

*Cast from the shackles which bound them,  
this bell shall ring out hope for the  
mentally ill and victory over mental illness*



*The Mental Health Bell, recognized throughout the nation as the symbol of the mental health movement, is one of the most distinguished bells in the world. Cast from the shackles and chains that once restrained people in mental hospitals, the bell is a dramatic representation of hope, vision, and liberty for people in our country with mental illnesses.*

*The metal that went into the bell came from mental hospitals in all parts of the country at the request of the National Mental Health Association. It was melted down at the Meshane Bell Foundry in Baltimore, Maryland in 1953. Today, the Mental Health Bell rings as a reminder that the more insidious chains of stigma and discrimination still bind people with mental illness.*

*For almost 50 years, this bell has rung for hope as we have worked toward the day when the bell may ring for victory.*

For more than fifty years, the Mental Health Association of Essex County has been serving the mental health needs of our community, providing help, healing and hope for our most vulnerable citizens and support for their caregivers. This Resource Directory has been compiled by the Mental Health Association of Essex County and is meant to aid those who live and work in our community and whose lives may be affected by mental illness.

Given the fact that statistics show that one in five Americans will experience some form of diagnosable mental illness during their lifetime, we know that many people stand to benefit from the information and services included in this publication. Unfortunately, we also know that stigma remains the number one barrier keeping individuals with mental illness from receiving the treatment that they need and deserve. Therefore, we have tried to address a broad spectrum of mental health issues and have included a listing of agencies that provide a wide array of services. Whatever situation you or a loved one may be facing, we encourage you to seek the appropriate treatment without shame or apology. Mental illnesses are real but, more importantly, they are treatable and recovery is

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## **Stigma: Building Awareness And Understanding About Mental Illness**

**Mental illness can strike anyone! It knows no age limits, economic status, race, creed or color. During the course of a year, more than 54 million Americans are affected by one or more mental disorders.**

Medical science has made incredible progress over the last century in helping us understand, curing and eliminating the causes of many diseases including mental illnesses. However, while doctors continue to solve some of the mysteries of the brain, many of its functions remain a puzzle. Even at the leading research centers, no one fully understands how the brain works or why it malfunctions. However, researchers have determined that many mental illnesses are probably the result of chemical imbalances in the brain. These imbalances may be inherited, or may develop because of excessive stress or substance abuse.

It is sometimes easy to forget that our brain, like all of our other organs, is vulnerable to disease. People with mental illnesses often exhibit many types of behaviors such as extreme sadness and irritability, and in more severe cases, they may also suffer from hallucinations and total withdrawal. Instead of receiving compassion and acceptance, people with mental illnesses may experience hostility, discrimination, and stigma.

## **Why does stigma still exist?**

Unfortunately, the media is responsible for many of the misconceptions which persist about people with mental illnesses. Newspapers, in particular, often stress a history of mental illness in the backgrounds of people who commit crimes of violence. Television news programs frequently sensationalize crimes where persons with mental illnesses are involved.

Comedians make fun of people with mental illnesses, using their disabilities as a source of humor. Also, national advertisers use stigmatizing images as promotional gimmicks to sell products.

Ironically, the media also offers our best hope for eradicating stigma because of its power to educate and influence public opinion.

## **What Is A Mental Illness?**

A mental illness is a disease that causes mild to severe disturbances in thinking, perception and behavior. If these disturbances significantly impair a person's ability to cope with life's ordinary demands and routines, then he or she should immediately seek proper treatment with a mental health professional. With the proper care and treatment, a person can recover and resume normal activities. Many mental illnesses are believed to have biological causes, just like cancer, diabetes and heart disease, but some mental disorders are caused by a person's environment and experiences.

## **The five major categories of mental illness:**

### **·Anxiety Disorders**

Anxiety disorders are the most common mental illnesses. The three main types are: phobias, panic disorders, and obsessive-compulsive disorders. People who suffer from phobias experience extreme fear or dread from a particular object or situation. Panic disorders involve sudden, intense feelings of terror for no apparent reason and symptoms similar to a heart attack. People with obsessive-compulsive disorder try to cope with anxiety by repeating words or phrases or engaging in repetitive, ritualistic behavior such as constant hand washing.

### **· Mood Disorders**

Mood disorders include depression and bipolar disorder (or manic depression) symptoms may include mood swings such as extreme sadness or elation, sleep and eating disturbances, and changes in activity and energy levels. Suicide may be a risk with these disorders.

### **·Schizophrenia**

Schizophrenia is a serious disorder that affects how a person thinks, feels, and acts. Schizophrenia is believed to be caused by chemical imbalances in the brain that produce a variety of symptoms including hallucinations, delusions, withdrawal, incoherent speech and impaired reasoning.

