



When Your Child is Experiencing a Mental Health Crisis

A GUIDE FOR PARENTS AND CAREGIVERS

No Shame On U
END STIGMA. SAVE LIVES.

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When your child is experiencing a mental health crisis,
it can be frightening and overwhelming.

You are not alone.

There are resources to help support you throughout this journey.

This guide was compiled by **No Shame On U**, with the input of mental health experts, as well as parents and caregivers who have first-hand experience in dealing with a child's mental health crisis. The purpose of the guide is to help parents and caregivers understand the types and levels of mental health care available to children and adolescents and to provide support during a stressful time.

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Throughout the guide, *children* and *adolescents* will be known as **children**, and *parents* and *guardians* will be known as **parents**.

CHAPTER 1 Before we Begin . . . How Common are Mental Health Disorders?

When your child is struggling with their mental health, it is not always evident what level of care would be most beneficial in helping them cope and improve their well-being. This guide will give you some direction as to what you can expect in the course of supporting and finding treatment for a child who is living with a mental health disorder. We note that the answer is not always completely clear cut; it is important to adopt a holistic view and to take your cues from several sources, namely your child, your personal experience with your child, and the input that other professionals (mental health or other) may share with you.

Let us begin by acknowledging that many people struggle with some form of mental illness.

Mental health disorders are common.

- In a given year, 20% of the U.S. population lives with a mental health condition.
- The lifetime prevalence of a mental health disorder is 50%. That means, almost everyone is touched by mental illness, either directly or indirectly.
- Nearly 40% of those identifying as LGBTQ+ reported struggling with their mental health this past year.
- Systemic social inequities and discrimination contribute to distress among members of the BIPOC (Black, Indigenous, and People of Color) communities and other minority groups; this is associated with disproportionately higher rates of mental health struggles.
- Teens are vulnerable to developing mental health disorders, with 50% of these conditions developing by age 14 and 75% by age 24.
- Suicide is a leading cause of death among adolescents and young adults.

Of particular concern, the rate of mental health disorders among youth is rising.

We are living in the midst of a mental health crisis.

The American Academy of Child & Adolescent Psychiatry and Children's Hospital Association has declared a National State of Emergency in Children's Mental Health, and more recently, the U.S. Surgeon General issued an advisory highlighting the urgent need to address the nation's youth mental health crisis that was intensified by the COVID-19 pandemic of 2020.

Despite this known crisis, it is upsetting when your own child begins to experience distress and a deterioration in their mental health. As parents, it can be said that "we are often as happy as our least happy child." Moreover, when one member of the family struggles, it is quite likely that other members in the immediate family are experiencing emotional difficulties, too. In these situations, you may be overwhelmed, and it may be hard to evaluate how to best care for the mental health of your child. What follows is a framework that will assist you in understanding the various levels of care available for your child, with the goal of helping you decide how to best support them during this stressful period of time.

CHAPTER 2 When Should I be Concerned About my Child's Mental Health?

Mental health includes your child's emotional, social, and psychological well-being. When a child is mentally healthy, they think clearly and develop social competence and adaptive coping skills.

What is a mental health disorder?

A child is living with a mental health disorder when they experience symptoms that last for at least a few weeks that interfere with their day-to-day activities and also with their functioning at home, at school, or with friends.

A mental health disorder can have a negative impact on your child's:

Mood, e.g.,

- Feeling sad or numb most of the time
- Being irritable or on edge
- Excessively or uncharacteristically angry
- Severe mood swings
- Increased anxiety

Physical health, e.g.,

- Fatigue
- Having unexplained aches and pains
- Eating too much or too little
- Sleeping too much or too little
- Upset stomach, headaches

Thoughts, e.g.,

- Troubling and distressing thoughts
- Difficulty concentrating or making decisions
- Having obsessive thoughts
- Thinking of harming themselves or someone else
- Intense self-criticism

Behavior, e.g.,

- Smoking, drinking, or using drugs more than usual
- Engaging in risk-taking behavior that is harmful
- Distancing themselves from their favorite activities or from people
- Not meeting responsibilities and commitments
- Being unable to perform day-to-day activities

Some common mental health conditions among children are:

- Attention Deficit/Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Depression
- Developmental Disorders
- Eating Disorders
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder
- Substance Use Disorders
- Specific Phobias

You do not need to wait until your child has an official diagnosis to seek help.

You do not need to wait until your child is in crisis to seek help.

The sooner you take steps to care for your child's mental health, the better.

If your child is struggling with any symptoms of a mental health disorder, take action.



Taking Action

Mental health struggles are real, and they are common. Symptoms should not be ignored or remain untreated.

Imagine your child is diagnosed with asthma.

As a parent, you would not doubt your child's medical condition or downplay their symptoms. You would not write off their experience by telling them, "It is all in your head," or "It is not so bad. Just get over it." You would not blame your child for causing the symptoms. It would never occur to you to delay treatment. Rather, without hesitation, you would spring into action. You would seek immediate attention from a healthcare provider. You would envelop your child with care and advocate for them to receive the services they need. You would follow the evidence-based recommended course of treatment. You would lean on friends and extended family to provide you, your family, and your child with emotional and practical support.

Similar to any other health condition, it is critical that you not minimize or disregard your child's mental health struggles. Just the opposite - you should direct your efforts to boosting their mental health.

There are many ways for a parent to address and care for a child's mental health challenges, and these include:

- Supporting your child by working to remove the stigma attached to mental illness
- Learning all you can about your child's mental health condition
- Modeling healthy coping skills
- Regularly communicating with your child
- Talking with your child's school
- Showing your child compassion and letting them know they are loved unconditionally

You do not need to manage this challenging time on your own; you should consider obtaining the help of a mental health professional. Indeed, an effective way to care for a child experiencing mental health struggles is to seek clinical treatment for them.

There are several levels of clinical care. They include:

- Individual outpatient therapy
- Intensive outpatient program (IOP)
- Partial hospitalization program (PHP)
- Emergency department (ED)
- Emergency inpatient hospitalization
- Residential treatment center (RTC)

The various levels of care will be discussed below.



PARENT-TO-PARENT ADVICE

The Journey to Potential

It has been confusing for us to know how to help Liam.¹ He has struggled, languished, been so hopeless. At times, his pain has engulfed us, making it hard for us to breathe. We have felt helpless. But, somewhere along the line, we realized that Liam is on a journey . . . a journey of self-discovery, a journey of recovery. And, our role as his parents is to support him and provide him with unconditional love, to encourage him to set goals, and to help him discover what gives him meaning. It is so easy to focus all the time on what is not going well for him, on the difficulties, on whatever needs improving. But, that is not fair . . . to him . . . or to us. Yes, Liam will benefit from mental health treatment, and he needs it - but that is not his whole story. What he needs is for us to remember how incredible a human being he is, how much we love him, how well he connects with people, how devoted he is to his younger sister . . . Liam has so many strengths, so many virtues, and they far outnumber his struggles.

¹Throughout the guide, names and identifying details have been changed to protect the privacy of individuals.

Individual Outpatient Therapy

Intensive Outpatient Program

Partial Hospitalization Program

Emergency Department

Emergency Inpatient Hospitalization

Residential Treatment Center

Individual Outpatient Therapy

GOAL OF TREATMENT:

To engage in psychotherapy in order to experience relief from mental health symptoms that interfere with activities of personal care or daily living and that prevent a child from achieving their full potential for mental well-being.

A child does not need a mental health diagnosis to engage in therapy.²

Therapy can also be beneficial for a child working toward maintaining psychological health or achieving an objective that involves facilitating a change in communication, interpersonal skills, expression of emotions, and self-acceptance.

INDICATED FOR:

Children who are living with mild to moderate mental health symptoms who continue to maintain strong social supports, are capable of learning new coping skills, and manage daily responsibilities.

No diagnosis is necessary, but consider individual therapy for concerns including school avoidance/refusal, trouble controlling emotions or behavior, eating disorders, substance use, gambling, depression, anxiety, bipolar disorder, obsessive compulsive disorder, suicidal ideation or previous attempts, and trauma.

