court Treatment Program**
*Telephone: 240-777-9141*

**Adult Mental Health Program**
*Telephone: 240-777-1770*

**Avery Road Treatment Center**
*(Substance Abuse Detox)*
*Telephone: 301-762-5613*

**Child and Adolescent Mental Health Program**
*Telephone: 240-777-1450*

**Core Service Agency – Behavioral Health Planning and Management**
*Telephone: 240-777-1400*

**Medical Care for Homeless Adults**
*Telephone: 311*

**Medication Assisted Treatment**
*(Methadone)*
*Telephone: 240-777-3325*

**Abuse/Neglect/Violence**

**Crisis Services**
*Telephone: 240-777-4000*
*TTY: 240-777-4815*

**Abused Persons Program**
*Telephone: 240-777-4195*

**Mental Health/Substance Abuse**
*Screening and Referral (Access to Behavioral Health)*
*Telephone: 240-777-1770*

**Mental Health Targeted Case Management**
*Telephone: 240-777-1770*

**Outpatient Addiction Services**
*Telephone: 240-777-1680*

**Screening and Assessment Services for Children and Adolescents (SASCA)**
*Telephone: 240-777-1430*

**Senior Mental Health Program**
*Telephone: 240-777-3990*

**Urine Monitoring Program (Drug Testing)**
*Telephone: 240-777-4710*

**Adult Protective Services**
*Telephone: 240-777-3000*

**Adult Public Guardianship**
*Telephone: 240-777-3000*
Child Abuse and Neglect Hotline  
*Telephone:* 240-777-4417

Street Outreach Network (Gang Prevention)  
*Telephone:* 240-777-1264

Tree House Child Assessment Center  
*Telephone:* 240-777-4699

**OTHER RESOURCES**

infoMontgomery  
*Website:* [www.InfoMontgomery.org](http://www.InfoMontgomery.org)

Maryland Community Services Locator  
*Website:* [www.mdcsl.org](http://www.mdcsl.org)

Mental Health America  
*Website:* [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)  
*Telephone:* 800-969-6642 toll free  
*TTY:* 800-433-5959

Mental Health Association of Montgomery County  
*Website:* [www.mhamc.org](http://www.mhamc.org)  
*Telephone:* 301-424-0656

Mental Health First Aid in Maryland  
*Website:* [www.MHFAMaryland.org](http://www.MHFAMaryland.org)  
*Telephone:* 443-901-1550

Victim Assistance and Sexual Assault Program (VASAP)  
*Telephone:* 240-777-1355 (weekdays) or 240-777-4357 (24-hour crisis line)  
*TTY:* 240-777-1347

National Alliance on Mental Illness  
*Website:* [www.nami.org](http://www.nami.org)  
*Telephone:* 703-524-7600

National Institute on Drug Abuse  
*Website:* [www.drugabuse.gov](http://www.drugabuse.gov)  
*Telephone:* 301-443-1124

National Institute of Mental Health  
*Telephone:* 301-443-4513 or 1-866-615-6464 toll free  
*TTY:* 301-443-8431 or 1-866-415-8051 toll free

Psychology Today  
*Website:* [www.psychologytoday.com](http://www.psychologytoday.com)
MENTAL HEALTH SMALL GROUP EXERCISE

For the small group exercise, participants pre-selected one out of five groups to participate in: African American, Age, Asian American/Pacific Islander/Middle Eastern, Continental African/Caribbean, and Latino/Hispanic. Each group was presented with a set of statistics, which can be found in the Handouts section, that briefly covered the mental health disparities affecting the community. They then had the opportunity to discuss how language and culture impact access to mental health services within the context of their community.

**Question 1:** What do you think are some of the contributing factors to these mental health disparities? Have you noticed any other mental health concerns in the community?

**Question 2:** After discussing the disparities and concerns in the community, what are some solutions to overcome those contributing factors?

Below are the thoughts shared from each small group. The small group emphasized ideas that are italicized during the report-out session.

**AFRICAN AMERICAN**

Table 2

- **Question 1:** Contributing factors/other mental health concerns
  - Living in the U.S. – daily stress
  - Not being occupied with employment or school
  - Lack of insurance and access to treatment
  - Having to start over
  - Posttraumatic Stress Disorder – African American males go to armed services to get away
  - Change in lifestyle – working to retirement
  - Not a lot of father figures for males – stress
  - Not able to relate to a therapist
  - African American males do not go to the doctor. African American females are even less likely to go because they are taking care of others.
  - Not advocating for health
  - Not seeking treatment

- **Question 2:** Potential solutions
  - Increase community awareness and education on mental health issues – goals, signs/symptoms, educating
  - Recognize co-occurring symptoms (dual diagnosis) with substance abuse
  - Keep people busy and active
  - Help young people get jobs and keep them engaged
  - Integrate primary care
  - Break the cycle of depression
  - Look at less severe issues
  - Use Community Health Workers
  - Increase funding to mental health services, both private and public
  - Increase provider education and cultural competency
  - Encourage others to enter mental health professions

Table 7

- **Question 1:** Contributing factors/other mental health concerns
  - Disconnect of reporting and diagnoses
Percentage of African American providers in U.S. is very low
Over-diagnoses/misdiagnoses – startling
High rates of unemployment and stress – puts them in the system
Supportive services taken away when signing people up for certain things
Those who are supposedly stable, inadequate resources
Religion
System sets people up, but the response is not adequate – makes people cynical and distrustful
Shortsightedness (e.g. eviction – help with rent, but no other supportive services so person falls back)
  - Need to think more about what is next for individual
Fall back on poverty, income inequality, employment – causes stress
Economics have a significant impact
African American stress associated with racism
Stigma of incarceration
Substance abuse – root cause of mental illness
Repeated hospitalization
Cares driven by insurance

Question 2: Potential solutions
System is not designed in a culturally competent way, so rather than forcing people to come to the system, go to the community where they feel comfortable
Work more with community-based organizations
Decentralize services and re-design current infrastructure
Go to churches – more trust
Subsidize trainings to increase amount of African American mental health professionals

Question 1: Contributing factors/other mental health concerns
Cannot talk about age without talking about cultural aspects
For seniors – isolation, in facilities
For youth – lack of education in mental illness (needed in high schools and colleges)
For young kids – high expectations (i.e. Asian families), competitive, physical and emotional changes
Bullying among the young – anxiety
Social pressures – some teenagers have trouble dealing with it and families are not supportive
Lack of education, difficult to access services, difficult to ask for help (Latino community)
Financial problems
Vets returning – housewives concerned
Lack of funding and resources that are culturally and linguistically appropriate

Question 2: Potential solutions
Need more resources that are affordable and accessible for early intervention and prevention
Need linguistically and culturally competent services and providers – not only providing them, but also being able to practice and navigate for cultural sensitivity
Need political will to make changes
Eliminate the stigma of mental illness and society’s perception, which prevents individuals from seeking services
- Change mindset about mental illness
- Provide education for families to recognize the problems of family members (in early stages)
- Provide more funding to train providers to be culturally and linguistically competent

**Table 12**
- **Question 1: Contributing factors/other mental health concerns**
  - For seniors – difficulty connecting with family members, communication issues, education/resource issues, discrimination, lack of resources to take care of elderly, financial insecurity
  - For youth (12-17 year olds) – parents are too young, children are raising children (those children with emotional problems themselves pass it onto their children), effect of media/what is seen on TV (discrimination, racism, music played), vulnerable, young, missing social support, physical changes/hormones, emotional, pressure from peers and media to look and feel a certain way

**Question 2: Potential solutions**
- Provide education in communities to recognize signs of mental illness
- Provide resources to obtain help – what is available and how to access them
- Find support from someone who can listen and cares
- Communicate with and educate schools – great place to start
- Need programs where individuals can ask for help (i.e. provided by employers)
- Connect people with resources – places where people can call for help/find someone to talk to
- Bring isolated individuals to a community center with engaged activities (i.e. sewing, zumba) – social support
- Raise awareness of programs that bring the community together – grass root, community-based, in neighborhoods, great diversity from many cultures
- Talk more about cultural competencies for people with language barriers
- Promote more community gatherings

**ASIAN AMERICAN/PACIFIC ISLANDER/MIDDLE EASTERN**

**Table 4**
- **Question 1: Contributing factors/other mental health concerns**
  - Stereotypes/misperceptions (model minority myth)
  - Doctors not having knowledge of the community they are treating
  - Lack of mental health education by doctors
  - Low language access and language barriers
  - Lack of cultural competency
  - Generational differences causing communication gaps
  - Increased bullying in Asian American/Pacific Islander (AAPI) youth
  - Stigma causes individuals not to speak up

- **Question 2: Potential solutions**
  - Need language access (i.e. Patient Navigator Program)
  - Increase number of providers who are linguistically and culturally competent
  - Have college campus student unions and pathways programs
  - Have partnerships between government and other entities (i.e. schools, providers, services)
  - Use social media to educate others
Table 8

- Question 1: Contributing factors/other mental health concerns
  - Gender differences
  - Suicide normalized in certain subgroups – revenge, honor killing/death
  - Cultural stigma – “saving face”
  - Isolation/loneliness, especially for AAPI seniors since students are connected to communities through school
  - Pressure from peers and parents, especially for younger adults or second generation individuals
  - Not wanting to share
  - Fear of bringing “shame” to the family and community

- Question 2: Potential solutions
  - Normalize and de-stigmatize
  - Re-label and brand mental health and behavioral health – build services around it
  - Create programs and support groups that work around challenges
  - Provide outreach to community centers, religious- and faith-based centers, senior centers, etc.
  - Reach the unreachable (e.g. one-on-one outreach) – focus on AAPI senior population since they are harder to reach
  - Train lay bilingual and bicultural community members in mental health/behavioral health to start a dialogue
  - Use ethnic language in the media to educate and normalize mental health

Table 13

- Question 1: Contributing factors/other mental health concerns
  - Stigma and shame
  - No term in certain languages for “mental health”
  - Caught between two cultures
  - Interpersonal relationships – internalization of discrimination
  - Lack of social support/isolation – unfamiliar with culture, different language capabilities
  - Dominance of Western ideology in the U.S. mental health service delivery
  - Diversity of Asian Americans and the model minority myth
  - Social pressures from the community and family to be “perfect,” especially with youth

- Question 2: Potential solutions
  - Depart from the “crazy” perspective – normalize mental health
  - Develop dialogue with parents – group/community approaches within community establishments, not making individuals feel attacked
  - Use interpreters to increase language access and bilingual services
  - De-stigmatize – have conversations with youth to ensure they know what “mental health” and “well-being” are
  - Increase community awareness
  - Better understand mental health
  - Have Asian American representation in literature and awareness ads
  - Need more Asian bilingual mental health professionals
CONTINENTAL AFRICAN/CARIBBEAN
Table 10

- Question 1: Contributing factors/other mental health concerns
  - Different notions of what living in the U.S. is really like – stress, unemployment, depression, anxiety, homelessness
  - Difficulty separating spiritual needs from clinical needs – association with witchcraft, ancestors, or God
  - Domestic violence
  - Discrimination
  - Difficulty accessing culturally competent health professionals – stigma, not saying “we are mentally ill”
  - Confidentiality – do not want others to know
  - Community is combined with African Americans – not a lot of data
  - No central access point to services
  - Insurance
  - Long waiting times (2-3 months)
  - Lack of information – difficult adjustment, isolation, fear
  - Not wanting outsiders to interfere

- Question 2: Potential solutions
  - Have funding for education, research, and access for community centers and churches
  - Increase cultural competency for clinicians and counselors – not just about speaking the language, but also understanding culture and addressing it as a well-being standpoint
  - Educate the community
  - Encourage young people to pursue careers in mental health, not just nursing
  - Encourage home-based services – privacy, community feel (i.e. getting coffee to gather clients and bring people together)
  - Inform parents to talk with children about mental health – children are affected by their parents’ problems
  - Research and gather data about mental health to drive culturally tailored programming
  - Encourage mental health professionals to bridge U.S. and African culture

LATINO/HISPANIC
Table 5

- Question 1: Contributing factors/other mental health concerns
  - Not enough Latino mental health professionals
  - No appropriate referral languages
  - Breaking down myths
  - Lack of information
  - Stigma
  - Lack of belief in therapy
  - Lack of appropriate treatment
  - Mentality of not having enough time for oneself – needing to take care of the family

- Question 2: Potential solutions
  - Recruit Spanish-speaking mental health professionals
  - Educate schools about services in the community to make appropriate referrals
  - Create a mental health campaign that addresses stigma and wellness
  - Promote mental health
  - Support the Welcome Back Center
Table 9

