



CHADS Coalition for Mental Health



the Dora Project's



Family Resource Guide

A collection of practical wisdom, straightforward information and community resources for use by families-in-need and the mental health and social service professionals who serve them.

*Support for this guide was provided in part by a grant from
the Robert Wood Johnson Foundation. ®*

February 18, 2010

On February 25, 2008 my 22-year old daughter, Dora Emily Holtzman Magrath, died from a chronic disease that she had been suffering from since 2000.

Since that time, she saw many doctors and specialists, took many different types of medication, and was in and out of hospitals. She spent 2 months receiving treatment from a specialty hospital in Houston. During her periods of remission, Dora also found time to be a cheerleader, a leader of her school's diversity organization and environmental club, to sing and dance in several school productions, to go to three proms, to have sleepovers with friends, to finish three years of college, to record a CD of her own music, to be a resident advisor in her college dorm for two years, and to do far more than her share of uncontrollable giggling.

Dora's diagnosis was a form of mental illness that was a mystery to the doctors and difficult to treat. But it was clear that her illness included severe depression that led to the direct cause of her death by suicide.

For almost 10 years our family was in and out of crisis. There was fear and confusion as we watched our lovely daughter become so debilitated when there were active episodes of her illness. There was frustration and sometimes desperation as we sought an accurate diagnosis and a treatment that would work. There was loss of income, when Dora was unable to attend school and at least one parent needed to stay home with her and miss work for extended periods of time. There were endless and often unanswered questions about how to communicate with her school and with friends and family about her illness. There was disbelief when so many otherwise intelligent people still held on to the stigma of mental illness. There were three times that we sat, alternately numb and terrified, in Emergency Room waiting rooms after Dora's illness led to still another suicide attempt.

When Dora died, her father and I reached out to our community to begin raising funds to help families navigate the emotional, medical and practical nightmare of dealing with the times of crisis that inevitably appear when you have a child with a severe mental illness. When I joined the Board of Directors of CHADS Coalition for Mental Health shortly after Dora's death, finding a way to offer these services to other families was my main objective and it was a passion that was shared by CHADS.

The Dora Project was developed by CHADS Coalition and funded by the Robert Wood Johnson foundation to provide accessible information about mental health and mental illness to families with adolescent and young adult children, so that they can make the best possible decisions about the care and treatment for their children and get the kind of support and comfort that can come from people who have shared their experience.

This Family Resource Guide is an important part of the Dora Project. It answers so many of the questions that families have when their child begins to show symptoms of depression and other mood disorders. It provides concrete information about a wide array of mental health care providers, organizations, websites, reading materials and more.

It is my deepest hope that this guide and the other resources of the Dora Project will help families bypass the kind of crisis that our family experienced and that this information and these resources are provided early enough in the process to help other families have a much happier ending than ours did.

Linda Holtzman

CHADS Coalition for Mental Health

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Family Resource Guide

<u>Contents</u>	<u>Page#</u>
Introduction to the Dora Project	3
Some Helpful Answers to Difficult Questions	4 - 17
Community Resources	18 - 44
Hotlines, Help Lines & Community Mental Health Centers	18
Hospitals/Residential Treatment Centers	20
Support Groups	22
Counseling Programs and Other Programs	27
Psychiatrists	32
Legal/Financial	36
Educational	37
Websites	38
Books	41
Resources beyond St. Louis	44
Glossary of Terms	47 – 49

CHADS Coalition for Mental Health

(Communities Healing Adolescent Depression and Suicide)

the Dora Project

CHADS Coalition for Mental Health is a non-profit 501(c) (3) organization with a mission to advance the knowledge and awareness of adolescent depression and suicide through awareness, education, and research.

The Dora Project is the newest program of CHADS and is dedicated to serving families with children (primarily ages 12 – 22) suffering from depression or other emotional challenges. Our goal is to provide personal support and assistance in obtaining mental health and other resources for you and your child during a time of crisis. Our services are provided at no cost to the families we serve.

What the Dora Project provides:

The Dora Project provides information and support to a family if their child, adolescent or young adult child is suffering from depression, suicidal thoughts or behaviors, or other emotional difficulties.

The Dora Project helps to find the doctor, therapist, treatment program, support group, and other resources that are right for the specific family's needs and circumstances.

The Dora Project provides access to clearly-written information and personal experiences of our volunteer staff to help families have a better understanding of their child's illness.

The Dora Project will be there for a family in critical times of need, confusion, and frustration, because no one should go through it alone.

The Dora Project is staffed by a professional social worker and trained volunteers. The people who answer the phone and provide services have professional and personal experience working with the mental health system. We are dedicated to providing caring, personal service and addressing your questions and concerns. We will take the time to understand your needs and help you find the resources to address them.

For assistance or to learn more about the Dora Project, please call us at:
314-952-8274.

Family Resource Guide

This guide is a compilation of practical guidance and community resources intended to provide assistance to families who may be experiencing great apprehension and confusion about the challenges of taking care of a child with a mental illness or other emotional concerns. The guide is intended to be a thorough yet concise presentation of information for caregivers. The agencies and organizations presented in the resources section are considered to be valuable to those they serve. The majority have been recommended by someone who has had a positive personal experience. We hope that this guide, in addition to the personal support of CHADS Coalition and the Dora Project will assist you in finding the best services available for your family.

~ the Dora Project

Some helpful answers to difficult questions

When a child or adolescent first exhibits signs of serious depression or some other form of mental illness, it may cause the family to fall into a deep state of crisis. The parent(s) may wonder whether their child is having an unusually bumpy adolescence or if it is a form of mental illness. As the crisis deepens and the child's behavior becomes increasingly perplexing, challenging or even frightening; parents are faced with many serious questions and dilemmas.

Most parents' deepest concerns are, "Will my child get better?" and "What can I do to help?" Tragically, many families face this crisis with little information, few resources and minimal personal support. This guide was developed to provide families with vital information and resources. Staff members of the Dora Project are also available to provide the personal, face-to-face and/or phone support that can be so important to a family in crisis or distress.

This first section of the guide contains some of the questions that families are likely to have when they are faced with the overwhelming challenges of coping with a child who is experiencing difficulties with depression, suicidal thoughts, or the possibility of a mental illness. The responses provided represent a compilation of what we have deemed to be the best thinking of parents who have personal experience with these issues as well as those of wise professionals in the mental health, medical and child development fields. Please note that the information contained in this section is not intended as specific advice on mental health related concerns but rather as a supportive resource to help you organize your thinking during a stressful time. CHADS Coalition does not endorse or

recommend the use of any specific treatment or resource mentioned in this guide and any decisions related to the mental health care of you or a loved one should be made in consultation with a mental health professional and/or a physician¹.

Some questions you might be having:

- *What are my best options for getting help?*

If you are the parent or caregiver of a young person who is showing signs of depression, suicidal thoughts or actions, or other emotional concerns it is a good idea to start by getting an evaluation done by a medical doctor or mental health professional. If your family physician doesn't seem likely to have a good understanding of your concerns, you can ask for a referral to a mental health practitioner. Many concerns related to mental health, emotional or behavioral issues may be addressed through counseling, medication or a combination of the two. Keep in mind that young people's brains are still developing until the early 20's, so use of medications should be carefully thought through – including a discussion of possible side effects—before administering them. Beyond these two treatment approaches, it is also a good idea to take stock of all of the support structures and coping strategies that are in place – or could be put in place—to help your child get the help they need. Support may include any of the following:

- family members and close friends
- significant adults such as teachers, coaches, or clergy
- community organizations, religious or cultural groups
- individual or group counseling
- school resources

Some helpful coping strategies may include:

- exercise or other physical activity
- creative outlets such as music, art or journaling
- participation in hobbies or other favorite activities
- meditation and relaxation techniques
- nutritional or homeopathic remedies

¹ CHADS Coalition, the Dora Project and this resource guide provide information about some of the known services available for mental illness and related support. CHADS Coalition and the Dora Project do not endorse, nor are they liable for the services received through any of the agencies, offices, or individuals contained in this guide. This guide is in no way intended to take the place of a visit to a qualified health care provider.

Gathering a network of supportive people and structures can go a long way in helping your child (and you) feel protected, more in control, and able to face difficult challenges.

- *What is the difference between being depressed and clinical depression?*

Depression ranges in seriousness from mild, temporary episodes of sadness to severe, persistent depression. Doctors use the term "clinical depression" to describe the more severe, persistent form of depression also known as "major depression" or "major depressive disorder". Signs and symptoms of clinical depression may include:

- Loss of interest in daily activities
- Persistent sadness or feeling of emptiness
- Sleep disturbances
- Significant weight loss or gain
- Loss of concentration
- Fatigue
- Suicidal thoughts or behavior

For most forms of depression, symptoms improve with psychological counseling, antidepressant medications or a combination of the two. Antidepressants can relieve symptoms of depression, while counseling may help one cope with ongoing problems that may trigger or contribute to depression².