Initiate treatment with a mental health professional if the child needs a confidential and unbiased person to talk to, for instance in anticipation of or following a difficult life event or major life change, e.g., parental divorce or loss of a loved one. Children will also benefit from outpatient treatment after leaving a more intense treatment program, e.g., inpatient hospitalization or Partial Hospitalization Program (PHP).

CONTRAINdICATED (NOT RECOMMENDED) FOR:

Those posing an immediate risk to themselves or others and requiring 24/7 support or safety monitoring.

WHERE IT TAKES PLACE:

In a variety of settings, including private practice offices, group practice, community mental health clinics, hospital outpatient clinics, and in school; teletherapy is now an option, too.

² A diagnosis may be needed in order to receive insurance reimbursement.



AVERAGE LENGTH OF TREATMENT:

Tailored specifically to meet the individual's needs. The length of treatment may vary: short-term, brief treatment may be only three weeks; long-term treatment could last over the course of several years. Sessions typically last 45 minutes to an hour.

ELEMENTS OF TREATMENT:

EVALUATION

- Your child will meet with a therapist, e.g., a counselor, psychologist, or social worker.
- In child therapy, your child is the client, though parent involvement will be sought.
- Sessions are scheduled based on mutual availability of you, your child, and the therapist.
- The first few sessions are focused on assessment: the therapist should gather information about what brought your child into therapy and will inquire about topics such as their mental and emotional health, their social well-being, their life at home, relations with other family members, and so on.
- Be sure to be honest and forthcoming with the therapist.
- You and your child determine whether the therapist is the right fit. It is important to find a therapist with whom you and your child are comfortable.
- With your consent, the therapist may seek input from other professionals who know your child, e.g., teacher, pediatrician, or school counselor.

TREATMENT

- Your child and therapist, informed also by your input, will decide together on therapy goals and a treatment plan. You will also discuss how many sessions are needed.
- Treatment approaches vary; be sure to discuss the type of therapy that will be used in treatment.³ Therapy approaches include, but are not limited to: cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), behavior therapy, experiential therapy, (e.g., art, music, or play), psychodynamic therapy, and psychoeducation.
- Often therapists will assign "homework" between sessions, e.g., track thoughts or try out new skills or communication styles.

DISCHARGE

- There is no optimal length of time to be in therapy. That being said, the time may come when therapy no longer feels necessary. Based on the goals of therapy established at the onset of treatment, you, your child, and the therapist will decide together when therapy will end.

³ Common therapy approaches are described on p.32.

PARENT-TO-PARENT ADVICE

Do Not Be Ashamed . . . Just Do It!

Camila was just not herself. Her self-esteem was so low, and she suddenly lost all interest in playing soccer She had been obsessed. We took her to see a therapist. At first, Camila was quite resistant, and we did not like the idea of her talking about her problems with a stranger. What if she made me or her mom look bad? What if we were just setting ourselves up to be judged? But, I am glad we did it. She loves her mom and me, but having an objective professional to work things out with, well, that is a game-changer . . . for the whole family.



Intensive Outpatient Program (IOP)

GOAL OF TREATMENT:

To provide intense and structured therapeutic treatment with expanded opportunities for children to practice critical coping strategies in real time and in their natural environment, as they actively engage in their daily routines, e.g., attend school or socialize with friends.

INDICATED FOR:

Children requiring more structure than weekly therapy, some of whom may then need to move up to a higher level of care. It is also appropriate for those who have completed more intense programs, such as PHP (more below), or possibly residential or inpatient treatment, and are stepping down to a less constrained therapeutic intervention.

IOP is appropriate for treating symptoms consistent with conditions such as school avoidance/refusal, trouble controlling emotions or behavior, eating disorders, substance use, gambling, depression, anxiety, bipolar disorder, obsessive compulsive disorder, suicidal ideation or previous attempts, and trauma.

CONTRAINdICATED (NOT RECOMMENDED) FOR:

Those posing an immediate risk to themselves or others and requiring 24/7 support or safety monitoring, or conversely, those for whom weekly outpatient therapy is sufficient.

WHERE IT TAKES PLACE:

Psychiatric hospitals, independent outpatient clinics. Virtual programs may also be available. IOP and PHP are usually located within the same venue.

AVERAGE LENGTH OF TREATMENT:

Varies and commonly tapers over time, depending on the necessary level of care: one to five times/week; approximately three hours/day; typically six weeks to three months.

ELEMENTS OF TREATMENT:

EVALUATION

- A staff member will conduct a screening by phone or virtually to ensure that the level of care and treatment approach offered in the program is appropriate for the symptoms presented by your child; this call will let you know if the particular program is a good fit.
 - If your child is transitioning from PHP to IOP within the same venue, there is no need for a screening.
- You and your child will meet with a program clinician for an evaluation or intake appointment, and at this point, your child's level of care (IOP or PHP) will be determined. In collaboration with you and your child, an individualized treatment plan will also be created for your child.
- Be sure to be honest and forthcoming during the evaluation.
- With your consent, input from other professionals who know your child will be sought, e.g., teacher, pediatrician, or school counselor.



TREATMENT

- Structured partial-day treatment, usually after school, while your child lives at home and attends school for a significant portion of the day.
- Using primarily a group therapy model, a variety of treatment approaches are offered focusing on effective coping and interpersonal skills, along with symptom management.
- Treatment approaches include, but are not limited to: CBT, DBT, behavior therapy, experiential therapy, and psychoeducation.
- Treatment will also include individual therapy and counseling, along with medication evaluation and management, and family therapy; the focus is on stabilization and/or strategies for transitioning full-time into everyday living.
- Your child will be treated by a multidisciplinary team, including psychologists, social workers, psychiatrists, and other mental health professionals.
- There should also be coordination with your child's outpatient therapist and psychiatrist if those professionals have been and will continue to be working with your child.
- Family therapy is a critical component of IOP and can help family dynamics by focusing on improving communication and reducing conflict.

DISCHARGE

- A clinician will take on the role of case manager and will track your child's treatment and work with you and your child in transitioning to either a lower or higher level of care.
- Discharge planning depends on your child's personal progress in achieving treatment goals.



PARENT-TO-PARENT ADVICE

Learn to Speak the Same Language

Elijah's dad and I never seemed to be able to say the right thing when he became overwhelmed by intense emotions that seemed to consume him. We were at our wit's end, and we were exhausted. What we liked about IOP was that as Elijah was learning to identify his emotions and name them, he was also learning skills to manage his emotions when they became larger than life. At the same time, we were learning new skills to manage his emotions . . . and ours. It was like we were all in it together - learning a new language together, practicing together, and improving together at home.



Partial Hospitalization Program (PHP)

GOAL OF TREATMENT:

To provide more intensive and more structured support when weekly outpatient psychotherapy or IOP are no longer sufficient; PHP may also be a step-down from inpatient or residential treatment.

INDICATED FOR:

Children in crisis who are experiencing significant distress, which causes difficulty functioning in their day-to-day activities, but who live in supportive environments and who will benefit from the intense, more engaged and comprehensive approach of the program.

PHP is appropriate for treating symptoms consistent with conditions such as school avoidance/refusal, trouble controlling emotions or behavior, eating disorders, substance use, gambling, depression, anxiety, bipolar disorder, obsessive compulsive disorder, suicidal ideation or previous attempts, and trauma. Symptoms associated with these conditions are recurring or disruptive to everyday functioning.

CONTRAINdICATED (NOT RECOMMENDED) FOR:

Those posing an immediate risk to themselves or others and requiring 24/7 support or safety monitoring, or conversely, those for whom IOP or weekly outpatient therapy is sufficient.

WHERE IT TAKES PLACE:

Psychiatric hospitals, independent outpatient clinics. Virtual programs may also be available. IOP and PHP are usually located within the same venue.