- Question 1: Contributing factors/other mental health concerns
  - Not enough Spanish-speaking mental health providers
  - Cultural beliefs
  - No financial stability to seek services
  - Lack of good communication between parents and children
  - Lack of insurance or limited number of visits with health care provider, high co-payments
  - Disadvantages of being an immigrant and the stress they experience compared with native residents
  - Lack of extended family as a support system
  - Dislocation of culture
  - Cultural differences – mental health not being recognized and accepted

- Question 2: Potential solutions
  - Get schools to recruit for careers related to mental health services
  - Have schools emphasize the importance of psychology
  - Improve the competitive salary of mental health careers
  - Create a program that helps foreign mental health providers get re-certified
  - Educate families about mental health
  - Have programs at school for children
  - Work with providers such as schools, churches, etc.
  - Have more low-cost services available
  - Increase the number of parenting skills programs available (i.e. Fortaleciendo la familia, Active parenting, Fit parenting, etc.)
  - Bring awareness to the Hispanic community about mental health illnesses and services through education

*Cultural competence and having access to culturally and linguistically competent resources were topics that came up often during the workshop. The speaker notes that this really has to start from the communities’ understanding and accepting mental health as a real need, with parents and community members supporting and encouraging youth to pursue careers in mental health. Many youth are pushed to pursue careers in medicine, law, engineering, and business, which make it hard for youth to think outside of that box. As leaders in various communities, they can be at the forefront of educating their communities on the importance of mental health, reducing stigma, and emphasizing the value of having mental health professionals within the community.*
AUDIENCE QUESTION AND ANSWER

What is the holistic approach to mental health?
The Mental Health Association of Montgomery County (MHAMC) recommends health care professionals being educated and asking more questions about mental health rather than focusing on physical ailments. There should be a stronger focus on the emotional and cognitive symptoms of an individual. Treatment for mental health is not necessarily medication. It is also about seeing what is going on with the person and recommending behavioral health treatment, which may or may not include medication.

What is the impact of the Affordable Care Act on mental health? Have you seen a difference since the implementation and what do you see the difference being in the future?
Through the Affordable Care Act, more behavioral health services have become available to more people through Medicaid. MHAMC has seen an increase in Medicaid-covered individuals asking for mental health services. These plans should offer mental health parity, meaning that mental health should be at parity with any medical or surgical benefits covered by the insurance. There has been an increase in the number of requests for services and with that, MHAMC and other mental health providers in the County are looking to expand outreach of services to individuals who have Medicaid and health insurance. MHAMC will need to see the progression in the future and hopes to have the appropriate services available depending on what the need is.

An audience member commented that for individuals who purchased health insurance through the health insurance exchange, behavioral health care deductibles are very high. Because of the high deductibles, there is no parity. Karishma noted the Maryland Parity Project, implemented by the Mental Health Association of Maryland (MHAMD), allows individuals throughout the state to call and register complaints about any lack of parity with mental health insurance along with their medical and surgical benefits.

*A great resource to turn to if someone is experiencing issues with parity and in turn, unable to access mental health services, is the Maryland Parity Project. It is run by MHAMD. People can register any issues with parity through them, and they are continuing to work hard to advocate for mental health parity and erase any disparities in mental health services. More information can be found by visiting www.marylandparity.org.

In many cultures, the terms “mental health” and “crazy” mean the same thing. How do you differentiate the two terms?
Mental illness is a diagnosable biological issue, similar to diabetes or hypertension, which requires treatment, support, and care as any medical illness would. It is important to explain that people with mental illnesses are not crazy and that it is not their fault. They are just as “normal” as any other individual. Mental illness is treatable and with the right kind of treatment, people live long, happy, and successful lives.
WORKSHOP FEEDBACK

The response rate from the workshop evaluations was 71%. Percents may not add to 100 due to rounding and skipped questions.

1. Please rate this workshop:

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<th>Question</th>
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2. Please rate the following:

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WORKSHOP REGISTRANTS

The following workshop registrants provided permission to publish their name, organization, and email.

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MENTAL HEALTH IN OUR COMMUNITIES II
E.C.H.O. WORKSHOP FOR COMMUNITY LEADERS
NOVEMBER 4, 2014
KARISHMA SHETH, MPH

AGENDA

- Overview of Mental Health
  - Depression
  - Anxiety
- Mind/Body Connection – N*COMMON Client Stories
- Cultural Barriers/Challenges
- Tools to Help Overcome Barriers/Challenges
- Community Resources
- Small Group Exercise
- Q & A

MENTAL HEALTH / MENTAL ILLNESS

- Mental Health: a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.
  - Coping with the world
  - Finding balance in life
  - A journey toward well-being
- Mental Illness: a diagnosable illness that affects a person’s thinking, emotional state, and behavior and disrupts the person’s ability to:
  - Work
  - Carry out daily activities
  - Engage in satisfying relationships

OVERVIEW OF DEPRESSION / ANXIETY

- Major Depressive Disorder: lasts for at least 2 weeks and affects a person’s:
  - Emotions, thinking, behavior, and physical well-being
  - Ability to work and have satisfying relationships
- Anxiety Disorder: differs from normal stress and anxiety – it is more severe and long-lasting and interferes with work and relationships

Prevalence Rates:

- Major Depressive Disorder: 6.8%
- Anxiety Disorder: 19.1%
DEPRESSION: SIGNS AND SYMPTOMS

- **Physical**: fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, weight loss or gain, headaches, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains
- **Behavioral**: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, slow movement, use of drugs and alcohol
- **Psychological**: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, feelings of helplessness, hopelessness, irritability, frequent self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, thoughts of death and suicide

ANXIETY: SIGNS AND SYMPTOMS

- **Physical**: pounding heart, chest pain, fast breathing, shortness of breath, dizziness, headache sweating, tingling, numbness, choking, dry mouth, stomach pains, nausea, vomiting, diarrhea, muscle aches and pains (esp neck, shoulders and back), restlessness, tremors and shaking, inability to relax
- **Behavioral**: avoidance of situations, obsessive or compulsive behavior, distress in social situations, phobic behavior
- **Psychological**: unrealistic or excessive fear and worry (about past and future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness, feeling “on edge” or nervous, fatigue, sleep disturbance, wild dreams

MIND / BODY CONNECTION

- Body responds to the way a person thinks, feels, and acts — when a person is stressed, anxious, or upset, the body tries to tell them something isn't right
- Many of the signs and symptoms for mental illness are physical/somatic — impact of the illness can be physical as much as it is mental
- People tend to report more physical symptoms to healthcare professionals — so mental illness is more difficult to diagnose and delays treatment
- N*COMMON Client Stories

CULTURAL BARRIERS/CHALLENGES

- Common myths around mental illness
- Cultures define well-being and illness differently
- STIGMA – lack of education and understanding about mental health and illness
- Attitudes and beliefs toward mental health counseling vary
- Expression of symptoms varies
- Seeking help outside the community is perceived differently
- Language barriers — limited availability of resources that are culturally and linguistically competent
- No health insurance
- Limited services for uninsured — long waitlists or high costs
- Time/Schedule — long work hours, multiple jobs
- Fear of immigration problems
- Family responsibilities and loyalties
- View therapy as conforming and adapting — fear of being stigmatized for getting help
- Transportation/Childcare issues
TOOLS TO HELP OVERCOME BARRIERS/CHALLENGES

- Open dialogue and sensitive communication
- Provide psycho-education – reduce stigma
- Establish credibility and trust
- Do not challenge the person’s beliefs
- Make as few assumptions and interpretations as possible
- Maintain self-awareness
- Continual learning about norms, history, language
- Flexibility and patience!

COMMUNITY RESOURCES

- Mental Health Association (MHA)
  - www.montgomery.gov
  - Mental Health & Addictions
  - Regency Hawthorne
  - Montgomery County Health
  - Remington Youth Services
  - Family Together
  - Yahoo, Inc.
  - Adult/Behavioral Health
  - Medicaid as a mainstay
  - Mental health and/or substance abuse services through a multi-provider “system” of providers
  - Different formal levels of services, but gaps
  - MC Govt HHS “safety net” services: Outpatient Addictions, Adult Behavioral Health, Child & Adolescent MH, Crisis Center, Victims. Access these directly or through Access to BH.

MONTGOMERY AND PUBLIC BH SERVICES

- Medicaid and Medicare as mainstay
- Mental health and/or substance abuse services through a multi-provider “system” of providers
- Different formal levels of services, but gaps
- MC Govt HHS “safety net” services: Outpatient Addictions, Adult Behavioral Health, Child & Adolescent MH, Crisis Center, Victims. Access these directly or through Access to BH.

FRONT DOOR CONTINUUM OF SERVICES

- Hospital ERs, Avery Road Tx Center
- Crisis Center, Access, SASCA (Kids), Jail Programs
- Montgomery Cares
- Directly to Programs/Clinics (outpatient mental health and/or substance abuse)
KEY NUMBERS

- Emergencies: Local Hospital/911
- Non-medical crisis situation: Crisis Center 240-777-4000 Walk-in 1301 Piccard Drive
- Substance Abuse Detox: Avery Road Treatment Center 301-762-5813
- Locating MH or Substance Abuse Services: Access to Behavioral Health 240-777-1770
- Substance Abuse Screening for Teens: SASCA 240-777-1430

OTHER SERVICES IN THE COMMUNITY

- Types
- How to find
- Locations: [www.mdcsl.org](http://www.mdcsl.org) and [InfoMontgomery.org](http://InfoMontgomery.org)
- Access as clearinghouse

MC CONTINUUM OF SERVICES

- CRISISURGENT
- MENTAL HEALTH
- ADDICTIONS

SMALL GROUP EXERCISE

- You will have 20 minutes to discuss the 2 questions provided
- Responses and statistics from this exercise will be shared in the Workshop Summary
QUESTION 1
What do you think are the contributing factors to the mental health disparities? Are there any other mental health concerns that you have noticed in the community?

QUESTION 2
After hearing the statistics and concerns in the community, what are the potential solutions to overcome these barriers?

REPORT OUT
- State the target community you discussed and your table number
- Please share the group’s greatest challenge and the corresponding recommended solution

Q & A
QUESTIONS?
Mental Health Disparities: African Americans

Office of Minority Health
http://minorityhealth.hhs.gov/templates/content.aspx?lvl=3&lvlID=9&ID=6474

- African Americans are 20% more likely to report having serious psychological distress than Non-Hispanic Whites.
- Non-Hispanic Whites are more than twice as likely to receive antidepressant prescription treatments as are Non-Hispanic Blacks.
- The death rate from suicide for African American men was almost four times that for African American women, in 2009.

NAMI

- Culture biases against mental health professionals and health care professionals in general prevent many African Americans from accessing care due to prior experiences with historical misdiagnoses, inadequate treatment, and a lack of cultural understanding; only 2% of psychiatrists, 2% of psychologists and 4% of social workers in the U.S. are African American.
- Somatization – the manifestation of physical illnesses related to mental health - occurs at a rate of 15% among African Americans and only 9% among Caucasian Americans.

Surgeon General’s Report: Mental Health, Cultural, Race, Ethnicity, 2001

- A report from the U.S. Surgeon General found that from 1980 - 1995, the suicide rate among African Americans ages 10 to 14 increased 233%, as compared to 120% of Non-Hispanic Whites.
- Of the nearly 34 million people who identify themselves as African American, 22% of which live in poverty. These individuals are at particular risk for mental health illness due to an overrepresentation in homeless populations, people who are incarcerated, children in foster care and child welfare systems, and victims of serious violent crime.
- Studies show African Americans are just as much at risk for mental illness as their white counterparts, yet receive substantially less treatment. Analysis of U.S. Census Bureau data shows that in 2005, African Americans were 7.3 times a likely to live in high poverty neighborhoods with limited to no access to mental health services.
Mental Health Disparities: Age

Children/Youth

NAMI
http://www.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804

- Suicide
  - Suicide is the third leading cause of death in youth ages 15 to 24. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined. Over 90 percent of children and adolescents who commit suicide have a mental disorder.

- School Failure
  - Approximately 50% of students age 14 and older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

- Juvenile and Criminal Justice Involvement
  - Youth with unidentified and untreated mental disorders also tragically end up in jails and prisons. According to a study funded by the National Institute of Mental Health—the largest ever undertaken—an alarming 65 percent of boys and 75 percent of girls in juvenile detention have at least one mental illness.

