

Resource Guide and Family Guide on Mental Illness



The NAMI DeKalb Commemorative Quilt Summer 2019

We are both quilters and liked the idea of creating a commemorative quilt for our NAMI DeKalb community. The quilt would simply be a way to hold a sacred, personalized space for persons involved in NAMI DeKalb who live with mental illness.

The quilt pictured on the front cover is wall-sized, with 10" squares on the front. One of the front squares displays the NAMI DeKalb logo. The remaining squares honor persons who live with mental illness with a design chosen by them and implemented by us. The back of the quilt has one large NAMI DeKalb logo to add visual interest and identify our organization.

Rather than being a fundraiser, the quilt was envisioned as a portable banner to display at a health fair table, community event or to carry in a parade. Paul Hiltman designed and created a PVC, light-weight structure so that the quilt can be displayed hanging from ground level or table-top level or held by folks walking in a parade.

These individuals or families are commemorated in the NAMI DeKalb Quilt:

Alisa Porter
Dave Saunders
Edi Guyton
Ellen Alsobrook & Eric Roberts
The Pajuelo Family (early founders
of NAMI DeKalb and designers of
the original IRIS logo)
Richard Pajuelo

Loved ones of:
Becky and Bob Lough
Becky Markert
Cynthia and Andre Moorer
Dianne and Paul Hiltman
Dot Keith
Janice Ross
Jennie Berman
Marge Smith

With hope,
Dianne Hiltman and Becky Lough

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We especially want to thank and give credit to two NAMI affiliates for allowing us to use and adapt information from their Guides:

- NAMI Northside Atlanta Georgia
- NAMI Pinellas County Florida for the use of their Family Guide on Mental Illness, including much of the content of Section II.

WELCOME AND INTRODUCTION

Dear Friends:

Approximately one in five adults in the U.S. experiences a mental illness. Unfortunately, individuals with these illnesses, as well as their families, often hesitate to get help. Mental illness is a devastating disease, not only for those who have it, but also for the families and friends who love them. When a family is first confronted with the reality of mental illness, they usually experience shock and bewilderment. What comes next is often a confusing search for help and guidance. Though the burdens and discouragement can be overwhelming, many people have faced these same issues.

You are not alone.

It is important to remember that the brain is very complex and difficult to understand. Our hope is that this book will provide information for people faced with mental illness and contribute to their well-being. The National Alliance on Mental Illness (NAMI) is the largest grassroots advocacy and outreach organization in the United States for people living with a mental illness. It began in 1979 with a small group of families who got together to help each other adjust to the challenges of caring for their adult children with mental illnesses. NAMI is dedicated to building better lives for the millions of Americans affected by mental illness. Today, there are nearly 1000 NAMI affiliates located throughout the U.S.

NAMI DeKalb is one of the most active affiliates in Georgia. Our mission is to provide education, support, advocacy and outreach for individuals and families affected by mental illness. Our work is done by volunteers, and our NAMI programs are provided at no charge. You can contact NAMI DeKalb at namidekalb.org for additional information about our activities and programs.

With kind regards,

The Board of Directors, 2022
NAMI DeKalb

ABOUT THIS BOOK

The book is divided into 4 sections:

Section I - Access to Care.

Section II - NAMI DeKalb Community Resources.

These resources will periodically be updated on the NAMI DeKalb website.

Section III - Guide on Mental Illness.

This Guide provides more in-depth information about topics common to all NAMI Georgia members.

Section IV -NAMI DeKalb.

A more in-depth look at NAMI DeKalb and its programs.

GEORGIA CRISIS & ACCESS LINE

1-800-715-4225

The Georgia Crisis and Access Line (GCAL) is the central access point for all of the Georgia Department of Behavioral Health and Developmental Disabilities mental health services. In non-life-threatening situations, the GCAL line is the preferred access for urgent mental health support.

www.mygcal.com/

DISCLAIMER: The information in this Resource Guide is for informational purposes only and does not constitute an endorsement by NAMI DeKalb.

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

Mental health services in Georgia are directed by the Department of Behavioral Health and Developmental Disabilities (DBHDD).

DBHDD serves individuals with mental health challenges, addictive diseases, and intellectual and developmental disabilities. Their mission is to provide easy access to high-quality care for the people they serve. DBHDD offers a wide range of services to fulfill their mission and support their goal of helping people achieve recovery and independence.

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is in the process of transforming public mental health and developmental disabilities services throughout the state. Since the settlement agreement between the U.S. Department of Justice and the State of Georgia in 2009, many changes have been made affecting Georgia's delivery of services.²

The Georgia Collaborative Administrative Service Organization (ASO) facilitates the delivery of whole-health, person-centered and culturally sensitive supports and services to individuals and their families throughout the state. The Georgia Collaborative ASO is comprised of three companies that in partnership with DBHDD and its providers deliver integrated behavioral health and developmental disabilities supports and services for Georgia's 200,000 Medicaid and state funded recipients. Beacon Health Options operates as the ASO, Behavioral Health Link operates the Georgia Crisis and Access Line, and Qlarant provides a quality management program for intellectual/ developmental disability services.

The Division of Behavioral Health manages programs and services delivered by DBHDD's community-based behavioral health providers, which are divided into three tiers:

TIER 1: Comprehensive Community Providers are DBHDD's community service boards, which serve as the public safety net and offer a core benefit package, as well as additional specialty services.

TIER 2: Community Medicaid Providers ensure choice for individuals receiving Medicaid and offer a core benefit package.

TIER 3: Specialty Providers offer an array of specialty treatment and support needed in the continuum of care.

Community-Based Services Available:

- Behavioral Health Assessment and Service Plan Development
- Psychological Testing
- Diagnostic Assessment

- Crisis Intervention
- Psychiatric Treatment
- Nursing Assessment and Care
- Medication Administration
- Community Support
- Individual Outpatient Services
- Group Outpatient Services
- Family Outpatient Services
- Pharmaceutical Treatment
- Georgia Crisis and Access Line

The responsibilities of Regional Field Offices:

- oversee statewide initiatives
- develop new services and expand existing services as needed
- monitor the services being received by consumers to ensure quality and access
- investigate and resolve complaints conduct special investigations and reviews when warranted

If you have questions or need further assistance accessing Region 3 services, contact: 404-244-5050 dbhdd.georgia.gov/field-offices

REGION THREE ADVISORY COUNCIL

The Region Three Advisory Council represents six counties. Members are appointed by their county commissioners; they are business and civic leaders with a strong interest in mental health, developmental disabilities and addictive diseases as well as consumers or family members of consumers.

The role of the Advisory Council is to promote public awareness of mental health, developmental disabilities, and addictive diseases disorders and to help the public better understand consumers and their needs and services. Council members stay informed about local needs and issues and serve as advocates with public officials. The main objective of the council is to assist the department in fulfilling its vision of “easy access to high-quality care that leads to a life of recovery and independence for the people we serve.”

GCAL is a sub-contract provider under the Georgia Collaborative and Beacon Health Options. To learn more about their services with DBHDD, see the press release and power point presentation below:

dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/press_release/aso_press_release_final.pdf

dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/Georgia%20Collaborative%20ASO%20-%20Introduction.pdf

For more information about GA DBHDD services, see a PDF of the settlement agreement on the Georgia DBHDD website:

dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/imported/DBHDD/Files/Settlement%20Agreement.pdf

Table of Contents

SECTION I - ACCESS TO CARE	11
CRISIS INFORMATION - IMMEDIATE ACCESS TO CARE	11
Emergency Medical Services:.....	11
Georgia Crisis and Access Line – GCAL:.....	11
DeKalb Regional Crisis Center:	11
Mobile Crisis Response Unit, exclusively within DeKalb County: ...	12
Mobile Crisis Services outside DeKalb County:.....	12
Smart 911:.....	12
ACCESS TO CARE	13
Community Service Boards/County Providers.....	13
DeKalb Community Service Board:	13
Fulton County Behavioral Health and Developmental Disabilities: 13	
Helplines / Warmlines.....	14
NAMI Help Line:	14
National Suicide Prevention Lifeline:	14
Other help lines: Veteran’s, SAMHSA, Teen Suicide, Voilence:.....	15
Missing Persons:	16
Alcoholics Anonymous Atlanta:	16
Narcotics Anonymous World Service:.....	16
Eating Disorders Helpline:.....	16
PSYCHIATRIC CRISIS	17
Georgia Crisis and Access Line (GCAL):	17
Crisis Intervention Teams - CIT:	17
DeKalb Regional Crisis Center:	17
DeKalb County Misdemeanor Mental Health Court:	18
DeKalb County Felony Mental Health Court:.....	18
Forensic:.....	18

Grady Behavioral Health Services:	18
Wellness Recovery Action Plan – WRAP:	19
VOLUNTARY vs. INVOLUNTARY HOSPITALIZATION and CONSUMER RIGHTS.....	20
Inpatient Treatment Criteria:	20
Outpatient Treatment Criteria:	20
Voluntary Hospitalization:	20
Involuntary Hospitalization:	20
Consumer Rights and Involuntary Mental Health Treatment:	21
Georgia Office of Disability Services (Ombudsman):	21
LEGAL	22
Advanced Directive for Health Care:	22
Caring Connections:	22
The Bazelon Center for Law:	22
Power of Attorney and Durable Power of Attorney:	22
Guardianship:	22
Legal Assistance in DeKalb County Jail:	23
DeKalb County Jail Information:	23
Medications to DeKalb County Jail:	23
DeKalb County Misdemeanor Mental Health Court:	23
SOCIAL SECURITY	27
Social Security Disability – SSDI/SSI:	27
SSDI/SSI Benefits	27
How to Apply for SSDI/SSI Benefits:	27
Atlanta Social Security locations:	27
Additional websites:	28
Oversight for SSDI/SSI Benefits:	28
Benefits Navigator Program:	28

Special Needs Trust:.....	28
SECTION II - NAMI DEKALB COMMUNITY RESOURCES.....	30
GEORGIA DBHDD REGIONS MAP	31
State Psychiatric Hospitals	32
Private Psychiatric Hospitals	32
Community Services Areas.....	32
BEHAVIORAL HEALTH HOSPITALS & RESIDENTIAL TREATMENT FACILITIES.....	34
CARE MANAGEMENT SERVICES	38
CASE MANAGEMENT SERVICES	39
CHILDREN AND YOUTH	42
SPECIAL EDUCATION CONSULTANT/ADVOCATE.....	42
SUPPORT SERVICES	42
TESTING, ASSESSMENTS, EVALUATIONS & TREATMENT	44
RESIDENTIAL TREATMENT.....	45
COLLEGE PREPARATION AND CHALLENGES.....	45
COUNSELING & THERAPY.....	47
DBT THERAPISTS.....	50
ORGANIZATIONS	51
FINANCIAL.....	52
LEGAL	53
SOCIAL SECURITY LAW FIRMS.....	53
ORGANIZATIONS	54
ASSOCIATIONS	55
RESEARCH - TRIALS.....	58
SUBSTANCE ABUSE TREATMENT	59
SUPPORT GROUPS / DAY CENTERS	61
THE BASICS.....	63

BEHAVIORAL HEALTH CARE	63
CASH ASSISTANCE	63
DENTAL CARE	64
FOOD	64
PHONE.....	64
PRESCRIPTIONS	65
PRIMARY HEALTH CARE	65
TRANSIT.....	66
VOCATIONAL ASSISTANCE	67
APPENDIX A.....	68
SECTION III - GUIDE ON MENTAL ILLNESS.....	71
SEVERE MENTAL ILLNESS AND SUBSTANCE ABUSE.....	71
SYMPTOMS OF MENTAL ILLNESSES	71
DIAGNOSIS OF MENTAL ILLNESSES	72
TYPES OF MENTAL ILLNESS	72
OTHER RESOURCES FOR THOSE CONCERNED ABOUT SUICIDE	79
SERIOUS DISORDERS OF CHILDREN & ADOLESCENTS.....	80
SEEKING TREATMENT.....	85
MEDICATIONS	86
MEDICATION ASSISTANCE TOOLS.....	89
ELECTROCONVULSIVE THERAPY	89
RESOURCES FOR CARE	90
MENTAL HEALTH PROFESSIONALS:.....	90
COMMUNITY SERVICE BOARDS (CSB's):	90
INPATIENT PSYCHIATRIC SERVICES:	91
FAMILY MEMBERS:.....	91
ONGOING TREATMENT:.....	92
COPING WITH A RELATIVE WHO HAS A MENTAL ILLNESS.....	94

REACTIONS OF FAMILIES AND FRIENDS..... 94

BEHAVIORAL ISSUES..... 94

SUPPORT AND ADVOCACY GROUPS 95

SEEKING TREATMENT FOR SUBSTANCE USE DISORDERS 96

FAMILY INTERACTION WITH LAW ENFORCEMENT 97

HOUSING..... 104

SECTION IV: NAMI DeKalb 107

WHAT IS NAMI? 107

WHO IS NAMI DeKalb?..... 108

NAMI PROGRAMS 109

BECOME A MEMBER 113

SECTION I - ACCESS TO CARE

CRISIS INFORMATION - IMMEDIATE ACCESS TO CARE

Emergency Medical Services:

9-1-1

This number is answered by emergency medical dispatchers. For emergency help concerning someone with a mental health or substance use condition, request a Crisis Intervention Team (CIT) trained police officer.

Georgia Crisis and Access Line - GCAL:

1-800-715-4225 www.mygcal.com

GCAL is the central point of entry for all behavioral health services in Georgia. Help is available 24/7 for problems with mental health, drugs, or alcohol. GCAL is a Georgia Department of Behavioral Health and Developmental Disabilities service provider. The number is answered by a professionally trained mental health counselor who will answer your questions and direct services to meet your immediate needs for community mental health services.

NOTE: The DeKalb Community Service Board's Crisis Center serves DeKalb, Clayton and Fulton Counties. The information below provides information about their services.

DeKalb Regional Crisis Center:

Contact the DeKalb Community Service Board (CSB) Central Access line: 404-892-4646 for a referral. dekcsb.org/

The DeKalb Regional Crisis Center provides crisis intervention and stabilization services for adults ages 18 and older from DeKalb, Fulton and Clayton counties. Services are reserved for individuals without insurance, Medicare, or Medicaid.

The DeKalb Regional Crisis Center, located at 450 Winn Way in Decatur, GA is a 24-hour, seven days a week facility that offers three level of care starting with the Crisis Services Center unit that receives walk-ins, transfers from emergency rooms, and involuntary referrals for evaluation. If further observation is needed, individuals are monitored in the Temporary Observation Unit for 12-24 hours. Individuals needing a longer period of stabilization or substance withdrawal management (usually 5-7 days) are admitted to the Crisis Stabilization Unit where ongoing care includes crisis counseling, medication, and assistance with discharge planning.

Mobile Crisis Response Unit, exclusively within DeKalb County:

The Mobile Crisis Response Unit is staffed by DeKalb Regional Crisis Center psychiatric nurses who ride with DeKalb County police officers in a specialized unit to respond to calls related to mental health and substance abuse issues. The unit receives referrals from DeKalb CSB, police units, emergency medical services and 9-1-1 operators. Intervention by the Mobile Crisis Response Unit may be requested by the client, family member or treatment provider. The team successfully diverts numerous citizens from jail and helps them access the treatment they need.

Mobile Crisis Services outside DeKalb County:

Contact GCAL: 1-800-715-4225

24/7 mobile response provides immediate on-site crisis management through assessment, de-escalation, consultation and referral with post crisis follow up to assure linkage with services.

Smart 911:

www.smart911.com

Plan ahead for an emergency. Sign up for Smart911 and add what you want responders to know in case of an emergency. The call-taker can use your information to save valuable time when seconds count. Your safety profile is free, private and secure.

ACCESS TO CARE

Community Service Boards/County Providers

Clayton Center Community Service Board:

www.claytoncenter.org/

Addictive Diseases and Adult Counseling Services, 853 Battle Creek Road,
Jonesboro, GA 30236

770-478-1099

Children, Young Adults & Family, 1396 Southlake Plaza Drive, Morrow, GA
30260

770-473-2640

Cobb and Douglas Counties Community Services Board Access Center:

www.cobbcsb.com/

Access Line (Appointments) 770-422-0202

Hartmann Center Appointments - 770-971-7801 between 9AM-2PM

Behavioral Health Crisis Center, 1758 County Services Parkway, Marietta, GA
30008

DeKalb Community Service Board:

dekcsb.org/

For appointments, referrals and crisis support, contact the Central Access line:

445 Winn Way, 2nd Floor, Decatur, GA 30030

404-892-4646

Fulton County Behavioral Health and Developmental Disabilities:

www.livebetterfulton.org/

For questions and appointments, contact:

Behavioral Health Access & Information Line at 404-613-3675.

Monday-Friday 8:30AM-5PM

After hours, contact GCAL: 1-800-715-4225

141 Pryor Street, Suite 1031, Atlanta, GA 30303

Fulton County Behavioral Health Transition Initiative:

www.fultoncountyga.gov/ohk-behavioral-health-transition-initiative

Fulton County Government is transitioning Behavioral Health services to a set
of outside providers. For more information see the above website.

Adult Behavioral Health Services Locations:

The Center for Health & Rehabilitation, 265 Boulevard, NE, Atlanta, GA 30312

404-613-1650

North Fulton Service Center, 7741 Roswell Road, NE, Atlanta, GA (404) 613-5757

South Fulton Services Center, 5600 Stonewall Tell Road, College Park, GA 30349

Child & Adolescent Services Locations:

Oak Hill Child, Adolescent & Family Center, 2805 Metropolitan Parkway, Atlanta, GA 30315 404-612-4111

Fulton County Clubhouse for Youth, 1480 DeLowe Drive, Atlanta, GA 30311

Adamsville Regional Health Center, 3700 Martin Luther King Jr. Drive, SW, Atlanta, GA 30331 404-613-4215

*PLEASE NOTE: This facility will provide services for Emerging Adults (ages 18 - 24)

View Point Health (Gwinnett, Rockdale, and Newton Counties BHDD Service Provider):

www.myviewpointhealth.org/

Provides individual and group counseling, medication management, recovery and crisis stabilization services. 24-Hour Access to Care 678-209-2411 or 800-715-4225 (after hours)

175 Gwinnett Dr., Suite 260, Lawrenceville, GA 30346

Helplines / Warmlines

NOTE: A warmline is a phone number where trained volunteers offer sympathy and support. Supportive listing lines are often peers living with a mental health condition and are not trained crisis counselors.

NAMI Help Line:

1-800-950-NAMI (1-800-950-6264) or Text "NAMI" to 741741

www.nami.org/find-support/nami-helpline MONDAY-FRIDAY 10am-6pm

NAMI Georgia Help Line:

770-408-0625

namiga.org/nami-georgia-helpline/

MONDAY-FRIDAY 10am-5pm

This is a non-crisis Help Line that can provide information about resources for persons with mental illnesses and their family members in Georgia. Email the HelpLine at helpline@namiga.org

National Suicide Prevention Lifeline:

1-800-273-8255

suicidepreventionlifeline.org/

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

Other help lines: Veteran's, SAMHSA, Teen Suicide, Violence:

Veteran's Crisis Line:

1-800-273-8255 (press 1) text: 8382355

www.veteranscrisisline.net/get-help/hotline

Help for veterans and their families.

Decatur Peer Support & Wellness Center Warm Line:

404-371-1414 (Georgia residents only)

Toll Free Number:

1-888-945-1414 www.gmhcn.org/peer-support-wellness-respite

SAMHSA National Helpline:

1-800-662-HELP (1-800-662-4357)

www.samhsa.gov/find-help/national-helpline

SAMHSA's National Helpline is a free, confidential, 24/7, 365-days-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

Teen Suicide Prevention Program:

1-800-273-TALK (1-800-273-8255) or Text 'Help' to 741741

yellowribbon.org/

Whether you are personally in crisis or you are concerned about someone who is, you can ALWAYS call 1-800-273-TALK and get a listening ear, resources, and support 24 hours a day, seven days a week. This hotline does not close on the weekend, holidays, or during bad weather.

The Trevor Project:

1-866-4-U-TREVOR (1-866-488-7386) www.thetrevorproject.org/

This is a free, confidential 24-hour hotline. It focuses on crises and suicide prevention among gay, lesbian, bisexual, and transgender youth.

Georgia's Family Violence Hotline:

1-800-33-HAVEN (1-800-334-2836)

www.gadfcs.org/familyviolence/shelter_list.php

United Way of Atlanta: 2-1-1

211online.unitedwayatlanta.org

2-1-1 connects people to the assistance they need to address every day challenges of living as well as those that develop during times of community emergencies.

Missing Persons:

NamUs 1-855-626-7600

www.findthemissing.org/

This web site is funded through a grant from the National Institute of Justice, Office of Justice Programs, and U.S. Department of Justice.

