1 in 5 adults—43.8 million or 18.5%—experiences mental illness in a given year

60% of all adults and almost 50% of all youth ages 8-15 with a mental illness received no mental health services in the previous year

50% of adults with mental illness report experiencing symptoms prior to the age of 14; 75% prior to the age of 24
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 Northside Atlanta 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.

With kind regards,
The Board of Directors
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Additionally, we especially want to thank and give credit to two NAMI affiliates for allowing NAMI Northside Atlanta to use and adapt information from their books:

- NAMI Pinellas County Florida for the use of their "Family Guide on Mental Illness." NAMI Pinellas County gave us permission to use much of the content information in Section II.

- NAMI DeKalb County Georgia for permission to use their Community Help Book resources. NAMI Northside Atlanta residents utilize many of the same community resources as NAMI DeKalb.

COMMITTEE VOLUNTEERS - Thank you to the volunteers who generously gave their time to vet and compile the book’s information, especially Susie Kyle, Bill McClung, Nancy Pendergast, Suzy Quenzer, Kate Quenzer and Julie Itzkovitz. In addition, we want to thank Margaret Counts-Spriggs, Savannah Greene, and Audrey Syphoe of Clark Atlanta University for their help and support.

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The book is divided into 4 sections:

• Section 1 - Family Guide on Mental Illness
  This guide provides more in-depth information about severe mental illness, especially from the perspective of family members and friends.

• Section 2 - Access to Care and Crisis Information
  This section provides information on the various organizations involved in providing mental health care, particularly in emergency situations.

• Section 3 - Community Resources
  Over the years NAMI Northside Atlanta 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 NNA 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 Northside Atlanta 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 NNA for the services identified. Since contributions to this section were gathered from our member surveys, our education meetings and support groups, the Mental Health Fair, 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 NNA 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.

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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.naminorthsideatlanta.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.

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The following material is provided to give an overview of how government mental health services are delivered throughout the state. This is for informational purposes only.

**STATE OF GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH & 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 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.

http://www.mygc.com/ 1-800-715-4225

**FIELD OFFICES**

The Georgia system of services is administered through six DBHDD Field Offices. These offices administer the hospital and community resources assigned to each region. Each field office coordinates a community-based system of care through contracted providers for eligible individuals. The community-based system allows individuals to receive care in the least restrictive setting possible while helping them to obtain a life of recovery and independence. Talk with a GCAL professional about any of the services below:

Community-Based Services Available in Region 3:
- Behavioral Health Assessment and Service Plan Development
- Psychological Testing
- Diagnostic Assessment
- Crisis Intervention
- Psychiatric Treatment
- Nursing Assessment and Care

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• Medication Administration
• Community Support
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• 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  http://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.”

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State Psychiatric Hospitals
(numbers in black circles on Regions Map)
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*
(letters in white circles on Regions Map)
A - Floyd Medical Center - Rome
B - Wellstar Cobb Hospital - Austell
C - Laurelwood - Gainesville
D - Peachford Hospital - Dunwoody
E - SummitRidge - Lawrenceville
F - Anchor Hospital - Atlanta
G - Willowbrook at Tanner - Carrollton

*NOTE: These hospitals have been contracted by DBHDD to receive individuals from counties in Region 1.

Community Service Areas
1 - Lookout Mountain Community Services
2 - Highland Rivers Community Service Board
3 - Avita Community Partners
4 - Cobb Community Service Board
5 - Douglas Community Service Board
6 - Fulton County MHDDAD
7 - Clayton Community Service Board
8 - DeKalb County Community Service Board
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GA DBHDD Assertive Community Treatment (ACT) Provider Contact List: 

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

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SEVERE MENTAL ILLNESS AND SUBSTANCE USE DISORDER

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 illness 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.

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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.

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TYPES OF MENTAL ILLNESSES

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 and 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.

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- 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.

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Delusions: These are false ideas that the person believes to be true. The individual adheres to these ideas in the face of reason. Some people 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 stimulus. 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.

Changes 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 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.

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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, 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.

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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
- increased 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 can also 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.

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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.

Panic Disorder 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.

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
- Cutting

Obsessive-Compulsive Disorder (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) is, according to the DSM-IV-TR, 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.

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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 Use Disorder 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 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.

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.

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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.

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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 Substance Abuse & Mental Health Services Administration’s 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 31% 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.

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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: Difficultly concentrating on school, work or routine tasks; change in eating habits such as loss of appetite 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.

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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 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/
Anyone can struggle with suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, plus best practices for professionals. Whether you are personally in crisis or you are concerned about someone who is, you can ALWAYS call 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.

Crisis Connections Organization (for teens)
24-hour hotline: 1-866-427-4747
https://www.crisisconnections.org

866 Teen Link help line: 1-866-833-6546
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SERIOUS DISORDERS OF CHILDREN AND 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.

TYPES OF MENTAL ILLNESSES

Autistic Disorder

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 Autistic 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.

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Anxiety Disorder
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

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Hyperactivity and impulsivity are the striking features. This is called ADHD, predominantly 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 predominantly 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 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 hyperactivity and impulsivity are the striking features. This is called ADHD, predominantly hyperactive-impulsive type. The third condition is a combination of the first two and the fourth condition is considered ADHD, Not Otherwise Specified.

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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 that 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.

27 two core characteristics of ADHD, inattention and impulsivity, are largely to blame. Parents often complain that 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.

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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 (www.fcmh.org), parents can contact Children and Adults with Attention Deficit Disorder (CHADD) (www.chadd.org)

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/mft-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 Health1 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 (https://www.samhsa.gov/data/population-data-nsduh).

1 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.

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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.

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 use disorder have a co-occurring mental health diagnosis. While about 21% of youths admitted to substance use disorder have a co-occurring mental health diagnosis, about 22% of youths with a mental health diagnosis have a co-occurring Substance Use Disorder, while about 21% of youths admitted to substance use disorder have a co-occurring mental health diagnosis.

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“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.

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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 when 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 Northside Atlanta recommends:

  1. Attending NAMI Northside Atlanta Family or Consumer 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: http://naminorthsideatlanta.org/support-groups/

  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 Northside Atlanta communities are served by Fulton County and by Georgia’s Region 3 CSB:

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

  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)

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• 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 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.

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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.

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There are four main groups of drugs used to treat the symptoms of mental illness: mood stabilizers, antidepressants, anti-anxiety drugs and anti-psychotics.
1. 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.

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

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

3. 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.

4. 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:

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

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- Moban (molindone)
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- Risperdal (risperidone)
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- Seroquel (quetiapine)
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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 PAPAS – Patient Assistance Programs
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, www.phrma.org, or contact the Partnership for Prescription Assistance at 888-477-2669 or on-line at www.pparx.org/intro/php

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).

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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.

**MENTAL HEALTH PROFESSIONALS**

- 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 medications (except controlled substances) under the supervision of a licensed physician. ARNP’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, Mental Health 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

**RESOURCES FOR CARE**

- ARPN’s are considered mid-level practitioners.

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- 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 medications (except controlled substances) under the supervision of a licensed physician. ARNP’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, Mental Health 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

**MENTAL HEALTH PROFESSIONALS**

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term “case manager” is sometimes 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. Many also are funded by contracts through the state via the Department of Human Resources/Division of Mental Health, Developmental Disabilities and Addictive Diseases (MH/DDAD).

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 Children and Families 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.

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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.

ROLE OF FAMILY AND HOSPITALIZATION

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?

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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.

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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, grandchildren) 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.
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- Remember that other family members (siblings, grandchildren) 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.

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• 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 Northside Atlanta and at some community mental health agencies and other health settings.

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SUPPORT AND ADVOCACY GROUPS

NAMI Northside Atlanta 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.

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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.

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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 people 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.”

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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 officer 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:

- Has enough information so that they will be able to respond effectively and safely.
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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) is 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/

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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.

• 9-1-1 – Request Crisis Intervention Team (CIT) Officer
This number is answered by emergency dispatchers. When requesting emergency help concerning someone with a mental illness or substance use, always request a CIT 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 his/her 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.

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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.

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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

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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.

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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 use disorder 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.

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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://namipbc.org/about-nami-palm-beach-county/our-handbook/

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.


About the Housing Voucher and Bridge Funding Program - from DBHDD

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 the


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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://nlihc.org/rental-programs/catalog/georgia-housing-voucher-program-and-bridge-funding-program-ghvp
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:

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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.

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CULTURAL DIVERSITY (From the Surgeon General’s Report for Mental Health)

OVERVIEW OF CULTURAL DIVERSITY AND MENTAL HEALTH SERVICES

Racial and ethnic minority groups are generally considered to be under- served by the mental health service system. A constellation of barriers deters ethnic and racial minority group members from seeking treatment, and if individual members of groups succeed in accessing services, their treatment could be inappropriate to meet their needs.

Research documents that many members of minority groups fear, or feel ill at ease with, the mental health system. Research and clinical practices have propelled advocates and mental health professionals to press for “linguistically and culturally competent services” to improve utilization and effectiveness of treatment for different cultures.

INTRODUCTION TO CULTURAL DIVERSITY AND DEMOGRAPHICS

Racial and ethnic populations differ from one another and from the larger society with respect to culture. The term “culture” is used loosely to denote a common heritage and set of beliefs, norms, and values.

The historical experiences of ethnic and minority groups in the United States are reflected in differences in economic, social, and political status. The most measurable difference relates to income.

Many racial and ethnic minority groups have limited financial resources. In 1994, families from these groups were at least three times as likely as white families to have incomes placing them below the federally established poverty line.

Cultural identity imparts distinct patterns of belief and practices that have implications for the willingness to seek and the ability to respond to mental health services. These include coping styles and ties to family and community.
COPING STYLES

Cultural differences can be reflected in differences in preferred styles of coping with day-to-day problems consistent with a cultural emphasis on restraint. Some Asian American groups encourage a tendency not to dwell on morbid or upsetting thoughts. They have little willingness to behave in a fashion that might disrupt social harmony. Their emphasis on willpower is similar to the tendency documented among African Americans to minimize the significance of stress, and, relatedly, to try to prevail in the face of adversity through increased striving.

Culturally rooted traditions of religious beliefs and practices carry important consequences for willingness to seek mental health services. African Americans and a number of ethnic groups, when faced with personal difficulties, have been shown to seek guidance from religious figures.

Many people of all racial and ethnic backgrounds believe that religion and spirituality favorably impact their lives, and that well-being, good health, and religious commitment or faith are integrally intertwined.

Culture also imparts mental health by influencing whether and how individuals experience discomfort associated with mental illness. When conveyed by tradition and sanctioned by cultural norms, characteristic modes of expressing suffering are sometimes called “idioms of distress.” Idioms of distress often reflect values and themes found in the societies in which they originate.

One of the most common idioms of distress is somatization, the expression of mental distress in terms of physical suffering. Somatization is prevalent among persons from a large number of ethnic minority backgrounds. Epidemiological studies have confirmed that there are relatively high rates of somatization among African Americans.

Among culture-bound syndromes found among some Latino psychiatric patients is “ataque de nervios,” a syndrome of “uncontrollable shouting, crying, trembling, and aggressions” typically triggered by a stressful event involving family members. A Japanese culture-bound syndrome, “Taijin kyofusho,” is an intense fear that one’s body or bodily functions give offense to others. Culture-bound syndromes sometimes reflect comprehensive systems of belief, typically emphasizing a need for balance between opposing forces or the power of supernatural forces. Belief in indigenous disorders and cultural differences can be reflected in differences in preferred styles of coping with day-to-day problems consistent with a cultural emphasis on restraint. Some Asian American groups encourage a tendency not to dwell on morbid or upsetting thoughts. They have little willingness to behave in a fashion that might disrupt social harmony. Their emphasis on willpower is similar to the tendency documented among African Americans to minimize the significance of stress, and, relatedly, to try to prevail in the face of adversity through increased striving.