- Higher Health Care Utilization
  - When children with untreated mental disorders become adults, they use more health care services and incur higher health care costs than other adults. Left untreated, childhood disorders are likely to persist and lead to a downward spiral of school failure, limited or non-existent employment opportunities and poverty in adulthood. No other illnesses harm so many children so seriously.

Prevalence of Mental Health Disorders among Youth

- A national and international literature review found that an average of 17 percent of young people experience an emotional, mental, or behavioral disorder. Substance abuse or dependence was the most commonly diagnosed group for young people, followed by anxiety disorders, depressive disorders, and attention deficit hyperactivity disorder.

- Depression and Suicide
  - In 2008, 8.1 percent of youth ages 12 to 17 and 8.7 percent of young adults between the ages of 18 and 25 had at least one depressive episode. In addition, six percent of 12- to 17-year-olds and 5.4 percent of 18- to 25-year-olds had at least one major depressive episode with severe impairment. Suicide is the third leading cause of death for youth between the ages of 10 and 24, resulting in 4,513 deaths in 2008. Further, in a survey of private and public high school students,
    - 13.8 percent reported that they had seriously considered attempting suicide;
    - 10.9 percent had made a plan for how they would attempt suicide;
    - 6.3 percent reported that they had attempted suicide one or more times within the past year; and
- 1.9 percent had made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse.

- **Youth at Higher Risk for Mental Illness**
  - Youth from low-income households are at increased risk for mental health disorders:
    - Twenty-one percent of low-income children and youth ages 6 to 17 have mental health disorders.
  - Youth involved in the child welfare and juvenile justice systems are at even higher risk for having a mental health disorder:
    - Fifty percent of children and youth in the child welfare system have mental health disorders.
    - Sixty-seven to seventy percent of youth in the juvenile justice system have a diagnosable mental health disorder.
  - Youth of color experience disparities in prevalence and treatment for mental health issues:
    - Thirty-one percent of white children and youth receive mental health services compared to thirteen percent of children of color.

**Seniors**

*National Council on Aging*


- One in four older adults experiences some mental disorder including depression, anxiety disorders, and dementia. This number is expected to double to 15 million by 2030.
- Depression affects seven million older Americans, and many do not receive treatment.
- The number of older adults with substance abuse problems is expected to double to five million by 2020.
- Two-thirds of older adults with mental health problems do not receive the treatment they need. Current preventative services for this population are extremely limited.
- Untreated substance abuse and mental health problems among older adults are associated with poor health outcomes, higher health care utilization, increased complexity of the course and prognosis of many illnesses, increased disability and impairment, compromised quality of life, increased caregiver stress, increased mortality, and higher risk of suicide.
- People aged 85+ have the highest suicide rate of any age group. Older white men have a suicide rate almost six times that of the general population.
Mental Health Disparities: Asian Americans/Pacific Islanders/Middle Eastern*

Office of Minority Health
http://minorityhealth.hhs.gov/templates/content.aspx?lvl=3&lvlID=9&ID=6476
- Suicide was the 10th leading cause of death for Asian Americans

NAMI
- Suicide was the fifth leading cause of death among AAs, compared to the ninth cause of death for white Americans.
- Among women ages 15–24, Asian American girls have the highest suicide mortality rates across all racial/ethnic groups.

Surgeon General’s Report: Mental Health, Cultural, Race, Ethnicity, 2001
- Older Asian American women have the highest suicide rate of all women over age 65 in the United States.
- Low utilization of mental health services due to a number of cultural values such as avoidance of shame and stigma among AAPI subgroups and the lack of bicultural and bilingual providers.

National Asian Women’s Health Organization
- As a largely immigrant and refugee population, Asian Americans face economic and language barriers that prevent them from accessing health care and make them more vulnerable to advanced depression and other mental health disorders. Stress related to immigration and acculturation may also be a factor in developing depression. For example, suicide rates are higher for foreign-born Asian Americans than for those who are American-born.
- Seventy-one percent of Southeast Asians meet the criteria for a major affective disorder (which includes depression), with Hmong (85 percent) and Cambodians (81 percent) showing the highest rates. Moreover, 70 percent of Southeast Asian refugees are found to have PTSD.

*There are limited statistics on mental health in Middle Eastern communities.
Mental Health Disparities: Continental African/Caribbean

*World Psychiatric Association*
[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489826/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489826/)

- Half of the population of the region is made up of children below age of 15 years. It is estimated that, of those aged 0-9 years, about 3% suffer from a mental disorder.
- The population of elderly people is still low, with only 3-4% of the total population aged above 65 years. While the prevalence of dementia is therefore not very high, other brain syndromes, which usually follow an infection or trauma of the central nervous system, are common in the African region.
- Many countries in the African region are engulfed in conflicts and civil strife, with the attendant adverse impact on the mental health and well-being of the affected populations, foremost post-traumatic stress disorder.
- Alcohol, tobacco and drug related problems are becoming an increasing concern in the region. Many of the countries in Africa are used as transit points for illicit drug trade and these drugs are finding their way into local populations, adding to the indigenous problems associated with cannabis consumption. There is an increased demand for home-brewed beer or locally distilled liquor. In most countries there are no national policies on alcohol or tobacco; consequently, their advertising, distribution and sale are largely uncontrolled.
- HIV infection has added considerably to the psychosocial problems already being experienced in many countries of the region, creating a need for extra support and counseling for those affected and care for their surviving family members, especially children.

*The Mental Health of Black Caribbean Immigrants: Results from the National Survey of American Life*

- Compared with African American men, Caribbean Black men had higher risks for 12-month rates of psychiatric disorders. Caribbean Black women had lower odds for 12-month and lifetime psychiatric disorders compared with African American women. First-generation Caribbean Blacks had lower rates of psychiatric disorders compared with second- or third-generation Caribbean Blacks, and, compared with first-generation Caribbean Blacks, third-generation Caribbean Blacks had markedly elevated rates of psychiatric disorders.

*Statistics for Continental Africans residing in Africa*
Mental Health Disparities: Latino/Hispanic

Office of Minority Health
- The death rate from suicide for Hispanic men is almost five times the rate for Hispanic women, in 2009.
- Suicide attempts for Hispanic girls, grades 9-12, were 70% higher than for White girls in the same age group, in 2011.
- Non-Hispanic Whites received mental health treatment 2 times more often than Hispanics, in 2008.

NAMI
http://www.nami.org/Template.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=88869
- Prevalence of depression is higher in Latino women (46%) than Latino men (19.6%).
- Close to one out of every three Latino female (30.3%) high-school students in 1997 had seriously considered committing suicide.
- A study found conclusively that long-term residence in the United States significantly increased rates in mental disorders, with particularly dramatic increases in the rates of substance abuse.
- Among Latinos with mental disorders, fewer than 1 in 11 contact mental health care specialists, while fewer than 1 in 5 contact general health care providers.
- The statistics become more alarming among Latino immigrants with mental disorders. Fewer than 1 in 20 Latino immigrants use services from mental health specialists, while less than 1 in 10-use services from general health care providers.
- A national survey revealed that out of 596 licensed psychologists with active clinical practices who are members of the American Psychological Association, only 1 percent of the randomly selected sample identified themselves as Latino.
FACT SHEET

The African American Health Program (AAHP) was created in 1999 to address health care disparities which disproportionately affect African American in Montgomery County, MD. Today, AAHP is committed to eliminating health disparities and improving the number and quality of years of life for African Americans and people of African descent in the County.

AAHP aims to address the most critical health concerns currently facing its target population.

**CANCER** is the second leading cause of death in America, and African Americans are more likely to die of cancer than any other racial group. According to a 2013 report from the U.S. Cancer Statistics Working Group, the rate of new cancer cases in the U.S. is highest among Black men. The rate of deaths from cancer is also highest for Black men.

**CARDIOVASCULAR HEALTH** is important for everyone, but especially African Americans. According to the Centers for Disease Control and Prevention (CDC), nearly 1 in 3 deaths in the U.S. each year is caused by heart disease and stroke. Blacks are nearly twice as likely as whites to die from preventable heart disease and stroke. Factors that negatively influence cardiovascular health include high blood pressure, tobacco use, high cholesterol, obesity, lack of physical fitness, and congenital defects.

**DIABETES** continues to have a detrimental effect on the health and well-being of the African American population. According to the CDC, in 2010, the risk of diagnosed diabetes was 77% higher among non-Hispanic Blacks when compared to non-Hispanic white adults, and 18.7% of all non-Hispanic Blacks, aged 20 years or older, had diagnosed or undiagnosed diabetes.

**HIV/AIDS** disproportionately affects African Americans, according to the CDC. In 2010, African Americans accounted for an estimated 44% of all new HIV infections among adults and adolescents, despite representing only 12-14% of the U.S. population. This rate is 7.9 times higher than the rate for the white population, and higher than any other racial/ethnic group.

**INFANT MORTALITY** occurs at a disproportionately high rate in the African American population – regardless of socioeconomic status. According to the CDC, the infant mortality rate for non-Hispanic black women in 2010 was 11.6 deaths per 1,000 live births, more than twice the rate for white women. Advanced maternal age, substance use, stress, cord/placental complications, and a history of premature births increase the incidence of infant mortality.

**ORAL HEALTH** plays a major role in overall well-being as well as several diseases that disproportionately affect the African American population. Diabetes increases the risk of gum disease and cavities while noticeable white spots in the mouth can be the first signs of AIDS.

*Giving Every Person Every Opportunity for Health*
OVERVIEW
In 1999, the Montgomery County Department of Health and Human Services created the African American Health Program (AAHP) to address health disparities disproportionately affecting African Americans in the County. Services provided include outreach, health education, support groups, and nurse case management. The program is staffed by registered nurses, health educators, and community outreach personnel. There are no financial or insurance requirements to receive AAHP services.

OUR VISION
African Americans and people of African descent will be as healthy and safe as the rest of the population.

OUR MISSION
Eliminate health disparities and improve the number of years and quality of life for African Americans and people of African descent in Montgomery County.

OUR STRATEGY
Bring together community partners and resources in a collaborative and effective manner to support AAHP goals.

OUR GOALS
- Raise awareness in the Montgomery County community about key health disparities.
- Integrate African American health concerns into existing services and programs.
- Monitor health status data for non-Hispanic Blacks in Montgomery County.
- Implement and evaluate strategies to achieve specific health objectives.

AAHP SERVICE HIGHLIGHTS
S.M.I.L.E. PROGRAM
Every child has every chance.
The goal of the S.M.I.L.E. (Start More Infants Living Equally healthy) program is to reduce the number of premature and low-birth-weight babies born to African American/Black women in the County. S.M.I.L.E. provides: assessment of high-risk pregnancies and parenting; case management and home visits by registered nurses; childbirth education classes; breastfeeding education; and counseling and referrals.

HIV TESTING AND COUNSELING
Know Your Status. Gain Confidence. Take the Test.
AAHP provides free and confidential HIV testing as well as counseling, referrals, and education. It also coordinates a support group for HIV-positive women.

DIABETES EDUCATION AND SELF-MANAGEMENT
Take Control!
Diabetes classes, counseling, and dining clubs are offered to help patients prevent and manage diabetes. Classes are accredited by the American Association of Diabetes Educators. One-on-one counseling sessions are also available.

CANCER EDUCATION AND AWARENESS
Early detection is critical! Know where you stand.
AAHP provides cancer education and helps refer eligible County residents for free mammograms as well as colon and prostate cancer screenings.

ADDITIONAL SERVICES
- Blood Pressure Screening
- Oral Health Education
- When I Get Out (W.I.G.O.): Healthy and Safe Lifestyles (classes presented at the Montgomery County Correctional Facility to prepare participants for good health upon release)

FOR MORE INFORMATION:
Visit us online at www.onehealthylife.org
ABOUT AAHI:
A part of Montgomery County’s Department of Health and Human Services (MCDHHS), the Asian American Health Initiative (AAHI) was established in 2004 as the first health-focused agency for pan-Asian Americans in the County. Since its inception, AAHI has worked to eliminate health disparities that exist between Asian Americans and their non-Asian counterparts.

Mission:
AAHI’s mission is to identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available to all Asian Americans in Montgomery County.

DEMOGRAPHICS:
Asian Americans constitute 13.9% of Montgomery County’s population.