AVERAGE LENGTH OF TREATMENT:

Typically five days a week for five to six hours/day. Duration of treatment may vary, but commonly lasts three to four weeks.

ELEMENTS OF TREATMENT:

EVALUATION

- A staff member will conduct a screening by phone or virtually to ensure that the level of care and treatment approach offered in the program is appropriate for the symptoms presented by your child; this call will let you know if the particular program is a good fit.
 - If your child is transitioning from IOP to PHP within the same venue, there is no need for a screening.
- You and your child will meet with a program clinician for an evaluation or intake appointment, and at this point your child's level of care (IOP or PHP) will be determined. In collaboration with you and your child, an individualized treatment plan will also be created for your child.
- Be sure to be honest and forthcoming during the intake.
- With your consent, input from other professionals who know your child will be sought, e.g., teacher, pediatrician, or school counselor.



TREATMENT

- Full-day structured treatment while your child continues to live at home.
- Using primarily a group therapy model, a variety of treatment approaches are offered focusing on effective coping and interpersonal skills, along with symptom management.
- Treatment approaches include, but are not limited to: CBT, DBT, behavior therapy, experiential therapy, and psychoeducation.
- Treatment will also include individual therapy and counseling, along with medication evaluation and management, and family therapy.
- Your child will be treated by a multidisciplinary team, including psychologists, social workers, and psychiatrists.
- There should also be coordination with your child's outpatient therapist and psychiatrist if those professionals have been and will continue to be working with your child.
- Family therapy is a critical component of PHP and can help family dynamics by focusing on improving communication and reducing conflict.
- Your child will be assigned an education specialist to help them stay up-to-date with their academics while they are attending PHP.

DISCHARGE

- A clinician will take on the role of case manager and will track your child's treatment and work with you and your child in transitioning to either a lower or higher level of care.
- Discharge planning depends on your child's personal progress in achieving treatment goals.



COMPLEMENTARY INTERVENTIONS THAT ARE USEFUL AT ALL LEVELS OF CARE

To boost their mental health, your child should engage regularly in supportive self-care that can supplement professional mental health treatment.

NUTRITION

Follow a balanced diet that is focused on fruits, vegetables, lean protein, and foods rich in complex carbohydrates, such as whole grains. Be sure to reduce the consumption of sugar and caffeine. Stay hydrated by drinking water.

SLEEP

Maintain a regular wake-up time and bedtime; avoid technology at least one hour before going to sleep.

EXERCISE

Participate in modest to moderate amounts of aerobic exercise, including walking, cycling, swimming, and martial arts.

YOGA

Find relaxation through meditation and mindful breathing, along with stretching and physical poses.

NATURE

Spend time outdoors, in every season, and interact with nature on a routine basis; e.g., walk in the snow, plant a garden, eat outdoors, or go to the zoo.

COMMUNITY

Do not self-isolate; find a sense of belonging and support through quality social relationships and connections, e.g., friends, common interest clubs, places of worship, volunteering, or youth groups.

Supportive self-care is also important to combat parent fatigue.

PARENT-TO-PARENT ADVICE

Stay the Course

The first day we took Ariana to PHP broke our hearts. She was despondent about going to an intense therapy program and missing time with friends. We felt we had failed as parents. Even worse, at the end of her first day at PHP, she was miserable and described the day as "useless." We second-guessed the treatment decision. But, we spoke to Ariana's therapist who encouraged us to stick with it. We took Ariana back the next day, and that afternoon was a little better; she had connected with another PHP participant. By the end of the week, we noted Ariana using two coping skills at home that she had learned at PHP. We felt some relief.



Emergency Department (ED)

GOAL OF TREATMENT:

Crisis stabilization, followed by an assessment of whether the child meets a mental health diagnosis that requires an immediate intervention and/or a determination of appropriate follow-up treatment.

INDICATED FOR:

Children who require immediate support due to an acute mental health crisis: when they pose an immediate risk to themselves or others and the parent is spending all their energy caring for them but is no longer confident they can maintain the child's safety.

Examples of mental health crises that indicate an emergency intervention may be necessary include active self-harm/cutting, active thoughts and planning of suicide, suicide attempts, homicidal thoughts, signs of psychosis - such as hallucinations or delusional thinking, heightened confusion, and mania.

CONTRAINDICATED (NOT RECOMMENDED) FOR:

Those posing no immediate danger to themselves or others and who are sufficiently stable to benefit from psychotherapy.

WHERE IT TAKES PLACE: Hospital

AVERAGE LENGTH OF TREATMENT:

A child's stay at the ED should be no more than several hours. However, if it is determined that it is in their best interest to be hospitalized, in some extreme cases, when no inpatient psychiatric bed is available, there may be a need for the child to stay in the ED for a longer period of time and/or be admitted into a pediatric medical unit until appropriate care and disposition is found.

ELEMENTS OF TREATMENT:

REGISTRATION

- When you arrive at the ED, your child will go through a triage screening process with a licensed medical provider, e.g., a licensed registered nurse, to determine how acute your child's symptoms are and the level of care needed.
- You will be provided an estimate of your wait time until your child will be admitted to the ED, but be prepared to wait; EDs are very busy, and if patients with more severe emergencies requiring treatment arrive, you may end up waiting several hours to be seen.



ASSESSMENT

- Once you have a bed in the ED, a more in-depth face-to-face evaluation will be conducted, first by an ED doctor, and then typically a social worker.
- A mental health professional may not be available immediately, so expect to wait, even after your child is admitted to the ED.
- The questions you and your child are asked during the evaluation may be uncomfortable and feel very personal, but you should be honest and forthcoming.
- With your consent, the mental health professional may also seek information from your child's outpatient therapist, psychiatrist, or other professionals.
- Depending on your child's condition, a nurse or technician may conduct a drug screen or toxicology screening, and they may administer an IV to your child.
- To help with short-term symptom control, your child may be given medication for symptom stabilization.

DISCHARGE

- If the ED mental health professional is concerned about your child's safety, they may be admitted and transferred to a hospital's child's inpatient psychiatric unit. If the hospital in which the ED is located has no available beds or lacks a psychiatric unit, be prepared that your child may be transferred by ambulance to a different hospital's inpatient unit.
- If your child does not pose a risk to themselves or to others, they may be discharged and sent home, but with a written follow-up treatment plan that could include medication, a referral to individual outpatient therapy, or a referral to IOP or PHP.



BE PREPARED TO WAIT IN THE ED FOR HOURS

Checklist of items to pack in a bag that will help you and your child pass the time.

Be aware that although these items will help you bide the time in the ED, if your child is deemed a danger to themselves or is later admitted to inpatient care, some of these items may be removed from your child (at least, temporarily) - e.g., electronics, anything with a lace or string, or your child's own clothes.

- Water bottle
- Snack foods
- Comfortable clothes - e.g., PJ bottoms (no drawstrings), sweatshirt; lots of layers
- Phone (yours/theirs)
- iPad or handheld electronic device
- Music player and headphones
- Chargers for electronic devices
- Books
- Magazines
- Coloring books and crayons or colored pencils
- Pillow
- Stuffed animal/security object
- Anything you need to stay on top of work, e.g., laptop, documents

ALSO - Do not forget to bring your:

- Photo ID (e.g., state ID or driver's license)
- Proof of your child's medical insurance (e.g., insurance card)
- Form of payment (e.g., credit card)

A photograph of a man and a woman standing together, seen from behind. The man is wearing a light-colored baseball cap and a plaid shirt. The woman has curly hair and is wearing a light-colored top. They are looking out over a body of water. The image has a teal overlay.

PARENT-TO-PARENT ADVICE

The Road to Safety Involves a Detour through Hell

The night we took Sam to the ED was hell. It had been really tough and scary at home, and we felt we had no choice. I cannot say that everything at the ED went smoothly or quickly. It actually felt like time was moving in slow motion - and that we were living in the midst of a horror movie. And seeing my baby so distraught was gut wrenching. But, we knew we could not keep Sam safe at home. And we knew that, at least at the ED, they were being monitored, that they were safe. Despite Sam's pleas to return home, we recognized that we had just taken a critical step in putting Sam on the road to recovery.



