WORKSHOP SUMMARY

The Montgomery County Department of Health and Human Services (MCDHHS), African American Health Program (AAHP), Asian American Health Initiative (AAHI), and Latino Health Initiative (LHI) hosted a free workshop entitled “Mental Health in Our Communities” as a part of the Empowering Community Health Organizations (E.C.H.O.) Project 2014. 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” invited community leaders to learn more about mental health, what a typical encounter with a mental health professional is like, and local support services. The workshop was led by Eugene Morris, LCSW-C, Manager of MCDHHS’ Access to Behavioral Health Program. The workshop included a group exercise in which attendees discussed how they would approach certain mental health case scenarios and concluded with a brief question and answer session. Over 95 people attended the workshop, representing about 43 organizations from the community.

This document presents a summary of the discussion shared throughout the workshop. Please note the information may be subject to change.
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OVERVIEW OF MENTAL HEALTH AND MENTAL ILLNESS

What is Mental Health?
- A state of well-being in which an individual can realize abilities, can cope with normal stresses of life, work productively, and make a contribution to the community.

What is Mental Illness?
- Health conditions characterized by alterations in thinking, mood, or behavior (or a combination).

MENTAL HEALTH AND CULTURE
- Cultural competence means understanding the idea that people come from different cultures and families and that it is an important part of who they are.
- Listen and pay attention to people’s cultures and how they function within them. A behavior, value, or thought that is different is not necessarily a problem.

TYPES OF MENTAL HEALTH PROBLEMS

Stress
- The experience of stress occurs when the body and mind respond to a threat or situation by giving an individual the adrenaline to handle the situation.
- “Eustress” is a good kind of stress that helps people mobilize their energy to do something.
- “Dis-stress” is when an individual becomes too worried about a situation, which negatively affects them mentally and physically. People can experience this as anxiety or depression.
  o Dis-stress could be caused by a major one-time event, such as the death of a loved one. It could also be caused by an event occurring over a longer period of time, such as being in a bad relationship.
- Distressed individuals can use brief therapy and are often very responsive to problem-solving.

Anxiety
- The experience of anxiety occurs when a person has excessive or unrealistic worry about everyday tasks or events. Anxiety may be specific to certain objects or rituals.
- A person can experience this as general anxiety, phobias, or as an obsessive compulsive disorder.
- Treatment for anxiety includes medication or counseling.

Depression
- Symptoms of depression include a sad mood, lack of interest in activities that used to be enjoyed, weight gain or loss, difficulty concentrating, and sleeping problems (i.e. sleeping too much or difficulty sleeping).
Depression can trigger other negative health issues, such as smoking, alcohol use, and inactivity.

Treatment for depression can include medication, counseling, engaging in activity, and/or receiving support from loved ones or the community.

Victimization and Crisis

- Victimization and crisis can create excessive amounts of stress due to experiencing an event that is beyond the realm of a normal experience (i.e. watching an individual die violently).
- Categories of victimization/crisis include domestic violence, child abuse, sexual assault or rape, trauma, and other crime.

Substance Abuse

- Substance abuse refers to the misuse of alcohol, illegal drugs, or substances that do not seem to have a legitimate use for the body.
- Often, the body becomes dependent on the substance and it becomes more difficult to control behavior. An individual is addicted when use of the substance starts to control his or her life.
- Services include individual, group counseling, and/or self-help groups (i.e. Alcoholics Anonymous).

Schizophrenia

- Symptoms of schizophrenia vary widely across individuals, but can include having distorted thoughts, hallucinations, or feelings of fright and paranoia.

Bipolar Disorder

- Bipolar disorder is a newer name for “manic depression.”
- Individuals with bipolar disorder alternate between severely high and low moods, sometimes with psychosis.

Responding to Mental Health Problems

- Mental health professionals – Doctors and psychiatrists are able to prescribe medications, whereas social workers and counselors cannot.
- A typical counseling encounter involves confidential space. At first, the mental health professional will ask many questions, but he or she will gradually turn it into a process of deciding what the next beneficial steps will be for the client.
- Be assertive about language support needs. Interpreters and language lines are available within Montgomery County Government Services.
- When an individual asks for help, use the ALGEE method:
  - A: Assess risk of suicide or harm
  - L: Listen non-judgmentally
  - G: Give reassurance and information
  - E: Encourage appropriate professional help
  - E: Encourage self-help and other support
ISSUES OF RACE AND CULTURE

- Anyone can experience mental health problems. However, racial and ethnic disparities do exist:
  - There are higher rates of anxiety among women and in developed countries.
  - There are higher rates of depression among women and white Americans. Depression rates are very high among Southeast Asian immigrants.
  - There are higher rates of suicide among African Americans, with African American males having four times the rate as compared to African American women. Asian American girls have the highest rate of suicide.
  - African Americans, Latino Americans, and Asian Americans report higher stress levels but receive fewer services.

- There are several factors that lead to these disparities in mental health and receiving services. Such factors include cultural differences, a legacy of discrimination, lack of resources, and the treatment opportunities available.
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

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

OTHER RESOURCES

infoMontgomery
Website: www.InfoMontgomery.org

Maryland Community Services Locator
Website: www.mdcsl.org

Mental Health Association
Website: www.mhamc.org
Telephone: 301-424-0656

National Alliance on Mental Illness
Website: www.nami.org
Telephone: 703-524-7600

National Institute on Drug Abuse
Website: 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
Website: http://www.nimh.nih.gov
MENTAL HEALTH GROUP EXERCISE

SCENARIO
Rose is a 38-year-old first-generation resident with limited ability to speak or read English. She complains to you that she is having difficulty getting motivated to do things, and having a lot of trouble falling asleep. She says she even feels like crying much of the time, ever since her daughter was born 3 years ago. Rose mentioned that she was raped during her childhood and has never talked about the assault. She has used alcohol since her teen years and she reported drinking more regularly in order to help her sleep. She also has been using valium prescribed by a doctor to help her sleep, but the doctor said that the prescription was one-time only. Rose does not regard her drinking to be causing any problems for her and she plans to continue taking the benzodiazepines to help her sleep.

