



FINDING HELP

A Consumer Guide to Mental Health Services in Hawai'i

MHIA
Mental Health America
of Hawai'i

Helping Hawai'i Live Life Well

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Mental Health America of Hawaii (MHA-H) is a consumer-oriented nonprofit organization with branches on Maui and the Big Island, and is an affiliate agency of Mental Health America. The organization was established in 1942 as the “Mental Hygiene Society” by the Territorial Medical Society and Council of Social Agencies.

MHA-H works to promote mental wellness, reduce stigma, prevent mental illness and substance abuse, and improve the care, treatment, and empowerment of those with mental illness -- children, adults, the elderly, and their families. MHA-H envisions a just, humane, and healthy society in which all people are accorded respect, dignity, and the opportunity to achieve their full potential -- free from stigma, prejudice, and discrimination.

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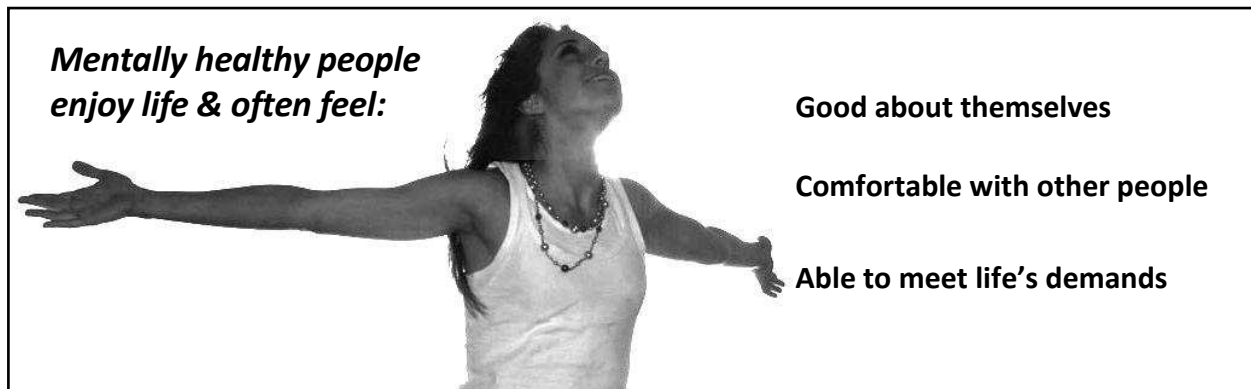
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SECTION ONE: ADULT MENTAL HEALTH

What Is Mental Health?

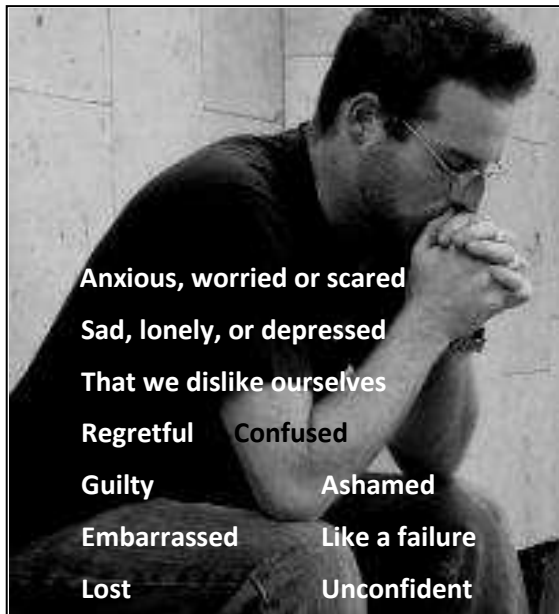
Mental health has to do with our everyday life. It means the way we get along – in our families, at work, at school, at play, with our friends, and in our neighborhoods. It means how well we deal with the stresses in our life. When we speak of happiness, peace of mind, enjoyment or satisfaction, we are talking about mental health.



We all want to be mentally healthy. But no one feels good all of the time and there is no line that neatly separates everyday ups and downs from serious problems which might require treatment. There are many degrees of mental health.

What Are Mental Health Problems and Who Has Them?

From time to time, we all feel:



Sometimes these feelings last longer than we're comfortable with and may begin to interfere with our daily life. When these feelings are overwhelming, significantly preventing us from living our lives – going to work or school, being in social situations, taking care of children, and treating our family members well, it is time to see a mental health counselor.

Going to a counselor, therapist and/or a psychiatrist and possibly receiving medication, are important steps to take in order to prevent, as well as stop, serious harm to ourselves or our loved ones. This is when mental health problems have become mental illnesses – which are treatable.

What Are Mental Illnesses?

Mental illnesses, also called mental disorders, are emotional problems occurring in the brain that cause mild to severe disturbances in thought and/or behavior, that may impact a person's ability to cope with life's ordinary demands and routines. There are effective treatments for over 200 of these different conditions which affect a person's mind, feelings, and body. It is important to know that mental illnesses are as treatable as other illnesses.

Mental illnesses can be triggered by trauma or excessive stress, but also sometimes run in families, so that if one or more relatives have had mental illnesses, you have a greater chance of having a mental illness than someone who does not have a relative with a mental illness.

Mental illnesses are not caused by being a bad person, or laziness, or not trying hard enough, or making bad decisions. These are illness, and they are not a person's fault.

Seeking help is a sign of strength, not weakness

Stress

Stress is when we have feelings of strain, worry, or tension inside our bodies that comes from difficulties we are experiencing. How we handle stress depends on what kind of stress it is and one's coping abilities.

Often stress can make your life interesting and help you grow – like the stress of having a baby, starting a relationship, or getting a new job. Other kinds of stress can make your life difficult, like financial stress, ending a relationship, losing a job, or having problems with your children. An excess of stress can be harmful.

If you live with constant stress and pressure, you may become nervous, exhausted, or frantic, and become unable to cope.

In the short term, stress can cause emotional, behavioral and physical problems including: fatigue, anger, irritability, depression, anxiety, lethargy, substance abuse, a breakdown in relationships, job loss, headaches, nausea, heart palpitations, and dizziness.

In the long term, stress can contribute to deterioration of your mental and physical health, and can lead to chronic or severe problems and even thoughts of suicide.

Some Things You Can Do When You Feel Stress Is Becoming A Problem:

Talk it out – reach out to friends, co-workers, family, or a professional.

Work it off – exercise.

Accept the things about your life or yourself that you cannot change.

Do not turn to, or depend on, drugs or alcohol.

Do not try to be perfect.

Maintain a healthy diet.

Take a break.

Get plenty of rest.

Do something for others – volunteer.

Make changes.

Try to solve your problems.

Get help.

Warning Signs of Mental Health Problems

Look over the following list of warning signs of mental health problems. If you (or someone you know) experiences one or more of the following for more than two weeks, you (or she/he) may need help.

Do you:

- Keep to yourself, withdraw from others, have few or no friends.
- Feel anxious or panicky
- Worry a lot and do not know why
- Experience rapid mood or behavior changes
- Have unusual personality changes or emotional outbursts
- Abuse alcohol or other drugs
- Feel depressed: feel worthless, hopeless, despairing, desperate
- Feel like a failure
- Cry easily and often
- Have slowed or confused thinking
- Abuse – physically hurt – your spouse, children, parents, or others
- Lack interest in sex, or have problems with sexual relationships
- Lack interest in home, school, work, or recreational activities you usually enjoy
- Neglect your personal appearance
- Have strange, unrealistic ideas or delusions
- Have hallucinations – see or hear things that other people can't see or hear
- Think, plot, or talk about suicide
- Have big changes in your eating habits – gain or lose weight
- Have changes in your sleep – unable to fall asleep, wake up very early, or sleep too much, seem to be unable to get out of bed
- Seem to be unable to get over loss
- Eat, drink, smoke, or spend money more than usual or excessively
- Have outbursts of rage or violence
- Have frequent flashbacks of a traumatic experience
- Lack the ability to concentrate due to overwhelming or repetitive feelings or thoughts



Sometimes your family, friends, or co-workers may see worrying changes in your personality or behavior that you do not notice. Hopefully, they will talk with you about their concerns. Even if you think they are mistaken – or are interfering in your life – listen to what they say. They may be right in what they are noticing. There are times when we all can use help, and we should listen to what others are saying about us.

What Are the Different Types of Mental Illnesses?

Anxiety Disorders are the most common group of mental illnesses, affecting over 10 percent of us, and over 120,000 people in Hawai'i.¹ Anxiety disorders include:

- **Panic disorder** – sudden, intense feelings of paralyzing terror with symptoms that may resemble a heart attack (chest pain, unable to breathe).
- **Phobias** – overwhelming fear of particular objects or of particular situations.
- **Obsessive-compulsive disorder** – fearful thoughts and behaviors (obsessions) that a person tries to cope with by repeating words or phrases or doing repetitive, ritualistic behaviors (compulsions), such as constant hand washing, or checking and re-checking things.
- **Post-traumatic stress disorder (PTSD)** – an often-recurrent reaction to a terrifying, life-threatening traumatic event. Symptoms include reliving the event, coldness to others, sleeplessness, memory problems, anger, poor concentration, and little interest in outside activities.

Depressive Disorders are also known as mood disorders. These illnesses affect 6 percent to 10 percent of us each year, and in Hawai'i, 42,000 people age 18-54 report having an episode of major depression each year.² With appropriate treatment, usually including both counseling and medication, more than 80% of people with depressive disorders improve greatly. Depressive disorders include:

- **Major depression** – an extreme or prolonged episode of sadness and despair in which a person has difficulty thinking, concentrating, and enjoying life, and finds it difficult to function.
- **Bipolar disorder** (also called manic-depression) – episodes of extreme mania ("highs") alternating with severe depression ("lows").
- **Dysthymia** – continuous low-grade symptoms of depression and anxiety – feeling unhappy all the time.

Schizophrenia affects about one percent of the population – over 12,000 people in Hawai'i – each year. Symptoms usually appear during adolescence or early adulthood (ages 15-25), but can sometimes begin later in life.

While some who experience a schizophrenic episode will recover fully, for most people schizophrenia is a chronic, long-lasting, severely disabling illness. However, medication can significantly reduce the impairment. Symptoms may include:

- delusions
- hallucinations (hearing voices or seeing things that other people do not hear or see)
- fragmented thoughts
- disconnected or incoherent speech
- withdrawal from the outside world
- extremely inappropriate feelings
- unusual physical movements

Dementing illnesses are a group of brain disorders, such as Alzheimer's disease, in which brain cells die and are not replaced, leading to impaired memory, thinking, and behavior. In Hawai'i, 20,700 people over 65³ have Alzheimer's disease.

¹ Hawai'i Department of Health, Adult Mental Health Division, "Prevalence of Mental Illness in Hawai'i: Year 2000 Census Estimate by State and Island;" Gundaya, Wylie, Crisanti, Tsunemoto, & Gottschalk. Mental Health Services Research, Training & Evaluation, UH.

² Ibid., Hawai'i Department of Health.

³ Ibid., Hawai'i Department of Health.

What Does Major Depression Feel Like?

- You may feel constant, unending anguish and mental pain.
- You may be in an altered state – you’re not your normal self.
- You are undergoing acute suffering.
- You are feeling deep despair and hopelessness.
- Depression is all-consuming – you can’t think of anything else except the hopelessness, the despair, the emptiness, the loneliness – you can’t concentrate on anything else. It’s why your attentiveness, memory and capacity to function are affected.
- You feel paralyzed. Unable to function – having the desire to act but incapable.
- There’s no other reality than that of your suffering and despair.
- Your brain is lying to you but you believe it is telling the truth – the lie is that everything is hopeless, all is bad, there is no end to suffering, you are going downhill, your life is a failure, it is over, and everything is so horrible you need to die.
- Sometimes you may feel the only solution is to end your consciousness, to end your life, so you can stop the endless suffering.

