

Mental Health Resources

Online Resources

American Academy of Child and Adolescent Psychiatry www.aacap.org

American Foundation for Suicide Prevention www.afsp.org

American Psychological Association www.apa.org

Anxiety and Depression Association of America www.adaa.org

Building Bridges Initiative www.buildingbridges4youth.org

Depression and Bipolar Support Alliance <http://www.dbsalliance.org>

Depression Toolkit University of Michigan Depression Center <http://www.depressiontoolkit.org>

Help Guide Mental & Emotional Health Management Resources 44.4 www.helpguide.org

Kids Health www.kidshealth.org

Mental Health America www.mentalhealthamerica.net

National Alliance on Mental Illness www.nami.org

Substance Abuse and Mental Health Services Admin (SAMHSA) www.samhsa.gov

Suicide Prevention Lifeline www.suicidepreventionlifeline.org

Suicide Prevention Resource Center www.sprc.org

Hot Lines

California Youth Crisis Line 800-843-5200

Contra Costa County Crisis Center

Crisis and Suicide Hotline: 800-833-2900

Crisis Text Line, Text "HOPE" to 20121

Grief Hotline: 800-837-1818

Crisis Text Line, Text "HELP" to 741-741

LGBT National Youth Talk-line 800-246-7743

LGBT National Hotline 800-843-4564

National Alliance of Mental Illness (NAMI) 800-950-6264 or Text "NAMI" to 741-741

National Child Abuse Hotline 800-422-4453

National Runaway Switchboard 800-786-2929

National Sexual Assault Hotline 800-656-4673

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

SAMHSA National Helpline 800-662-4357

Trevor Project Lifeline 866-488-7386 or Text "TREVOR" to 202-304-1200

Youth Support Line 888-977-3399

Community Mental Health Resources

(Additional resources available at <http://www.srvusd.net/suicideprevention>)

Counseling Centers/Agencies

Axis Community Health Center 925-201-6250 www.axishealth.org

Community Counseling Center – CSUEB 510-885-3007

Contra Costa County Mental Health 925-521-5700 <http://cchealth.org>

Discovery Counseling Center 925-837-0505 www.discoveryctr.net

JFK Counseling 925-798-9240

Kaiser Mental Health 925-295-4145

Oasis Center 925-944-1800 <http://oasiscenterinc.org>

Crisis Centers

Contra Costa County Crisis Center 925-939-1916 www.crisis-center.org

Contra Costa Regional Medical Center 925-370-5000; Psychiatric Emergency Services 925-646-2800

Tri Valley Haven 800-884-8119 www.trivalleyhaven.org

Book Resources for Parents: Mental Health and Resilience

Beardslee, William. *Out of the Darkened Room: When a Parent is Depressed: Protecting the Children and Strengthening the Family*. 2002.

Rapee, Ronald et al. *Helping your anxious child: A step by step guide*. 2000.

Manassis, Katharina & Levac, Anne Marie. *Helping your teenager beat depression: A problem-solving approach for families*. 2004.

Lezine, DeQuincy and Brent, David. *Eight Stories Up: An Adolescent Chooses Hope over Suicide*. 2008.

Bourne, Edward. *The Anxiety & Phobia Workbook*. 2005.

Riera, Michael. *Uncommon Sense for Parents with Teenagers*. 2004.

Phelan, Thomas. *Surviving Your Adolescents: How to Manage and Let Go of Your 13-18 year olds*. 1998.

Sachs, Brad. *The Good Enough Child: How to Have an Imperfect Family and Be Totally Satisfied*. 2001.

Apter, Terri. *The Confident Child: Raising Children to Believe in Themselves*. 1997.

Book Resources for Teens: Mental Health and Resilience

Hipp, Earl. *Fighting Invisible Tigers: A Stress Management Guide for Teens*. 2008

Fox, Annie. *Too Stressed to Think? A Teen Guide to Staying Sane When Life Makes You Crazy*. 2005

Seaward, Brian. *Hot Stones and Funny Bones: Teens Helping Teens Cope with Stress and Anger*. 2002.

Espeland, Pamela. *Life Lists for Teens: Tips, Steps, Hints, and How-To's for Growing Up, Getting Along, Learning, and Having Fun*. 2003.

Covey, Sean. *The 7 Habits of Highly Effective Teens*. 1998.