Rose is a single parent, living with her mother and younger brother. (She says that they are worriers, too!) She has been waitressing in a family restaurant and she is undocumented. She has never received any mental health treatment. She is financially responsible for her daughter as the child’s father moved out of the area and does not provide any support.

How could you respond best to her?

Below are the thoughts and questions that arose during the mental health group exercise.

When someone comes to you displaying multiple mental health issues, is it helpful to ask what his or her biggest and most important issue is? What are the benefits of going from a strength-based approach, considering what the person wants to tackle first?
You can ask what she wants help with. The individual knows his or her life better and would feel more engaged with the treatment if you first deal with what they feel is a priority. Take into consideration the age of the patient as well. A 25-year-old is more capable of making these kinds of decisions about his or her life, whereas a 3-year-old may not have that same decision-making ability.

How do you overcome the language barrier when giving a diagnosis using mental health terms and the patient’s native tongue does not have those terms?
You can discuss the individual’s mental health concern in terms of the symptoms they have. For example, instead of saying “you have post-traumatic stress disorder,” you can address his or her symptom of sleeplessness. In addition, help the patient understand how an individual with similar symptoms sought help and his or her positive experiences with it.

In certain communities, there are barriers to patients receiving mental health services they need, including a stigma associated with mental illnesses. How do you address those issues?
A big part of what the Montgomery County Department of Health and Human Services does is try to eliminate this kind of barrier. Try adjusting the language used to promote behavioral health services. For example, instead of saying that you will have a “group psychotherapy session for men that abuse their partners,” you could word it as a “group for fathers.” If you align treatment with terminology that a community is comfortable with, it could increase the use of services. Experiment with ways to promote and deliver services. Be flexible and welcoming.

Are there any creative ways to screen for mental health issues?
It is really important to normalize asking about mental illness during a primary care visit. That is one of the top methods to identify behavioral health issues. Many people now have access to this
type of screening at primary care facilities. To many people, this is a much easier inroad to discuss mental health issues.

**How might culture come into play with mental health treatment? Can you provide an example?**

A mainstream American cultural value is that a young man at 18 years old should be out of the house. You could probably find neighbors who would ask, “What is wrong with that boy? Why is he still at home?” You could find therapists who would say he has not completed his separation and individualization processes if he is not out yet.

This is where we should look through the lens of culture. It depends on the culture of an individual. What looks like a problem to a mainstream culture may not be a problem; it could be a protective factor in another culture. The 18-year-old boy may be staying at home to take care of his sister’s children so she can attend community college. He may be a better partner in the future since he is living at home and learning how to deal with family issues. If we are not fully aware of such cultural differences, it could lead to inaccurate assumptions of an individual or a community.
Responses are from the workshop evaluation forms received; the response rate was 71%.

1. **Please rate this workshop:**

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<td>9%</td>
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<td>3%</td>
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<td>7%</td>
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<td>39%</td>
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<td>4%</td>
<td>10%</td>
<td>44%</td>
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2. **Please rate the following:**

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<th>Somewhat Disagree</th>
<th>Undecided</th>
<th>Somewhat Agree</th>
<th>Agree</th>
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<td>0%</td>
<td>7%</td>
<td>34%</td>
<td>53%</td>
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<td>b. I feel more knowledgeable about mental health</td>
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<td>1%</td>
<td>10%</td>
<td>37%</td>
<td>44%</td>
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<td>c. I feel more confident identifying when to refer someone to mental health services</td>
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<td>0%</td>
<td>9%</td>
<td>39%</td>
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<td>d. I feel more comfortable describing what the encounter with a mental health professional will be like</td>
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<td>9%</td>
<td>41%</td>
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<td>e. I feel like I will be more successful in referring community members to local mental health services</td>
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<td>3%</td>
<td>14%</td>
<td>37%</td>
<td>37%</td>
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Email: lhi.website@montgomerycountymd.gov
Handouts from the “Mental Health in Our Communities” E.C.H.O. Workshop

Please note the information provided in this section may be subject to change. Please contact the respective organizations to ensure the most current information. The following documents were compiled on 5/13/14.
Mental Health in Our Communities:
E.C.H.O. Workshop for Community Leaders
May 21, 2014

Eugene S. Morris, LCSW-C
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eugene.morris@montgomerycountymd.gov  240.777.1770

Tonight
- What is “Mental Health”?
- Cultural and Family Questions in Responding to MH problems
- Brief Description of MH problems
- HHS BHCS and community resources
- Conversation about raising awareness about MH problems and resources

I. “Mental Health” / “Mental Illness”
- Problems in Living: resources, health, crisis, relationships, behavioral health, others?
- Behavioral Health:
  - Emotions, thought, psychology: distress/roles
  - Addictions, mental health, crisis, victimization
- Mental Health: state of well-being in which realize abilities, can cope with normal stresses, work productively, and make a contribution to community
  - Associated with physical health
- Mental Illness: health conditions characterized by alterations in thinking, mood, or behavior (or combination)

