

**LOVED &  
NEVER  
ALONE**

**A RESOURCE FOR PARENTS AND LEADERS ON  
MENTAL HEALTH FROM STUDENT LIFE MINISTRIES**

## **A message from your SLM Pastors**

Kyle and I have been talking for many months about how we can better help our students and parents understand mental health in a way that is helpful to all. The christian church as a whole has been slow to address mental health for many reasons. We want to be a resource and to create an environment where students know they are loved, they are valued, they are not alone, and that they have someone they can talk to about their lives. They need to know that that having mental health issues does not define them and that it is not a sign of a “lack of faith”. We want to make sure that students get the help they need whether it be simply a mentor to talk to, spiritual counseling, liscenced counseling, medication, etc.

Both Kyle and I have experienced diagnosed anxiety. We have learned a lot about how counseling and medication help but most of all have learned how to seek the Lord and the importance of talking to others about our experience. We are teaching students how to get into God’s Word, how to pray, how to worship, how to talk to others, and how to get help when needed. Our hope is for students to see their health in a holistic way that begins and always centers around their relationship with God.

We have provided this packet as a resource to you to help you better understand mental health and how to talk about it with your student or with other people you know. This resource comes from Chris Bragg, a volunteer youth worker and staff member of Download Youth Ministry. Sources of all information is noted throughout the packet.

At the end of the day, we believe God is the great healer, provider, physician and our refuge. Our prayer is that, together, we always point students to Him and His Word and that, by the leading of the Holy Spirit, we use wisdom as we parent and lead teenagers. We are in this together, you are loved, and you are not alone!

Toby Anderson and Kyle Cook  
toby@trinityyukon.com | kyle@trinityyukon.com

**A short intro to this packet of information from DYM staff member Chip Bragg.**

Every Thursday I volunteer to lead a support group/Bible study for high school kids who struggle with mental illness. I have listened and prayed as they opened up about their lives and unique struggles with depression, bipolar disorder, schizophrenia, and anxiety. Over half of them have been hospitalized for suicide attempts.

I have also prayed with the parents as they struggle to understand the children they love so deeply. I have joined them as they have visited their kids in mental hospitals. It has been a wild ride that I never thought I would be prepared for.

This resource that you're about to look at provides valuable information to parents and youth workers on how to identify the signs of mental illness in kids and how to get them the treatment they need.

It's amazing that 21% of youth (ages 13 to 18) live with mental illness severe enough to cause significant impairment in their day-to-day lives. As a youth worker, I want to reach out to those kids and help parents understand their child's unique struggle. This has been a very helpful resource for me... and I'm happy to get it into the hands of youth workers.

Blessings,

**Chip Bragg**

DYM Customer Service Guru

15-year volunteer youth worker

## **What is Mental Health?**

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Many factors contribute to mental health problems, including: biological factors (such as genes or brain chemistry), life experiences (such as trauma or abuse), and family history of mental health problems.

## **What is Mental Illness?**

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Research shows that half of all mental illnesses start by age 14 and three-quarters start by age 24. However, only 1 in 5 of these children is receiving appropriate treatment. Before young people get help an average of 6 to 8 years pass after the onset of mood disorder symptoms and 9 to 23 years for anxiety disorder symptoms.

Thirteen percent of youth aged 8 to 15 live with mental illness severe enough to cause significant impairment in their day-to-day lives. This figure jumps to 21 percent in youth ages 13 to 18. A diagnosis of a mental illness is not a life sentence. Help is available and hope is possible.

(Sources: [EachMindMatters.org](http://EachMindMatters.org); [MentalHealth.gov](http://MentalHealth.gov); [NAMI.org](http://NAMI.org); [NICHEY.com](http://NICHEY.com))

## **Mental Illness Indicators**

It's important to be aware of warning signs that your child may be struggling with mental health issues. Children or adolescents often cannot understand difficult situations on their own. Parents need to pay particular attention to their child experiencing the following:

- Loss of a loved one
- Divorce or separation of their parents
- Any major transition—new home, new school, etc.
- Traumatic life experiences, like living through a natural disaster
- Teasing or bullying
- Difficulties in school or with classmates