- *How is depression different for children and adolescents than for adults?*

Depression in children and adolescents may have some of the symptoms described above or it may appear with very different symptoms. Here are some of the signs of childhood or adolescent depression:

- irritability and/or aggressiveness
- imagined body pains
- a drop in school performance or other abrupt behavior changes
- sadness or hopelessness
- lethargy or profound lack of energy
- overreactions to disappointments and perceived slights

² From The Mayo Clinic website: www.mayoclinic.org

- isolation
- no longer caring about their appearance, and
- preoccupations with death³

Because depression in children is not always expressed as sadness, it can often go undiagnosed or misdiagnosed. For some adolescents, depression is masked by high achievement in school, sports, and leadership behaviors. Others may try to be as unobtrusive as possible, so they don't attract attention.

- *What are the warning signs for suicide?*

** If you have current concerns about suicide, seek immediate help from a Physician, Psychiatrist, Emergency Room or hotline: Life Crisis Services **1-800-273-8255** or Behavioral Health Response **1-800-811-4760***

There are several signs to look for, and all should be taken seriously. This means that if you have concerns or questions about the mental health or stability of a friend, loved one or yourself, you should always err on the side of precaution by getting immediate help from a hospital, medical doctor, or mental health professional.

The most common indicators that someone may be depressed and/or suicidal include the following:

- Depressed mood for a prolonged period (two weeks or more)
- Inability to enjoy once-favored activities
- Changes in sleeping or eating patterns
- Declining school or work performance
- Hopelessness, helplessness, despair, sense of worthlessness
- Withdrawal or recklessness
- Giving away possessions or organizing affairs
- Preoccupation with death in writing, art, or music
- Self-injury (i.e. cutting) or other self-destructive behavior
- Comments that indicate feelings of despair such as "what does it matter?", "It's not even worth it", "I'm not going to be here forever", "I'm going away", and "I wish I were dead". (These types of comments may be seen by some as ways to seek attention, but must be addressed directly before their words become reality. If someone is going to be dramatic in

³ The information provided in this response was based on the National Alliance on Mental Illness (NAMI) publication *Parents and Teachers As Allies: Recognizing Early-onset Mental Illness in Children and Adolescents*, 2003.

order to get attention, then they need attention or they may increase their dramatic behavior until they get it).

- **Sometimes a sudden lifting of mood after prolonged sadness can be an indicator that the person feels better because they have a specific plan to end their life (and their pain).** It's a good idea to probe why the shift in mood has occurred. This can also occur shortly after medications seem to be having a positive effect, so even if they seem happier, we need to stay attuned to how they are doing and what they are thinking.

- *Why are young people, in the prime of their lives, suicidal?*

People who are suicidal most often feel that way because of two primary factors. First, they are usually suffering from severe depression or another form of mental illness, and second, they are experiencing emotional pain from which they feel helpless to escape. Putting an end to the pain is usually the primary motivation. If they could see another way to end the pain, they would choose that path instead. For people who are in the position of supporting someone who is suicidal, an important task is to help them find effective means of lessening and coping with their emotional pain, and to provide a path to healing.

- *What can I do to keep my child safe?*

Even if your child hasn't specifically hinted or threatened about suicide, it's a good idea to be aware and reduce access to potential lethal means. First and foremost, lock up any firearms and make sure they don't know how to gain access to them. Research has shown that those who have died by suicide are twice as likely to have had a gun in their home. *If they are at high risk, take them to the hospital or to a mental health professional and do not leave them alone.* Secure prescription and non-prescription medications and razor blades. Other potential dangers to be aware of include access to driving a car, alcohol, ropes, cords or belts, knives, scissors, and poisons. It may not be practical or even possible to remove all potential means, so do your best to be aware of what is available and don't be afraid to ask them specifically if they are thinking about suicide.

Demonstrate your unconditional love and willingness to talk about anything (including suicide) with them so they feel like they have a safe place to turn. Emotional safety and physical safety go hand-in-hand.

One way to monitor your child’s mental health without constantly prodding them for information is to create a scale of mental health from 1 to 10. Talk with your child about what the numbers mean to them (e.g. 1 means “I need to go to the hospital now”, and 10 means “I’ve never felt better”). Then you can ask them what number they are every day or even several times a day without them feeling like you are nagging. This helps them to see your concern for their well-being and also helps them to self-monitor and pay attention to their moods and what factors might be influencing them.

For a sample monitoring form go to www.chadscoalition.org and look under the Dora Project Tab – PDF documents

- *What if my child won’t talk to me?*

Some children and adolescents are reluctant to talk even when things are going well. If they are depressed or struggling with serious issues they may even be less likely to communicate with you. The best approach is usually to show interest in them without hovering. If they won’t talk, try doing an activity together that they enjoy and then just wait. Talking more often makes a child or adolescent want to talk less; but being attentive and listening without judging is more likely to bring them out. It is also helpful to find other adults that your child trusts to spend time with. They may feel more comfortable sharing with someone who isn’t their parent.

- *What should I say to my child’s school teachers, counselor, or administrators?*

How you approach your child’s school will depend on several factors including your relationship with the school, the likely impact of the current crisis on the school (which may be difficult to know at that point) and how private you would like the situation to be at this time. If your child has been diagnosed with a mental illness, then it would make sense to convey information as if it were any type of illness. Unfortunately, in many cases, we cannot count on this news being received as if it were any type of illness. Ideally, you would also want to involve your child in any decision about sharing private information with others. A major part of the fear associated with having a mental illness is due to concerns about other people’s reactions. While it is important to be as straightforward as you can be with others – in part to reduce this cultural stigma—it is also important to be sensitive to your child’s feelings about privacy. Finding one trusted adult at school who will be an advocate for your child will be a vital component in keeping the home/school connection a positive one.

- *To what kinds of educational support is my child entitled and where do I start in seeking resources or support?*

It can be difficult to determine the type of educational support that a student with mental health issues might need. Unlike situations where a student has a physical or a learning disability, a mental health issue may or may not interfere with a child's school performance. If your child's concern is impacting his or her ability to concentrate, communicate, handle school pressures, etc. in the academic environment, then s/he may be entitled to some type of accommodation (e.g. un-timed tests) under section 504 of the Rehabilitation Act. Parents should document their child's limitation, provide appropriate supporting documentation, and contact the designated school personnel (usually a social worker or psychologist who works for Special School District, or you may need to go through a Principal or counselor) to see if your child qualifies for assistance. Lastly, if your child's illness does not impact his or her school performance, it is still important to communicate with the school so that teachers may assist your child when or if needed. See www.schoolmentalhealth.org for more information.

- *What did I do wrong as a parent that this could happen to my child?*

If your child has a diagnosable mental illness **it is an illness, not a weakness or the result of bad parenting. It is not your fault and it is not your child's fault.** A good family counselor and/or support group can help you to sort out your thoughts and feelings and direct you to other helpful resources.

- *What should I say to family members or close friends? They are concerned but just don't seem to "get it"*

Every family is different, just as every relationship is different. Therefore it is difficult to provide specific suggestions about how to communicate sensitive information. Some people find it helpful to only share the full story with one or two highly-trusted individuals who they know can handle stressful situations and will not shy away from it. For everyone else, a brief overview without details will usually suffice. While it's important to have a place where you can let it all out and not worry about being pitied or judged, sharing sensitive information with many others increases the likelihood that you will get negative, inappropriate, or judgmental feedback. **Keep in mind that it is your information to share as you see fit.** Don't worry about other people's perceived need to know or just plain nosiness. Eventually, sharing information about your experiences may provide a powerful means of breaking down barriers and increasing

understanding of mental illnesses, but initially it is more important to focus on the immediate needs of yourself and your family. If your child is old enough and clear-thinking enough – you may want to include him or her in this decision as a way to empower your child to have some control over a situation that is usually pretty sensitive. For example, you could say, “I need to talk to my friend, Jane, because I really trust her and know that she loves us... how do you feel about that?”

- *How can I take care of myself during this difficult time of stress?*

As they say during the airline safety speech: “...secure your own oxygen mask before assisting others”. It may be difficult to think about taking care of yourself when someone you care for is going through a challenging time, but if we ignore our own well-being, it will quickly deplete our ability to help our loved one. Pay attention to your needs for rest, healthy food and water, regular physical activity, and a place to voice your fears and concerns. If at all possible, share the demands of taking care of your child (both logistical and emotional) with others so that it isn’t all on you. If friends or family offer acts of support or kindness, this is a good time to accept those offers and tell them what you need. It can be a resource to you and also help them to feel useful when they may not know how to help. If you feel that it has to be all on you, then it is even more critical that you pay attention to your needs through this trying time.