“Mental Health” vs “Mental Illness”
- Language of “disease”: body/mind
- All human behavior is on a continuum (and there is a continuum of severity of “MI”)
- Most (all?) human behavior has multiple causes or influences
- Not everyone needs tx! -- Role of family, community, and providers/helpers currently serving

Mental Health Problems
- Stress
- Anxiety
- Depression
- Victimization and Crisis
- Addictions/Substance Abuse
- Schizophrenia and Bipolar Disorder (Manic-Depression)
Gender, Ethnic, Racial etc. Disparities

- Anxiety: higher rates among women and in developed countries
- Depression: higher rates among women and whites; very high SE Asian immigrants
- Suicide: Higher rates among African-Americans than others; Black men 4x more than black women; Asian-American girls highest
- Usage of Services: AA report higher stress but receive fewer services, similar Latino and Asian

Working with Culture

- All people come in families and cultures
- Protective factors and barriers
- Most human behavior has multiple influences
- Real “cultural competence”:
  - Descriptions are different in different “cultures”
  - Different behaviors are not necessarily healthy or unhealthy/right or wrong
  - Appropriate moral and religious perspectives (vs. we’ve always done it this way)
  - Family and culture is often a strength, ally

Stress

- Mobilization becomes unhelpful: “Dis-stress” experienced as depression and/or anxiety
- Irritability, overwhelmed, fatigued, sleep, unhealthy coping
- One major incident vs. pressure of life concerns or multiple events
- Often very responsive to problem-solving, concrete help, brief therapy

Anxiety

- Symptoms:
  - Excessive and unrealistic worry about everyday tasks or events, or
  - may be specific to certain objects or rituals
- Generalized anxiety, social phobias, obsessive-compulsive
- “Treatment”: medication, counseling (exposure), support
Depression

Symptoms:
- Depressed or sad mood,
- diminished interest in activities which used to be pleasurable,
- weight gain or loss, psychomotor agitation or retardation, fatigue,
- inappropriate guilt, difficulties concentrating, even recurrent thoughts of death
- Health problems: smoking, alcohol, inactivity
- “Treatment”: medication, counseling, activity, support

Victimization and Crisis

- Domestic Violence (Partner Abuse) (1/4 American Women)
- Child Abuse
- Sexual Assault or Rape (1/5 including child)
- Other Crime
- Overlap with Crisis War, Disaster, etc.
- “Trauma”

Substance Abuse

- Abuse/Dependence/Addictions
- Inappropriate, problematic use, or dependence on substances that alter consciousness: alcohol, marijuana, legal or illegal prescription drugs, or other substances
- Probably most widespread problem after anxiety, depression
- Self-help (AA) and professional services

Schizophrenia and Bipolar Disorder

- “Major” or “serious and persistent mental illness”
- Schizophrenia: distorted thoughts, hallucinations, feelings of fright/paranoia
- Bipolar D/O: alternating severe high and low moods, sometimes with “psychosis”
- Strong genetic influence: Often respond well to medications discovered in 20th C.
  Counseling focuses on recognizing and social supports and roles

Responding to MH problems

- Mental Health Professionals
  - Doctors (M.D.) (primary care and psychiatry)
  - Social Work, psychology, counselors, etc.
- What is a typical counseling encounter like?
- How to work with them?
- What is it like if you need language support?
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 & Adolesc. 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)

MC Continuum of Services

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 301-762-5613
- 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
- Locators: www.mdcsi.org and InfoMontgomery.org
- Access as clearinghouse
**Scenarios**

- How could you respond best to her or him??

**Responding to MH problems**

- **A**: Assess risk of suicide or harm
- **L**: Listen non-judgmentally
- **G**: Give reassurance and information
- **E**: Encourage appropriate professional help
- **E**: Encourage self-help + other supports

ALGEE: “Mental Health 1st Aid”

**For Ongoing Conversation**

- How might we build awareness of mental health and substance abuse needs (and helpful resources) among members of our communities??

**Summary of Tonight**

- “Mental Health”
- Cultural and Family Questions in Responding to MH problems
- Brief Description of MH problems
- HHS BHCS and community resources
- Usefulness of “Mental Health First Aid”
- Raising awareness about MH problems and resources

**Group Discussion: Scenario #1**

- **Rose** is a 38 year old first-generation resident with limited ability to speak or read English. She complains to you that she is having difficulty getting motivated to do things, and having a lot of trouble falling asleep. She says she even feels like crying much of the time, ever since her daughter was born 3 years ago. Rose mentioned that she was raped during her childhood and has never talked about the assault. She has used alcohol since her teen years and she reported drinking more regularly in order to help her sleep. She also has been using valium prescribed by a doctor to help her sleep, but the doctor said that the prescription was one-time only. Rose does not regard her drinking to be causing any problems for her and she plans to continue taking the benzodiazepines to help her sleep.

- Rose is a single parent, living with her mother and younger brother. (She says that they are worriers, too!) She has been waitressing in a family restaurant and she is undocumented. She has never received any mental health treatment. She is financially responsible for her daughter as the child’s father moved out of the area and does not provide any support.

**Group Discussion: Scenario #2**

- The neighbors ask for your advice about their 25 year old son who was released from a local hospital 3 weeks ago. He had been hospitalized due to things like seeing small green alien invaders surrounding his house. The hospital referred him for outpatient counseling at a program, but he missed his initial appointment and he is out of the medication they gave him. His parents say that he has had no previous mental health treatment and this was his first time in the hospital for anything. Apparently this week he is staying in the house and saying that the aliens have returned and have been hiding in the trees outside of his house.