AAHI IN ACTION:
AAHI Health Promoter reviewing a community member’s bone density screening results
AAHI intern teaching breast-self exams at an outreach event
AAHI Patient Navigator assisting a client with medical interpretation
AAHI’s multilingual website

AAHI CONTACT:
1335 Piccard Drive
Rockville, MD 20850
Tel: 240-777-4517
Fax: 240-777-4564
Email: info@AAHIinfo.org
Website: www.AAHIinfo.org

www.healthymoco.blogspot.com
Search: ‘Asian American Health Initiative’
Twitter @AAHI_Info

Together To Build A Healthy Community
COMMUNITY PROGRAMS

Outreach and Health Education

Working with community-based and faith-based partners, AAHI provides the community with direct services such as preventative screenings and health education on diseases shown to disproportionately affect the Asian American community. On average, AAHI attends 40-50 events per year.

E.C.H.O.

Launched in 2011, the Empowering Community Health Organizations (E.C.H.O.) Project is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations. The workshops are held twice a year in the fall and the spring.

Hepatitis B Prevention

AAHI partners with community- and faith-based organizations to expand hepatitis B education, screening, vaccination, and treatment referral for Asian American communities.

HEALTH COMMUNICATION

Educational Materials

AAHI has created culturally and linguistically tailored health education materials for the Asian American community. These materials are available in English, Chinese, Korean, Vietnamese, and Hindi. You can download these materials for free on our website: www.AAHIinfo.org.

Website & Social Media

AAHI’s website and social media are platforms to disseminate educational materials and update the community with upcoming events and other important information.

AAHI in the News

AAHI develops educational articles on various health topics affecting Asian Americans. These articles are published in multiple media news sources in both English and Asian languages.

COMMUNITY SUPPORT

Steering Committee

AAHI is supported by its Steering Committee which is composed of stakeholders representing various ethnic and professional groups in the community. They are responsible for advocating, advising, and assisting AAHI in achieving its mission.

Health Promoters Program

Similar to Community Health Workers, Health Promoters are a group of bilingual and bicultural volunteers who assist program staff in identifying community partners, developing cultural awareness, and providing language assistance during outreach events.

Patient Navigators Program

AAHI Patient Navigators assist limited English-speaking and low-income County residents in accessing County services through two main services offered in Chinese, Hindi, Vietnamese, Korean, and English: 1) Multilingual Health Information and Referral Telephone Line and 2) Trained Multilingual Medical Interpreters.

SPECIAL PROJECTS

Needs Assessments

Conducted in 2005 and 2008, the needs assessments examine the health status of the Asian American community in Montgomery County. It provides recommendations to guide AAHI.

Strategic Plan

Based on the needs assessments, scientific literature, and MCDHHS’ priorities, AAHI formulated a strategic plan to define and guide their goals and objectives between 2011 and 2015.

Conferences

In 2006 and 2009, AAHI hosted an Asian American Health Conference, convening public health professionals and practitioners from around the nation to offer an expert array of conceptual and substantive presentations related to Asian American health and to help facilitate the AAHI strategic planning process.
The influx of Latino people into Montgomery County over just the past two decades has helped transform this County into the most diverse one in Maryland. As the Latino population continues to grow, its contributions to the County’s economic, political, social and cultural landscape will continue to increase and accordingly, County services must reflect evolving demographics and related health trends.

The Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services was established in July 2000 with the support of the County Executive and County Council.

OUR MISSION
The mission of the LHI is to improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally and linguistically competent health wellness system that supports, values, and respects Latino families and communities.

OVERALL FUNCTIONS
• Enhance coordination between existing health programs and services targeting Latinos.
• Provide technical assistance to programs serving the Latino community.
• Develop and support models of programs and services to adequately reach Latinos.
• Advocate for policies and practices needed to effectively reach and serve Latinos.

WHO IS INVOLVED WITH THE LHI?
The LHI is comprised of staff members from the Department of Health and Human Services and a group of volunteer professionals and community leaders. These individuals work as a team to inform the Latino community about the LHI and to collect feedback from them regarding their health concerns. In addition, this group acts as the planning body for the LHI and advocates to improve the health of Latino communities.

FOR MORE INFORMATION ABOUT THE LHI
For more information about the Latino Health Initiative, please visit our website at www.lhiinfo.org.
BLUEPRINT FOR LATINO HEALTH

In 2000, soon after the LHI was established, the Latino Health Steering Committee engaged in a two year long intensive community participatory process to determine the major health priorities crucial to improving the health of Montgomery County Latinos. This effort culminated with the development of the *Blueprint for Latino Health in Montgomery County Maryland*.

Every five years, the Blueprint is updated in response to the changing social-political landscape and to the progress achieved in the prior five years. The document offers socio-demographic and health profiles of Montgomery County Latinos, and it also outlines seven action-oriented priority areas each accompanied by policy recommendations:

A. Improving Data Collection, Analysis and Reporting
B. Ensuring Access to and Quality of Health Care
C. Ensuring the Availability of Culturally and Linguistically Competent Health Services
D. Enhancing the Organizational Capacity of Latino Community-Based Organizations to Provide Health Services
E. Enhancing Community Participation in Decisions that Impact the Health of Latinos
F. Expanding Health Promotion and Disease Prevention Efforts Targeting Latino Communities
G. Increasing the Number of Latino Health Care Professionals Working in the County

PURPOSE OF THE BLUEPRINT FOR LATINO HEALTH

The Blueprint plays a pivotal role in guiding the LHI programs and activities and in informing, engaging and mobilizing policy and decision makers, stakeholders and community members. The Blueprint aims to help readers:

- Make strategic and programmatic decisions that will better correspond to the needs of low-income Latino people.
- Obtain funding and other support from government and private sources for programs that correspond to the needs of the Latino community.
- Support policy initiatives and budget requests from local and State governments that will further the health interests of the Latino community.
- Enhance collaborations with academic and non-profit organizations to increase resources, funding, and support for programmatic activities.

HOW CAN I GET A COPY OF THE BLUEPRINT?

Major Programs and Activities

Community Programs and Campaigns

“Ama tu Vida” Campaign
The “Ama tu Vida” campaign promotes health and wellness in the Latino community. The “Ama tu Vida” campaign invites the community to make a commitment to living a healthier life, and encourages them to adopt lifelong health promotion and disease prevention habits.

Asthma Management Program
This program is designed to increase the knowledge of Latino parents of children with asthma regarding the condition and its management, and increase awareness and utilization of pediatric clinical services. The desired outcome is Latino families who are empowered to appropriately self-manage asthma in their children.

Health Promoters Program “Vías de la Salud”
The mission of the HPP is to improve the health and well being of the low-income Latino community in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.

Program for Licensure of Foreign-Trained Health Professionals
This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.
Special Projects

Emergency Preparedness Project
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally and linguistically appropriate educational interventions. The project uses the health promoter model as a strategy.

Workgroups

Latino Data Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup brings together stakeholders to collaboratively develop and implement an action plan that will enhance the current system for collecting, analyzing, and reporting health data on Latinos in Montgomery County.

Community Engagement Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County to increase community participation in decisions that impact the health of the Latino community by increasing the number and capacity of Latino service providers, community leaders and consumers who lead efforts to improve health.

The Latino Health Initiative’s list of programs and activities is available at www.lhiinfo.org.

The Latino Health Initiative’s website contains many resource materials that can be downloaded and used. Any material may be photocopied or adapted to meet local needs without permission from the LHI, provided that the parts copied are distributed free or at cost (not for profit) and that credit is given to the Latino Health Initiative of the Department of Health and Human Services, Montgomery County, Maryland. The LHI would appreciate receiving a copy of any material in which parts of LHI publications are used. Material(s) should be sent to LHI, 8630 Fenton St., 10th floor, Silver Spring, MD 20910.
About Mental Health Association of Montgomery County (MHA)

Founded in 1957, MHA promotes mental wellness and supports those living with mental illness through education, advocacy and direct service. We manage eight programs that impact more than 10,000 people each year.

**Education & Advocacy** are integral parts of MHA’s year-round work. Each year, MHA develops mental health-related advocacy priorities that shape the work we do throughout the year. MHA advocates to increase funding and enact legislation and policies to better ensure access to needed mental health services by:

- Tracking and monitoring mental health-related legislation and policies.
- Writing and disseminating monthly legislative alerts during the Maryland legislative session.
- Conducting one-on-one visits with state and local elected officials to advocate for increased funding for mental health services.
- Coordinating advocacy-related forums on issues related to current events.

Our education efforts aim to reduce the stigma associated with mental health through seminars, e-newsletters, forums, informational fairs, online resources and more. MHA also provides Mental Health First Aid trainings throughout the Washington Metropolitan area to teach people how to provide initial aid to someone showing symptoms of mental illness or experiencing an emergency mental health crisis.

**Friendly Visitor Program** offers friendship and support to nearly 100 home-bound elderly individuals who are isolated and lonely due to emotional or physical concerns. Each client is matched with a trained volunteer who has similar interests. Each friendship is unique, and both clients’ and volunteers’ lives are enriched by the relationship.

**Kensington Wheaton Youth Services (KWYS)** serves approximately 2,500 youth and families. KWYS offers short-term counseling and community and school-based workshops for those experiencing difficulties in their daily lives, and seeks to prevent more serious personal, family or community problems. Additionally, KWYS offers assorted youth development services, such as therapeutic recreation and after-school programming. In collaboration with the Montgomery County Department of Health and Human Services and Montgomery County Public Schools, KWYS provides Linkages to Learning services at 11 school sites to “at-risk” children and families in order to improve performance in school, at home and in the community.
N*COMMON (New Capacity & Outreach for Multicultural Mental Health Opportunities Now) seeks to fulfill the mental wellness needs of Montgomery County’s diverse community. N*COMMON offers mental health therapy to more than 100 low-income, uninsured newly arrived Spanish- and French-speaking adults and families. N*COMMON also offers multicultural educational opportunities for mental health and human service professionals and creates internship opportunities at MHA and other nonprofits.

Representative Payee provides financial supervision for low-income Montgomery County adults who receive a government benefit that they are unable to manage due to a mental illness or physical disability. More than 100 clients are matched with volunteers who pay their bills and help to create and manage monthly budgets.

Serving Together: Troops, Veterans and Family Care Project creates a welcoming and supportive home for veterans, military service members and their families in Montgomery County by offering educational briefings and trainings to improve understanding of the unique culture and needs of the military, and provide skills to identify and respond to mental health issues among the military community as a result of being deployed. Serving Together has connected more than 5,000 veterans, service members and their families to community resources since the launch of its comprehensive online local directory ServingTogetherProject.org. Serving Together also provides individual assistance through a peer navigation service.

Adult Homeless Mental Health Services offers case management and ongoing assistance to nearly 90 formerly homeless, mentally ill adults who are living independently in supportive housing. Clients are helped to achieve and maintain self-sufficiency.

Voices VS Violence (VVV) works to ensure safe lives for youth and families by bringing together diverse segments of the community to foster attitudes and behaviors that prevent and reduce violence in our homes, families, schools, communities and workplaces. VVV offers presentations, psychoeducational groups and training to youth, parents, community members and professionals on bullying prevention, anger management, behavior management and other violence prevention topics. VVV also offers the Voices2Empower (V2E) program for youth ages 12 and older who are involved in the Department of Juvenile Services. This program provides case management services and psychoeducational groups.

HOPES (Hotline, Outreach & Programming for Emotional Support) promotes mental wellness through crisis prevention and intervention. Services include:
- The Montgomery County Hotline, a free, confidential 24-hour hotline offering crisis and suicide intervention, prevention and postvention, information and referral and supportive listening to more than 17,000 people annually.
- “Red Flags,” a depression and suicide awareness program that serves middle and high school students throughout Montgomery County.
- Montgomery Crisis Responders Corps, which coordinates community-wide mental health crisis response through a Volunteer Mental Health Corps of nearly 100 mental health professionals.
Montgomery County Department of Health and Human Services Mental Health and Crisis Services

Mental Health/Substance Abuse

**Adult Drug Court Treatment Program**
The Montgomery County Circuit Court Adult Drug Court Program is a voluntary program that offers offenders with drug/alcohol-dependency problems a new opportunity to break the chain of the cycle of drug/alcohol addiction and crime through intensive treatment and monitoring, as well as direct attention from the court. The mission of the Adult Drug Court Program is to eliminate substance abuse, crime, and their consequence, by forging continuing partnerships with the court, health treatment providers, concerned community organizations and law enforcement. Leveraging its partnerships and authority, the court will direct substance-abusing offenders into evaluation and treatment to achieve personal responsibility and productive citizenship. The program consists of three phases and the minimum length of treatment is 20 months, but the actual length of stay is dependent on a participant’s progress.