### **Early Warning Signs of a Mental Illness**

- Feeling very sad or withdrawn for more than 2 weeks
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters; feeling helpless or hopeless
- Having unexplained aches and pains; frequent physical complaints
- Showing drastic changes in behavior, personality or sleeping habits
- Marked changes in eating habits
- Experiencing severe mood swings that cause problems in relationships
- Inability to cope with problems and daily activities
- Having strong worries or fears that get in the way of daily activities like going to school, going to sleep, or socializing
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Experiencing a sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing
- Persistent nightmares
- Marked decline in school performance; poor grades in school despite trying very hard
- Hyperactivity; fidgeting; constant movement with or without difficulty paying attention
- Extreme difficulties in concentrating that get in the way at school or at home
- Hearing voices or believing things that are not true
- Severe out-of-control, risk-taking behaviors that can cause harm to self or others
- Threatens to harm or kill oneself or making plans to do so
- Self-injury or self-destructive behavior
- Getting in many fights or wanting to hurt others
- Frequent outbursts of anger; unexplainable temper tantrums

- Persistent disobedience or aggression (longer than 6 months) and provocative opposition to authority figures
- Repeated threats to run away
- Repeatedly smoking, drinking, using drugs; or sexual acting out

(Sources: MentalHealth.gov; NAMI.org)

## **Suicide Prevention**

Suicide is the third leading cause of death in youth and young adults ages 15-24. 90 percent of those who died by suicide had an underlying mental illness. Each year in the United States, approximately 2 million adolescents attempt suicide, and almost 700,000 receive medical attention for their attempt. In this age group, suicide accounted for 14.4 percent of all deaths in 2009.

Important risk factors for suicide and suicidal behavior include:

- Exposure to the suicide or suicidal behavior of a significant person
- History of physical or sexual abuse or family violence
- Parent living with mental illness or impaired parent-child relationships
- Life stressors, especially interpersonal losses and legal or disciplinary problems
- Lack of involvement in work and/or school (drifting)
- Same-sex attraction (only been shown for suicidal behavior, not suicide)
- Depression and other mental disorders; hopelessness
- Impulsive and/or aggressive tendencies
- Substance-abuse disorder (often in combination with other mental disorders)
- Incarceration
- Easy access to lethal methods (Nearly 60 percent of all deaths by suicide are by guns)
- Prior suicide attempt

Common suicide warning signs:

- Talking about hopelessness, worthlessness, being a burden to others, feeling trapped, having no reason to live, or being in unbearable pain
- Having no motivation or losing interest in activities once enjoyed
- Sudden change in personality or behaviors; withdrawing or feeling isolated
- Change in eating and sleeping habits
- Unusual neglect of personal appearance

- Persistent boredom or difficulty concentrating
- Decline in the quality of schoolwork
- Not tolerating praise or rewards
- Displaying extreme mood swings.
- Acting anxious or agitated
- Frequent complaints of physical symptoms (stomachaches, headaches or fatigue)
- Giving away possessions
- Behaving recklessly
- Increasing the use of alcohol or drugs
- Talking about death, not being here tomorrow, wanting to die or killing oneself
- Showing rage or talking about seeking revenge
- Violent actions, rebellious behavior, or running away
- Looking for ways to kill oneself such as searching online or buying a gun

Talking with youth about suicide:

Studies show that people do not start thinking about suicide just because someone asks them about it. If you suspect a friend or loved one is suicidal, tell them that you are worried and want to help them. Don't be afraid to use the word "suicide," ask whether they are considering it, and ask if they have a specific plan in mind. Having a plan may indicate that they are farther along and need help right away. Sometimes people who are thinking about suicide won't tell you so because they don't want you to stop them. Your direct, non-judgmental questions can encourage them to share their thoughts and feelings.

Having the conversation:

1. *Preparation steps before you talk:*
  - Identify your resources
  - Remember to say "suicide"
  - Choose an appropriate time to talk with them
2. *Talking points:*
  - "You can come to me and talk about suicide."
  - "Do you know anyone who has talked about suicide?"
  - "Do you know anyone who has attempted suicide?"
  - "Have you ever thought of attempting suicide?"
  - "What can I do to help? We are in this together!"