That’s depression. It’s not normal sadness. It is mental illness brought about by chemical changes in the brain, and these chemical changes can and need to be fixed.

What Is “Dual Diagnosis?”

Today, this term refers to the combination of *mental illness and substance abuse/addiction*. It is sometimes also called co-occurring disorder or co-morbid condition.

Providing care to individuals with a dual diagnosis is challenging. Being able to identify when someone is suffering from this is difficult, but here are commonalities to look for:

- Current substance use?
- Increased problems with the law?
- Greater reluctance or refusal to take medication?
- Increased medical problems?
- Poorer self-care and functional abilities?

If you notice these symptoms, it is best to encourage the individual to have a full assessment by a trained clinician. This is best accomplished with a team approach, gathering information from the individual, his/her family members, and his/her providers of care.

This approach will assist the treatment team in determining whether the person’s symptoms are a result of substance abuse psychosis or the result of an underlying mental illness that has

been exacerbated by the use of substances.

Whether the mental illness existed first and became complicated by substance use, or the substance use/abuse led to psychosis does not matter in determining which condition – the substance abuse or the mental illness – gets treated first. The best treatment is an integrated one, which addresses the mental illness and substance use/addiction *simultaneously*.

When looking for a treatment program, find out whether the program:

- Has a clear definition of the target population of individuals who have both a mental illness and substance abuse/addiction;
- Uses screening and assessment tools developed for individuals with a dual diagnosis;
- Offers treatment services that are integrated and sensitive to both mental health and substance abuse issues;
- Offers treatment services that include education, talk-therapy, advocacy, case management, self-help groups and medication therapy, if needed;

- Employs staff who are cross-trained in both mental illness and addictions; and
- Considers that treatment success includes decrease in mental illness symptoms and behaviors and substance use *as well as*

increases in positive behaviors related to both disorders.

Please see the *Finding Help Phone List* for programs.

How Can Mental Health Problems Be Treated?

Mental illnesses are extremely treatable, but not treating them can hurt an individual's personal, social and work life as well as hurt their family and friends. In some cases, not treating mental illness may lead to suicide or, especially if combined with substance abuse, violence. Treatment by a mental health or other professional can include:

- Evaluating the person's abilities and strengths, assessing the seriousness of their problems, and making a diagnosis and a plan for treatment.
- Providing counseling or talk therapy

(psychotherapy) – individually, among family members, and/or in a group – to help a person understand, control, and recover from his/her problems

- Prescribing and adjusting medication when appropriate, educating about side effects, and monitoring
- Preparing and updating a treatment or care plan.
- Helping a person find and use support services in the community.

**Knowing that you *need help* is the first step.
That's often the *hardest* part. **Why?****

There are many reasons that a person having symptoms of a mental illness may not know they need help:

- They may not want to admit they're having problems.
- They feel ashamed.
- They may think the problems they're having are their fault, and they just need to try harder.
- They may be afraid that others will judge

them, or think less of them, if they tell them about how they're feeling or what they're experiencing.

- They may believe that whatever they're feeling or thinking is true, and that they aren't ill. The belief that they aren't ill is common to most mental illnesses, and becomes a big barrier to getting help.

**Knowing *where to find help* is next.
And that's not always easy either.**

There are many ways and places to find help, but sometimes it's confusing to figure out how to find the right place and the right kind of treatment that will be best for you – and that you can afford. To find help:

- Call Mental Health America of Hawai'i, 808-521-1846, and describe your situation; our staff and volunteers can help you find the help you need Monday through Friday, 9AM to 4:30PM.
- Go to Mental Health America's website, www.mentalhealth-hi.org and consult the *Finding Help Guide* phone list of over 500 agencies and programs in Hawai'i, with web

links to many of them.

- Talk to your doctor, nurse practitioner, or health clinic. They can check to see whether you have a physical condition or are taking medication that may be causing your emotional disturbances. They can also assess whether you might have a mental health problem, and refer you to the right mental health provider.

- If you have health insurance, call your provider to find out what mental health treatment and which providers they will cover.
- If you believe that you are experiencing a severe mental illness and do not have private health insurance, call the State of Hawai'i's

Access Crisis and Suicide line – 808-832-3100 (Oahu) / 800-753-6879 (Neighbor Islands) and they will link you up to services. If you are in crisis, they can send a mobile crisis outreach team to assess your situation even if you do have insurance.

To help yourself, you also might consider doing any of the following:

- Make changes in your life situation to help solve problems that make you feel confused or unhappy.
- Read self-help books.
- Change your lifestyle – eat healthier, exercise more, avoid alcohol and other substances, try to get the right amount of sleep.
- Take training classes in relaxation, parenting, marriage enrichment, stress management, anger management, etc.
- Join a self-help or support group for the problems you are trying to deal with.
- Join church, temple, or synagogue activities that may help you deal with problems and help you to feel less alone.
- Contact your employee assistance program through your job – it may offer counseling or support.

Signs of Suicide/Crisis and Actions for Prevention

Warning! A suicide threat is a cry for help – get help immediately! When someone threatens suicide or indicates that they are seriously considering killing themselves, expresses fear of losing control over their behavior, or says that they are “going over the edge,” you should **always take them seriously**, because the worst *can* happen. **Call 911, or Hawai'i's ACCESS Crisis and Suicide phone line, 808-832-3100 (Oahu) / 800-753-6879 (Neighbor Islands).**

If you or someone you know is having one or more of the following symptoms, you or they need immediate help:

- Thinking about committing suicide.
- Seeing things others do not see.
- Appearing very excited or confused, behaving
- in a bizarre way, or are very depressed.
- Feeling an urge to, or actually being violent towards yourself/themselves or others.
- Being abused, or abusing someone else.
- Having a strong reaction to a medication.

Suicide Prevention – QPR: Question, Persuade, Refer

QPR (Question, Persuade, Refer) is something you can do that uses three basic lifesaving skills:

Q – Question the person about suicide. “Are you having thoughts of suicide?” “Are you having feelings about suicide?” “Do you have a plan?” **Do not be afraid to ask. It will not *cause* the person to become suicidal.**

P – Persuade the person to get help. Listen carefully. Then say, “Let me help,” or, “Come with me to find help.”

R – Refer the person for help. If the person is a child/adolescent, contact the parent or another adult, teacher, coach, or counselor. If the person is an adult, call a family member, a minister/rabbi, therapist or physician. Or call 911 or the State of Hawai'i's Access Suicide and Crisis Line, 808-832-3100 (Oahu) / 800-753-6879 (Neighbor Islands).

Ask a question...save a life!

- Realize someone might be suicidal.
- Reach out. Asking the suicide question DOES NOT increase their risk. Many people thinking about suicide feel relieved if they are asked about it.
- Listen. Talking things out can be life saving.
- Do not try to do everything yourself.
- Get others involved.
- Do not promise secrecy. Getting others to help the suicidal person is not being disloyal.
- If persuasion fails, call 911 or the ACCESS Crisis and Suicide line.

Finding Help in a Crisis

If you, or the person with the mental health emergency, are already being helped by a case manager/care coordinator, therapist, psychologist/psychiatrist, health clinic, or Community Mental Health Center, call them first. Ask them for suggestions on what you can do, how they can

help, whether you should go to an emergency room, or where else you can find help. Otherwise, call 911 or the ACCESS Crisis and Suicide line, 808-832-3100 (Oahu) / 800-753-6879 (Neighbor Islands).

Crisis Response Services

Mental health crisis response services include:

- 24-hour telephone hotlines such as the Access Crisis and Suicide line mentioned previously.
- Walk-in crisis evaluation and treatment centers.
- Mobile outreach services to help people in their homes or wherever their crisis occurs (reached through the Access Crisis and Suicide line).
- Community crisis shelters for temporary help outside a person's home.
- Special hospital services for emergencies not covered elsewhere.
- Battered women's shelters to protect women and children in danger of abuse.
- Emergency foster care for children in danger of abuse.

Many people who need immediate help will agree to use the emergency services that are offered to them. However, sometimes people

who need help, refuse it, because they do not understand why they need help, they don't understand what kind of help they will get, they are afraid of mental health help, they are afraid that they will be judged or rejected by their friends and family, they are afraid they will lose their job or their insurance, or they are afraid they will be forced to accept treatments or medicines they may not want

In these situations, you as family or friends need to explain why you think help is needed, urge them to learn about and use the kinds of services that mental health experts recommend for them, reassure them that they won't be abandoned, and convince them to seek help.

A person may still refuse help. Medical evaluation and court hearing procedures – called involuntary commitment – can be used to decide legally whether a person can be forced to go to specific mental health facilities and receive treatment.

Hospitalization

Years ago, many people with severe mental health problems spent long periods (or even their entire lives) in hospitals. Today, most

people do not have to be hospitalized for such long periods. Modern mental health medications (called "psychotropic drugs"), which were first

used in the 1960's, have helped many people with severe mental illness live independently in the community and become relatively normal.

However, some people need to be hospitalized for short periods of time when their mental health problems worsen, when they become dangerous to themselves or to others, or when they become simply unable to live on their own. Occasionally, some people whose illnesses are

very severe and do not improve with treatment, need to be hospitalized for long periods of time.

Hawai`i has one public mental hospital, Hawai`i State Hospital, located in Kaneohe on Oahu, as well as one private psychiatric hospital, Kahi Mohala, located in Ewa Beach. There are inpatient psychiatric units at Queens and Castle Hospitals on Oahu, at Maui Memorial Hospital on Maui, and in Kona Hospital on the Big Island.

Medication

How do mental health medications work? Just as aspirin can reduce fever without curing what causes the fever, mental health medications can help control symptoms but may not "cure" the mental illness. And just as no one really knows how or why aspirin works to reduce fever or pain, we don't know exactly how mental health medications work. But, just as we feel comfortable taking aspirin when we have pain or fever, we can learn to feel comfortable taking mental health medications to reduce the symptoms of mental illness.

These medications should always be started at the smallest dosage needed, and work best when taken along with psychotherapy, counseling, and any other needed community and support services. It is important to take them regularly, consistently, and at the prescribed dosage. Often you need to try several different medications before you find the one that works for you. Often you may take a combination of two or more medications to reduce your symptoms and make you feel better.

It is important to be patient, and work with your doctor to find the best medications at the best dosages to relieve your symptoms and enable you to feel better, and to take your medication without stopping. This can be difficult, because some medications take many weeks to take effect – and when you're feeling terrible it can be extremely tough to wait.

Also, some medications have disagreeable side effects. These may include, for example, being

tired, gaining weight, or feeling jittery. Be sure to ask what the possible side effects are and if side effects occur, immediately tell your doctor what is happening, so that the dosage can be adjusted and, if necessary, medication can be changed. Often what happens is that these side effects wear off over time, while the medication is gradually becoming effective in reducing your symptoms, and you may be advised to just wait it out.

For many people, medications are a big help. Using mental health medications may be the only way some people can recover from a frightening, disoriented mental state and feel in control enough to function in their lives.

However, psychiatric drugs don't work for everyone, and make some people feel less in control, or "spaced out" to the point where they cannot do as much as they would like. Usually, though, if you and your doctor are patient and try a variety of different medications, you can often find the one(s) that work(s) for you.

Anyone considering treatment with a mental health medication should give their doctor a complete medical history, including all other medications they are taking. Each person's response to a medication is affected by age, sex, body size, body chemistry, diet, other medications, and living habits. The right dosage varies from person to person. It is often not a good idea to combine mental health medication with alcohol.