Emergency Inpatient Hospitalization

GOAL OF TREATMENT:

Stabilization and symptom relief is achieved by ongoing coordinated care involving a multidisciplinary team of mental health professionals. The purpose of hospitalization is to provide structure and monitoring in order to stabilize the child so they are no longer in acute crisis. The goal is not to achieve complete recovery, but rather, to prevent the escalation of any potential dangers and reduce the risk of harm to self or others in order to promote future recovery.

INDICATED FOR:

Children who require a short-term treatment approach that focuses on decreasing their current acute symptoms. They require a highly structured level of care because they are at risk of harming themselves or others or because they are so severely disoriented or out of touch with reality that their judgment is impaired and they are completely unable to function; those needing 24-hour availability of services in a secure setting, including continuous monitoring and assessment of their response to treatment so that timely and necessary changes in the treatment plan can be made.

CONTRAINdICATED (NOT RECOMMENDED) FOR:

Children who are appropriate candidates for outpatient treatment who do not pose a risk to themselves or others and who benefit from psychotherapy along with the support of living in their home environment.

WHERE IT TAKES PLACE:

When a hospital has an inpatient child psychiatric unit, treatment will take place there. The unit will be in a locked and secured facility that is dedicated to working exclusively with children; there will be no adult patients.

AVERAGE LENGTH OF TREATMENT:

Stays usually range from a few days to about one week, but given that treatment varies among individuals, the duration of the child's stay may be shorter or longer.

ELEMENTS OF TREATMENT:

EVALUATION

- Once your child is transported to the hospital, another intake assessment will be conducted; you and your child will be asked what led to the hospitalization and more questions about your child's and family's mental health history. Remember to be honest and forthcoming about everything.
- Items that are deemed unsafe for your child will be temporarily removed, e.g., anything sharp, belts, or shoelaces.
- After your child is admitted, you will only be able to see them during visiting hours.



TREATMENT

- Your child will follow a specific and structured daily schedule.
- Treatment consists primarily of group therapy and sessions focusing on coping skills; experiential therapy may also be offered, as well as family therapy and psychoeducation.
- The mental health team consists of psychiatrists, psychologists, nurses and nurse practitioners, social workers, case workers, and other mental health specialists. Medical professionals, such as pediatricians, may also interact with your child.
- There should also be coordination with your child's outpatient therapist and psychiatrist if those professionals have been and will continue to be working with your child.

DISCHARGE

- Your child should not be released until there is a reasonable expectation that discharge will not impede improvement or lead to the recurrence of the symptoms or behaviors that brought them into the intense treatment setting of the hospital in the first place, i.e., the expectation is that your child is no longer in crisis so their treatment can now be managed at a less intensive level of care, e.g., IOP, PHP, or RTC (Residential Treatment Center; see below).
- Prior to discharge, there will be a meeting to discuss your child's release and next steps in treatment; as a parent, you will be heavily involved in this process.
- When your child is released, you will have a documented post-discharge treatment plan that includes a mental health assessment and specifies an aftercare plan; it will also include information about available resources and community support services.



MY CHILD IS COMING HOME FROM PSYCHIATRIC HOSPITALIZATION NOW WHAT?

It can be a great relief when your child is released from the hospital and returns home.

But, it may also be scary. For discharge to be successful, consider the following:

Make sure the discharge plan explicitly spells out follow-up treatment and includes scheduled appointments with providers or treatment programs (e.g., PHP, RTC).

As a parent, you are entitled to ask a lot of questions. Ask away. Ask if you do not understand something. Ask if you do not know how to provide something your child will need. No question is too small.

Be sure to find out how much supervision your child needs at home. Can they return to their activities? Are there certain situations to avoid? Are there friends they should avoid? What do you need to do to make the home safe?

Get a list of tools and resources that might help with the transition back home: Drop-in groups your child can attend. Skills that they have used effectively to manage their emotions. Skills and strategies for you, their parent, to use in the service of supporting your child.

Keep a journal of your child's behaviors, mood, and symptoms. Your memory is not always so reliable. A journal is a great way to record things as they happen so that you are better able to report accurately to providers what is happening at home. Remember to record both the "good" and the "bad."

Take care of yourself. Do not do this alone. Seek out friends and mental health support and services for yourself. **Consider complementary interventions (see pg.16).**



PARENT-TO-PARENT ADVICE

Social Media . . . It is Not All Fun and Games

Charlotte was spending more and more time alone in her room, on her smartphone. At first, we were relieved she was connecting with others who were struggling like her. Her friends at school did not understand what she was going through, and to be fair - we did not always know the right things to say to her, either. Charlotte ended up telling her therapist some of the information she was learning online . . . It was so wildly inaccurate. We were shocked by how easy it was for false [mental health] information to spread . . . Charlotte's therapist told us that intense social media use is associated with increased depression and anxiety. Initially, Charlotte was furious and defensive when we suggested she limit her social media use. We gave it some time, and we had to be realistic; we did not ban it, but together we chatted about accounts and virtual "friends" that she noticed made her feel unsettled and upset, and we set up some guidelines for her to follow.



Residential Treatment Center (RTC)

GOAL OF TREATMENT:

To provide an intensive intervention to children in a safe environment so that they can return to the same living arrangement as before the mental health crisis, but with improved functioning.

INDICATED FOR:

Children who require a long-term treatment approach that focuses on addressing the underlying causes of the mental health crisis and coping skills to address them, with the goal of promoting future well-being and integration back into the home community; those living with a variety of mental health struggles, including trouble controlling emotions or behavior, eating disorders, substance use, gambling, relapse problems, depression, anxiety, bipolar disorder, obsessive compulsive disorder, suicidal ideation or previous attempts, and trauma.

CONTRAINdICATED (NOT RECOMMENDED) FOR:

Children who require the higher level of crisis intervention care provided at an inpatient hospital/psychiatric unit, and conversely, those who are appropriate candidates for outpatient treatment, as they do not pose a risk to themselves or others, and they benefit from the support of living in their home environment.

WHERE IT TAKES PLACE:

A secured facility that is tailored for long stays, the RTC environment is more comfortable than a hospital ward; housing style is more like a dormitory, group residence, or a private home and may include more outdoor and recreational space. In some cases, you may wish to look out of state for an appropriate placement.

AVERAGE LENGTH OF TREATMENT:

Though RTC is considered a long-term care facility, treatment is usually for no more than 30 to 90 days. Stays of up to ten months are also possible. Again, depending on your child's specific situation, their stay at the RTC could be shorter or longer.

ELEMENTS OF TREATMENT:

EVALUATION

- Upon admission, a lengthy evaluation of your child will be conducted; it may involve several staff members, and your input will be included. Remember to be honest and forthcoming about everything.
- With your consent, input from other professionals who know your child will be sought, e.g., teacher, pediatrician, or school counselor.
- The result of the evaluation is that your child will have an individualized treatment plan that will include information such as their diagnosis, their strengths, treatment goals, list of services your child is receiving, professionals working with your child, and estimated length of stay.



TREATMENT

- Residential treatment is considered to be less intensive than inpatient hospital treatment. Your child will receive comprehensive, daily treatment - but they will not be monitored as intensely 24/7.
- Treatment includes medication management, individual and group therapy - rooted in a variety of approaches, recreational therapy,⁴ and family support.
- Family therapy is usually encouraged in the course of your child's stay at the RTC.
- If you have not already, you should join a parent support group; you will benefit from the experiences and resources that other similarly-situated parents will share.
- In addition to individual and group therapy and medication management, your child will also have opportunities to pursue their academic studies and be involved in recreational activities.
- You will collaborate with your child's treatment team, which may include psychiatrists, nurses and nurse practitioners, addiction specialists, clinical social workers, psychologists, mental health specialists, and experiential therapists.
- There should also be coordination with your child's outpatient therapist and psychiatrist if those professionals have been and will continue to be working with your child.
- You may visit your child during formal visiting days.