3. *How to respond to a cry for help:*

- Breathe
- Be genuine, caring, and show respect; have a caring conversation
- Don't lie or make promises you can't keep
- Tell them:
  - "I am glad you talked to me."
  - "I do care. Tell me what's happening in your life."
  - "How can I help? Let's find someone who can help you get through this."

If you do find that someone is contemplating suicide, it is essential to help them find immediate professional care. Don't make the common misjudgment that those contemplating suicide are unwilling to seek help. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, though, no matter how overpowering, does not last forever.

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

An overwhelming majority of young people who hear a suicide threat from a friend or loved one don't report the threat to an adult. All threats should be taken seriously. Make sure teens know they are not betraying someone's trust by trying to keep them alive.

Don't automatically assume that someone who was considering suicide and is now in treatment or tells you that they are feeling better is, in fact, doing better. Some who commit suicide actually do so just as they seem to be improving. While it's not good to monitor every action of someone who is recovering from suicidal thoughts, it is important to make certain that the lines of communication between you and the individual remain open.

## Frequently Asked Questions

### ***How do I have a conversation with my child about mental health?***

Try leading with these questions. Make sure you actively listen to your child's response:

- Can you tell me more about what is happening in your life (school, friends, home)? How are you feeling?
- Have you had feelings like this in the past?
- Sometimes you need to talk to an adult about your feelings. I'm here to listen. How can I help you feel loved?
- Do you feel like you want to talk to someone else about what's going on?
- I'm worried about your safety. Can you tell me if you have thoughts about harming yourself or others?

When explaining to a child about how a mental illness affects a person, it may be helpful to make a comparison to a physical illness. For example, many people get sick with a cold or the flu, but only a few get really sick with something serious like pneumonia. People who have a cold are usually able to do their normal activities. However, if they get pneumonia, they will have to take medicine and may have to go to the hospital. Similarly, feelings of sadness, anxiety, worry, irritability, or sleep problems are common for most people. However, when these feelings get very intense, last for a long period of time and begin to interfere with school, work, and relationships, it may be a sign of a mental illness that requires treatment.

- Communicate in a straightforward manner
- Speak at a level that is appropriate to a child or adolescent's age and development level  
(preschool children need fewer details than teenagers)
- Discuss the topic when your child feels safe and comfortable
- Watch for reactions during the discussion and slow down or back up if your child becomes confused or looks upset

Age Specific Tips:

*Preschool Age Children*

Young children need less information and fewer details because of their more limited ability to understand. Preschool children focus primarily on things they can see. For example, they may have questions about a person who has an unusual physical appearance, or is behaving strangely. They would also be very aware of people who are crying and obviously sad, or upset and angry.

#### *School Age Children*

Older children may want more specifics. They may ask more questions, especially about friends or family with emotional or behavioral problems. Their concerns and questions are usually very straightforward. "Why is that person crying? Why does Daddy drink and get so mad? Why is that person talking to herself?" They may worry about their safety or the safety of their family and friends. It is important to answer their questions directly and honestly and to reassure them about their concerns and feelings.

#### *Teenagers*

Teenagers are generally capable of handling much more information and asking more specific and difficult questions. Teenagers often talk more openly with their friends and peers than with their parents. As a result, some teens may have already had misinformation about mental illnesses. Teenagers respond more positively to an open dialogue which includes give and take. They are not as open or responsive when a conversation feels one-sided or like a lecture.

### ***I am concerned about my child's mental health. What should I do?***

If you are concerned about your child's mental health, it is important to get appropriate care:

- Talk to your child's doctor, school nurse, or another health care provider and seek further information about the behaviors or symptoms that worry you
- Ask your child's primary care physician if your child needs further evaluation by a specialist with experience in adolescent mental health
- Ask if your child's specialist is experienced in treating the problems you are observing
- It is helpful to seek a second opinion when treating mental health issues
- Talk to your medical provider about any medication and treatment plans
- If you are experiencing a mental health diagnosis it is important to seek treatment and support for yourself. The way you care for your mental health will impact your child.

- If you are struggling in your marriage, separated, thinking about divorce, or in the process of divorce it is important to seek marital support as soon as possible.