Deciding About Medications

To decide for yourself, get answers to the questions listed below. Learn about the benefits and the risks of medication. Learn what medication can do, and what it cannot do. Questions you should ask about mental health medications are much like questions you should ask about any medicine:

- Why are you recommending that I take this medication?
- Can I get better without it?
- Should I get counseling or therapy while I am taking the medication?
- Are you starting me at the lowest dose? If not, why not?
- How soon will I notice its effect?
- Before I begin taking this medicine, can I get a second opinion?
- What are possible side effects? If I have side effects, what should I do? Might they go away?
- Will this medicine affect other medical problems I have?
- Is it safe to take this medication along with other medications I am taking?

- Is it safe to drink alcohol while taking this medication?
- Can I use the generic drug rather than the more expensive brand name?
- How much should I take? How many times a day? Before, or after meals?
- How long will I need to take it?
- Will this medicine affect my sexual feelings?
- What will happen if I stop taking this medicine?
- Where can I get written information about this medicine?
- Is there anything else I should know about this medicine?

Questions for women in childbearing years:

- Will this affect my menstrual periods?
- May I take birth control pills along with this medication?
- If I am pregnant, could the medicine affect my baby?
- Can I take this medicine if I am nursing a baby?
- What are the pros and cons of taking this medication while pregnant or nursing?

Can I Be Forced To Take Medication?

Only in emergencies – or when ordered by the court – can you be forced to take medicine without your informed consent. This occurs when professionals feel you are a danger to yourself or others, or that your mental illness is preventing you from making the best decision about medication.

If others want to decide for you, make sure

they do so within the limits of the law. Call your local consumer⁴ advocacy agencies if you want help (see *Finding Help Phone List*).

⁴ The term “consumer” in this booklet refers to someone who has a mental health problem and utilizes, or “consumes,” mental health services. This may mean being in the care of a psychiatrist, psychologist, social worker, care coordinator; or being in a residential treatment program, etc.

Specific Types of Medications for Mental Health Problems

Medications for mental illnesses can be divided into four major groups:

Anti-Anxiety Medications

Anti-anxiety medications are the most prescribed class of medication in the U.S. There are non-addictive medicines (e.g., Buspar, Celexa, Paxil, Prozac, and Zoloft) as well as potentially addictive medicines (e.g., Ativan, Valium, Xanax, Klonopin) that are designed to make a person less anxious, nervous, or panicky.

They are often prescribed in combination with other medications because many people suffer from a combination of mental health problems, such as anxiety and depression.

Some anti-anxiety medicines are recommended only for short-term use. Continued use of some of the anti-anxiety medications can lead to medication abuse, dependence, or addiction and withdrawal. Alcohol taken with these drugs can cause drowsiness or other reactions. Taking too much anti-anxiety medication can produce intoxication, unsteady walking, slurred speech, memory trouble and sleepiness. However, many people experience great relief from their anxiety or nervousness when taking these medications.

Antidepressant Medications

Antidepressant medicines such as Celexa, Effexor, Pamelor, Paxil, Prozac, Serzone, Tofranil, Cymbalta, and Zoloft reduce symptoms of depression such as sleep problems, despair, and low energy.

It may take up to six weeks of taking prescribed dosages of these medications before you feel better. You may have to try several different antidepressants before you find one that is effective for you, or you may need to take more than one. It is important to take the dosage prescribed by your provider, because taking more than what is prescribed may make you sick. Any change in your prescribed dosage must be discussed with your doctor.

Drinking alcohol while taking anti-depressant drugs can cause side effects and should be

discussed with your doctor. Also, stopping antidepressants suddenly can make your depression worse and bring on un-wanted side effects. Older people must be especially careful when they use these medications.

Possible side effects of most antidepressants – which can start with the first dosage – may include blurred vision, dizziness, drowsiness, dry mouth, faster heartbeat, decreased sexual feelings, or weight gain. But some people do not experience any significant side effects. Less common but serious side effects include fainting, worsening glaucoma and decreased white blood cells leading to infections. Sometimes, negative side effects wear off over time as the antidepressant effect takes hold. It's important to be patient.

Bi-Polar/Mood Stabilizing Medications

Medicines such as Depakote, Lithium and Tegretol help treat certain mood disorders, especially bipolar disorder (manic-depressive illness). With regular monitoring, mood stabilizers stop many people from having

disabling mood swings, so that can become able to lead normal lives. Taking more than the dosage prescribed can be poisonous. Regular blood tests are needed to adjust the amount of medication that works best.

Signs of lithium toxicity may include nausea and vomiting, diarrhea, poor balance, confusion, slurred speech, shaky hands, sleepiness, thirst

and frequent urination. If you experience any of these side effects, talk to your provider about them.

Anti-Psychotic Medications

These are medications that are used to help control such symptoms as confused or racing thoughts, hearing voices or seeing things – symptoms of schizophrenia or severe mania. Taken by pill or injection, they are usually not addictive.

Anti-psychotic medicines include the newer ones such as Clozaril, Geodon, Risperdal, Seroquel, and Zyprexa, and the older

medications like Haldol and Thorazine. Weight gain is a common side effect of some of these medications. Tardive dyskinesia – involuntary facial or body movements – is also a possible and sometimes permanent side effect of long-term treatment with the older anti-psychotic medications. To reduce possible side effects, other medicines are often prescribed along with the older anti-psychotic medications.

Sleep Medications

Sleep medications may be used for a short period to help with sleep problems, such as

Trazodone (Desyrel), Zolpidem (Ambien), and Diphenhydramine (Benadryl).

Different Types of Mental Health Professionals

The people who provide the services in the private and public mental health system are called mental health professionals. If you have health insurance coverage or other financial resources, you can go directly to almost any private health clinic, counselor or therapist, agency, or program for your mental health services.

Ask about the training and work experiences of a mental health professional before you use their services. Being licensed means they meet state requirements and have passed an examination by a licensing board; or they have been certified by having met the standards of a professional organization, state or national agency; or they may have completed training in a specialized area.

The titles of “counselor,” “therapist,” “psychotherapist” and “psychoanalyst,” used by mental health professionals, can legally be used by anyone, and don’t automatically mean that they have had a specific amount or type of training or degrees. It never hurts to ask.

Professionals who commonly treat mental

health problems include:

- **Psychiatrists** are medical doctors who specialize in treating mental illnesses, screen for physical problems, prescribe medicine (when needed), and provide psychotherapy. Education: Doctor of Medicine degree (M.D.) and three years of residency in psychiatry. Professional organization: Hawai'i Psychiatric Medical Association, 263-3070.
- **Psychologists** evaluate, diagnose, counsel, provide psychotherapy, and educate individuals, families and groups of children or adults with mental illnesses. Education: Doctorate degree in psychology (Ph.D., Psy.D., Ed.D.). Professional organization: Hawai'i Psychological Association, 521-8995.
- **Social Workers** help individuals and their families deal with emotional, social and economic problems through direct counseling or as case/care managers. Education: Bachelor's, Master's, or Doctorate degree in social work (B.S.W., M.S.W., D.S.W.). Licenses: Licensed Clinical Social Worker (LCSW), Academy of Certified Social Workers (ACSW), or Qualified Clinical Social

Worker (QCSW). Professional organization: National Association of Social Workers – Hawai'i Chapter, 521-1787.

- **Marriage & Family Therapists** diagnose and treat individuals, couples, and families who are experiencing mental and emotional problems within a relationship. Education: Masters Degree in Marriage and Family Therapy. Professional organization: Hawai'i Association of Marriage & Family Therapy, 291-5321.
- **Psychiatric Nurses** administer and help monitor medications, provide other treatments, and monitor their clients' progress. Education: Registered nurse degree, Baccalaureate, Master's or Doctorate degree in psychiatric nursing (R.N., B.S.N., M.S.N., Ph.D.). Specialty License: Advanced Practice (APRN) may prescribe medications. Professional Organization: Hawai'i Nurses Association, 531-1628.
- **Case Managers/Care Coordinators** help their clients locate, organize and coordinate the mental health and living-support services they need. They generally work at a Community Mental Health Center or a nonprofit mental health agency.
- **Pastoral Counselors** are religious ministers, pastors, rabbis, etc., with special training in individual, family, and marital counseling who combine insights from psychology and wisdom from religious or spiritual traditions.
- **Certified Peer Specialists** are persons with mental illness who have been trained to work with clients served by the Adult Mental Health Division. The State of Hawai'i has many Certified Peer Specialists employed at agencies throughout the state. Training: Hawai'i Certified Peer Specialist Training Program, Adult Mental Health Division, Department of Health.
- **Rehabilitation Therapists** help people learn essential living skills and make realistic plans for their lives as they recover from their emotional problems or mental disorder. They may also provide Play, Art, Music, Dance, or Occupational therapy.
- **Vocational Therapists** provide career and educational counseling by evaluating a person's abilities, interests, talents, and personality characteristics in order to develop realistic academic and career goals.

CAUTION!

If, at any time during your counseling/therapy, the therapist asks, or suggests, that you have sex with him/her, or do anything else you think is improper, leave quickly and report what happened by calling the counselor/therapist's professional organization, the State's Regulated Industries Complaints Office, 587-3222, or the Hawai'i Disability Rights Center, 949-2922 (Oahu) / 800-882-1057 (Neighbor Islands).

Culturally Appropriate Services

People from many different cultural backgrounds live in Hawai'i. It is natural for each of us to expect that health professionals understand, connect to, respect, and build on our language, customs and traditions when we need help with our health problems – including mental health problems.

Most mental health service providers try to be

sensitive to their clients' languages and cultures. They may use the skills of multi-cultural staff or a translator, so they can communicate in their client's language to provide effective services. Their goal is to provide services that are based on specific cultural approaches to helping and problem solving.

However, a service provider may not always do

a good job of communicating with every culture. If you find that you are not getting the kind of help you need with respect to your cultural background, ask the persons working with you how and where you can find help that

is more sensitive and appropriate for you. If your provider does not speak or understand your language, you have a right to a translator, and you may request one.

Can I Get Money or Help with Food and Medical Care?

Having enough money to live and pay for food and health care may be problems for people who are living with, or recovering from, severe long-term, disabling mental illnesses. If you cannot work – or can only work a little – financial, food, and medical aid programs are available from our state and federal government to help you.

If you have a case manager or care coordinator, it is his/her job to help you find the aid you need. If you are in a hospital, your discharge plan should include ways to help you arrange

for this kind of aid so your move back to your community will be easier. As part of your discharge plan, you may apply for some financial aid and have it arranged before you leave the hospital.

To arrange for help with your money needs, call the Access line, Military or Veterans' Mental Health Services, or dial 211, Aloha United Way's information line, to find out where to call.

Federal Assistance Programs

The Social Security Administration of the federal government has financial and medical support programs for disabled people: Supplemental Security Income (SSI), Medicare, and Social Security Disability Insurance (SSDI).

Applying for government aid can be confusing, intimidating, and frustrating. It is usually quicker to use mental health case managers to arrange for government-funded services, but you can also call toll-free from anywhere in Hawai'i – 800-772-1213 – for help with applying for Social Security benefits.

Social Security Insurance (SSI) is based on a person's needs, not on work history, for disabled children and adults with limited incomes and few other resources. The rules allow people to do some work without suddenly losing their monthly payments. Families of children and adolescents also may apply for SSI. Social Security Disability Insurance (SSDI) is for workers who become disabled and who have worked a certain amount of time and paid enough into the Disability Trust Fund to get financial benefits.