## ·**Dementias**

This group of disorders includes diseases like Alzheimer's which leads to loss of mental functions, including memory loss and a decline in intellectual and physical skills.

## ·**Eating Disorders**

Anorexia nervosa and bulimia involves serious, potentially life-threatening illnesses. People with these disorders have a preoccupation with food and an irrational fear of being fat. Anorexia is self-starvation while bulimia involves cycles of bingeing (consuming large quantities of food) and purging (self-inducing vomiting or abusing laxatives). Behavior may also include excessive exercise.

## **Common Misconceptions About Mental Illness**

**Myth:** *“Young people and children don't suffer from mental health problems.”*

**Fact:** It is estimated that more than 6 million young people in America may suffer from a mental health disorder that severely disrupts their ability to function at home, in school, or in their community.

**Myth:** *“People who need psychiatric care should be locked away in institutions.”*

**Fact:** Today, most people can lead productive lives within their communities thanks to a variety of supports, programs, and/or medications.

**Myth:** *“A person who has had a mental illness can never be normal.”*

**Fact:** People with mental illnesses can recover and resume normal activities. For example, Mike Wallace of “60 Minutes”, who has clinical depression, has received treatment and today leads an enriched and accomplished life.

**Myth:** *“Mentally ill persons are dangerous.”*

**Fact:** The vast majority of people with mental illnesses *are not* violent. In the cases when violence *does* occur, the incidence typically results from the same reasons as with the general public such as feeling threatened or excessive use of alcohol and/or drugs.

**Myth:** *“People with mental illnesses can work low-level jobs but aren’t suited for really important or responsible positions.”*

**Fact:** People with mental illnesses, like everyone else, have the potential to work at any level depending on their own abilities,

experience and motivation.

## **How You Can Combat stigma:**

**1 Share your experience with mental illness.** Your story can convey to others that having a mental illness is nothing to be embarrassed about.

**2 Help people with mental illness reenter society.** Support their efforts to obtain housing and jobs.

**3 Respond to false statements about mental illness or people with mental illnesses.** Many people have wrong and damaging

# Depression in Teens

It's not unusual for young people to experience “the blues” or feel “down in the dumps” occasionally. Adolescence is always an unsettling time, with the many physical, emotional, psychological and social changes that accompany this stage of life.

Unrealistic academic, social, or family expectations can create a strong sense of rejection and can lead to deep disappointment. When things go wrong at school or at home, teens often overreact. Many young people feel that life is not fair or that things “never go their way.” They feel “stressed out” and confused. To make matters worse, teens are bombarded by conflicting messages from parents, friends and society. Today's teens see more of what life has to offer — both good and bad — on television, at school, in magazines and on the Internet. They are also forced to learn about the threat of AIDS, even if they are not sexually active or using drugs.

Teens need adult guidance more than ever to understand all the emotional and physical changes they are experiencing. When teens' moods disrupt their ability to function on a day-to-day basis, it may indicate a serious emotional or mental disorder that needs attention — adolescent depression. Parents or caregivers must take action.

## Dealing With Adolescent Pressures

When teens feel down, there are ways they can cope with these feelings to avoid serious depression. All of these suggestions help develop a sense of acceptance and belonging that is so important to adolescents.

- **Try to make new friends.** Healthy relationships with peers are central to teens' self-esteem and provide an important social outlet.
- **Participate in sports, job, school activities or hobbies.** Staying busy helps teens focus on positive activities rather than negative feelings or behaviors.
- **Join organizations that offer programs for young people.** Special programs geared to the needs of adolescents help develop additional interests.
- **Ask a trusted adult for help.** When problems are too much to handle alone, teens should not be afraid to ask for help.

But sometimes, despite everyone's best efforts, teens become depressed. Many factors can contribute to depression. Studies show that some depressed people have too much or too little of certain brain chemicals. Also, a family history of depression may increase the risk for developing depression. Other factors that can contribute to depression are difficult life events (such as death or divorce), side-effects from some medications and negative thought patterns.

## **Recognizing Adolescent Depression**

Adolescent depression is increasing at an alarming rate. Recent surveys indicate that as many as one in five teens suffers from clinical depression. This is a serious problem that calls for prompt, appropriate treatment. Depression can take several forms, including bipolar disorder (formally called manic-depression), which is a condition that alternates between periods of euphoria and depression.

Depression can be difficult to diagnose in teens because adults may expect teens to act moody. Also, adolescents do not always understand or express their feelings very well. They may not be aware of the symptoms of depression and may not seek help.