**Ten big questions for parents:**

1. Have there been any changes in your family or child's living situation?
2. How is your child doing at home?
3. How is your child doing in school?
4. How does your child relate with other children?
5. Is your child taking medication(s) as prescribed?
6. Is the medication helping your child? Are there any problems or side-effects from the medication(s)?
7. Does your child have any new medical or health problems?
8. Is your child taking any new medication(s) from other doctors?
9. Has your child been seeing their therapist regularly?
10. Is therapy helping your child?

***I think my child needs help but where do I find help for my child?***

If you are worried about your child's emotions or behavior you can start by talking to friends, family members, your church, your child's school counselor, or your child's pediatrician or family physician about your concerns. Parents should try to find a mental health professional who has advanced training and experience with the evaluation and treatment of children, adolescents and families. Parents should always ask about the professional's training and experience. However, it is also very important to find a comfortable match between your child, your family, and the mental health professional.

Sources of information include:

- Employee assistance program through your employer
- Local medical society, local psychiatric society
- Local mental health association
- County mental health department
- Local hospitals or medical centers with psychiatric services
- Department of psychiatry in nearby medical school
- National advocacy organizations (National Alliance for the Mentally Ill, Federation of Families for Children's Mental Health, National Mental Health Association)

- National professional organizations (American Academy of Child and Adolescent Psychiatry, American Psychiatric Association)

### *Psychiatrist*

A psychiatrist is a physician whose education includes a medical degree (M.D. or D.O.) and at least four additional years of study and training. Psychiatrists are licensed by the states as physicians. Psychiatrists who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in psychiatry. Psychiatrists provide medical/psychiatric evaluation and treatment for emotional and behavioral problems and psychiatric disorders. They can prescribe and monitor medications.

### *Child and Adolescent Psychiatrist*

A child and adolescent psychiatrist is a licensed physician (M.D. or D.O.) who is a fully trained psychiatrist and has two additional years of advanced training beyond general psychiatry with children, adolescents and families. Child and adolescent psychiatric training requires 4 years of medical school, at least 3 years of approved residency training in medicine, neurology, and general psychiatry with adults, and 2 years of additional specialized training in psychiatric work with children, adolescents, and their families in an accredited residency in child and adolescent psychiatry.

A child and adolescent psychiatrist specializes in the diagnosis and the treatment of disorders of thinking, feeling and/or behavior affecting children, adolescents, and their families. They will evaluate, diagnosis, and then design a treatment plan which considers all components and discuss these recommendations. In addition, the child psychiatrist is prepared and expected to act as an advocate for the best interests of children and adolescents. Child and adolescent psychiatrists perform consultations in a variety of settings (schools, juvenile courts, and social agencies).

### *Psychologist*

Some psychologists possess a master's degree (M.S.) in psychology while others have a doctoral degree (Ph.D., Psy.D, or Ed.D) in clinical, educational, counseling, developmental or research psychology. Psychologists are licensed by most states. Psychologists can also provide psychological evaluation and treatment for emotional and behavioral problems and disorders. Psychologists can also provide psychological testing and assessments.

### *Social Worker*

Some social workers have a bachelor's degree (B.A., B.S.W., or B.S.), however most social workers have earned a master's degree (M.S. or M.S.W.). In most

states social workers can take an examination to be licensed as clinical social workers. Social workers provide different forms of psychotherapy.

### *Psychotherapy for Children and Adolescents*

Psychotherapy refers to a variety of techniques and methods used to help children and adolescents who are experiencing difficulties with their emotions or behavior. Although there are different types of psychotherapy, each relies on communications as the basic tool for bringing about change in a person's feelings and behaviors. Psychotherapy may involve an individual child, a group of children, a family, or multiple families. Playing, drawing, building, pretending and talking are important ways for children and adolescents to share feelings and resolve problems. Psychotherapy is often used in combination with other treatments (medication, behavior management, or work with the school). Psychotherapy helps children and adolescents receive emotional support, resolve conflict with people, understand feelings and problems and try out new solutions to old problems. Parents can ask the following questions about psychotherapy:

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

### ***How do I get an accurate diagnosis for my child?***

Several factors contribute to getting an accurate diagnosis for your child:

- Symptoms may change and develop over time, including extreme behaviors and dramatic changes in behavior and emotions.
- Children and adolescents undergo rapid developmental changes in their brains and bodies as they get older and symptoms can be difficult to understand in the context of these changes.
- Children may be unable to effectively describe their feelings or thoughts, making it hard to understand what is really going on with them.