Student Mental Health Handout

School can be an exciting time, filled with new experiences, but at times you might feel as though it's more of a struggle. This handout is meant to help you as you work through a tough time.

Life can be stressful. Between friend drama, packed schedules, classes, clubs, relationships, sports, jobs, parental expectations, figuring out who you are, uncertainty over things, and not enough sleep, life can occasionally get you down and feel overwhelming. And that's normal.

What's not normal is struggling through each day, feeling like things will only get worse. Maybe you feel like you've lost control, that nothing matters, or that you're alone. These feelings may indicate a condition that requires professional help, such as depression, anxiety or other mental health conditions.

Not everyone experiences mental health conditions in the same way, but everyone struggling with their mental health deserves help. Depression is among the most common conditions experienced. It is a complex medical illness that significantly interferes with an individual's ability to function, enjoy life, and feel like themselves.

A number of factors may contribute to a person becoming depressed; genetic predisposition and stressful life events can certainly play a role, but sometimes depression can occur without an obvious cause. This means that anyone can become depressed, even those who seemingly have every reason to be happy.

Depression commonly affects your thoughts, your emotions, your behaviors, and your overall physical health. Experiencing any one of these symptoms on its own does not constitute depression; a diagnosis of depression requires several of these symptoms to occur for at least two weeks. Here are some of the most common symptoms that point to the presence of depression:

Feelings:

- Sadness
- Hopelessness
- Guilt
- Moodiness
- Angry outbursts
- Loss of interest in friends, family, and favorite activities

Thoughts:

- Trouble concentrating
- Difficulty making decisions
- Trouble remembering
- Thoughts of harming oneself
- Delusions and/or hallucinations can also occur in cases of severe depression

Behaviors:

- Withdrawing from people
- Substance abuse
- Missing work, school, or other commitments
- Attempts to harm oneself (e.g., cutting)

(Symptoms of depression, continued)

Physical problems:

- Tiredness or lack of energy
- Unexplained aches and pains
- Changes in appetite
- Weight loss or gain
- Changes in sleep – sleeping too little or too much

If you are experiencing symptoms of depression, it's important to **talk to a trusted adult** (parent, teacher, counselor, coach, or clergy) or doctor so that you can get the help you need. **Depression does not go away on its own, but with the appropriate help it can be treated!** Studies show that more than 80% of people with depression can feel better with talk therapy (counseling) and/or medication.

Maybe you've noticed that your friend hasn't been acting like themselves lately and you're worried about whether or not they're really "fine" after all. If you think a friend may be depressed, show them you care by reaching out. Give yourself time to talk in a private, comfortable place. Honestly share what you've noticed (changes in behavior, things they've said or done) and ask them how they are feeling. Let them know that you're asking them because you care, because you want them to feel better, and because there is help. Let them know that there is hope and help available, and support them to get the help they need. If you don't feel comfortable asking your friend, share your concerns with a trusted adult who can.

Talking about mental health can be difficult, but reaching out and getting help for depression is one of the most courageous, important things you can do for yourself or for a friend. **It might even save a life.**

Resources

At home or outside school:

- Talk to a parent or older relative
- Call your pediatrician or physician
- Talk to someone at your church

At your school site:

- Talk to a trusted adult, teacher, or guidance counselor

24/7 Confidential Helplines:

- Contra Costa County Crisis Center, Crisis and Suicide Hotline: 800-833-2900
- Contra Costa County Crisis Center, Crisis Text Line: Text "HOPE" to 20121
- California Youth Crisis Line: 800-843-5200
- Trevor Lifeline for LGBTQ Youth: 866-488-7386
- National Suicide Prevention Lifeline: 800-273-8255
- Crisis Text Line: Text "HELP" to 741-741

If someone is in immediate danger, **call 911.**

Getting help does not mean that you have failed, it means you've allowed others to show they care.

SUICIDE PREVENTION: FACTS FOR PARENTS**HIGH SCHOOL STUDENTS EXPERIENCE UNIQUE CHALLENGES**

High school can be a rewarding time for young people. But for some students, it can also be emotionally difficult, especially in 9th grade during the transition to high school and again in 12th grade during the transition out of high school. The stresses of high school and the mental and emotional stage of adolescence can combine with risk factors for suicide, such as depression, and increase the risk of suicide for some teens. Parents and school staff can help identify students at risk of suicide and help them get treatment before a tragedy occurs.