State Assistance Programs

The State's Department of Human Services (DHS), provides limited amounts of financial aid to eligible persons through general assistance, food stamps, Hawai'i MedQUEST, and Medicaid. Hawai'i MedQUEST and Medicaid are medical assistance programs; they provide insurance coverage for both mental health care and medical services. To apply for these

programs, call Hawai'i QUEST, 587-3521 or the State Department of Human Services, MedQUEST information line, 586-5390, or www.med-quest.us

How Can I Find A Place To Live?

If you have a serious mental illness and need help finding emergency shelter, a residential treatment program, transitional or permanent housing, or a group home, call the Access Crisis and Suicide line, 808-832-3100 (Oahu) / 800-753-6879 (Neighbor Islands). The State's goal is

to have enough permanent, affordable, acceptable housing for all mental health service consumers. As much as possible, each person should be allowed to choose and control his or her own living environment.

Homeless Shelters

Shelters for people who are homeless provide free food and lodging and try to help homeless people arrange to use the regular housing, health, financial aid, and other services in their

community. Tragically, Hawai'i's homeless shelters are overcrowded with people who need temporary housing, many of whom are mentally ill.

Housing Residences That Have Staff

Some people who are living with serious mental health problems do not have a place to live, cannot live on their own or with their families, cannot find or afford good housing, or do not know what kind of place would be best for them. They may need a special residence that offers treatment and has a trained staff to help them become more self-sufficient and help them learn or strengthen their daily and community living skills.

Or, they may be interested in living in a community care home where several individuals live together in a family home which is licensed by the State to provide room and board.

If you have a disabling mental illness and do not feel like you can find a house or apartment to rent on your own, you can call the number listed in the "Residential Treatment, Supportive Housing, Group Homes" category in MHA-Hawaii's *Finding Help Phone List* for information about different types of housing options. If you already have a case manager or care coordinator, they may be able to help you.

Below are descriptions of living situations that have staff available to help people with mental illnesses, some of whom may also have substance abuse problems:

- **8-16 hour group home:** Provides on-site staff

8-16 hours per day, 7 days a week.

- **24 hour group home:** Provides on-site staff 24-hours daily.
- **Supported Housing/Bridge Subsidy Program:** Rentals for persons who are stabilized and can live in the community with appropriate supports.
- **Shelter Plus Care for the Homeless:** Rentals for homeless persons with severe and persistent mental illness.
- **Semi-Independent:** Group living with property management staff on site 8 hours per day, some weekend coverage.
- **24-hour Specialized Residential Treatment:** For persons with severe and persistent mental illness; with substance abuse; with both mental illness and substance abuse; with co-occurring medical conditions, such as physical disabilities; also for those who have suffered the effects of long-term institutionalization in psychiatric hospitals.
- **24-hour Licensed Substance Abuse Residential Treatment:** Non-acute care in residential treatment facility.
- **Interim Housing:** Licensed, structured setting, integrated treatment, uses Wellness Recovery Action Planning (WRAP) to assist in improving behavior. Designed to serve individuals at risk for losing their conditional release; those diverted from jail; and

individuals being released from prisons or jails.

- **Crisis Residential:** Licensed, residential setting for individuals experiencing a mental health crisis.

These residences offer the following of options regarding substance use:

Wet (Consumer-Choice) Housing: Residents can use substances as they choose (though recommended otherwise), unless that use causes behavior which interferes with living in a residence.

Damp (Abstinence-Encouraged) Housing: For individuals who recognize their need to limit

their substance use and are willing to live in supported setting where uncontrolled use by themselves and others is actively discouraged; however, they are not ready or willing to be abstinent.

Dry (Abstinence-Expected) Housing: For individuals with mental illness *and* substance abuse who choose abstinence and who want to live in a sober group setting to support their abstinence. Any substance use is a program violation, but consequences are usually focused and temporary, rather than “one strike and you’re out.”

Community Care or Group Homes

There are many family homes which are licensed to take in up to five disabled (mentally ill) individuals. They provide room and board – three meals a day. Persons on Medicaid or MedQUEST are covered for this type of residence.

Many of these are wonderfully run by caring people, but there are some that, despite laws

and regulations, do not provide excellent care. If you feel that you are being mistreated in a group home or other living situation, or not receiving appropriate services, call your local Hawai`i Disability Rights Center office or other consumer advocacy agency for help (see *Finding Help Phone List*).

Public Housing

If you are looking for a place to rent and have a limited income, public housing programs may be helpful. The State and counties own and manage public housing units, but they usually have long waiting lists. The State will help pay the rent for any eligible person or family. For

eligibility requirements and application information on housing assistance programs, call 211 to find out where to call. You can also call Hawai`i Centers for Independent Living (see *Finding Help Phone List*) for housing information.

Types of Mental Health Services

The State of Hawai'i attempts to provide a range of services and programs to help people with their basic living needs (food, money, housing, jobs, recreation, family and friendship) as well as medical aid; education and training classes; mutual self-help groups for individuals and families; outreach; crisis response; mental health treatment such as psychotherapy, counseling, and medication; and hospitalization.

If you have a severe mental illness and no private insurance, you can get these services by calling the Access Crisis and Suicide line, 808-832-3100 (Oahu)/800-753-6879 (Neighbor Islands).

If you have private insurance, you should contact your insurance company and see what services they cover.

Community Health Centers and Community Mental Health Centers

Community Health Centers

Community Health Centers provide high quality health care for everyone – especially those who do not have health insurance, or whose insurance does not pay for all the services they need, or who are covered by Med-QUEST or Medicaid. There are 14 throughout the state of Hawai'i (see the *Finding Help Phone List* for the one nearest you). These Centers provide a variety of health care services – primary medical

care, women's, pediatric, and elder care, specialized care such as for AIDS/HIV and diabetes, mental health counseling, and sometimes dental care. They give special attention to Native Hawaiians, immigrants, Pacific Islanders, homeless individuals, the elderly, and people in rural areas. These centers also help people apply for and receive benefits to cover their health and human service needs.

Community Mental Health Centers

These are health centers operated by the State that specialize in mental health care for severely and persistently mentally ill and are designed for those who have no private health insurance or MedQUEST. There are five Community Mental Health Centers (CMHCs) on Oahu and nine on the Neighbor Islands.

They provide individual, group, and family counseling; medication management; case management/care coordination; and psychosocial activities. CMHCs have a variety of professionals on staff – physicians, nurses, social workers, psychiatrists, and psychologists.

To find out if you are eligible for services at your local CMHC, call the Access Crisis and Suicide line and they can arrange an assessment, 808-832-3100 (Oahu) / 800-753-6879 (Neighbor Islands).

If you go to a private therapist but you do not get the other living-support services you need, and you still meet the CMHC eligibility criteria, you can ask your CMHC for someone (a case manager) to help you find these other services you need.

If you are eligible for CHMC services, you may want to ask some or all of these questions:

- How can your Center help me?
- How much will it cost?
- Will I get a written plan of the services I will receive?
- What else does your Center do besides counseling, therapy and medication?
- Can you help me with the other living-support services I need?
- Can you help me obtain the benefits I am entitled to?
- Can you help me find self-help/ support groups?

What Is “Case Management” Or “Care Coordination?”

Adults with serious mental illnesses work with a case manager or care coordinator who will help you find, organize and coordinate the mental health and living-support services you need. Without a case manager/care coordinator, you may spend a lot of time arranging for services. **What may take you hours can usually be done faster by a case manager/care coordinator.**

Your case manager/care coordinator is your ally in the system – he/she can help you arrange for or find the financial, health and legal services you may need, will assist you in crisis situations, and is available to talk with you as often as you need – daily, weekly, or monthly.

He/she will also re-evaluate your ongoing treatment plan regularly (for example, every six months).

Your case manager/care coordinator and treatment may be at a CMHC or other community-based agencies such as Helping Hands Hawai'i, CARE Hawai'i, North Shore Community Mental Health, or Community Care Services. No matter where you go for services – even to a hospital, if your situation makes that necessary – your case manager/care coordinator is responsible for making sure that you get the services you need in a coordinated way.

What Will My Health Insurance Pay For?

Most people in Hawai'i are covered by health insurance through their employer, and many of these also provide drug coverage. Every private insurance plan is slightly different, but all must cover some mental health services.

Those who do not have employer-funded health insurance may be covered by Medicaid, Medicare, or Med-QUEST. Medicare offers drug coverage in addition to Part A (hospital) and Part B (outpatient) medical coverage.

Parity

Hawai'i law requires parity for mental health services for those covered by any employer-funded health insurance plan as well as those covered by Med-QUEST. This means that these health insurance plans' coverage for the following conditions must have the same charges and limits as for other illnesses like diabetes, asthma, and arthritis:

- Major depression
- Delusional disorder
- Obsessive compulsive disorder
- Dissociative disorder
- Schizophrenia
- Schizoaffective disorder
- Bi-polar disorder

For example, for major depression, insurance companies must pay for 52 counseling sessions per year with a licensed clinician.

For other mental health conditions, such as

anxiety disorders, insurance plans will pay at least the following benefits per year:

- Not less than twenty-four (24) outpatient visits.
- A combination of not less than 60 days of day treatment, or 60 days of residential treatment, or 60 days of partial hospitalization, or 30 days of hospitalization.
- Not less than 30 physician or psychologist visits per year in these facilities.

If your health insurance does not provide these mental health benefits, call your insurance company and ask why. If you are not satisfied with their answer, call the Insurance Division of the State Department of Commerce and Consumer Affairs, 586-2790. Tell them about your dissatisfaction, and ask them what they can do to help you.

What Are My Rights?

Some rights are general – such as the human and constitutional rights we all share. Other rights are very specific.

Both Federal and State laws include rights that protect persons with physical and mental disabilities from discrimination in housing, employment, education, transportation and access to services.

Information explaining your rights as a mental health service client should be given to you by the professional or agency providing your mental health services. Your nearest Hawai'i Disability Rights Center office also has information on mental health consumer rights.

Briefly, You Have The Right:

- To have your rights explained to you.
- To privacy, respect and personal dignity.
- To appropriate treatment and support services.
- To have your own written treatment and discharge plan.
- To receive quality services, regardless of your ability to pay.
- To have uncensored written, telephone and spoken communication.
- To refuse treatment and medication, and not be restrained or secluded, except in emergency situations.
- To read and copy your clinical records.
- To discuss your treatment and any dissatisfaction you may have.

Speak Up For Yourself!

These rights are YOUR rights. More and more mental health consumers are speaking out and acting on their own behalf – as their own advocates. It is important for you to stand up for yourself, your family member, or your

friends. In addition, do not give up if you do not get what you need the first time. Sometimes service providers seem to discourage people, rather than help them, so you must be assertive.

Advance Psychiatric Directive

This is a legal document that contains a person's preference regarding their care and treatment if and when they become hospitalized. It is made in "advance" of an acute mental health crisis, and it "directs" what care and treatment the person prefers.

It is comparable to having a living will for mental, as opposed to physical, health care. You can use an Advance Psychiatric Directive to explain to a doctor, institution, or judge what types of confinement, medication, or treatment you do or do not want. Through this

Directive, you also may appoint a friend or family member as your "agent" to make mental health care decisions for you if you are incapable of making them yourself. It can improve communication between you and your physician, can prevent clashes with professionals over treatment, can prevent forced treatment, and may shorten your hospital stay.

For information on how to prepare an Advance Psychiatric Directive, call the Hawai'i Disability Rights Center (1-800-882-1057).