Culturally rooted traditions of religious beliefs and practices carry important consequences for willingness to seek mental health services. African Americans and a number of ethnic groups, when faced with personal difficulties, have been shown to seek guidance from religious figures.

Many people of all racial and ethnic backgrounds believe that religion and spirituality favorably impact their lives, and that well-being, good health, and religious commitment or faith are integrally intertwined.

Culture also imparts mental health by influencing whether and how individuals experience discomfort associated with mental illness. When conveyed by tradition and sanctioned by cultural norms, characteristic modes of expressing suffering are sometimes called “idioms of distress.” Idioms of distress often reflect values and themes found in the societies in which they originate.

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adherence to culturally rooted coping practices are more common among older adults and among persons who are less acculturated.

FAMILIES AND COMMUNITY AS RESOURCES

Ties to family and community, especially strong in African, Latino, Asian and Native American communities, are forged by cultural tradition and by the current and historical need to assist arriving immigrants, to provide a sanctuary against discrimination practiced by the larger society, and to provide a sense of belonging and affirming a central help-culture or ethnic identity. Family solidarity has been invoked to explain relatively low rates among minority groups of placing older people in nursing homes. Families play an important role in providing support to individuals with mental health problems. A strong sense of family loyalty means that, despite feelings of stigma and shame, families are an early and important source of assistance in efforts to cope, and that minority families may expect to continue to be involved in the treatment of a mentally ill member. Investigators have demonstrated an association between family warmth and a reduced likelihood of relapse.

BARRIERS TO THE RECEIPT OF TREATMENT

The under-representation in outpatient treatment of racial and ethnic minority groups appears to be the result of cultural differences as well as financial organizational and diagnostic factors. The service system has not been designed to respond to the cultural and linguistic needs presented by many racial and ethnic minorities.

Among adults, the evidence is considerable that persons from minority backgrounds are less likely than whites to seek outpatient treatment in the specialty mental health sector. This is not the case for emergency department care, from which African Americans are more likely than whites to seek care for mental health problems. Language, like economic and accessibility differences, can play an important role in why people from other cultures do not seek treatment.

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Section 2
Access to Care and Crisis Information

2. Access to Care
SECTION 2: ACCESS TO CARE AND CRISIS INFORMATION

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Mobile Crisis Response Unit within DeKalb County
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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 serves both DeKalb and Fulton Counties. The information below provides information about their services.

DeKalb Regional Crisis Center


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

The DeKalb Regional Crisis Center, located at 450 Winn Way in Decatur, GA 404-294-0499, is a 24-hour, seven days a week facility that offers three levels 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.

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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.

WellStar Behavioral Health Resource Team
470-732-3789 – 24/7 Call Center

WBHRT responds to psychiatric emergencies in all four WellStar Emergency Departments - Cobb, Douglas, Kennestone, and Paulding. Licensed Mental Health Professionals complete comprehensive, face-to-face, Mental Health Assessments in their Emergency Departments. WellStar's Behavioral Health Call Center also has Licensed Mental Health Professionals available 24 hours, 7-days a week to answer crisis calls and provide telephonic guidance. Therapists assist with providing referral information, discussing treatment options or providing empathetic listening to assist each individual with his or her unique needs.

Upstream Crisis Intervention (UCI) is a pilot program at Grady Memorial Hospital in Atlanta, Georgia. The program pairs specially trained paramedics with social workers to meet the needs of behavioral health patients, many of whom repeatedly call 9-1-1 for help.

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Since 2015, teams have responded to calls through Grady’s mental health unit dispatched through 9-1-1. Program developers note that most patients can be stabilized within 23-hours, saving the need for a bed in an inpatient psychiatric facility. The program works to:

- reduce consumer repeated calls to 9-1-1 for help
- scale back the need for inpatient psychiatric hospital facilities
- analyze the combination of behavioral and health needs present
- assist with medication monitoring
- improve regulations on emergency transportation of patients

The UCI team:

1. curbs the need for hospital and Emergency Room visits by linking patients with appropriate care more expeditiously. Paramedics also resolve many calls by either arranging transportation directly to a psychiatric facility or to a crisis stabilization unit or by stabilizing patients on the spot and establishing appropriate follow-up care

2. makes sure patients have their medicine and are on track with their plan of care

3. has additional paramedic training with behavioral health and public health specialists; Crisis Intervention Team (CIT) training

4. works directly with emergency patients and completes a medical clearance, a mental health screen and a patient safety screen

5. checks on patients when they are not in crisis to make sure they have their medicine and are on track with their plan of care

Source: https://www.ahcmedia.com/articles/139885-novel-paramedic-programs-respond-to-behavioral-health-related-calls#WkHhNMWXXg.email

Smart911 https://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.
Clayton Center Community Service Board

https://www.claytoncenter.org/battle-creek.cms
853 Battle Creek Road, Jonesboro, GA 30236  770-478-1099

Cobb & Douglas Counties Community Services Board: Access Center
http://www.cobbcsb.com/services/mental-health/
Access Line (Appointments): 770-422-0202
Hartmann Center Appointments - 770-971-7801. 9AM-2PM
3830 South Cobb Drive, Suite 300, Smyrna, GA 30080

DeKalb Community Service Board  http://dekcsb.org/
For appointments, referrals and crisis support, contact the Central Access line: 404-892-4646
445 Winn Way, 2nd floor, Decatur, GA 30030

Fulton County Behavioral Health and Developmental Disabilities
http://www.fultoncountyga.gov/bhdd-resources/bhdd-behavioralmental-health
Provides behavioral health & addiction services for adults, children & teens. Below is a list of locations. Learn more about services at: www.fultoncountyga.gov.
- For questions about adult services, please call (404) 665-8600
- For questions about services for youth, please call (404) 612-9339

Adult Behavioral Health Services:
1. The Center for Health & Rehabilitation
265 Boulevard, NE Atlanta, GA 30312
Telephone: (404) 665-8600
2. Adarmsville Regional Health Center
3700 Martin Luther King Jr. Drive, SW Atlanta, GA 30331
Telephone: (404) 612-9339
*Please Note: This facility serves youth from 4 to 24 year’s old

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3. North Fulton Service Center
7741 Roswell Road, NE Sandy Springs, GA 30350
Telephone: (404) 665-8650

4. South Fulton Service Center
5600 Stonewall Tell Road College Park, GA 30349
Telephone: (404) 665-8700

Child and Adolescent Services
1. Adamsville Regional Health Center
3700 Martin Luther King Jr. Drive, SW Atlanta, GA 30331
Telephone: (404) 612-9339
Hours: Monday - Friday, 8:30 AM - 6:00 PM
*Please Note: This facility serves youth from 4 to 24 years old

2. Oak Hill Child, Adolescent & Family Center
2805 Metropolitan Parkway, SW Atlanta, Georgia 30315
Telephone: (404) 612-4111
Hours: Monday - Thursday, 9:00 AM - 7:30 PM
Friday, 9:00 AM - 4:30 PM

3. The Fulton County Clubhouse for Youth
1480 Delowe Drive Atlanta, GA 30311
Telephone: (404) 612-7111
*This facility provides substance abuse and prevention services for teens between the ages of 13 to 17 years old

North Fulton Service Center
7741 Roswell Road, NE Sandy Springs, GA 30350
Telephone: (404) 665-8650

Director's Office
Main Office: Fulton County Department of Behavioral Health & Developmental Disabilities
141 Pryor Street Suite 1031
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Fulton County Behavioral Health Transition Initiative
http://www.fultoncountyga.gov/services-integration

View Point Health (Gwinnett, Rockdale, Newton Counties DBHDD Service Provider) https://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 30046

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

NAMI National Helpline: 1-800-950-6264 or text: “NAMI” to 741741 https://www.nami.org/find-support/nn-co-helpline
Monday thru Friday 10AM-6PM, ET
The NAMI National Helpline is a free service that provides information, referrals and support to people living with a mental health condition, family members and caregivers, mental health providers and the public.
NAMI Georgia HelpLine: 770-408-0625 https://namiga.org/nami-georgiahelpline/
Monday, Wednesday and Friday from 10 AM-3PM. This is a non-crisis helpline that can provide information about resources for persons with mental illnesses and their family members in Georgia.
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.

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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.
Veteran’s Crisis Line: 1-800-273-8255 (press 1)  

Decatur Peer Support & Wellness Center Warm Line: 404-371-1414 (Georgia residents only)  
Toll Free Number: 1-888-945-1414  
http://www.gmhc.org/wellnesscenter/decatur.html

Substance Abuse and Mental Health Services Administration’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: 1-800-273-8255  
Or text: “Help” to 741741 https://yellowribbon.org/  
Get a listening ear, resources and support 24-hours a day, seven days a week. This hotline is open weekends, holidays, and during bad weather.

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


Missing Persons

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

https://www.nhchc.org/  

Outpost for Hope: http://www.outpostforhope.org/looking-for-a-lost-loved-one.html

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Or text: “Help” to 741741 https://yellowribbon.org/  
Get a listening ear, resources and support 24-hours a day, seven days a week. This hotline is open weekends, holidays, and during bad weather.

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


Missing Persons

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

Outpost for Hope: http://www.outpostforhope.org/looking-for-a-lost-loved-one.html

Veteran’s Crisis Line: 1-800-273-8255 (press 1)  

Decatur Peer Support & Wellness Center Warm Line: 404-371-1414 (Georgia residents only)  
Toll Free Number: 1-888-945-1414  
http://www.gmhc.org/wellnesscenter/decatur.html

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https://www.gadfcs.org/familyviolence/shelter_list.php  
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Alcoholics Anonymous Atlanta: 404-525-3178
http://www.atlantaaa.org/meetings.php
Call any time of day or night to reach volunteers for help or information on A.A. meetings and programs.

Narcotics Anonymous World Service  https://na.org/
Eating Disorders Helpline: 630-577-1330
http://www.anad.org/get-help/eating-disorders-helpline/

United Way of Atlanta: 2-1-1
http://211online.unitedwayatlanta.org/
2-1-1 connects people to the assistance they need to address every day challenges of living.

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.

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PSYCHIATRIC CRISIS

A psychiatric crisis is any situation in which a person’s actions, feelings and behaviors can lead them to hurt themselves or others, and/or put them at risk of being unable to care for themselves or function in the community in a healthy manner.

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.

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Crisis Intervention Teams – CIT
https://namiga.org/programs/for-law-enforcement/

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

The Behavioral Health Crisis Center in Cobb County
https://www.cobbchb.com/services/
3830 South Cobb Drive, Suite 300, Smyrna, GA 30080
BHCC is a monitored short-term residential service that provides psychiatric and behavioral stabilization and detoxification. The BHCC has three areas of service:

1. The BHCC Crisis “walk-in” area where individuals who feel they are in crisis can receive an assessment.
2. The Temporary Observation unit, where individuals are monitored for 23 hours, or
3. The Acute unit, if intense care is needed immediately.

The goal for individuals receiving services at the BHCC is stabilization, with referral and linkage to the appropriate services in mental health, substance abuse, and or intellectual/developmental disability programs.