Many high school students reported that they had seriously considered suicide in the past year.

- In the United States, one out of every 53 high school students (1.9%) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.
- Suicide is now the leading preventable cause of death among teenagers.
- The toll among some groups, such as Native Americans, is even higher.

Source: Centers for Disease Control and Prevention (CDC)

WHY HIGH SCHOOLS ADDRESS SUICIDE

- Administrators and staff care about the well-being of their students.
- Maintaining a safe and secure school environment is part of a school's overall mission.
- Depression and other mental health issues can interfere with students' ability to learn and affect their academic performance.
- Although few suicides take place on high school campuses, students spend much of the day in school. This puts high schools in a position to identify and help students who may be at risk for suicide and related behavioral health issues.

PREVENTING SUICIDE CAN PREVENT OTHER BEHAVIOR PROBLEMS

Students at risk of suicide may also be at risk of other problem behaviors, such as violence and bullying, and substance abuse. Reducing the risk of suicide can help reduce the likelihood of these other behaviors.

HOW PARENTS CAN HELP PROTECT THEIR CHILDREN FROM SUICIDE

- Maintain a supportive and involved relationship with their sons and daughters
- Understand the warning signs and risk factors for suicide
- Know where to turn for help

HOW SCHOOLS CAN HELP PREVENT SUICIDE

- Experts recommend that schools use an approach to suicide prevention that includes the following:
- Identifying students at possible risk of suicide and referring them to appropriate services
- Responding appropriately to a suicide death
- Providing training and suicide awareness education for staff
- Educating parents regarding suicide risk and mental health promotion
- Educating and involving students in mental health promotion and suicide prevention efforts
- Screening students for suicide risk

You should encourage your high school to implement some or all of these strategies to prevent suicide and protect the well-being of your children. You can work with the school on these important efforts as well as use the school as a resource for help with your child's needs.

from Preventing Suicide: A Toolkit for High Schools, SAMHSA

Parent Handouts

When Your Child Expresses Suicidal Thoughts or Behaviors

This paper is designed to support you with the information you need as you and your child work together toward wellness.

You are not alone. It is not uncommon for adolescents to consider suicide as a possible solution to their difficulties. The reasons for this are many and varied. What is most important, for you and your child, is knowing there is help available. With support, recovery is possible.

If you think that your child may be contemplating suicide, you can best help him/her by paying attention, listening, and acknowledging what they are saying or doing. Remain calm and get them to the help they need. It is not uncommon for someone in their emotional state to resist seeking help. There can be many reasons for this: stigmatization, fear of being restrained or locked up, etc. They may plead that you do nothing. They are in crisis and may be incapable of making a rational decision. They may say they are fine and they did not mean what they said or did. Or they may be feeling their situation is hopeless and nothing can help. Whatever may be occurring for them, they will look to you for support. Assure them that help is available.

This is a life and death situation. Accepting any reason for not getting help is too dangerous. Though you and/or your child may fear what will result from acknowledging these suicidal thoughts or actions, the risk of not seeking help is too great.

Attached are Warning Signs and Risk Factors that a suicidal person may be experiencing. This is included to help you identify specific behaviors you may have been noticing. Though someone has expressed suicidal ideation, no one person will show all these behaviors. They may not show any of the specific behaviors listed; even so, it is important for them to seek help.

Seeking Assistance:

There are differing situations where your child's distress may become apparent. Your child may reveal their suicidal thoughts to you, a friend, or a trusted adult. Whoever becomes aware of your child's distress must immediately seek assistance. In seeking assistance, your child's safety is the first consideration. The child should never be left alone during this crisis. If your child has a physician or therapist, call to alert them of the situation. Alternatively, the Contra Costa County Crisis Center Crisis and Suicide Hotline can be called at 1-800-833-2900 or text "HOPE" to 20121 (see Mental Health Resources list provided for additional hotlines and information).

Parent Handouts

What to Do and Available Services/Resources

If your child needs to be transported to an emergency room (ER), there are three ways this can occur:

1. Calling 911

Call 911 when the child is in immediate danger of self-harm. If there is a specific cultural or language need, mention this during the 911 call. If your child is transported to an ER, the law enforcement officer will often handcuff them for both your child's and the officer's safety. It is important to remind your child that this is being done for their safety, not because they are a criminal.