How to Advocate For Yourself

Here are some hints:

- Try to take someone with you to appointments, to help you ask your questions and get the information you need.
- Write everything down – the date, who you talked to, and what was said.
- Ask questions, and be polite but assertive.
- Ask for written information on services, procedures, rules, regulations, laws, etc.
- Keep calling or going back for services that you need.
- Read, respond to, and save everything.
- Use your right to appeal.

Consumer Advocates and Legal Services

Finding, getting, and keeping the services and government benefits you are entitled to can be a full-time job. If you cannot find the services you need, do not like your services, or feel you have been treated unfairly, you do not have to just accept what you have been told or accept the services you do not like. You may find it useful to ask for help from a consumer advocacy or legal services agency.

Consumer advocates, disability rights, and Legal Aid services are your allies; they work to protect people's rights and make sure mental health consumers get the services and benefits they are entitled to, and also help consumers become better advocates themselves. For help, you can call Consumer Advocacy Agencies in the *Finding Help Phone List*.

Court-Ordered Care

Most people voluntarily agree to use the mental health services they need. However, there are those who need help and refuse to use services that are available. When this happens, there are special laws that allow a judge to order a person to receive mental health services, either in the hospital or as an “outpatient,” in the community.

These laws are called Involuntary Commitment. They try to balance each person's right to decide what is best for themselves and the State's duty to help people too disturbed or ill to understand they need help. Court-ordered care does not necessarily guarantee the most effective care is provided, but that is the intention of all parties involved in getting the court order.

Criteria for Court-Ordered Care

After other service possibilities have been explored and exhausted, the involuntary commitment process can be pursued through the Family Court. The court (following Hawai'i's involuntary commitment laws) can order a person age 15 or older to live at, or regularly report to, a mental health treatment facility or program if the court finds all the following conditions are met:

- The person is mentally ill or suffering from substance abuse.
 - The person is imminently dangerous to self or others, is gravely disabled, or is obviously ill.
 - The person is in need of care or treatment, or both.
- Before anyone can be committed involuntarily, he/she has the right to have a lawyer or another legal representative make sure the law is being followed. If the individual cannot afford a lawyer, the court must assign one. Before pursuing court-ordered treatment for anyone, ask:
- Who will be responsible for coordinating care?
 - How will the court-ordered services be paid?

- Who will develop and coordinate the follow-up treatment plan and services?

How Long Can Commitments Last?

To protect against the inappropriate use of involuntary commitments, Hawai'i laws give a schedule of when the consumer's situation must be reviewed and reevaluated:

- For Emergency Hospitalization, a person can be taken to a hospital and held for evaluation up to 48 hours (two working days, excluding Saturday, Sunday and holidays), unless their situation meets the three commitment criteria listed above and the involuntary commitment proceeding has been started.
- For Involuntary Hospitalization, a person can be taken to a hospital and held for evaluation up to 5 days while a formal commitment proceeding for them is carried out. They can be involuntarily committed to a hospital for up to 90 days if the court finds their situation meets the three commitment criteria listed above. They can be discharged from the

hospital when they no longer meet commitment criteria.

- A person's commitment must be reviewed and reevaluated every 90 calendar days for the first 180 days, and every 180 days thereafter. *At any time after admission to a psychiatric facility, a patient – or anyone on his or her behalf – may ask the court to determine whether involuntary commitment is still needed.*
- For Involuntary Outpatient Commitments, the person can be ordered to get outpatient treatment for a period of up to 180 calendar days. At the end of 180 days, they are automatically discharged from Involuntary Outpatient commitment unless the Family Court orders an additional 180-day outpatient commitment.

What Are Clubhouses?

Some people living with mental illness want a place they can go to be with other people who understand and accept them and be involved in structured activities.

A Clubhouse is a psychiatric rehabilitation program which provides mental health services to adults with serious mental illnesses. It is a voluntary program whose participants are called “members,” not patients or clients: each member's strengths and needs are emphasized, rather than their mental illness, symptoms or psychiatric history.

Everyone is wanted and valued at the Clubhouse, which relies on the talents and skills of all its members in order to function – members work daily in the Clubhouse food service, communications/reception area, and snack and thrift shop. Members are also provided opportunities to work in the community in paying jobs, and members are employed with such reputable employers as the Marriott hotels, Big

Save, Subway, various restaurants and landscapers, and even a cookie company. Each member is also encouraged to participate in community activities such as walk-a-thons and beach and park clean-ups, and to plan events including sports, picnics, bowling, camping, boat rides, and movies.

Clubhouses have been instrumental in advocating for reducing stigma by speaking at agency meetings, Rotary and Lion's club functions, and participating in health events. In addition, they have successfully lobbied the state legislature for better dental health care and increased personal needs allowances for their members and others.

There are 10 Clubhouses – 5 on Oahu, and 5 on the Neighbor Islands. To learn how you or someone you know can be a part of a Clubhouse program, contact Kathleen Rhoads Merriam, Statewide Clubhouse Coordinator at (808) 832-

5775.

Are There Jobs for People with Mental Illnesses?

Having a job, besides providing income, helps each of us feel good about ourselves. Getting trained, finding, and keeping a job can play a big part in helping a person recover from a mental illness. But this can be hard for people with persistent, long-term mental illnesses who may lack training and skills and may be afraid about being able to do a job. They may also face unfair discrimination by employers, or be afraid that working could cause their government financial aid to be cut off.

Discrimination in the workplace is slowly decreasing. Employers and co-workers are learning that employees who use mental health services, like employees who use other kinds of health services, can be successful workers.

State and Federal laws prohibit discrimination against persons with mental disabilities who are willing and able to work, or who need a reasonable accommodation to do a job. Some Medicaid and Social Security rules let disabled persons work and still receive public assistance.

Is There Help for Families of Mentally Ill Adults?

Respite services give families (natural, adoptive or extended) temporary relief from caring for a person with a mental health problem who is receiving mental health services from a provider. Typical respite is for a few days, but it may be for only a few hours or up to two weeks.

For families of adult consumers, Mental Health Kokua offers respite excursions, recreation

activities, and camp-outs for consumers to give family members some relief.

There is also an organization, NAMI (National Alliance on Mental Illness) which provides support groups for family members of adults with mental illnesses. You can find the phone numbers for these agencies on the *Finding Help* phone list.

SECTION TWO: CHILD AND ADOLESCENT MENTAL HEALTH

How Can I Tell If My Child Needs Help?



It is often difficult to know if a child needs help, and parents are often unable to tell if a child is having problems. Divorce, death of a family member, moving, change or loss of parent's job, illness in the family, and going to a new school may all cause stress for children – but also for parents.

When deciding whether your child needs help, keep in mind that **an appropriate reason to consider treatment for a child is if he or she is generally unhappy.**

You may want to find help for your child if any of the following warning signs have been present for a period of time.

Warning Signs:

- Displays unusual changes in emotions or behavior.
- Has no friends or has difficulty getting along with other children.
- Is doing poorly in school, is absent frequently, or does not want to attend.
- Has numerous minor illnesses and/or accidents.
- Is very anxious, worried, sad, scared, fearful, or hopeless.
- Cannot pay attention or sit still; is “hyper.”
- Is disobedient, aggressive, irritable, and excessively angry; often screams or yells at people.
- Does not want to be away from you.
- Has frequent, disturbing dreams or nightmares.
- Has difficulty falling asleep, wakes up during the night, or insists on sleeping with you.
- Becomes suddenly withdrawn or angry.
- Refuses to eat.
- Is frequently tearful.
- Hurts other children or animals.
- Wets the bed after being toilet-trained.
- Suddenly refuses to be alone with a certain family member, friend, or acts very disturbed when he or she is present.
- Displays affection inappropriately or makes unusual sexual gestures or remarks.
- Talks about suicide or death.
- Has unexplained decline in schoolwork and excessive absences.
- Neglects appearance.
- Has marked changes in sleeping and/or eating habits.
- Runs away.
- Has frequent outbursts of anger.
- Defies authority, is truant, steals and/or vandalizes.
- Excessively complains of physical ailments.
- Uses or abuses drugs or alcohol

Some of these problems may be helped by working with a teacher, counselor or school psychologist. Help can also come from concerned family members.

It is normal for parents to experience guilt feelings because their child is having emotional or behavioral problems. But a child's problems are not necessarily caused by problems at home. A tendency to have certain emotional or behavioral problems can be inherited.

Also, it is possible that problems may be caused by changes within a child's brain or body, so

the child should always have a complete medical examination.

When in doubt, consult an expert. It is better to “over-react” than to ignore problems until they are extremely serious.

Children’s Mental Health Problems

The following are the different types of children’s mental health problems:

Adjustment Disorders describe behaviors children may have when they are unable, for a time, to adapt to stressful events or changes in their lives (such as moving, death in family, divorce). They may have difficulty in school or social situations, or they may have physical symptoms with no medical cause. Symptoms usually start within three months of the stressful event, and last up to six months.

Attention Deficit Disorder (ADD) is the inattentiveness that creates challenges for children in school and other activities that require focus, but does not necessarily involve disruptive or hyperactive behavior.

Disruptive Behavior Disorders include some of the more common disorders of childhood, including Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder.

- **Attention Deficit Hyperactivity Disorder (ADHD)** is a pattern of behavior combining inattention, distractibility, impulsivity, and hyperactivity that usually appears in a child before the age of seven. Children with these disorders behave in ways that interfere with social situations, such as the classroom, playground, and family. Some children with ADHD have secondary disorders such as learning disabilities, conduct disorders, oppositional disorder, or depression.
- **Oppositional Defiant Disorder (ODD)**: hostile and defiant behavior lasting at least 6 months, in which a child manifests at least four of the following behaviors: often loses temper, argues with adults, actively defies or refuses to comply with adults' requests or rules, deliberately annoys people, blames

others for his or her mistakes or misbehavior, is often touchy or easily annoyed by others, is often angry and resentful, and is often spiteful or vindictive.

- **Conduct Disorder**: Children with conduct disorders may refuse to follow rules at home or in school, become truant, delinquent, or even violent. A supportive behavioral intervention program is a key part of a treatment program for such youth.

Anxiety Disorders are a group of disorders (separation anxiety, avoidance disorder, phobias, fear of school, eating disorders, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder), in which anxiety is the main symptom. Anxiety disorders may show up as physical symptoms (headaches, stomachaches), as disorders in conduct (refusal to go to school), or as inappropriate emotional responses (crying, giggling).

Eating Disorders are illnesses that cause a person to adopt harmful eating habits. They are most common among teenage girls and women, and frequently occur along with other psychiatric disorders such as depression and anxiety disorders. The poor nutrition associated with eating disorders can harm organs in the body and, in severe cases, lead to death. The two most common types of eating disorder are anorexia nervosa and bulimia nervosa.

- **Anorexia** a life-threatening eating disorder that is characterized by self-starvation and excessive weight loss. The disorder is diagnosed when a person weighs at least 15 percent less than his or her normal body weight. Extreme weight loss in people with anorexia can lead to dangerous health problems and even death. People with anorexia have intense fears of becoming fat

and see themselves as fat even when they are very slender. These individuals may try to correct this perceived "flaw" by strictly limiting food intake and exercising excessively in order to lose weight.

- **Bulimia**: a person suffers from bulimia if he or she experiences the following binge-purge symptoms at least twice a week for three months: (a) Eating much more food than usual, in just a short time – especially snacks or other foods high in calories; this is called a binge, and while it lasts, the person feels like their eating is out of control. (b) After a binge, using aggressive purging tactics to try to prevent gaining weight from all the food just eaten; this can include making oneself vomit or taking laxatives, diuretics, enemas or other medications, or fasting or excessive exercise as part of this harmful strategy. (c) Thoughts about body weight and shape dominate the person's feelings.