DISCHARGE

- Discharge planning depends on your child's personal progress in achieving treatment goals.
- Parents are encouraged to play a large role in the discharge plan.
- You will be provided with a discharge plan for your child that includes detailed mental health care treatment instructions, outlining outpatient and community-based therapies, supports, and services - specifically naming providers, as well as an educational and/or vocational plan; the discharge process should also include an assessment of your child's current risk factors and a crisis plan.

⁴ Recreational therapy uses recreation, e.g., sports, games, or crafts, as a way to achieve treatment goals, such as reducing stress or improving mood or self esteem.



DETERMINING THE APPROPRIATE LEVEL OF CARE FOR YOUR CHILD

Knowing and then selecting the appropriate level of care can seem daunting and overwhelming. But, you do not need to make the decision on your own. There are professionals with whom you can consult, including your child's pediatrician, the school counselor or social worker, or your child's therapist. And, at each step of the way, if you contact the prospective therapist or program, a screening will be conducted to help you know if you are heading in the right direction.

You should be aware and expect that the process of placing your child in the right level of care is not linear. For instance, your child may begin in outpatient weekly therapy, and if needed, then move to a RTC; however, based on their progress, they may then move down to IOP, yet later, based on challenges that are revealed, they may benefit from PHP. This process is not one-directional, and it does not follow a predetermined route. The decision to move your child up or down these varying levels of care should always include you and be done in collaboration with mental health professionals and your child.

PARENT-TO-PARENT ADVICE

Do Not Forget to Put on Your Own Oxygen Mask

Self-care was the last thing on my mind, even though everyone kept telling me I needed to take care of myself in order to be a good mother . . . whatever that means. But, the truth is, the more energized I am, the more balanced I am . . . the better I can support Oliver. Caring for him is a marathon, not a sprint - and if I have not cared for my own well-being - physically, mentally, and socially, I am actually not doing my best for him. So - guess what ?! – I decided to tell a friend what was going on. I was feeling so alone and miserable holding onto the secret of Oliver's struggles, and now I feel less burdened. I figured out a way to have coffee with my sister last week, and I make a point of going to my salsa dance class every Tuesday evening. It is not selfish, and if I can breathe better, I can help Oliver breathe better, too.



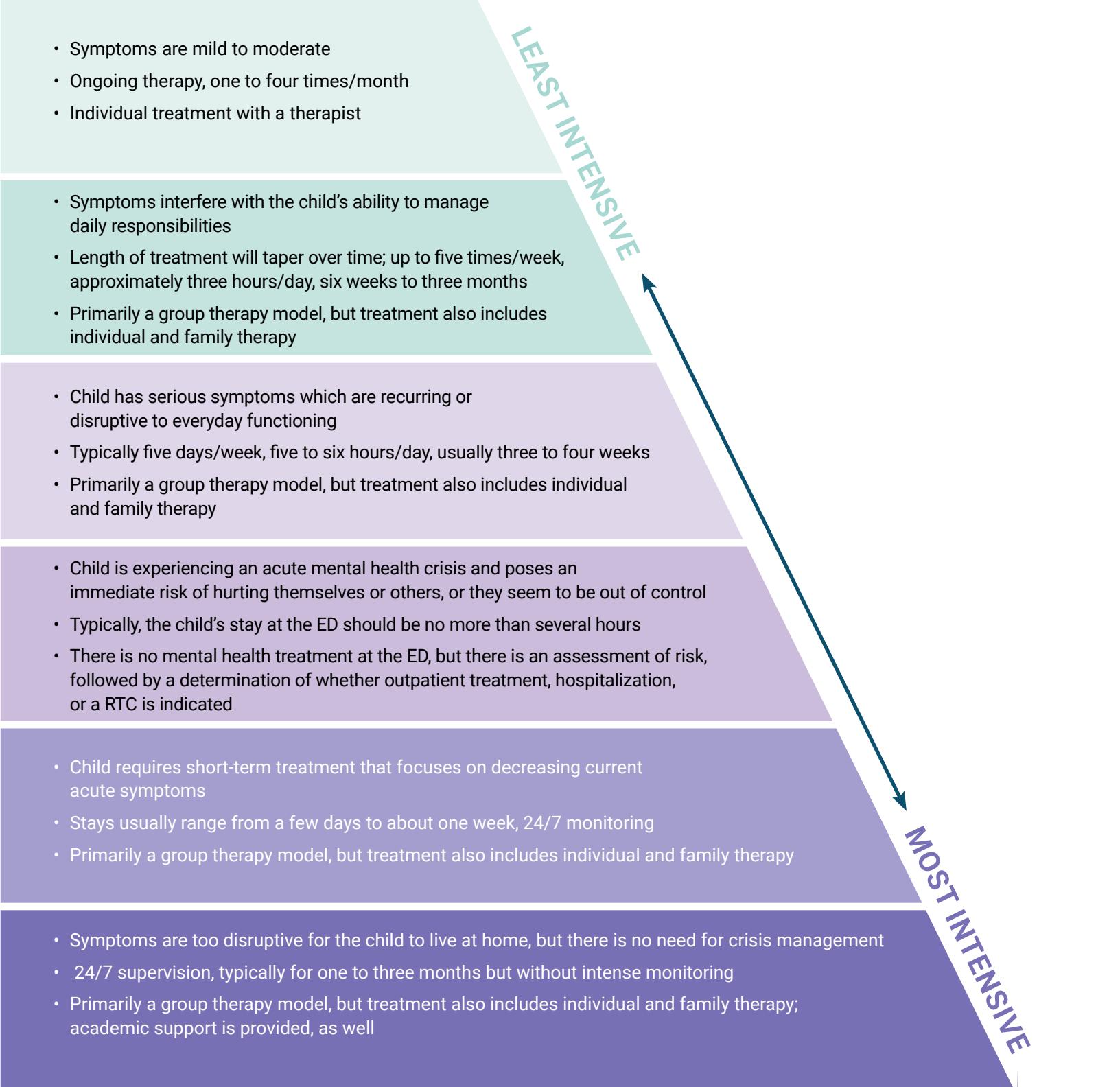
Summary of Mental Health Levels of Care

CHAPTER 4

GOAL	
	INDIVIDUAL OUTPATIENT THERAPY for the child to engage in psychotherapy in order to experience relief from symptoms that prevent them from achieving their full potential for mental well-being
	INTENSIVE OUTPATIENT PROGRAM (IOP) to provide a structured partial-day treatment with expanded opportunities for the child to practice their coping skills in their daily home and school environment
	PARTIAL HOSPITALIZATION PROGRAM (PHP) to provide a full-day intensive and structured treatment so the child can focus entirely on their recovery, while still benefiting from living at home
	EMERGENCY DEPARTMENT (ED) crisis stabilization
	EMERGENCY INPATIENT HOSPITALIZATION stabilization and safety; the goal is not complete recovery but to reduce the risk of harm to self or others.
	RESIDENTIAL TREATMENT CENTER to provide the child with a supportive intervention in an intense therapeutic environment



TREATMENT



- Symptoms are mild to moderate
- Ongoing therapy, one to four times/month
- Individual treatment with a therapist

- Symptoms interfere with the child's ability to manage daily responsibilities
- Length of treatment will taper over time; up to five times/week, approximately three hours/day, six weeks to three months
- Primarily a group therapy model, but treatment also includes individual and family therapy

- Child has serious symptoms which are recurring or disruptive to everyday functioning
- Typically five days/week, five to six hours/day, usually three to four weeks
- Primarily a group therapy model, but treatment also includes individual and family therapy

- Child is experiencing an acute mental health crisis and poses an immediate risk of hurting themselves or others, or they seem to be out of control
- Typically, the child's stay at the ED should be no more than several hours
- There is no mental health treatment at the ED, but there is an assessment of risk, followed by a determination of whether outpatient treatment, hospitalization, or a RTC is indicated

- Child requires short-term treatment that focuses on decreasing current acute symptoms
- Stays usually range from a few days to about one week, 24/7 monitoring
- Primarily a group therapy model, but treatment also includes individual and family therapy

- Symptoms are too disruptive for the child to live at home, but there is no need for crisis management
- 24/7 supervision, typically for one to three months but without intense monitoring
- Primarily a group therapy model, but treatment also includes individual and family therapy; academic support is provided, as well

CHAPTER 5 What Else do I Need to Know?