- It is often difficult to access a qualified mental health professional to do a comprehensive evaluation because of the shortage of children's mental health providers. Some health care providers are reluctant to recognize mental illnesses in children and adolescents.

Ten steps that families can take to help their mental health services provider make an accurate diagnosis:

1. *Record Keeping:*

Organize and keep accurate records related to your child's emotional, behavioral, social and developmental history. The records should include observations of the child at home, in school and in the community. They should be shared with the child's treating provider to help in making a diagnosis. The following can be helpful to record:

- Primary symptoms, behaviors, and emotions of concern
- A list of the child's strengths
- A developmental history of when the child first talked, walked, and developed social skills
- A complete family history of mental illness and substance use disorders (many mental illnesses run in families)
- Challenges the child is facing in school, in social skill development, with developmental milestones, with behaviors and with emotions
- The times of day or year when the child is most challenged
- Interventions and supports that have been used to help the child and their effectiveness including therapy, medication, residential or community services and hospitalization
- Settings that are most difficult for the child (school, home, social situations)
- Any major changes or stresses in the child's life (divorce, death of a love one, etc)
- Factors that may act as triggers or worsen the child's behaviors or emotions
- Significant mood instability or disruptive sleep patterns

2. *Comprehensive Physical Examination*

To make an accurate diagnosis, it is important to start the process with the child's primary care physician. A comprehensive physical examination should be done to rule out other physical conditions that may be causing a child's symptoms.

3. *Co-occurring Conditions*  
Your child should be evaluated for co-occurring conditions that may cause behavioral problems or poor school performance like learning disabilities, sensory integration problems, and other physical or mental disorders. If you suspect that a co-occurring condition is affecting your child's ability to learn, ask the school to perform a psycho-educational evaluation.
4. *Specialists in Children's Mental Health*  
After other physical conditions and learning disabilities are evaluated, it is time to meet with a qualified mental health provider. Your child's primary care physician may be able to refer you to a mental health professional.
5. *The Diagnostic and Evaluation Process*  
A medical diagnostic tool (a blood test, MRI scan or x-ray) that will diagnose mental illnesses has not yet been developed. Your child's diagnosis should be made based on professional observation and evaluation, information provided by your family and other experts, and the criteria found in the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). This evaluation should include a comprehensive look at all aspects of your child's life: church, school, family, friends and other activities. The provider evaluating your child is likely to ask you to fill out a checklist that provides a detailed profile of your child and the challenges your child is facing.
6. *Adjustments in the Diagnosis*  
It may take several visits with a mental health professional before a diagnosis is made. The diagnosis may also change as new symptoms emerge or existing symptoms change. A diagnosis must be confirmed over time and thus an ongoing two-way communication between the treatment provider and the family is necessary to track and monitor the child's condition and progress. Sometimes a second opinion is helpful.
7. *Effective Interventions and Outcomes*  
If a diagnosis continues to change or cannot be reached right away, it is still important to focus on effective interventions to address the child's symptoms. The goal should be to achieve the outcomes that are most important to the child and family.

8. *Working with the School*  
Consider meeting with your child's teacher or other school officials to discuss appropriate accommodations and support for your child. Families can work with schools and treatment providers to identify effective interventions that promote positive behaviors, academic achievement and prevent challenging behaviors in school.
  
9. *Service and Support Options*  
Ask your child's treating provider to recommend effective psychosocial interventions, skills training, support groups and other options that can help your child cope with symptoms and develop the skills necessary to ultimately lead a full and productive life.
  
10. *The Importance of Families*  
It may be helpful to talk with other families who have children living with mental illness.  
For some children having a diagnosis is scary and they may be resistant to accept it. Others are relieved to know what is happening to them is caused by an illness, they are not alone and there are treatment options that can help them. It is important to find ways to use the strengths and interests of your child to help him or her cope with difficult symptoms.

### ***How do I advocate for my child?***

- *Get a comprehensive evaluation*  
Child psychiatric disorders are complex and at times confusing. A full assessment often involves several visits. Effective treatment depends on a careful and accurate diagnosis.
  