The National Health Care for the Homeless Council

615-226-2292

www.nhchc.org/

Outpost for Hope

www.outpostforhope.org/looking-for-a-lost-loved-one.html

Alcoholics Anonymous Atlanta:

404-525-3178

www.atlantaaa.org/meetings.php

You can call 404-525-3178 anytime of day or night to reach volunteers for help or information on A.A. meetings and programs. There are over 1,100 A.A. meetings each week in Atlanta.

Narcotics Anonymous World Service:

na.org/

Eating Disorders Helpline:

630-577-1330 Monday-Friday, 10:00am-6:00pm

www.anad.org/get-help/eating-disorders-helpline/

Today there are many online and virtual groups and blogs. Apps are also available. In searching for these, we suggest you look at the websites for professional mental health organizations. Many provide resource links in their area of expertise.

PSYCHIATRIC CRISIS

The following are examples of actions or problems where you should seek emergency psychiatric help:

- Expressing serious thoughts about attempting suicide
- Hearing very disturbing voices
- Experiencing uncontrollable anxiety
- Feeling uncontrollable anger
- Exhibiting manic or otherwise bizarre behavior
- Severe depression
- Disorientation or extreme confusion

Georgia Crisis and Access Line (GCAL):

www.mygcal.com/

1-800-715-4225

Call if you or someone you know:

- Threatens to or talks about hurting or killing him or herself
- Feels hopeless
- Feels rage or uncontrolled anger
- Feels trapped, like there is no way out
- Engages in reckless behaviors
- Increases alcohol or drug use
- Withdraws from friends and family
- Feels anxious, agitated, or unable to sleep
- Encounters dramatic mood changes
- Sees no reason for living

GCAL is the central point of entry for all behavioral health services in Georgia.

Help is available 24/7 for problems with mental health, drugs, or alcohol. GCAL is a Georgia Department of Behavioral Health and Developmental Disabilities service provider. The number is answered by a professionally trained mental health counselor who will answer your questions and direct services to meet your immediate needs for community mental health services.

Crisis Intervention Teams - CIT:

namiga.org/programs/for-law-enforcement/

NAMI Georgia sponsors Crisis Intervention Team (CIT) voluntary training of police officers in all areas of the state. If you call the police for help, insist that the policeman be CIT certified to insure your loved one will be hospitalized and not jailed.

DeKalb Regional Crisis Center:

dekcsb.org/

Contact the DeKalb Community Service Board (CSB) Central Access line: 404-892-4646 for a referral.

The DeKalb Regional Crisis Center provides crisis intervention and stabilization services for adults ages 18 and older from DeKalb, Fulton and Clayton counties.

DeKalb County Misdemeanor Mental Health Court:

www.dekalbcountymagistratecourt.com/mentalhealthcourt/misdemeanormentalhealthcourt.asp

556 N. McDonough St. Room 1200D, Decatur GA, 30030
404-371-2241

The Misdemeanor Mental Health Court (MMHC), formerly the Diversion Treatment Court, is a post-plea state certified accountability court. Defendants agree to participate in a treatment program designed to meet their individual needs. The treatment plan is developed by the court's social worker, reviewed and discussed with the team and approved by the judge.

DeKalb County Felony Mental Health Court:

www.gapubdef.org/index.php/office-of-the-mental-health-advocate/mental-health-courts/261-dekalb-county-superior-court-mental-health-court

Fredericka Dent, Accountability Director
fsdent@dekalbcountyga.gov 404-371-2206

Program Overview

The DeKalb County Felony Mental Health Court (DCFMHC) is a two-year judicially supervised treatment/alternative sentencing program to assist felony offenders who present with severe and persistent mental illness or co-occurring disorders. The program will serve offenders with an extensive history of non-compliance with treatment and multiple risk factors, including significant criminal and/or housing issues. The DCFMHC will formally start operation in January 2016. The program will target and engage moderate to high-risk (recidivism) and high-needs (service needs) participants in intensive outpatient treatment services.

Forensic:

DeKalb County Jail Mental Health:
404-298-8330

DeKalb County Jail Health Services Coordinator:
404-298-8531

Grady Behavioral Health Services:

gradyhealth.org/specialty/behavioral-health/
404-616-4444

Grady Behavioral Health operates out of two primary locations. Community based outpatient services are located at 10 Park Place, Atlanta 30303. Their Crisis Service Center and Inpatient services are located in the main hospital at 80 Jesse Hill Jr. Drive, SE 30303.

Wellness Recovery Action Plan - WRAP:

mentalhealthrecovery.com/

Because mental illness crises are unpredictable and can lead to “out-of-control” behavior, it is critical that the family of the ill member have a plan in place beforehand. This plan should be in writing, and all family members should have participated in the development of this plan, including the person with mental illness when he/she feels well. Distribute the plan to the people who may be involved in resolving the crisis. As a minimum, include the following in your plan:

- ✓ Name and phone number of his/her therapist and or psychiatrist
- ✓ Medications - type, dose
- ✓ Pharmacy - dates began medication and symptoms the medicine is treating
- ✓ Medications that haven't worked as well as those that have
- ✓ Treatments that have helped in the past.
- ✓ Treatments (if any) that should be avoided.
- ✓ Have your loved one write down what will make him/her feel calmer
- ✓ What people or actions make the situation worse?

VOLUNTARY vs. INVOLUNTARY HOSPITALIZATION and CONSUMER RIGHTS

Georgia, like every state, has its own civil commitment laws that establish criteria for determining when court-ordered treatment is appropriate for individuals with severe mental illness who are too ill to seek care voluntarily. The state authorizes both inpatient (hospital) and outpatient (community) treatment, which is known in Georgia as “involuntary outpatient treatment.” Laws vary from state to state.

Inpatient Treatment Criteria:

A person must be in need of involuntary treatment **AND**

1. be in imminent danger to self/others, evidenced by recent overt acts or expressed threats of violence **OR**
2. be unable to care for physical health and safety so as to create an imminently life-endangering crisis and in need of involuntary treatment.

Outpatient Treatment Criteria:

A person must meet require outpatient treatment in order to avoid predictably and

- based on treatment history or current mental status, requires outpatient treatment in order to avoid predictably and imminently becoming an inpatient **AND**
- unable to voluntarily seek or comply with outpatient treatment.

Source: www.treatmentadvocacycenter.org/georgia

Procedures for Psychiatric Hospitalization

Voluntary Hospitalization:

Ill persons seeking treatment may contact their own mental health provider, their local Community Service Board, or the nearest behavioral health hospital. In any of those settings, a mental health professional will evaluate the person. If the illness is severe enough, hospitalization may be recommended. If the person has insurance, the mental health professional will assist with finding an approved provider. Individuals without insurance would be referred to the DeKalb Regional Crisis Center, Grady, or Georgia Regional Hospital - Atlanta (GRH-A). If the person is willing to go to the psychiatric hospital, a family member or friend usually provides transportation.

Involuntary Hospitalization:

There may be times when the person with mental illness is experiencing severe symptoms but is unwilling or unable to seek help. There are two ways to have someone involuntarily hospitalized:

1. Family or friends can request an Order to Apprehend from the County Probate Court. This document is designed for concerned parties to request that the mentally ill person be picked up and brought in by the sheriff's deputies for an evaluation.

2. A qualified mental health professional, physician, or advanced practice behavioral health nurse may decide that the person's current condition constitutes a substantial risk of immediate harm to self or others or the inability to care for self. A 1013 form is signed and the person is involuntarily transported to a Crisis Stabilization Unit or Psychiatric Hospital for further evaluation. Transportation may need to be provided by trained professionals like police officers or paramedics. You may request that Crisis Intervention Team (CIT) police officers be called to the scene. Do not attempt to transport your loved one by yourself when he or she is in crisis.

DBHDD Form 1013 is utilized to initiate transportation to an emergency receiving facility, where the individual would be evaluated for admission on the basis of mental illness and substantial risk of imminent harm to self or others.

www.djj.state.ga.us/Policies/DJJPolicies/Chapter12/Attachments/DJJ12.23AttachmentA.pdf

DBHDD Form 2013 is utilized to initiate transportation to an emergency receiving facility, where the individual would be evaluated for admission on the basis of substance use disorder and substantial risk of imminent harm to self or others.

This opinion of the person completing the 1013 or the 2013 is based on (1) recent overt acts, (2) recent expressed threats, or (3) an imminently life-endangering crisis because of the person's inability to care for self. Contacts with the Emergency Receiving Facility (ERF) and transportation of the individual to the ERF are completed in accordance with these procedures.

gadbhdd.policystat.com/policy/1136700/latest/dbhdd.georgia.gov/resources-law-enforcement

Consumer Rights and Involuntary Mental Health Treatment:

For more information, see the Georgia Advocacy Office website: a Summary of Your Rights Pertaining to Civil Involuntary Mental Health Treatment.

thegao.org/initiatives/olmstead-ada/your-rights-and-involuntary-mental-health-treatment/

Georgia Office of Disability Services (Ombudsman):

The DSO investigates Consumer complaints and attempts to resolve the issues identified: acts, omissions to act, practice, or policies and procedures that may adversely affect the safety and well-being of the Consumer.

The Ombudsman works independently of any state official or department but attempts to work cooperatively to improve the system of care. If you feel your rights, well-being, or safety is not being protected, please call 404-656-4261. Visit www.dso.georgia.gov.

LEGAL

Advanced Directive for Health Care:

An Advanced Directive (AD) is a legal document allowing a person to direct his or her healthcare in the event that he or she becomes unable to make or communicate healthcare decisions. State laws on ADs typically make no reference to psychiatric treatment specifically, but in general, ADs can be used to make advance psychiatric decisions. All states have passed laws allowing ADs, but the exact rules vary from state to state.

Although Georgia does not have a specific statute for a psychiatric advance directive, you can learn more about general advance directives for health care in Georgia at:

Georgia Department of Human Resources:

aging.dhs.georgia.gov/sites/aging.georgia.gov/files/GEORGIA%20ADVANCE%20DIRECTIVE%20FOR%20HEALTH%20CARE-2016.pdf

Caring Connections:

www.nhpco.org/patients-and-caregivers/

The Bazelon Center for Law:

www.bazelon.org/

The Bazelon Center advocates for the civil rights of individuals with mental disabilities.

Power of Attorney and Durable Power of Attorney:

Power of attorney, or durable power of attorney is the legal term for the power a designated agent has to make decisions on the consumer's behalf.

Guardianship:

Adult Guardianship is advised for the parent of a disabled child 18 or over, who is unmanageable, has risky behavior or simply unable to deal with legal matters. Having guardianship of your adult child gives you the right to make decisions pertaining to the child. Otherwise, you have no say in his/her decisions.

How to file for Guardianship in DeKalb County:

gaprobate.gov/content/guardianships

At DeKalb County Probate Court, fill out the petition form and pay a filing fee. A psychiatric assessment is usually given. The duty of the guardians, usually the parent, is to file a yearly report about his/her condition.

DeKalb County Probate Court Office:

www.dekalbcountyga.gov/probate-court/probate-court

556 N McDonough Street, Room 1100-Annex, Decatur, GA 30030

Legal Assistance in DeKalb County Jail:

If your loved one is in jail, you have a million questions. The first question is probably, how to get medications over to him or her at the jail. Vital information is listed below.

A good strategy is to contact the Diversion Treatment Court (DTC) instead of immediately posting a bond to get the person out of jail. Call 404-371-2241. You don't need a lawyer; however, if a lawyer is assigned, ask him or her to explore a referral to DTC. This will be the best chance for his or her true recovery. Since the program is voluntary, the detainee must be willing to participate. The criminal case will be dismissed upon graduation from the program. DeKalb's program is considered one of the best in the country.

DeKalb County Jail Information:

Confidential phone line to leave health information: 404-298-8525

Health Services Coordinator at Jail: 404-298-8531

Mental Health Department: 404-298-8330

Medications to DeKalb County Jail:

1. Send prescription bottles with police and arrestee
2. Call Medical Confidential Phone line and leave medical information
3. Bring prescription bottles to jail. Request medical assistance from nurse on duty

DeKalb County Misdemeanor Mental Health Court:

The DeKalb County Misdemeanor Mental Health Court ("MMHC"), formerly the Diversion Treatment Court ("DTC") is an accountability court that now operates as a post-plea court. The Court has been operational since May 2001 and has graduated and dismissed cases for more than 400 participants diagnosed with mental illness.

All Participants MUST:

- Have a verifiable Axis I mental health diagnosis
- A current charge pending in DeKalb County and minimum nonviolent criminal history
- Be capable of making an informed choice and be willing participate in the conditions of their deferred sentence
- Be willing to take all prescribed medications

Program Requirements and Referrals

- The DeKalb Misdemeanor Mental Health Court (MMHC) is a post-plea Accountability Court

- A Defendant is required to enter a plea of guilty or nolo contendere in the originating trial court prior to entering the MMHC
- That sentence will be deferred for the next 12 months
- With successful completion of the program, the sentence will be vacated, charges dismissed, and the record restricted
- While in the program, a Defendant will be required to attend court appearances, mental health treatment appointments, therapeutic group sessions, undergo random drug screens, comply with medication adherence, etc.
- However, if a Defendant is terminated from the program for noncompliance, the case is returned to the originating trial court to impose the original sentence.

Steps to Enter:

1. Referrals to the MMHC are received from the police, prosecutors, defense attorneys, public defenders, jail mental health, judges, pre-trial services, family and previous mental health court participants. The referral form may be found at the court's website www.dekalbmisdemeanormentalhealthcourt.org (fax to 404-371-2683 or hand-deliver to the MMHC administrative assistant Ingrid George or any member of the court staff).
2. Referred Defendants are then directed to a MMHC observation that is scheduled by a court social worker either from a mini-assessment after arraignment, or consultation with private counsel, the prosecutor and public defender's office.
3. Referred Defendants who were not directed to observation from a mini-assessment receive a mini-assessment immediately after the scheduled observation. The mini-assessment involves a brief interview and opportunity for court social workers to get a confidential release of information to establish the presence of mental illness.
4. A more in-depth assessment and urinary drug screen is scheduled after records confirm mental illness and Referred Defendants are connected or reconnected to treatment providers.
5. Referred Defendants are evaluated for participation and approved by the full MMHC Interdisciplinary Team for enrollment.
6. A hearing is scheduled for the Defendant to enter a plea and participation in the MMCH is included in the sentence as a condition of probation.

The Diversion Treatment Court has been operational since May 2001 and has graduated nearly 400 individuals with mental illness and they have had their criminal cases dismissed.

Misdemeanor Mental Health Court:

- Is a voluntary judicially supervised court program

- Designs individual treatment plans appropriate for each individual's needs
- Assists and requires a Participant to locate available and affordable treatment
- Assists with transportation needs by providing a MARTA Card when possible

Services Available:

The MMHC strives to provide individually designed treatment plans that incorporate the dreams and aspirations that were the driving force for each individual before mental illness derailed those plans.

Treatment plans include:

- Compliance with prescribed medications
- Participation in treatment groups
- Compliance with house rules
- Abstinence from drugs and/or alcohol
- Completion of schooling /training/GED
- Participation in community/volunteer services and peer support programs
- Application for public assistance where applicable, etc.

DeKalb County Misdemeanor Mental Health Court Location and Contact Information:

DeKalb County Courthouse
 Magistrate Court of DeKalb County
 Suite 1200, First Floor, Courtroom 1200D
www.dekalbmisdemeanormentalhealthcourt.org

Judge Berryl A. Anderson, Chief Magistrate
 Magistrate Rhathelia Stroud, Presiding Judge
 Magistrate Judge Lindsay Jones, Assistant Judge
 Magistrate Judge September Guy, Assistant Judge
 Retired Judge Winston Bethel, Acting Director
 Bedford "Chip" Forte, Coordinator
 Dr. Vickie Jester, LCSW, Ph.D., Clinical Evaluator
 Ingrid Hall George, Administrative Assistant, 404-371-2241 (O) 404-371-2683 (F)

Magistrate Court Pretrial Services

Braddye Smith, Coordinator, MMHC Case Manager, 404-371-3027

DeKalb County Felony Mental Health Court:

Program Overview- The DeKalb County Felony Mental Health Court (DCFMHC) is a two-year judicially supervised treatment/alternative sentencing program to

assist felony offenders who present with severe and persistent mental illness or co-occurring disorders. The program will serve offenders with an extensive history of non-compliance with treatment and multiple risk factors, including significant criminal and/or housing issues. The DCFMHC will formally start operation in January 2016. The program will target and engage moderate to high-risk (recidivism) and high-needs (service needs) participants in intensive outpatient treatment services.

Eligibility:

To be eligible a defendant must be:

1. Charged with a felony (except as excluded below, matters will be evaluated on a case by case basis);
2. The current charge/crime (or a criminal history) is linked to a mental disorder; and
3. The mental health issue caused (is the nexus of) the criminal behavior (as opposed to an individual who commits criminal behavior and has ancillary or collateral mental health issues).

Exclusions:

Notwithstanding the above, a defendant is **NOT** eligible for the Mental Health Court if the mental health issue involves:

1. A borderline personality disorder, or a similar disorder, or

The pending charge consists of, or there is a criminal history which contains:

2. Murder/Homicide;
3. Rape;
4. Aggravated Child Molestation;
5. Aggravated Sodomy;
6. Kidnapping with Bodily Injury;
7. Armed Robbery;
8. Aggravated Sexual Battery;
9. Felony Sexual Battery; or
10. A sex crime, defined as any crime requiring sex-offender registration.

Contact Information:

Presiding Judge: Asha F. Jackson

Accountability Court Director: Fredericka S. Dent - 404-371-2906

SOCIAL SECURITY

Social Security Disability - SSDI/SSI:

Mental illness is a serious neurobiological condition that very often leads to an inability to successfully support oneself in gainful employment. Consequently, the illness may qualify as a disability and the ill person may be eligible for cash and health care benefits.

For people with a disabling mental illness, Medicaid is probably the most important resource for both mental health care and medical services. For those who qualify, Medicaid pays for doctor's services, lab fees, clinics, medical equipment, emergency dental care and medical transportation. Apply first at Social Security for a disability decision if you are under age 65.

SSDI/SSI Benefits

There are two kinds of cash benefits available: Social Security Disability (SSDI) and Supplemental Security Income (SSI). In order to qualify for either program, a person must be found to have a medical impairment that results in physical and/or mental disability.

- SSDI is for a person who has worked and paid into the Social Security system enough time to qualify. There is no limit on bank accounts or what you own.
- SSI is referred to as an entitlement program. It is based on a person's financial need. To qualify for SSI, the person must also have low income and few resources. You cannot have more than \$2000 in cash, checking, savings, etc. You can own a house and a vehicle.

Retirement, Survivors, Disability Insurance (RSDI) is a federally funded program. If a person is documented before age 22 with a disability, they may qualify under RSDI. Eligibility requires they be a dependent of someone who is qualified for Social Security.

Applying for benefits through The Social Security Administration (SSA) is the first step in the process. SSA determines eligibility for SSDI/SSI.

How to Apply for SSDI/SSI Benefits:

Disability Planner: How to Apply

www.ssa.gov/planners/disability/dapply.html

Social Security and Disability Resource Center:

www.ssdrc.com/

To set up an appointment to apply at a SSA office, call their toll free number: 1-800-772-1213

Atlanta Social Security locations:

401 West Peachtree St. NW, Suite 2860 (28th floor), Atlanta GA 30308

Northeast SSA Office, 4365 Shackelford Rd., Norcross, GA 30093

Additional websites:

www.ssa.gov/redbook/

See page 5, “How We Define Disability”

www.ssa.gov/disability/

www.ssa.gov/disability/determination.htm

www.disabilitybenefitscenter.org/glossary

Oversight for SSDI/SSI Benefits:

The Centers for Medicare and Medicaid Services (CMS) was created to administer oversight of the Medicare Program and the federal portion of the State Medicaid Program. CMS works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.

Benefits Navigator Program:

Work Incentives Planning and Assistance Program (WIPA)

www.benefitsnavigator.org/

Benefits Navigators: Curtis Rodgers - 1-800-283-1848

A service provided by the Shepherd Center in a cooperative agreement with the Social Security Administration for the WIPA.

The Benefits Navigator Program provides accurate work incentive information to people between the ages of 14 and full retirement age who receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or both. Our goal is to provide accurate information about how earned income will affect Social Security benefits as well as other Federal or State benefits you may receive. We can assist you by giving you information that will help you make the best decisions possible for you to determine how to reach your maximum economic potential by understanding how work and earnings may affect those benefits you currently receive through Social Security.

Special Needs Trust:

If your adult child is on SSI and is expecting an inheritance or legal settlement, you will need to have a properly prepared legal document called a “Special Needs or Supplemental Needs Trust” so benefits are not lost. Only non-necessities can be paid from the monies in the Trust. You need an attorney experienced in creating such Trust in order to protect their entitlements.