Essential elements of self-care:

- **Physical activity**, daily if possible. A little bit each day is so much better than none.
- **Share the load**. Both practically and emotionally if you can.
- **Get enough rest**. Even if you are having trouble sleeping, try to take time to put your feet up or get away from daily stress for a while each day.
- **Pay attention to your own mental health**. Consider seeing a therapist of your own or joining a support group to help you through this time.
- **Nutrition**. Even if you don’t feel hungry, eat small amounts of healthy foods throughout the day, drink water, and avoid alcohol or excessive caffeine.

- *What about my other child/children?*

It is only natural that other children will get less attention when one child is in crisis. It is important to make time to give undivided attention to each of your children on a regular basis, even if it can only be for a few minutes. Two minute check-ins at the start and the end of each day can maintain a personal

connection when more time together isn't possible. Remind them that you love them and wish that you had more time to be together. If one of your children's needs are so demanding and it is an on-going, chronic situation, it may be useful to try to find another adult who can provide nurturance and guidance while your personal resources are depleted. A relative, family friend, teacher, school counselor, coach or clergy member may be willing to provide some extra time and attention while you tend to the needs of your child who is ill or struggling.

- *Will our insurance cover mental health services? What if it doesn't cover the type of care or medicine my child needs?*

Making contact with your insurance company right away to determine your level of coverage will give you a good starting point. If you find out that your coverage is limited or doesn't cover what you hoped it would, it can be useful to ask follow up questions or push for a more favorable response. Some questions that might help:

- Is there another category of services available for which we might qualify?
- What other sources of support can you provide?
- Could I request to have a case manager assigned to my case?

If you don't have insurance or the coverage is inadequate, another place to seek support is the Missouri Department of Mental Health and the *administrative agent* for your region. Depending on your income, you may also qualify for need-based services and resources. Many of the staff and volunteers at the Dora Project have experienced making these inquiries and all of us are familiar with waiting on the phone for long periods of time as we try to make our way through a confusing maze of information, acronyms, and agencies. If you are feeling overwhelmed, **please call us at the Dora Project at 314-952-8274**, and we can help you through the confusion and frustration to help you determine for which programs and resources that your child and/or family might qualify.

St Louis County & South St Louis City – BJC Behavioral Health	314-729-4004 or 800-811-4760
Central & North St Louis City – Hopewell Center	314-531-1770
Jefferson County – Comtrea	636-931-2700
St Charles, Franklin, Lincoln & Warren Counties – Crider Center	636-332-6000

- *What are some things I can do to manage the cost of treatment?*⁴
 - Talk to your health care provider(s) and try to work out lower fees or a payment plan.
 - Use community or state-provided services, many of which offer a sliding payment scale.
 - Space out your allowable psychotherapy visits over time and work on developing skills you can use between visits.
 - Ask your doctor to contact the pharmaceutical company that makes your medication to see if you are eligible to receive free medication. Ask if your doctor has any medication samples to give you.
 - Ask your doctor to contact your insurance company and ask if they will allow more treatment for you.
 - If you are having a hard time getting insurance because you've had treatment for mental illness, your state may have a risk pool, which offers insurance for hard-to-insure individuals. You may find additional information at www.healthinsurance.org/riskpoolinfo.html.
 - Get help before there is a crisis. Meeting with your doctor to talk about how you're feeling or adjust your medication will cost much less than a hospital stay.

- *Should we take our child to a psychiatric unit of a hospital? Will they help them to get better?*

Generally speaking it is desirable to stay at home during treatments for a mental illness but sometimes a hospital stay may become necessary.

If it is an emergency – your child is threatening to hurt him or herself or others or already has, call 911 or drive to the nearest hospital emergency room

- If it is not an emergency, call your child's psychiatrist, physician and/or therapist for consultation.
- When in doubt, you may also call the Dora Project at 314-952-8274 or one of the hotlines listed in this guide to help you assess your options.
- If you still aren't sure how serious the situation is, err on the side of caution and take your child to the hospital that your child's psychiatrist or therapist recommends.

⁴ From the Depression/Bipolar Alliance website: www.dbsalliance.org ("Just diagnosed" link).

Any time a child or adolescent needs to enter a hospital or residential facility it is a difficult, and potentially traumatic event in the life of the family. If out-of-home placement becomes necessary, do what you can to make the transition as comfortable for the child as you can. They will likely take their cues from you, so try to remain calm and reassuring that it is a temporary treatment intended to keep them safe and help them to get to a better and more stable place. A child psychiatrist is in the best position to make the determination of whether or not hospitalization is warranted for your child. Hospital stays are usually reserved for people who are at risk to themselves or others or are so out of control that they need a highly structured and supervised environment that wouldn't be possible at home.

Most parents would agree that it generally is not the case that hospital stays "make them better", however they can provide a necessary respite for both the patient and the caregivers, as well as provide a safer place to work on stabilization and medication management. After the crisis has subsided, with a combination of a good therapist and proper medication, the prospects for recovery or improvement are greatly increased. Keep in mind not to expect a miracle cure, but also understand that in some cases, a hospital stay is necessary to regain some sense of control.

When does my child need to go to the hospital?

Your child may need to go to the hospital if any of the following conditions exist:

- Seeing or hearing things (hallucinations);
- Bizarre or paranoid ideas (delusions);
- Thoughts of hurting self or others;
- Feel too exhausted or depressed to get out of bed or take care of him or herself;
- Problems with alcohol or substances; or
- Need a major change in treatment or medication under the close supervision of your doctor.

- *A word about suicide risk after taking helpful medications or other promising treatments:*

There have been research studies to indicate that some patients exhibit increased thoughts of suicide after taking some anti-depressant medications. In the study that prompted the FDA to administer black box warnings, the increases were fairly minimal and no suicides actually occurred. Most psychiatrists consider

the risks to be outweighed by potential benefits. **It is imperative to speak to your prescribing doctor about risk factors or potential side effects before going on any medication.** This is an area where it's important to be as informed as you possibly can be on this topic and to monitor your child's reaction to new medications. For a detailed account of the research findings and the FDA's recommendations, please review the article, *Parents Med Guide* under the "pdf articles" link of the CHADS Coalition/Dora Project website www.chadscoalition.org

One factor related to increased suicide risk due to treatment of which many people (including some doctors and therapists) may be unaware results from something called "activation". The National Association of Mental Illness has published a booklet which describes this phenomenon well:

"Families must understand that medication may promote "activation," a phase in which an adolescent may begin to improve from treatment and begin to feel more energy to act on continued negative thoughts, leading to heightened risk of self-harm. This often exists in the first few weeks of treatment and is the reason that treating providers and families must be particularly vigilant in observing changes in teen's behavior and symptoms during this period" (NAMI, 2005, p. 15).

- *What do I have a right to expect from my doctor or other healthcare professional?*

Your Healthcare Rights⁵

Your healthcare provider should:

- Listen carefully to everything you say and answer your questions.
- Be hopeful and encouraging.
- Suggest treatment based on what you want and need.
- Teach you how to help yourself.
- Know about or be willing to try alternative or new ways to help you feel better.
- Be willing, at your request, to talk with other healthcare professionals, your family members or friends about your healthcare.

⁵ From "Understanding Mental Illness: A Guide to Brain Disorders, Medication and Therapy" Project Life, University of Missouri Extension (2004).

You have the right to:

- A second opinion.
- Be treated with dignity, compassion and respect at all times.
- Know the side effects of recommended medications and treatments.
- Refuse medications and treatments that are unacceptable to you.
- Decide for yourself which treatments are acceptable to you and which are not.
- Change healthcare providers (depending on the options available from your insurance).
- Have the person or people of your choice accompany you when you are seeing your doctor or other healthcare provider.

Questions to Ask the Doctor⁶ (from the perspective of the patient)

- What's the name of my medication and how will it help me?
- What dosage(s) of medication do I need to take?
- At what time(s) of day should I take them? Do I need to take them with food?
- Do I need to avoid any specific foods, medications, supplements (vitamins, herbals) or activities while I am taking this medication?
- What should I do if I forget to take my medication?
- Is there a generic form of my medication available?
- Would it be right for me?
- What side effects might I have? What can I do about them?
- How can I reach you in an emergency?
- How long it will take for me to feel better?
- What type of improvement should I expect?
- Are there any specific risks I should worry about? How can I prevent them? How can I recognize them?
- If my medication needs to be stopped for any reason, how should I do it? (Never stop taking your medication without first talking to your doctor.)
- How often will I need to come in for medication management? How long will my appointments take?
- Should I also have talk therapy? What type do you recommend? Is it possible that I could be treated with talk therapy and no medication?
- Is there anything I can do to help my treatment work better, such as changing my diet, physical activity, sleep patterns, or lifestyle?
- If my current treatment isn't helpful, what are my alternatives? What is my next step?