Common Therapy Approaches

Types of Mental Health Providers

Therapy Configurations

Additional Treatment Options

Medication

Common Therapy Approaches

There are different evidence-based treatment approaches to therapy, and individuals may respond differently to these varying treatment types. Therapists have a conceptual framework that underlies their understanding of your child's needs, which they use to formulate a treatment plan. Therapists may use one treatment approach alone or in combination with others. Some of the more common treatment approaches are:

Acceptance Commitment Therapy (ACT) assumes that pain, grief, loss, and disappointment are inevitable; therapy focuses on acceptance and mindfulness strategies, along with increasing engagement in meaningful life activities and intimate relationships in order to adapt to these types of challenges and to develop greater psychological flexibility.

Behavior Therapy rests on the fundamental premise that thoughts and behaviors are learned and then unintentionally reinforced. Therapy entails trying new behaviors and then rewarding the desired new behaviors while ignoring, and therefore ultimately extinguishing, unwanted behaviors.

Cognitive Behavior Therapy (CBT) assumes that thoughts and behaviors interact to affect emotions. Treatment entails learning new effective thinking and behavior strategies to manage emotional distress.

Dialectical Behavior Therapy (DBT) is a subtype of CBT that focuses on balancing acceptance and the need to change ineffective behaviors; treatment teaches four key skills: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.



Experiential Therapy uses different tools of self-expression to bring awareness to underlying thoughts and emotions in order to improve well-being. For instance, in **art therapy**, treatment involves engaging in visual art media, such as painting or sculpting; in **music therapy**, interventions may include listening to melodies, playing an instrument, or composing songs; in **play therapy**, treatment capitalizes on children's natural medium of communication and self-expression. Other examples include **animal therapy** and **psychodrama**.

Eye Movement Desensitization and Reprocessing Therapy (EMDR) was originally designed to alleviate the distress associated with traumatic memories, but its use has expanded recently. It does not require the individual to talk in detail about their distress; rather, it involves engaging in rhythmic left-right (bilateral) stimulation (e.g., eye movements or hand tapping) to anchor the individual in the present while they process traumatic memories.

Family Systems Therapy focuses on the family as a single emotional unit and the way in which an individual is both impacted by and has an impact on their family. Individuals are evaluated as a part of the system as a whole, i.e., family, and treatment focuses on restoring the functioning of both individuals and the entire family by improving communication and establishing healthy boundaries.

Internal Family Systems is an integrative model of talk therapy which posits that the mind is not a singular entity, but rather has many sub-parts "talking," interacting, and debating with each other, with each part having its own beliefs and roles in the overall system (e.g., inner critic or inner child). The goal of treatment is to bring the parts of the mind into harmony and balance.

Interpersonal Therapy conceptualizes an individual's current distress to be a response to problematic relationships. Treatment relieves ongoing distress by targeting and aiming to change current interpersonal relationships and social functioning.

Psychodynamic and Psychoanalytic Therapies are based on the work of theorists such as Dr. Sigmund Freud and focus on events or relationships in the past that are believed to influence a person's current functioning. Treatment takes the form of in-depth talk therapy to allow for self-reflection and self-examination; in younger children, treatment may take the form of play therapy.

Psychoeducation provides clients and their families with information about their mental health conditions. Though not a therapy approach, per se, it is an essential aspect of all therapies. Those who have a greater understanding of their challenges are better positioned to cope and to have a better sense of control in working toward emotional and mental well-being.

Trauma-Informed Therapy recognizes the widespread impact of trauma and assumes that all clients could be trauma survivors, not merely victims. Therapy focuses on skills and strategies to cope with trauma experiences in order to improve mental health and well-being.

Types of Mental Health Providers

There are many different types of mental health providers. They have different specialties, different education and degrees, and different training. They frequently collaborate together. Mental health providers are all professionals, meaning they should be nonjudgmental, and their mission is to help you, your child, and your family. There is little these individuals have not heard before, so always be transparent with them and be forthcoming with the information you share so that they can provide your child and your family with the most effective support and treatment.

Professionals you are most likely to come across are:

Addiction Counselor supports those who have a drug/alcohol dependence or those who have a gambling disorder; has at least a bachelor's degree in a related field (e.g., counseling, social work, psychology, or nursing) and has completed the required amount of supervised counseling work.

Case Manager is a healthcare professional, with a degree in a field such as counseling, social work, psychology, or nursing, who serves to advocate, support, arrange services, and coordinate care for those navigating the mental healthcare system and as they plan for transitions.

Clinical Psychologist has a doctoral degree in clinical psychology (either a PhD - Doctor of Philosophy; or a PsyD - Doctor of Psychology) and carries the title "doctor." They are trained to evaluate an individual's mental health, make diagnoses, and offer psychotherapy to individuals, couples, or groups.

Licensed Clinical Social Worker (LCSW)⁵ holds a master's degree in social work and has completed the required supervised clinical work. They may evaluate a person's mental health and then conduct therapy, or they may be involved in case management and advocacy services.

Licensed Mental Health Counselor has a master's degree in psychology or counseling and has completed the required amount of supervised counseling work. Examples include a **Licensed Professional Counselor (LPC)**, **Licensed Clinical Professional Counselor (LCPC)**, or a **Licensed Marriage and Family Therapist (LMFT)**.

Neuropsychologist is a doctoral-level clinical psychologist who specializes in conducting evaluations to determine why someone might be experiencing disturbances in memory, learning, or mood. With a deeper understanding of the underlying condition, comprehensive recommendations for interventions can be made.

Peer Counselor is someone with lived experience of recovery from addiction or mental illness who uses their own experiences to support and provide tools and resources to those with similar challenges. Training and certification requirements may vary by state.

Psychiatric Nurse Practitioner is educated as a nurse and has had additional training (e.g., a master's or doctoral degree) in providing mental health care. They can evaluate and diagnose, and in some cases, they can prescribe and manage medication.

Psychiatrist has a medical degree (MD) and carries the title "doctor." Although they do receive training to conduct psychotherapy, their primary expertise is in diagnosis and treatment through medication prescription and management.

School Counselor/Social Worker is a mental health professional whose mission is to ensure equitable education opportunities by promoting student emotional, behavioral and social health in the school setting; they do so by working directly and indirectly with students, their families, school personnel, and when indicated, with outside providers.

⁵ Licensing initials may vary by state.



Therapy Configurations

Mental health treatment can take place in a variety of configurations. Depending on the goal of treatment, different arrangements of people are suitable. Therapists collaborate with their clients in the following configurations:

Couples Therapy involves two people in an intimate relationship who are trying to resolve their difficulties. A couple will meet with a therapist in order to work through conflict or other challenges in their relationship that may stem from trouble communicating or differing backgrounds and beliefs; the therapist works with the couple on strategies to improve the relationship.

Family Therapy views relationships within the family to be critical for mental health. The goal of treatment is to enhance the well-being of each family member, as well as that of the family as a whole. Sessions involve working with several family members in order to improve communication skills, resolve conflict, and develop mutual support.

Group Therapy brings together several unrelated people with a common issue, and with the guidance of the therapist, the individuals within the group work to manage their mental health conditions or cope with their experiences. The group can provide support, help find new strategies, and provide perspective. Common types of groups include psychoeducation groups and skills development groups.

Individual Therapy is the most common type of mental health treatment; it involves regularly occurring one-on-one meetings between a therapist and the client during which they work together to enhance the client's well-being and to work through a range of issues, e.g., emotional difficulties, handling difficult situations, making healthy decisions, or reaching personal goals.