- His parents both work long hours and his only sibling has moved out of the area. He started community college, but dropped out several years ago. The other neighbors all say that the last year or so they have seen him hanging out in the neighborhood and at times smoking marijuana.
Questions??
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, 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 exists between Asian Americans and their non-Asian counterparts. AAHI is supported by its Steering Committee that 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.

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

Population Trends in Montgomery County, Maryland

Asian American Subgroups

AAHI Patient Navigator assisting a client with medical interpretation
AAHI Health Promoter educating community member on his bone density screening results
AAHI intern teaching breast-self exams at an outreach event
AAHI’s health education column in ethnic media

Asian American Health Initiative
Department of Health and Human Services
Montgomery County, Maryland

www. Healthy-moco.blogspot.com
Search: ‘Asian American Health Initiative’
Twitter @ AAHI_Info

Revised 07/27/2012
AAHI PROJECTS

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

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.

Storybook
Voices Among the Silent: Stories of Struggle and Strength from Asian Americans in Montgomery County, Maryland. The storybook includes personal narratives from 16 brave County residents that shed light on the intricate relationship of everyday struggles such as cultural and linguistic barriers and the effect they have on health status. By giving the community a voice, the storybook intends to educate and raise awareness among its readers.

AAHI 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.

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) Multi-Lingual Health Information and Referral Telephone Line
2) Trained Multi-Lingual Medical Interpreters

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 to regularly update the community with upcoming events, photos, conference information, training opportunities and other relevant and helpful information for the community. The website and social media allow AAHI to network with and reach out to a variety of individuals and organizations.

NEXT STEPS

Strategic Plan
As the pan-Asian American-serving health program in Montgomery County, AAHI remains committed to improving the health of Asian Americans. Using an ecological framework that examines the social determinants of health and based on key information sources including scientific literature, findings from the 2005 and 2008 needs assessments, internal evaluative records, community-based sources of information, and Montgomery County Department of Health and Human Services priorities, AAHI has formulated a strategic plan with five strategic targets to define and guide their goals and objectives between 2011 and 2015.

Target A: Enhance access to culturally and linguistically competent care
Target B: Promote community mobilization and empowerment
Target C: Strengthen partnerships and collaborations
Target D: Enhance data collection and reporting
Target E: Establish organizational sustainability

Together To Build A Healthy Community
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](http://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.
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
Target Population: Adults
Chronic/Severe Mental Illness
Substance Abusers
Information Number: 240-777-1680
Location(s): DHHS Adult Behavioral Health Services
981 Rollins Avenue, Rockville, MD 20852

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.
Service(s): Children's Protective Services
Target Population: Abused Children
Information Number: 240-777-4417
Location(s): MidCounty DHHS Building
1301 Piccard Drive, Rockville, MD 20850

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.
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>
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<tr>
<td>Alternate Line 240-777-4710</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. Walk-In assessments and evaluation: Monday through Friday at 9 AM or 1 PM. Located at 255 Rockville Pike, Suite #145 Rockville, MD</td>
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<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>
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<tr>
<td>Implements the public mental health system for people eligible for medical assistance and people who receive state subsidization for services.</td>
<td>Montgomery County Screenings/Assessment Services for Children/Adolescents 240-777-1430</td>
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</tr>
<tr>
<td>Mental Health Services for Seniors and Persons 240-777-3990</td>
<td>Montgomery County 311 3-1-1</td>
<td>311 is Montgomery County’s phone number for non-emergency government information and services. <a href="http://www.montgomerycountymd.gov/311">www.montgomerycountymd.gov/311</a>.</td>
</tr>
</tbody>
</table>

| NON-PROFIT PROFESSIONAL MENTAL HEALTH SERVICES | | |
|-------------------------------------------------|------------------|------------------|-----------------|------------------|
| Affiliated Community Counselors (Rockville, MD) | Medical Assistance | Sliding Fee | Private Insurance | 301-251-8965 |
| Affiliated Santé Group (Silver Spring, MD) | Medical Assistance | Medical Assistance | Sliding Fee | Private Insurance | 301-589-2303 |
| Andromeda Transcultural Health Center (NW Washington, DC) | Medical Assistance | Medical Assistance | Free Services | Private Insurance | 202-291-4707 |
| Catholic Charities (Nonsectarian) (Rockville, Gaithersburg, Silver Spring, Wheaton) | Medical Assistance | Medical Assistance | Sliding Fee | Private Insurance | 301-942-1790 |
| Cornerstone Montgomery (Bethesda, MD) | Medical Assistance | Medical Assistance | Medical Assistance | Private Insurance | 301-493-4200 |
| Family Services, Inc. (Gaithersburg, MD) | Medical Assistance | Medical Assistance | Medical Assistance | Private Insurance | 301-840-3200 |
| Jewish Social Service Agency (nonsectarian) (Serving MD, DC & VA) | Medical Assistance | Medical Assistance | Medical Assistance | Private Insurance | 301-881-3700 |
| Pastoral Counseling & Care Ministries (Silver Spring, ext.3 & Bethesda, ext. 2 or 6) | Medical Assistance | Sliding Fee | Private Insurance | 888-626-2273 |
| Pastoral Counseling & Consultation Centers of Greater Washington (MD, DC & VA) | Sliding Fee | Sliding Fee | Private Insurance | 202-449-3789 |
| Reginald S. Laurie Center for Infants and Young Children (Rockville, MD) | Medicaid | Medicaid | Some Insurance | 301-984-4444 |
| Washington & Waldorf Pastoral Counseling Service (15+ locations in MD & DC) | Medicare | Sliding Fee | Private Insurance | 301-681-3201 |