Grady Behavioral Health Services
https://gradyhealth.org/specialty/behavioral-health/
404-616-1000
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
http://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 has 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:

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• 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 have and have not worked
• Treatments that have helped in the past and treatments (if any) that should be avoided; have your loved one write down what will make him/her feel calmer
• Identify any people or actions that make the situation worse

INCARCERATION AND MENTAL ILLNESS

DeKalb County Jail Mental Health Contacts
DeKalb County Jail Mental Health: 404-298-8330
DeKalb County Jail Health Services Coordinator: 404-298-8531

DeKalb County Misdemeanor Mental Health Court
http://dekalbcounty magistratecourt.com/misdemeanoralmentalhealthcourt.asp
556 N. McDonough St., Room 1200D, Decatur, GA 30030 404-371-2241

DeKalb County Felony Mental Health Court
Accountability Court Director: Frederika S. Dent 404-371-2906
Program overview: The DeKalb County Felony Mental Health Court (DCFMH) 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 DCFMH 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.

Fulton County Jail Diversion - Court Services Program
Program Manager: 404-613-1059
The Center for Health and Rehabilitation, 265 Boulevard, NE, Atlanta, GA 30312, Atlanta, GA 30312

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Fulton County Behavioral Health Treatment Court
https://www.fultoncourt.org/accountability/acc-bhtc.php
Mental Health Court Coordinator: 404-612-4922

Fulton County Center for Health and Rehabilitation
http://www.fultoncountyga.gov/locations-bh/center-for-health-a-rehabilitation-bh
Program Manager: 404-613-1650
The Fulton County Department of Behavioral Health & Developmental Disabilities serves individuals involved in the criminal justice system in collaboration with the Fulton County Sheriff's Department, Fulton County Jail, Court Administration, Fulton County State Magistrate Treatment Diversion Court, Fulton County Juvenile Court, Family Drug Court, Fulton County State DUI Court, and the Fulton County Superior Mental Health Court.

STEPS TO TAKE IF YOUR LOVED ONE IS INCARCERATED

- Find out where your loved one is in jail. If he/she is in General Population, request a move ASAP to the Mental Health Unit.
- Find out also if they have a psychiatrist in their mental health unit. If so, call the unit to request medication and an expedited move to Georgia Regional. If not, speak to the regular medical unit to see if you can find out how psychiatric issues are handled.
- Give the psychiatrist or doctors the name of the provider who gave your loved one a diagnosis and medication.
- If he/she has ever threatened suicide, make sure they know that. Remember, even if they won't discuss their case with you, they will probably listen to what you have to tell them.
- Do whatever you can to get your loved one to sign a medical release form for you. Visit whenever you can.
- Call the Director of the Georgia Regional Hospital to see if his/her move can be expedited.
- Call the Public Defender's office and see if his/her appointed attorney normally handles mental health cases. If not, ask to have him/her reassigned to one who does.

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• If you aren’t getting anywhere with the above options, email Dr. Javel Jackson of the Georgia Department of Corrections:
javel.jackson@gdc.ga.gov. You may be able to obtain a contact to help you speed up the process. She is the Chief Psychologist for the Georgia Department of Corrections:
http://drjaveljackson.com/index.php%3Fa%3Dabout

• Start a journal and document all of your calls. It is very easy to forget the people you speak with and you may need to get back to them at some point.
VOLUNTARY vs. INVOLUNTARY HOSPITALIZATION & 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 "voluntary outpatient treatment." Laws vary from state to state.

FOR INPATIENT TREATMENT, a person must meet the following criteria:
• 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.

FOR OUTPATIENT TREATMENT, a person must meet the following criteria:
• based on treatment history or current mental status, requires outpatient treatment in order to avoid predictably and imminently becoming an inpatient AND
• is unable to voluntarily seek or comply with outpatient treatment

source: http://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 Georgia Regional Hospital - Atlanta (GRH-A). That hospital requires the person first to be "medically cleared" at a local medical hospital emergency room. If the person is willing to go to the psychiatric hospital, a family member or friend usually provides transportation.

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  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.

FOR OUTPATIENT TREATMENT, a person must meet the following criteria:
• based on treatment history or current mental status, requires outpatient treatment in order to avoid predictably and imminently becoming an inpatient AND
• is unable to voluntarily seek or comply with outpatient treatment

source: http://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 Georgia Regional Hospital - Atlanta (GRH-A). That hospital requires the person first to be "medically cleared" at a local medical hospital emergency room. If the person is willing to go to the psychiatric hospital, a family member or friend usually provides transportation.

73

VOLUNTARY vs. INVOLUNTARY HOSPITALIZATION & 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 "voluntary outpatient treatment." Laws vary from state to state.

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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 2013 form is signed and the person is involuntarily transported to a Psychiatric Hospital for further evaluation. Transportation may need to be provided by trained professionals like police officers or paramedics. You may request that the 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 2013 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.

http://www.djj.state.ga.us/Policies/DJJPolicies/Chapter12/Attachments/DJJ 12.23AttachmentA.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.

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Contacts with the Emergency Receiving Facility (ERF) and transportation of the individual to the ERF are completed in accordance with these procedures.

https://gadbhdd.policystat.com/policy/1136700/latest/
http://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.
http://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.

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Georgia Department of Human Resources

Caring Connections
http://www.caringinfo.org/44a/pages/index.cfm?pageid=1

The Bazelon Center for Law
http://www.bazelon.org/our-work/mental-health-systems/advance-directives/

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. Otherwise, you have no say in his/her decisions.

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How to File for Guardianship
http://gaprobate.gov/content/guardianships
At the 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.

LEGAL ASSISTANCE IN THE 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 them 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. The program is considered one of the best in the nation.

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

How to Alert/Send 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 assistance from nurse on duty

For information about DeKalb County Felony Mental Health Court and DeKalb County Misdemeanor Mental Health Court, see the NAMI DeKalb Community Help Book PDF at: http://namidekalb.com/help-book/

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DeKalb CSB Criminal Justice Programs & Court: 404-508-6445
http://deksbc.org/services/adult-mental-health-addiction/criminal-justicestreetcourt-services/
Services for individuals arrested and/or convicted of alcohol or drug offenses. Programs are on an outpatient basis.

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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.

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.

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How to Apply for SSDI/SSI Benefits

- Disability Planner: How to Apply - https://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:
- https://www.ssa.gov/redbook/ - see page 5, "How We Define Disability"
- https://www.ssa.gov/disability/
- http://www.disabilitybenefitcenter.org/glossary

Over sight 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: Sally Atwell and 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. The 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. They can assist you by giving you information that will help you make the best decisions possible for you to receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or both. The 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. They can assist you by giving you information that will help you make the best decisions possible for you to receive.

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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.
SECTION 3: COMMUNITY RESOURCES

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135 Appendix B – Federal Government Agencies
BEHAVIORAL HEALTH HOSPITALS, RESIDENTIAL TREATMENT FACILITIES & SUBSTANCE USE DISORDER FACILITIES

Anchor Hospital  www.anchorhospital.com  678-251-3200
5454 Yorktowne Court, Atlanta, Georgia 30349
A campus of Southern Crescent Behavioral Health System. Inpatient/Partial Hospitalization and Intensive Outpatient Services for Adult and Older Adults

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  www.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

CooperRiis  www.cooperriis.org  800-957-5155
Mill Spring and Asheville, NC residential campuses
Residential program offering a holistic approach to helping adults who struggle with complex mental health issues

DeKalb Medical Center Behavioral Health Services  404-501-1800
http://www.dekalbmedical.org/our-services/behavioral-health
2701 North Decatur Road, Decatur, GA 30033
Accessible through DeKalb Medical Emergency Department

Emory University Hospital at Wesley Woods  404-728-6222
www.emoryhealthcare.org/brain-health/inpatient-psychiatry.html
1821 Clifton Road Ne Atlanta, GA 30329
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The Extension  770-590-9075
www.theextension.org
1507 Church Street Ext, NE, Marietta, Georgia 30060
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CooperRiis  www.cooperriis.org  800-957-5155
Mill Spring and Asheville, NC residential campuses
Residential program offering a holistic approach to helping adults who struggle with complex mental health issues

DeKalb Medical Center Behavioral Health Services  404-501-1800
http://www.dekalbmedical.org/our-services/behavioral-health
2701 North Decatur Road, Decatur, GA 30033
Accessible through DeKalb Medical Emergency Department

Emory University Hospital at Wesley Woods  404-728-6222
www.emoryhealthcare.org/brain-health/inpatient-psychiatry.html
1821 Clifton Road Ne Atlanta, GA 30329
Inpatient and Outpatient Services for adults

The Extension  770-590-9075
www.theextension.org
1507 Church Street Ext, NE, Marietta, Georgia 30060
Residential recovery program serving homeless men and women addicted to alcohol and drugs
Georgia Regional Hospital Atlanta (GRHA)  404-243-2100  https://dbhdd.georgia.gov/georgia-regional-hospital-atlanta  3073 Panherville Road, Decatur, GA 30034  
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  770-486-1140  
200 Westpark Dr., Suite 325, Peachtree City, GA 30269  
Mental health services to children, adults, families, and geriatrics  

Grady Behavioral Health  404-616-1000  https://gradyhealth.org/specialty/behavioral-health/  
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  855-668-1596  
1 Technology Pkwy S, Norcross, GA 30092  
Serving adolescents and adults  

MARR – Men’s Recovery Center  678-805-5140  
http://www.marrinc.org/  
2801 Clearview Place, Doraville, GA 30340  

MARR – Right Side Up  678-805-5100  
http://www.marrinc.org/  
2815 Clearview Place, Doraville, GA 30340  
Population Served: female and female with children  

MARR – Women’s Center  678-805-5170  
http://www.marrinc.org/  
275 West Pike Street, Lawrenceville, GA 30046  

Mary Hall Freedom House  770 642-5500  
http://www.maryhallfreedomhouse.org/  
200 Hannover Park Road, Suite 100, Atlanta, GA 30350  
Population Served: Females, with or without children  

Georgia Regional Hospital Atlanta (GRHA)  404-243-2100  https://dbhdd.georgia.gov/georgia-regional-hospital-atlanta  3073 Panherville Road, Decatur, GA 30034  
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275 West Pike Street, Lawrenceville, GA 30046  

Mary Hall Freedom House  770 642-5500  
http://www.maryhallfreedomhouse.org/  
200 Hannover Park Road, Suite 100, Atlanta, GA 30350  
Population Served: Females, with or without children
No Longer Bound 770-886-7873
2725 Pine Grove Road-Main Campus, Cumming, GA 30041
12-step chemical & alcohol regeneration, 10-month program - adult men

Peachford Behavioral Health System* www.peachford.com
2151 Peachford Road, Atlanta, GA 30338  770-455-2302
Inpatient acute-care facility, partial-hospitalization and intensive outpatient programs. Serves child, adolescent and adults

Ridgeview Institute* www.ridgeviewinstitute.com
3995 South Cobb Drive, Smyrna, GA 30080  844-350-8800
Serves child, adolescent and adults

RiverMend Health Centers www.rivermendhealthcenters.com
444-463-1926
640 Powers Ferry Rd., Building 28
Suite 100, Marietta, Georgia 30067
Inpatient and Outpatient behavioral health and addiction services

223 Medical Center Dr., Riverdale, GA 30271  855-737-4927
An inpatient treatment program for men and women treating additions and behavioral health.

St. Jude’s Recovery Center, Inc. 404-874-2224
http://www.stjudesrecovery.org/
139 Renaissance Parkway, NE, Atlanta, GA 30308
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

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The Association for Community Integration Programs
406 Massachusetts Avenue, Suite 3, Arlington, MA 02474
A4CIP offers a member directory of community integrated mental health programs - psychiatric and psychosocial services. Programs are evidence-based alternatives that promote psychiatric recovery through participation in real life.
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) 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 to 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 additional 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.