The Georgia Community Trust:

www.georgiacommunitytrust.com/

3541 Fowler Avenue, Duluth, GA 30097 770-301-6600

TGCT was founded at Ridgeview Institute in 1997 and transferred to AADD in 2015. Through a pooled special needs trust, they offer individuals and their loved ones a vehicle to save money for future needs of the beneficiary without losing eligibility for public benefit programs such as Medicaid and SSI. The special needs trust, under the care of a trustee appointed by the family, will pay for supplemental goods and services not covered by public programs. No attorney is needed, but there is an initial enrollment fee and an annual administrative and investment fee (1% or less) divided into quarterly payments. Medicaid estate recovery, Medicaid applications and planning, revocable and irrevocable trusts, supplemental security income (SSI) issues, trusts and wills.

SECTION II - NAMI DEKALB COMMUNITY RESOURCES

INTRODUCTION

Over the years NAMI DeKalb has used the phrase “Who You Gonna Call?” to suggest the challenges faced when seeking help for oneself, a family member, or a friend. At NAMI DeKalb we know from member surveys, website statistics and personal contact that finding the right resources is one of the single biggest challenges people encounter. This “Community Resources and Family Guide on Mental Illness,” supported by our website, is an effort to help individuals and their families in the NAMI DeKalb communities and surrounding area locate mental health resources to address their extensive range of needs.

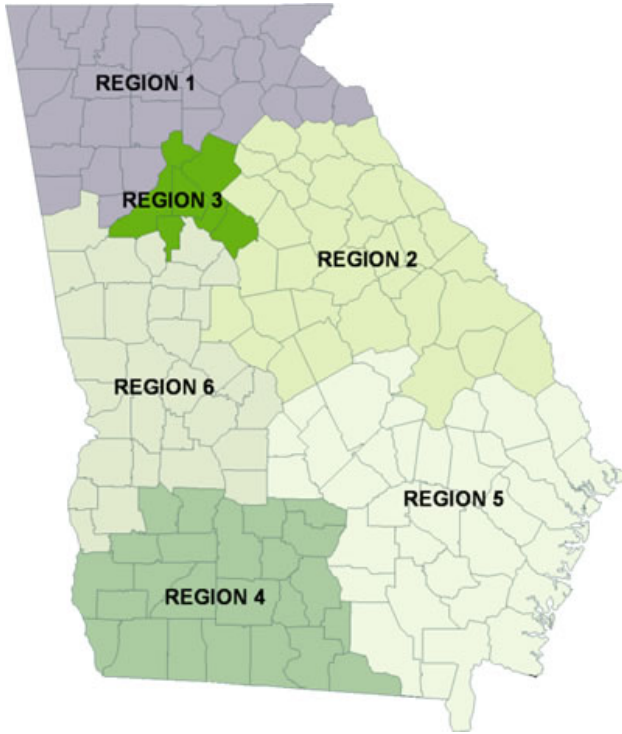
The listing of the resources in this guidebook cannot be viewed as an endorsement by NAMI DeKalb for the services identified. Since contributions to this section were gathered from our member surveys, our education meetings and support groups, and individual member suggestions, these resources represent just a sample of what is available within our community.

The contents of this directory and guide are for informational purposes only. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Additionally, while NAMI DeKalb has made every attempt to ensure the accuracy and reliability of the information provided, keep in mind that mental health services vary widely and are constantly changing.

The resource information will be updated on our website throughout the year. If you don't find what you need in this publication, go to our website, www.namidekalb.org, for additional resource information plus information on education, support groups and other activities. If you have a recommendation you want to share with our community, please give us that information. Together we will walk this path of recovery.

GEORGIA DBHDD REGIONS MAP

Georgia Department of Behavioral Health and Developmental Disabilities - Regional Field Offices



Region 1 Field Office serves the following 31 counties in North Georgia:

Banks, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fanin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Hart, Lumpkin, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, White, and Whitfield.

Region 2 Field Office serves the following 33 counties in East Central Georgia:

Baldwin, Barrow, Bibb, Burke, Clarke, Columbia, Elbert, Emanuel, Glascock, Greene, Hancock, Jackson, Jasper, Jefferson, Jenkins, Jones, Lincoln, Madison, McDuffie, Monroe, Morgan, Oconee, Oglethorpe, Putnam, Richmond, Screven, Taliaferro, Twiggs, Walton, Warren, Washington, Wilkes, and Wilkinson.

Region 3 Field Office serves the following 6 counties surrounding Metro Atlanta:

Clayton, DeKalb, Fulton, Gwinnett, Newton and Rockdale.

Region 4 Field Office serves the following 24 counties in Southwestern Georgia:

Baker, Ben Hill, Berrien, Brooks, Calhoun, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Irwin, Lanier, Lee, Lowndes, Miller, Mitchell, Seminole, Terrell, Thomas, Tift, Turner, and Worth.

Region 5 Field Office serves the following 34 counties in Southeastern Georgia:

Appling, Atkinson, Bacon, Bleckley, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Dodge, Effingham, Evans, Glynn, Jeff Davis, Johnson, Laurens, Liberty, Long, McIntosh, Montgomery, Pierce, Pulaski, Tattnall, Telfair, Toombs, Treutlen, Ware, Wayne, Wheeler and Wilcox.

Region 6 Field Office serves the following 31 counties in West Central Georgia:

Butts, Carroll, Chattahoochee, Clay, Coweta, Crawford, Crisp, Dooly, Fayette, Harris, Heard, Henry, Houston, Lamar, Macon, Marion, Meriwether, Muscogee, Peach, Pike, Quitman, Randolph, Schley, Spalding, Stewart, Sumter, Talbot, Taylor, Troup, Upson and Webster.

Georgia Department of Behavioral Health and Developmental Disabilities State Psychiatric Hospitals, Private Hospitals (contracted) and Community Service Areas

State Psychiatric Hospitals

1. Georgia Regional Hospital - Atlanta
2. West Central Georgia Regional Hospital - Columbus
3. Central State Hospital (Forensics) - Milledgeville
4. East Central Regional Hospital - Augusta
5. Georgia Regional Hospital - Savannah

Private Psychiatric Hospitals

(contracted by DBHDD to receive individuals from Region 1 counties)

1. Floyd Medical Center - Rome
2. Wellstar Cobb Hospital - Austell
3. Laurelwood - Gainesville
4. Peachford Hospital - Dunwoody
5. SummitRidge - Lawrenceville
6. Anchor Hospital - Atlanta
7. Willowbrook at Tanner - Carrollton

Community Services Areas

1. Advantage Behavioral Health Systems
2. Albany Area Community Service Board
3. Avita Community Partners
4. Behavioral Health Services of South Georgia
5. Clayton Community Service Board
6. Cobb Community Service Board
7. Community Service Board of Middle Ge
8. CSB of East Central Georgia (Serenity Behavioral Health)
9. DeKalb County Community Service Board
10. Douglas Community Service Board
11. Fulton County MHDDAD
12. Gateway Community Service Board
13. Georgia Pines Community MHMRSA Services
14. Highland Rivers Community Service Board
15. Lookout Mountain Community Services
16. McIntosh Trail Community Service Board
17. Middle Flint Behavioral Healthcare
18. New Horizons Community Service Board
19. Oconee Community Service Board

20. Ogeechee Behavioral Health Services
21. Pathways Center for Behavioral & Developmental Growth
22. Phoenix Center Behavioral Health Services
23. Pineland Area Community Service Board
24. River Edge Behavioral Health Center
25. Unison Behavioral Health (formerly Satilla CSB)
26. View Point Health (formerly GRN CSB)

GA DBHDD Assertive Community Treatment (ACT) Provider Contact List:

dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/DBHDD%20ACT%20Team%20Contact%20List%20-%20April%202014.pdf

GA DBHDD Office of Adult Mental Health Resource Directory - 2015:

dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/2015%20AMH%20Directory%208.14.15.pdf

BEHAVIORAL HEALTH HOSPITALS & RESIDENTIAL TREATMENT FACILITIES

Anchor Hospital:

anchorhospital.com/

5454 Yorktowne Drive, Atlanta, Georgia 30349

770-991-6044/ 1-866-667-8797

Inpatient/Partial Hospitalization and Intensive Outpatient Services for Adult and Older Adult

Atlanta Center for Eating Disorders:

www.eatingdisorders.cc/

4536 Barclay Drive Dunwoody, GA 30338

770-458-8711

Day program (partial hospitalization), Intensive Outpatient and Aftercare program

Black Bear Lodge Treatment Center:

blackbearrehab.com/

310 Black Bear Ridge, Sautee Nacoochee, GA 30571

855-682-7092

Black Bear Lodge is a residential treatment facility located in north Georgia that treats substance use disorders and co-occurring disorders.

Emory DeKalb Medical Center Behavioral Health Services:

www.dekalbmedical.org/our-services/behavioral-health

2701 North Decatur Road, Decatur, GA 30033

404-501-1800

Accessible through DeKalb Medical Emergency Department

Emory University Hospital at Wesley Woods:

www.emoryhealthcare.org/brain-health/inpatient-psychiatry.html

1821 Clifton Road Ne Atlanta, GA 30329

404-728-6222

Inpatient and Outpatient Services for adults

Family Initiative Residence - Conyers:

www.firinc.org/

770-483-4269

familyinitiative@bellsouth.net

Georgia Regional Hospital Atlanta (GRHA):

dbhdd.georgia.gov/location/georgia-regional-hospital-atlanta

3073 Panthersville Road, Decatur, GA 30034

404-243-2100

GRHA is a publicly owned facility of the State of Georgia and operated by the Department of Behavioral Health and Developmental Disabilities (DBHDD)

Grace Harbour*:

www.gharbour.com/

200 Westpark Dr., Suite 325, Peachtree City, GA 30269

770-486-1140

Mental health services to children, adults, families, and geriatrics

Grady Behavioral Health:

gradyhealth.org/specialty/behavioral-health/

404-616-4444

Community based outpatient services: 10 Park Place, Atlanta 30303

Crisis Service Center and Inpatient services:

main hospital - 80 Jesse Hill Jr. Drive, SE 30303

Lakeview Hospital*:

www.lakeviewbehavioralhealth.com/

1 Technology Pkwy S, Norcross, GA 30092

855-668-1596

Serving adolescents and adults

Peachford Behavioral Health System*:

peachford.com/

2151 Peachford Road, Atlanta, GA 30338

770-454-2302

Inpatient acute-care facility, partial-hospitalization and intensive outpatient programs. Serves child, adolescent and adults

Ridgeview Institute*:

ridgeviewinstitute.com/

3995 South Cobb Drive, Smyrna, GA 30080

844-350-8800

Serves child, adolescent and adults

RiverMend Health Centers:

www.rivermendhealthcenters.com/

640 Powers Ferry Rd., Building 28, Suite 100, Marietta, Georgia 30067

844-463-1926

Inpatient and Outpatient treatment for substance use disorders and co-occurring disorders

RiverWoods Behavioral Medicine:

www.riverwoodsbehavioral.com/?utm_source=Yext&utm_medium=Directory%20Listing&utm_campaign=Yext%20Main

223 Medical Center Dr., Riverdale, GA 30271
855-737-4927

An inpatient treatment program for men and women treating addictions and behavioral health

Skyland Trail:

www.skylandtrail.org/

1903 N. Druid Hills Road, Atlanta GA 30319
866-504-4966

Private, not-for profit organization offering treatment to adults with mental illness. They specialize in treating adults with Bipolar Disorder, Schizophrenia, Depression and Dual Diagnosis in both day treatment and residential programs.

SummitRidge Hospital*:

www.summitridgehospital.net/

250 Scenic Highway, Lawrenceville, GA 30046
678-442-5858

Inpatient/partial hospitalization and outpatient programs for adolescents, adults, and senior adults

Talbot Recovery:

talbotcampus.com/

5448 Yorktowne Dr., College Park, GA 303449
844-782-7081

2153 Peachford Rd., Dunwoody, GA 30338

Substance Use Disorders and Co-Occurring Disorders; Young Adult, Adult and Professionals Program

Twin Lakes Recovery Center:

www.twinlakesrecoverycenter.com/

398 Highway 11, SW, Monroe, GA 30655
877-958-0778

Treatment for substance abuse and co-occurring disorders

WellStar Atlanta Medical Center:

www.wellstar.org/locations/pages/wellstar-atlanta-medical-center.aspx?modal=true

303 Parkway Drive NE Atlanta, GA 30312
404-265-4000

Provides behavioral health services

WellStar Behavioral Health:

www.wellstar.org/medical-care/other-support-services/pages/behavioral-health.aspx

770-956-7827

An overview list of the services provided by WellStar Behavioral Health: WellStar Call Center, The WellStar Behavioral Health Resource Team, Adult Inpatient Services, Outpatient Counseling Services, Workshops, Seminars and more

WellStar Cobb Hospital:

www.wellstar.org/locations/pages/wellstar-cobb-hospital.aspx

3950 Austell Road SW, Austell, GA 30106

Contracted by GA DBHDD to receive individuals from counties in Region 1

*Hospitals with children and youth facilities

CARE MANAGEMENT SERVICES

PLAN of Georgia:

planofgeorgia.com/

270 Carpenter Drive, Suite 200 F, Atlanta, GA 30342

404-634-0094

Long-term care for an individual with mental illness

Planned Lifetime Assistance Network (PLAN) of Georgia was created by families to help other families challenged by a common concern - how best to plan for present and future care of a family member living with a serious mental illness. PLAN of Georgia offers long-term care for an individual living with mental illness via a contract made with his or her family. PLAN communicates with the family regarding the services being provided on an ongoing basis and can provide services after the caregiver is gone or no longer able to provide care. All of their care managers are experienced clinicians specializing in services to adults with psychiatric disabilities.

Services can include assistance finding quality housing, money management, grocery shopping and meal planning, management of comprehensive health care services, monitoring of meds and their side effects, arranging educational and vocational support, coordinating transportation, helping to obtain public benefits, visiting regularly to assess client needs, etc. Coordination with trustees, bankers, attorneys and other service providers is also available.

CASE MANAGEMENT SERVICES

Assertive Community Treatment (ACT) is a consumer-centered, recovery-oriented, and highly intensive service that offers access to a variety of interventions 24 hours a day, seven days a week. ACT is a community-based alternative to hospitalization for people who have a severe and persistent mental illness (SPMI) which has interrupted their ability to live in the community successfully. In addition to having an SPMI, ACT enrollment criteria may include:

- Frequent admission to psychiatric hospitals
- Significant functional impairments due to mental illness
- Homelessness or risk of becoming homeless
- Incarceration for reasons related to mental illness
- Co-occurring substance abuse disorders

ACT is an option for people who have not had success in traditional outpatient behavioral health programs. It is often referred to as a “hospital without walls” because it provides a full range of treatment and supports that enable individuals with SPMI to live in the community. ACT supports recovery through skill-building, advocacy, case management, and psychiatry.

ACT is administered by a multidisciplinary team of behavioral health professionals that consists of a team lead, psychiatrist, registered nurse, certified peer specialist, licensed clinician, vocational specialist, substance abuse counselor, and a paraprofessional. The teams provide intensive, community-based interventions, including: rehabilitation, crisis planning, mental health counseling, substance abuse treatment, medication management, housing and employment assistance, transportation, and other integrated services. ACT is a unique treatment model in which the majority of mental health services are provided directly by the ACT team in the consumer’s natural environment, which may be his or her home. DBHDD supports 22 ACT teams serving more than 1,700 people in Georgia. Teams typically serve between 75 and 100 consumers.

ACT teams receive referrals from providers, clinics, hospitals and jails. ACT teams also coordinate transitions to the community for individuals being discharged from a hospital or jail. A large majority of ACT services are provided in the field rather than in an office setting. Teams are also on call 24/7 to provide crisis intervention outside of regularly scheduled appointments. Because serious mental illnesses are episodic disorders and many consumers benefit from the availability of long-term treatment and continuity of care, individuals may remain in ACT as long as eligibility is met. This flexibility allows consumers to experience gains and setbacks along the process while continuing on the overall road to recovery.

GA DBHDD Assertive Community Treatment (ACT) Provider Contact List:
dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/DBHDD%20ACT%20Team%20Contact%20List%20-%20April%202014.pdf

Behavioral Health Link

bhlttest.com/

800-715-4225 | Available 24/7

Community Advanced Practice Nurses, Inc. (CAPN) Mental Health Clinic:

Services: www.capn.org/health-services.html

Locations: www.capn.org/clinic-locations--hours.html

173 Boulevard NE, Atlanta, GA 30312

Services for adult homeless women

Counseling and therapy for children at CAPN Physical Health Clinic:

173 Boulevard NE, Atlanta, GA 30312 404-815-1811

Community Friendship:

www.communityfriendship.org/

85 Renaissance Parkway, NE, Atlanta, GA 30308

404-875-0381

Mercy Care Service:

www.mercyatlanta.org/SERVICES

mercyatlanta.org/locations/

Main Office: 424 Decatur St., Atlanta, GA 30312

678-843-8600

Mercy Care Chamblee

El personal habla español.

5134 Peachtree Road, Chamblee, GA 30341

678-872-7100

Mercy Care at Atlanta Day Shelter for Women and Children

655 Ethel Street NW, Atlanta, GA 30318

404-876-2894

Mercy Care at City of Refuge

1300 Joseph E. Boone Blvd., Atlanta, GA 30314

678-843-8790

Mercy Clinic at the Gateway 24/7

275 Pryor St., Atlanta, GA 30303

678-843-8600

Mercy Care at St. Jude's Recovery Center

160 Pine Street

Atlanta, GA 30308
(678) 843-8600

Transitional Family Services (TFS):

tfsga.org/

2302 Parklake Dr., Suite 350, Atlanta Ga 30345

770-621-0469

Offers a range of family preservation services and case management

CHILDREN AND YOUTH

SPECIAL EDUCATION CONSULTANT/ADVOCATE

Advocates and Attorneys for Special Education:

www.advocatesforspecialeducation.com/

Debbie Dobbs:

www.debbiedobbs.com

800-378-3142

Advocates for children with special needs.

Independent Education Consultants Association:

www.iecaonline.com/

3251 Old Lee Highway, Suite 510, Fairfax, Virginia 22030

703-591-4850

Independent educational consultants

Medella Mental and Behavioral Health Inc.:

medellahealth.org/

1535 Pennsylvania Avenue, McDonough, GA 30253

470-765-6707

Non-profit organization advocating for children, adolescents and adults that have been diagnosed with a mental illness

Robin Lucas :

robinmlucas.blogspot.com/

404-314-4542

Special Education Consultant/Advocate

SUPPORT SERVICES

DeKalb Access and Resource Center

www.facebook.com/pg/DeKalb-Access-and-Resource-Center-110404599039834/about/

678-205-4167

949 N. Hairston Road, Stone Mountain GA 30083

ARC is devoted to empowering families raising children with challenging behaviors by linking them to helpful community resources that promote positive outcomes.

CHADD, Inc.:

www.chadd.org/

Children and Adults with Attention-Deficit/Hyperactivity disorder (CHADD) provides education, advocacy and support for individuals with ADHD.

Chastain Horse Park Therapeutic Riding Program:

www.chastainhorsepark.org/

4371 Powers Ferry Road, Atlanta, Georgia 3032

4244-252-404

Therapeutic riding uses equine-assisted activities for the purpose of contributing positively to cognitive, physical, emotional, and social well-being of people with disabilities.

The Children and Teenager Foundation:

4151 Memorial Drive, Suite 204A, Decatur GA 30032

404-299-2087

Provides programming for children and families including behavioral aides, etc.

CHRIS 180:

www.chris180.org/

1017 Fayetteville Road, Suite B, Atlanta, GA 30316 404-486-9034

Saves, serves & protects children, young adults, & families who have experienced trauma to help change the direction of their lives. Mental health counseling, training, safe housing, and real-world skill building

Covenant House Georgia:

www.covenanthousega.org/

1559 Johnson Rd. NW, Atlanta, GA 30318

404-589-0163

Provides a range of services for homeless youth

Families First:

www.familiesfirst.org

80 Joseph Lowery Boulevard, NE, Atlanta, Georgia 30314

404-853-2800

We connect families to new family members, existing family members, family resources, support systems, and opportunities around Atlanta.

Georgia Parent Support Network:

www.gpsn.org/

1381 Metropolitan Parkway, Atlanta, GA 30310

404-758-4500

Providing support, education, and advocacy for children and youth with mental illness

Little Creek Horse Farm

littlecreekfarmconservancy.com/

2057 Lawrenceville Hwy, Decatur, GA 30033

404-634-3276

Therapeutic riding uses equine-assisted activities

Peachtree Pediatric Psychology:

<https://peachpsychology.com/>

750 Hammond Drive, Building 10, Suite 100, Atlanta, GA 30328

404-796-7777

In-depth psychological assessment and treatment services

Inneractions Therapy Services:

myinneractions.com/

1640 Powers Ferry Rd., Bldg 2, Ste 150, Marietta, GA 3067

770-726-9624

Works with children, adolescents and young adults who are struggling socially, emotionally and/or behaviorally.