⁶ From the Depression/Bipolar Alliance website: www.dbsalliance.org ("Just diagnosed" link).

The Dora Project is here to assist you in sifting through the maze of information and bureaucracy that may hinder easy access to services. We can help you to determine what your child and your family needs – and we can help you find it. One of the things that the Dora Project can offer you is someone who can listen to you without judging your experiences or your feelings. Our staff and volunteers *will never tell you what to do* but we can help you sort out your own thoughts and *help you to make a decision* that is best for you and your family.



Call us at 314-952-8274

All services are at no cost to the families we serve.

Community Resources:

The following pages contain information about resources available primarily in the St. Louis metropolitan area. Some wider regional and national organizations are also listed. While efforts were made to assure accuracy both in descriptions and contact information, we would welcome hearing about any changes or omissions for future editions of the guide.

If your agency or service would like to be included in future printings, please contact us at 314-952-8274

– CHADS Coalition & the Dora Project

Hotlines:

- Life Crisis 314-647- HELP (4357) 1-800-273-8255
~ 24 hour suicide prevention and crisis intervention
- BHR (Behavioral Health Response) 1-800-811-4760 or 314-469-6644
~ 24 hour crisis response service providing emergency access to mental health services
- KUTO 314-644-5886 1-800-644-KUTO (5886)
~ Staffed by trained youth volunteers serving youth under age twenty-one
~ Available 4pm-10pm Sunday to Thursday and 4 pm-midnight Friday/Saturday
- Call For Help (Metro East - Illinois) 1-618-397-0963
~ 24 hour crisis intervention and emergency mental health services
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- National Hopeline Network 1-800-SUICIDE (784-2433)
- Runaway/Troubled Youth National Hotline 1-800-621-4000
- Gay & Lesbian Hotline 314-367-0084 or Youth Line 1-800-347-8336
- Crisis Intervention Team - CIT (Police) 911
~ For a psychiatric crisis call 911 and ask for a CIT officer
- Hyland Behavioral Health Assessment & Referral 314-525-4400

Help Lines:

- St. Louis Children’s Hospital Answer Line 314-454-KIDS (5437)
~ Health advice and information on kids birth – 21
- St. Louis Children’s Hospital Teen Help Line 314-454-TEEN (8336)
~ For parents of teens who have questions or concerns about alcohol and drug use, peer pressure, family conflict, school performance, sexual activity, teen responsibility or any issue affecting their development or your parent-child relationship.
- St. Louis Crisis Nursery Parental Stress Helpline 314-768-3201
- Youth Emergency Service 314-727-6294

Community Mental Health Centers:

–Department of Mental Health Administrative Agents

The state of Missouri is divided into service areas that are represented by an *Administrative Agent* who contracts with the Missouri Department of Mental Health to provide community-based mental health services for the seriously and chronically mentally ill population regardless of insurance status or the ability to pay for services.

- BJC Behavioral Health 314-729-4004 or 800-811-4760
(St Louis South City and St Louis County)
- Comtrea Center 636-931-2700
(Jefferson County)
- Crider Health Center 636-332-6000
(St Charles, Franklin, Lincoln & Warren Counties)
- Hopewell Center 314-531-1770
(Central & North St Louis City)

Hospitals/Residential Treatment Centers:

- Cardinal Glennon Hospital 314-577-5600
 1465 S. Grand Blvd. www.cardinalglennon.com
 St. Louis, MO 63104
- Center Pointe Hospital 636-441-7300 1-800-345-5407
 5931 Highway 94 South www.centerpointehospital.com
 St Charles, MO 63304
 ~ Inpatient and outpatient services for ages 5 – 18 that need psychiatric or dual-diagnosis treatment (Center Pointe also serves adults)
 ~ Accepts most major insurance plans + Medicaid
- Edgewood Children’s Center 314-968-2060
 330 N. Gore Ave www.eccstl.org
 Webster Groves, MO 63119
 ~ Inpatient or outpatient services for boys age 5-13 and girls age 5-17
 ~ Also provides an alternative education private school option
- Epworth Children’s Home 314-961-5718
 110 N. Elm www.epworth.org
 Webster Groves, MO 63119
 ~ Inpatient or outpatient services for ages 11-18
 ~ Also provides an alternative education private school option
- Hawthorne Children’s Psychiatric Hospital 314-512-7800
 1901 Pennsylvania Ave www.dmh.missouri.gov/hcph/Index.htm
 St. Louis, MO 63133
 ~ Inpatient or outpatient services for children and adolescents
- Metropolitan St. Louis Psychiatric Center 314-877-0500
 5351 Delmar Blvd. www.dmh.missouri.gov/mpc/
 St. Louis, MO 63112
 ~ A facility of the Department of Mental Health
 ~ Residential treatment facility for adults or children
- St. Anthony’s 1-800-554-9550 or 314-525-4400
 Hyland Behavioral Health Center
 10018 Kennerly Road
 St. Louis, MO 63128
 ~ Adult and adolescent inpatient and outpatient services for psychiatric, chemical dependency and dual diagnostic patients, seven days a week
<http://www.stanthonymedcenter.com/Hyland/hyland.asp>

- Family Support Group 314-966-4670
 Pacific Presbyterian Church
 410 W. St. Louis
 Pacific, MO 63069
 ~ A NAMI support group for primary caregivers & adult family members of children or teens with serious emotional disorders.
 ~ Meets 1st Monday of each month from 7 - 8:30 pm
- Family Support Group 314-293-1512
 St. John's Lutheran Church (Russell or JoAnn Hartley)
 3517 Jeff Co Blvd. – Room 107A
 Arnold, MO 63010
 ~ Meets 1st Thursday of each month from 7 – 8:30 pm
- Family Support Group 314-962-4670
 St. John's Mercy Edgewood Outpatient Bldg. Joyce Johnston
 970 Executive Parkway
 Creve Coeur, MO 63141
 ~ Meets 2nd Tuesday of each month from 7 – 8:30 pm
- The Karla Smith Foundation 618-628-3129
 ~ For family & friends of the mentally ill
 ~ Peace Chapel, 10101 W. Main St, Belleville IL
 ~ Meets 1st and 3rd Thursday of every month from 7 – 8:30 pm
- NAMI St. Louis – Family-to-Family
 ~ This program is a free 12-week class for family caregivers of individuals with severe mental illnesses that discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively.
 ~ Please call 314-962-4670 to register or for more information.
- St. John's Mercy Edgewood Family Support Group
 call Joyce @ 314-966-4670 or Patty @ 314-251-6565
 ~ For adult family and friends of individuals with a serious mental illness
 ~ Meets the 2nd Tuesday of month from 7 – 8:30 pm
- Visions Young Family Support Group @ BJC 314-966-4670
 BJC Behavioral Health (Joyce)
 3560 McKelvey Road – upstairs conference room
 Bridgeton, MO 63044
 ~ Pre-register to receive free childcare and pizza for kids.
 ~ Meets the 1st Monday of the month from 6 – 7:30 pm

- Visions for Tomorrow 636-285-7470 (Nancy)
 First Presbyterian Church 636-933-0809 (Diane)
 207 N. Mill St.
 Festus, MO
 ~ A NAMI support group for primary caregivers & adult family members of children or teens with serious emotional disorders.
 ~ Meets the 1st Saturday of each month from 10 – 11:30 am
- Visions for Tomorrow 636-221-1020 (Angie)
 St. Paul Lutheran Church
 208 West Springfield Ave.
 Union, MO 63084
 ~ A NAMI support group for primary caregivers & adult family members of children or teens with serious emotional disorders
 ~ Meets the 2nd Thursday of each month from 7 – 8:30 pm

Grief Support Groups:

- Annie's Hope Bereavement Center for Kids
 ~ Support group for children, teens and the adults in their lives
 ~ Meets once a week for 8 weeks
 ~ Call 314-963-5015 for more information
 ~ www.AnniesHope.org
- Good Grief Forest Park Hospital 314-768-3715
 6150 Oakland Avenue (Carla Saleh)
 St. Louis, MO 63139
 ~ Meets every other Thursday of the month in the Doctor's Dining Room
 10am – 11:30am
- Grief Share Trinity Tabernacle Assembly 314-614-3626
 11950 Mark Twain Dr (Laurie Askew)
 Bridgeton, MO 63044
- Journey Through Grief 314-729-9919
 Lutheran Church of Webster Gardens (Pat Sprick)
 8773 Watson Road
 Webster Groves, MO 63119
 ~ In the Youth and Community Center
 ~ Meets the 1st Wednesday each month from 1 – 2:30pm