These symptoms may indicate depression, particularly when they last for more than two weeks:

- Poor performance in school
- Withdrawal from friends and activities
- Sadness and hopelessness
- Lack of enthusiasm, energy or motivation
- Anger and rage
- Overreaction to criticism
- Feelings of being unable to satisfy ideals
- Poor self-esteem or guilt

- Indecision, lack of concentration or forgetfulness
- Restlessness and agitation
- Changes in eating or sleeping patterns
- Substance abuse
- Problems with authority
- Suicidal thoughts or actions

Teens may experiment with drugs or alcohol or become sexually promiscuous to avoid feelings of depression. Teens also may express their depression through hostile, aggressive, risk-taking behavior. But such behaviors only lead to new problems, deeper levels of depression and destroyed relationships with friends, family, law enforcement or school officials.

### **Treating Adolescent Depression**

*It is extremely important that depressed teens receive prompt, professional treatment.*

Depression is serious and, if left untreated, can worsen to the point of becoming life-threatening. If depressed teens refuse treatment, it may be necessary for family members or other concerned adults to seek professional advice.

Therapy can help teens understand why they are depressed and learn how to cope with stressful situations. Depending on the situation, treatment may consist of individual, group or family counseling.

Medications that can be prescribed by a psychiatrist may be necessary to help teens feel better.

Some of the most common and effective ways to treat depression in adolescents are:

- **Psychotherapy** provides teens an opportunity to explore events and feelings that are painful or troubling to them. Psychotherapy also teaches them coping skills.
- **Cognitive-behavioral therapy** helps teens change negative patterns of thinking and behaving.
- **Interpersonal therapy** focuses on how to develop healthier relationships at home and at school.
- **Medication** relieves some symptoms of depression and is often prescribed along with therapy.

When depressed adolescents recognize the need for help, they have taken a major step toward recovery. However, remember that few adolescents seek help on their own. They may need encouragement from their friends and support from concerned adults to seek help and follow treatment recommendations.

## **Facing the Danger Of Teen Suicide**

Sometimes teens feel so depressed that they consider ending their lives. Each year, almost 5,000 young people, ages 15 to 24, kill themselves. The rate of suicide for this age group has nearly tripled

since 1960, making it the third leading cause of death in adolescents and the second leading cause of death among college-age youth.

Studies show that suicide attempts among young people may be based on long-standing problems triggered by a specific event. Suicidal adolescents may view a temporary situation as a permanent condition. Feelings of anger and resentment combined with exaggerated guilt can lead to impulsive, self-destructive acts.

**Recognizing the Warning Signs** Four out of five teens who attempt suicide have given clear warnings. Pay attention to these warning signs:

- Suicide threats, direct and indirect
- Obsession with death
- Poems, essays and drawings that refer to death
- Dramatic change in personality or appearance
- Irrational, bizarre behavior
- Overwhelming sense of guilt, shame or rejection
- Changed eating or sleeping patterns
- -Severe drop in school performance
- Giving away belongings

**REMEMBER!!!** These warning signs should be taken seriously. Obtain help immediately. Caring and support can save a young life.

## Helping Suicidal Teens

- **Offer help and listen.** Encourage depressed teens to talk about their feelings. Listen, don't lecture.
- **Trust your instincts.** If it seems that the situation may be serious, seek prompt help. Break a confidence if necessary, in order to save a life.
- **Pay attention to talk about suicide.** Ask direct questions and don't be afraid of frank discussions. Silence is deadly!
- **Seek professional help.** It is essential to seek expert advice from a mental health professional who has experience helping depressed teens. Also, alert key adults in the teen's life — family, friends and teachers.

## Looking To The Future

When adolescents are depressed, they have a tough time believing that their outlook can improve. But professional treatment can have a dramatic impact on their lives. It can put them back on track and bring them hope for the future.

# Improving the Mental Health and Well-being of America's Children

## The Facts

Serious emotional and mental disorders in children are real. Empirical research in neuroscience and the behavioral sciences is advancing our understanding of the etiology of these disorders. (Mental Health: A Report of the Surgeon General, 1999).

- 10% of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers (Mental Health: A Report of the Surgeon General, 1999).
- In any given year, only 20% of children and adolescents with mental disorders are identified and receive mental health services (Mental Health: A Report of the Surgeon General, 1999).
- Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A Report of the Surgeon General, 1999).

Untreated, these disorders can lead to devastating consequences for children.

a. Unidentified and untreated mental disorders can mean the loss of critical developmental years and can lead to youth suicide, school failure and involvement with the juvenile justice and criminal justice systems.

b. Approximately 50% of students with a mental disorder age 14 and older drop out of high school — the highest dropout rate of any disability group (U.S. Department of Education, 2001).

c. Suicide remains a serious public health concern and is the third leading cause of death in youth aged 10 to 24. More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined (National Strategy for Suicide Prevention, 2001). Research shows that 90% of people who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death (Mental Health: A report of the Surgeon General, 1999).

d. 70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired (Blueprint for Change, National Center for Mental Health and Juvenile Justice, 2006).