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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.

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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

Behavioral Health Link http://behavioralhealthlink.com/
75 Piedmont Ave NE, #907, Atlanta, GA 30303  404-420-3202

Community Advanced Practice Nurses, Inc. (CAPN) Mental Health Clinic Services: http://www.capn.org/health-services.html
Locations: http://www.capn.org/clinic-locations--hours.html
458 Ponce de Leon Ave., Atlanta, GA 30306  404-815-1811
Services for adult homeless women
Counseling and therapy for children at CAPN Physical Health Clinic: 173 Boulevard NE, Atlanta, GA 30312  404-658-1500
Community Friendship
404-875-0381
http://www.communityfriendship.org/
85 Renaissance Parkway, NE, Atlanta, GA 30308

St. Joseph's Mercy Care Service https://www.mercyatlanta.org/SERVICES
Main Office: 424 Decatur St., Atlanta, GA 30312  678-843-8500
Mercy Clinic at the Gateway 24/7: 275 Pryor St., Atlanta, GA 30303  678-843-8840
Mercy Clinic at St. Luke's: 420 Courtland St., NE, Atlanta, GA 40408  678-843-8870

The Atlanta Day Shelter for Women and Children 404-876-2894
http://atlantamission.org/services/shelter-for-women-children/
655 Ethel St., NW, Atlanta, GA 30318

Transitional Family Services (TFS) 770-621-0469
http://www.tfsiga.com/3.html
2302 Parklakr Dr., Suite 350, Atlanta GA 30345
Offers a range of family preservation services and case management

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
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CHILDREN AND YOUTH

SPECIAL EDUCATION CONSULTANT/ADVOCATE

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www.advocatesforspecialeducation.com

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1105 Rock Pointe Look, Woodstock, GA 30188

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Independent educational consultants

CHADD, Inc.
1-800-233-4050
For Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). Provides education, advocacy and support

SUPPORT SERVICES

Access and Resource Center (ARC): DeKalb Family Policy Council
949 N. Hairston Road, Stone Mountain GA 30083
678-205-0997
Daily support group for children with emotional behavior disorder

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1535 Pennsylvania Avenue, McDonough, GA 30253
Non-profit organization advocating for children, adolescents and adults that have been diagnosed with a mental illness

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For Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). Provides education, advocacy and support

SUPPORT SERVICES

Access and Resource Center (ARC): DeKalb Family Policy Council
949 N. Hairston Road, Stone Mountain GA 30083
678-205-0997
Daily support group for children with emotional behavior disorder

CHADD, Inc.
1-800-233-4050
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Chastain Horse Park Therapeutic Riding Program  
404-252-4244  
www.chastainhorsepark.org  
4371 Powers Ferry Road, Atlanta, Georgia 30327  
Therapeutic riding uses equine-assisted activities for the purpose of contributing positively to cognitive, physical, emotional, and social well-being of people with disabilities

CHRIS 180  
404-486-9034  
https://www.chris180.org  
1017 Fayetteville Road, Suite B, Atlanta GA 30316  
Saves, serves and protects children, young adults, and families who have experienced trauma to help change the direction of their lives. Mental health counseling, training, safe housing, and real-world skill building

The Children and Teenager Foundation  
404-299-2087  
4151 Memorial Drive, Suite 204A, Decatur GA 30032  
Programming for children & families including behavioral aides, etc.

Covenant House Georgia  
404-589-0163  
www.covenanthousega.org  
1559 Johnson Rd. NW, Atlanta, GA 30318  
Provides a range of services for homeless youth

Families First  
404-853-2800  
www.familiesfirst.org  
80 Joseph Lowery Boulevard, NE, Atlanta, Georgia 30314  
Connecting families to new family members, existing family members, family resources, support systems, and opportunities around Atlanta

Fulton County School SEL  
404-802-1656  
www.atlantapublicschools.us  
130 Trinity Avenue, Atlanta, GA 30303  
Fulton County Social Emotional Learning (SEL) is a program offered in the Fulton County School System to support students' social and emotional development in order to graduate ready to pursue and succeed on their chosen path

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Georgia Parent Support Network  
www.gpsn.org/about.html  
1381 Metropolitan Parkway, Atlanta, GA 30310  
Provides support, education, and advocacy for children and youth with mental illness

Georgia Pediatric Psychology  
678-999-3477  
www.georgiapediatricpsychology.com  
750 Hammond Drive, Blvd. 10, Suite 100, Atlanta, GA 30328  
In-depth psychological assessment and treatment services

Inneractions Therapy Services  
770-726-9624  
http://www.myinneractions.com  
1640 Powers Ferry Rd., Bldg. 2, Suite 150, Marietta, GA 30067  
Works with children, adolescents and young adults who are struggling socially, emotionally and/or behaviorally

LRI Foundation  
570-840-2680  
www.lrifoundation.com  
4920 Atlanta Hwy #452, Alpharetta, GA 30004  
The Lou Ruspi Jr. Foundation is a private, non-profit organization whose mission is to bring suicide prevention and mental health awareness to school districts and the community

Mind and Motion Centers of Georgia  
678-749-7600  
www.minmotioncenters.com  
5050 Research Ct Suite # 800, Suwanee, GA 30024  
Mind and Motion Developmental Centers of Georgia is a multidisciplinary treatment facility in Johns Creek providing multiple complimentary services, such as Psychological Testing, qEEG Brain Mapping, Neuropathy, Allied Health and Mental Health services to a wide-ranging population of children and adults

Oak Hill Child, Adolescent & Family Center – a Fulton County DBHDD service  
404-612-4111  
http://www.fultoncountyga.gov/chk-services  
2805 Metropolitan Parkway, Atlanta, GA 30328  
Services for Fulton County youth aged 0-21 years and family integration. Contracts with Chris 180 to provide direct care services

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Parent to Parent of Georgia (P2P) 1-800-229-2038
www.p2pga.org
3070 Presidential Parkway, Suite 130, Atlanta, GA 30340
Offers a variety of services to Georgia families impacted by disabilities or special healthcare needs
Sensations Therafun 404-634-3500
www.sensationstherafun.com
1704 Chantilly Drive, Atlanta, GA 30324
Mainstream playground experience in a therapeutic environment

TESTING, ASSESSMENTS, EVALUATIONS, TREATMENT
Child & Adolescent Mood Program (CAMP) - Emory University School of Medicine 404-727-3973
www.camp-emory.com
12 Executive Park Dr. NE, Suite 200, Atlanta, GA 30329
Outpatient clinical services
DeKalb Community Service Board 404-892-4646
www.dckcab.org
445 Winn Way, Decatur, GA 30030
Provides outpatient clinical services at clinic and school based locations in DeKalb County
Viewpoint Youth Services 678-209-2411
www.myviewpointhealth.org
175 Gwinnett Drive, Lawrenceville, Georgia 30046
Provides quality comprehensive care for youth and family in a "system of care" model

RESIDENTIAL TREATMENT
Devereux 1-800-345-1292
www.devereux.org
1291 Stanley Road, Kennesaw, GA 30152
Intensive residential treatment in a secure setting for youth ages 10-21

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Hillside provides numerous treatment options for children and adolescents ages 7-21 experiencing difficulties with emotional and behavioral issues. Hillside’s primary treatment modality is Dialectical Behavior Therapy (DBT), and our therapists are intensively trained in DBT.

Laurel Heights Hospital
www.laurelheights报纸.com
934 Briarcliff Road, NE, Atlanta, Georgia 30306

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

Youth Villages Inner Harbour Campus
770-852-6300
www.youthvillages.org
4685 Dorsett Shoals Road, Douglasville, GA 30135

Residential treatment programs for children and youth with serious emotional disturbances.

DENTAL

Dentably
Autism and Dental Care – A Guide for Caregivers & Family Members

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College guide for students with psychiatric disabilities

Transition Year
www.transitionyear.org
Online resource center to help focus on emotional health before, during and after the college transition

Active Minds
www.activeminds.org
Students speak openly about mental health to educate others and encourage help-seeking

The Jed Foundation
www.halfofus.com
Promote emotional health and prevent suicide among college and university students

Student Federal Loans
Student loan forgiveness as a result of a disability

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**COUNSELING & THERAPY**

**Amen Clinics**
1-888-283-9834  
www.amenclinics.com  
5901-C Peachtree Dunwoody Rd NE, Suite 65, Atlanta, GA 30328  
Treatment of mood and behavioral disorders

**Anxiety and Stress Management Institute**  
http://www.stressmgmt.net  
1640 Powers Ferry Road SE, Building 9, Suite 100, Marietta, GA 30067  
Outpatient mental health services through 25 licensed psychologists

**Bigheart LLC**
470-234-8315  
www.transcranialbrainstimulation.com  
5555 Glenridge Connector NE Suite 200, Atlanta, GA 30342  
Provides Transcranial Direct Current Stimulation

**Bright Path Counseling & Consulting**
770-767-0737  
www.brightpathcc.com  
5415 Sugarloaf Pkwy Suite 2203, Lawrenceville, GA 30043  
Bright Path Counseling and Consulting therapists offer a wide array of comprehensive counseling and professional services to the community, courts, families, and individuals.

**Brownstone Rehabilitation Project, LLC**
404-856-7600  
https://www.brownstonechc.com/about-us  
3670 Highlands Highway, SE, Building 6, Smyrna, GA 30082  
Counseling & Human Development Services-Children & Adults

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**Bigheart LLC**
770-728-6699  
www.bighearllc.com  
1506 Klonidine Rd SW Suite 403, Conyers, GA 30094  
Big Heart is a mental health recovery program, which provides comprehensive services for those struggling with Depression, Anxiety, Bipolar Disorder, Schizophrenia, Alcohol and/or Drug Use

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1640 Powers Ferry Rd SE, #100, Blgd. 16, Marietta, GA 30067  
Improving the quality of life for individuals, couples and families  

Truly Living Well Center for Urban Agriculture  
www.trulylivingwell.com  
Collegetown Farm, 324 Lawton Street SW Atlanta, GA 30310  
Horticultural therapy for wellness, agriculture classes, volunteer and tourism, summer camp, and weekly fresh food justice farmers market.  

View Point Health  
www.myviewpointhealth.org  
1435 McLendon Drive, Suite A, Decatur, GA 30033  
Provide a safety net of care for behavioral health and developmental disabilities  

Warnecke Professional Counseling  
http://www.wicounseling.com  
2050 Roswell Road, Marietta, Georgia 30062  
Individual and group counseling services for mental health and wellness issues  

Yoga Makes You Well  
http://www.yogamakesyouwell.com /  
1549 Clairmont Road, Ste. 208, Decatur, Georgia 30033  
Yoga Makes You Well was founded to bring the healing powers of yoga, meditation, and massage to the community. They work with groups, families, and individuals, offering yoga and meditation classes and massage therapy  

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23 Lenox Pointe NE, Atlanta, GA 30324  
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Horticultural therapy for wellness, agriculture classes, volunteer and tourism, summer camp, and weekly fresh food justice farmers market.  