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www.mhamic.org
# MORE THAN JUST “THE BLUES”

**AREA HOTLINES**

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

<table>
<thead>
<tr>
<th>Hotline</th>
<th>Phone Number</th>
<th>Description</th>
<th>Toll-Free Number</th>
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</thead>
<tbody>
<tr>
<td>Montgomery County Hotline</td>
<td>301-738-2255</td>
<td>National Suicide Prevention Lifeline &amp; Veterans Crisis</td>
<td>800-273-TALK (8255)</td>
</tr>
<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>800-422-009</td>
<td>Relay Service for the Deaf</td>
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<tr>
<td>Montgomery County Crisis Center</td>
<td>240-777-4000</td>
<td>211 Maryland</td>
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<tr>
<td></td>
<td></td>
<td>Crisis Link Hotline</td>
<td>703-527-4077</td>
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<tr>
<td><strong>SELF-HELP &amp; SUPPORT GROUPS</strong></td>
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<tr>
<td>Depression and Bipolar Support Alliance</td>
<td>800-82-NDMDA (63632)</td>
<td>National Alliance for the Mentally Ill – Mo. Co.</td>
<td>301-949-5852</td>
</tr>
<tr>
<td>National Alliance for the Mentally Ill</td>
<td>800-950-NAMI (6264)</td>
<td>Mental Health America</td>
<td>800-969-NMHA (6642)</td>
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</table>

**HOSPITALS**

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

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Location</th>
<th>Phone Number 1</th>
<th>Phone Number 2</th>
<th>Phone Number 3</th>
<th>Phone Number 4</th>
<th>Phone Number 5</th>
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</thead>
<tbody>
<tr>
<td>Children’s National Medical Ctr.</td>
<td>Rockville, MD</td>
<td>301-765-5440</td>
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<tr>
<td>Doctors Community Hospital</td>
<td>Lanham, MD</td>
<td>301-552-8118</td>
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<tr>
<td>G.W. University Hospital</td>
<td>Washington, DC</td>
<td>202-741-2888</td>
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<tr>
<td>Georgetown University Hosp.</td>
<td>Washington, DC</td>
<td>202-944-5400</td>
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<tr>
<td>Holy Cross Hospital</td>
<td>Silver Spring, MD</td>
<td>301-754-7860</td>
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<tr>
<td>INOVA Fairfax Hospital</td>
<td>Northern VA</td>
<td>703-776-2916</td>
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<tr>
<td>Laurel Regional Hospital</td>
<td>Laurel, MD</td>
<td>301-497-7980</td>
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<tr>
<td>Montgomery General Hospital</td>
<td>Olney, MD</td>
<td>301-774-8800</td>
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<tr>
<td>Adventist Behavioral Health</td>
<td>Rockville, MD</td>
<td>301-251-4500</td>
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<tr>
<td>Psychiatric Institute of Washington</td>
<td>Washington, DC</td>
<td>202-885-5600</td>
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<tr>
<td>Sibley Memorial Hospital</td>
<td>Washington, DC</td>
<td>202-537-4770</td>
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<tr>
<td>Suburban Hospital</td>
<td>Bethesda, MD</td>
<td>301-896-3100</td>
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<tr>
<td>Washington Adventist Hospital</td>
<td>Takoma Park, MD</td>
<td>301-891-5600</td>
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<tr>
<td>Washington Hospital Center</td>
<td>Washington, DC</td>
<td>202-877-5767</td>
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</tbody>
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**YOUTH SERVICES CENTERS**

Each center serves designated communities.

<table>
<thead>
<tr>
<th>GUIDE Program at Family Services: Community-Based Youth Services (Gaithersburg/Olney)</th>
<th>Medical Assistance</th>
<th>Sliding Fee &amp; Free Services</th>
<th>No Private Insurance</th>
<th>240-683-6580</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUIDE Upcounty Program at Family Services: Community-Based Youth Services (Damascus, Northwest, Poolesville, Quince Orchard, Seneca Valley, Clarksburg HS)</td>
<td>Medical Assistance</td>
<td>Sliding Fee &amp; Free Services</td>
<td>No Private Insurance</td>
<td>301-972-0307</td>
</tr>
<tr>
<td>Kensington Wheaton Youth Services/MHA (Einstein, Kennedy, Wheaton HS)</td>
<td>Medical Assistance</td>
<td>Sliding Fee &amp; Free Services</td>
<td>No Private Insurance</td>
<td>301-933-2818</td>
</tr>
<tr>
<td>Rockville Youth &amp; Family Services Bureau (Richard Montgomery, Rockville, Wootton HS)</td>
<td>Medical Assistance</td>
<td>Sliding Fee &amp; Free Services</td>
<td>No Private Insurance</td>
<td>240-314-8310</td>
</tr>
</tbody>
</table>

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**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.mhamb.org

**National Mental Health Association**
2001 N. Beauregard Street 12th Floor
Alexandria, VA 22312
Phone: 800-969-NMHA (6642)
TTY: 800-455-5999
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 publications@nmha.org.

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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 those 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 halfhearted 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 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. Argue 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.
Do you feel very tired, helpless, and hopeless? Are you sad most of the time and take no pleasure in your family, friends, or hobbies? Are you having trouble working, sleeping, eating, and functioning? Have you felt this way for a long time?

If so, you may have depression.

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](http://www.nimh.nih.gov) at http://www.nimh.nih.gov.
Depression can occur during adolescence, a time of great personal change. You may be facing changes in where you go to school, your friends, your after-school activities, as well as in relationships with your family members. You may have different feelings about the type of person you want to be, your future plans, and may be making decisions for the first time in your life.