- Sharing Loss Through Bereavement 314-989-2821
1187 Corporate Lake Drive - Suite 200 (Judy Custer)
St. Louis, MO 63132
~ Meets 1st and 3rd Monday each month from 1 – 2:30 pm
- St. Anthony's Support Group: Newly Bereaved 314-525-7346
St. Anthony's Hospice
10016 Kennerly Rd.
St. Louis, MO 63128
~ Anthony House Building (library)
~ 6 sessions for individuals newly bereaved within the past 6 months
~ Meets 1st and 3rd Tuesday of each month from 10:00 – 11:30 am

Grief support for those who have lost someone to suicide:

- Adolescent Suicide Support Group 636-236-6644
St. John's Edgewood Facility (Robin Harris)
970 Executive Parkway
Creve Coeur, MO 63141
~ 8 week program for adolescent survivors of suicide ages 13-21
~ Meets on Mondays from 7 – 8:30 pm
- Baue Family and Community Center
608 Jefferson St.
St. Charles, MO
~ Meets on 1st and 3rd Mondays of the month from 6:30 – 8:00 pm
- P.A.L.S. (Parents Affected by the Loss of a child from Suicide)
~ Support group facilitated by other parent survivors @ St Luke's Hospital
~ 2nd Tuesday of the month from 7 – 8:30 pm
~ 4th Saturday of the month from 10:30 am – 12 pm
~ Call Linda Fehrmann 314-853-7925 or Sandy Curran 314-518-2302 for info.
- Survivors of Suicide Support Group 314-647-3100
Meets at Provident Counseling
2650 Olive St.
St. Louis, MO 63103

Grief support for those who have lost someone to suicide (continued):

- Survivors of Suicide Response Team (KUTO) 314-963-7571
2718 S. Brentwood Blvd.
St. Louis, MO 63144
~ Not a support group but a good resource in the immediate aftermath of a suicide. Trained professional mental health workers will offer support and assistance during the crisis following a suicide.
- SurvivAbility (KUTO) 314-963-7571
~ Matches a youth survivor and a volunteer to engage in a private conversation about their loss.
- Unmasking Suicide 1-877-600-1028
11220 West Florissant, #283
Florissant, MO 63330
~ Emphasis on support for the African American community

Counseling Programs and Other Agencies:

- The Alliance on Mental Illness (NAMI-St Louis) 314-966-4670
1750 S. Brentwood Blvd. www.namistl.org
St. Louis, MO 63117
~ Provides educational programs for family members who have loved ones with mental illness; individuals diagnosed with mental illness; professionals who work with people with mental illness; and the public.
~ Also provide supportive services through a HELP line staffed Monday through Friday, 9 a.m. to 5 p.m.; support groups for family members; and support groups for individuals diagnosed with mental illness.
- Assisted Recovery Centers of America (ARCA) 314-645-6840
Lansdowne Medical Building www.arcamidwest.com
6651 Chippewa – Suite # 224
St. Louis, MO 63109
~ Residential or out-patient detox and rehab services for drugs/alcohol
- BJC Behavioral Health 314-729-4004 or 877-811-4760
~ Provides access to mental health services and arranges for other supportive services for adults and children with mental health problems
www.bjcbehavioralhealth.org
- Care and Counseling 314-878-4340
12141 Ladue Rd.
St. Louis, MO 63141
~ Psychotherapy and pastoral counseling for individuals, couples and families
~ 12 locations in the St Louis metropolitan area
- Catholic Family Services 314-544-3800 or 800-652-8055
9200 Watson Rd www.cfstl.org
St. Louis, MO 63126
~ Sliding scale psychiatrists and therapists available for qualified applicants.
- Catholic Charities Housing Resource Center 314-802-5444
~ Emergency housing and shelter referrals 314-241-5600
- Children’s Hospital Helpline for parents of teens 314-454-teen (8336)
~ Provides accurate and timely information regarding concerns parents may have about their teenager’s development and behavior
~ Available Monday through Friday from 9 am to 4 pm

- COMTREA (Community Treatment) 636-931-2700
 ~ Serving Jefferson County adults, children and adolescents with a variety of programs for those with substance abuse, mental health, and/or other emotional concerns. Several locations and programs are available.
www.comtrea.org
- The Counseling Center 314-251-6545
 St. John's Mercy Medical Center Campus
 621 S New Ballas Rd. – Suite 112A
 St. Louis, MO 63141
 ~ Multi-disciplinary mental health professionals providing services to children, adolescents, adults, families and groups
- the Dora Project 314-952-8274
 (A special program of CHADS Coalition for Mental Health)
 ~ Personalized support for families who have an adolescent or young adult child who is suffering from depression or other emotional difficulties.
 ~ Provides both practical and emotional support in obtaining resources that meet the family's specific needs.
 ~ Services are provided at no cost to the family.
- Hyland Behavioral Health Center's Counseling Clinic 314-525-1400
 @ St. Anthony's Medical Center
 10010 Kennerly Rd.
 St. Louis, MO 63128
 ~ The Counseling Clinic is for people of all ages who are experiencing emotional, substance abuse or psychiatric challenges.
 ~ Individual, couples, families and group counseling sessions are available
 ~ Support groups meet regularly on various topics (AA, Al-Anon, Narcotics Anonymous, Mental Illness Recovery, etc.) – call for details.
- Independence Center 314-533-4163
 4245 Forest Park Ave. www.independencecenter.org
 St. Louis, MO 63108
 ~ Psychiatric rehabilitation program serving adults with persistent mental illnesses
- Jewish Family and Children's Services 314-993-1000
 10950 Scheutz Rd. www.jfcs-stl.org
 St. Louis, MO 63146
 ~ Sliding scale therapists serving youth, adults and families
 ~ Individual and group Dialectical Behavioral Therapy (DBT) available

- The Karla Smith Foundation 1-618-628-3129
 ~ Provides support groups, peer-to-peer coaching, and education on the issues of adolescent mental illness and suicide.
 ~ Located in Belleville, IL.
www.karlasmithfoundation.org
- Kids in the Middle 314-909-9922
 121 W. Monroe www.kidsinthemiddle.org
 Kirkwood, MO 63122
 ~ Therapy and support for kids and families coping with divorce
- McCallum Place 314-968-1900
 Eating Disorders Treatment Center 800-828-8158
 231 W. Lockwood Ave. – Suite 201
 St. Louis, MO 63119
www.mccallumplace.com
- Mental Health America of Eastern Missouri 314-773-1399
www.mhaem.org
- National Council on Alcoholism and Drug Abuse (NCADA) 314-962-3456
 8790 Manchester Rd. www.ncada-stl.org
 St. Louis, MO 63144
 ~ Provides a Help Line as well as in-office intervention and assessments for youth, adults and families with substance abuse concerns.
 ~ Additional services include “the Spot” (see description below), a comprehensive lending library with pamphlets & fact sheets, and school-based substance abuse prevention services.
- Our Little Haven 314-533-2229
 4316 Lindell Blvd
 St. Louis, MO 63108
 ~ Provides therapeutic residential treatment (birth – 9), psychological services (birth – 12), and case management for children and families.
- Places for People 314-535-5600
 4130 Lindell Blvd. www.placesforpeople.org
 St. Louis, MO 63108
 ~ Serves adults ages 18 and older with severe psychiatric disorders offering comprehensive community support services. Prospective clients must reside in the City or County of St. Louis and meet mental health diagnosis requirements set by Missouri Department of Mental Health.