- **Service(s):** Drug Courts
- **Target Population:** Adults, Probationers
- **Information Number:** 240-777-9141
- **Location(s):** HS Adult Behavioral Health Services
  Rollins Avenue, Rockville, MD 20852

**Adult Mental Health Program**
The Adult Mental Health Program is an outpatient mental health program which provides services, including individual and group psychotherapy, office based case management, and psychiatric medication monitoring to low-income residents of Montgomery County who are experiencing serious mental illness and who are unable to access the public mental health system due to lack of public benefits or their immigration status or income. This program also serves individuals in special situations, such as those discharged from a psychiatric hospital or incarceration, those involved with other health and human service agencies, or those who have experienced treatment failures in the public mental health system.

The goals of this program are to improve the mental health of clients and to assist them in increasing their adaptive functioning in the community. Most staff members are bilingual in either Spanish and English or Vietnamese and English. Translation services are available via the Language Line. No private insurances are accepted but the program does accept Maryland Medical Assistance, PAC, and Medicare. A sliding fee scale issued by the Maryland Department of Health and Mental Hygiene is used to determine fees; however, clients are not turned away due to inability to pay.

- **Service(s):** Outpatient Mental Health Facilities
- **Target Population:** Chronic/Severe Mental Illness, At Risk Adults
- **Information Number:** 240-777-1770
- **Location(s):** MidCounty Regional Services Center
  2424 Reedie Drive, Wheaton, MD 20902

**Child and Adolescent Mental Health Program**
Provides family-focused outpatient mental health services to children, adolescents, and their families to help address severe emotional, behavioral, substance abuse, and victimization issues. Services include mental health screening & assessment; diagnostic evaluation, family, individual and group
psychotherapy; clinical case management; drug and alcohol assessment, and education; behavioral and medication management and follow up services; and outreach treatment and support services in the selected school sites for children and adolescents who are involved with Montgomery County Public Schools, ED (Emotionally Disabled) classrooms. As a part of the Montgomery County System of Care, Child and Adolescent Mental Health Services coordinates treatment services with family members and other agencies involved with children and families. For more information, please call 240-777-1450.

Service(s): Outpatient Mental Health Facilities
Target Population: Adolescents
Preadolescent Children
Primary School Age Children
Information Number: 240-777-1450
Location(s): DHHS Offices
7300 Calhoun Pl., Rockville, MD 20855
DHHS Silver Spring Center
8818 Georgia Avenue, Silver Spring, MD 20910

Core Service Agency - Behavioral Health Planning and Management
The CSA is responsible for the planning, development, monitoring and evaluation of publicly funded behavioral health care services. Services include: local system governance; fiscal management of state and federal grants; grievance and appeal resolution; planning and needs assessment; policy development; provider contract development and monitoring; provider recruitment; quality assurance; and training.
Service: Planning/Coordinating/Advisory Groups
Target Population: People Without Health Insurance
Information Number: 240-777-1400

Medical Care for Homeless Adults
The Medical Care for Homeless Adults Program works with adults experiencing homelessness in Montgomery County to help them access medical care, obtain prescription medications and apply for public medical benefits. Nurse case management is offered to shelter clients. In addition, the program provides hospital discharge planning for homeless individuals who were admitted to a hospital in Montgomery County for a medical reason. Access to medical shelter beds within an emergency shelter is available. Nurses collaborate with shelter providers to develop a plan of care.
Service(s): General Medical Care
Transitional Case/Care Management
Target Population: Adults
Homeless People
Information Number: 311
Location(s): Community Based

Medication Assisted Treatment (Methadone)
The Medication Assisted Treatment (Methadone)Program offers an alternative outpatient program to adults (18 and over) who are addicted to narcotic drugs or opiates such as heroin, oxycodone, and percocet, who live in Montgomery County. MAT is a comprehensive addiction treatment program that provides medication management with methadone and other medications such as buprenorphine. MAT provides integrated treatment for persons who also have mental health needs including psychiatric evaluation, medication management, and therapy are provided. The philosophy of the program is an abstinence-oriented approach, and includes participation in self-help programs (NA, AA, Al Anon).
Service(s): Substance Abuse Day Treatment
Target Population: Adults
Substance Abusers

Information Number: 240-777-3325

Location(s): DHHS Adult Behavioral Health Services
981 Rollins Avenue, Rockville, MD 20852

Mental Health/Substance Abuse Screening and Referral

The Mental Health/Substance Abuse Screening and Referral program (also known as ACCESS to Behavioral Health) provides assessment and linkages for low income persons of all ages living in Montgomery County who have no commercial insurance and who are in need of services for major mental health and/or substance abuse problems. Provides in-person or telephone clinical assessment and financial screening and referral for public services; consultation to assist agencies/programs in planning for clients with mental health and/or substance abuse needs; and information about mental health services in Montgomery County.

Service(s): Specialized Information and Referral
Therapy Referrals

Target Population: Low Income

Information Number: 240-777-1770

Location(s): DHHS Offices at 255 Rockville Pike
255 Rockville Pike, First Floor, Rockville, MD 20850

Mental Health Targeted Case Management

Targeted Case Management (TCM) services assist individuals with serious mental illness and/or co-occurring substance abuse disorders to gain access to the full range of mental health services, as well as to additional needed services, including substance abuse treatment, medical, employment, social, financial assistance, counseling, educational, housing, and other support services. TCM serves primarily as a broker to mental health treatment and other services, providing case management on a short-term basis. No medical, dental, or psychiatric treatment is directly provided. Case management services typically last for three to six months.

Service(s): Psychiatric Case Management

Target Population: Adults
Chronic/Severe Mental Illness
Substance Abusers

Information Number: 240-777-1770

Location(s): Delivered In Home

Outpatient Addiction Services

Outpatient Addiction and Mental Health Services is a program that delivers care to individuals with mental health and substance abuse symptoms and disability. Symptoms are serious enough that extensive support, monitoring and accommodation is necessary for the individual to participate in the treatment process; but there is no evidence of significant danger to self or others, a need for detoxification, or 24-hour psychiatric supervision. These individuals may have a history of suicide. Disability is defined as long-term, potentially lifelong, functional impairment as a result of substance dependence and/or a mental health disorder. This includes persons with severe and persistent mental illnesses who have a significant history of relapse, multiple recurrences of a mental health disorder, and/or evidence of continued impairment in several areas (capacity to manage relationships, job, finances and social interactions).

Service(s): Addictions/Dependencies Support Groups
Group Counseling
Outpatient Mental Health Facilities
Screening and Assessment Services for Children and Adolescents (SASCA)
Conducts assessments and makes treatment recommendations and referrals for Montgomery County youth. Specific services include information regarding substance abuse assessment and treatment services; assessment of drug and alcohol abuse as well as other related problems; urine drug screen; referral for drug and alcohol education seminars for youth and families; and referral for appropriate treatment services.
Service(s): General Assessment for Substance Abuse Specialized Information and Referral
Target Population: Adolescents Preadolescent Children
Information Number: 240-777-1430
Location(s): DHHS Offices 7300 Calhoun Pl., Rockville, MD 20855

Senior Mental Health Program
Outreach mental health services for seniors who cannot or will not go to office-based services; mental health consultation to assisted living providers, senior center directors, Housing Opportunities Commission resident counselors; psycho education (education to the public about mental health issues); drop-in groups at senior centers; senior mental health education and consultation to DHHS staff.
Service(s): Geriatric Counseling Mental Health Information/Education
Target Population: Older Adults
Information Number: 240-777-3990
Location(s): Delivered In Home

Urine Monitoring Program (Drug Testing)
Provides random and weekly collection and testing of urine samples for drugs of abuse. All samples are collected with direct observation by program staff and are handled in a chain-of-custody to ensure security of samples and validity of results. Services are available to agency partners and private citizens for a per test fee. Results may be released to a referral source.
Service(s): Drug/Alcohol Testing
Target Population: Substance Abusers
Information Number: 240-777-4710
Location(s): DHHS Offices at 255 Rockville Pike 255 Rockville Pike, Suite 100, Rockville, MD 20850
Abuse/Neglect/Violence

Crisis Services
The County's 24 Hour Crisis Center provides telephone and walk-in services.
Phone: 240-777-4000
TTY: 240-777-4815

Abused Persons Program
The program provides crisis and ongoing counseling, shelter, support and advocacy services to victims of partner-related domestic abuse (domestic violence) and their families. Customers in need may also access services via the county's Crisis Center.
Service(s): Crisis Shelter
Family Violence Counseling
Spouse/Domestic Partner Abuse Prevention
Target Population: Abused Adults
Information Number: 240-777-4195
Location(s):
MidCounty DHHS Building
1301 Piccard Drive, Rockville, MD 20850
DHHS Silver Spring Center
8818 Georgia Avenue, Silver Spring, MD 20910
DHHS Adult Behavioral Health Services
981 Rollins Avenue, Rockville, MD 20852

Adult Protective Services
A state mandated program that investigates allegations of abuse, neglect, self neglect and/or exploitation of vulnerable adults. The program provides professional services to reduce risk factors and promote protection of the health, safety and welfare of endangered, vulnerable adults. A vulnerable adult is one who lacks the physical or mental capacity to provide for his/her daily needs.
Service(s): Adult Protective Services
Target Population: Older Adults
Functional Disabilities
Information Number: 240-777-3000
Location(s):
DHHS Administrative Offices
401 Hungerford Drive, Rockville, MD 20850

Adult Public Guardianship
The adult public guardianship program provides surrogate decision making for disabled adults adjudicated as incapacitated by the Circuit Court, and in need of the service. The program provides case management under the direction of the court and is only considered when there are no other alternatives.
Service(s): Public Guardianship/Conservatorship Programs
Target Population: Older Adults
Functional Disabilities
Information Number: 240-777-3000
Location(s): Delivered In Home

Child Abuse and Neglect Hotline
This program investigates reports of suspected child abuse and neglect to ensure the safety of children and help families stay together. This hotline responds to calls about children living in Montgomery County.
**Street Outreach Network (Gang Prevention)**
The mission of the Street Outreach Network is to prevent, neutralize, and control hostile behavior in high risk youth and youth gangs through the development of positive relationships between youth/community stakeholders and the outreach workers. The outreach worker will utilize positive youth development programs and leisure time activities as the intervening vehicle for redirecting antisocial and aggressive behaviors.

Service(s): Gang Programs
Target Population: Adolescents
At Risk Youth
Information Number: 240-777-1264
Location(s): Community Based

**Tree House Child Assessment Center**
The Tree House Child Assessment Center provides comprehensive medical assessment, mental health services, forensic interviewing and victim advocacy services to reduce the trauma and promote healing for child victims of physical abuse, sexual abuse and neglect.

Service(s): Children's Protective Services
Target Population: Adolescents
Preadolescent Children
Primary School Age Children
Infants/Toddlers
At Risk Families
Information Number: 240-777-4699

**Victim Assistance and Sexual Assault Program (VASAP)**
The Victim Assistance and Sexual Assault Program (VASAP) assists victims of crimes such as rape/sexual assault, homicide, driving while intoxicated (DWI), car jacking, torture, hate crimes, arson, larceny, robbery, auto theft and vandalism. The program provides information and referral, advocacy, crisis and ongoing counseling, support and compensation services for victims of crimes committed in Montgomery County or crime victims who live in Montgomery County. Assistance is also provided to the victims’ families, significant others, and men or women who have been victims of childhood sexual abuse. Staff also works to educate public about issues related to sexual assault and rape, human trafficking and labor servitude and other issues. Speakers are available to participate in meetings and forums geared to public education.