View Point Health  
www.myviewpointhealth.org  
1435 McLendon Drive, Suite A, Decatur, GA 30033  
Provide a safety net of care for behavioral health and developmental disabilities  

Warnecke Professional Counseling  
http://www.wicounseling.com  
2050 Roswell Road, Marietta, Georgia 30062  
Individual and group counseling services for mental health and wellness issues  

Yoga Makes You Well  
http://www.yogamakesyouwell.com /  
1549 Clairmont Road, Ste. 208, Decatur, Georgia 30033  
Yoga Makes You Well was founded to bring the healing powers of yoga, meditation, and massage to the community. They work with groups, families, and individuals, offering yoga and meditation classes and massage therapy  

DBT THERAPISTS  
Tara Arnold  
23 Lenox Pointe NE, Atlanta, GA 30324  
404-964-6629  

Transitional Family Services (TFS)  
www.tfsga.com  
1830 Water Place, Suite 200, Atlanta, Georgia 30339  
Offers a range of family preservation services, child/adolescent, and adult services  

Trillium Springs Counseling  
www.trilliumsprings.com  
1640 Powers Ferry Rd SE, #100, Blgd. 16, Marietta, GA 30067  
Improving the quality of life for individuals, couples and families  

Truly Living Well Center for Urban Agriculture  
www.trulylivingwell.com  
Collegetown Farm, 324 Lawton Street SW Atlanta, GA 30310  
Horticultural therapy for wellness, agriculture classes, volunteer and tourism, summer camp, and weekly fresh food justice farmers market.  

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Tara Arnold  
23 Lenox Pointe NE, Atlanta, GA 30324  
404-964-6629
The Summit Counseling Center
www.summitcounseling.org
2750 Old Alabama Rd., Johns Creek, GA 30022
678-893-5300

Thrive Center for Psychological Help
www.thrivecenter.com
111 N. McDonough St., Decatur, GA 30030
404-387-0780
Dr. Melanie Bliss
A license Clinical Psychologist who applies a multi-dimensional approach using: CBT, DBT, IFT and ACT

THERAPY - APP

My Strength
www.mystrength.com
An interactive web and mobile app that delivers evidence-based psychotherapy

ORGANIZATIONS

Chastain Horse Park Therapeutic Riding Program
www.chastainhorsepark.org
4371 Powers Ferry Road, Atlanta, Georgia 30327
Therapeutic riding uses equine-assisted activities for the purpose of contributing positively to cognitive, physical, emotional, and social well-being of people with disabilities
Dreampower
www.dreampowertherapy.org
312 Spur Rd., Greensboro, NC 27406
Therapeutic Equestrian Center, Inc.

Georgia Art Therapy Association http://www.georgiaarttherapy.org/
PO Box 1803 Decatur, GA 30031

Metro Atlanta Therapists’ Network
404-444-9180
http://www.mtn.org/dbt-groups
1275 Shiloh Road NW, Suite 3030, Kennesaw, GA 30144
A therapist referral service and a professional networking organization “a consortium of helping professionals”

My Strength
www.mystrength.com
An interactive web and mobile app that delivers evidence-based psychotherapy

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Metro Atlanta Therapists’ Network
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1275 Shiloh Road NW, Suite 3030, Kennesaw, GA 30144
A therapist referral service and a professional networking organization “a consortium of helping professionals”

Orgs and resources:
Therapeutic Equestrian Center
http://www.dreampowertherapy.org/
PO Box 1803 Decatur, GA 30031

Therapeutic riding: using: CBT, DBT, IFT and ACT

A therapist referral service and a professional networking organization “a consortium of helping professionals”

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DAILY LIVING ASSISTANCE (FOOD, PHONE, ETC.)

CASH ASSISTANCE

Temporary Assistance for Needy Families (TANF)
http://dfcs.georgia.gov/tanf-eligibility-requirements
https://www.benefits.gov/benefits/benefit-details/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.

FOOD STAMPS

The Supplemental Nutrition Assistance Program (SNAP)
Department of Families and Children’s Services (DFCS);
http://dfcs.dhs.georgia.gov/fulton-county-dfcs-office
SNAP, also known as the food stamp program, provides monthly benefits to low-income households to help pay for the cost of food.

FOOD

Atlanta Food Bank http://acfb.org/find-help
Call 678-553-5917 to see if you qualify for SNAP eligibility
United Way’s 2-1-1 “First Call for Help”
https://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.

BEHAVIORAL HEALTH CARE

Common Ground Health Center
(North Fulton Service Center) 404-613-5757 / 404-612-5756
http://www.fultoncountyga.gov/north-service-center-scc
7741 Roswell Rd., Atlanta, GA 30350

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http://www.fultoncountyga.gov/north-service-center-scc
7741 Roswell Rd., Atlanta, GA 30350
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  404-243-9500  
3110 Clifton Springs, Decatur, GA 30034  

Kirkwood Mental Health Center  404-370-7474  
23 Warren St., SE, Atlanta, GA 31317  

North DeKalb Mental Health Center  770-457-5867  
3807 Clairmont Rd., NE, Chamblee, GA 30341  

Winn Way Mental Health Center  404-508-7770  
445 Winn Way, 2nd floor, Decatur, GA 30030  

Grady Behavioral Health Clinic  404-616-4444  
10 Park Place, SE, Floor 2, Atlanta, Georgia 30315  
Provides research, treatment, and outreach for adults with mental illnesses  

Georgia Charitable Care Network  770-738-4651  
http://charitablecarenetwork.com/resources/find-a-clinic/  
5582 Peachtree Road, 3rd floor, Atlanta, GA 30341  
Strengthening the state's health care safety net by empowering organizations that serve vulnerable populations  

Northside Hospital Behavioral Health Services  404-851-8960  
http://www.northside.com/behavioralhealth  
6105 Peachtree Dunwoody Road, Building F, Suite 155, Atlanta, GA 30328  

PHONE  

TRANSIT  
MARTA Rapid Transit Reduced Fair Program  http://www.itsmarta.com/marta-mobility.aspx  

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Winn Way Mental Health Center  404-508-7770  
445 Winn Way, 2nd floor, Decatur, GA 30030  

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TRANSIT  
MARTA Rapid Transit Reduced Fair Program  http://www.itsmarta.com/marta-mobility.aspx
PRESCRIPTIONS

Community Assistance Program  www.caprxprogram.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  https://dekalbhealth.net/services/health-centers

Fulton County Public Health  Health and Wellness home page: http://www.fultoncountyga.gov/dhw-home

Health Care: http://www.fultoncountyga.gov/dhw-clinics-office-locations


Oakhurst Medical Centers  http://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: http://oakmed.org/locations/

Physician’s Care Clinic  404-501-7960

http://www.physicianscareclinic.org/about/

440 Winn Way, Decatur, GA 30030

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

PRESCRIPTIONS

Community Assistance Program  www.caprxprogram.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  https://dekalbhealth.net/services/health-centers

Fulton County Public Health  Health and Wellness home page: http://www.fultoncountyga.gov/dhw-home

Health Care: http://www.fultoncountyga.gov/dhw-clinics-office-locations


Oakhurst Medical Centers  http://oakmed.org/

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http://www.physicianscareclinic.org/about/

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Providing DeKalb County’s low income, uninsured adults with access to non-emergency medical care
FAITH BASED SERVICES

Buckhead Christian Ministry
404-239-0058
www.buckheadchristianministry.org
2847 Piedmont Road NE, Atlanta, GA 30305
Faith-based organization that provides emergency assistance to individuals and families

Central Presbyterian Outreach Center
404-659-7119
www.centraloac.org
201 Washington St SW, Atlanta, GA 30303
Emergency assistance and supportive services

Community Health Interfaith Partnership (CHIP)
www.chipgeorgia.com
P.O. Box 55369, Atlanta, GA 30308
Resource website

Crossroads Community Ministries
404-873-7650
www.crossroadsatlanta.org
St. Luke’s Episcopal Church, 420 Courtland St., Atlanta, 30308
Provides a variety of services for people who are homeless in Atlanta

Healing Grace Ministries
www.hgmint.org
Individual Discipleship Counseling, Couples Discipleship Counseling

Open Door Community
404-874-9652
http://opendoorcommunity.org/
910 Ponce de Leon Ave, NE, Atlanta, GA 30306
Residential community, prison ministry, The Harriet Tubman Women Clinic

Prodigal Child Ministries
770-241-9813
www.ProdigalChild Ministries.org
721 Denmead Mill, Marietta, GA 30067
List of resources and treatment programs

Terminus Collective
www.terminuscollective.org
Leaders in Atlanta who tackle the challenge of connecting faith, industry and community

201 Washington St SW, Atlanta, GA 30303
Emergency assistance and supportive services

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The Regional Council of Churches Atlanta
http://rccapilgrims.ning.com/
Develops relationships, fosters dialogue, and advocates collaboration among all Christians throughout the Atlanta region
FINANCIAL

Clearpoint Credit Counseling Services  404-527-7630
www.clearpoint.org
270 West Peachtree St., Suite 1800, Atlanta, GA 30305
Credit counselors and bankruptcy educators

The Georgia Community Trust  404-924-2015
www.gacommunitytrust.com
125 Clairmont Avenue, Suite 300, Decatur, GA 30030
Through a pooled special needs trust, they offer 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. Services include medicaid estate recovery, medicaid applications and planning, revocable and irrevocable trusts, supplemental security income (SSI) issues, trusts and wills.

MassMutual Financial Group Perimeter  404-461-1000
4 Concourse Pkwy., 3rd Fl., Suite, 300, Atlanta, Georgia 30328
Special needs planner

MetLife Center for Special Needs Planning
www.specialneedsatlanta.com  1-800-638-5433
Helps families secure lifetime care and quality of life for special needs dependents of any age. Special Needs Planners help families through the maze of legal and financial complexities surrounding planning for the future of dependents with special needs.

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www.gacommunitytrust.com
125 Clairmont Avenue, Suite 300, Decatur, GA 30030
Through a pooled special needs trust, they offer 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. Services include medicaid estate recovery, medicaid applications and planning, revocable and irrevocable trusts, supplemental security income (SSI) issues, trusts and wills.

MassMutual Financial Group Perimeter  404-461-1000
4 Concourse Pkwy., 3rd Fl., Suite, 300, Atlanta, Georgia 30328
Special needs planner

MetLife Center for Special Needs Planning
www.specialneedsatlanta.com  1-800-638-5433
Helps families secure lifetime care and quality of life for special needs dependents of any age. Special Needs Planners help families through the maze of legal and financial complexities surrounding planning for the future of dependents with special needs.

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HOUSING

INTRODUCTION

Housing has many categories and a wide variation in cost and services. Transitional and Permanent are key distinctions, and for mental illness, a group or personal care home may be appropriate. Government agencies and psychiatric care facilities offer guidance. Low cost housing often is called “Supportive” and works with a voucher system. It may take significant investigation to find the best alternatives for a given situation. It is important to define your need. Questions to be answered include: intake process, waiting list, services provided, cost and whether insurance is accepted.

Catholic Church of St. Ann
770-552-6400
http://st-ann.org/resources-for-assistance/
4905 Roswell Rd., Marietta, GA 30062
Multiple services are listed including several housing possibilities and contacts

Cobb Community Service Board Housing Assistance Department
770-499-2422
http://www.cobbcsb.com/services/residential-services/
331 North Marietta Parkway, Marietta, GA 30060
Community Friendship, Inc.
404-875-0381
www.communityfriendship.org
85 Renaissance Pkwy NE Atlanta, GA 30308
Residential services

DeKalb Community Service Board Residential Services
404-892-4646
Provides residents with an apartment and wraparound services

Family Initiative Residence (FIR)
770-483-4269
https://www.firinc.org/
Located in Conyers, GA. FIR provides personal care and independent living. Members and staff work together to teach residents living skills, provide emotional support, encourage independence and improve self-esteem

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Gateway Center- Metro Atlanta  www.gatewayctr.org  
275 Pryor Street, Atlanta, GA 404-215-6615  
Continuum of care for homeless individuals

Hope Homes  www.hopehome recovery.org  770-864-1191  
867 Ashford Dunwoody Road, Atlanta, GA 30338  
Provides National Alliance for Recovery Resources (NARR) Level 2 and Level 3 recovery residences and recovery support services to individuals in recovery from addictive, emotional and eating disorders.