- Provident Counseling 314-533-8200 or 800-782-1008
 ~ Provides individual, group and family counseling on a wide range of issues in six locations in the St. Louis area. Sliding scale fees are available as needed.
www.providentstl.org
- “the Spot” 314-535-0413
 4169 Laclede – 1st floor
 St. Louis, MO
 ~ A hang out for adolescents ages 13 to 24 that provides positive opportunities for teens through free informal counseling, health care, job search assistance, or just a safe place to relax (Mon – Fri, 1 – 5 pm).
- St. Louis Behavioral Medicine Institute 314-534-0200 or
www.slbmi.com 1-877-245-2688
 1129 Macklind Avenue
 St. Louis, MO 63110
 ~ Provides comprehensive treatment plans for people suffering from emotional or behavioral issues.
 ~ Specialize in anxiety disorders and eating disorders as well as general psychological concerns for children, adolescents, and adults.
 ~ 2 additional locations in Chesterfield and Belleville, IL
- St. Louis Children’s Hospital Teen Helpline 454-TEEN (8336)
 ~ For parents of teens (9am – 4:00 pm)
- St. Louis Crisis Nursery 314-292-5770
 ~ Provides short-term emergency shelter to children birth to age 12.
 ~ Five area locations, each with a 24 hour helpline for immediate crisis counseling and referral information.
 ~ 24-hour comprehensive service dedicated to providing a safe haven and preventing child abuse and neglect.
 ~ Services include parent education, follow-up support and home visits.
www.crisisnurserykids.org
- St. Louis Psychoanalytic Institute 314-361-7075
 The Schiele Clinic www.stlpi.org
 8820 Ladue Road – 3rd floor
 St. Louis, MO 63124
 ~ Psychological counseling services for children, adolescents and adults
 ~ Reasonable, sliding scale fees

- Self Help Center 314-781-0199
8301 Crest Industrial Court
St. Louis, MO 63123
~ Free mental health consumer-driven services & support groups
- Touchpoint Autism Services 314-432-6200
1101 Olivette Executive Parkway
St. Louis, MO 63132
~ Offers a full range of services and supports for children and adults with autism and their families.
~ Evaluations, training, family support, clinical therapies and more
- Washington University's Dept. of Psychiatry 314-747-2160
First Contact Assessment Service
660 S. Euclid - Renard Hospital - Rm. 6612
St. Louis, MO 63110
~ The program's primary goal is to identify young people under the age of 26 who are experiencing symptoms that may indicate a risk for the development of major psychiatric disorders. Patients who are currently being treated for depression or anxiety without success are good candidates for this service.
www.conte.wustl.edu (click "for patients" then "First Contact...")
- Youth Emergency Service 314-727-6294
6816 Washington Ave
University City, MO 63130
~ Short-term housing and therapeutic support are provided for young people who need an immediate safe place to live because of abuse, neglect, homelessness or family conflict. An Epworth Children's Home site.
www.epworth.org/program/youth-emergency-service.php
- Youth In Need 636-946-3771
1815 Boone's Lick Rd www.youthinneed.org
St Charles, MO 63301
~ Youth In Need's Emergency Shelter is a 12-bed emergency residential center for male and female children and teens, ages 10-18, who are in crisis.
~ The Emergency Shelter offers individual, family and group counseling, crisis intervention and case management services and daily educational groups.

Child & Adolescent Psychiatrists:

Before choosing a psychiatrist families are encouraged to contact their insurance company to determine who is on their plan (if none, go through your regional Administrative Agent – see p. 14). Waiting times for new patients to see a psychiatrist vary significantly but are commonly 3 to 6 months or longer and many will not be taking new patients.

- Dr. Malik Ahmed 314-569-6545
 The Counseling Center 314-487-0111
 621 S. New Ballas
 St. Louis, MO 63141
 ~ serves ages 14 and above
- Dr. Richard Anderson 636-949-5760
 330 1st Capital Drive
 St. Charles, MO
- Dr. Ahmad Ardekani 314-843-3310
 St. Anthony's Hospital – The Hyland Center
 10004 Kennerly Road
 St Louis, MO
- Michael Banton, MD 314-692-7886
 13354 Manchester Rd.
 Suite 220
 St. Louis, MO 63131
- Dr. David Berland 314-644-6910
 7750 Clayton Road – Suite 106
 St. Louis, MO 63117
- Dr. Kelly Botteron 314-286-1740
 Washington University, Dept. of Psychiatry Offices
 24 S. Kingshighway - Montclair Building
 St. Louis, MO 63108
- Dr. Gary Boxer 314-286-1740
 Washington University, Dept. of Psychiatry Offices
 24 S. Kingshighway - Montclair Building
 St. Louis, MO 63108
Or in West County:
 1040 N. Mason Road
 St. Louis, MO 63141

- Dr. Robert Brady 314-725-2199
The Dorchester
665 S Skinker Blvd – Suite 110
St. Louis, MO 63130
- Dr. Joan Butcher 314-439-0100
#4 The Pines Court
Creve Coeur, MO 63141
- Dr. John Constantino 314-286-1740
Washington University, Dept. of Psychiatry Offices
24 S. Kingshighway - Montclair Building
St. Louis, MO 63108
- Dr. Elise Fallucco 314-286-1740
Washington University, Dept. of Psychiatry Offices
24 S. Kingshighway - Montclair Building
St. Louis, MO 63108
- Dr. Darrin Friesen 314-968-2111
1750 S Brentwood Blvd. 314-968-2136
Brentwood, MO 63144
- Dr. Linda Gibson 314-721-7903
7751 Carondolet Suite 605
Clayton, MO 63105
- Dr. Keith Isenberg 314-362-3090
One Barnes-Jewish Hospital Plaza
St. Louis, MO 63110
~ specializes in ECT
- Dr. Suzanne L'Ecuyer 314-628-6550
St. John's Family Therapy
970 Executive Parkway Drive
St. Louis, MO 63141
- Dr. Joan Luby 314-286-1740
Washington University, Dept. of Psychiatry Offices
24 S. Kingshighway - Montclair Building
St. Louis, MO 63108

- Dr. Julio Morales 314-754-3254
8820 Ladue Road, Suite 314
Ladue, MO 63124
- Dr Eric Neutzel 314-754-3250
8820 Ladue Road, Suite 301
Ladue, MO 63124
- Dr. David Ohlms, Medical Director, CenterPointe Hospital Chemical
Dependency Unit or
Mid-County Physicians 314-909-0211
12166 Old Big Bend Road
Kirkwood, MO 63144
~ Psychiatrist and Addiction Specialist (Adults only)
- Dr. Thomas Richardson (BJC) 314-362-7005
660 S Euclid Ave – Suite 3308
St. Louis, MO 63110
- Dr. Gordon Robinson 314-567-1958
St John’s Mercy – Allied Behavioral Consultants
621 S. New Ballas Road – Suite 268A
St. Louis, MO 63141
~ Dual diagnosis (addictions/mental health) for adults
- Dr. Berette Salazar 314-781-9299
7750 Clayton Rd.
St. Louis, MO 63105
- Dr. Jeffrey Schulman 314-432-2428
11709 Old Ballas Rd.
St. Louis, MO 63141
~ Recommended for finding the right medication for children/adolescents
- Dr. Bryan Sewing 314-432-2429
11709 Old Ballas Road – Suite 103
St. Louis, Missouri 63141
-or-
225 S. Meramec – Suite 721 314-726-1080
St. Louis, MO 63105

- Dr. Michael Shanker 314-251-6898
615 S. New Ballas Rd.
St. Louis, MO 63141
-or-
1224 Graham Rd. – Suite 2010 314-839-5232
St. Louis, MO 63031
- Dr. Paul Sheffner, MD 636-255-0699
546 First Capitol Drive
St Charles, MO 63301
- Dr. Reed Simpson 314-534-0200
St. Louis Behavioral Medicine Institute
1129 Macklind Ave
St. Louis, MO 63110
~ Especially anxiety disorders
- Dr. Beverly Smith M.D. 314-525-4429
10004 Kennerly Road
Suite 364B
St. Louis, MO 63128
- Dr. Michael Stotler 314-909-8484
10805 Sunset Office Drive
St. Louis, MO 63127
- Dr. Harold Wolff, MD 314-569-2525
777 Craig Road – Suite 135
Creve Coeur, MO 63141

Legal & Financial Resources:

- Disability Secrets (tips for winning claims)
www.disabilitysecrets.com

- Legal Services of Eastern Missouri 1-800-444-0514
4232 Forest Park Ave
St. Louis, MO 63108
~ Legal assistance and equal access to justice for low income citizens

- National Dissemination Center for Children with Disabilities
~ includes information on education, laws, resources and research
www.nichcy.org

- Partnership for Prescription Assistance 1-888-477-2669
www.pparx.org

- Social Security Administration 1-800-772-1213
~ Supplemental Security Income (SSI)
~ Social Security Disability Income (SSDI)
www.ssa.gov

- St. John's Mercy Hospital 314-861-4297
 - Neighborhood Ministry Services
3660 Gravois
St. Louis, MO 63116
~ Provides and coordinates a variety of health and social services for those in financial need
www.stjohnsmercy.org/services/neighborhoodministry

- St. Louis Regional Health Commission 314-446-6454
1113 Mississippi Ave – Suite 113
St. Louis, MO 63104
~ The RHC is a collaborative effort of St. Louis City, St. Louis County, the state of Missouri, health providers, and community members to improve the health of uninsured and underinsured citizens in St. Louis City and County.
www.stlrhc.org – see resources link