Mood Disorders are disturbances in a child's mood which are not due to other physical or mental illnesses. Bipolar disorder (manic-depression) and childhood depression (major depression) are examples of mood disorders. These disorders generally respond to medication.

- **Mania** symptoms may include inflated self-esteem; decreased need for sleep while feeling full of energy; loud and rapid speech that is difficult to interrupt; continuous flow of speech with abrupt changes of topic;

distractibility; restlessness; increased sociability; disorganized, flamboyant or bizarre activities; and rapid shifts of elevated mood to anger or depression.

- **Depression**: Symptoms may include sadness, loss of interest in usual activities, big changes in sleep and eating habits, feelings of worthlessness and hopelessness, difficulties in thinking or concentrating, alcohol or drug abuse, and suicidal thoughts or recurring thoughts of death.

Pervasive Developmental Disorders are disorders in which the brain has difficulty processing information. There are distortions, deviations and delays in the development of social and motor skills, language, attention, perception, and reality testing.

Autism spectrum disorder begins during infancy or childhood. The infant with autism may lack a social smile, avoid eye contact, and fail to cuddle. The child does not develop the usual bonding with parents and other people, does not develop normal language, and may use nonverbal commands in place of speech.

Schizophrenia is a serious mental illness characterized by loss of contact with the environment and by personality changes. Hallucinations and delusions often are symptoms of this disorder, which frequently show up in young adulthood, although the symptoms may also begin at a younger age.

How Do I Choose a Mental Health Professional for a Child?

A mental health professional for your child should be warm and caring and also professional and objective. Parents and children should begin to feel comfortable after several sessions, though both of them may be anxious, frightened, angry or resistant to treatment at the beginning.

Effective mental health professionals are trained to anticipate and work with those emotions so that open communication can take place. To select a mental health professional, you may want to talk to more than one person to see who you feel most comfortable with.

How Do I Talk to My Child's School/Teacher about Mental Health Needs?

You don't have to talk to the school at all, but if you choose to, you can talk to the child's teacher, school counselor, or administrator about how the school might support the child in the school setting.

Public schools are required to make changes to help every child be successful in school. Parents may ask for an educational assessment

to determine how the child's mental health needs might be impacting the child's ability to successfully learn. A child may be eligible for Section 504 services or IDEA services based upon that assessment. These services are not provided to "label" a child, but to be sure that a child is being taught and supported in a way that will help the child be most successful.

How Does Therapy Work for Children?

When your child is in therapy, the relationship between the mental health professional and the child is the same as it would be with an adult, but you, as the parent, will be involved as an interested third party. Early in therapy, you and the therapist should be able to identify the child's main problems and set goals to solve them.

There are many methods that are used in therapy with children. A common one is play therapy, which gives children a more natural means to communicate with adults. By using games, dolls, and art, the child is often able to express difficult emotions.

Older children with better communication skills may be able to talk more directly with the mental health professional. The counselor or therapist may suggest other family members come for a number of sessions to help understand how the family works together. He/she may suggest new ways to relate to your child at home.

Most mental health professionals periodically request that the entire family attend family therapy meetings. These meetings are not held to place blame or criticize parents or other siblings, but to help understand how the family communicates and works together, help the child learn to communicate effectively with parents and siblings, and help parents and other siblings understand how to help and support the child. It is important for everyone, if possible, to participate in these meetings.

It may take time for your child to get comfortable in therapy. Just as with adults and adolescents, problems may become worse before they get better. Try to get your child to stick with therapy until he/she feels comfortable. However, if the child really seems to distrust the therapist, it is a good idea to look for someone else.

It is as important in child therapy as it is in adult therapy for the parent periodically to evaluate the progress of the treatment and the relationship with the therapist. After your child has been in therapy for a while, ask yourself the following questions to determine if therapy is working. If the answer to most of them is "yes," then you should be confident that therapy is helping. If the answer to most of them is "no," then you may want to get a second opinion from another therapist and consider making a change in your child's treatment.

- Does our child seem comfortable with the therapist?
- Is there open communication between the therapist and us, the parents?
- Has the therapist diagnosed the problem our child is having?
- Has the therapist identified our child's strengths?
- Are the therapist and our child working toward the goals we set together?
- Has our relationship with our child improved?
- Are we, the parents, being given guidance to

work on our child's problem and increase his/her strengths?

What about Adolescents?

When adolescents are involved in therapy, they can and should speak for themselves. Parents may or may not be included in the therapy sessions, or may be encouraged to participate in family therapy or group sessions. Therapy with a peer group is helpful for teens with some type of mental health problems.

The adolescent and the therapist should discuss what each expects to accomplish. In addition to mental health therapy sessions, treatment for substance abuse may be necessary in order to address mental health problems. As above, the entire family may be asked to participate in a number of sessions to help understand how the family communicates, works together, and how they can assist with the adolescent's problems.

It is important for parents to understand that there may be certain aspects of the therapy that should remain confidential between the mental health professional and the adolescent. Before treatment begins, the parents, the adolescent, and the therapist should come to an agreement as to what information will be disclosed to the parents.

Finding Help for Adolescents

Emotionally disruptive or unsettling behavior in adolescents may be related to the physical and psychological changes taking place. This is a time when young people are often troubled by sexual identity and very concerned with physical appearance, social status, parents' expectations, and acceptance from peers. Young adults are establishing a sense of self-identity and shifting from parental dependence to independence.

A parent or concerned friend may have difficulty deciding what "normal behavior" is and what may be signs of emotional or mental health problems. The checklist below should

It is just as important in adolescent therapy as it is in adult therapy to periodically evaluate the progress of the treatment and the relationship with the therapist. Once your adolescent has been in therapy for a while, ask yourself the following questions to see if you believe therapy is working.

If you answer "yes" to most of them, then you can be confident that therapy is helping. If you answer "no" to most of them, then you may want to get a second opinion from another therapist and consider making a change in your adolescent's treatment.

- Is our adolescent more positive about therapy?
- Has the therapist diagnosed the problem and are the two of them working toward treatment goals that include our adolescent's strengths?
- Is our adolescent becoming free from any use or addictions to drugs and/or alcohol?
- Has our relationship with our adolescent improved?
- Is there communication between the therapist and us, the parents?

help you decide if an adolescent needs help. If more than one sign is present, or lasts a long time, that may indicate a more serious problem.

The mental health professional you choose for your adolescent should have expertise in dealing with the unique problems of adolescence. You should feel comfortable with the therapist and feel that you can establish open communication, and that you can get your questions answered. However, your adolescent may not feel comfortable with the therapist, or may be hostile to him/her.

Warning Signs That Your Teen May Need Help

If you are a parent or other caregiver of a teenager, pay attention if your teen:

Is troubled by feeling:

- very angry most of the time, cries a lot or overreacts to things;
- worthless or guilty a lot;
- anxious or worried a lot more than other young people;
- grief for a long time after a loss or death;
- extremely fearful – has unexplained fears or more fears than most kids;
- constantly concerned about physical problems or appearance;
- frightened that his or her mind is controlled or is out of control.

Experiences big changes, for example:

- does much worse in school;
- loses interest in things usually enjoyed;
- has unexplained changes in sleeping or eating habits;
- avoids friends or family and wants to be alone all the time;
- daydreams too much and can't get things done;
- feels life is too hard to handle or talks about suicide;

- hears voices that cannot be explained.

Is limited by:

- poor concentration;
- can't make decisions;
- inability to sit still or focus attention;
- worry about being harmed, hurting others, or about doing something "bad;"
- the need to wash, clean things, or perform certain routines dozens of times a day;
- thoughts that race almost too fast to follow;
- persistent nightmares.

Behaves in ways that cause problems, for example:

- uses alcohol or other drugs;
- eats large amounts of food and then forces vomiting, abuses laxatives, or takes enemas to avoid weight gain;
- continues to diet or exercise obsessively although bone-thin;
- often hurts other people, destroys property, or breaks the law;
- does things that can be life threatening.

How Do I Know When My Child or Adolescent Can Stop Therapy?

Your child may be ready to stop therapy when he/she:

- Is generally happier, more expressive and cooperative, and less withdrawn.
- Is doing better at home and in school.
- Is making friends.
- You understand and have learned how to deal more effectively with those factors that led to the problems for which you sought help.
- Is functioning better at home and in school.

Sometimes, ending therapy will be an anxious time for children and parents. Problems may reappear temporarily. The mental health professional should be available to provide counsel and support for a period of time after your child is finished with therapy. It is a good idea to allow some time to adjust before considering going back into therapy.

You and your child may benefit from support groups (see the *Finding Help Phone List*).

If a decision is made to seek professional help, it is very important that the adolescent be aware of choices and be involved in making a plan.

Services for Children and Adolescents

Parents of children and adolescents with emotional problems need to know what the full range of services for their children should be. Following is a set of ideal options ranging from home-based services to the most restrictive hospital setting. Ask your pediatrician, child's school counselor or your local Family Guidance Center (look under "Children and Teen Services" in the *Finding Help Phone List*) for

help finding and arranging for the services described below.

Similar to the adult model, many children, adolescents, and their families are effectively served by outpatient office-based assessment and therapy services. Often these services occur after school, in the evenings or during weekends.

24-Hour Access and Crisis/Suicide Line

This "hotline" can be used by anyone at any time. It offers support, counseling, and referral services to help with the crisis. The number is: 808-832-3100 (Oahu) / 800-753-6879 (Neighbor

Islands). This service includes Crisis Mobile Outreach as well as Crisis Stabilization. It serves children, youth, and adults.

Care Coordination

For families who do not have private insurance coverage, but may have QUEST or Medicaid, and for those who have no insurance, there are state-funded Family Guidance Centers to assist families in receiving the appropriate outpatient treatment or other referral for children and

adolescents (see *Finding Help Phone List* under "Children & Teen Services"). Each youth served here is assigned a Care Coordinator, who helps the youth obtain and helps coordinate the mental health services needed.

Community-Based Outpatient Treatment

Outpatient treatment usually means that the child lives at home and receives psychotherapy at a local mental health clinic or from a private therapist. Sometimes psychotherapy is combined with a home intervention and/or a school-based special education program.

Outpatient therapy may involve individual, family, or group therapy, or a combination of them. Outpatient therapists often work with the child's pediatrician or a child psychiatrist, if medication is involved.

Home Intervention

The purpose of the home-based model of treatment is to provide intensive in-home crisis intervention for those children with the most serious problems, in order to keep them from being placed outside their homes, away from their families. Such programs are directed toward managing crises and teaching families new ways of resolving problems to prevent future crises.

Successful home intervention programs have therapists available to families 24 hours a day for four to six weeks. During this period, families receive regular training sessions in their homes and may call on the therapists for help any time a crisis arises.

The therapist can provide behavior interventions, client-centered therapy, values clarification, problem solving, crisis intervention, and

assertiveness training. They also help with home management and budgeting skills, advocacy, and referral for legal, medical, or social services.

Intensive home-based treatment helps make a more accurate assessment of the child and of

the family's functioning. This treatment also makes it easier for the therapist to show and develop new behaviors in the child's normal environment. Therapists can directly observe the treatment plan and revise it when needed.

School-Based Services

Schools must provide appropriate special education and related services for children who are identified as having an emotional impairment that is impacting their ability to learn effectively. For qualifying children, school staff and parents write an Individualized Education Program (IEP), which specifies the amount and type of special education the child requires, the related services the child may need, and the type of placement which is suitable for teaching the child.