Just People, Inc.  www.justpeople.org  
1412 Oakland Dr., Norcross, GA 30093 770-441-1188  
Offers supportive services to developmentally disabled and mentally ill

Making a Way Housing Resource Center  404 799-9652  
http://www.makingawayhousing.org/  
377 Westchester Blvd, Atlanta, Georgia 30314  
Provides emergency, transitional, and permanent supportive housing and case management to Atlanta single homeless adults, male and female, with chronic homelessness, substance abuse, mental illness, and HIV and AIDS.

Open Doors  www.opendoorsatl.org  
321 West Hill St., Suite 2E, Decatur, GA 30030  
no phone number - contact via website  
Connects service providers to properties with affordable housing. See Active Open Doors Service Partners at above website

PLAN of Georgia  www.planofgeorgia.org  404-634-0094  
270 Carpenter Dr., Suite 200F, Sandy Springs, GA 30338  
Care management services & assistance in finding the right housing solution

Positive Growth, Inc.  http://positivergrowthinc.net/  
Residential Care Programs:  404-292-6420  
4036 E. Ponce De Leon Ave., Clarkston GA 30021  
Intervention & Education Center:  404-298-9005  
945 N. Indian Creek Dr., Clarkston, GA 30021  
Residential care program and community based mental health and education center

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Safetynet Recovery  www.safetynetrecovery.com  770-432-9774
3656 Highlands Pkwy SE, Smyrna, GA 30082
Transitional recovery residences with support services

Samaritan Counseling Center  404-201-6441
www.samantananıtala.org
1328 Peachtree St NE, Atlanta, GA 30309
Counsels homeless to be acceptable for housing

Shelter Listings
http://www.shelterlistings.org/city/atlanta-ga.html

The Cottages on Mountain Creek  404-228-6554
http://www.cottagesonmountaincreek.com/programs/
5800 Mountain Creek Road, Sandy Springs, GA 30328
Residential treatment
Residents live independently with the oversight of a case manager

Three Keys (formerly Project Interconnections, Inc.)
www.projectinterconnections.org  404-325-4572
2198 Dresden Drive Chamblee, GA 30341
Provides permanent supportive housing in metropolitan Atlanta

View Point Health  678-209-2411
www.myviewpointhealth.org
Community Service Provider located in Gwinnett County

SENIOR HOUSING
A Place for Mom  http://www.aplaceformom.com/
A database connecting families to senior living

ORGANIZATIONS
American Residential Treatment Association  www.artausa.org
Residential treatment facilities directory for adults with mental challenges

Georgia Supportive Housing Association  404-713-5970
http://www.supportivehousingassociation.com/
Box 2542, Roswell, GA 30077

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Georgia Department of Community Affairs - GeorgiaHousingSearch.org
http://www.georgiahousingsearch.org/CommunityResources.html
A comprehensive website covering many topics
http://www.georgiahousingsearch.org/About.html
http://www.dca.state.ga.us/

Georgia Department of Community Affairs - Shelter Plus Care (S+C)
www.dca.state.ga.us/housing/specialneeds/programs/ShelterPlusCare.asp
Goals of the S+C Program are to assist homeless individuals and their families to increase their housing stability, skills and/or income, and self-sufficiency

Georgia Department of Community Health
http://dch.georgia.gov/gamap2care%2C%2E-find-facility

Housing Authority of DeKalb County

HUD Rental Help: Georgia
Public housing

Partners for Home
http://partnersforhome.org
404-694-2262
275 Poyr St., SW, Atlanta, GA 30303
A local Atlanta 501(c)(3) collaborative. The originating organization was founded by the City of Atlanta in 2013 as Continuum of Care. Partners for Home serves as the administrative coordinator for Continuum of Care. They provide a united and coordinated action oriented crisis response system across metro Atlanta that includes housing, services and funding for homeless families and individuals

United Way Atlanta 2-1-1
https://www.unitedwayatlanta.org/need-help/
A large database with resources on many topics
For affordable housing, click on 2-1-1 Directories > Resources for Affordable Housing

Georgia Department of Community Affairs - GeorgiaHousingSearch.org
http://www.georgiahousingsearch.org/CommunityResources.html
A comprehensive website covering many topics
http://www.georgiahousingsearch.org/About.html
http://www.dca.state.ga.us/

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LEGAL
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http://www.thegagefirm.com/
160 Clairemont Avenue, Suite 200, Decatur, GA 30030
An attorney for any criminal case
Specializing in cases of mental health and the estate planning process

Hurley Elder Care  404-843-0121
www.hurleyeclaw.com
100 Galleria Parkway, Suite 650, Atlanta, Georgia 30339
Long-term care and estate planning, guardianship and special needs trusts

The Law Office of Ruthann P. Lacey, P.C.  770-939-4616
www.elderlaw-lacey.com
3541 E. Haberham at Northlake Road, Tucker, GA 30084
Disability planning

Nadler & Biernath, LLC  770-455-0535
www.nadlerbiernath.com
4360 Chambly-Dunwoody Rd., Suite 500 Atlanta, GA 30341
Estate planning for families with a special needs member

Kathryn Seabolt, Attorney-at-Law, P.C.  404-255-5655
www.kseaboltlaw.com
5457 Roswell Rd., Suite 103 Atlanta, GA 30342
Estate planning, special needs trusts, guardianships/conservatorships

SOCIAL SECURITY LAW FIRMS
Atkins and Associates, Attorneys-at-Law, L.L.C.  770-399-9999
http://www.theatlantasocialsecurityattorney.com/
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Atlanta Social Security and ERISA Long Term Disability Attorneys

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Atlanta Social Security and ERISA Long Term Disability Attorneys
Burgess & Christiansen
770-422-8111
www.disabilityhelpline.com
540 Powder Springs St, Bldg. A, Suite 1, Marietta, GA 30064
A legal team for social security disability, guardianship & special needs trusts

Law Office of Kathleen Flynn
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http://www.kathleenflynnlaw.com/about-us
315 W. Ponce de Leon Ave., Suite 940, Decatur GA 30030

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54 Ellis Street, NE, Atlanta, Georgia 30303
Represent poor individuals in civil matters
A large network of specialized lawyers that cover a wide variety of practice areas

The Bazelon Center for Law
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Mission: to protect and advance the rights of adults and children who have mental disabilities

Georgia Advocacy Office
www.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
www.gjp.org
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404-827-0027 ext. 235 for intake
Free legal services for indigent criminally accused in Fulton and DeKalb counties

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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
Brain and Behavior Research Foundation | 646-681-4888
https://www.bbrfoundation.org/healthy-minds-TV
747 Third Avenue, 33rd Floor
New York, NY 10017

The Brain and Behavior Research Foundation (BBRF) produces Healthy Minds, a public television series pertaining to mental illness and the brain. These programs humanize consumer psychiatric conditions through inspiring personal stories, as well as, experts sharing cutting edge information, including new approaches and next generation therapies in diagnostics, treatment and research.

Note: BBRF is also listed under RESEARCH

Pete Earley
http://www.peteearley.com/author/

Pete Earley is a storyteller who has penned 17 books including four New York Times bestsellers. He spent 14-years in journalism including six years at The Washington Post. When Pete’s life was turned upside down by the events recounted in his book Crazy, he joined the National Alliance on Mental Illness to advocate for a strong mental health reform on the public stage. His advocacy has taken him to 48 U.S. states and to other countries around the globe. Pete is a member of the SAMHSA Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). This committee reports to Congress and federal agencies on serious mental illness (SMI) and serious emotional disturbance (SED). Pete’s free weekly newsletter is available to the public through his website.

Georgians for a Healthy Future

http://www.georgiahealthnews.com/topic/mental-health/
2635 Rangewood Court, Atlanta, GA 30345

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http://www.peteearley.com/author/

Pete Earley is a storyteller who has penned 17 books including four New York Times bestsellers. He spent 14-years in journalism including six years at The Washington Post. When Pete’s life was turned upside down by the events recounted in his book Crazy, he joined the National Alliance on Mental Illness to advocate for a strong mental health reform on the public stage. His advocacy has taken him to 48 U.S. states and to other countries around the globe. Pete is a member of the SAMHSA Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). This committee reports to Congress and federal agencies on serious mental illness (SMI) and serious emotional disturbance (SED). Pete’s free weekly newsletter is available to the public through his website.
Co-founder of the Kennedy-Satcher Center for Mental Health Equity is David Satcher, MD, PhD. Between 1998-2002, Dr. Satcher served as Surgeon General of the United States. He is the Founding Director and Senior Advisor of the Satcher Health Leadership Institute at Morehouse School of Medicine in Atlanta, GA. Health Currents presented by Morehouse School of Medicine in association with the AIB Network is a health series that gives viewers information, resources, and tips for healthy living. See: https://www.samhsa.gov/about-us/advisory-councils/ismicc and https://aibtv.com/communitypartners/ (Comcast Cable channel 295 and AT&T U-verse channel 6)

Intergovernmental Serious Mental Illness Coordinating Committee (ISMICC)
https://www.samhsa.gov/about-us/advisory-councils/ismicc

The Committee is responsible for advising Congress and relevant federal agencies about the state of mental health care in the U.S. and making specific recommendations for actions that can be taken to better coordinate the administration of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Mary Giliberti, J.D., NAMI’s CEO, author Pete Earley and Rhathelia Stroud, J.D., Presiding Judge, DeKalb County Georgia Magistrate Court were selected to serve as non-federal members of the committee.

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404-420-5100
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41 Perimeter Center, E #550, Atlanta, GA 30346

American Foundation for Suicide Prevention https://afsp.org  1-800-273-8255  Text: TALK to 741741
https://www.facebook.com/AFSPNational/
Community Friendship, Inc.  http://www.communityfriendship.org/  404-875-0381
85 Renaissance Parkway, NE, Atlanta 30308
A non-profit psychiatric rehabilitation organization that ensures a supportive community for adults with long-term psychiatric disabilities.
Provides a comprehensive range of mental health services

Fuqua Center for Late Life Depression  404-712-6941
http://fuquacenter.org/GeorgiaCoalition
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 DBHDD Office of Recovery Transformation (ORT) https://dbhdd.georgia.gov/recovery-transformation - also see ORT webpage What is Recovery?!
https://dbhdd.georgia.gov/georgia%E2%80%99s-recovery-definition-and-guiding-principles-values

"Our long-term commitment is to transform our behavioral health system into a recovery-oriented system of care (ROSC). This means that— together—we must continue to build a person-centered, strength-based continuum of care that promotes the right of all individuals to pursue their dreams. In addition, we must attend to the needs of the whole person, not just to their diagnosis or disability. So ORT aims not only to empower individuals using the behavioral healthcare system, but also to strengthen their families, environments, and communities.”