For immediate assistance, call:

- 240-777-1355 weekdays
- 240-777-4357 24-hour crisis line
- 240-777-1347 TTY
- 240-777-1329 FAX

Contact us by email at vasap@montgomerycountymd.gov.
**Mental Health Services**

**Mental Health Association Hotline** 301-738-2255
24 hours/7 days a week; provides free and confidential telephone services

**Access to Behavioral Health** 240-777-1770
Phone number also for Adult Mental Health Program and Mental Health Case Management

**Child & Adolescent Mental Health Program** 240-777-1450

**Senior Mental Health Program** 240-777-3990

**Outpatient Addiction Services** 240-777-1680
Delivers care to individuals with mental health and substance abuse symptoms and disability

**Mental Health Services for People with Developmental Disabilities** 301-589-2303

**Mental Health Services for People who are Deaf** 301-838-4200

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**Crisis Services**

**Crisis Center/Mobile Crisis Team** 240-777-4000
24 hours/7 days a week; provides telephone and walk-in services

**Abused Persons Crisis Line** 240-777-4195
Provides comprehensive services to victims of domestic violence and their families

**Child Abuse & Neglect Hotline** 240-777-4417

**Victim Assistance & Sexual Assault Crisis Line** 240-777-4357

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**Patient Navigator Programs**
Provides information and referrals for health resources and interpretation services

For Chinese, Hindi, Korean, & Vietnamese: 301-760-4993
For Spanish: 301-270-8432

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**Service Eligibility Units (SEU)**
Application for Federal, State, and County health programs*

**Germantown SEU** 240-777-3591

**Rockville SEU** 240-777-3120

**Silver Spring SEU** 240-777-3066

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**Montgomery Cares Clinics**

Provide medical care to uninsured, limited-income, Montgomery County residents (no documentation of legal status needed)

**Care for Your Health** (Accepts Medicare)
- Silver Spring 240-844-2552

**Community Clinics, Inc.** (Accepts Medicare)
- Gaithersburg 301-216-0880
- Silver Spring 301-585-1250
- Takoma Park 301-431-2972

**Holy Cross Hospital Health Center**
- Silver Spring, Gaithersburg, & Aspen Hill 301-557-1940

**Mansfield Raseman Health Clinic**
- Rockville 301-917-6800

**Mary’s Center Clinic** (Accepts Medicare)
- Silver Spring 240-485-3160

**Mercy Health Clinic**
- Gaithersburg 240-773-0300

**Mobile Medical Care, Inc.**
- Many locations & walk-ins 301-493-2400

**Muslim Community Center Medical Clinic** (Accepts Medicare)
- Silver Spring 301-384-2166

**Pan Asian Volunteer Health Clinic**
- Gaithersburg 240-599-6858

**Peoples Community Wellness Center**
- Silver Spring 301-847-1172

**Proyecto Salud**
- Wheaton 301-962-6173
- Olney 301-260-1073

**Spanish Catholic Center**
- Silver Spring 301-434-8985

**Local Hospitals**

**Holy Cross Hospital** 301-754-7000

**MedStar Montgomery Medical** 301-774-8882

**Suburban Hospital** 301-896-3100

**Shady Grove Adventist Hospital** 240-826-6000

**Washington Adventist Hospital** 301-891-7600

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**Revised on:** 08/04/14

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Montgomery County
Department of Health and Human Services
Asian American Health Initiative
1335 Piccard Drive, Lower Level
Rockville, MD 20850
Tel: 240-777-4517
Fax: 240-777-4564
Website: www.AAHinfo.org
Email: info@AAHinfo.org

www.healthymoco.blogspot.com
Search: Asian American Health Initiative

Twitter @AAH_info

Alternative formats of this document are available upon request by calling 240-777-4517. TTY users can call Maryland Relay at 711 (in-state calls) or 1-800-735-2258 (out-of-state calls).
Cancer Control Program
Provides cancer screenings* 240-777-1750
Breast and Cervical Cancer 240-777-1222

Hepatitis B Services
STOP B Project 240-393-5950
Provides free education, free screening, vaccination, and treatment referral
Perinatal Hep B Program 240-777-1736
Prevention of hepatitis B in newborns

Quit Smoking Services
Tobacco Quit Line 1-800-784-8669
Free call, free support, and free medicine
For Chinese: 1-800-838-8917
For Vietnamese: 1-800-778-8440
For Korean: 1-800-556-5564

Dental Services
Dental Services 240-777-1875
Provides general dental care*
HIV Dental Services 240-777-1737
General dental care to HIV-positive clients

Children's Services
Care for Kids 301-628-3438
Provides primary and specialty care services*
ChildLink 240-777-4769
Provides information and referral service
Maryland Children’s Health Insurance Program (MCHP) 240-777-0311
Provides health care for children ages 0-19 and for pregnant women of any age*

School Health Services 240-777-1550
Assures and promotes health, safety, and well-being of students in public schools
Immunization Program 240-777-1050
Provides walk-in immunizations to children under age 19

Senior & Disability Services
Aging & Disability Resource Unit 240-777-3000
Services for seniors and/or people with disabilities and their caregivers/home aids
Senior Care Program 240-777-3000
Provides funds for supplementing senior needs
Senior Nutrition Program 240-777-3810
Provides meals in group settings
Connect-A-Ride 301-738-3252
Provides information on transportation options for adults age 50+ and people with disabilities
Call 'N' Ride 301-948-5409
Transportation for seniors and people with disabilities*
Medicaid Transportation Information Line 240-777-5890
For medical appointments to Medicaid providers

Maternal/Reproductive Health Care Services
Maternity Partnership 1-800-456-8900
Provides prenatal care*
Holy Cross OB/GYN Clinic 301-754-7630
Provides prenatal and post-delivery care*
Family Planning/Reproductive Health 240-777-1635
Provides reproductive health care and consultation services*
Teen Pregnancy 240-777-1570
Phone number includes prevention education and Teen Parent Support Program

Community Health Services
Disease Control 240-777-1755
Investigates incidents of communicable diseases
Flu/Tdap Shots 240-777-1050
Provides seasonal influenza and Tdap vaccinations
HIV Case Management 240-777-1869
Provides comprehensive HIV services
Refugee & Migrant Workers Health Program/Clinic 240-777-3102
Provides comprehensive health screenings, ensures access to health care services
STI/HIV Testing 240-777-1760
Testing and treatment of STIs and HIV*
TB Testing and Treatment* 240-777-1800
International Travel Info 240-777-0311

Food Poisoning 240-777-3986
Phone number also for food/facilities licensing and public complaints regarding facilities

Public Health Emergency Preparedness and Response Program 240-777-3038

Medical Coverage
Medicaid/Health Choice 240-777-1635
Care coordination for pregnant women, children, and adults with disabilities*
Medical Care for Homeless Adults 240-777-0311

Financial Assistance/Housing
Public Assistance Programs
Provides income, food, and medical support*
Germantown 240-777-3420
Rockville 240-777-4600
Silver Spring 240-777-3100
Rental Assistance Program* 240-777-4400

Emergency Eviction Prevention
Provides crisis intervention assistance*
Germantown 240-777-4448
Rockville 240-777-4550
Silver Spring 240-777-3075
Utility Assistance Program 240-777-4450
Helps pay heating and electric bills*

For information on any services provided by Montgomery County Department of Health & Human Services, call MC 311 at 240-777-0311; calls are received in any language.
Website: www.montgomerycountymd.gov/311
MORE THAN JUST “THE BLUES”
Mental Health Resources for Montgomery County Residents

Feeling sad a lot of the time? Use this list of mental health facilities and agencies to get help for depression or other mental health concerns. You may need to call several numbers to determine the place that best meets your needs.

<table>
<thead>
<tr>
<th>Montgomery County Access to Behavioral Health Services</th>
<th>Montgomery County Crisis Center</th>
<th>240-777-4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Line 240-777-1770</td>
<td>1301 Piccard Drive Rockville, MD 20850</td>
<td>Immediate response to mental health and situational crises through telephone, walk-in and mobile outreach services. Open 24 hours, 7 days a week.</td>
</tr>
<tr>
<td>Alternate Line 240-777-4710</td>
<td></td>
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<tr>
<td>For assistance in obtaining appropriate outpatient mental health or substance abuse services for persons eligible for the public behavioral health system.</td>
<td></td>
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</tr>
<tr>
<td>Walk-In assessments and evaluation: Monday through Friday at 9 AM or 1 PM. Located at 255 Rockville Pike, Suite #145 Rockville, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value Options Maryland 800-888-1965</td>
<td>Childlink 240-777-GROW (4769) Information &amp; referral service for children, birth to 5 years old, and their families.</td>
<td></td>
</tr>
<tr>
<td>Implements the public mental health system for people eligible for medical assistance and people who receive state subsidization for services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services for Seniors and Persons 240-777-3990</td>
<td>Montgomery County Screenings/Assessment Services for Children/Adolescents 240-777-1430</td>
<td></td>
</tr>
<tr>
<td>With Disabilities</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Montgomery County 311 3-1-1</th>
<th>Montgomery County 311’s phone number for non-emergency government information and services. <a href="http://www.montgomerycountymd.gov/311">www.montgomerycountymd.gov/311</a>.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NON-PROFIT PROFESSIONAL MENTAL HEALTH SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliated Community Counselors (Rockville, MD)</td>
</tr>
<tr>
<td>Affiliated Santé Group (Silver Spring, MD)</td>
</tr>
<tr>
<td>Andromeda Transcultural Health Center (NW Washington, DC)</td>
</tr>
<tr>
<td>Catholic Charities (Nonsectarian) (Rockville, Gaithersburg, Silver Spring, Wheaton)</td>
</tr>
<tr>
<td>Cornerstone Montgomery (Bethesda, MD)</td>
</tr>
<tr>
<td>Family Services, Inc. (Gaithersburg, MD)</td>
</tr>
<tr>
<td>Jewish Social Service Agency (nonsectarian) (Serving MD, DC &amp; VA)</td>
</tr>
<tr>
<td>Pastoral Counseling &amp; Care Ministries (Silver Spring, ext.3 &amp; Bethesda, ext. 2 or 6)</td>
</tr>
<tr>
<td>Pastoral Counseling &amp; Consultation Centers of Greater Washington (MD, DC &amp; VA)</td>
</tr>
<tr>
<td>Reginald S. Lourie Center for Infants and Young Children (Rockville, MD)</td>
</tr>
<tr>
<td>Washington &amp; Waldorf Pastoral Counseling Service (15+ locations in MD &amp; DC)</td>
</tr>
</tbody>
</table>

Mental Health Association • A United Way Agency (#8151) Serving Montgomery County Residents • 301-424-0656
www.mhmc.org
MORE THAN JUST “THE BLUES”

AREA HOTLINES
These 24-hour Hotlines can provide additional information, referrals and supportive conversation.

<table>
<thead>
<tr>
<th>Montgomery County Hotline</th>
<th>301-738-2255</th>
<th>National Suicide Prevention Lifeline &amp; Veterans Crisis</th>
<th>800-273-TALK (8255)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHA Military Outreach Helpline (M-F, 9-4pm)</td>
<td>301-738-7176</td>
<td>For Hearing and Speech Impaired with TTY Equipment</td>
<td>800-799-4TTY (4889)</td>
</tr>
<tr>
<td>Montgomery County Youth Crisis Line</td>
<td>301-738-9697</td>
<td>Red Nacional de Prevención del Suicidio</td>
<td>888-628-9454</td>
</tr>
<tr>
<td>Maryland Youth Crisis Line</td>
<td>800-422-0009</td>
<td>Relay Service for the Deaf</td>
<td>800-735-2258</td>
</tr>
<tr>
<td>Montgomery County Crisis Center</td>
<td>240-777-4000</td>
<td>211 Maryland</td>
<td>866-411-6803 or 211</td>
</tr>
<tr>
<td>Montgomery County Youth Crisis Line</td>
<td>301-738-9697</td>
<td>Crisis Link Hotline</td>
<td>703-527-4077</td>
</tr>
</tbody>
</table>

SELF-HELP & SUPPORT GROUPS
To find a group near you, call these toll-free numbers:

- Depression and Bipolar Support Alliance: 800-82-NDMDA (63632)
- National Alliance for the Mentally Ill: 301-949-5852
- National Alliance for the Mentally Ill: 800-950-NAMI (6264)
- Mental Health America: 800-969-NMHA (6642)

HOSPITALS
Most have inpatient and/or outpatient treatment, as well as a list of doctors for referral.

| Children’s National Medical Ctr. | 301-765-5440 | Montgomery General Hospital | Olney, MD | 301-774-8800 |
| Doctors Community Hospital | 301-552-8118 | Adventist Behavioral Health | Rockville, MD | 301-251-4500 |
| G.W. University Hospital | 202-741-2888 | Psychiatric Institute of Washington | Washington, DC | 202-885-5600 |
| Georgetown University Hosp. | 202-944-5400 | Sibley Memorial Hospital | Washington, DC | 202-537-4770 |
| Holy Cross Hospital | 301-754-7860 | Suburban Hospital | Bethesda, MD | 301-896-3100 |
| INOVA Fairfax Hospital | 703-776-2916 | Washington Adventist Hospital | Takoma Park, MD | 301-891-5600 |
| Laurel Regional Hospital | 301-497-7980 | Washington Hospital Center | Washington, DC | 202-877-5767 |

GUIDE Program at Family Services: Community-Based Youth Services
(Gaithersburg/Olney)
- Medical Assistance
- Sliding Fee & Free Services
- No Private Insurance
- 240-683-6580

GUIDE Upcounty Program at Family Services: Community-Based Youth Services
(Damascus, Northwest, Poolesville, Quince Orchard, Seneca Valley, Clarksburg HS)
- Medical Assistance
- Sliding Fee & Free Services
- No Private Insurance
- 301-972-0307

Kensington Wheaton Youth Services/MHA (Einstein, Kennedy, Wheaton HS)
- Medical Assistance
- Sliding Fee & Free Services
- No Private Insurance
- 301-933-2818

Rockville Youth & Family Services Bureau (Richard Montgomery, Rockville, Wootton HS)
- Medical Assistance
- Sliding Fee & Free Services
- No Private Insurance
- 240-314-8310

YMCA Youth & Family Services (Bethesda-Chevy Chase, Blair, Blake, BCC, Churchill, Paint Branch, Springbrook, Walter Johnson, Whitman HS)
- Medicaid
- Sliding Fee & Free Services
- No Private Insurance
- 301-593-1160

Mental Health Association • A United Way Agency (#8151) Serving Montgomery County Residents • 301-424-0656
www.mhamc.org

Rev. 4/14
Remember:
People who have a mental illness, their friends and family all have many challenges to meet.