Special education services are specifically educational in nature. While these educational services may be helpful to the emotionally challenged child, a more complete treatment program may also be needed, such as psychotherapy services.

Special education services must be provided at no cost to parents. The IEP must be revised at least every year, with parents participating in the revision.

If your child has emotional or behavioral problems that upset their school attendance or

performance, talk to the teacher, counselor, and/or principal of your child's school (public or private) and ask for an evaluation of your child.

If you think your child would benefit from special education and mental health services, ask your local public school for a "Request for Evaluation" Form and related information leaflets and brochures. Private school students can be evaluated by the public school they would have attended.

If mental health and other support services are needed for your child, a case manager should be assigned to help you and your child find and use all the services that may be needed (e.g., education, mental health, vocational). A school counselor can assist. For information assistance, look in the *Finding Help Phone List* under Children & Teen Services. Special Parent Information Network (SPIN) on all the islands, the Learning Disabilities Association of Hawai'i, Hawai'i Families as Allies, or, in Waianae, Legal Services for Children may be helpful.

Community-Based Day Treatment/Community-Based Instruction

This is the most intensive nonresidential type of treatment. It has the advantages of allowing the child to live at home, while bringing together a broad range of services designed to strengthen the child's school performance and improve family functioning. The specific features vary from one program to another, but may include some or all of the following components:

- Special education, generally in small classes with a strong emphasis on individualized instruction.
- Psychotherapy, which may include both

individual and group sessions.

- Family services, which may include family psychotherapy, parent training, brief individual therapy with parents, and help with specific tangible needs such as transportation, housing, or medical attention.
- Vocational training.
- Crisis intervention.
- Skill building with an emphasis on interpersonal and problem-solving skills and practical skills of everyday living.
- Behavior modification.

- Recreation therapy, art therapy, and music therapy to aid social and emotional development.
- Drug and/or alcohol counseling.

Children participate in a day treatment program for 6 hours a day. Lengths of stay are usually one school year, but can be shorter or longer.

Some of these community-based instruction programs are physically located on a school site where they may have a wing of their own that includes classrooms and office space. Other day programs are provided in community agencies, or on the grounds of a private clinic or hospital.

Out-Of-Home Treatment Programs

These programs are provided only when a child cannot be safely treated in their own home, and involve the use of therapeutic foster homes, group homes, community-based residential treatment, or hospitalization. Such programs are provided when there is a need to bring about a total change in the child's environment.

- ◆ ***Therapeutic foster homes.*** These are, in many ways, a “natural” approach to treatment because they provide a family unit, which is the normal developmental situation for a child. A therapeutic foster home will provide additional assistance beyond the nurturing characteristics of a well-organized family. These may include special training for the foster parents in behavior modification and crisis intervention, plus treatment supports, including psychotherapy and case management. These special foster homes usually foster only one to two children at a time.
- ◆ ***Therapeutic group homes.*** These are somewhat more restrictive than foster care, since the living situation is not as “natural.” Group homes provide family-style treatment in a more structured setting than the natural environment of a family. Treatment usually involves a combination of evaluation, psychotherapy, use of behavior modification,⁵ and supervised social/peer development.

⁵ Behavior modification is a treatment approach that replaces undesirable behaviors with more desirable ones through positive reinforcement (praise, reward) or negative reinforcement (withdrawal of privilege, “time out”).

- ◆ ***Residential treatment centers.*** They provide round-the-clock treatment and care for children with the most serious emotional disorders who need 24-hour supervision, treatment, and often medication. Residential treatment centers also provide on-site education, psychiatric services, and crisis response.

Many of these centers have a particular treatment philosophy, but generally base their treatment on the idea that the child's total environment must be structured in a therapeutic way. Some concentrate on behavior modification programs both in the classrooms and in the treatment units. Others use an individualized, patient-centered approach. Some treatment centers are set up to deal specifically with alcohol and drug related problems.

While residential treatment centers have educational programs, a great deal of attention is focused on the child's emotional problems. Considerable time and effort is spent on group and individual therapy and therapeutic social activities. Residential care tends to be the most restrictive type of treatment, attempted after other, less intensive, forms of treatment have been tried and have failed, or when a child has violated the law and has been ordered by the court to a particular facility.

- ◆ ***Hospital Care.*** A psychiatric hospital is a medical hospital whose emphasis is on medical solutions to mental problems. Psychiatric hospitals tend to use medications and other physically-oriented

treatment interventions. Those hospitals which serve children must provide educational opportunities for them, but the main focus of these facilities is not

educational, but intensive treatment to stabilize the youth and discharge to a less restrictive, longer term treatment program.

Respite Services

Respite Services give families (natural, adoptive or extended) temporary relief from caring for a child or teen who is receiving mental health services through a Family

Guidance Center or a private mental health provider. Contact your local Family Guidance Center for more information.

Medications for Child and Adolescent Mental Health Problems

Medication can be an effective part of the treatment for several emotional disorders of children and adolescents, dramatically improving the child's behavior, mood, and ability to function. But parents and youth often have many concerns and questions.

The physician, preferably a child psychiatrist or a pediatrician working in close collaboration with a psychiatrist, who prescribes medication, should be experienced in treating mental health problems in children and adolescents. He or she should fully explain the reasons for medication use, the benefits of the medication, potential side effects or dangers, and other treatment alternatives.

Psychiatric medication should not be used alone, but should be part of a comprehensive treatment plan, usually including psychotherapy and parent guidance sessions.

Before recommending any medication, the child/adolescent psychiatrist will interview the youngster and make a thorough diagnostic evaluation. In some cases, the evaluation may include a physical exam, laboratory tests, other medical tests such as an electrocardiogram (EKG) and consultation with other medical specialists. As each youngster is different and may have individual reactions to medication, ongoing close contact with the treating physician is recommended.

Children's Mental Illnesses for Which Medications Are Prescribed

- ◆ **Bedwetting** – if it persists after age five and causes serious problems in self-esteem and social interaction.
- ◆ **Anxiety** – if it keeps the youngster from normal daily activities.
- ◆ **Attention Deficit Hyperactivity Disorder (ADHD)**, described earlier.
- ◆ **Obsessive-compulsive disorder** – recurring obsessions (troublesome and intrusive thoughts) and/or compulsions (repetitive behaviors or rituals such as hand washing, counting, and checking to see if doors are locked) which are often seen as senseless and which interfere with a child's daily functioning.
- ◆ **Depression** – described earlier.
- ◆ **Psychosis** – symptoms include irrational beliefs, paranoia, hallucinations (seeing things or hearing sounds that do not exist), social withdrawal, extreme stubbornness, and deterioration of personal habits. May be seen in developmental disorders, severe depression, schizoaffective disorder, schizophrenia, and some forms of substance abuse.
- ◆ **Autism Spectrum Disorder** – described earlier.
- ◆ **Severe aggression** – may include violence, property damage, or self-abuse, such as head banging or cutting.
- ◆ **Eating disorders** – described earlier.

- ◆ **Bipolar disorder** – described earlier.
- ◆ **Sleep problems** – symptoms can include

insomnia, night terrors, sleep walking, fear of separation, and anxiety.

Types of Medications for Children and Adolescents

- ◆ **Stimulant Medications:** are often useful as part of the treatment for attention deficit hyperactive disorder (ADHD) and include Dextroamphetamine (Dexedrine, Adderal), Methylphenidate (Ritalin), and Pemoline (Cylert).
- ◆ **Antidepressant Medications:** are used in the treatment of depression, school phobias, panic attacks, and other anxiety disorders, bedwetting, eating disorders, obsessive-compulsive disorder, personality disorders, posttraumatic stress disorder, and attention deficit hyperactive disorder. See page 11.
- ◆ **Antipsychotic Medications:** Anti-psychotic medications can be helpful in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help reduce muscle twitches ("tics") or verbal outbursts as seen in Tourette's Syndrome. They are occasionally used to treat severe anxiety and may help in reducing very aggressive behavior. For examples of antipsychotic

medications, see page 12.

Do not stop or change a medication without speaking to the doctor.

- ◆ **Mood Stabilizers and Anticonvulsant Medications:** may be helpful in treating bipolar (manic-depressive) episodes, excessive mood swings, aggressive behavior, impulse control disorders and severe mood symptoms in schizo-affective disorder and schizophrenia. Lithium (lithium carbonate, Eskalith) is an example of a mood stabilizer. Some anticonvulsant medications can also help control severe mood changes, such as Valproic Acid (Depakote, Depakene), Carbamazepine (Tegretol), Gabapentin (Neurontin), and Lamotrigine (Lamictil).
- ◆ **Anti-anxiety Medications:** may be helpful in the treatment of severe anxiety. See page 11 for examples.

When prescribed appropriately by an experienced psychiatrist (preferably a child and adolescent psychiatrist) and taken as directed, medication may reduce or eliminate troubling symptoms and improve daily functioning of children and adolescents with behavior disorders.

Questions to Ask

Evaluation and monitoring by a physician is essential. Parents and guardians should be provided with complete information when psychiatric medication is recommended as part of their child's treatment plan. Children and adolescents should be included in the discussion about medications, using words they understand. The prescribing physician should be told of all other medications and/or addictive substances

being taken by the child.

By asking the following questions, children, adolescents, and their parents/ caretakers will gain a better understanding of psychiatric medications:

- What is the name of the medication? Is it known by other names?
- What is known about its helpfulness with

other children who have a similar condition to my child?

- How will the medication help my child?
- How long before I see improvement?
- What are the side effects which commonly occur with this medication?
- What are the rare or serious side effects, if any, which can occur?
- What is the recommended dosage? How often will the medication be taken?
- Are there any laboratory tests (e.g. heart tests, blood test, etc.) which need to be done before my child begins taking the medication, or while he/she is taking the medication?
- Will a child and adolescent psychiatrist be monitoring my child's response to medication and make dosage changes if necessary? How often will progress be checked and by whom?
- Are there any other medications or foods which my child should avoid while taking the medication?
- Are there interactions between this medication and other medications

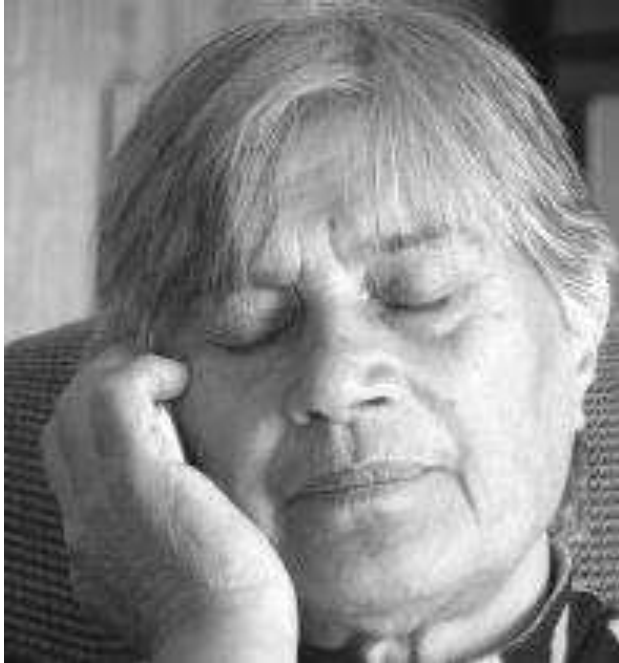
(prescription and/or over-the-counter) my child is taking?

- Are there any activities that my child should avoid while taking the medication? Are any precautions recommended for other activities?
- How long will my child need to take this medication? How will the decision be made to stop this medication?
- Does my child's school nurse, teacher, or principal need to be informed about this medication?