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Georgia Council on Substance Abuse 404-523-3440  
http://gasubstanceabuse.org/who-we-are/  
100 Edgewood Ave., Suite 1005, Atlanta, GA 30303  
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 404-827-0027 ext. 231 for intake  
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Free legal services for indigent criminally accused in Fulton and DeKalb counties

Georgia Parent Support Network 404-758-4500  
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Activities and research for youth with mental health disorders in the juvenile justice system

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National Education Alliance for Borderline Personality Disorder (NEA-BPD) http://www.borderlinepersonalitydisorder.com/
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

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**RESEARCH**

Atlanta Center for Medical Research 404-811-5800
http://www.acmr.org/
501 Fairburn Rd., SW, Atlanta, GA 30331

Brain and Behavior Research Foundation 646-681-4888
https://www.bbrfoundation.org
747 Third Avenue, 33rd Floor
New York, NY 10017
Since 1987, the Brain and Behavior Research Foundation (BBRF) has awarded more than $394 million for over 5700 research grants to 4,700+ scientists around the world for mental health research
Note: This resource is also listed under Media and Advocacy

Clinical Trials www.clinicaltrials.gov
Searchable database about current ongoing clinical research studies from NIH

iResearch Atlanta 404-537-1281
https://www.iresearchatlanta.com/
125 Claremont Ave., Suite 470, Decatur, GA 30030
A multi-specialty clinical research center

Radiant Research https://www.radiantresearch.com/studies/
Atlanta: 404-255-6005  Marietta: 770-450-9308

Synexus Clinic 404-255-6005
www.synexusclinic.com
6065 Roswell Road, Suite 820, Atlanta, GA 30328
A clinical research center which conducts clinical research studies in many areas

**RESEARCH**

Atlanta Center for Medical Research 404-811-5800
http://www.acmr.org/
501 Fairburn Rd., SW, Atlanta, GA 30331

Brain and Behavior Research Foundation 646-681-4888
https://www.bbrfoundation.org
747 Third Avenue, 33rd Floor
New York, NY 10017
Since 1987, the Brain and Behavior Research Foundation (BBRF) has awarded more than $394 million for over 5700 research grants to 4,700+ scientists around the world for mental health research
Note: This resource is also listed under Media and Advocacy

Clinical Trials www.clinicaltrials.gov
Searchable database about current ongoing clinical research studies from NIH

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6065 Roswell Road, Suite 820, Atlanta, GA 30328
A clinical research center which conducts clinical research studies in many areas
DeKalb Community Service Board – DeKalb Addiction Clinic
www.dekcsb.org 404-892-4646
455 Winn Way, Decatur, GA 30030
Intensive Outpatient and Outpatient services for adults

SUBSTANCE USE DISORDER TREATMENT DIRECTORIES
Addiction Treatment www.substancerehabcenter.com/treatment-centers/Georgia-GA/7city-Atlanta
Can browse by cities across Georgia for a substance Rehab Center or physician who treats addiction
Addicted Organization 1-800-304-2219
http://www.addicted.org/directory/category/atlanta.html
A 24/7 call center for drug & alcohol rehab centers in the United States with a database of more than 4000 different rehab clinics

G.A.R.R. The Georgia Association of Recovery Residences
www.garronline.org
A list of Georgia recovery residences – see membership list at above website

ORGANIZATIONS
Georgia Council on Substance Abuse 404-523-3440
https://www.gasubstanceabuse.org/
2310 Parklake Drive NE, Suite 540, Atlanta, GA 30345
Locally focused and peer driven Recovery Community Organizations containing a Georgia Warm Line and a pilot Emergency Department peer program targeting Georgians impacted by the opiate epidemic. Each of these initiatives is led by people with the lived experience of addiction and long-term recovery

SUBSTANCE USE DISORDER TREATMENT
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SUPPORT GROUPS / DAY CENTERS

Alcoholics Anonymous Atlanta 404-525-3178
www.atlantaaa.org
12-step group for alcoholics

Codependents Anonymous 404-561-2082
www.northd.georgiacoda.org
12-step group for codependents

Depression & Bipolar Support Alliance (DBSA) 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
Groups in Atlanta and Dunwoody

Double Trouble Support Groups 404-687-9487
http://www.gmhc.org/dtr.html
A12-step fellowship of men and women who have addiction and mental health issues

Emotions Anonymous www.emotionsanonymous.org
A 12-step support group for those learning how to cope with their emotions

Emory University www.womensmentalhealth.emory.edu
Resource on reproductive mental health

Grief Support www.GriefShare.org 1-800-395-5755
Grief Support Meetings within local area

Healthy Place www.healthyplace.com
A consumer mental health site providing comprehensive trusted information

NAMI Northside Atlanta Connection Recovery Support Group meetings http://naminorthsideatlanta.org/support-groups/
A free, peer-led support group for adults living with mental illness

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VOCATIONAL ASSISTANCE

Bobby Dodd Institute 678-365-0071
www.bobbydodd.org
2120 Marietta Boulevard, NW, Atlanta, Georgia 30318
Connects people with disabilities to jobs and the security and purpose that work brings

Briggs & Associates, Inc. 770-993-4559
www.briggsassociates.org
2300 Holcomb Bridge Road, Suite 103, Roswell, Georgia 30078
Help finding jobs

Community Friendship 404-875-0381
www.communityfriend.org
85 Renaissance Parkway, Atlanta, Georgia 30308
Supported employment, competitive job placement, on-site job coaching

First Step Staffing 404-577-3395
www.firststepstaffing.com
236 Auburn Avenue, NE, Atlanta, Georgia 30303
Help employ those with barriers to work force re-entry

Georgia Vocational Rehabilitation Agency 404-232-1998
http://gvr.georgia.gov/
Find an office: http://gvr.georgia.gov/find-location/vr-office
Employers are linked with qualified applicants

Goodwill of North Georgia 404-420-9900
www.goodwill.org
6650 Roswell Road, Atlanta, Georgia 30328
The mission of Goodwill of North Georgia is to put people to work

Nobis Works 770-427-9000
www.nobisworks.org
1480 Bells Ferry Road, Marietta, Georgia 30066
Supportive communities where people with disabilities are afforded the opportunity to work

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# APPENDIX A

## ACRONYMS & GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>GLOSSARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>Affective Disorder</td>
<td>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</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>Fear of being in public places; often accompanies a panic disorder</td>
</tr>
<tr>
<td>Anorexia / Bulimia Nervosa</td>
<td>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.</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>Characterized by excessive worry about everyday events; includes several disorders such as Generalized Anxiety Disorder and Obsessive-Compulsive Disorder</td>
</tr>
<tr>
<td>Atypical medications</td>
<td>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</td>
</tr>
<tr>
<td>EPS</td>
<td>Extra-pyramidal Symptoms – Physical side effects of certain medications that can include tremors, slurred speech, anxiety and akathisia</td>
</tr>
</tbody>
</table>

Apps can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment. Anxiety disorders, such as depression, are characterized by excessive worry about everyday events. They can include several disorders such as Generalized Anxiety Disorder and Obsessive-Compulsive Disorder. Atypical medications are newer antipsychotic medications that can sometimes relieve both the active and passive symptoms of some mental illnesses. These medications also appear to cause fewer side effects such as tremors or uncontrolled restlessness. EPS is a term used to describe certain physical side effects of certain medications that can include tremors, slurred speech, anxiety, and akathisia.
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

Continuity of Care - Continuity of care is concerned with the quality of care over time. There are two important perspectives on this. Traditionally, continuity of care is idealized in the patient’s experience of a 'continuous caring relationship' with an identified health care professional. For providers in vertically integrated systems of care, the contrasting ideal is the delivery of a 'seamless service' through integration, coordination and the sharing of information between different providers.

Continuum of Care - A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

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

Crisis Intervention Team; training for law enforcement officers

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

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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

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Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI

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 Social Security

Tardive Dyskinesia – A side effect of some anti-psychotic drugs, involving abnormal movements of the tongue, mouth, face, limbs and occasionally the entire body. It occurs in at least a mild form in 25 to 40 percent of patients on anti-psychotic drugs. The 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). There also can be verbal tics, uncontrollable outbursts of sounds or words.

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APPENDIX B
FEDERAL GOVERNMENT AGENCIES

U.S. Department of Health and Human Services (HHS)
https://www.hhs.gov
The mission of HHS is to enhance and protect the health and well-being of all Americans. We fulfill that mission by providing for effective health and human services and fostering advances in medicine, public health and social services. Many of HHS-funded services are provided at the local level by state or county agencies or through private sector grantees organizational chart for agencies under HHS:
www.hhs.gov/about/agencies/ogchart/index.html

NIH is the nation's medical research agency. NIH is part of the U.S. Department of Health and Human Services

National Institute of Mental Health (NIMH)
NIMH is the leading federal agency for research on mental disability, and it is one of the 27 Institutes and Centers that make up the National Institute of Health

U.S. Department for Veterans Affairs National Center for PTSD
https://www.ptsd.va.gov
The National Center for PTSD is dedicated to research and education on trauma and PTSD. We work to assure that the latest research findings help those exposed to trauma.

Social Security Administration www.ssa.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)
https://www.samhsa.gov/about-us
An agency within the U.S. Dept. of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMSHA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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   Stigma of Mental Illness
   NAMI’s Focus
   Blog
   How to Contact NAMI National

141 NAMI Georgia
   NAMI Georgia Programs
   Other Mental Health Education Programs
   How Georgia Stacks Up in Mental Healthcare Access
   Resources & How to Contact NAMI Georgia

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   Mission, History, Website
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WHAT IS THE 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.

HISTORY

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 three 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 SoL(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.

The communities NAMI serves and advocates for are as diverse as this nation. NAMI is a voice for youth and adolescents, veterans and service members, individuals involved with the criminal justice system, those who are homeless, family caregivers, and everyday Americans who are impacted by mental illness. We are all connected by the shared hope of new and innovative treatments, improved health care coverage, and support through recovery.

For a full list of NAMI National programs, education classes, presentations, support groups, advocacy & outreach, see: https://www.nami.org/Find-Support/NAMI-Programs

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YOU ARE NOT ALONE

Below are some famous people known to have coped with symptoms of mental illness:

Buzz Aldrin  Beethoven  Irving Berlin
Winston Churchill  Jim Carrey  Rosemary Clooney
Kurt Cobain  Pat Conroy  Charles Darwin
Leonardo de Vinci  Princess Diana  Charles Dickens
Walt Disney  Patty Duke  Thomas Edison
Albert Einstein  Zelda Fitzgerald  Ernest Hemingway
Patrick Kennedy  Abraham Lincoln  Michelangelo
John Nash  Isaac Newton  Sylvia Plath
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IT'S TIME TO ERASE THE STIGMA OF MENTAL ILLNESS

"2.4 million Americans have been diagnosed with schizophrenia,
5.7 million diagnosed with bi-polar disorder, and
14.8 million diagnosed with major depressive disorder

Mental illnesses such as those shown above generally fall into the category referred to as a serious mental illness (SMI). Crude terminology like "insane" marginalizes the individual and their illness. It discourages them from seeking medical treatment for brain disorders and makes them feel embarrassed, ashamed and stigmatized even though the illness is not their fault. Hurtful name calling, everyday slights and hateful action can lead to isolation, abandonment, delusion, and homelessness."

- from author Pete Earley's 2-8-19 blog

THREE KEY AREAS NAMI IS FOCUSING ON IN ORDER TO CREATE CHANGE AND BUILD A BETTER TOMORROW:

• Personal Change – Empowering individuals and families to seek help and support, find community and engage in personal advocacy.

• Societal Change – Raising awareness of mental illness through outreach efforts that help shift societal perceptions and increase recognition of mental illness as a health condition like any other.

• System Change – Advocating, leading and investing in accelerating innovation in healthcare, education and justice systems addressing state and national public policy initiatives, education of health care professionals, and promising programs or interventions that are helping people with mental health conditions better access help or achieve better health or quality of life.

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One in 5 adults – people you know – is affected by mental illness every day, and they need our support. Together, we are building a movement to change lives for the better. All year long, NAMI works to bring mental illness out of the shadows. Your support is needed to help build public understanding, improve access to treatment and provide quality support services.