Many students don’t know where to go for mental health treatment or believe that treatment won’t help. Others don’t get help because they think depression symptoms are just part of the typical stresses of school or being a teen. Some students worry what other people will think if they seek mental health care.

This fact sheet addresses common questions about depression and how it can affect high school students.

**Q. What is depression?**

**A.** Depression is a common but serious mental illness typically marked by sad or anxious feelings. Most students occasionally feel sad or anxious, but these emotions usually pass quickly—within a couple of days. Untreated depression lasts for a long time and interferes with your day-to-day activities.

**Q. What are the symptoms of depression?**

**A.** Different people experience different symptoms of depression. If you are depressed, you may feel:

- Sad
- Anxious
- Empty
- Hopeless
- Guilty
- Worthless
- Helpless
- Irritable
- Restless.

You may also experience one or more of the following symptoms:

- Loss of interest in activities you used to enjoy
- Lack of energy
- Problems concentrating, remembering information, or making decisions
- Problems falling asleep, staying asleep, or sleeping too much
- Loss of appetite or eating too much
- Thoughts of suicide or suicide attempts
- Aches, pains, headaches, cramps, or digestive problems that do not go away.

Depression in adolescence frequently co-occurs with other disorders such as anxiety, disruptive behavior, eating disorders, or substance abuse. It can also lead to increased risk for suicide.

**Q. Are there different types of depression?**

**A.** Yes. The most common depressive disorders are:

- **Major depressive disorder**—also called major depression. The symptoms of major depression are disabling and interfere with everyday activities such as studying, eating, and sleeping. People with this disorder may have only one episode of major depression in their lifetimes. But more often, depression comes back repeatedly.

- **Dysthymic disorder**—also called dysthymia. Dysthymia is mild, chronic depression. The symptoms of dysthymia last for a long time—2 years or more. Dysthymia is less severe than major depression, but it can still interfere with everyday activities. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.
• **Minor depression**—similar to major depression and dysthymia. Symptoms of minor depression are less severe and/or are usually shorter term. Without treatment, however, people with minor depression are at high risk for developing major depressive disorder.

Other types of depression include:

• **Psychotic depression**—severe depression accompanied by some form of psychosis, such as hallucinations and delusions.

• **Seasonal affective disorder**—depression that begins during the winter months and lifts during spring and summer.

**Q. What causes depression?**

**A.** Depression does not have a single cause. Several factors can lead to depression. Some people carry genes that increase their risk of depression. But not all people with depression have these genes, and not all people with these genes have depression. Environment—your surroundings and life experiences—also affects your risk for depression. Any stressful situation may trigger depression. And high school students encounter a number of stressful situations!

**Q. How can I find out if I have depression?**

**A.** The first step is to talk with your parents or a trusted adult who can help you make an appointment to speak with a doctor or mental health care provider. Your family doctor or school counselor may also be able to help you find appropriate care.

The doctor or mental health care provider can do an exam to help determine if you have depression or if you have another health or mental health problem. Some medical conditions or medications can produce symptoms similar to depression.

The doctor or mental health care provider will ask you about:

• Your symptoms

• Your history of depression

• Your family's history of depression

• Your medical history

• Alcohol or drug use

• Any thoughts of death or suicide.

**Q. How is depression treated?**

**A.** A number of very effective treatments for depression are available. The most common treatments are **antidepressants** and **psychotherapy**. An NIMH-funded clinical trial of 439 teens with major depression found that a combination of medication and psychotherapy was the most effective treatment option. A doctor or mental health care provider can help you find the treatment that's right for you.

**Q. What are antidepressants?**

**A.** Antidepressants work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine. Scientists have found that these particular chemicals are involved in regulating mood, but they are unsure of the exact ways that they work.

**Q. If a doctor prescribes an antidepressant, how long will I have to take it?**

**A.** You will need to take regular doses of antidepressants for 4 to 6 weeks before you feel the full effect of these medicines. Some people need to take antidepressants for a short time. If your depression is long lasting or comes back again and again, you may need to take antidepressants longer.

**Q. What is psychotherapy?**

**A.** Psychotherapy involves talking with a mental health care professional to treat a mental illness. Types of psychotherapy that have been shown to be effective in treating depression include:

• **Cognitive-behavioral therapy (CBT)**, which helps people change negative styles of thinking and behavior that may contribute to depression

• **Interpersonal therapy (IPT)**, which helps people understand and work through troubled personal relationships that may cause or worsen depression.

Depending on the type and severity of your depression, a mental health professional may recommend short-term therapy, lasting 10 to 20 weeks, or longer-term therapy.
How can I help myself if I am depressed?

If you have depression, you may feel exhausted, helpless, and hopeless. But it is important to realize that these feelings are part of the depression and do not reflect your real circumstances. Treatment can help you feel better.

To help yourself feel better:

- Give treatment a fair chance—attend sessions and follow your doctor’s or therapist’s advice, including advice about specific exercises or “homework” to try between appointments
- Engage in mild physical activity or exercise
- Participate in activities that you used to enjoy
- Break up large projects into smaller tasks and do what you can
- Spend time with or call your friends and family
- Expect your mood to improve gradually with treatment
- Remember that positive thinking will replace negative thoughts as your depression responds to treatment.

What if I or someone I know is in crisis?

If you are thinking about harming yourself or having thoughts of suicide, or if you know someone who is, seek help right away.