Educational:

- Advocacy for Special Needs Children
www.childrensdisabilities.info/advocacy/index.html
- Kids Together.org
~ Website that provides information and resources for children and adults with disabilities, including many school-related materials.
www.kidstogether.org
- Logos School – Private therapeutic middle and high school in St. Louis for students who are not best served through traditional schools.
9137 Old Bonhomme
St. Louis, MO 63132
314-997-7002
www.logoschool.org
- National Dissemination Center for Children with Disabilities
~ includes information on education, laws, resources and research
www.nichcy.org
- PBS Parents website – The Educational Rights of Children with Disabilities
www.pbs.org/parents/inclusivecommunities/family_rights.html
- School Mental Health.org
www.schoolmentalhealth.org
- US Department of Education – Office of Civil Rights
www.ed.gov/about/offices/list/ocr/504faq/html

Websites:

- 211 United Way referral service www.211Missouri.org
- The Alliance on Mental Illness – NAMI St. Louis www.namistl.org
~ A great resource, especially for information about support groups
- American Academy of Child & Adolescent Psychiatry
www.aacap.org/cs/forFamilies
- American Association of Suicidology www.suicidology.org
- American Foundation for Suicide Prevention www.afsp.org
- Behavioral Health Response (BHR) www.bhrstl.org
~ Crisis intervention services for a wide range of behavioral and emotional health concerns providing immediate response and access to services.
- Bipolar significant others www.bpsso.org
- Caring Today – Practical advice for the family caregiver
www.caringtoday.com
- CHADS Coalition for Mental Health www.chadscoalition.org
- Comtrea – Community treatment: An administrative agent of the Missouri Dept. of Mental Health that provides counseling and other services for *Jefferson County* residents. www.comtrea.org
- Crider Health Center - An administrative agent of the Missouri Dept. of Mental Health that provides mental health and other services for *St. Charles, Lincoln, Franklin and Warren County* residents.
www.cridercenter.org
- Depression and Bipolar Support Alliance www.dbsalliance.org
~ Excellent site with lots of resources; especially the “just diagnosed” link
- www.Happenings4Youth.org
~ Offers a compendium of activities and services for young people in St. Louis
~ Also provides a list of helpful articles for parents related to substance abuse prevention and intervention.

- Healthy Place: America's Mental Health Channel www.healthyplace.com
- Kids Together.org
~ Website that provides information and resources for children and adults with disabilities, including many school-related materials.
www.kidstogether.org
- Kids Under Twenty One (KUTO) – Teen suicide hotline & services.
www.kuto.org
- Mayo Clinic – excellent comprehensive information on all health-related topics www.mayoclinic.com
- Mental Health America www.mentalhealthamerica.net and/or www.nmha.org/go/children
- Mental Health Association of Greater St. Louis www.mhagstl.org
- Missouri Institute of Mental Health www.mimh.edu
- NAMI – St. Louis (see *The Alliance...* above)
- National Dissemination Center for Children with Disabilities
~ includes information on education, laws, resources and research
www.nichcy.org
- National Institute for Mental Health www.nimh.nih.gov
- Network of Care – MO Dept. of Mental Health www.networkofcare.org
- Pediatric Psychiatry Pamphlets
<http://jamesdauntchandler.tripod.com/bipolar/bipolarpamphlet.htm>
- Prescription Assistance www.pparx.org
- Provident Counseling (& Life Crisis Services) www.providentstl.org
- Psychotherapy St. Louis (local therapist finder)
www.psychotherapysaintlouis.org
- S.A.F.E. Alternatives (information & treatment for cutting and other self-injury behaviors) www.selfinjury.org

- Saint Louis Behavioral Medicine Institute – Comprehensive therapeutic mental health services. www.slbmi.com
- Saint Louis Crisis Nursery – Emergency housing for children birth to 12 years.
www.crisisnurserykids.org
- School Mental Health www.schoolmentalhealth.org
- Social Security benefits information www.ssa.gov/pgm/links_disability.htm
- Suicide Prevention Resource Center (SPRC) www.sprc.org
- Youth Suicide Prevention Program www.yspp.org

Book Resources:

Of fundamental importance, it should be noted that information in books or any other source should never take the place of the medical and psychiatric care of the first-hand professional knowledge of your physician or mental health provider. Workbooks, texts and guides cannot "cure" depression, which is an illness, despite the sometimes misleading titles and claims. For some people however, they may be indispensable supplementary resources to the care of mental health professionals.

The following titles represent a small portion of those available through your library, bookstore or on-line store. Inclusion on this list does not necessarily indicate endorsement as being especially valuable. In some cases they have come recommended; in others they may have just "looked good". Please use your judgment in making selections that seem to fit your needs and your taste.

The titles marked by an asterisk * are available on loan from CHADS Coalition's Dora Project. Please contact us to arrange pick up or delivery.

Adolescent Depression: A Guide for Parents *

By Francis Mark Mondimore, MD
John Hopkins University Press, 2002

Aftershock: What to do When the Doctor Gives You – or Someone You Love—a Devastating Diagnosis *

By Jessie Gruman
Walker & Company, 2007

The Anxiety Workbook for Teens: Activities to Help You Deal With Anxiety & Worry *

By Lisa Schab
Instant Help Books, 2008

Beyond the Blues: A Workbook to Help Teens Overcome Depression *

By Lisa Schab
Instant Help Books, 2008

The Bipolar Child

By Demetri Papolos, M.D. and Janice Papolos
Broadway Books, 2007

Coming Out, Coming In: Nurturing the Well-Being and Inclusion of Gay Youth in Mainstream Society *

By Linda Goldman
Taylor & Francis Group, 2007

Demystifying Psychiatry *

By Charles Zorumski and Eugene Rubin
Oxford University Press, 2010

Depression & Bipolar Wellness Guide *

(for parents of children and teens with depression or bipolar disorder)
Families for Depression Awareness, 2007
www.familyaware.org

I Am Not Sick and I Don't Need Help *

By Xavier Amador
Vida Press, 2007

If Your Child is Bipolar: The Parent-to-Parent Guide to Living with & Loving a Bipolar Child

By Cindy Singer & Sheryl Gurrentz
Perspective Publishing, 2003

The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness *

By Mark Williams, et al.
The Guilford Press, 2007

My Kind of Sad: What It's Like to Be Young and Depressed *

By Kate Scowen
Annick Press Ltd., 2006

Night Falls Fast: Understanding Suicide *

By Kate Redfield Jamison
Random House, 1999

Parents and Teachers as Allies: *

Recognizing Early Onset Mental Illness in Children and Adolescents

By Dr. Joyce Burland
Published by NAMI, The National Alliance for the Mentally Ill, 2001

Raising a Moody Child: How to Cope with Depression and Bipolar Disorder

By Mary Fristad and Jill Goldberg
Guilford Press, 2003

A Relentless Hope: Surviving the Storm of Teen Depression *

(note: the author is a pastoral counselor and blends some Christian theology throughout this work)

By Gary Nelson

Wipf & Stock Publishers, 2007

Stopping the Pain: A Workbook for Teens Who Cut & Self-Injure *

By Lawrence Shapiro

Instant Help Books, 2008

Survival Strategies for Parenting Children with ADD

By George Lynn

Underwood Books, 1996

Survival Strategies for Parenting Children with Bipolar Disorder

By George Lynn

Jessica Kingsley Publishers, 2000

Talking to Depression: Simple Ways to Connect When Someone in Your Life is Depressed

By Claudia Strauss

New American Library, 2004

What Families Should Know about Adolescent Depression and Treatment Options*

By Kenneth Duckworth and Darcy Gruttadaro

NAMI, 2005

* May also be available through NAMI – St. Louis 314-962-4670

When Nothing Matters Anymore: A Survival Guide for Depressed Teens *

By Bev Cobain

Free Spirit Publishing, 1998

Resources beyond the St. Louis metro area

- From the Network of Care website
www.networkofcare.org

How the Mental Health System Works in the state of Missouri:

The Missouri Department of Mental Health's Division of Comprehensive Psychiatric Services divides Missouri into 25 service areas. Each area has a Community Mental Health Center that provides psychiatric services to individuals in need and is designated as the division's Administrative Agent. These Administrative Agents serve as the primary entry and exit point for state mental health services and are responsible for the assessment and services to both adults and children in their assigned area and for providing follow-up services for individuals released from state-operated inpatient hospitals. For a list of administrative agents and affiliates go to

<http://www.dmh.missouri.gov/cps/org/adminagents.htm>

- Call 211 or go to www.211missouri.org
~ 211 Missouri covers most of the state other than the area surrounding Kansas City.
- Heartland Behavioral Health Services 417-667-2666 or 1-800-654-9605
1500 W. Ashland
Nevada, MO 64772 (near Kansas City)
~ Residential treatment facility for kids with emotional, behavioral, or mental health concerns.
- Missouri Department of Social Services 1-888-275-5908
- Missouri HealthNet Division (provides healthcare services for low income and vulnerable populations in the state of Missouri)
www.dss.mo.gov/mhd
- Research Psychiatric Center 816-444-8161 or 816-235-8162
2323 East 63rd St. (24 hour crisis line)
Kansas City, MO 64130
~ Residential treatment facility for kids with emotional, behavioral, or mental health concerns.
- Royal Oaks Hospital 1-800-456-2634
307 N. Main 660-885-8131
Windsor, MO 65360 (also in Farmington and Owensville)
~ Residential treatment facility for children, adolescents and adults with emotional or behavioral health concerns.