Treatment with psychiatric medications is a serious matter for parents, children and adolescents. Parents should ask these questions before their child or adolescent starts taking psychiatric medications. Parents and children/adolescents need to be fully informed about medications. If, after asking these questions, parents still have serious questions or doubts about medication treatment, they should feel free to ask for a second opinion by a child and adolescent psychiatrist.

SECTION THREE: OLDER ADULT MENTAL HEALTH

What Are Mental Illness Warning Signs for Elders?



Observation of an older person's appearance or behavior – and changes in a person's routine pattern – may alert family and caregivers that the person is in trouble or potentially at-risk for a mental health problem. Below are some situations and symptoms (warning signs), which may indicate a need to help an older person arrange for further assessment and mental health care.

Physical Losses

Physical changes (weakness, shaking) or losses (hearing, vision, walking), and chronic or acute illness can sometimes affect the older person's emotional or mental status and impair their ability to cope and function. Persons experiencing severe incapacity and lack of social supports are at higher risk.

Social Problems

Isolation can profoundly affect an older person's well-being. Areas of concern include:

- Being home-bound.
- Lacking social relationships.
- Not mentioning family or friends.

Suicide

People over age 60 have a significantly high rate of dying from suicide – especially single men. Subtle statements or direct threats to harm oneself should be taken seriously and mental health care should be sought. Indicators of risk include:

- Multiple and/or recent losses.
- Saying, "There's no use in going on – everyone would be better off without me."
- Alcohol or drug abuse.
- Increased isolation.
- Talk of giving personal possessions away.
- Putting personal and business affairs in order.
- Unceasing depression, hopelessness.

Personal Appearance

Neglect in the area of self-care is often a sign that the older person is experiencing difficulties:

- Untidy appearance
- Dirty or uncombed hair
- Unshaven
- Dirty clothes
- Inappropriate clothing for weather/season/situation
- Body odors

Conditions of the Home

The appearance of an older person's residence may reflect an inability to care for self or a loss of interest:

- Exterior and/or interior of home in poor repair
- Old newspapers lying around
- Unopened mail visible
- Calendar on wrong month or year
- Little or no food
- Strong odors
- Many pets – animals appear neglected
- Garbage or litter

Personality Changes

Personality changes may indicate the onset of physical, mental, or emotional problems:

- Marked change, gradual or sudden, in the person's overall ability to function
- Increased withdrawal or isolation
- Disheveled appearance
- Suspiciousness or anger
- Unusual or bizarre behavior

Mental or Emotional State

Many people who experience mental or emotional problems suffer the first onset after the age of 60. Problems in these areas can

seriously undermine an older person's ability to cope and function.

Mental State

- Confusion
- Disorientation
- Inappropriate responses
- Forgetfulness
- Repetitiveness while talking
- Seeing, hearing, smelling, tasting, feeling things that are not there
- Persistent false or irrational beliefs
- Suspiciousness or lack of trust
- Suspicion or unwarranted belief that one is being harmed or mistreated

Emotional State

- Complains of not eating or not wanting to eat
- Complains of difficulty sleeping or early morning awakenings
- Exhibits anger, irritability, hostility towards self and/or others
- Appears nervous or fidgety and has a decreased ability to concentrate
- Appears to have been abused, neglected, or exploited
- Cannot get back to normal after suffering a loss through separation or death from friends or family member
- Appears sad or blue
- Is tired or has a loss of energy

Facing Mental Illnesses in Older Adults

How common?⁶

- One quarter of older adults have a significant mental disorder (26%), including depression, anxiety, psychosis and dementia
- In the next 25 years, the number of older adults with major psychiatric illnesses is expected to more than double from 7 to 15 million individuals as the Baby Boom generation ages.
- In Hawai'i, by the year 2020, every fourth person will be 60 years or older.

What Is the Impact of Mental Illness in Older Adults If It's Not Treated?

- People get sicker
- They have poor quality of life – greater disability and impairment
- They use the health care system more
- They have poor health outcomes and they die prematurely due to other medical problems
- They have higher rates of suicide
- Family and caregivers are greatly impacted

Most Older Adults Do Not Get Adequate Treatment for Mental Health Problems

- In Hawai'i, up to 8% of older adults not in nursing homes suffer from depression, and yet the vast majority (70-90%) don't receive treatment.
- The rate of people in nursing homes with depression is much, much higher – 70%
- But it's treatable: up to 90% will show significant improvement with treatment.

Why Is There Such A Low Treatment Rate for Depression Among Older Adults?

- First, most people don't recognize the symptoms of depression – this means family, caregivers, and healthcare professionals
- Why don't we recognize the symptoms of depression in older people? Because there is

widespread belief that, well, “You're old, you're sick, you've lost your spouse, your kids aren't around – or you don't even have kids – to take care of you, so of course you're depressed. You have reason to be depressed BECAUSE YOU'RE OLD, ALONE, AND SICK. . . and there's nothing to be done about it. Being depressed is just a normal part of aging.” **This is not true.**

- Doctors and nurses in the health care field even have this erroneous belief: 58% of health professionals believe depression is normal part of aging. **Not true.** Depression is not normal, but it is an illness, and just because you're old does not mean you have to be depressed.
- Also, another reason it goes unrecognized is that older adults are less likely than younger persons to self-identify their mental health problems, and they are less likely to seek help from a mental health professional, because talking about feelings and emotions may not be something they're comfortable with. It's just not a part of their culture, their lifestyle. This is something that is more comfortable for younger people, who have grown up with discussion about mental health and emotions and feelings.
- There's a lot of stigma and shame in admitting to a need for help with a mental health problem, and this often keeps people from revealing what they are going through. In some cultures it is less acceptable to talk about feelings or problems. And these feelings of shame are more common among older generations.

What Are the Symptoms of Depression in Older Adults?

- Very sad, sadness persists
- Can't seem enjoy life
- Little interest in favorite activities, feel apathetic
- Changes in sleeping – too much, too little

⁶ The statistics in this section were provided by the Hawai'i Department of Health, Older Adult Services and Information System (OASIS).

- Changes in eating – too much too little, lose or gain weight
- Can't concentrate, slowed thinking, memory problems
- Thoughts of death or suicide
- Irrational thinking, hallucinations, paranoid
- Lack of energy, fatigue, slowed movements
- Agitated, restless
- Feeling hopeless or helpless
- Feeling worthless or very guilty
- Physical complaints or pain
- Socially isolated
- Irritable, extremely critical of others
- Excessive anxiety or worrying
- MOST COMMON SYMPTOM IS DENIAL: the older person believes that what she/he is feeling and thinking – the hopelessness, the low self esteem, the guilt, the sadness, is all true. But in fact these are feelings and emotions that can change and get better.

Depression Often Occurs at the Same Time as Other Illnesses

Many chronic health problems faced by older adults are accompanied by depression which must be identified and treated:

- Cancer: 25% of people with cancer suffer from depression, but only 2% are receiving antidepressant medication. Untreated depression can have an impact on the disease as well as a person's ability to participate in treatment.
- Stroke: Up to 27% of people who have a stroke experience major depression; an additional 15-40% experience depression within two months following a stroke. *That means that 2/3 of people who have a stroke will suffer from major depression.*
- Heart disease: *One in three* people who have survived a heart attack suffer depression, which can affect other factors in the body that impact the heart.
- Diabetes: There is a strong interrelationship between diabetes and depression: *people with diabetes are at greater risk for*

developing depression, and as diabetes worsens, the chances of becoming depressed increase. Then, on the flip side, *people with depression are at double the risk of getting diabetes*. It's critically important to treat the depression: If depression is treated, people are better able to manage the symptoms of diabetes. Depression leads to poorer physical and mental functioning, so a person is less likely to follow a required diet or medication plan in treatment of the diabetes.

All of this adds up to the fact that *all* older adults suffering from *any* of these or other chronic health conditions should be automatically, and periodically, evaluated carefully for depression, and assertively treated if needed.

Depression Following Loss of a Loved One

- Many older adults experience the death of a life partner, close friend, or a child. It is, of course, normal to feel intensely sad after such a loss: when you are grieving, you are very sad, and you often experience symptoms of depression, such as poor appetite and sleep disorders. But sometimes that grief does not get better over time, and turns into the illness of major depression, which should be treated.
- It can be difficult to figure out, both for the person experiencing the grief and for those around him or her, whether the grief is "normal" or has turned into major depression. In fact, there is some debate among mental health providers about this, raising the concern that we, as a society, could be over-medicating grief.
- While there is no exact length of time that grieving can be said to be "normal," after which a person should be considered to be suffering from a depression, one guideline might be the extent to which the person's functioning is impaired. If a grieving person continues to be unable to eat or sleep, does not resume a normal level of activities, neglects their appearance, continues to be profoundly sad, has continued feelings of hopelessness, and more than six months has

elapsed, then it may be time to suggest an evaluation by a mental health professional to see if treatment is warranted.

Suicide in Older Adults:

- Although they comprise only 12 percent of the U.S. population, people age 65 and older accounted for 16 percent of suicide deaths in 2004.
- White men age 85 and older are most likely to die by suicide.

What Are Some of the Factors That May Make an Older Person Vulnerable to Depression?

- High life stress – retirement, relocation (moving to a smaller home or into a retirement community), loss of loved ones, financial problems
- Past trauma
- Medical problems
- Substance use
- Previous depression
- Heredity
- Medication side effects

What Are Some Factors That Can Lessen or Reduce Vulnerability to Depression:

- Treatment and other supports

- Supportive relationships
- Healthy lifestyle, exercise
- Meaningful activities
- Spirituality, cultural practices

How Do We Treat Depression?

- Medication
- Therapy or counseling

What Can You Do?

If you think an older adult you know is suffering from depression:

- Reach out with compassion, love, caring, concern and without judgment
- Try to draw the person out about what they are feeling
- Let them know that what they are feeling may be signs of an illness, depression, that can be treated
- Try to get the person to see a mental health professional skilled with older adults and psychiatric issues. You can start with your primary care doctor, but if you can find a geriatrician or a geriatric psychiatrist, that might be even better.
- Check out MHA-Hawai'i's Finding Help Phone List.

What about the Caregiver?



The caregiver often resists getting help for a spouse or relative suffering from mental or emotional problems or severe cognitive impairment. The caregiver may feel he or she should handle the burden and responsibility alone, but this can be overwhelming and can lead to depression or physical problems. Indications of caregiver stress may include:

- Caregiver increases use of alcohol or abuses alcohol.
- Caregiver says that a loved one's condition is getting worse in spite of their best efforts.
- Caregiver becomes impatient, irritable, and frustrated with the person they are caring for.
- Caregiver has no support system that helps them or gives them relief from giving care.

- Caregiver complains of feeling exhausted or overwhelmed by the burden of care, but is unwilling or unable to reach out for help.
- Caregiver may state: "I should be able to handle this alone – it's selfish to think of my own needs."

The following are some things to do if you or someone you know needs relief from taking care of an elderly person:

- Place patient temporarily in an Adult Day Care center for several hours a day. Go to www.elderlyaffairs.com, select "Senior Information and Assistance Handbook" for list of Adult Day Care providers.
- Utilize a volunteer to provide relief by doing chores, running errands, taking care of patient so caregiver can leave for a few hours, and helping in whatever way is needed. Project Dana, 945-3736, maintains a list of such volunteers.
- Hire a respite caregiver. Honolulu Gerontology Program, 543-8405, or Catholic Charities Hawai'i, 595-0077, maintains lists of respite caregivers.
- Attend caregiver support groups through the Alzheimer's Association, Project Dana, or Honolulu Gerontology Program.