Fulton County, The Oak Hill Child, Adolescent & Family Center:

<http://fultoncountyga.gov/home-ohk>

Behavioral health services for Fulton County youth aged 0 - 21 years and family integration.

Parent to Parent of Georgia (P2P):

www.p2pga.org/

3070 Presidential Parkway, Suite 130, Atlanta, GA 30340

800-229-2038

Online support to connect with others dealing with a similar child disability

TESTING, ASSESSMENTS, EVALUATIONS & TREATMENT

Child & Adolescent Mood Program (CAMP) - Emory University School of Medicine:

www.camp-emory.com

404-727-3973

12 Executive Park Dr. NE, Suite 200, Atlanta, GA 30329

Clinical Research Program providing outpatient clinical services

DeKalb Community Service Board:

www.dekcsb.org/

445 Winn Way, Decatur, GA 30030

404-892-4646

Provides outpatient clinical services at clinic and school based locations in DeKalb County

Viewpoint Youth Services:

www.myviewpointhealth.org/

175 Gwinnett Drive, Lawrenceville, Georgia 30046

678-209-2411

Provide quality comprehensive care for youth and family in a “system of care” model

RESIDENTIAL TREATMENT

Devereux:

www.devereux.org/

1291 Stanley Road, Kennesaw, GA 30152

1-800-345-1292

Intensive residential treatment in a secure setting for youth ages 10-21

Hillside:

www.hside.org

690 Courtenay Drive, NE, Atlanta, Georgia 30306

404-846-5118

Provides residential and community mental health services

Laurel Heights Hospital:

laurelheightshospital.com/

934 Briarcliff Road, NE, Atlanta, Georgia 30306

404-888-5475

Inpatient program is designed to treat psychiatric crisis of children and adolescents

Youth Villages Inner Harbour Campus:

www.youthvillages.org/

4685 Dorsett Shoals Road, Douglasville, GA 30135

770-852-6300

Residential treatment programs for children and youth with serious emotional disturbances

COLLEGE PREPARATION AND CHALLENGES

Active Minds:

www.activeminds.org/

Students speak openly about mental health to educate others and encourage help-seeking

Best Colleges:

www.bestcolleges.com/resources/community-and-health/

College guide for students with psychiatric disabilities

Half of Us:

www.halfofus.com/

Promote emotional health and prevent suicide among college and university students

Set To Go:

www.settogo.org/

Online resource center to help focus on emotional health before, during and after the college transition

Student Federal Loans:

studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/disability-discharge

Student loan forgiveness as a result of a disability

COUNSELING & THERAPY

Amen Clinics:

www.amenclinics.com

5901-C Peachtree Dunwoody Rd N.E. Suite 65, Atlanta, GA 30328

1-888-288-9834

Treatment of mood and behavioral disorders

Anxiety and Stress Management Institute:

www.stressmgmt.net

1640 Powers Ferry Road SE, Building 9, Suite 100, Marietta, GA 30067

770-953-0080

Outpatient mental health services through 25 licensed psychologists

The Brain Stimulation Clinic:

www.transcranialbrainstimulation.com

5555 Glenridge Connector NE Suite 200, Atlanta, GA 30342

470-234-8315

Provides Transcranial Direct Current Stimulation

Care and Counseling Center of Georgia:

www.cccgeorgia.org

1814 Clairmont Road, Decatur, GA 30033

404-636-1457

Professional counseling with fees changed on a sliding scale.

Creative Community Services:

www.ccsgeorgia.org

Creative Community Services, Inc. is a non-profit organization that improves the quality of life for children, teens and adults with developmental disabilities and mental health needs and their families, by providing direct services and community-based support throughout the state of Georgia.

DeKalb Community Service Board:

dekcsb.org/

445 Winn Way, Decatur, GA 30030

404-892-4646

Provides behavioral health and intellectual/developmental disabilities services

Family Ties Inc.

www.familytiesinc.com

270Carpenter Drive, Suite 400, Sandy Springs, Ga 30328

0345-460-678

Intensive home-based counseling and community integration services for families and children

Georgia Behavioral Health Professionals of Decatur

www.mygbhp.com/location/decatgur-ga/

160 Clairemont Avenue, Suite 445, Decatur, Georgia 30030

770- 389-8100

Doctors and clinicians serving communities in Decatur

Hayes, Davidson and Associates:

www.heatherhayes.com/

1735 Buford Hwy Ste 215-335 Cumming, GA 30041

1-800-219-0570

Provide clients and families with a tailored, concierge approach to care management recovery options for substance abuse, mental health issues and process addictions

Helping Hands:

<http://www.helpinghandsgeorgia.com/>

5524 Old National Hwy, College Park, GA 30349

404-763-8555

Outpatient provider of behavioral health and substance abuse services

Jydes Family Clinic:

www.jydesfamilyclinic.com/

3550 Old Milton Pkwy, Alpharetta, Ga 30005

770-674-0543

4720 Peachtree Industrial Blvd, Suite 4102, Norcross, GA 30071

770-686-3232

3966 S. Bogan Rd. N.E., Buford, Ga 30519

678-765-8276

2089 Teron Trace, Suite 225, Dacula, GA 30019

678-804-9944

139 Prominence Court, Suite 130, Dawsonville, GA 30534

706-531-1364

Jydes Family Clinic is a licensed medical practice that works to provide convenient, complete and competent psychiatric care.

Jewish Family & Career Services:

ifcsatl.org/

4549 Chamblee Dunwoody Road, Atlanta, GA 30338

770-677-9300

Serves individuals and families in greater Atlanta

Lifegate Counseling at Peachtree:

<http://lifegategroup.org/>

3434 Roswell Rd. NW, Atlanta, Ga 30305

404-842-3150

Counseling and coaching for individuals, couples and families

Lorio Psych Group:

<http://www.loriopsychgroup.com/>

675 Seminole Ave. NE, Unit T-03, Atlanta, GA 30307

404-249-0520

Alliance of innovative mental health clinicians providing mental health services for child, adolescents and adults

Metropolitan Counseling Services:

mcsatlanta.org/

2801 Buford Highway, #470, Atlanta, Georgia 30329

404-321-1794

Providing quality, affordable counseling and psychotherapy for adults

Northwest Behavioral Medicine:

<https://psychatlanta.com/>

11755 Pointe Place, Suite A-1, Roswell, GA 30076

770-667-1264

108 Margaret Avenue, Marietta, GA 30060

770-422-2009

Comprehensive mental health care using an integrated approach with psychiatrists, psychologists, and masters level therapists treating most behavioral health disorders. Michael D, Banov, Medical Director

Perimeter Therapy Associates:

www.perimetertherapy.com

1455 Lincoln Parkway Suite 24, Atlanta, GA 30346

678-666-4717

Provides psychological services for children, adolescents, adults, older adults, couples, and families

Powers Ferry Psychological Associates:

<https://atlantapsychologist.com/>

770-953-4744

Provide comprehensive neuropsychological evaluations and therapy

Psychletherapy Group:

www.psychletherapy.com/

770-422-2009 ext. 503

Experiential treatment modality augmenting group therapy with physical exercise through the use of indoor spin bikes

The Link Counseling Service:

www.thelink.org/

348 Mount Vernon Hwy NE, Atlanta, GA 30328

404-256-9797

The Link Counseling Center is a nonprofit community counseling center

Transitional Family Services (TFS):

<https://tfsgea.org/>

770-621-0469

1830 Water Place, Suite 200. Atlanta, Georgia 30339

Offers a range of family preservation services, child/adolescent, and adult services

View Point Health:

<https://www.myviewpointhealth.org/>

175 Gwinnett Drive, Lawrenceville, GA 30046

678-209-2411

Provide a safety net of care for behavioral health and developmental disabilities

DBT THERAPISTS

Tara Arnold Ph.D.

<http://www.taraarnoldinc.com/dbt-groups/>

23 Lenox Pointe NE, Atlanta, GA 30324

404-964-6629

Atlanta DBT Center:

www.atlantadbtc.com/about-us

770-452-0786

Capstone Center for Counseling, DBT & Relational Trauma:

capstoneatlanta.com/dialectical-behavioral-therapy-dbt/

9 Dunwoody Park Drive, Suite 136, Atlanta, GA 30338

770-744-5055

Carrefour of Atlanta:

<http://www.carrefouratlanta.com/index-2.html>

2751 Buford Highway, NE Suite 700, Atlanta, GA 30324

404-426-5382

Decatur Mindfulness and Psychotherapy:

decaturmindfulness.com/

321 W. Hill Street, Suite 2C, Decatur GA 30030

678-827-3456

Peachtree DBT:

<https://peachtreedbt.com/our-professionals>

3520 Piedmont Road, Suite 330, Atlanta, GA 30305

404-351-2008

Perimeter DBT:

www.perimeterdbt.com/

1867 Independence Square, Suite 105, Dunwoody, GA

30338 404-576-8328

ORGANIZATIONS

Georgia Art Therapy Association:

www.georgiaarttherapy.org/

PO Box 1803 Decatur, GA 30031

Metro Atlanta Therapists' Network:

www.matn.org/

1275 Shiloh Road NW, Suite 3030, Kennesaw, GA 30144

Provides a list of therapists in metro Atlanta, GA

FINANCIAL

Clearpoint Credit Counseling Services:

www.clearpoint.org

270 West Peachtree St., Suite 1800, Atlanta, GA 30305

800-750-2227

Credit counselors and bankruptcy educators

The Georgia Community Trust:

<http://www.georgiacommunitytrust.com>

125 Clairmont Avenue, Suite 300, Decatur, GA 30030

404-924-2015

Offer a way to save money for needs of the beneficiary without losing eligibility for public benefits

MassMutual Financial Group Perimeter:

www.specialneedsatlanta.com

4 Concourse Parkway, 3rd Fl., Suite, 300, Atlanta, Georgia 30328

404-704-3859

Special needs planner

LEGAL

The Gage Law Firm, LLC:

www.thegagefirm.com/

160 Clairemont Avenue, Suite 200, Decatur, GA 30030

678-954-5730

An attorney for any criminal case

Specializing in cases of mental health and the estate planning process

Hurley Elder Care:

<https://www.hurleyelaw.com>

100 Galleria Parkway, Suite 650, Atlanta, Georgia 30339

404-843-0121

Long-term care and estate planning, guardianship and special needs trusts

Law Office of Paige Arden Stanley LLC

www.stanleylawoffice.com/

3036 Robson Place NE, Atlanta, GA 30317

404-386-9950

Law Office of Ruthann P. Lacey, P.C.:

<https://www.elderlaw-lacey.com/>

3541 E. Habersham at Northlake Road, Tucker, GA 30084

770-939-4616

Disability planning

Nadler & Biernath, LLC:

<https://www.nadlerbiernath.com/>

4360 Chamblee-Dunwoody Rd., Suite 500 Atlanta, GA 30341

770-455-0535

Estate planning for families with a special needs member

SOCIAL SECURITY LAW FIRMS

Atkins and Associates, Attorneys-at-Law, L.L.C.:

<https://www.theatlantasocialsecurityattorney.com/>

1124 Canton Street, Roswell, GA 30075

770-399-9999

Burgess & Christiansen:

<https://www.disabilityhelpline.com/>

540 Powder Springs St, Building A, Suite 1, Marietta, GA 30064

770-422-8111

A legal team for social security disability, guardianship and special needs trusts

Law Office of Kathleen Flynn:

<http://www.kathleenflynnlaw.com/>

315 W. Ponce de Leon Ave., Suite 940, Decatur GA 30030
404-479-4431

ORGANIZATIONS

Atlanta Legal Aid Society

<https://www.atlantalegalaid.org/>

54 Ellis Street, NE, Atlanta, Georgia 30303
404-524-5811

Represents low income individuals in civil matters. A large network of specialized lawyers that cover a wide variety of practice areas.

The Bazelon Center for Law

<http://www.bazelon.org/>

1101 15th Street, NW, Suite 1212, Washington, DC 20005
202-467-5730

Mission: to protect and advance the rights of adults and children who have mental disabilities

Georgia Advocacy Office

<http://thegao.org/>

150 E. Ponce de Leon Avenue, Suite 430, Decatur, GA 30030
404-885-1234 or 1-800-537-2329

A legal advocacy group for people in Georgia who have significant disabilities and mental illness.

Georgia Justice Project

<https://www.gjp.org/>

438 Edgewood Avenue, Atlanta, GA 30312
404-827-0027 ext. 231 for intake

Free legal services for indigent criminally accused in Fulton and DeKalb counties

Georgia Public Defender Council - Office of Mental Health Advocate OMHA:

<http://www.gapubdef.org/index.php/office-of-the-mental-health-advocate>

104 Marietta St NW #200, Atlanta, GA 30303
404-795-2440

Provide services to attorneys representing criminal defendants with mental health challenges in Georgia Public Defender cases

National Center for Mental Health and Juvenile Justice:

<https://www.ncmhjj.com/>

Activities and research for youth with mental health disorders in the juvenile justice system

ASSOCIATIONS

Alzheimer's Association:

www.alz.org/

24/7 Helpline: 1-800-272-3900

41 Perimeter Center, E #550, Atlanta, GA 30346

404-728-1181

American Foundation for Suicide Prevention:

afsp.org/about-afsp/

AFSP is dedicated to saving lives and bringing hope to those affected by suicide.

Fuqua Center for Late Life Depression:

fuquacenter.org/about-us/advocacy-coalition/

12 Executive Park, NE, 5th Floor, Atlanta, Georgia 30329

404-778-5526

Dedicated to improving older adults' access to treatment and the public's understanding of depression in older adults in order to de-stigmatize and eliminate discrimination associated with mental illness

Georgia Council on Substance Abuse:

www.gasubstanceabuse.org/

100 Edgewood Ave., Suite 1005, Atlanta, GA 30303

404-523-3440

The mission of the Georgia Council on Substance Abuse (GCSA) is to reduce the impact of substance use in Georgia's communities through education, advocacy and training.

Georgia Justice Project Atlanta:

www.gjp.org/

438 Edgewood Ave., SE, Atlanta, GA 30312

404-827-0027

Legal services combined with social services and employment support for the neediest accused of a crime

Georgia Mental Health Consumer Network:

www.gmhcn.org/

246 Sycamore St, Decatur, GA 30030

404-687-9891

The Georgia Mental Health Consumer Network is a non-profit corporation founded in 1991 by consumers of state services for mental health, developmental disabilities, and addictive diseases.

Georgia Parent Support Network:

gpsn.org/

1381 Metropolitan Pkwy, SW, Atlanta, GA 30310

404-758-4500

Dedicated to providing support, education, and advocacy for children and their families with mental illness, emotional disturbances, and behavioral differences. Our goal is to create a community-based network of support for parents that facilitates sharing of information, ideas, and problem solving

Georgia Vocational Rehabilitation Agency:

gvs.georgia.gov/

Committed to providing as many avenues as possible for people with disabilities to receive vocational rehabilitation services

Mental Health America of Georgia:

www.mhageorgia.org/

2250 N Druid Hills Rd. NE., Suite 275, Atlanta, GA 30329

770-741-1481

A non-profit organization dedicated to helping all Georgians live mentally healthier lives. Focuses on prevention, early intervention, treatment, recovery and public policy

National Alliance on Mental Illness:

- Georgia namiga.org/
- Atlanta/Auburn namiatlantaauburn.org/
- Cobb County namicobb.org/
- DeKalb County namidekalb.org/
- Gwinnett County namigwinnett.org/
- Northside Atlanta naminorthsideatlanta.org/

National Center for Mental Health and Juvenile Justice:

<https://www.ncmhjj.com/>

345 Delaware Avenue, Delmar, New York 12054

866-962-6455

Activities and research for youth with mental health disorders in the juvenile justice system

National Council for Behavioral Health:

www.thenationalcouncil.org/

1400 K Street, NW, Suite 400, Washington, DC 20005

202-684-7457

National Council for Behavioral Health is the unifying voice of America's community mental health and addictions treatment organizations. Mission: to advance the ability to deliver integrated health care among member organizations

National Education Alliance for Borderline Personality Disorder (NEA-BPD):

<https://www.borderlinepersonalitydisorder.org/>

Mission: to enhance the quality of life of those affected by Borderline Personality Disorder

Modeled after the NAMI Family to Family course, NEA-BPD offers a free 12-week Family Connections course for family and friends interested in BPD

The Carter Center Mental Health Program:

www.cartercenter.org/health/mental_health/index.html

One Copenhill, 453 Freedom Parkway, Atlanta, GA 30307

404-420-5100

The Carter Center's Mental Health Program works to promote awareness about mental health issues, inform public policy, achieve equity for mental health care comparable to other health care, and reduce stigma and discrimination against those with mental illnesses.

Trans Lifeline:

<https://www.translifeline.org/>

877-565-8860

This line is primarily for transgender people experiencing a crisis. This includes people who may be struggling with their gender identity and are not sure that they are transgender. While our goal is to prevent self-harm, we welcome the call of any transgender person in need. We will do our very best to connect them with services that can help them meet that need. If you are not sure whether you should call or not, then please call us.

United Way Atlanta 2-1-1:

DIAL 211

www.unitedwayatlanta.org/need-help/

A large database with resources on many topics

RESEARCH - TRIALS

Atlanta Center for Medical Research:

<http://www.acmr.org/>

501 Fairburn Rd., SW, Atlanta, GA 30331
404-811-5800

Clinical Trials:

<https://www.clinicaltrials.gov/>

Searchable database about current ongoing clinical research studies

Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine:

www.psychiatry.emory.edu/

Department of Psychiatry and Behavioral Sciences at Emory University focuses on training of new providers in mental health, innovative research in all aspects of behavioral health and the brain as well as clinical treatment. To find out more of what we have to offer please go to our website.

iResearch Atlanta:

www.iresearchatlanta.com/

125 Clairmont Ave., Suite 470, Decatur, GA 30030
404-537-1281

A multi-specialty clinical research center

Sean Costello Memorial Fund for Bipolar Research:

www.seancostellofund.org/

The purpose of The Sean Costello Memorial Fund for Bipolar Research is to apply Sean's celebrity and the love of Sean's fans and fellow musicians to increase research for treatment of Bipolar Disorder, develop and support education for early diagnosis and intervention, and translate the human side of bipolar disorder and its severity to improve outcomes and resources, especially for those without insurance, targeting the musical community.