## **The Value of Early Identification and Intervention**

Mental health is central to the health and well-being of children. Those living with emotional and mental disorders must be identified early and linked with effective services and supports to avoid losing critical developmental years that will simply never be recaptured.

Parents play a crucial role in the identification and treatment of childhood emotional and mental disorders. They must drive decisions related to the identification and treatment of mental disorders to help achieve the best outcomes for their children.

Schools are in a key position to identify mental health concerns early and to openly communicate concerns with parents. Strong school mental health programs and open communication with families can help to reduce the pain and suffering all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.

Treatment decisions must always be made by the parents of the child, in close consultation with a treating physician, and not with any pressure from the school system. Federal law prohibits schools from requiring a child to be placed on medication as a condition for attending school. It simply should never happen in any school in America.

# Coping with Separation and Divorce

Going through a separation or divorce can be very difficult, no matter the reason for it. It can turn your world upside down and make it hard to get through the work day and stay productive. But there are things you can do to get through this difficult adjustment.

**Recognize that it's OK to have different feelings.** It's normal to feel sad, angry, exhausted, frustrated and confused—and these feelings can be intense. You also may feel anxious about the future. Accept that reactions like these will lessen over time. Even if the marriage was unhealthy, venturing into the unknown is frightening.

**Give yourself a break.** Give yourself permission to feel and to function at a less than optimal level for a period of time. You may not be able to be quite as productive on the job or care for others in exactly the way you're accustomed to for a little while. No one is superman or superwoman; take time to heal, regroup and re-energize.

**Don't go through this alone.** Sharing your feelings with friends and family can help you get through this period. Consider joining a support group where you can talk to others in similar situations. Isolating yourself can raise your stress levels, reduce your concentration, and get in the way of your work, relationships and overall health. Don't be afraid to get outside help if you need it.

**Take care of yourself emotionally and physically.** Be good to yourself and to your body. Take time out to exercise, eat well and relax. Keep to your normal routines as much as possible. Try to avoid making major decisions or changes in life plans. Don't use alcohol, drugs or cigarettes as a way to cope; they only lead to more problems.

**Avoid power struggles and arguments with your spouse or former spouse.** If a discussion begins to turn into a fight, calmly suggest that you both try talking again later and either walk away or hang up the phone.

**Take time to explore your interests.** Reconnect with things you enjoy doing apart from your spouse. Have you always wanted to take up painting or play on an intramural softball team? Sign up for a class, invest time in your hobbies, volunteer, and take time to enjoy life and make new friends.

**Think positively.** Easier said than done, right? Things may not be the same, but finding new activities and friends, and moving forward with reasonable expectations will make this transition easier. Be flexible. If you have children, family traditions will still be important but some of them may need to be adjusted. Help create new family activities.

**Life will get back to normal,** although “normal” may be different from what you had originally hoped.

## **Tips for talking to kids ...**

If you have children, here's a short list of tips that can help your young children and teens cope.

**Reassure and listen.** Make sure your kids know that your divorce is not their fault. Listen to and ease their concerns, and be compassionate but direct in your responses.

**Maintain stability and routines.** Try to keep your kids' daily and weekly routines as familiar and stable as possible.

**Offer consistent discipline.** Now that your kids may share time with both parents separately, make sure to agree in advance on bedtimes, curfews and other everyday decisions, as well as any punishments.

**Let your children know they can rely on you.** Make and keep realistic promises. And don't overly confide in them about your feelings about the divorce.

**Don't involve your children in the conflict.** Avoid arguing with or talking negatively about the other parent in front of your kids. Don't use them as spies or messengers, or make them take sides

## **Postpartum Disorders**

The birth of a child can be a joyous and exciting time, but following childbirth, some women may experience postpartum disorders that can adversely affect a woman's mental health. Mothers commonly experience what is called "the baby blues," mood swings that are the result of high hormonal fluctuations that occur during and immediately after childbirth. They may also experience more serious mental health disorders such as postpartum depression, birth-related post-traumatic stress disorder or a severe but rare condition called postpartum psychosis.

In general, clinical depression occurs in approximately 15 to 25 percent of the population, and women are twice as likely as men to experience depression. Because women are most likely to experience depression during the primary reproductive years (25 to 45), they are especially vulnerable to developing depression during pregnancy and after childbirth. Women who develop these disorders do not need to feel ashamed or alone; treatment and support are available.

### **What are the postpartum blues or "baby blues?"**

Postpartum blues are very common, occurring in up to 80 percent of new mothers. Characterized by mood swings, postpartum blues or "baby blues" are normal reactions that many mothers experience following childbirth. The onset of postpartum blues usually occurs three to five days after delivery, and should subside as hor-

mone levels begin to stabilize. Symptoms generally do not last for more than a few weeks. If a person continues to experience mood swings or feelings of depression for more than two weeks after childbirth, the problem may be more serious.