- *Insist on the best*  
Talk to physicians, therapists, guidance counselors and other parents. Find out who in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they "Board Certified"? Push schools, insurance companies and state agencies to provide the most appropriate and best possible services, not merely services that are deemed sufficient or adequate.
  
- *Ask lots of questions about any diagnosis or proposed treatment*  
Encourage your child to ask any questions he or she may have, as well. Remember that no one has all the answers, and that there are few simple

solutions for complex child psychiatric disorders. In addition, all treatments have both risks and benefits. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.

- *Insist on care that is “family centered” and builds on your child’s strengths*  
Ask about specific goals and objectives. How will you know if treatment is helping? If your child’s problems persist or worsen, what options and alternatives are available?
- *Ask about comprehensive “wrap around” or individualized services, geared specifically to the needs of your child and family*  
Are such services available in your state or community? If not, why not?
- *Be prepared*  
One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports, in an organized place. Insist on receiving your own copies of all evaluations. Records can easily be misplaced, delayed or even destroyed. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.
- *Feel free to seek a second opinion*  
Any responsible mental health professional will be glad to help with referrals or by sharing information. If you have questions about your child’s diagnosis or the proposed course of treatment arrange an independent consultation with another clinician.
- *Help your child learn about their condition*  
Use books, pamphlets and the Internet. Make sure the information is age appropriate. Answer questions with honest, accurate and consistent information, but don’t overload children with more detail than they want or need.
- *Know the details of your insurance policy, and learn about the laws governing insurance in your state*  
For example, in some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company’s “network,” you may be able to receive treatment from a provider of your choice, with the insurance company responsible for full payment.

- *Work with the schools*  
Insist on access to appropriate mental health consultation services. You can also suggest in-service training programs to enhance awareness about child psychiatric disorders. Request copies of your child’s educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings held to discuss your child.
- *Learn about the reimbursement and funding systems in your state*  
The more you know, the better you can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is there a Medicaid “waiver program” which allows increased flexibility based on the specific needs of children and families? Is your child eligible? If not, why not? What other sources of funding are potentially available?
- *If necessary, use a lawyer*  
Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Talk to your local Protection and Advocacy agency or American Civil Liberties Union for suggestions. Call the State Bar Association. Talk to other parents who are lawyers or who have used lawyers. Consider a legal consultation to make sure you are pursuing all appropriate avenues and options regarding services for your child.

(Sources: AACAP.org; MentalHealth.gov; NAMI.org)

## **Additional Resources**

### *Phone Numbers:*

- 2-1-1
  - Provides free and confidential information and referral for mental health services, help with food, housing, employment, counseling and more.
- National Suicide Prevention Lifeline Phone Number (1-800-273-8255)

### *Websites:*

- American Academy of Child & Adolescent Psychiatry (AACAP)
  - [www.aacap.org](http://www.aacap.org)
- Child and Adolescent Psychiatrist Finder
  - [www.aacap.org/AACAP/Member\\_Services/Find\\_A\\_Physician.aspx](http://www.aacap.org/AACAP/Member_Services/Find_A_Physician.aspx)
- Each Mind Matters: California’s mental health movement
  - [www.eachmindmatters.org](http://www.eachmindmatters.org)

- Finding Balance: A Christian resource for eating and body image issues
  - [www.findingbalance.com](http://www.findingbalance.com)
- MentalHealth.gov
  - [www.mentalhealth.gov](http://www.mentalhealth.gov)
- National Alliance on Mental Illness (NAMI)
  - [www.nami.org](http://www.nami.org); [www.namiosc.org](http://www.namiosc.org)
  - Ask the doctor
- National Institution of Mental Health (NIMH)
  - [www.nimh.nih.gov](http://www.nimh.nih.gov)
- National Library of Medicine from the National Institutes of Health
  - [www.nlm.nih.gov/medlineplus/mentalhealth.html](http://www.nlm.nih.gov/medlineplus/mentalhealth.html)
- Orange County Children and Adolescents Mental Health Services
  - [ssa.ocgov.com/health/other/child](http://ssa.ocgov.com/health/other/child)
- Suicide Prevention Interactive Website
  - [www.suicideispreventable.org](http://www.suicideispreventable.org)
- Walk In Our Shoes: Mental health information and interactive website for youth
  - [www.walkinourshoes.org](http://www.walkinourshoes.org)