Synexus Clinic

www.synexusclinic.com/

6065 Roswell Road, Suite 820, Atlanta, GA 30328
404-255-6005

SUBSTANCE ABUSE TREATMENT

Breakthrough Recovery Outreach

<http://www.my-breakthrough.com/>

3648 Chamblee Tucker Road, Suite F, Atlanta, GA 30341

770-493-7750

Residential treatment program

DeKalb Community Service Board - DeKalb Addiction Clinic:

www.dekcsb.org/

455 Winn Way, Decatur, GA 30030

404-892-4646

Intensive Outpatient and Outpatient services for adults

MARR Addiction Treatment Center

www.marrinc.org/contact-us/

2815 Clearview Place, Doraville, GA 30340

678-805-5100

Men's Recovery Center:

2801 Clearview Place, Doraville, GA 30340

678-805-5140

Women's Center:

275 West Pike Street, Lawrenceville, GA 30046

678-805-5170

Mary Hall Freedom House

www.maryhallfreedomhouse.org/

200 Hannover Park Road, Suite 100, Atlanta, GA 30350

770 642-5500

Population Served: Females, with or without children

St. Jude's Recovery Center, Inc.

www.sjrcatl.org/

139 Renaissance Parkway, NE, Atlanta, GA 30308

404-874-2224

Provides critical care to homeless and low-income individuals in greater Atlanta with a continuum of care from detox to permanent housing -

Treatment for addiction and co-occurring mental disorders

The Extension

www.theextension.org/

1507 Church Street Ext, NE, Marietta, Georgia 30060

770-590-9075

Residential recovery program serving homeless men and women addicted to alcohol and drugs

Substance Abuse Treatment Resources Addiction Treatment

www.substancerehabcenter.com/treatment-centers/Georgia-GA/?city=Atlanta

Can browse by cities across Georgia for a substance Rehab Center or physician who treats addiction

G.A.R.R. The Georgia Association of Recovery Residences

www.thegarrnetwork.org/

Georgia Council on Substance Abuse:

www.gasubstanceabuse.org/

SUPPORT GROUPS / DAY CENTERS

Alcoholics Anonymous Atlanta:

www.atlantaaa.org/

404-525-3178

Central Office - provides information about support group meetings in the Atlanta area

Depression & Bipolar Support Alliance (DBSA):

www.dbsalliance.org/

1-800-826-3632

Provides hope, help, support, and education to improve the lives of people who have mood disorders

DBSA Metro Atlanta:

www.atlantamoodsupport.com/support-groups.html

Provides information, wellness tools and support groups to help manage mood disorders

Double Trouble Support Groups:

www.gmhcn.org/double-trouble-in-recovery

404-687-9487

A 12-step fellowship of men and women who have addiction and mental health issues

Emotions Anonymous:

<https://emotionsanonymous.org/>

A 12-step support group for those learning how to cope with their emotions

Grief Support:

<https://www.griefshare.org/>

1-800-395-5755

Grief Support Meetings within local area

Healthy Place:

<https://www.healthyplace.com/>

A consumer mental health site providing comprehensive trusted information

NAMI DeKalb Connection Recovery Support Group meeting:

www.namidekalb.org/programs

A free, peer-led support group for adults living with mental illness

Peer Support and Wellness Center - Decatur, GA:

<https://www.gmhcn.org/peer-support-wellness-respite>

444 Sycamore Drive, Decatur, GA 30030

404 -371-1414

A day wellness center for adults living with mental illness

Recovery International:

<http://www.recoveryinternational.org/meetings/find-a-meeting/>

Holy Cross Catholic Church - Chamblee, GA

3773 Chamblee Tucker Rd., Atlanta, GA 30341

404-292-4291

Teaches coping for anxiety, depression, anger, feelings, of helplessness or hopelessness

The Friendship Center at Holy Comforter:

<http://www.friendshipcenter-atlanta.org/>

Holy Comforter Church, 737 Woodland Ave SE, Atlanta, GA, 30316

404-627-6510

A day program with programming for gardening, wellness, recovery, arts, etc.
Free Community Support Groups

Tourette Association of America:

tourette.org/

1-888-4-TOURET

Resources and support groups

THE BASICS

BEHAVIORAL HEALTH CARE

DeKalb Community Service Board:

www.dekcsb.org/

Central Intake: 404-892-4646

445 Winn Way, 2nd Floor, Decatur, GA 30030

Clifton Springs Mental Health Center

3110 Clifton Springs, Decatur, GA 30034

404-243-9500

Kirkwood Mental Health Center

404-370-7474

23 Warren St. SE, Atlanta, GA 31317

North DeKalb Mental Health Center

3807 Clairmont Rd., NE, Chamblee, GA 30341

770-457-5867

Winn Way Mental Health Center

445 Winn Way, 2nd Floor, Decatur, GA 30030

404-508-7700

Grady Behavioral Health Clinic:

www.gradyhealth.org/care-treatment/behavioral-health-center/

10 Park Place, SE, Floor 2, Atlanta, Georgia 30315

404-616-4444

Provides research, treatment, and outreach for adults with mental illnesses

Georgia Charitable Care Network:

charitablecarenetwork.com/resources/find-a-clinic/

5582 Peachtree Road, 3rd Floor, Atlanta, GA 30341

770-738-4651

Strengthening the state's health care safety net by empowering organizations that serve vulnerable populations

Northside Hospital Behavioral Health Services:

www.northside.com/behavioralhealth

6105 Peachtree Dunwoody Road, Building F, Suite 155, Atlanta, GA 30328

404-851-8960

CASH ASSISTANCE

Temporary Assistance for Needy Families (TANF):

dfcs.georgia.gov/tanf-eligibility-requirements

www.benefits.gov/benefit/1659

The TANF program provides time-limited cash assistance to Georgia's neediest families. Adults must participate in a work program unless there are special circumstances.

DENTAL CARE

The Ben Massell Dental Clinic

www.benmasselldentalclinic.org/

700 14th St NW, Atlanta, GA 30318

404-881-1858

Whitefoord Inc. Health Centers

whitefoord.org/dental/

404-588-0101

30 Warren Street, Atlanta, GA 30317

35 Whitefoord Avenue, Atlanta, GA 30317

545 Hill St SE, Atlanta, GA 30312

FOOD

Atlanta Food Bank:

acfb.org/

Call 678-553-5917 to see if you qualify for SNAP eligibility

The Supplemental Nutrition Assistance Program (SNAP) and Department of Families and Children's Services (DFCS):

<https://dfcs.georgia.gov/food-stamps>

SNAP, also known as the food stamp program, provides monthly benefits to low-income households to help pay for the cost of food.

United Way's 2-1-1 "First Call for Help":

www.unitedwayatlanta.org/need-help/

To get referrals for Atlanta Food Bank agencies near you, call the United Way's 2-1-1 "First Call for Help" line. They will not only have listings of food pantries, but they will also be able to direct you to agencies that provide other services you might need such as utility assistance, clothing, job training and more.

PHONE

Safelink Wireless:

www.safelinkwireless.com/Enrollment/Safelink/en/Web/www/default/index.html#!/newHome

PRESCRIPTIONS

America's Drug Card:

www.americasdrugcard.org

/1-877-459-8474

Good RX:

www.goodrx.com/

Health Warehouse:

www.healthwarehouse.com

/

Needy Meds:

www.needymeds.org/

1-800-503-6897

Specialty Care Pharmacy:

www.specialtycares.com/

4229 1st Ave., Tucker, GA 30084

770-496-8998

PRIMARY HEALTH CARE

DeKalb County Public Health:

www.dekalbhealth.net/

www.dekalbhealth.net/services/health-centers/

Fulton County Public Health:

Health and Wellness home page -

fultoncountyboh.org/boh/

Health Care: fultoncountyboh.org/boh/index.php/our-locations

Oakhurst Medical Centers:

oakmed.org/

Oakhurst Medical Centers is a community based, not for profit, primary health care center for residents of DeKalb County. Services are provided on a sliding fee scale

Locations: oakmed.org/locations/

Physician's Care Clinic:

www.physicianscareclinic.org/about/

440 Winn Way, Decatur, GA 30030

404-501-7960

Providing DeKalb County's low income, uninsured adults with access to non-emergency medical care

TRANSIT

MARTA Rapid Transit Reduced Fair Program:

www.itsmarta.com/marta-mobility.aspx

VOCATIONAL ASSISTANCE

Bobby Dodd Institute:

www.bobbydodd.org/

2120 Marietta Boulevard, NW, Atlanta, Georgia 30318

678-365-0071

Connects people with disabilities to jobs and the security and purpose that work brings

Community Friendship:

www.communityfriendship.org/

85 Renaissance Parkway, Atlanta, Georgia 30308

404-875-0381

Supported employment, competitive job placement, on-site job coaching

DeKalb Community Service Board:

dekcsb.org/

445 Winn Way, Decatur, GA 30030

404-892-4646

Providing supportive employment, Task Oriented Rehabilitation Service, competitive job placement, on-site job coaching

First Step Staffing:

firststepstaffing.com

236 Auburn Avenue, NE, Atlanta, Georgia 30303

Help employ those with barriers to work force re-entry

Georgia Vocational Rehabilitation Agency:

gvs.georgia.gov/

404-232-1998

Find an office: <http://gvs.georgia.gov/find-location/vr-office>

Employers are linked with qualified applicants

Goodwill of North Georgia:

goodwillng.org/

2201 Lawrenceville Hwy, Decatur, GA 30033

404-420-9900

The mission of Goodwill of North Georgia is to put people to work

Nobis Works:

tommynobiscenter.org/

1480 Bells Ferry Road, Marietta, Georgia 30066

770-427-9000

Supportive communities where people with disabilities are afforded the opportunity to work

APPENDIX A

ACRONYMS & GLOSSARY OF TERMS

ADA - Americans with Disabilities Act

ADD - Attention Deficit Disorder

ADHD - Attention Deficit Hyperactivity Disorder

Affective Disorder - A psychiatric disorder characterized by extreme or prolonged disturbances of moods such as sadness, apathy, or elation. Two major groups are bipolar, or manic-depressive disorders, and unipolar disorders, such as depression

Agoraphobia - Fear of being in public places; often accompanies a panic disorder

Anorexia / Bulimia Nervosa - Anorexia Nervosa is an eating disorder that results in a weight of at least 15% below ideal body weight. An important component of Anorexia Nervosa is the refusal of the individual to maintain normal weight. Bulimia Nervosa is an eating disorder that results in binge eating. Frequently it is followed by purging or attempts to rid oneself of food through vomiting, taking laxatives, etc

Anosognosia - the loss of insight into self. This symptom of mental illness occurs to many persons and can lead the person to be utterly convinced they are not ill. Logic and rationalization will not help, and in fact may agitate the ill person. At this point, medication is often necessary to restore insight. And, ironically, the return of insight is helpful feedback about the effectiveness of the medication regimen. Therapy is of doubtful helpfulness when a person is experiencing anosognosia.

Anxiety Disorder - Characterized by excessive worry about everyday events; includes several disorders such as Generalized Anxiety Disorder and Obsessive-Compulsive Disorder

Atypical medications - Newer antipsychotic medications that can sometimes relieve both the active and passive symptoms of some mental illnesses. Atypicals also appear to cause fewer side effects such as tremors or uncontrolled restlessness

Bipolar Disorder - A biological disorder characterized by both manic and deep depressive episodes, with periods of recovery generally separating the mood swings. Psychosis may be present during manic or depressive episodes. Also known as manic depression

BPD - Borderline Personality Disorder

A mental health disorder that impacts the way an individual thinks and feels about self and others. It includes a pattern of unstable intense relationships, distorted self-image, extreme emotions and impulsiveness

CIT - Crisis Intervention Team - training for law enforcement officers

CIT-Y - Crisis Intervention Team Youth

CIT for Youth programs teach law enforcement officers to connect youth with mental health needs

CMHC - Community Mental Health Center

CMS - The Centers for Medicare and Medicaid Services is the government agency that manages both Medicare and Medicaid benefits

Compulsion - An insistent, intrusive, and unwanted action that is repeated over and over

Delusion - Fixed, irrational ideas not shared by others and not responding to reasoned argument

ECT - Electroconvulsive Therapy - A procedure used for extremely severe cases of depression where an electric current is passed through the brain to produce controlled convulsions. This is not a common practice

EPS - Extra-pyramidal Symptoms - Physical side effects of certain medications that can include tremors, slurred speech, anxiety and akathisia

Hallucinations - Perceptions (sound, sight, smell, etc.) that occur without any external stimulus

Mania - A mood disorder characterized by expansiveness, elation, talkativeness, hyperactivity and excitability

NAMI - National Alliance on Mental Illness

Obsession - Irrational thought, image, or idea that is irresistible and recurrent, if unwanted

OCD - Obsessive Compulsive Disorder - A major psychiatric disorder characterized by recurrent and persistent thoughts, images, or ideas that are intrusive and senseless (obsessions) and by repetitive, purposeful actions perceived as unnecessary (compulsion)

Panic Disorder - A psychiatric disorder characterized by sudden, inexplicable attacks of intense fear and body symptoms such as increased heart rate, profuse sweating, and difficulty breathing. Panic attacks occur twice a week on average. Antidepressants and anti-anxiety drugs, as well as psychotherapy, are used to treat panic disorder

Paranoia - Suspiciousness not warranted by circumstances

PTSD - Post Traumatic Stress Disorder - PTSD is a mental health problem that can occur after a traumatic event like war, assault, or disaster

Psychosis - A mental state characterized by impaired perception of reality, delusions, hallucinations, and distorted thinking. It can be associated with many psychiatric disorders

SAMHSA - Substance Abuse and Mental Health Services Administration - a government agency that works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment, and mental health services

Schizophrenia - A disease of the brain, the symptoms of which include thought disorders, delusions, hallucinations, apathy, and social withdrawal

SSDI - Social Security Disability Income - for persons who are retired or disabled. Dependents may be eligible if diagnosed with a disability before the age of 22

SSI - Supplementary Security Income - for indigent, disabled persons. SSDI and SSI are administered through the Social Security office

Tardive Dyskinesia - A side effect of some anti-psychotic drugs, involving abnormal movements of the tongue, mouth, face, limbs and occasionally the entire body; occurs in at least a mild form in 25 to 40 percent of patients on anti-psychotic drugs; effects can be reversible

Thought Disorder - Abnormalities including inability to concentrate or think in a logical sequence; rapid jumping between apparently unrelated thoughts

Tourette's Disorder - A neurological disorder characterized by involuntary, rapid and sudden movements that occur repeatedly in the same way (tics); also can be verbal tics, uncontrollable outbursts of sounds or words

SECTION III - GUIDE ON MENTAL ILLNESS

SEVERE MENTAL ILLNESS AND SUBSTANCE ABUSE

SYMPTOMS OF MENTAL ILLNESSES

Mental illness refers to a group of brain disorders that can profoundly disrupt a person's ability to think, feel, and relate to others and his or her environment. Often this noun results in an inability to cope with the ordinary demands of life. Symptoms vary, and every individual is unique. All persons with mental illness typically have some of the characteristics summarized below. While a single symptom or isolated event is not necessarily a sign of mental illness, professional help should be sought if symptoms persist or worsen.

Behavior:

A variety of symptoms characterize some of the ways mental illness can affect a person's behavior:

- Hyperactivity, inactivity, or alternating between the two
- Deterioration in personal hygiene
- Noticeable and rapid weight loss
- Drug or alcohol abuse
- Forgetfulness and loss of valuable possessions
- Attempts to escape through geographic change, frequent moves or hitchhiking trips
- Bizarre behavior (staring, strange posturing)
- Unusual sensitivity to noise, light, and clothing
- Social withdrawal
- Change in personality

Often the symptoms of mental illness are cyclical, varying in severity from time to time. The duration of an episode also varies. Some persons are affected for a few weeks or months; for others, the illness may last many years or a lifetime. There is no reliable way to predict the course of the illness.

Thought Disorders:

Thought disorders are characterized by the inability to concentrate or cope with minor problems, irrational statements, peculiar use of words or language structure, excessive fears, or suspiciousness.

Expressions of Feelings:

The way persons with mental illness express their feelings can be characterized by changes such as hostility from someone who formerly was passive and compliant, indifference (even in highly important situations), inability to cry or excessive crying, inability to express joy, and inappropriate laughter.

Depression:

The following characteristics typically are included in a description of depression:

- sudden onset of sadness unrelated to events or circumstances
- loss of interest in once pleasurable activities
- expressions of hopelessness
- excessive fatigue and sleepiness or an inability to sleep
- feelings of worthlessness or guilt
- frequent tearfulness
- pessimism
- perceiving the world as dead
- thinking or talking about suicide

DIAGNOSIS OF MENTAL ILLNESSES

Accurate diagnosis may take time. The initial diagnosis is often modified later, perhaps several times, because it takes some time to evaluate response to treatment. It also can be difficult to pinpoint the problem because the individual has more than one disorder; for example, schizophrenia with an affective disorder, or an anxiety disorder such as obsessive-compulsive disorder with schizophrenia, or a personality disorder. It is important for the psychiatrist to reevaluate the diagnosis periodically in order to work out the best treatment approach. In some cases of apparent mental illness, alcohol, or drug abuse, an underlying medical condition such as hypothyroidism, multiple sclerosis or a brain tumor is found to be the problem. A thorough physical examination should be the first step when mental illness is suspected.

TYPES OF MENTAL ILLNESS**Schizophrenia:**

The word schizophrenia originates from a Greek term that means “splitting of the mind.” People with schizophrenia do not, however, have a “split personality.” They have a disorder that affects their thinking and judgment, their sensory perceptions, and their ability to interpret and respond to situations or stimuli appropriately. There are usually drastic changes in behavior and personality. Anosognosia—lack of insight—about the illness is one of the most difficult symptoms to treat, and it may persist even when other symptoms (such as hallucinations and delusions) respond to treatment.

Schizophrenia will affect about 1% to 2% of the U.S. population at some time during their lifetime. It is usually first diagnosed between the ages of 17 and 25. There may be several psychotic episodes before a definitive diagnosis is reached. When this illness first appears, the person could feel tense and have difficulty concentrating. He/she might start to withdraw; school or work performance may begin to deteriorate; general appearance and personal hygiene could deteriorate; friends often drift away. Parents often misinterpret these

symptoms as typical rebellious adolescent behavior, and even doctors may be uncertain about a diagnosis in the early stages.

Signs & Symptoms of Schizophrenia:

Alteration of the senses: The senses (sight, hearing, touch, and/or smell) may be intensified especially early in the disease.

Inability to process information and respond appropriately (also known as “thought disorder”): Because the individual has difficulty processing external sights and sounds, and because he/she experiences internal stimuli that others are not aware of, his/her response is often illogical or inappropriate. Thought patterns are characterized by faulty logic, disorganized or incoherent speech, blocking, and sometimes neologisms (made-up words). He/she may relate experiences and concepts in a way that seems illogical to others but hold great meaning and significance to himself/herself.

Delusions:

These are false ideas that the person believes to be true. The individual adheres to these ideas in the face of reason. Some persons develop excessive religious preoccupation; however, unusual beliefs may be the product of a person’s culture and can only be evaluated in this context. There are common kinds of delusions, such as paranoid delusions, which are characterized by the belief that one is being watched, controlled, or persecuted. Individuals may also experience grandiose delusions which are centered on the belief that one has vast wealth, possesses special powers or is a famous person, such as a politician or religious leader.

Hallucinations:

Hallucinations are sensory perceptions with no external stimuli. The most common hallucinations are auditory, hearing “voices,” which the person may be unable to distinguish from the voices of real people. Delusions and hallucinations are the result of over-acuteness of the senses and an inability to synthesize and respond appropriately to stimuli. To the person experiencing them, however, they are real. Medications can be very helpful in controlling hallucinations.

Change in emotions:

Early in the illness, the person may feel widely varying, rapidly fluctuating emotions and exaggerated feelings, particularly guilt and fear. Emotions are often inappropriate to the situation. Later there may be apathy, lack of drive, loss of interest, and an inability to enjoy activities.

Changes in behavior:

Slowness of movement, inactivity, and withdrawing from social situations are common changes that can occur in a person’s behavior. Motor abnormalities such as grimacing, posturing, odd mannerisms, or ritualistic behavior are sometimes present. There could also be pacing, rocking, or apathetic immobility.

There is no cure for Schizophrenia, but there are many medications available which can reduce the symptoms. Finding the right medication therapy is a very complex process that demands a working relationship with a psychiatrist and based on trust. The outcome is often successful when the individual is treated appropriately with medications, has access to rehabilitation services, and has a supportive living environment.

Mood Disorders:

Mood disorders or affective disorders include Major Depression and Bipolar Disorder and are some of the most common psychiatric diagnoses. The terms 'mood' and 'affective' refer to the state of one's emotions. A mood disorder is marked by periods of extreme sadness or excitement, or both. If untreated, these episodes tend to recur or persist throughout life. Even when treated, there could be many repeat episodes.

Depression:

Depression in some degree will affect between 10% and 20% of the population at some time during their lives, some as often as once or twice per year, with episodes that may last longer than six months each.

Beyond a persistent sad mood, the symptoms of depression include:

- loss of interest in daily activities, loss of energy and excessive tiredness
- poor appetite and weight loss, or the opposite, increased appetite and weight gain
- poor concentration
- sleep disturbance - sleeping too little or sleeping too much in an irregular pattern
- feelings of worthlessness or guilt that can reach
- unreasonable proportions
- feelings of hopelessness about the future
- recurrent thoughts of death or self-harm, wishing to be dead or attempting suicide

People with the most severe depression find that they cannot work or participate in daily activities and often feel that death would be preferable to a life of such pain. Probably more than with any other illness, people with depression are blamed for their problems and told to "snap out of it," "pull themselves together," etc. Often, others will say a person "has no right" to be depressed. It is critical for family and friends to understand that depression is a serious illness. The person with this illness cannot "snap out it" any more than a person with diabetes or cancer can "will away" their condition. Depression is usually a very treatable illness. Approximately 75% of people properly diagnosed respond to treatment.

Bipolar Disorder: Bipolar disorder is characterized by extreme shifts in mood, energy, and functioning. These shifts fluctuate between periods of depression and an extremely elevated state known as mania.

Symptoms of hypomania or the more severe state of mania include:

- euphoric, expansive mood
- boundless energy, enthusiasm, and activity
- decreased need for sleep
- rapid, loud, disorganized speech
- short temper, argumentative, or irritable mood
- delusional thinking
- activities that have painful consequences such as spending sprees, reckless driving, or increased sexual behavior

Bipolar disorder may appear in childhood or adolescence, although the majority of cases appear in young adulthood. Many believe there is a genetic component to the illness, since Bipolar Disorder and Major Depression often run in families.

Ironically, some of the symptoms of mania lead affected people to believe they are not experiencing manic symptoms and have never felt better.

The euphoric mood may continue even in the face of sad or tragic situations. Even when the person continues to feel swept up in the mood of excitement, family and friends may notice serious problems. For example, people with mania often go on spending sprees, become promiscuous, or abuse drugs and alcohol while being unaware of the serious consequences of their behavior.

Fortunately, Bipolar Disorder is one of the most treatable illnesses, generally with some of the newer atypical medications. In addition to medications, many people with Bipolar Disorder find individual behavior modification therapy and peer support groups helpful. Many of the symptoms of mania also can occur in Schizophrenia, which could complicate a diagnosis.

Both Major Depression and Bipolar Disorder are highly correlated with suicide and suicide attempts.

Schizoaffective Disorder:

This illness is a combination of psychotic symptoms such as hallucinations or delusions and significant mood symptoms, either depression or mania or both. The psychotic symptoms persist when the mood symptoms resolve.