2. Transporting Your Own Child

Transporting your child to the ER yourself is not recommended. Driving while helping a child in crisis is not safe. For the safety of you and your child, have a second adult with you. Do not take your child to an Urgent Care facility. Urgent Care does not have the capacity to deal with an emotional/psychological crisis and will transport your child to an ER via ambulance.

Getting Help: What to Expect

When your child's distress is first identified:

If 911 determines that your child is in immediate danger, they will be transported to Emergency Care. The law enforcement officer may initiate a 72-hour hold for a psychiatric evaluation, called a California Welfare and Institution Code (WIC)5585 for minors or WIC5150 for adults. To place a person on a hold it must be determined that they may harm themselves or others, or that they are gravely disabled (lack the ability to care for themselves).

If an ambulance is called for transport to the ER you may or may not be allowed in the vehicle with your child. If you are not allowed in the ambulance be sure to find out which facility they will be taken to. Youth in crisis are transported to the nearest hospital emergency room. Local police will send or take your child to the County Regional Medical Center located in Martinez. The ER staff will conduct a full physical and psychological assessment. Be aware that, if your child is agitated, the hospital staff may opt not to calm your child with medication so as not to mask any symptoms. A guard may be placed outside your child's door in the ER; again, this is done for their safety. You may be able to sit with your child while in the ER; however, at times you will be asked to leave in order for the physician to speak in private with your child. Depending on the outcome of this assessment they could either be admitted, released or transported to an in-patient facility.

If it is determined that your child is not in immediate danger and is released. the attending physician should review with you discharge plans, including immediate steps to take to ensure continuing care for your child. You should follow up immediately with the child's primary care doctor or therapist. It is vital that you seek follow up care for your child (see Mental Health Resources list).

Other parents who have experienced their child's crisis situation strongly recommend bringing a notebook to record information from healthcare providers, instructions, and observations. This is vital due to the stress you are experiencing and the quantity of new information. Do not hesitate to ask questions.

It is also important that you find support for yourself. (See attached Self Care Advice for Parents with a Child in Crisis). Expand your compassion circle to include supportive family and friends. Your child will also benefit from knowing there are those who support them just like they would be supported if they had a physical illness.

When your child is hospitalized:

Once the attending doctor determines that your child is medically stable they will be transported to a psychiatric care facility. Provisions exist for transfer of patients to other facilities when requested, when resources in the hospital are not available, and when specialized services not available at Contra Costa Regional Medical Center (CCRMC) are needed. The bed capacity of the department includes 19 beds, with 6 available for cardiac monitoring. Once hospitalized, parents of minors have access to their child's medical records unless it is determined the child's safety will be compromised if this information is released. Parents can always provide information about their child.

Several things are done in a psychiatric unit for your child's safety:

The unit will be locked. There are restrictions on possessions, including clothing (no belts, straps, shoelaces, etc.), sharp objects, cigarette lighters, and other possibly dangerous objects. You may bring your child some of their favorite possessions (quilts, pillows, pictures, food, etc.). Often the hospital staff provides a list of acceptable items you can provide that will give comfort to your child.

Stabilizing your child requires a variety of services:

An assessment is conducted by the professional team, usually consisting of a psychiatrist, psychologist, nurse, and social worker. Treatment may consist of a combination of talk therapy, mindfulness-based meditation, group support, medication, etc. Family may be included in support or therapy sessions. In order to understand the treatments that are recommended and to begin to process your child's care plan, it is important that you work with the care team. You should keep your child's care team informed of any effects of treatments that you notice. Treatments and medications (dose, frequency, type) may be adjusted depending on their effects.

Supporting your child during their hospital stay:

Your visiting hours will be limited. Often you may visit only in the evenings on weekdays and from midday to the evening on weekends. Telephone and email contact is allowed.

Your child has been through an exhausting experience and is working hard to get well. They may feel frightened and excessively tired. At this point your child is safe and your non-invasive support can be most helpful. It is important that your child knows people do care. You and trusted friends and family can bring some lightness into this serious situation by providing supportive comments and conversations that do not focus on the crisis, in spite of how worried you are. Ask the staff how you can best support your child, understanding that the answer may be to just let your child be. Your child may just need to have down time when they are around you. It is also important that you are open---minded and compassionate towards others who are in the hospital. Remember that they are hurting and in crisis as well.