- Call your doctor or mental health care provider
- Call 911 or go to a hospital emergency room to get immediate help, or ask a friend or family member to help you do these things
- Call your campus suicide or crisis hotline
- Call the National Suicide Prevention Lifeline’s toll-free, 24-hour hotline at 1-800-273-TALK (1-800-273-8255) or TTY: 1-800-799-4TTY (1-800-799-4889) to talk to a trained counselor
- If you are in crisis, make sure you are not left alone
- If someone else is in crisis, make sure he or she is not left alone.

How can I help a friend who is depressed?

If you think a friend may have depression, you can help him or her get diagnosed and treated. Make sure he or she talks to an adult and gets evaluated by a doctor or mental health provider. If your friend seems unable or unwilling to seek help, offer to go with him or her and tell your friend that his or her health and safety is important to you.

Encourage your friend to stay in treatment or seek a different treatment if he or she does not begin to feel better after 6 to 8 weeks.

You can also:

- Offer emotional support, understanding, patience, and encouragement
- Talk to your friend, not necessarily about depression, and listen carefully
- Never discount the feelings your friend expresses, but point out realities and offer hope
- Never ignore comments about suicide
- Report comments about suicide to your friend’s parents, therapist, or doctor
- Invite your friend out for walks, outings, and other activities—keep trying if your friend declines, but don’t push him or her to take on too much too soon
- Remind your friend that with time and treatment, the depression will lift.

What efforts are underway to help high school students who have depression?

Researchers continue to study new ways to diagnose and treat depression in high school age students. Some scientists are also looking into different ways to classify symptoms, which may provide news clues about how the disorder develops and which treatments are most effective. Increasing the early detection and treatment of depression can help more students succeed academically and achieve their goals in school and after graduation.

You can find more information about the causes, diagnosis, and treatment of depression, including research related to adolescents and young adults, on the National Institute of Mental Health (NIMH) website.

- Information about Depression: http://www.nimh.nih.gov/health/topics/depression/index.shtml
You can also connect with NIMH through social media:

- **NIMH Facebook**: http://www.facebook.com/nimhgov
- **NIMH Twitter**: http://twitter.com/nimhgov
- **NIMH YouTube**: http://www.youtube.com/nimhgov

**Reference**


**For more information on depression**


Information from NIMH is available in multiple formats. You can browse online, download documents in PDF, and order materials through the mail. Check the NIMH website for the latest information on this topic and to order publications. If you do not have Internet access, please contact the NIMH Information Resource Center at the numbers listed below.

**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 E-mail: nimhinfo@nih.gov Website: [http://www.nimh.nih.gov](http://www.nimh.nih.gov)

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# Commonly Abused Drugs

**Visit NIDA at www.drugabuse.gov**

**National Institutes of Health**
**U.S. Department of Health and Human Services**
**NIH... Turning Discovery Into Health**