Other Disorders:

Anxiety Disorders include Generalized Anxiety Disorder, Phobias, Panic Disorder, Obsessive-Compulsive Disorder (OCD), and Post-Traumatic Stress Disorder (PTSD). Symptoms can be so severe that they can become disabling, but these illnesses seldom involve psychosis.

Borderline Personality Disorder (BPD):

Borderline personality disorder (BPD) is a condition characterized by difficulties in regulating emotion. This difficulty leads to severe, unstable mood swings, impulsivity and instability, poor self-image and stormy personal relationships. People may make repeated attempts to avoid real or imagined situations of abandonment. The combined result of living with BPD can manifest into destructive behavior, such as self-harm (cutting) or suicide attempts.

A person with BPD may have additional conditions like:

- Anxiety disorders, such as PTSD
- Bipolar disorder
- Depression
- Eating disorders, notably bulimia nervosa
- Other personality disorders
- Substance use disorders

Panic Disorder:

Panic attacks come “out of the blue” when there is no reason to be afraid. Symptoms may include sweating, shortness of breath, heart palpitations, choking, or faintness.

Obsessive-Compulsive Disorder (OCD):

OCD can cause the individual to have only obsessions or only compulsions, but most people have both. Obsessions are repeated, intrusive, unwanted thoughts that cause extreme anxiety. Compulsions are excessive, ritualistic behaviors that a person uses to diminish anxiety. Some examples of this are hand washing, counting, repeated checking, and repeating a word or action(s). Treatment includes both medication and therapy.

Post-Traumatic Stress Disorder (PTSD):

PTSD is the development of characteristic symptoms following exposure to an extreme traumatic stressor which caused intense fear, helplessness, or horror. Stressors can include combat, abuse, assault, or severe accidents. Symptoms can include repeatedly experiencing the event, as well as persistently avoiding stimuli that reminds the person of the event. Hallucinations and paranoia can occur in some severe cases. PTSD is associated with increased rates of Depression, Substance Use Disorders, and Panic Disorder.

Substance Use Disorders:

Substance Use Disorders include abuse and dependence on mind altering substances. Substance Abuse is defined as repeated use of substances despite adverse social consequences, such as failure to meet family, school, or work responsibilities; interpersonal conflicts; legal problems; or using substances in potentially dangerous situations. Substance Dependence, commonly known as addiction, is characterized by the presence of several physical and behavioral symptoms. One of these symptoms is the need for increased amounts of substances to achieve the desired effects, which is known as tolerance. Individuals also can experience withdrawal symptoms when they stop using.

These individuals typically devote increasing amounts of time and resources obtaining and using drugs or alcohol and tend to give up other interests and responsibilities. People who are addicted might try unsuccessfully to control their use, take more of a substance, or use it more often than they plan to. Many also continue to use despite knowledge of related health problems.

Substance dependence can appear without previous substance abuse, while some people meet criteria for substance abuse without ever becoming dependent. However, studies tend to indicate a better-than-average chance that substance abusers will become addicted.

In the past, many thought Substance Use Disorders were caused by moral failings or a lack of willpower. However, research indicates that there are identifiable genetic, psychological, and social risk factors that make some people more vulnerable to abuse or dependence. Over time, substance dependence appears to lead to changes in the brain that create a continued risk of relapse despite a person's sincere desire for sobriety. Substance dependence is now generally considered to be a chronic condition. A relapse is not a sign of failure but rather a possibility.

Each person should develop a plan in advance for returning to recovery as quickly as possible. Relapse prevention can provide the individual, his/her family, concerned friends, and professionals with useful information to help strengthen the individual's recovery support system.

Co-occurring Disorders:

It is estimated that about a third of adults with mental health diagnoses have a co-occurring Substance Use Disorder, while more than half of adults with Substance Use Disorders have co-occurring mental health disorders. Symptoms of mental health and Substance Use Disorders often interact to precipitate, mimic, mask, or worsen each other. Co-occurring disorders tend to interact in ways that negatively impact a person's ability to care for himself/herself and successfully function.

Accurate assessment and treatment designed to address co-occurring disorders offer the best opportunity for recovery. According to the SAMHSA National Survey on Drug Use and Health (2010), 9.2 million adults had both serious psychological distress and a Substance Use Disorder; and of that number, 55.6% received no treatment. Of the 44.4% who did get treatment, 33.6% received only mental health care and 3.1% only substance abuse services. Only 7.7% received specific co-occurring treatment.

Without an integrated system of care, people with co-occurring disorders may receive “parallel” or “sequential” treatment, moving between mental health and substance abuse treatment providers depending on which disorder is more acute at the time. Professionals, as well as concerned family members or friends, may not get a complete understanding of the person’s individual needs.

People with co-occurring disorders benefit most from treatment methods that have the flexibility to address both disorders. Continuity of care and a full range of services including psychiatric, social, recreational, vocational, and cultural needs are important components of treatment. It also is important that treatment includes specialized counseling to address life skills, relapse prevention, and any trauma or abuse issues. Recovery support groups such as “Double Trouble” that welcome persons with co-occurring disorders are also helpful.

Suicide:

Suicide may be a manifestation of mental illness, but not all persons who commit suicide are mentally ill.

Signs of depression and warning signals of suicidal thoughts can include:

- Change in personality: Usually sad, withdrawn, irritable, anxious, tired, indecisive, apathetic, or moody
- Change in behavior: Difficulty concentrating on school, work or routine tasks
- Change in eating habits: Loss of appetite and/or weight, or conversely, overeating and/or weight gain, excessive tearfulness or crying
- Change in sleep patterns: Oversleeping or conversely insomnia, sometimes with early waking
- Loss of interest: Reduced interest in friends, sex, hobbies, or other activities previously enjoyed
- Fear of losing control: Fear of “going crazy” or harming oneself or others
- Worries about money or illness: Either real or imagined
- Feelings of helplessness and worthlessness, overwhelming guilt, shame or self-hatred
- Sense of hopelessness about the future

- Drug or alcohol abuse: It should be noted that drug and alcohol abuse lowers inhibitors and that people tend to do things when they are drunk or high that they would not normally do if they were sober
- Recent loss: Loss through death, divorce, separation or a broken relationship, even the loss of a job, money, or status, may trigger suicidal thoughts
- Loss of religious faith
- Nightmares
- Agitation, hypertension, and restlessness may indicate masked depression
- Giving away possessions

Do not be afraid to ask the person showing such symptoms if he or she is thinking about suicide. Raising the question of suicide shows you are taking the person seriously and responding to the potential of his or her distress.

If the answer is “Yes, I do think of suicide,” you must take it seriously. Ask questions like: Have you thought about how you would do it? Do you have the means? Have you decided when you will do it? Have you ever tried suicide before? What happened then?

Depending on their response, do not hesitate to contact (in Georgia) the Georgia Crisis and Access Line (GCAL): 1-800-715-4225
<http://www.mygcal.com> or 9-1-1 for help.

OTHER RESOURCES FOR THOSE CONCERNED ABOUT SUICIDE

National Suicide Prevention Lifeline:

1-800-273-8255

<https://suicidepreventionlifeline.org/>

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

Teen Suicide Prevention Program:

1-800-273-TALK (1-800-273-8255)

https://www.yspp.org/for_youth/crisis_lines.htm

Whether you are personally in crisis or you are concerned about someone who is, you can ALWAYS call 1-800-273-TALK and get a listening ear, resources, and support 24 hours a day, seven days a week. This hotline does not close on the weekend, holidays, or during bad weather.

SERIOUS DISORDERS OF CHILDREN & ADOLESCENTS

Some psychiatric disorders, such as autism, typically start in childhood, while others such as mood disorders may first be diagnosed during adolescence or adulthood. Although there is still much to learn about childhood disorders, it is generally accepted that many of the disorders listed below are primarily biological in nature and thus based on structural and/or chemical abnormalities in the brain. They are sometimes referred to as neurological disorders.

Autism and other pervasive developmental disorders, schizophrenia, and schizoaffective disorder are biologically based, resulting from a malfunction of the brain. Other disorders including attention deficit hyperactivity disorder (ADHD), anxiety disorder, and mood disorders can also be primarily biologically based and generally respond to drug therapy. For neurobiological disorders, appropriate medical diagnosis and treatment are essential. If a child cannot process information or is not in control of his or her emotions, psychosocial and educational strategies alone are not likely to be effective.

Many professionals continue to be reluctant to “label” children with a mental illness diagnosis given the uncertainties about behavior that may be due to developmental problems, the impact of illegal drugs or alcohol, and the ordinary emotional turmoil that accompanies the passage from adolescence to adulthood. However, families need to know what is wrong with their child. A diagnosis is essential to the task of designating an effective treatment and educational approach.

Autism Spectrum Disorders:

The child fails to relate normally to parents and other people and has play which is rigid, repetitive, and lacks variety. Seventy-five percent of children with an autism spectrum disorder also have an intellectual disability. Once present, autism typically affects the person for life, although about one-third of affected individuals will be able to attain some degree of independence.

Anxiety Disorders:

Anxiety may or may not be associated with a specific situation. Anxiety and worry may be far out of proportion to the actual likelihood or impact of a featured event. Anxiety disorders include panic attacks, social phobia, obsessive-compulsive disorder, and post-traumatic stress disorder.

Bipolar Disorder & Depression:

In children, aggressive or hostile behaviors may mask underlying depression. Parents should consider the possibility of depression when there are unexplained physical complaints, a drop in school performance, social withdrawal, apathy, increased irritability, tearfulness, sleep problems, appetite changes, and suicidal behavior or symptoms. Children with bipolar disorder may present with mood swings, unpredictable angry outbursts, increased activity or irritability.

Schizophrenia:

Schizophrenia usually starts in the late teens or 20's, and seldom occurs before adolescence, but some cases at age five or six have been reported. There is evidence, however, that certain structural changes in the brain are present at birth in individuals who later develop schizophrenia. The essential features are the same for children and adults; however, it may be difficult to diagnose them.

Tourette's Disorder:

Tourette's Disorder often begins when a child, age five to seven, begins to have tics such as eye blinking, grimacing, or shoulder jerks. Sudden vocalizations (barks, clicks, yelps) may appear later, and still later the person may involuntarily say words or phrases. Uttering obscene words out of context occurs in less than 10% of patients.

Attention Deficit Hyperactivity Disorder (ADHD):

One of the many prevalent and serious disorders affecting children and adolescents is attention deficit hyperactivity disorder. ADHD has serious impact on the lives of many children and adolescents and is frequently misunderstood.

ADHD is generally categorized into four sub-groups. The first two-groups reflect the major characteristics associated with ADHD: inattention, high activity level, and impulsivity. The first group is where the primary characteristics are inattentiveness and disorganization. This is called ADHD, predominantly inattentive type. The second condition is where hyperactivity and impulsivity are the striking features. This is called ADHD, predominately hyperactive-impulsive type. The third condition is a combination of the first two and the fourth condition is considered ADHD, Not Otherwise Specified.

The U.S. Department of Education uses the term ADD (Attention Deficit Disorder) for the type of ADHD characterized by inattentiveness and disorganization and reserves the term ADHD for the type in which hyperactivity and impulsivity is predominately featured.

ADHD is a complex neurobiological disorder and researchers believe that chemicals in the brain that are not working properly cause the symptoms of ADHD. More specifically, it is believed that the neurotransmitters, the chemical messengers of the brain, do not work properly in individuals with ADHD. As a result, many children with ADHD have difficulties in several spheres of functioning that may cause significant problems at home, at school, and in the community. Although children may be inattentive and impulsive at times, youngsters with ADHD behave this way more frequently and are more likely to cause problems at home and at school.

For the diagnosis of ADHD to be given, the symptoms need to have been present before the age of seven, and there must be impairment in two or more settings

(such as home and school). It is often the case that a diagnosis is first made after children start school and begin to underachieve academically.

While ADHD is typically thought of as a disorder of young children, in fact, it frequently continues into adolescence and often into adulthood. Researchers have estimated that ADHD affects three to five percent of all children. ADHD is anywhere from three to six times more common in boys than girls.

ADHD often occurs with other conditions. According to information from a major study at the National Institute of Mental Health, two-thirds of children with ADHD have at least one other coexisting condition. Some of the most common co-occurring conditions are oppositional defiant disorder, anxiety disorder, learning disabilities, and depression.

Common features of children & adolescents with ADHD: One of the primary complaints from parents and teachers is that children and adolescents with ADHD have difficulty following rules and instructions. The two core characteristics of ADHD, inattention and impulsivity, are largely to blame.

Parents often complain their child does not complete chores. He/she may start a job but never gets it finished.

Impulsivity is the second primary characteristic of ADHD. Specific examples include: responds quickly without waiting for instructions, makes careless errors, does not consider consequences, takes risks, carelessly damages possessions, has difficulty delaying gratification, and takes short-cuts in work.

Both inattention and impulsivity contribute to disorganization, difficulty getting started, and failure to complete homework. As a result, children with ADHD may have lower self-esteem as early as first or second grade. Many children with ADHD are less mature and may be developmentally behind their peers by as much as three or four years.

One way of characterizing the deficiencies of many children with ADHD is to indicate that they have “executive functioning” difficulties. Deficits in key executive function skills that interfere with the ability to do well academically include such things as: holding facts in your head and manipulating them, getting started on tasks, staying alert, and finishing work.

The challenges facing teenagers with ADHD are more complex. The risk of school failure, school suspension or expulsion, dropping out of school, substance abuse, pregnancy, speeding tickets, car wrecks, and suicide are greater for them.

Parents have observed that teenagers with ADHD are more difficult to discipline. On a more positive note, teenagers with ADHD can be very engaging, enthusiastic, and certainly energetic.

Parents who think their child may be exhibiting behavior reflective of ADHD should seek the opinion of a mental health professional or pediatrician who specializes in ADHD. Parents should gather information from the school about the child's behavior.

A diagnosis should be based upon a comprehensive evaluation, including interviews, tests, questionnaires, and direct observation. Interventions typically include psychosocial and behavioral components as well as medication.

Parents with children with ADHD can find support groups to be an invaluable aid. In addition to parent organizations that deal with a variety of mental disorders, such as the National Alliance on Mental Illness and the Federation of Families for Children's Mental Health, parents can contact CHADD (Children and Adults with Attention Deficit Disorder).

It is important to keep in mind that ADHD is not just a passing phase for children. It is a long-term, sometimes lifelong condition. Many children receive effective intervention and family support, make great progress, and learn how to put their attributes to best use, especially in their adult years. Without effective intervention and family support, however, ADHD can significantly impair functioning for many years and help bring on other serious emotional and behavioral conditions.

Summarized from an article by Dan Casseday and Bob Friedman, University of South Florida.

Substance Use Disorders in Adolescents:

According to the 2011 Monitoring the Future study, (http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2011.pdf) half of all adolescents have used illicit drugs by 12th grade and 70% have tried alcohol. While national trends show an overall decline in adolescent substance use, the rates of new users of prescription opiates, which are perceived by most teens as less harmful and are readily available, are now comparable to the rates of new users of marijuana.

The National Survey on Drug Use and Health (<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>) reports that ages 14-17, the high school years, are still the highest risk time for starting the use of alcohol and drugs. The most commonly abused substances for teens are alcohol and marijuana, but in recent years, more youths initiated non-medical use of prescription drugs than started using marijuana.

Most adolescents engage in either experimental or social use which is using substances out of curiosity or to be part of the crowd. However, research indicates that by age 18 about one in four adolescents will meet criteria for substance abuse and one in 5 for substance dependence.

Sometimes parents may minimize the behavior, particularly with alcohol or marijuana, or may rationalize that “All kids try it, so did I.” However, recent research suggests that alcohol has a significantly greater impact on learning and memory in adolescents than adults, but adolescents experience less sedation and motor coordination effects so they may not accurately perceive their levels of impairment.

The common adolescent pattern of binge drinking followed by withdrawal seems to carry a higher risk of long-term impairment on memory, cognitive functioning, and attention, which are essential for successful development to adulthood.

It can be difficult for parents to distinguish between experimental use and abuse. The best indicator is observing how much the substance use is affecting the teen’s life, including academic achievement, physical health, social activities, and choice of friends. A substance abuse evaluation, including drug testing, can help determine whether or not treatment is necessary. Many adolescents do not see their substance use as a problem; most teens enter treatment because of juvenile justice mandates.

Family therapy appears to be an important component of successful treatment for teens. However, in some cases families are not willing to participate, or family members may use substances themselves, and adolescents rarely have the options adults do to leave environments that put their recovery at risk. Teens also may feel uncomfortable at traditional 12-step programs due to age differences or difficulty speaking up in groups.

Youth who are in the process of discovering their identity may resist what they see as pressure to label themselves as alcoholics or addicts.

The National Survey on Drug Use and Health (NSDUH) is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse and mental disorders in the U.S. civilian, non-institutionalized population, age 12 and older. The survey generates estimates at the National, State, and sub-state levels.

Co-Occurring Disorders in Adolescents:

Data from the Substance Abuse and Mental Health Services Administration and the U.S. Department of Health and Human Services indicates that almost half of youths with a mental health diagnosis have a co-occurring Substance Use Disorder, while about 21% of youths admitted to substance abuse treatment have a co-occurring mental health disorder. The most common diagnosis is Conduct Disorder, followed by mood disorders. Research also supports an association between Post-Traumatic Stress and Substance Use Disorders, especially for girls.

“Internalizing” mental health disorders such as Anxiety or Depression seem somewhat more likely to precede substance abuse, while “externalizing” disorders, i.e., Conduct Disorder or Oppositional Defiant Disorder, may start simultaneously with substance use. Co-occurring disorders also seem to correlate with a higher risk of relapse within the first six months after treatment.

Just as with adults, adolescents may experience parallel or sequential rather than integrated treatment, shifting between the substance abuse and mental health service systems depending on which disorder is most acute at any given time.

Another challenge adolescents face in seeking appropriate help for co-occurring disorders stems from the limited research about appropriate psychiatric medications for adolescents and teens. Parents and adolescents must also find medications and treatment options that are tailored to meet the adolescent’s developmental needs. These adolescents often are involved with many other systems and need case management to reduce conflicts and promote effective cooperation.

SEEKING TREATMENT

It is important to know that the most expensive care is not necessarily the best. Private care is not necessarily better than the care offered through your local county health service program. In fact, care through the public sector may be necessary before certain community services are accessible.

Suggestions for seeking treatment:

- It is most important to understand it is neither your fault nor the fault of the person in crisis.
- Be informed as to what resources are available.

NAMI DeKalb recommends:

1. Attending NAMI DeKalb Family or Connections Support Group meetings. These provide an opportunity for you to seek help from other people faced with mental illness. For dates, times and locations, see: <https://www.namidekalb.org/programs>
2. Calling the State of Georgia Crisis and Access Line (GCAL). This is the central access point for all public services in the state: 1-800-715-4225
3. Contacting your regional Community Service Board (CSB) or county mental health provider. NAMI DeKalb communities are served by Fulton County and Georgia’s Region 3 CSB:

- Fulton County Behavioral Health Access & Information Line: 404-613-3675
- DeKalb CSB in Georgia Region 3 serves DeKalb County - Central Access line: 404-892-4646

4. For people residing in areas nearby, calling:

- Georgia Region 1 & 6, Cobb and Douglas CSB - Access Center: 770-422-0202
- Georgia Region 2, Gwinnett, View Point Health - Access Line: 678-209-2411 or 1-800-715-4225 (after hours).

Evaluate the situation: If you think there is immediate danger to any person, call 9-1-1. If a crisis occurs but there appears to be no immediate risk, contact GCAL at 1-800-715-4225.

- If the need is not urgent, take time to talk with your relative. Do not make a diagnosis but stress that you care and are concerned and offer your help. Ask them how they feel about talking with a doctor or therapist. Be honest and direct. Use terms that you believe are most acceptable to them (e.g., unhappy, nervous, worried). Respect their right to choose.
- Understand that they may need to deny what is happening at first, but by discussing it with them, you have “opened the door,” and they may later be ready to talk and/or seek help.
- Understand their fears. Be patient and supportive. Accept that they may be more willing to talk with a trusted friend, doctor, clergy, or another family member
- Always be honest. It is very important that trust exists if you are able to help your friend or relative. It will not help them to argue or deny that what they are seeing, hearing, and feeling are real. Assure them that you love them and understand that what they are experiencing is real to them and that you want to help. Do not hide your concern. Do not whisper.
- Share your concerns. You should always share your concerns with family members and try to get their cooperation. However, if their condition deteriorates, if you have serious concerns about their wellbeing and you believe a crisis is imminent, you may need to pursue an involuntary order for treatment.

MEDICATIONS

Keep in mind as you read this section that new and better medications are being tested and released every day. It is in both families’ and consumers’ best interest to keep up-to-date in this area. Read, explore, listen, and discuss with the appropriate physician. One of the best sources of information on medications, as well as other areas of treatment, is the national NAMI website, www.nami.org.