Get the facts.
Give hope and respect to all.

For More Information
For more information or referrals to local services, visit our online Frequently Asked Questions section at www.mentalhealthamerica.net/go/action/share-your-story.

Other Resources
National Suicide Prevention Lifeline
24-hour crisis line
800-273-TALK (8255)

National Mental Health Consumers’ Self-Help Clearinghouse
Phone: 800-553-4530
www.mhselfhelp.org

SAMHSA Resource Center to Address Discrimination and Stigma (ADS Center)
Phone: 800-540-0320
www.stopstigma.samhsa.gov

Other Brochures
For pamphlets on a variety of mental health topics, call 800-969-6642, visit www.mentalhealthamerica.net or e-mail publications@mentalhealthamerica.net.

Donations
Make a tax-deductible contribution to Mental Health America online at www.mentalhealthamerica.net or call us at 703-797-2583. CFC #10564.

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Compliments of...
Mental illness can strike anyone! It knows no age limits, economic status, race, creed or color. During the course of a year, more than 57 million Americans are affected by one or more mental disorders.

Medical science has made incredible progress over the last century in helping us understand, cure and eliminate the causes of many diseases, including mental illnesses. But, although doctors continue to solve some of the mysteries of the brain, many of its functions remain a puzzle. Even at the leading research centers, no one fully understands how the brain works or why it malfunctions.

However, researchers have determined that many mental illnesses are probably the result of chemical imbalances in the brain. These imbalances may be inherited, or may develop because of excessive stress or substance abuse.

It is sometimes easy to forget that the brain, like all of our organs, is vulnerable to disease. People with mental illnesses often exhibit many types of behaviors, such as extreme sadness and irritability. In severe cases, they may also suffer from hallucinations and total withdrawal. Instead of receiving compassion and acceptance, people with mental illnesses may experience hostility, discrimination and stigma.

**What is a mental illness?**

A mental illness is a disease that causes mild to severe disturbance in thinking, perception and behavior. If these disturbances significantly impair a person’s ability to cope with life’s ordinary demands and routines, then he or she should immediately seek proper treatment with a mental health professional. With the care and treatment, a person can recover and resume normal activities.

Many mental illnesses are believed to have biological causes, just like cancer, diabetes and heart disease, but some mental disorders are caused by a person’s environment and experiences.

**The five major categories of mental illness:**

- **Anxiety Disorders**
  Anxiety disorders are the most common mental illnesses. The three main types are: phobias, panic disorder and obsessive-compulsive disorder. People who suffer from phobias experience extreme fear or dread of a particular object or situation. Panic disorder involves sudden, intense feelings of terror for no apparent reason and symptoms similar to a heart attack. People with obsessive-compulsive disorder try to cope with anxiety by repeating words or phrases, or by engaging in repetitive, ritualistic behavior such as constant hand washing. Other anxiety disorders include post-traumatic stress disorder (PTSD) and generalized anxiety disorder.

- **Mood Disorders**
  Mood disorders include depression and bipolar disorder. Symptoms may include mood swings such as extreme sadness or elation, sleep and eating disturbances, and changes in activity and energy levels. Suicide may be a risk with these disorders.

- **Schizophrenia**
  Schizophrenia is a serious disorder that affects how a person thinks, feels and acts. Schizophrenia is believed to be caused by chemical imbalances in the brain that produce a variety of symptoms, including hallucinations, delusions, withdrawal, incoherent speech and impaired reasoning.

- **Dementias**
  This group of disorders includes such diseases as Alzheimer’s, which leads to loss of mental functions, including memory loss and a decline in intellectual and physical abilities.

**Recovery is possible.**

With proper assistance and treatment, symptoms can be reduced or eliminated. By mobilizing personal strengths, learning good self-care skills, and obtaining appropriate professional services, people are able to overcome the impairments caused by mental illnesses.

**Eating Disorders**

Anorexia nervosa and bulimia are serious, potentially life-threatening illnesses. People with these disorders have a preoccupation with food and an irrational fear of being fat. Anorexia is self-starvation whereas bulimia involves cycles of binging (consuming large quantities of food) and purging (self-inducing vomiting or abusing laxatives). Behavior may also include excessive exercise.

**Common misconceptions about mental illnesses**

**MYTH:** “Young people and children don’t suffer from mental health problems.”

**FACT:** It is estimated that one in 10 young people in America may suffer from a mental health disorder that severely disrupts their ability to function at home, in school or in their community.

**MYTH:** “People who need psychiatric care should be locked away in institutions.”

**FACT:** Today, most people who have mental illnesses can lead productive lives within their communities thanks to a variety of supports, programs and/or medications.

**MYTH:** “A person who has a mental illness can never be normal.”

**FACT:** People with mental illnesses can recover and resume normal activities. For example, Mike Wallace, a journalist and former correspondent for “60 Minutes,” who has clinical depression, has received treatment, and today leads an enriched and accomplished life.
Facts about Stigma and Mental Illness in Diverse Communities

What is Stigma?
- An attempt to label a particular group of people as less worthy of respect than others
- A mark of shame, disgrace or disapproval that results in discrimination
- Not just a matter of using the wrong word or action – it’s about disrespect

What does Stigma have to do with Mental Illness?

Stigma leads to …
- Inadequate insurance coverage for mental health services
- Fear, mistrust, and violence against people living with mental illness and their families
- Family and friends turning their backs on people with mental illness
- Prejudice and discrimination

Discrimination against people who have mental illnesses keeps them from seeking help

While 1 in 5 Americans live with a mental disorder, estimates indicate that nearly two-thirds of all people with a diagnosable mental illness do not seek treatment, especially people from diverse communities. Lack of knowledge, fear of disclosure, rejection of friends, and discrimination are a few reasons why people with mental illness don’t seek help.

Discrimination against people with mental illness violates their rights and denies them opportunities

Despite Civil Rights Law such as the Americans with Disabilities Act, people with mental illnesses often experience discrimination in the workplace, education, housing, and healthcare.

Ethnic and racial communities in the US face a social and economic environment of inequality that includes greater exposure to racism, discrimination, violence and poverty

Mistrust of mental health services is an important reason for deterring people of color from seeking treatment. Their concerns are reinforced by evidence (both direct and indirect) of clinician bias and stereotyping

The cultures of racial and ethnic groups alter the types of mental health services used. Clinical environments that do not respect or are incompatible with the cultures of the people they serve may deter people from seeking help to begin with, adherence to treatment and follow-up care.

**Culture counts: One’s racial or ethnic background bears upon whether people even seek help in the first place, what types of help they seek, what coping styles and social supports they have, and how much stigma they attach to mental illness.**
Fighting Stigma

- **Use respectful language**
  Put the person before the illness – use phrases such as “a person with schizophrenia”. Never use terms like crazy, lunatic, psycho, retarded and correct people who do so.

- **Provide professional development opportunities for staff, regarding diversity, mental health issues, and fostering an inclusive work environment.**
  Include mental illness in discussions about acceptance of diversity, just as you would discuss cultural diversity, religious beliefs, physical disability, and sexual orientation.

- **Become an advocate**
  Create awareness by writing letters to newspapers and lawmakers. Speak out and challenge stereotypes portrayed in the media. Take it upon yourself to inform your community about the truth of mental illness.

- **Teach others about mental illness**
  Spread understanding that these are illnesses like any other.

Resources:

**ADS Center – [www.samhsa.gov/stigma]**
Resource Center to Address Discrimination and Stigma (Associated with Mental Illness) – provides practical assistance to individuals, States, and public and private organizations in the design, implementation, and operation of programs and initiatives to reduce discrimination and stigma.

**NAMI Multicultural Action Center - [www.nami.org/multicultural]**
This Center works to focus attention on system reform to ensure access to culturally competent services and treatment for all Americans and to help and support families of color who are dealing with mental illness.

**STAR Center – [www.consumerstar.org]**
(Support Technical Assistance Resource Center) - funded by CMHS, this center provides support, technical assistance, and resources to help improve and increase the capacity of consumer operated programs to meet the needs of persons living with mental illnesses from diverse communities.

**StigmaBusters—[www.nami.org/stigma]**
A group of dedicated advocates across the country who seek to fight the inaccurate, hurtful representations of mental illness that can be found in TV, film, print, or other media. StigmaBusters’ goal is to break down the barriers of ignorance, prejudice, or unfair discrimination by promoting education, understanding, and respect.

Sources

Anti-Stigma: Do You Know the Facts? SAMHSA Mental Health Information Center. 2003
How can I help a loved one who is depressed?

If you know someone who has depression, first help him or her see a doctor or mental health professional.
- Offer support, understanding, patience, and encouragement.
- Talk to him or her, and listen carefully.
- Never ignore comments about suicide, and report them to your loved one’s therapist or doctor.
- Invite him or her out for walks, outings, and other activities.
- Remind him or her that with time and treatment, the depression will lift.

How can I help myself if I am depressed?

As you continue treatment, gradually you will start to feel better. Remember that if you are taking an antidepressant, it may take several weeks for it to start working. Try to do things that you used to enjoy before you had depression. Go easy on yourself. Other things that may help include:
- Breaking up large tasks into small ones, and doing what you can as you can. Try not to do too many things at once.
- Spending time with other people and talking to a friend or relative about your feelings.
- Once you have a treatment plan, try to stick to it. It will take time for treatment to work.
- Do not make important life decisions until you feel better. Discuss decisions with others who know you well.

Where can I go for help?

If you are unsure where to go for help, ask your family doctor. You can also check the phone book or online for mental health professionals, contact your local mental health association, or check with your insurance carrier to find someone who participates in your plan. Hospital doctors can help in an emergency.
What is depression?
Everyone feels low sometimes, but these feelings usually pass after a few days. When you have depression, the low feelings persist and they can be intense. These low feelings hurt your ability to do the things that make up daily life for weeks at a time. Depression is a serious illness that needs treatment.

What are the different forms of depression?
The most common types of depression are:

**Major depression**—severe symptoms that interfere with your ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person's lifetime, but more often, a person has several episodes.

**Persistent depressive disorder**—depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years.

What are the signs and symptoms of depression?
Different people have different symptoms. Some symptoms of depression include:
- Feeling sad or "empty"
- Feeling hopeless, irritable, anxious, or guilty
- Loss of interest in favorite activities
- Feeling very tired
- Not being able to concentrate or remember details
- Not being able to sleep, or sleeping too much
- Overeating, or not wanting to eat at all
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems.

What causes depression?
Different kinds of factors play a role in the risk of depression. Depression tends to run in families. One of the reasons for this has to do with genes. Some genes increase the risk of depression. Others increase resilience—the ability to recover from hardship—and protect against depression. Experiences such as trauma or abuse during childhood and stress during adulthood can raise risk. However, the same stresses or losses may trigger depression in one person and not another. Factors such as a warm family and healthy social connections can increase resilience.

Research has shown that in people with depression, there can be subtle changes in the brain systems involved in mood, energy, and thinking and how the brain responds to stress. The changes may differ from person to person, so that a treatment that works for one person may not work for another.

Does depression look the same in everyone?
No. Depression affects different people in different ways.

**Women** experience depression more often than men. Biological, life cycle, and hormonal factors that are unique to women may be linked to women's higher depression rate. Women with depression typically have symptoms of sadness, worthlessness, and guilt.

**Men** with depression are more likely to be very tired, irritable, and sometimes even angry. They may lose interest in work or activities they once enjoyed, and have sleep problems.