## **What is postpartum depression (PPD)?**

Postpartum depression (PPD) is a major form of depression and is less common than postpartum blues. PPD includes all the symptoms of depression but occurs only following childbirth. It can begin any time after delivery and can last up to a year. PPD is estimated to occur in approximately 10 to 20 percent of new mothers.

## **What are the symptoms of PPD?**

Symptoms of PPD are the same as those for clinical depression and may include specific fears such as excessive preoccupation with the child's health or intrusive thoughts of harming the baby. Given the stressful circumstances of caring for a new baby, it is understandable that new mothers may be more tired, irritable and anxious. But when a new mother is experiencing drastic changes in motivation, appetite or mood she should seek the help of a mental health professional. For a clinical diagnosis of postpartum depression to be made, symptoms of PPD generally must be present for more than two weeks following childbirth to distinguish them from postpartum blues.

## What are the factors that contribute to PPD?

The causes of PPD are not quite clear but research suggests that the following factors may contribute to the onset of PPD:

- **Hormonal changes:** A woman experiences the greatest hormonal fluctuation levels after giving birth. Intense hormone fluctuations, such as decreased serotonin levels, occur after delivery and may play a role in the development of PPD.
- **Situational risks:** Childbirth itself is a major life change and transition, and big changes can cause a great deal of stress and result in depression. If a major event coincides with childbirth, a mother may be more susceptible than average to PPD.
- **Life Stresses:** Ongoing stressful circumstances can compound the pressures of having a new baby and may trigger PPD. For example, excessive stress at the office added to the responsibilities of being a mother can cause emotional strain that could lead to PPD. The nature of the mother's relationship with the baby's father and any unresolved feelings about the pregnancy might also affect a mother's risk of getting PPD.

## **What treatments are available?**

Taking antidepressant medication may help alleviate the symptoms of PPD and should be combined with ongoing counseling with a therapist trained in issues surrounding childbirth. Studies show that some antidepressant medications have no harmful effects on breastfeeding infants. Psychotherapy alone may also be used to treat PPD. New mothers should be encouraged to talk about their feelings or fears with others. Socializing through support groups and with friends can play a critical role in recovery. Exercise and good nutrition may improve a new mother's mood and also aid in recovery. Caffeine should be avoided because it can trigger anxiety and mood changes.

## **Can PPD lead to other problems?**

When a new mother has severe depression, the vital mother-child relationship may become strained. She may be less able to respond to her child's needs. Several studies have shown that the more depressed a new mother is, the greater the delay in the infant's development. A new mother's attention to her newborn is particularly important immediately following birth because the first year of life is a critical time in cognitive development.

## **Is PPD preventable?**

In most cases PPD is preventable; early identification can lead to early treatment. A major part of prevention is being informed about the risk factors and the medical community can play a key role in identifying and treating PPD. Women should be screened by their physician to determine their risk for acquiring PPD. Because social support is also a vital factor in prevention, early identification of mothers who are at risk can enable a woman to seek support from physicians, partners, friends, and coworkers.

## **What is birth-related post traumatic stress disorder (PTSD)?**

After childbirth, women may also experience post traumatic stress disorder (PTSD). PTSD includes two key elements: (1) experiencing or witnessing an event involving actual or threatened danger to the self or others, and (2) responding with intense fear, helplessness or horror.

Symptoms of birth-related PTSD may include:

- Obsessive thoughts about the birth
- Feelings of panic when near the site where the birth occurred
- Feelings of numbness and detachment

- Disturbing memories of the birth experience
- Nightmares
- Flashbacks
- Sadness, fearfulness, anxiety or irritability

## **What is postpartum psychosis?**

In rare cases, women may experience postpartum psychosis (PPP), a condition that affects about one-tenth of 1 percent of new mothers. Onset is quick and severe, and usually occurs within the first two to three weeks following childbirth. Symptoms are similar to those of general psychotic reactions such as delusions (false beliefs) and hallucinations (false perceptions), and often include:

- Physical symptoms: Refusal to eat, inability to cease activity, frantic energy.
- Mental symptoms: Extreme confusion, memory loss, incoherence.

# Taking Care of an Aging Parent

Are you a member of the “sandwich” generation? You are if you are caring for young children as well as one or more aging parents. Today, 44 percent of Americans between the ages of 45 and 55 have both living parents and children under 21 years old. In fact, 22 million Americans are caring for parents or older relatives, according to the AARP. And, nearly two-thirds of primary caregivers are women, a Kaiser Family Foundation study shows. Most of these caregivers are also either working full or part-time.