Mary Giliberti, former NAMI CEO

NAMI BLOG  https://www.nami.org/Blogs/NAMI-Blog

HOW TO CONTACT NAMI NATIONAL
Address: 3803 N. Fairfax Drive, Suite 100
Arlington, VA 22203-1701
Phone: 703-524-7600
Email: info@nami.org
Website: www.nami.org
Helpline: 800-950-6264
https://www.nami.org/find-support/nami-helpline
Text "NAMI" to 741741 to reach the Crisis Text Line
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**NAMI GEORGIA PROGRAMS**

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  NAMI Ask the Doctor Blog:
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Law enforcement officers who successfully complete the course are equipped with the skills necessary to safely and effectively respond to individuals with mental health needs and in crisis.

**FAITH NET**
This is an interfaith resource network of NAMI members, friends, clergy and congregations of all traditions who wish to encourage their faith communities to be welcoming and supportive of persons and families living with mental illness, by encouraging an exchange of information, tools and other resources to educate and inspire faith communities about mental illness and the vital role spirituality plays in recovery for many.

**HOMEFRONT**
NAMI Homefront is a free, 6-session educational program for families, caregivers and friends of military service members and vets with mental health conditions.

**IBH&AD**
Introduction to Behavioral Health and Addictive Disease:
First Responders, Clergy, Hospital Personnel, Security Officers, and other Community Partners are invited to attend an Introduction to Behavioral Health and Addictive Diseases one or two-day training program.

**NAMI ON CAMPUS**
NAMI on Campus provides information and resources to support students living with mental health conditions and to empower them to take action on their campuses.

**PARENTS AND TEACHERS AS ALLIES**
This is a presentation for teachers and other school personnel to raise their awareness about mental illness and help them recognize the early warning signs and the importance of early intervention.

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**HOMEFRONT**
NAMI Homefront is a free, 6-session educational program for families, caregivers and friends of military service members and vets with mental health conditions.

**IBH&AD**
Introduction to Behavioral Health and Addictive Disease:
First Responders, Clergy, Hospital Personnel, Security Officers, and other Community Partners are invited to attend an Introduction to Behavioral Health and Addictive Diseases one or two-day training program.

**NAMI ON CAMPUS**
NAMI on Campus provides information and resources to support students living with mental health conditions and to empower them to take action on their campuses.

**PARENTS AND TEACHERS AS ALLIES**
This is a presentation for teachers and other school personnel to raise their awareness about mental illness and help them recognize the early warning signs and the importance of early intervention.
• SIGNALS
Early signs and symptoms for children and teens in development:
This is a curriculum designed to support early childhood teachers and
administrators, counselors, social workers, administrators, caregivers, and
other stakeholders in their understanding of developmentally relevant
mental health indicators.

• RECOVERY COUNCIL
The purpose of the NAMI Georgia Recovery Council is to create internal and
external systems change leading to communities of recovery, transforming
programs, training and service delivery. It is open to individuals seeking and
living in recovery, family members and community allies.

For more information on these and other programs, go to:
https://namiga.org/programs

OTHER MENTAL HEALTH EDUCATION PROGRAMS
IN GEORGIA
Mental Health First Aid is a program to help members of the general public
identify, understand, and respond to signs of mental illnesses and
substance use disorders. Mental Health First Aid USA is managed, operated,
and disseminated by three national authorities — the National Council for
Community Behavioral Healthcare, the Maryland Department of Health and
Mental Hygiene, and the Missouri Department of Mental Health.

Mental Health First Aid is offered in the form of an interactive 12-hour
course that presents an overview of mental illness and substance use
problems in the U.S. and introduces participants to risk factors and warning
signs of mental health problems, builds understanding of their impact, and
overviews common treatments. Those who take the 12-hour course to
certify as Mental Health First Aiders learn a 5-step action plan
encompassing the skills, resources and knowledge to help an individual in
crisis connect with appropriate professional, peer, social, and self-help care.

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HOW GEORGIA STACKS UP TO MENTAL HEALTHCARE ACCESS IN THE NATION

2018 data from Mental Health America

Unmet Need – Georgia ranks 27th
Over 20% or 1 in 5 people with a mental illness were unable to access treatment

Untreated Mental Illness – Georgia ranks 42nd
59% of adults with mental illness received no care

Overall Access – Georgia ranks 44th

Cost – Georgia ranks 46th
32% of Georgians with a disability did not see a doctor due to cost

Uninsured Adults – Georgia ranks 47th
18.5% of adults with mental illness do not have health insurance

Mental Health Providers – Georgia ranks 48th
There is one mental health provider for every 830 Georgia residents

NAMI GEORGIA COMMUNITY RESOURCES

NAMI Georgia provides a listing of community resources throughout the state. Go to the following website for this information:
https://namiga.org/community-resources

HOW TO CONTACT NAMI GEORGIA

Address: 3180 Presidential Drive, Suite A
Atlanta, GA 30340
Phone: 1-800-728-1052 / 770-234-0855
Email: info@nami.org
Website: www.nami.org

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NAMI NORTHSIDE ATLANTA

MISSION

NAMI Northside Atlanta is dedicated to eradicating the stigma of mental illness, enhancing the hope of recovery, and improving the quality of life for children and adults who have been diagnosed with a brain disorder through advocacy, education, research, and support.

HISTORY

NAMI Northside Atlanta began in 1985 when a small group of families, with loved ones challenged with a mental illness, came together to share their stories and find support. They found comfort in each other, and they knew that by creating a NAMI affiliate in Fulton County, they could do so much for so many more.

Today our NAMI affiliate remains family-focused and runs on the incredible power of grassroots volunteers. We understand what families and peers go through trying to find the right doctors, the right medications, the right supports, and better life options. We work collaboratively to educate for non-discriminatory access to quality healthcare, housing, education and employment for people with mental illness in order to achieve a more effective recovery-focused system of care. We also advocate for policies and research that optimize the lives of all people challenged by a mental illness.

NAMI Northside Atlanta would love to talk with you about sharing your time and talents with us. We are always looking for new ideas and ways to expand programs and innovate. Tell us what you’re interested in and how you might like to connect.

WEBSITE

Our website now serves over 1000 unique visitors monthly, and the most popular area is "Resources."

For updated information about our programs, activities, and news, please visit our website at: www.naminorthsideatlanta.org

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NAMI NORTHSIDE ATLANTA SUPPORT GROUPS

Connection Recovery 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.” Please go to our website for times and locations: www.naminorthsideatlanta.org.

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. Please go to our website for times and locations: www.naminorthsideatlanta.org.

NAMI SIGNATURE PROGRAMS OFFERED BY NAMI NORTHSIDE ATLANTA

Family-to-Family education course
This is a 6-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.

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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 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 who 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 Ending the Silence
Helping middle and high school students 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.

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.

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General Education
Education meetings are generally presented monthly, and they are open to the public. Experts from the community speak on a wide-range of mental health, legal, research, care-giving, and life management topics. Please go to our website for dates and topics: www.naminorthsideatlanta.org.

NAMI NORTHSIDE ATLANTA INITIATIVES AND ACTIVITIES

• **Mental Health Day at the Capitol**
  At the beginning of a new legislative session each year, Mental Health Day at the Capitol provides an opportunity for participants to use their NAMI Smarts skills when they advocate and meet with their Georgia legislators.

• **Annual Meeting**
  In late January or early February, NAMI Northside Atlanta hosts an annual meeting to update members on the organization’s end-of-the-year status, announce upcoming activities for the new year, and elect board members.

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  Our goal for the NAMI Northside Atlanta Mental Health Fair is to bring together exhibitors with services needed by our constituents, complemented by lunch and a speaker or a panel presentation. This fair is generally an annual event. Please visit our website for further information: www.naminorthsideatlanta.org.

• **North Fulton Mental Health Collaborative**
  NAMI Northside is a proud partner of the North Fulton Mental Health Collaborative. The NFHMHC, sponsored by The Summit Counseling Center, was established in January 2016 with a mission of connecting and energizing our community stakeholders to provide a life span behavioral healthcare system for North Fulton County. This group is open to all behavioral healthcare stakeholders in our community. The collaborative holds monthly meetings featuring guest speakers from our community to create awareness and offer education on relevant mental health topics.

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In 2019, NAMI is celebrating 17 years of NAMIWalks, the nation’s largest mental health awareness and fundraising event held annually. Please visit our website for the current NAMIWalks schedule and to register for your local community walk hosted by our state and local affiliates. NAMIWalks is a fun, family-friendly event and there is no cost to register. We walk to create awareness, to reduce stigma and to celebrate that recovery is possible. We walk to raise money so that we can continue to offer free education, support, advocacy, resources and community events that give practical, tangible help to our mental health community.

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NAMI Northside Atlanta 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 programs in the communities we serve.

Our Board is dedicated to helping with the challenges of mental illness. That said, we need your help! Please go to our website, www.naminorthsideatlanta.org, and consider becoming part of the NAMI Northside Atlanta family by:

- Joining
- Participating
- Donating
- Volunteering

HOW TO CONTACT NAMI NORTHSIDE ATLANTA

Address: P.O. Box 244043
Atlanta, GA 30324
Email: naminorthsideatlanta@gmail.com
Website: www.naminorthsideatlanta.org
NAMI Northside Atlanta is a non-profit organization under Internal Revenue Code section 501(c)(3).

Join Us!

Become a part of NAMI. Subscribe to the latest mental health updates, participate in an online discussion group, learn how to advocate in your community, and add your voice to the mental health community.

Become a NAMI member. Yearly membership rates are: Household: $60, Individual: $40 and Open Door for anyone experiencing financial constraints: $5.

As a member, you will receive local, state, and national news plus the NAMI Advocate magazine, online access to member only content, and a registration discount for the annual NAMI National Conference.

To join, click on the JOIN button on the NAMI Northside Atlanta website: www.naminorthsideatlanta.org and follow the instructions. OR - provide your name, address, email address, and phone number and mail it with your check payable to NAMI Northside Atlanta, ATTN: Membership Dues, P.O. Box 244043, Atlanta, GA 30324.
INVEST IN NAMI NORTHSIDE ATLANTA TODAY!

If you found the information in this Family Guide and Community Resources on Mental Illness helpful, please consider investing in NAMI Northside Atlanta today. We are the non-profit organization publishing this book.

Through our mission of support, education, and advocacy, our goal is to continue to provide NAMI programs and services free of charge to help ensure that cost does not become a barrier. We strive to create a better tomorrow—a tomorrow where all people affected by mental illness can experience hope, recovery and wellness in a world free of stigma and stereotypes.

When you make a financial contribution, you help us make programs and services a reality, and you help ensure that no individual or family is alone in their mental health journey.

TWO WAYS YOU CAN MAKE A DONATION

• Click on the Donate button on the NAMI Northside Atlanta website: www.naminnorthsideatlanta.org and follow the instructions to donate online

• Write a check payable to:
  NAMI Northside Atlanta
  P.O. Box 244043
  Atlanta, GA 30324

NAMI Northside Atlanta is a 501(c)(3) charitable organization. For tax purposes, use EIN #45-1227396.

We thank you for your financial support!

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1 in 5 adults—43.8 million or 18.5%—experiences mental illness in a given year.

60% of all adults and almost 50% of all youth ages 8-15 with a mental illness received no mental health services in the previous year.

50% of adults with mental illness report experiencing symptoms prior to the age of 14; 75% prior to the age of 24.

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70% of youth in juvenile justice systems have at least one mental health condition.

20% of state prisoners and 21% of local jail prisoners have a recent history of a mental health condition.

40% of homeless adults staying in shelters have a mental illness and/or substance use disorder.

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