Illinois resources:

- Belleville Area Special Services Cooperative (BASSC) 618-355-4422
 2411 Pathways Crossing 618-355-4700
 Belleville, IL 62221 <http://web.stclair.k12.il.us/bassc>
 ~ Comprehensive program of educational, diagnostic and support services for children 3 – 21 years with disabilities
- Call for Help, Inc. 618-397-0996
 ~ Provides suicide and crisis counseling, transitional housing, information and referral to community programs & services
- Chestnut Health Systems 618-397-0900
 12 North 64th St. www.chestnut.org
 Belleville, IL 62223
 ~ Provides 24 hour crisis intervention, counseling, case management and related services on a sliding fee scale
 ~ Serves Belleville and eastern St. Clair County
- Comprehensive Behavioral Health Center 618-482-7330
 3911 State St. www.cmhc1.org
 East St. Louis, IL 62205
 ~ Provides 24 hour crisis intervention, counseling, residential, substance abuse, case management and related services on a sliding fee scale
 ~ Serves E. St. Louis and surrounding areas. Call for details.
- Illinois Department of Human Services 800-843-5164
www.dhs.state.il.us – click on “mental health” link
 ~ Screening, Assessment and Support Services (SASS) available for children and adolescents throughout Illinois 800-345-9049
- The Karla Smith Foundation 618-624-5771
 10101 W. Main St. 888-KSF-HOPE
 Belleville, IL 62223 www.karlasmithfoundation.org
 ~ Great resource for support of caregivers of those with a mental illness and survivors of the suicide of a loved one.

Nationwide:

- Centers for Disease Control (CDC) 1-800-232-4636
- Suicide Prevention: www.cdc.gov/ViolencePrevention/Suicide
- Medicare 1-800-MEDICARE
www.medicare.gov
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- National Hopeline Network 1-800-SUICIDE (784-2433)
- Runaway/Troubled Youth National Hotline 1-800-621-4000
- US Department of Health & Human Services 1-877-696-6775
www.hhs.gov and www.healthfinder.gov

For additional nationwide services please see the website page or contact the Dora Project @ 314-952-8274 for more information or assistance locating resources outside the area.

Glossary of Terms Related to Mental Illness

Adjustment Disorders - The development of emotional or behavioral symptoms in response to an identifiable stressor occurring within 3 mos. of the onset of the stressor

Affective Disorders - A group of disorders characterized by primary disturbance of mood, such as depression or elation.

Anorexia Nervosa - An eating disorder, in which the person refuses to maintain minimal body weight, is intensely afraid of gaining weight and has significant misperceptions of body image.

Anxiety Disorders - Includes behaviors that attempt to avoid a traumatic situation or to alleviate the anxiety surrounding a traumatic event in ways that limits a person's ability to function at school, work or in social situations. Anxiety disorders can often be managed effectively with medications.

Asperger's Syndrome - A disability on the autism spectrum that impairs the ability to interact socially and often contains some or all of the following traits: excessive sensitivity to stimulation, preoccupations with certain topics, repetitive rituals, and impaired social and communication skills.

Attention Deficit Disorder (ADD) - A syndrome consisting of inattention, excessive motor activity and impulsivity.

ADHD - Attention Deficit Disorder with Hyperactivity.

Bipolar Disorder - A mental illness that causes extreme mood swings from depression to elation. In some cases the elation or mania phase does not occur but there is still a cycling of moods from depression to a more typical mood.

Conduct Disorders - (Behavior disorders) A group of childhood/adolescent disturbances of repetitive and persistent antisocial activities that violate the rights of others.

Depression in children and adolescents is a serious disorder that can cause significant problems in mood, thinking, and behavior at home, in school, and with peers. It is estimated that major depressive disorder (MDD) affects about 5 percent of adolescents. Signs & Symptoms of depression:

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed

Dissociative Disorders - A group of disorders characterized by alterations of the normally integrated functions of consciousness or identity.

Eating Disorders - A group of disorders in which there are significant disturbances in eating. Two common examples are Anorexia Nervosa, a refusal to maintain an acceptable body weight for one's age and height: and Bulimia, uncontrollable binge eating which may be followed by purging the food through self-induced vomiting, laxatives or diuretics.

Dual Diagnosis – Substance abuse in combination with a psychological disorder

Electroconvulsive Therapy (ECT) is used to treat depression and other psychiatric conditions. ECT is a safe and effective treatment that involves the use of electricity while the patient is under general anesthesia and induces a seizure. This is done in a controlled setting which lasts about 30 seconds.

Individualized Education Plan (IEP) - An Individualized Education Program (IEP) describes the educational program that has been designed to meet that child's unique needs. Each child who receives special education and related services must have an IEP. Each IEP must be designed for one student and must be a truly individualized document. The IEP creates an opportunity for teachers, parents, school administrators, related services personnel, and students (when age appropriate) to work together to improve educational results for children with disabilities. The IEP is the cornerstone of a quality education for each child with a disability.

Medications

Stimulant medications are typically prescribed to treat ADHD and there are four that have been approved for use in children by the Food and Drug Administration (FDA). The commonly used brand names are Adderall, Concerta, Dexedrine and Ritalin.

Antidepressant and Antianxiety medications - The Selective Serotonin Reuptake Inhibitors (SSRIs) approved by the FDA specifically to treat depression include: Celexa, Lexapro, Prozac, Paxil, and Zoloft. Other medications in this category by brand name include: BuSpar, Effexor, Sinequan, and Wellbutrin.

Antipsychotic medications include: Clozaril, Abilify, Invega, Geodon, Risperdal, Seroquel, Mellaril, Zyprexa and Orap.

Mood stabilizers include: variations of lithium, Lamictal, Depakote and Tegretol.

Mental Illness - Behavioral or psychological syndromes or patterns which cause painful symptoms and interference with normal functioning in important areas (relationships, school, work, etc.)

Obsessive Compulsive Disorder (OCD) - Psychoneurosis characterized by disturbing, unwanted, anxiety-provoking, intruding thoughts or ideas and repetitive impulses to perform acts that may be considered abnormal, undesirable or distasteful to the patient.

Oppositional Defiant Disorder – A recurrent pattern of negative, defiant, disobedient, and hostile behavior towards authority figures that persists for at least six months.

Panic Disorders - At least three panic attacks within a 3 week period in circumstances other than during marked physical exertion or in a life-threatening situation. These attacks are accompanied by unexplained physical symptoms.

Personality Disorders - Refers to habitual ways of seeing and relating to self and the environment that are so fixed and rigid as to cause a significant degree of personal distress, and limits the individual's ability to effectively cope with the day-to-day demands of life's situations.

Post Traumatic Stress Disorder (PTSD) - Psychological and emotional distress which develops following a stressful, traumatic event or series of events (war, rape, natural disaster).

Schizoaffective Disorder - Schizoaffective disorder is a condition in which a person experiences a combination of schizophrenia symptoms — such as hallucinations or delusions — and of mood disorder symptoms, such as mania or depression.

Schizophrenia Disorders - A group of mental illnesses characterized by delusions (bizarre, somatic, grandiose, persecutory), hallucinations (imagined voices), and thinking disturbances (incoherence, markedly illogical thinking).

Serotonin – A neurotransmitter that plays a part in the regulation of mood, sleep, learning and the constriction of blood vessels. A low level of serotonin in the space between nerve cells is linked to depression and anxiety. SSRI's (see medication section above) are designed to help people retain higher levels of Serotonin as a treatment for depression.

Stigma is a very real problem for people who have a mental illness. Based on stereotypes, stigma is a negative judgment based on a personal trait — in this case, having a mental health condition. It was once a common perception that having a mental illness was due to some kind of personal weakness. We now know that mental health disorders have a biological basis and can be treated like any other health condition.

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