Parent Training/Coaching focuses on training parents to develop a more consistent and effective approach to managing children who are experiencing emotional and behavioral challenges. A therapist will meet with parents and teach them skills and tools; in most cases, the child does not participate directly in the treatment.

Additional Treatment Options

In addition to the levels of care described in this guide, there are other options to consider for mental health care. Varying in terms of the intensity of treatment offered and the frequency of care, these mental health interventions can also help equip children with the insights and skills needed to cope with mental illness.

Community Mental Health Centers are publicly-funded community-based facilities offering mental health services to anyone who might not otherwise have access to it, including those without medical insurance. Professionals at a community mental health center provide therapy, but they may also function as care coordinators and resource locators, helping people navigate behavioral healthcare, physical healthcare, social services, and so on.

Living Rooms are community crisis respite centers that may be an appropriate alternative to the ED for many mental health crises. A living room is intended to be a safe, relaxed place where individuals may walk in, without an appointment, and find support from peer counselors to manage a crisis; professional care may also be available. Currently, most living rooms are open for limited hours, and they are designed to support adults, e.g., they may be useful for parents experiencing their own mental health crisis.

Self-Help Groups are groups in which members share the same mental health condition or are similarly situated, which means they are in position to provide help and to support one another. Self-help groups are not led by professionals, rather, usually by peers with lived experience. Such groups are effective as adjuncts to therapy. Examples include 12-step programs, such as Alcoholics Anonymous and Al-Anon. These groups are typically for adults, e.g., parent support groups for parents caring for children living with mental illness.

Therapeutic Boarding Schools are residential institutions that emphasize academics within an entire therapeutic atmosphere. The school prioritizes education and also aims to promote clinical growth, learning, and skill building in those who cannot live in their home setting. Students at therapeutic boarding schools live in a structured environment and receive 24/7 supervision.

Therapeutic Day Schools are standalone schools for those who have difficulties learning in traditional settings and require a therapeutically-informed education, along with actively incorporated behavior or psychological therapies. Therapeutic day schools are principally academic institutions, and they may be public or private.

Walk-In Mental Health Clinics are appropriate when immediate assistance is needed, but not emergency care. An individual can go to a walk-in clinic during office hours and receive prompt mental health care by a professional. These clinics do not provide long-term treatment but will deliver a brief intervention and guide individuals toward comprehensive care. Walk-in clinics are not always easy to locate, but they are increasing in availability.

Wilderness Therapy is a form of experiential therapy that integrates therapy with outdoor experiences as a way to promote self-reflection and emotional growth, along with learning how to navigate difficult situations and building coping skills. Led by mental health professionals, these outdoor-based experiences provide primarily group - but also individual - treatment. Wilderness therapy can be offered as a summer mental health camp or be part of a RTC or therapeutic gap year/semester.

Medication

A Few Words about Medication

At any level of care your child receives for a mental health disorder, you may be asked to consider medication as one component of their treatment. It is not unusual to have some apprehension about medication treatment. You will probably have a lot of questions. Whatever you decide, make sure to include your child in the process. Your mental health professionals should encourage you to discuss your concerns and keep you informed about treatment options. You and your child are most likely to stick with the prescribed treatment if you feel you are informed and educated about the medication approach.

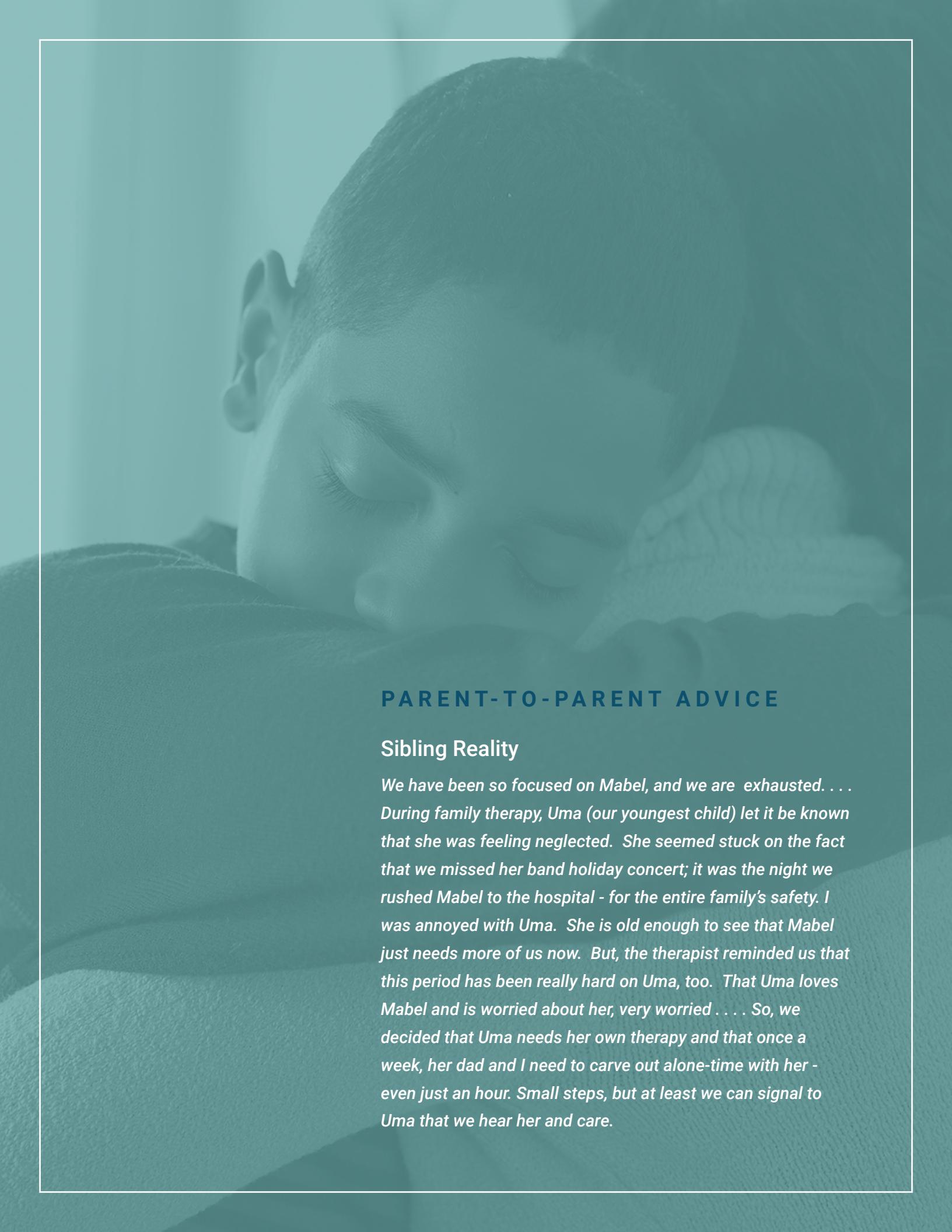
Combining psychiatric medication along with therapy is generally recognized as the most effective treatment for many mental health disorders. Due to stigma and the tendency to view mental health differently than medical health, it is not uncommon for people to be more hesitant about taking medication to treat mental health symptoms. At the same time, you do not want your child to suffer needlessly, and you know that if there is evidence that a treatment is effective, e.g., medication, you should consider it for your child.

As you assess whether medication appropriate for your child, consider the following:

- Research has found an association between **biochemical abnormalities** in the brain and mental health conditions. So, it may make sense for your child's treatment to include medication that targets brain biochemistry.
- Do not do it alone. Each person is **one-of-a-kind**, and getting the right medication to address biochemical factors requires consultation with a psychiatrist, physician, or nurse practitioner.
- Set your **expectations** appropriately. Taking medication treats the symptoms. It is not going to cure your child of their diagnosis. But, it can provide them with some relief.