Psychotropic medications are often very useful in helping the person with mental illness to think more clearly and to gain control of his or her own thoughts, actions, and emotions. Medications also can dramatically decrease the need for hospitalization and increase the person's ability to benefit from rehabilitation programs and to function independently. Any licensed physician, not just a psychiatrist, may prescribe medications. A psychiatrist, however, is more knowledgeable about these medications and should supervise ongoing drug therapy.

It is important to know the names of the prescription medications, their dosage, therapeutic benefits, and any side effects observed and risks or precautions. Medications produce both beneficial effects and side effects.

People are highly variable in regard to how much benefit they will get from a drug and the type and severity of the side effects they will experience. While side effects may be evident soon after starting to take the medication, the desired effect may not be seen for several weeks. In fact, it may take months of continuous use before the maximum benefit is evident. Some side effects, especially those that appear early, are temporary and may go away or become less severe after a few weeks.

Resistance to taking prescribed medications is often due to unpleasant side effects. It is important that the prescribing physician discusses this with the patient and seeks the most effective and acceptable plan for treatment. The individual will be given an explanation and written summary of the most common side effects of medications which have been prescribed.

There are four main groups of drugs used to treat the symptoms of mental illness: mood stabilizers, antidepressants, anti-anxiety drugs and anti-psychotics.

Mood Stabilizers: There are several medications used to reduce wide mood swings of persons, especially those individuals with Bipolar Disorder. Some of these medications require monitoring so that symptoms can be controlled with the fewest side effects.

Antidepressants: This group of medications is used to treat severe depression.

Examples include:

- Celexa
- Effexor
- Elavil
- Lexapro
- Paxil
- Prozac
- Remeron
- Zoloft
- Welbutrin

Anti-Anxiety Agents: A number of medications can be used to reduce anxiety, relax muscles, and calm the individual. They should generally be used only for short periods of time. Some are addictive and may produce severe reactions if used with alcohol.

Anti-psychotics: These medications are most commonly used for treatment of the symptoms of psychosis, which include unusual or bizarre behavior, hallucinations, delusions, agitation, and disturbed thought processes. Some anti-psychotics are now used as mood stabilizers to lessen the mood swings that occur with Bipolar Disorder. They are sometimes used to calm the severely hyperactive behavior seen in the manic phase of Bipolar Disorder. They also can help prevent relapse and/or hospitalization.

Some of the more common anti-psychotic medications include:

- Mellaril (thioridazine)
- Moban (molindone)
- Navane (thiothixene)
- Prolixin (fluphenazine)
- Risperdal (risperidone)
- Serentil (mesoridazine)
- Seroquel (quetiapine)
- Stelazine (trifluoperazine)
- Thorazine (chlorpromazine)
- Trilafon (perphenazine)
- Zyprexa (olanzapine)

Some significant side effects of this group of anti-psychotic drugs include:

- Allergic Reactions
- Autonomic Reactions: dizziness, dry mouth, blurred vision, difficulty urinating, constipation
- Drowsiness, Extrapyramidal Reactions: movement problems, tremors
- Tardive Dyskinesia: involuntary movements

CAUTION: *Optimal use of medications for the treatment of severe mental illnesses restores a quality of life to the individuals affected as those medications are used in combination with support and behavior modification therapies.*

The advice of a physician, particularly a psychiatrist, is advised so that optimal dosage can be achieved as quickly as possible as some of these medications may be addictive if used inappropriately. Please note that oral medications may produce serious reactions if used with alcohol.

It is essential for medications to be taken as prescribed by the doctor. Abruptly discontinuing certain medications can result in serious symptoms that can range from mild to life threatening.

In addition, the use of certain medications requires a doctor to order periodic lab work to measure the medication level in the bloodstream. Overall, communication with the physician should be a priority.

For a wealth of information on medications used to treat mental disorders, including a comprehensive list of medications, go to the National Institute of Mental Health website on medications:

www.nimh.nih.gov/health/publications/mental-health-medications/complete-index

See also, the NAMI website page on Mental Health Medications:

<https://www.nami.org/Learn-More/Treatment/Mental-Health-Medications>

MEDICATION ASSISTANCE TOOLS

Pharmaceutical companies may offer free medications for needy patients.

Pharmaceutical Research and Manufacturers of America (PhRMA) often provides free medications to physicians whose patients might not otherwise have access to the needed drug. PhRMA may be reached through its website, <https://medicineassistancetool.org/>, or contact the Partnership for Prescription Assistance at 888-477-2669.

ELECTROCONVULSIVE THERAPY

ECT, done under general anesthesia, sends small electric currents through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses (Mayo Clinic).

RESOURCES FOR CARE

MENTAL HEALTH PROFESSIONALS:

Any of the following may be involved in assessment and planning for treatment and care. Each has a specific task but also is part of the treatment team. Duties and responsibilities will vary.

Psychiatrists are physicians (MD or DO) with specific expertise in psychiatry. Psychiatrists typically have received four years of medical training and then another four years of specialty training in psychiatry. They assess, make the diagnosis, and prescribe medications and possibly provide other treatment. They work with the treatment team to plan for care after discharge. They may provide individual or group psychotherapy.

Clinical psychologists can be involved in administering diagnostic tests and formulating the diagnosis and have other responsibilities similar to those described for psychiatric nurses and social workers.

Advanced Registered Nurse Practitioners (ARNP) - ARNP's are nurses who have completed graduate study in psychiatric nursing. Under Georgia law, ARNP's can make diagnoses and prescribe all medications (except controlled substances) under the supervision of a licensed physician. ARPN's are considered mid-level practitioners.

Psychiatric nurses have specific training in psychiatry. They generally have major responsibility for direct care in the hospital, day treatment programs or community mental health centers. They also can conduct individual or group counseling.

Social workers, counselors, and therapists are licensed as Clinical Social Workers, Professional Counselors, and Marriage and Family Therapists. They work with the consumer, the family, and the community in the context of the person's total life situation.

Case Managers coordinate care and services in the community for the individual living with mental illness. They assist in obtaining housing and linking the person to rehabilitation services and income programs such as SSI and SSDI. They generally work for community and mental health centers or an agency under contract with community mental health programs. The term "case manager" sometimes is used interchangeably with social worker, although education, experience, responsibilities and regulatory licensing are different.

COMMUNITY SERVICE BOARDS (CSB's):

Because serious mental illness is likely to require treatment over a long period of time or an entire lifetime, most persons with such disorders will use the services of their local community service board center. CSB's may be involved in the initial

assessment. The entry point for services may be by appointment with an intake worker, through crisis or psychiatric emergency services, through the commitment process, or by referral from a jail or homeless shelter.

Once a person is determined to be eligible for services, a case manager may be assigned to assist with linking the individual to such services as crisis intervention, income support, rehabilitation services, counseling services, and/or outreach. CSB's also can offer residential and vocational services to eligible individuals. In addition, there may be a family education program to provide support and information to family members.

Payment for CSB's is based on ability to pay. Most CSB's are Medicaid providers. CSB's are also funded by contracts through the State via the Department of Behavioral Health and Developmental Disabilities (DBHDD).

INPATIENT PSYCHIATRIC SERVICES:

Individuals can receive inpatient treatment at either Crisis Stabilization Units (CSU) or at hospitals that have psychiatric units. A "receiving facility" means a facility, either private or public, has been designated by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to receive individuals under emergency mental health conditions. The receiving facility renders psychiatric examinations and short-term psychiatric treatment and stabilization.

Crisis Stabilization Unit: A CSU is a publicly-supported mental health facility that provides brief intensive services for individuals experiencing an acute mental health crisis. The purpose of a CSU is to examine, stabilize, and redirect individuals to the most appropriate and least-restrictive treatment setting consistent with their needs.

Private Hospitals: Many private hospitals have psychiatric units and are also receiving facilities. Funding sources are different for public and private facilities. Some may take different forms of insurance, while others are able to serve individuals who do not have insurance.

Inpatient treatment is appropriate when someone is in a mental health crisis, specifically when that individual is dangerous to him/herself or others. If the individual is in crisis and it is an emergency situation, the family member should seek help. The facilities will assist in making sure the individual receives appropriate treatment from the appropriate facility.

FAMILY MEMBERS:

The family can be a vital part of the treatment team if the individual wishes for them to be involved. For families who are able to maintain contact with their relative, the following are questions to consider and discuss with staff both during and after hospitalization:

- What is the diagnosis, and what does it mean? Has this been discussed with the individual?
- What are the symptoms associated with the diagnosis?
- What specific symptoms could be the most problematic? What do they indicate?
- How can these symptoms be monitored?
- What medications have been prescribed?
- What side effect(s) should be expected? Which, if any, warrant concern/caution?
- What is the treatment plan?
- Has the patient been educated individually or in a class setting about his/her illness, management of symptoms and the medications prescribed? Do you think the patient understood the explanation?
- How often will the patient be able to interact with the treatment team?
- What steps can assist the individual with following the plan for services after discharge?
- What appropriate housing and services are available after discharge?
- What should be done if an emergency occurs after discharge?

ONGOING TREATMENT:

Serious mental illness is usually a long-term condition; families should plan ahead even if they are fortunate enough to have to deal with only a few episodes. Families who have lived with mental illness for a long time often describe how carried away they were at the time of the first episode and how they sometimes imprudently committed themselves to expensive treatments in expectation of a cure.

Most individuals need an early medical diagnosis and effective treatment, a safe stable place to live, and a chance to develop or relearn social and vocational skills. Some of the best places to look for support and services, over a long period of time, are through the local and state NAMI organizations, local community health centers, and behavioral health clinics and centers. If services do not seem to be available, you may need to speak up. Contact advocacy groups, your local and state elected representatives, or even individuals who can provide legal advice.

The ability of the person with a mental illness to learn about his/her diagnosis is important in progressing toward a productive and meaningful life. It also is valuable for the person and his/her family to take responsibility for identifying and managing the symptoms of the illness. An understanding of the mental illness, symptoms and treatment, social skills training, and problem solving should be a part of both inpatient and outpatient care. Programs like the NAMI Peer-to-Peer Education course, NAMI Connection Recovery Support Group, and drop-in

centers can play an important role in recovery by providing a network of peer education and support.

COPING WITH A RELATIVE WHO HAS A MENTAL ILLNESS

REACTIONS OF FAMILIES AND FRIENDS

When mental illness strikes, family members are often overwhelmed by feelings of bewilderment, guilt, and denial. Exhaustion from being on call 24-hours a day may be coupled with frustration and anger. This can be especially true when professionals are unable to accomplish what the family sees as basic assistance to help their relative regain a productive life.

Feeling resentment in response to the behavior of the relative with a mental illness seems “unloving.” Realizing the person is ill does not always overcome the hurt, dismay and anger felt by those trying to help. He/she may rebuff attempts to help and may be fearful or accusatory toward those trying to help. Understandably, families, friends, and coworkers have problems with these symptoms, yet a hostile reaction will almost certainly intensify or lengthen an episode.

It is natural and necessary to grieve for the person your loved one used to be, but strength and determination are needed to meet the coming challenges. Caring, supportive family members can play a vital role in helping their relative to regain the confidence and skills needed for rehabilitation.

Please keep in mind the following:

Avoid placing blame and guilt. The family did not cause the illness. Self-blame and blame leveled by others are destructive. Focus instead on the future and on what can be done to develop supportive living arrangements that will enhance the possibility of rehabilitation and recovery for your family member or friend.

Remember that other family members (siblings, grandparents) are affected too, and they probably are experiencing depression, denial, and guilt similar to your own feelings. Keep communication open by talking with them about their feelings and reactions.

Both you and your relative/friend should learn all you can about the illness. Find out about benefits and support systems when things are going well; do not wait for a crisis.

It is also important to address physical health problems as these exacerbate or become a considerable part of the mental health problem. The approach to care should be holistic.

BEHAVIORAL ISSUES

Some suggestions for coping with problem behavior:

- Plan ahead for situations when acute symptoms may recur. Discuss this with the primary therapist or treatment team.
- Learn to recognize signs of relapse, such as withdrawal or changes in sleeping and eating habits. The individual may be able to identify early signs of relapse (and should be encouraged to do so). He/she may also be able to tell you what method has worked in the past to relieve stress and gain control of symptoms. A visit to a psychiatrist or other therapist could help prevent a full-blown relapse, particularly when the person needs an adjustment of medications
- Anticipate troublesome situations. If a certain family member is having trouble coping with a relationship, consider not inviting him/her if the ill family member will be present.
- Do not agree with stopping medications because the condition is “cured” or because the medication “makes me feel sick.” Refer these decisions to the doctor who prescribed the medication
- Set reasonable rules and limits and stick to them. It can help to ask the doctor or a counselor to help you do this
- Do not suggest that a person in crisis “pull him/herself together.” If possible, he/she would. Not being able to do this is part of the illness. Remember, the suffering and distress of the person with mental illness is even greater than your own
- Do not expect and insist that all disturbing habits be corrected at once. Focus on what is being accomplished, not what is going wrong
- At times, people with mental illness suffer from memory loss or inability to concentrate; just repeat the information in a nonjudgmental way
- Do not support or be critical of delusional thinking. The person with mental illness needs to be able to depend on a person who is objective, be aware of what is really happening and be able to kindly work with the truth
- Your family member could hallucinate—seeing, feeling, hearing, or otherwise perceiving things not perceived by others. Be honest. Accept his/her perceptions as his/her own. If asked, point out that you are not experiencing the hallucinations. A discussion of how to respond to hallucinations and to other symptoms is an important part of the family support and education sessions that are offered by NAMI DeKalb and at some community mental health agencies and other health settings.

SUPPORT AND ADVOCACY GROUPS

NAMI DeKalb provides support programs for families and friends as well as for individuals who are living with a mental illness. Providing this assistance is part of our primary mission. It is important to share information about mental illness with others and to understand that serious long-term mental illness is not caused by something the individual has done. “We thought it was our fault,” is said too many times. Family members and friends, because of their lack of information, may not be able to provide the support that is needed.

Unless they have lived with a family member or friend who is mentally ill, it is difficult for most people, sometimes even physicians, to understand the everyday trials and concerns of the rest of the family. It is comforting to know that other people deal with almost exactly the same issues and understand. Sometimes they have suggestions and answers; at other times, they can only say, "Yes, I know," and they do.

In support groups, information is shared about housing, sleeping and eating problems, available social services, medications, missed expectations, the ill individual's lack of friends and loneliness, grief and loss, and fear of taking vacations.

Many people drop in at support group meetings for a few months, get answers and support for the hard times, and then move on. Other people may move from support groups into committee work. Often people make lifelong friends. Many people say, "I want to help. I don't want other people to go through what I went through." Some work at making real changes by becoming advocates for better services and care. Our organization assists in all these ways.

SEEKING TREATMENT FOR SUBSTANCE USE DISORDERS

No single treatment is appropriate for all individuals. Types of treatment, as well as treatment goals, may vary from one person to another and may even vary for the same person depending on their stage of recovery. Substance abuse treatment programs generally incorporate the following goals (Schuckit, 1994; American Psychiatric Association, 1995):

- Reducing substance abuse and its effects or achieving a substance-free life
- Maximizing multiple aspects of life functioning
- Preventing or reducing the frequency and severity of relapse

People who have both Substance Use Disorders and mental illness should receive treatment that addresses both issues. These individuals are said to have a co-occurring disorder, and treatment of their Substance Use Disorder and mental illness should be carried out in an integrated way.

For many people, the primary goal of treatment is attainment and maintenance of sobriety, but this could take numerous attempts, and individuals often experience relapses before achieving a long-term substance-free life. Treatment programs usually try to minimize the effects of continuing use and abuse through education, counseling, and self-help groups.

These programs stress reducing risky behavior through building new relationships with drug-free friends, changing recreational activities and lifestyle patterns, and reducing the amount and frequency of consumption (American Psychiatric Association, 1995).

The initial stage of treatment is often detoxification. This process involves an evaluation, stabilization, and a fostering of readiness for the person to participate in a substance abuse treatment program. Detoxification in a medical setting with 24-hour supervision is recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) for people addicted to alcohol, sedatives, or hypnotics and opiates. Withdrawal from these substances can often create medical complications for the individual that would require this type of monitoring.

Becoming alcohol or drug free, however, is only a beginning. Most people in substance abuse treatment have multiple, complex problems in many aspects of living. These may include medical and mental illnesses, disrupted relationships, underdeveloped or deteriorated social and vocational skills, impaired performance at work or in school, and legal or financial troubles. These conditions may have contributed to the initial development of a substance use problem or could have resulted from the disorder.

Efforts should be made by treatment programs to assist individuals in mending these problems so that they can achieve more responsibility in society and a greater satisfaction with life. This entails maximizing physical health, treating psychiatric disorders, improving psychological functioning, addressing marital or other family and relationship issues, resolving financial and legal problems, and improving or developing necessary educational and vocational skills. Many programs also help participants explore spiritual issues and find appropriate recreational activities.

Increasingly, treatment programs also are preparing persons for the possibility of relapse and helping them understand and avoid dangerous “triggers” that can lead to drinking or drug use. Persons are taught how to recognize cues, how to handle cravings, how to develop contingency plans for handling stressful situations, and what to do if there is a “slip.”

FAMILY INTERACTION WITH LAW ENFORCEMENT

CALLING 9-1-1:

Calling 9-1-1 is an extremely stressful decision. It is by definition an emergency. Not only do you have concern for the person about whom you are making the call, but you also want to make sure that law enforcement has enough information so that they will be able to respond effectively and safely.

Try to control the volume of your voice. When you shout over the phone, it is difficult for the 9-1-1 operator to understand what you are saying. Certainly this is a very emotionally charged time, but if the operator can only hear shouting, the information is not efficiently received. As calmly and clearly as possible, tell the operator the following if the information is available:

Your name
Your address
The name of the person in crisis
Your relationship to the person
That the person has a mental illness
Name of the diagnosis (Schizophrenia, Depression, etc.)
Any medication being used
Has medication use stopped? If so, for how long?
Describe what the person is doing now
Do you feel threatened?
Is there a history of violent acting out?
Does the person hear voices?
Does the person fear someone?
Are there any weapons in the house? If so, try to safely
remove them before calling 9-1-1
Where the person is within the house
Request a CIT deputy/officer

WHEN LAW ENFORCEMENT ARRIVES :

Have all the lights in the house turned on, so that all occupants can be clearly visible to the arriving officers. You can assist the officer who responds to the emergency call to establish his/her own 'comfort zone' by providing as much information as possible. This will allow the officer to know that you are not a threat and also to know who the person in crisis is and whether or not the person in crisis is currently in an agitated state. As calmly as possible, identify yourself and tell the officer as much information as you can including:

- Who you are
- Who you have called about
- What your relationship is to the person
- That the person has a mental illness
- What kind of mental illness it is
- What medication is being taken
- Has medication use stopped? If so, for how long?
- Whether or not the person is violent or delusional (paranoid)
- Any history of suicide attempt
- An attending psychiatrist's and/or case manager's names and telephone numbers

Officers responding to a 9-1-1 emergency call are very focused when they arrive on the scene. First, they will make the scene safe for you, the person, and themselves. The more informed and at ease the officers are, the less likely someone will get injured or the situation will worsen.

Spend the time that is necessary answering all of the officer's questions. Answer directly and concisely. Do not ramble, but offer any advice you deem helpful. After this is done, the officers will usually be better equipped to deal with the situation. Although it is difficult in times of crisis, being patient is essential.

CRISIS INTERVENTION:

If the individual with a mental illness is in a crisis situation, such as in danger of physical injury, his/her behavior is out of control, or if other persons are in danger, keep the following phone numbers handy:

The Georgia Crisis and Access Line (GCAL):

The central access point for all of Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) services.

For Mobile Crisis Services, contact GCAL:

1-800-715-4225

<http://www.mygcal.com/>

GCAL is a contracted State of Georgia provider overseeing 24/7 mobile response services throughout Georgia. They provide immediate on-site crisis management through assessment, de-escalation, consultation and referral with post crisis follow up to assure linkage with an individual's recommended mental health services.

Emergency Medical Services - DeKalb County:

9-1-1

This number is answered by emergency dispatchers. When requesting emergency help concerning someone with a mental illness or substance use, always request a Crisis Intervention Team (CIT) trained police officer.

DEVELOP AN EMERGENCY PLAN

If you sense deterioration in your relative or friend's mental condition, try to find out what is going on. Everyone occasionally has a bad day. However, there are usually early warning signs that signal problems, such as changes in sleep or social activities or increased hostility or suspiciousness. Encourage the individual to see a psychiatrist or social worker. The goal is to avert a crisis!

It is important to know what steps to take:

- Plan ahead by locating available sources for help such as the individual's medical providers, family contacts, friends or neighbors who may be of help and the individual's ACT team coordinator, if they are assigned to an ACT team.

- Have information available about their diagnosis, medications, and previous hospitalization(s) as well as a description of the specific behavior that precipitated the crisis. It may be useful to have several copies of such information to give to the police and to emergency mental health professionals.