When your child transitions out of the hospital:

When your child is ready to leave the hospital environment, you will create a Discharge Plan with a discharge planner and your child's care team. It is important that you understand the goals of this plan. For your child's safety, care should not end with their hospital release. Depending on the setting that will most enhance your child's recovery, it may be recommended that your child transition to a residential home or a day program before returning home.

Often, subsequent suicide attempts occur shortly after leaving a treatment facility or ER. Vital to your child's safety is means reduction, which is "reducing a suicidal person's access to highly lethal means" (Harvard School of Public Health Means Matter, <http://www.hsph.harvard.edu/means-matter/>). Reducing access includes removing firearms and alcohol; monitoring medications; and limiting the quantity of potentially poisonous substances present in the home. See "Recommendations for Families" for more information: <http://www.hsph.harvard.edu/means-matter/recommendations/families/>.

When your child returns home they must have an immediate follow up with their psychiatrist/psychologist. Accompany them to the first appointment for support and to guarantee that they attend. Encouraging ongoing attendance at therapy sessions is a must.

In order for your child to return to school the attached Health Plan form must be filled out by your psychiatrist or psychologist. This form will allow the school psychologist or counselor to communicate with your child's care provider. A meeting will then be arranged so that you and your child can make a School Re-Entry Plan with the school psychologist or counselor. This plan ensures that when your child returns to school, they do so in a manner and at a pace that will potentiate their ongoing success and well-being.

It is also important for you and your child to create a Safety Plan with the school psychologist or counselor. This is a personal plan about how to deal with a subsequent crisis, including a list of individuals and resources your child will contact in a crisis. (See the SRVUSD Personal Safety Plan).

Key to the recovery of your child is vigilance. By listening and providing encouragement and understanding your child can feel hopeful. Your continued support adds value to medical services and helps your child continue on the path of recovery.

Self-Care Advice for Parents with a Child in Crisis

The importance of caring for yourself:

Caring for a child or teen in crisis is stressful and can be physically and emotionally draining. There can be much uncertainty and fear. You might feel guilty or selfish acknowledging your own fatigue. Taking care of your own health and psyche will allow you to be more fully present for your child and other loved ones. You will also be modeling health-seeking behavior. Remember the lesson from any airplane flight you have taken; put on your oxygen mask first before helping a child put theirs on. Self-care is not optional. Some practical suggestions for self-care include:

- Reach out to supportive family and friends, religious or spiritual sources of support and solace. People care. Talking about your experiences, reactions, and feelings can be very healing.
- Recognize that you may be “burning the candle at both ends”. Plan for and allow yourself to “crash” at some point and get rest.
- Be patient with yourself; you may be distracted and not able to function as efficiently as usual.
- Let others do their part – accept help when offered.
- Keep up your own good health with exercise and healthy meals; avoid numbing the pain with excess alcohol, caffeine, or drugs.
- Participate in stress-relieving process, whether individually or in a group; for instance, Mindfulness Meditation, caregiver support groups or supports provided by NAMI Contra Costa County.
- Keep a journal. Write in it if you can’t sleep.
- Go for walks (exercise) – but don’t overdo it.

Recommendations for Families

If you're concerned that a member of your household may be suicidal, there are steps you can take to help keep them safe.

Three practical steps:

1. Call the National Suicide Prevention Lifeline, 1-800-273-TALK (1-800-273-8255) for support and to find out about resources in your area. You can also urge the family member to call the hotline him or herself for support. It's accessible around the clock.
2. Reduce easy access to dangerous substances at home. That includes:
 - Firearms - Because firearms are the most lethal among suicide methods, it is particularly important that you remove them until things improve at home, or, second best, lock them very securely. Please see below for further information on removing and storing firearms.
 - Medications - Don't keep lethal doses at home. Your doctor, pharmacist, or the poison control center (1-800-222-1222) may be able to help you determine safe quantities for the medicines you need to keep on hand. Please see below for more information on how to dispose of excess medications safely. Be particularly aware of keeping **prescription painkillers** (such as oxycodone and methadone) under lock and key both because of their lethality and their potential for abuse.
 - Alcohol - Alcohol can both increase the chance that a person makes an unwise choice, like **attempting suicide**, and increase the lethality of a drug overdose. Keep only small quantities at home.
3. There are also steps you can take to help a family member who is feeling suicidal or has recently attempted suicide. Please visit the websites listed below for more information.