- It can take time for the medication to have the desired benefits. So, **be patient**. Your child is on a mental health journey, not a mental health sprint.
- There may be some **side effects** to taking medication. Make sure you know what they are. Side effects usually resolve over time, but you and your child should know what to expect, how long the symptoms may last, and how to manage them. Feel comfortable bringing up any concerns about possible side effects with the treating physician.
- Your child may need to **try more than one medication** before the desired effect is realized. This is very normal as different people respond to treatments in different ways. Again - be patient, and help your child understand that trying medication is a process.
- Do not fear addiction. Medications diminish the negative impact of mental health symptoms, and most are **not addictive** in nature. In fact, some medications decrease the likelihood of substance abuse.
- Do not quit "cold turkey." It takes time for your child's body to adjust to the effects of medication. So, if your child quits without consulting a doctor, they may experience **withdrawal symptoms**. Speak with your doctor about the safest way to stop the medication. Some medications may be safer to taper rather than to stop suddenly.

Remember that mental health treatment is highly individualized. Medication may be offered as a treatment option for your child, and in exploring this potential course of action, factors that need to be considered include your child's age, specific symptom presentation, medication history, family history, treatment compliance, and so on. This means that the decision of how to manage your child's mental health struggles and whether to introduce medication is nuanced and multi-layered. You may be overwhelmed, but be certain you are informed and that you and your child feel heard. Trust your instincts, but be sure to trust the professionals and science, too.



PARENT-TO-PARENT ADVICE

Sibling Reality

We have been so focused on Mabel, and we are exhausted. . . . During family therapy, Uma (our youngest child) let it be known that she was feeling neglected. She seemed stuck on the fact that we missed her band holiday concert; it was the night we rushed Mabel to the hospital - for the entire family's safety. I was annoyed with Uma. She is old enough to see that Mabel just needs more of us now. But, the therapist reminded us that this period has been really hard on Uma, too. That Uma loves Mabel and is worried about her, very worried So, we decided that Uma needs her own therapy and that once a week, her dad and I need to carve out alone-time with her - even just an hour. Small steps, but at least we can signal to Uma that we hear her and care.

CHAPTER 6 General Resources

The information in this guide is not comprehensive, but we hope it has given you some guidance that will help you understand your options for supporting your child's mental health journey.

To learn more, we encourage you to speak to your child's pediatrician, therapist, or school counselor. You may also wish to explore the resources below.

988 Suicide & Crisis Lifeline

Free 24/7 support and resources for those in crisis and those who support them

www.988lifeline.org

DIAL or TEXT 988

American Psychological Association

Resources, education, advocacy, and treatment locator

www.apa.org

Anxiety and Depression Association of America

Resources, education, and treatment locator

www.adaa.org

Mental Health America

Promotes mental health through advocacy, education, research, and services

www.mhanational.org

NAMI, the National Alliance on Mental Illness

Resources, education, advocacy, support groups, and operates a toll-free helpline

www.nami.org

DIAL 1.800.950.6264

National Eating Disorders Association

Resources, education, and support for those affected by eating disorders

www.nationaleatingdisorders.org

DIAL or TEXT 1.800.931.2237

Substance Abuse and Mental Health Services Administration

Resources and treatment facility referrals for those facing mental health and/or substance use disorders

www.samhsa.gov

DIAL 1.800.662.4357

TEXT your zip code to 435748

The Trevor Project

Suicide prevention and crisis intervention for LGBTQ+ youth

www.thetrevorproject.org

DIAL 1.866.488.7386

TEXT 'START' to 678678

Veterans Crisis Line

Crisis support for veterans and their loved ones

www.veteranscrisisline.net

DIAL 988 and Press 1

TEXT 838255



CHAPTER 7 Finding Mental Health Care

Treatment and Provider Locators

If you are searching for treatment resources, you can ask around and talk to your friends or to your child's physician, school social worker or counselor, therapist, or psychiatrist. You can also check out the treatment locators below. These locator websites allow you to narrow your search results with filters, e.g., your location, diagnosis, provider or program specialty, and so on.

Psychology Today <https://www.psychologytoday.com/us>

Therapist locator <https://www.psychologytoday.com/us/therapists>

Treatment facilities locator <https://findtreatment.gov>

Substance Abuse and Mental Health Services Administration <https://www.samhsa.gov>

Treatment facilities locator <https://findtreatment.samhsa.gov/>

Specialized treatment locator <https://www.samhsa.gov/find-treatment>

Dialing 911 or 988

In the event of a mental health crisis, you may need to reach out for immediate help.

How do you decide whether to call Emergency Services (911) or the Suicide & Crisis Lifeline (988)?

Dial 911 (Emergency Services) if there is imminent risk to someone's life, safety, or property, e.g., if someone is harming themselves or could harm others; this can include threats or actions.

- Be sure to let the dispatcher know that you are calling about a mental health crisis and ask if a member of the Crisis Intervention Team (CIT) is available. CIT officers possess specialized training in working with persons experiencing a mental health crisis.

Dial 988 (Suicide & Crisis Lifeline) when someone needs suicide or mental-health support and could benefit from connecting with a trained counselor.

- The purpose of 988 is to provide support to those in distress, along with prevention and crisis resources, though callers need not be experiencing a crisis. Calling 988 can also be helpful to friends and family concerned about a loved one.
- If it is determined that there is an imminent risk to someone's life that cannot be resolved during the call, information will be shared with 911 and the dispatcher will make a decision about the type of response required.

PARENT-TO-PARENT ADVICE

You may not wear a cape, but you are a superhero

Being a parent to a child who has a mental health disorder can be really tough and all encompassing. You may feel you have no one to turn to when you need help. And you may feel isolated because no one is offering you support or a shoulder to lean on. But the truth is, you are incredibly strong, even when you do not feel it, and you should be really proud of yourself.

Focus on everything you are doing to keep your child safe and regulated. You are incredible.

Think about how much you have learned about your child's diagnosis. Consider all the advocacy you have engaged in. Note how intentional and attuned you have been in recent months to your child's needs. Reflect on how tirelessly you worked to get your child the services they need. Think about the professional help you found for your kid. This is the conduct of a brave and action-oriented parent. Yes, you are probably exhausted - but that is because of the load you are carrying . . . further evidence that you are steadfast, unwavering, and determined. At times, you may feel vulnerable and alone, but you are stronger than you realize; you are wise; you are tough. Take charge - care for yourself and do right by your family: seek guidance and find support for yourself.

You may not wear a cape, but you are a superhero.

This needs to be your mantra. Remind yourself what an amazing parent you are. Every moment of every day.

Written by Sasha S.

Mental health advocate and mother of Xander, teen living with addiction

No Shame On U

END STIGMA. SAVE LIVES.

is dedicated to eliminating the stigma associated with mental health conditions so the people who need the help will seek it, family members and friends will know how to provide proper support, and to save lives.



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The contents of this guide are for informational purposes only and are not a substitute for professional advice, diagnosis, or treatment. Always seek the advice of a mental health professional or other qualified health professional with any questions you may have regarding your condition. Links to websites or resources do not constitute an endorsement of these sites or services. If you or someone you know is experiencing a mental health crisis or having suicidal thoughts, text or dial 988, the Suicide & Crisis Lifeline. In the event of a life-threatening emergency, call 911 immediately.

STAFF

Judy Rosen, MS
Interim Executive Director

Anat S. Geva, JD, PhD
Director of Strategic Initiatives

Sara L. Manewith, MSW
Director of Development

Wendy Singer, MS
Director of Programming

Miriam Ament, MA
Founder & Executive Director Emeritus

BOARD OF DIRECTORS

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Melanie Levine, PhD

Licensed Clinical Psychologist, Private Practice

Michael Simon, MPP

Executive Director, Northwestern University Hillel

Doug Winkelstein, MEd

Director of Learning and Development, BBYO

4411 N. Ravenswood Ave.

Suite 300

Chicago, IL 60640

877-275-7261

NSOU@noshameonu.org

www.noshameonu.org