Taking care of children, performing on the job and keeping up with the household chores are just some of life’s daily stresses. When you also take care of an aging parent or relative, you can feel stretched beyond your limits. Use the tips provided below to help you cope.

- Be organized. Make a list of things that need to be done, and set realistic priorities and goals. Have a backup plan in place.
- Stay healthy. Get enough sleep, eat a healthful diet and exercise regularly. Most people tend to overlook their own health when taking care of others.
- Make a little time to do things you enjoy. Relax with family and friends. Having fun, laughing and focusing on things other than your own problems helps you keep your emotional balance and makes you a much better caregiver.

- Ask for help when you need it. There will be times when you can't do everything that needs to be done, so call on friends and family members for help with different tasks.
- Use community resources, such as adult day services, meal or shopping services, and caregiver support groups to help lighten your load. Also look to see what programs are offered through your place of worship.
- Feel stressed, angry or depressed? Step away from the situation for a while. Leave the room for a minute or take a walk around the block.
- Do not drink excessively or use drugs to cope with the stress. If the feelings continue, talk to a trusted friend, relative, clergy or health professional. Ask your employer if there is an employee assistance program you can use.
- Talk to your supervisor at work about your caregiving responsibilities, so he or she knows what difficulties you may experience. Offer to make up any work time you take off for caregiving.
- Find out your company's policy on caregivers. It may offer benefits or services that can help. Take advantage of flextime policies at work. Consider working part time or job sharing.
- Ask your human resources department for information on the Family and Medical Leave Act. This allows up to 12 weeks a year unpaid leave for family caregivers who meet certain requirements.

# **When a Parent Has a Mental Illness: Interventions and Services for Families**

Practical interventions and access to quality care are critical issues for parents who live with mental illness and their families. Appropriate interventions and services are essential to mitigate risk and enhance healthy relationships between parents and their children. Support services should help families prosper by addressing individual characteristics of the parent and child, strengthening family bonds, improving family interactions, increasing social supports, and expanding access to services.<sup>1</sup> This fact sheet describes the types of intervention strategies that can help families to thrive, and summarizes the limits of the current service delivery system.

## **Designing Effective Interventions**

Families in which a parent has a mental illness may need a range of intervention strategies and services to maintain a stable environment and ensure positive outcomes for their children. While parents with a mental illness share many similar concerns, some concerns are specific to individual diagnoses. In addition to considering individual diagnoses, and goals, individual strengths and stressors should be considered in designing an effective intervention strategy, as well as the needs of the children and the demands of parenting. Further, the range of experiences of parents and children must be considered and **29** flexible definition of family

considered, in order to reflect the diversity of formal and informal care giving arrangements. Therefore, comprehensive interventions for parents with mental illness should include:

- An assessment of parenting strengths, needs, and goals
- Comprehensive case management
- Peer support
- Self-help
- Parent mentoring
- Medication management
- Pregnancy decision making and support
- Crisis and respite care
- Foster care support
- Trauma and abuse counseling
- Substance abuse treatment
- Marital and family counseling
- Housing and independent living assistance
- Child development and parenting skills training
- Assistance with school issues
- Benefits and public entitlement counseling

## Parents' Needs

Parents' needs must be identified to create effective interventions strategies that build upon their core strengths. Some of these central needs often include:

- Reassurance about the quality of their parenting strategies
- Parent support groups
- Better understanding of mental illness in the community and in their own families
- Service systems that actively engage families in supporting and sometimes confronting the parent
- Better public education regarding mental illness, the relationship of mental illness to parental competence, safety and risk issues for children who have a parent with a mental illness, and the impact of the termination of parental rights on children and adults
- Individual and family therapy for depression, substance abuse, marital conflict, budget planning, problem solving and strategies for giving and receiving support
- Identification of primary issues and challenges for parents, such as: reproductive decision making and prenatal health care; coping with custody loss, visitations and placements; understanding normal child development and how to interact with children; building a set of child management skills; and developing supporting family and social networks

In many cases, parents who have received a diagnosis of a mental illness may need assistance in clarifying their parental role and setting realistic expectations for their children. Service providers and advocates need to help parents distinguish the normal stress of their parenting role from symptoms of their mental illness; they may also need help differentiating normal development in children from early signs of a mental health problem.<sup>2</sup> Clear and structured support should be provided to alternative caregivers and grandparents, as well as to the parents themselves, so that parents may relate to their families in more positive ways.<sup>3</sup>

A critical need for children who have a parent with a mental illness is the opportunity to build competencies including social problem solving, critical thinking skills, assertiveness, communication skills and stress management. Based on the parent's illness, children may also need specific help in areas related to the parental illness such as, getting to school regularly and coping with school work.