CRISIS INTERVENTION TEAM (CIT)

The Memphis model CIT programs now are in place in cities across America, as well as in other countries. This program is composed of specially trained uniform patrol officers who respond to calls related to a person having a mental health crisis. Officers can face challenges from or about persons attempting suicide, threatening harm to others, or displaying other dangerous symptoms or behavior.

Throughout the state, thousands of law enforcement officers have been trained in the nationally acclaimed 40-hour CIT course. The faculty, who are all professionals, family members, or consumers from the local mental health community, volunteer their time and talents to provide the most up-to-date information to law enforcement officers regarding mental illnesses, medications, de-escalation techniques, and unusual behaviors such as suicide, homicide, and aggressiveness. The course includes several hours spent in discussion with persons with mental illness who share their past interactions with the law.

CIT was originated by the Memphis, Tennessee, Police Department. CIT trained officers are capable and willing to routinely and repetitively handle this type of non-criminal call for service in addition to their normal patrol duties. Repeated opportunities to develop techniques and gain knowledge of the mental health system are of paramount importance for successful and safe interventions.

Dispatching CIT trained officers on calls involving persons having a crisis due to a mental disorder demonstrates CIT's value to the community through the saving of lives, time, and money.

JAIL AND JAIL DIVERSION

According to the Surgeon General, the criminalization of mental illness is the silent epidemic of our times. One attorney stated that our jail and prison system is perhaps the greatest danger facing persons with mental illness today.

The number of inmates with a mental illness in Georgia prisons and the number of individuals with a mental illness incarcerated in county jails has grown at an alarming rate. Placing individuals who have had a public crisis with a mental illness in a jail or sending them to a prison creates a vicious cycle as they are generally not able to receive all of the care and support they need to manage their mental illnesses. When released, they tend to recycle back into the jail/prison system.

Early treatment, early diagnosis and early intervention when symptoms escalate may well succeed in avoiding incarceration. When this is not possible, NAMI members have worked with state and local law enforcement agencies and CSBs to make it possible to treat rather than punish persons who are mentally ill by diverting them from jails and courts into residential treatment programs.

Individuals living with mental illness who are facing legal problems should seek legal assistance. If they cannot afford a private attorney, Atlanta Legal Aid Service or the local State of Georgia Public Defenders Office, mental health advocates, and others should be able to help.

The attorney representing the individual should look into releasing the person on bond as quickly as possible to allow him/her to get into treatment before the situation worsens. In cases where this may not be possible, the attorney should make an appropriate motion to ensure that proper psychiatric treatment and support are available while either release or trial is pending.

It is also helpful to find an attorney who has some understanding of brain disorders, the legal defenses available, and their impact on the individual who is charged. If the offense is of a minor nature, a skilled attorney may be able to arrange for a transfer to a psychiatric facility for treatment in exchange for delaying the criminal case with the ultimate goal of dismissal of the charges. Compliance with the recommended treatment may be ordered by the court as a condition of probation or even an alternative to trial or a substitute for serving time in jail.

It is not unusual that contact with the criminal justice system may provide the first opportunity to identify mental illness and connect the individual with community mental health centers. While it may not always be possible to avoid the original incident and incarceration, it should be the goal of the family, the person with mental illness, and the mental health system to eliminate future incidents.

GEORGIA ASSERTIVE COMMUNITY TREATMENT (ACT) TEAMS

Assertive Community Treatment (ACT) is an evidence based practice that is client-centered and recovery-oriented. The service is for individuals who have severe and persistent mental illness (SPMI) and/or co-occurring substance related disorders. ACT teams follow national program standards that have been established by NAMI and SAMHSA.

The Georgia Department of Behavioral Health and Developmental Disabilities' (DBHDD) continuum of care is designed to help people with behavioral health needs that range from low or moderate to severe. Studies indicate people are served better in their own communities and in the least restrictive setting appropriate to meet their needs. For those with acute needs, DBHDD provides for assertive community treatment (ACT), a consumer-centered, recovery-oriented,

and highly intensive service that offers access to a variety of interventions 24-hours a day, seven days a week.

ACT is a community-based alternative to hospitalization for people who have SPMI which has interrupted their ability to live in the community successfully. ACT is a settlement agreement between the GA DBHDD and the U.S. Department of Justice concerning the Americans with Disabilities Act. Per the settlement, ACT providers adhere to strict fidelity monitoring outlined by the Dartmouth Assertive Community Treatment Scale (DACTS). In addition to having an SPMI, ACT enrollment criteria may include:

- Frequent admission to psychiatric hospitals
- Significant functional impairments due to mental illness
- Homelessness or risk of becoming homeless
- Incarceration for reasons related to mental illness
- Co-occurring substance abuse disorders

ACT is an option for people who have not had success in traditional outpatient behavioral health programs. It is often referred to as a “hospital without walls” because it provides a full range of treatment and supports that enable individuals with SPMI to live in the community. ACT supports recovery through skill-building, advocacy, case management and psychiatry.

ACT teams provide comprehensive community-based services to support independent living including mental health counseling, psychoeducation, medication management, rehabilitation, substance abuse treatment, housing assistance, transportation, vocational assistance, social skills acquisition, symptom self-management, crisis and safety planning, 24/7 crisis intervention and response, service and resource coordination, support with activities of daily living, etc.

DBHDD contracts for ACT services and uses state dollars to offset costs that are not covered by Medicaid. ACT is administered by a multidisciplinary team of behavioral health professionals that consists of a team lead, psychiatrist, registered nurse, certified peer specialist, licensed clinician, vocational specialist, substance abuse counselor and a paraprofessional.

ACT teams provide intensive, community-based interventions, including: rehabilitation, crisis planning, mental health counseling, substance abuse treatment, medication management, housing and employment assistance, transportation and other integrated services.

ACT is a unique treatment model in which the majority of mental health services are provided directly by the ACT team in the consumer’s natural environment, which may be his or her home. DBHDD supports 22 ACT teams serving more than 1,700 people in Georgia.

ACT teams receive referrals from providers, clinics, hospitals and jails. Eligible referrals receive a comprehensive intake assessment by the team. ACT teams also coordinate transitions for individuals being discharged from a hospital or jail. A large majority of ACT services are provided in the field rather than in an office setting. Teams are also on call 24/7 to provide crisis intervention outside of regularly scheduled appointments.

Because serious mental illnesses are episodic disorders and many consumers benefit from the availability of long-term treatment and continuity of care, individuals may remain in ACT as long as eligibility is met. This flexibility allows consumers to experience gains and setbacks along the process while continuing on the overall road to recovery. ACT teams typically serve between 75 and 100 consumers. Georgia's 22 teams are located throughout the state.

For more information:

DBHDD Assertive Community Treatment Provider Contact List:

https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/DBHDD%20ACT%20Team%20Contact%20List%20-%20April%202014.pdf

The DBHDD ACT teams Q&A overview:

https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/DBHDD%20ACT%20Team%20Overview.pdf

The DBHDD ACT teams one page flyer:

http://dbhdd.org/blog/wp-content/uploads/2015/03/act_one_pager.pdf

Georgia Mental Health Consumer Network (GMHCN)

<https://www.gmhcn.org/>

246 Sycamore Street, Suite 260, Decatur, Georgia 30030

404-687-9487

or 1-800-297-6146

GMHCN is a peer network in Georgia that promotes recovery through advocacy, education, employment, empowerment, peer support and self-help. The GMHCN is responsible for training and certifying peers for the Georgia Certified Peer Specialist Program. Certified Peer Specialists (CPS) are employed by ACT teams. See more about the GMHCN mission and goals at the above website.

HOUSING

Obtaining independent housing with access to services within the community is the primary goal and a fundamental value shared by people with mental illnesses. Having one's own home - whether it is an apartment, a furnished room or a house - is the cornerstone of independence for people. With stable, permanent housing, people with mental illnesses are able to achieve other important life goals including improved health, education, job training, and employment. However, access to affordable housing that also is convenient to services for people with mental illnesses is becoming increasingly difficult.

Public mental health agencies and the mental health community in general may be able to assist in gaining access to housing that may include the following:

Residential Treatment Facilities:

These homes are generally associated with the Community Health Centers in some way and offer group activities as well as rehabilitative services. They are generally considered transitional and are often reserved for individuals being discharged from state hospitals or community hospitals that are under contract with the State.

Assisted Living Facility (ALF):

These homes are licensed by the Georgia Department of Community Health to provide 24-hour care and supervision of residents. Activities and rehabilitation services are limited in these housing settings.

Supportive Housing/Supported Living:

These services assist persons with substance abuse and psychiatric disabilities develop the skills needed to transition into independent living.

Independent Living Alone/With Family:

This arrangement works for persons who are fairly self-sufficient. Local agencies can be helpful with housing arrangements or in securing the assistance needed for independent living.

Nursing Homes:

These facilities are designed for people who need continuous care 24 hours a day. Generally, there are other medical problems in addition to the mental illness in order to qualify or the diagnosis is a form of dementia.

Adult Foster Care Homes and Caregivers:

Caregivers in the foster care homes are responsible for the care, support, and well-being of the clients who live in the home. Adults placed in these homes are encouraged to feel like a member of the family, participating in family activities and responsibilities.

Other transitional, temporary, and permanent housing options could become available when funding is identified to support additional options.

Source:

https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/Guide%20to%20Region%203%20Community-Based%20Services%20-%20May%202016.pdf

Housing Voucher and Bridge Funding Program from DBHDD

Housing Vouchers provide supported housing and bridge funding to persons with serious and persistent mental illness. Supported housing helps individuals attain and maintain safe and affordable housing while supporting their integration into the community. The program is designed to provide housing supports for tenants who are deemed ineligible for any other benefits or for whom a HUD voucher is not available.

The Georgia Housing Voucher program (GHVP) provides supportive housing to individuals with mental illness. The program focuses on chronically homeless individuals as well as those transitioning out of state psychiatric institutions. In addition to rental support, voucher recipients are eligible for bridge funding that covers security deposits and moving expenses. GHVP was established in response to a legal settlement tied to Olmstead enforcement, which requires public entities to provide community based services and living arrangements to persons with disabilities when such services are appropriate. The U.S. Department of Justice alleged that Georgia segregated people with mental illness in psychiatric hospitals in violation of the Americans with Disabilities Act. Under the terms of settlement, Georgia was to place 2,000 individuals with persistent mental illness in supportive housing by 2015.

In Fiscal Year 2011, 122 individuals were served and in FY12, 650 individuals were served. The average GHVP rent subsidy provided to an individual was \$544 each month. In FY12, 523 individuals also received bridge funding.

GHVP and the bridge funding are administered by the Georgia Department of Behavioral Health and Developmental Disabilities, with the expectation that GHVP recipients will eventually be transitioned to the federal Section 8 housing voucher program.

Contact: Douglas Scott, Department of Behavioral Health & Developmental Disabilities, doscott@dhr.state.ga.us
404-657-2145

Source: <http://nlhc.org/rental-programs/catalog/georgia-housing-voucher-program-and-bridge-funding-program-ghvp>

REHABILITATION SERVICES

The Americans with Disabilities Act (ADA) covers employment, public (government) services, and public accommodations. Employers cannot discriminate against an individual with a disability, including mental illness, if the person is otherwise qualified, by skills and background for the job. The employer also must provide “reasonable accommodations” that will allow an otherwise qualified person to perform the essential duties of the job. For more information on the ADA, contact:

US Department of Justice
950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights Section - NYA
Washington, D.C. 20530
Phone: 800-514-0301
www.ada.gov

This act, passed by Congress in 1990, is an important federal law which prohibits discrimination against any person with a disability. It also covers individuals who have a history of disability or who are regarded by others as impaired, even if they are not. This would include, for example, people who have had psychiatric treatment in the past but who are now fully recovered.

Psychological rehabilitation should include the following: recreational activities, social skills training, employment related training and assistance, and assistance toward independent living. Limited rehabilitation services are available through GA DBHDD Community Service Boards (CSB) and county community providers as well as private facilities.

SECTION IV: NAMI DeKalb

WHAT IS NAMI?

NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS)

The National Alliance on Mental Illness (NAMI) is a nationwide advocacy group representing families and people affected by mental disorders in the United States. Headquartered in Arlington, VA, NAMI is the nation's voice on mental illness.

FACT: Approximately one in every five adults in the U.S.—43.8 million, or 18.5% — experiences a mental illness in a given year.

In 1979, two mothers came together to share a secret: both women had grown children with severe mental illness. Against the forces of stigma and discrimination, they channeled their fears and frustrations to bring about positive change for their loved ones and others.

From this humble beginning emerged the National Alliance on Mental Illness - now known as NAMI - and a national grassroots movement was born. During the past two decades, thousands of parents, spouses, siblings, friends, and individuals with a mental illness have worked tirelessly to bring mental illness out of the shadows.

Today, NAMI is an association with hundreds of volunteers serving in local affiliates, NAMI certified 501(c)(3) organizations, and state organizations across the nation. Their purpose is to raise awareness and to provide support, education, advocacy and outreach for people who are faced with a mental illness.

¹ <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

WHO IS NAMI DeKalb?

NAMI DeKalb has a long history of service to the North Atlanta community. Over twenty years ago a few families with mentally ill members saw the need and opportunity to improve lives through the NAMI mission. What makes NAMI different from other organizations supporting mental illness is its family orientation and dependence on volunteers. We have a dedicated Board that is always looking for ways to improve, and we offer many active programs.

We take pride in our accomplishments as a leading affiliate in Georgia. We are among the largest in membership, and we are consistently among the largest in fundraising for the NAMI Georgia Annual Walk. Expanding NAMI programs and services is our primary accomplishment and highest priority. In addition to regular NAMI programs, we have taken the initiative to create and offer additional services to meet the needs of our constituents:

NAMI DeKalb website:

More than seven years ago we developed a strong and comprehensive website to convey information on all our programs and services. The website now serves over 1,000 unique visitors monthly, and the most popular area is “Resources.” For information about our programs, activities, and news, please visit our website at: <https://www.namidekalb.org/>

Our Board is dedicated to helping with the challenges of mental illness. That said, we need your help! Please go to our website, <https://www.namidekalb.org/>, and consider becoming part of the NAMI DeKalb family by:

- Joining
- Participating
- Donating
- Volunteering

Best Wishes,

NAMI DeKalb Board of Directors

NAMI PROGRAMS

FAMILY-TO-FAMILY EDUCATION COURSE

This is a free, 8-session course for families and friends of individuals with serious mental illnesses. Taught by trained NAMI family members, the participants receive updated information about illnesses of the brain and treatment options, coping skills, and the power of advocacy. Those who take the NAMI course are better equipped to work with their family member or friend and the mental health system in seeking and obtaining help.

PEER-TO-PEER EDUCATION COURSE

This is an 8-session education course on recovery for any person with a serious mental illness. Like Family-to-Family, the course is free and is taught by a team of two trained peer mentors who are experienced at living with their own mental illnesses. Participants learn about serious mental illnesses, coping skills, empowerment, and advocacy.

NAMI BASICS

NAMI Basics is a free, 6-week education program for parents and family caregivers of children and teens who are experiencing symptoms of a mental illness or whom have already been diagnosed. It is offered in a group setting so you can connect with other people face-to-face. You'll learn the facts about mental health conditions and how best to support your child at home, at school and when they're getting medical care. The course is taught by a trained team with lived experience—they know what you're going through because they've been there. NAMI Basics OnDemand is now available at <https://www.nami.org/basics>.

NAMI HOMEFRONT

NAMI Homefront is a 6-session educational class for families, caregivers and friends of military service members and veterans with mental health conditions. The course is designed specifically to help these families understand those challenges and improve their ability to support their service member or veteran.

NAMI SMARTS FOR ADVOCACY

NAMI is directly involved in advocacy for the needs of those with a mental illness and their families. Volunteers serve on local committees and coalitions and participate extensively with agencies that address mental health and substance abuse issues. Members are trained on how to provide information to their local, state, and federal elected officials.

NAMI FAMILY SUPPORT GROUP

This NAMI support group is facilitated by family members for other families and loved ones to give them support and feedback on their daily challenges and special issues they face. Groups are confidential gatherings of caregivers who

need a haven of understanding based on lived experience with mental illnesses among their family and friends.

NAMI CONNECTION SUPPORT GROUP

Individuals who have mental illnesses need support regularly to be able to share information confidentially about their personal roads to recovery, as well as the special challenges they face while coping with their illnesses. This group is led by specially trained persons who are in a unique position to offer support and empathy from people who know what it's like and who have "been there."

NAMI IN OUR OWN VOICE

Individuals with mental illness and family members present to other family members, friends, professionals, individuals, and lay audiences about their personal journey and their issues, challenges, treatment, and coping strategies. Their goal is to enrich each audience's understanding of how people affected by serious brain disorders cope with the reality of their mental illness and illustrate that recovery is possible.

NAMI ENDING THE SILENCE

Helping middle and high schoolers understand mental illness makes a big difference. We teach them about the warning signs for themselves and their friends. Ending the Silence helps raise awareness and change perceptions around mental health conditions. Through this free classroom presentation, students get to see the reality of living with a mental health condition. During the 50-minute presentation, a young adult living with mental illness and a family member tell their stories about mental health challenges, including what hurt and what helped.

GENERAL EDUCATION:

At Education Meetings, experts from the community speak on a wide-range of mental health, legal, care-giving, and life management topics.

CRISIS INTERVENTION TEAMS:

The state's jails and prisons often become the default housing for individuals with a mental illness who have experienced a public mental health crisis that results in incarceration. Statistics indicate that a majority of the people in jails and prisons who have a severe mental illness may be better served in another symptom self-management, crisis and safety planning, 24/7 crisis intervention and response, service and resource coordination, support with activities of daily living, etc. setting.

Law enforcement officers are often the first responders to come in contact with a public mental health crisis event; thus, NAMI DeKalb strongly supports Crisis Intervention Team (CIT) training, an education program that provides 40 hours of specialized training for law enforcement officers, teaching them how to respond to calls concerning persons experiencing a mental health crisis. In this course,

officers are exposed to basic dynamics of common types of mental illnesses and to the viewpoints and feelings of individuals affected by mental illness first-hand. CIT officers become skilled in de-escalating potentially volatile situations, gathering relevant information, and evaluating the individual's social support system for the purpose of appropriate placement for assistance.

OUR VOLUNTEERS:

NAMI DeKalb volunteers are advocates who work to reduce stigma and discrimination. The Volunteers are an extremely valuable source of help and support. They lead all of the NAMI signature best practice education courses and support groups and dedicate hundreds of hours a year to provide NAMI DeKalb programs in the communities we serve. For more information about NAMI DeKalb programs and services, please contact us directly:

Email: info@namidekalb.org

Website: <https://www.namidekalb.org/volunteer-your-time>

NAMI NATIONAL PROGRAMS:

For a full list of NAMI National programs, education classes, presentations, support groups, advocacy & outreach, see:

<https://www.nami.org/Find-Support/NAMI-Programs>.

BECOME A MEMBER

Dear Potential Member,

Thank you for choosing to join NAMI DeKalb. You are helping us provide support, education and advocacy to thousands of people living with mental illness across the county of DeKalb.

When you become a member of NAMI of DeKalb County, you become part of America's largest grassroots organization dedicated to improving the lives of persons living with serious mental illness. Join now and become a part of NAMI at the national, state, and local levels. Member benefits include The Advocate, member discounts, convention registration discounts, access to the NAMI online member community, and more.

Please take a moment to fill in the information below. The information you provide will allow us to provide you with the information you need to keep track of the programs and events of interest to you.

Name: _____

Email: _____

Address: : _____

Home Phone: : _____ Cell Phone: _____

Annual Membership

\$60 per yr. for a Household membership that includes all members of a household living at the same address. Names of persons in Household:

\$40 per yr. for a Regular membership which is an individual membership for one person

\$5 per yr. for an Open Door membership for any individual with limited financial resources

Thank you,

Renee Dryfoos, Membership Chair

Mail Check and Membership Form to:

NAMI DeKalb
PO Box 2180,
Decatur, GA 30031

You can also join at: <https://www.nami.org/Get-Involved/Join>

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NAMI DeKalb
PO Box 2180,
Decatur, GA 30031

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Georgia Crisis and Access Line (GCAL)
1-800-715-4225



Advocacy • Education • Research • Support

NAMI DeKalb

P.O. Box 2180
Decatur, GA 30031
info@namidekalb.org
www.namidekalb.org

NAMI Georgia

3180 Presidential Drive
Suite A
Atlanta, GA 30340
800.728.1052
770.234.0855
namigeorgia@nami.org
www.namiga.org

NAMI

National Headquarters
3803 N. Fairfax Drive, Suite 100
Arlington, VA 22203-1701
800.950.6264
703.524.7600
email: info@nami.org
www.nami.org

National Alliance on Mental Illness

*is a grassroots non-profit organization dedicated to improving
the lives of individuals and families affected by mental
illness.*