<table>
<thead>
<tr>
<th>Substances: Category and Name</th>
<th>Examples of Commercial and Street Names</th>
<th>DEA Schedule*/ How Administered**</th>
<th>Acute Effects/Health Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tobacco</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Nicotine</td>
<td>Found in cigarettes, cigars, bids, and smokeless tobacco (snuff, spit tobacco, chew)</td>
<td>Not scheduled/smoked, snorted, chewed</td>
<td>Increased blood pressure and heart rate; chronic lung disease; cardiovascular disease; stroke; cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and acute myeloid leukemia; adverse pregnancy outcomes; addiction</td>
</tr>
<tr>
<td>Alcohol (ethyl alcohol)</td>
<td>Found in liquor, beer, and wine</td>
<td>Not scheduled/swallowed</td>
<td>In low doses, euphoria, mild stimulation, relaxation; lower inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility; loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness/increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose</td>
</tr>
<tr>
<td><strong>Cannabis</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>Blunt, do, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed</td>
<td>I/smoked, swallowed</td>
<td>Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis (cough); frequent respiratory infections; possible mental health decline; addiction</td>
</tr>
<tr>
<td>Hashish</td>
<td>Boom, gangster, hash, hash oil, hemp</td>
<td>I/smoked, swallowed</td>
<td></td>
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<tr>
<td><strong>Opioids</strong></td>
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<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>Diacetylmorphine: smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse. China white: cheese (with OTC cold medicine and antihistamine)</td>
<td>I/injected, smoked, snorted</td>
<td>Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy; mental alertness; terrors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis/weight loss; insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction</td>
</tr>
<tr>
<td>Opium</td>
<td>Laudanum: big O, black stuff, block, gum, hop</td>
<td>II, III, IV/swallowed, smoked</td>
<td></td>
</tr>
<tr>
<td><strong>Stimulants</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>Cocaine hydrochloride: blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, tool</td>
<td>II/smoked, snorted, injected</td>
<td>Increased blood pressure and heart rate; chronic lung disease; cardiovascular disease; stroke; cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and acute myeloid leukemia; adverse pregnancy outcomes; addiction</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>Biphedrine, Dexedrine: bennies, black beauties, crosses, hearts, LA tamarund, speed, truck drivers, uppers</td>
<td>I/swepted, snorted, smoked, injected</td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>Desoxy: melth, ice, crank, chalk, crystal, fire, glass, go fast, speed</td>
<td>I/smoked, snorted, smoked, injected</td>
<td></td>
</tr>
<tr>
<td><strong>Club Drugs</strong></td>
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</tr>
<tr>
<td>MDMA (methylendioxyamphetamine)</td>
<td>Ecstasy, Adam, clarity, Eve, lover’s speed, peace, uppers</td>
<td>I/II/swepted, snorted, injected</td>
<td>MMPA—mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping; sleep disturbances; depression; impaired memory; hyperthermia; addiction</td>
</tr>
<tr>
<td>Flunitrazepam**</td>
<td>Rohypnol: forget-me pill, Mexican Valium, R2, roach, Roche, rofins, rofinol, rope, rophies</td>
<td>IV/swallowed, snorted</td>
<td>Flunitrazepam—sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination/addiction</td>
</tr>
<tr>
<td>GHB***</td>
<td>Gamma-hydroxybutyrate: G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X</td>
<td>I/swallowed</td>
<td>GHB—drowsiness; nausea; headache; disorientation; loss of coordination; memory loss; unconsciousness; seizures; coma</td>
</tr>
<tr>
<td><strong>Dissociative Drugs</strong></td>
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</tr>
<tr>
<td>Ketamine</td>
<td>Ketalar SV: cal Valium, K, Special K, vitamin K</td>
<td>III/injected, snorted, smoked</td>
<td>Feelings of being separate from one’s body and environment; impaired motor function/anxiety; tremors; numbness; memory loss; nausea</td>
</tr>
<tr>
<td>PCP and analogs</td>
<td>Phencyclidine: angel dust, boat, hog, love boat, peace pill</td>
<td>I, II/swallowed, snorted, injected</td>
<td>Also, for ketamine—anaesthesia; impaired memory; delirium; respiratory depression and arrest; death</td>
</tr>
<tr>
<td>Salvia divinorum</td>
<td>Salvia, Shepherdess’s Herb, Maria Pastora, magic mint, Sally-D</td>
<td>Not scheduled/chewed, swallowed, smoked</td>
<td>Also, for PCP and analogs—anaesthesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations</td>
</tr>
<tr>
<td>Dextromethorphan (XAM)</td>
<td>Found in some cough and cold medications: Robo-tripping, Robo, Triple C</td>
<td>Not scheduled/swallowed</td>
<td>Also, for DXM—euphoria; slurred speech; confusion; dizziness; distorted visual perceptions</td>
</tr>
<tr>
<td><strong>Hallucinogens</strong></td>
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<tr>
<td>LSD</td>
<td>Lysergic acid diethylamide: acid, blotter, cubes, microdot, yellow sunshine, blue heaven</td>
<td>I/swallowed, absorbed through mouth tissues</td>
<td>Altered states of perception and feeling; hallucinations; nausea</td>
</tr>
<tr>
<td>Mescaline</td>
<td>Button, cactus, mesic, peyote</td>
<td>I/swallowed, smoked</td>
<td>Also, for LSD and mescaline—increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness; dizziness; weakness; tremors; impulsive behavior; rapid shifts in emotion</td>
</tr>
<tr>
<td>Psilocybin</td>
<td>Magic mushrooms, purple passion, shrooms, little smoke</td>
<td>I/swallowed</td>
<td>Also, for LSD—flashback; hallucinogen Persisting Perception Disorder</td>
</tr>
<tr>
<td><strong>Other Compounds</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Anabolic steroids</td>
<td>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise: roids, juice, gym candy, pumpers</td>
<td>III/injected, swallowed, applied to skin</td>
<td>Steroids—no intoxication effects/hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; in adolescents—premature stoppage of growth; in males—prostate cancer, reduced sperm production, shrunk testicles, breast enlargement; in females—menstrual irregularities, development of beard and other masculine characteristics</td>
</tr>
<tr>
<td>Inhalants</td>
<td>Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isonitryl, isobuty, cyclohexyl): laughing gas, poppers, sniffers, whippets</td>
<td>Not scheduled/inhaled through nose or mouth</td>
<td>Inhalants (varies by chemical)—stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing/cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death</td>
</tr>
</tbody>
</table>
**Principles of Drug Addiction Treatment**

More than three decades of scientific research show that treatment can help drug-addicted individuals stop drug use, avoid relapse and successfully recover their lives. Based on this research, 13 fundamental principles that characterize effective drug abuse treatment have been developed. These principles are detailed in *NIDA’s Principles of Drug Addiction Treatment: A Research-Based Guide*. The guide also describes different types of science-based treatments and provides answers to commonly asked questions.

1. Addiction is a complex but treatable disease that affects brain function and behavior. Drugs alter the brain's structure and how it functions, resulting in changes that persist long after drug use has ceased. This may help explain why abusers are at risk for relapse even after long periods of abstinence.

2. No single treatment is appropriate for everyone. Matching treatment settings, interventions, and services to an individual’s particular problems and needs is critical to his or her ultimate success.

3. Treatment needs to be readily available. Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible.

4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual’s drug abuse and any associated medical, psychological, social, vocational, and legal problems.

5. Remaining in treatment for an adequate period of time is critical. The appropriate duration for an individual depends on the type and degree of his or her problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.

6. Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment. Behavioral therapies vary in their focus and may involve addressing a patient’s motivations to change, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships.

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. For example, methadone and buprenorphine are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Also, for patients addicted to nicotine, a nicotine replacement product (nicotine patches or gum) or an oral medication (buproprion or varenicline), can be an effective component of treatment when part of a comprehensive behavioral treatment program.

8. An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure it meets his or her changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation and/or social and legal services. For many patients, a continuing care approach provides the best results, with treatment intensity varying according to a person’s changing needs.

9. Many drug-addicted individuals also have other mental disorders. Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.

10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse. Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification.

11. Treatment does not need to be voluntary to be effective. Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.

12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual’s treatment plan to better meet his or her needs.

13. Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases. Targeted counseling specifically focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Treatment providers should encourage and support HIV screening and inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations.

* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

** Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

*** Associated with sexual assaults.
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](http://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](http://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](http://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](http://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