Interventions that focus on ensuring a safe, stable environment for children, reducing parent-child stressors, and supporting children's resilience can improve outcomes for parents and children. Efforts to enhance children's understanding of mental illness and parents' understanding of children's needs have shown promising results.

# **Bipolar Disorder: What You Need to Know**

## **What is Bipolar Disorder?**

Bipolar disorder, also known as manic depression, is an illness involving one or more episodes of serious mania and depression. The illness causes a person's mood to swing from excessively "high" and/or irritable to sad and hopeless, with periods of a normal mood in between. More than 2 million Americans suffer from bipolar disorder.

Bipolar disorder typically begins in adolescence or early adulthood and continues throughout life. It is often not recognized as an illness and people who have it may suffer needlessly for years.

Bipolar disorder can be extremely distressing and disruptive for those who have this disease, their spouses, family members, friends and employers. Although there is no known cure, bipolar disorder is treatable, and recovery is possible. Individuals with bipolar disorder have successful relationships and meaningful jobs. The combination of medications and psychotherapy helps the vast majority of people return to productive, fulfilling lives.

**“Bipolar disorder is treatable, and recovery is possible.”**

## **What causes bipolar disorder?**

Although a specific genetic link to bipolar disorder has not been found, studies show that 80 to 90 percent of those who suffer from bipolar disorder have relatives with some form of depression.

It is also possible that people may inherit a tendency to develop the illness, which can then be triggered by environmental factors such as distressing life events.

The presence of bipolar disorder indicates a biochemical imbalance which alters a person's moods. This imbalance is thought to be caused by irregular hormone production or to a problem with certain chemicals in the brain, called neurotransmitters, that act as messengers to our nerve cells.

## **What are the symptoms of bipolar disorder?**

Bipolar disorder is often difficult to recognize and diagnose. It causes a person to have a high level of energy, unrealistically expansive thoughts or ideas, and impulsive or reckless behavior. These symptoms may feel good to a person, which may lead to denial that there is a problem.

Another reason bipolar disorder is difficult to diagnose is that its symptoms may appear to be part of another illness or attributed to other problems such as substance abuse, poor school performance, or trouble in the workplace.

## Symptoms of mania

The symptoms of mania, which can last up to three months if untreated, include:

- Excessive energy, activity, restlessness, racing thoughts and rapid talking
- Denial that anything is wrong
- Extreme “high” or euphoric feelings — a person may feel “on top of the world” and nothing, including bad news or tragic events, can change this “happiness.”
- Easily irritated or distracted.
- Decreased need for sleep – an individual may last for days with little or no sleep without feeling tired.
- Unrealistic beliefs in one’s ability and powers — a person may experience feelings of exaggerated confidence or unwarranted optimism. This can lead to over ambitious work plans and the belief that nothing can stop him or her from accomplishing any task.
- Uncharacteristically poor judgment — a person may make poor decisions which may lead to unrealistic involvement in activities, meetings and deadlines, reckless driving, spending sprees and foolish business ventures.
- Sustained period of behavior that is different from usual — a person may dress and/or act differently than he or she

usually does, become a collector of various items, become indifferent to personal grooming, become obsessed with writing, or experience delusions.

- Unusual sexual drive
- Abuse of drugs, particularly cocaine, alcohol or sleeping medications
- Provocative, intrusive, or aggressive behavior — a person may become enraged or paranoid if his or her grand ideas are stopped or excessive social plans are refused.

## **Symptoms of Depression**

Some people experience periods of normal mood and behavior following a manic phase, however, the depressive phase will eventually appear. Symptoms of depression include:

- Persistent sad, anxious, or empty mood
- Sleeping too much or too little, middle-of-the-night or early morning waking
- Reduced appetite and weight loss or increased appetite and weight gain
- Loss of interest or pleasure in activities, including sex
- Irritability or restlessness
- Difficulty concentrating, remembering or making decisions.
- Fatigue or loss of energy
- Persistent physical symptoms that don't respond to treatment (such as chronic pain or digestive disorders)

- Thoughts of death or suicide, including suicide attempts
- Feeling guilty, hopeless or worthless

## **Treatment**

Treatment is critical for recovery. A combination of medication, professional help and support from family, friends and peers help individuals with bipolar disorder stabilize their emotions and behavior. Most people with bipolar disorder can be treated with medication. A common medication, Lithium, is effective in controlling mania in 60% of individuals with bipolar disorder. Olanzapine (Zyprexa), an antipsychotic, is a new treatment for bipolar disorder, Carbamazepine (Tegratol) and divalproex sodium (Depakote), which are mood-stabilizers and anticonvulsants, are some of the other medications used. In addition, benzodiazepines are sometimes prescribed for insomnia and thyroid medication can also be helpful.