**Older adults** with depression may have less obvious symptoms, or they may be less likely to admit to feelings of sadness or grief. They also are more likely to have medical conditions like heart disease or stroke, which may cause or contribute to depression. Certain medications also can have side effects that contribute to depression.

**Children** with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die. Older children or teens may get into trouble at school and be irritable. Because these signs can also be part of normal mood swings associated with certain childhood stages, it may be difficult to accurately diagnose a young person with depression.

How is depression treated?
The first step to getting the right treatment is to visit a doctor or mental health professional. He or she can do an exam or lab tests to rule out other conditions that may have the same symptoms as depression. He or she can also tell if certain medications you are taking may be affecting your mood.

The doctor should get a complete history of symptoms, including when they started, how long they have lasted, and how bad they are. He or she should also know whether they have occurred before, and if so, how they were treated. He or she should also ask if there is a history of depression in your family.

Medications called antidepressants can work well to treat depression. They can take several weeks to work. Antidepressants can have side effects including:
- Headache
- Nausea—feeling sick to your stomach
- Difficulty sleeping or nervousness
- Agitation or restlessness
- Sexual problems.

Most side effects lessen over time. Talk to your doctor about any side effects you have.

It's important to know that although antidepressants can be safe and effective for many people, they may present serious risks to some, especially children, teens, and young adults. A "black box"—the most serious type of warning that a prescription drug can have—has been added to the labels of antidepressant medications. These labels warn people that antidepressants may cause some people, especially those who become agitated when they first start taking the medication and before it begins to work, to have suicidal thoughts or make suicide attempts. Anyone taking antidepressants should be monitored closely, especially when they first start taking them. For most people, though, the risks of untreated depression far outweigh those of antidepressant medications when they are used under a doctor's careful supervision.

Psychotherapy can also help treat depression. Psychotherapy helps by teaching new ways of thinking and behaving, and changing habits that may be contributing to the depression. Therapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse.

Researchers are developing new ways to treat depression more quickly and effectively. For more information on research on depression, visit the NIMH website at http://www.nimh.nih.gov.
What is it like to have GAD?

“I was worried all the time about everything. It didn’t matter that there were no signs of problems, I just got upset. I was having trouble falling asleep at night, and I couldn’t keep my mind focused at work. I felt angry at my family all the time.”

“I saw my doctor and explained my constant worries. My doctor sent me to someone who knows about GAD. Now I am taking medicine and working with a counselor to cope better with my worries. I had to work hard, but I feel better. I’m glad I made that first call to my doctor.”

Where can I find more information?

To learn more about generalized anxiety disorder, visit:

**MedlinePlus (National Library of Medicine):**
http://medlineplus.gov
(En Español: http://medlineplus.gov/spanish)

For information on clinical trials, visit:
**ClinicalTrials.gov:** http://www.clinicaltrials.gov

For more information on conditions that affect mental health, resources, and research, go to **MentalHealth.gov** at http://www.mentalhealth.gov, the **NIMH website** at http://www.nimh.nih.gov, or contact us at:

**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 1-866-615-NIMH (6464) toll-free
TTY: 301-443-8431 or 1-866-415-8051 toll-free
Fax: 301-443-4279
Email: nimhinfo@nih.gov
Website: [http://www.nimh.nih.gov](http://www.nimh.nih.gov)

Are you extremely worried about everything in your life, even if there is little or no reason to worry? Are you very anxious about just getting through the day? Are you afraid that everything will always go badly?

If so, you may have an anxiety disorder called generalized anxiety disorder (GAD).
Generalized Anxiety Disorder (GAD)

What is GAD?

All of us worry about things like health, money, or family problems. But people with GAD are extremely worried about these or other things, even when there is little or no reason to worry about them. They are very anxious about just getting through the day. They think things will always go badly. At times, worrying keeps people with GAD from doing everyday tasks.

GAD develops slowly. It often starts during the teen years or young adulthood. Symptoms may get better or worse at different times, and often are worse during times of stress.

People with GAD may visit a doctor many times before they find out they have this disorder. They ask their doctors to help them with headaches or trouble falling asleep, which can accompany GAD but they don’t always get the help they need right away. It may take doctors some time to be sure that a person has GAD instead of something else.

What causes GAD?

GAD sometimes runs in families, but no one knows for sure why some people have it, while others don’t. Researchers have found that several parts of the brain are involved in fear and anxiety. Research suggests that the extreme worries of GAD may be a way for a person to avoid or ignore some deeper concern. If the person deals with this concern, then the worries of GAD would also disappear. By learning more about fear and anxiety in the brain, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play a role.

What are the signs and symptoms of GAD?

People with GAD may:

- Worry very much about everyday things
- Have trouble controlling their constant worries
- Know that they worry much more than they should
- Have trouble relaxing
- Have a hard time concentrating
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel tired all the time
- Have headaches, muscle aches, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable, sweat a lot, and feel light-headed or out of breath
- Have to go to the bathroom a lot.

How is GAD treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam to make sure that an unrelated physical problem isn’t causing the symptoms. The doctor may refer you to a mental health specialist.

GAD is generally treated with psychotherapy, medication, or both.

Psychotherapy. A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating GAD. It teaches a person different ways of thinking, behaving, and reacting to situations that help him or her feel less anxious and worried.

Medication. Doctors also may prescribe medication to help treat GAD. Two types of medications are commonly used to treat GAD—anti-anxiety medications and antidepressants. Anti-anxiety medications are powerful and there are different types. Many types begin working right away, but they generally should not be taken for long periods. Antidepressants are used to treat depression, but they also are helpful for GAD. They may take several weeks to start working. These medications may cause side effects such as headache, 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 doctor about any side effects you may have.

It’s important to know that although antidepressants can be safe and effective for many people, they may be risky for some, especially children, teens, and young adults. A “black box”—the most serious type of warning that a prescription drug can have—is added to the labels of antidepressant medications. These labels warn people that antidepressants may cause some people to have suicidal thoughts or make suicide attempts. Anyone taking antidepressants should be monitored closely, especially when they first start treatment.

Some people do better with CBT, while others do better with medication. Still others do best with a combination of the two. Talk with your doctor about the best treatment for you.
Where to Get Help
Help may be as close as a friend or a spouse. But if you think that you or someone you know may be under more stress than just dealing with a passing difficulty, it may be helpful to talk with your doctor, spiritual advisor, or local employee assistance professional. They may suggest you visit with a psychiatrist, psychologist, social worker, or other qualified counselor.

Ideas to consider when talking with your counselor:
- List the things which cause stress and tension in your life.
- How does this stress and tension affect you, your family and your job?
- Can you identify the stress and tensions in your life as short or long term?
- Do you have a support system of friends/family that will help you make positive changes?
- What are your biggest obstacles to reducing stress?
- What are you willing to change or give up for a less stressful and tension-filled life?
- What have you tried already that didn’t work for you?
- If you do not have control of a situation, can you accept it and get on with your life?

For More Information
For more information on other mental health topics or referrals for local mental health services, contact your local or national mental health associations:

Mental Health Association of Maryland
711 West 40th Street, Suite 460
Baltimore, Maryland 21211
Phone: 410-235-1178
http://www.mhhamd.org

National Mental Health Association
2001 N. Beauregard Street 12th Floor
Alexandria, VA 22311
Phone: 800-969-NMHA (6642)
TTY: 800-455-9599
http://www.nmha.org

Other Resources
American Institute of Stress
Phone 914-963-1200
www.stress.org

American Psychological Association
800-374-2400
www.apahelpcenter.org

NMHA offers additional pamphlets on a variety of mental health topics. To request a catalog or to order multiple copies of pamphlets, please call 1-800-969-NMHA (6642), visit www.nmha.org, or e-mail publicationsales@nmha.org.

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Stress
Coping with everyday problems

National Mental Health Association
Your Leading Mental Health Resource
1000 Twinbrook Parkway, Rockville, MD 20851
301-444-5856 • www.nmha.org

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Stress
Stress is a natural part of life.
The expressions are familiar to us,
"I'm stressed out,"
"I'm under too much stress," or
"Work is one big stress."
Stress is hard to define because it means different things to different people; however, it's clear that most stress is a negative feeling rather than a positive feeling.

Stress can be both physical and mental.
You may feel physical stress which is the result of too much to do, not enough sleep, a poor diet or the effects of an illness. Stress can also be mental: when you worry about money, a loved one's illness, retirement, or experience an emotionally devastating event, such as the death of a spouse or being fired from work.

However, much of our stress comes from less dramatic everyday responsibilities. Obligations and pressures which are both physical and mental are not always obvious to us. In response to these daily strains your body automatically increases blood pressure, heart rate, respiration, metabolism, and blood flow to your muscles. This response, known as the "fight or flight" response, is intended to help your body react quickly and effectively to a high pressure situation. However, when you are constantly reacting to stressful situations without making adjustments to counter the effects, you will feel stress which can threaten your health and well-being.

It is essential to understand that external events, no matter how devastating, are not stressful. Rather, it is how you perceive these events which may cause stress. Stress often accompanies the feeling of "being out of control."

How do I know if I am suffering from stress?
Each person handles stress differently. Some people actually seek out situations which may appear stressful to others. A major life decision, such as changing careers or buying a house, might be overwhelming for some people, while others may welcome the change. Some find sitting in traffic too much to tolerate, while others take it in stride. The key is determining your personal tolerance levels for stressful situations.

Stress can cause physical, emotional, and behavioral disorders which can affect your health, vitality, peace-of-mind, as well as personal and professional relationships. Too much stress can cause relatively minor illnesses like insomnia, backaches, or headaches as well as potentially life-threatening diseases like high blood pressure and heart disease.

Tips for reducing or controlling stress
As you read the following suggestions, remember that success will not come from a half-hearted effort, nor will it come overnight. It will take determination, persistence and time. Some suggestions may help immediately, but if your stress is chronic, it may require more attention and/or lifestyle changes. Determine YOUR tolerance level for stress and try to live within these limits. Learn to accept or change stressful and tense situations whenever possible.

Be Realistic. If you feel overwhelmed by some activities (yours and/or your family's) learn to say NO! Eliminate an activity that is not absolutely necessary. You may be taking on more responsibility than you can or should handle. If you meet resistance, give reasons why you're making the changes. Be willing to listen to other's suggestions and be ready to compromise.

Shed the "superman/woman" urge. No one is perfect, so don't expect perfection from yourself or others. Ask yourself, "What really needs to be done?" How much can I do? Is the deadline realistic? What adjustments can I make? Don't hesitate to ask for help if you need it.

Meditate. Just 10 to 20 minutes of quiet reflection may bring relief from chronic stress as well as increase your tolerance to it. Use the time to listen to music, relax and try to think of pleasant things or nothing.

Visualize. Use your imagination and picture how you can manage a stressful situation more successfully. Whether it's a business presentation or moving to a new place, many people feel visual rehearsals boost self-confidence and enable them to take a more positive approach to a difficult task.

Take one thing at a time. For people under tension or stress, an ordinary work load can sometimes seem unbearable. The best way to cope with this feeling of being overwhelmed is to take one task at a time. Pick one urgent task and work on it. Once you accomplish that task, choose the next one. The positive feeling of "checking off" tasks is very satisfying. It will motivate you to keep going.

Exercise. Regular exercise is a popular way to relieve stress. Twenty to thirty minutes of physical activity benefits both the body and the mind.

Hobbies. Take a break from your worries by doing something you enjoy. Whether it's gardening or painting, schedule time to indulge your interest.

Healthy life style. Good nutrition makes a difference. Limit intake of caffeine and alcohol (alcohol actually disturbs regular sleep patterns), get adequate rest, exercise, and balance work and play.

Share your feelings. A conversation with a friend lets you know that you are not the only one having a bad day, caring for a sick child or working in a busy office. Stay in touch with friends and family. Let them provide love, support and guidance. Don't try to cope alone.

Give in occasionally. Be flexible! If you find you're meeting constant opposition in either your personal or professional life, rethink your position or strategy. Arguing only intensifies stressful feelings. If you know you are right, stand your ground, but do so calmly and rationally. Make allowances for other's opinions and be prepared to compromise. If you are willing to give in, others may meet you halfway. Not only will you reduce your stress, you may find better solutions to your problems.

Go easy with criticism. You may expect too much of yourself and others. Try not to feel frustrated, let down, disappointed or even "trapped" when another person does not measure up. The "other person" may be a wife, a husband, or child whom you are trying to change to suit yourself. Remember, everyone is unique, and has his or her own virtues, shortcomings, and right to develop as an individual.