It is suggested that those with bipolar disorder receive guidance, education and support from a mental health professional to help deal with personal relationships, maintain a healthy self-image and ensure compliance with his or her treatment. Support and self-help groups are also an invaluable resource for learning coping skills, feeling acceptance and avoiding social isolation. Friends and family should join a support group to better understand the illness so that they can continue to offer encouragement and support to their loved ones.

## **ADULTS AND CHILDREN OUTPATIENT MENTAL HEALTH SERVICES**

Bloomfield Human Services  
1 Municipal Plaza Room 213  
Bloomfield NJ 07003  
973-680-4017  
[www.bloomfieldpwpnj.com](http://www.bloomfieldpwpnj.com)

Mount Carmel Guild  
1160 Raymond Blvd  
Newark NJ 07102  
973-596-4109  
[www.cathedralhealth.org](http://www.cathedralhealth.org)

Center for Low Cost Psychotherapy  
33 South Fullerton Avenue  
Montclair NJ 07042  
973-509-9777  
[www.mhaessex.org](http://www.mhaessex.org)

Community Mental Health Care  
Network  
Northwest Essex Community  
Healthcare Network  
570 Belleville Ave  
Belleville NJ 07109  
973-450-3100

East Orange General Hospital  
Outpatient Treatment Program  
33 Evergreen Place  
East Orange, NJ 07018

Family Connections  
395 South Center Street  
Orange, NJ 07050  
(973) 675-3817  
[www.familyconnectionsnj.org](http://www.familyconnectionsnj.org)

Mental Health Resource Center  
60 South Fullerton Ave Suite 210  
Montclair, NJ 07042  
973-744-6522  
[www.careplusnj.org](http://www.careplusnj.org)

Montclair Counseling Center  
183 Inwood Avenue  
Montclair NJ 07043  
973-783-6977  
[www.montclaircounseling.com](http://www.montclaircounseling.com)

Mountainside Hospital  
1 Bay Ave  
Montclair, NJ 07042  
Outpatient 973-429-6121  
Partial Care 973-429-6260  
[www.mountainsidehospital.org](http://www.mountainsidehospital.org)

Newark Beth Israel Medical Center  
Community Mental Health Center  
201 Lyons Ave  
Newark, NJ 07112  
(973) 926-7024  
[http://www.sbhcs.com/hospitals/newark\\_beth\\_israel/index.html](http://www.sbhcs.com/hospitals/newark_beth_israel/index.html)

UMDNJ - Community Mental  
Health Center  
Psychiatric Outpatient Center  
183 South Orange Avenue  
Newark NJ 07103  
973-972-5430  
973-972-4200

### **CHILDREN ONLY**

Youth Development Clinic of  
Newark  
20 Columbia St  
Newark, NJ 07102  
(973) 623-5080

UMDNJ Community Mental  
Health Center  
183 South Orange Avenue  
Newark NJ 07103  
973-972-4818  
[www.theuniversityhospital.com](http://www.theuniversityhospital.com)

Mountainside Hospital Outpatient for  
Children and Adolescents  
1 Bay Ave  
Montclair, NJ 07042  
Outpatient 973-429-6121  
[www.mountainsidehospital.org](http://www.mountainsidehospital.org)

### **FAMILY SERVICES AGENCIES**

Family Service League  
204 Claremont Ave  
Montclair NJ 07042  
973-746-0800  
[www.familyserviceleague.org](http://www.familyserviceleague.org)

Family Connections  
395 South Center Street  
Orange, NJ 07050  
(973) 675-3817  
[www.familyconnectionsnj.org](http://www.familyconnectionsnj.org)

Family Services Bureau of Newark  
391 Kearny Ave  
Kearny, NJ 07032  
(201) 246-8077

Jewish Family Service Agency  
901 Route 10  
Whippany, New Jersey 07981  
973-929-3000

Family Service League of Bloomfield  
and Glen Ridge  
29 Park St.  
Bloomfield NJ 07003  
973-743-3737  
[www.familyserviceleague.org](http://www.familyserviceleague.org)

Nutley Family Service Bureau  
155 Chestnut Street  
Nutley NJ 07110  
973-667-1884  
No website

## **YOUTH COUNSELING SERVICES**

The Bridge, Inc.  
14 Park Avenue  
Caldwell NJ 07006  
[www.thebridgenj.org](http://www.thebridgenj.org)

Division of Youth and Family Services  
153 Halsey St.  
Newark, NJ 07102  
973-648-4100  
[www.state.nj.us/dcf/divisions/dyfs/](http://www.state.nj.us/dcf/divisions/dyfs/)  
Maplewood District Office –  
973-648-7049  
East Orange District Office –  
973-414-4200

F.O.C.U.S.  
443 Broad Street  
Newark, NJ 07102  
973-624-2528  
[www.focus411.org](http://www.focus411.org)

La Casa de Don Pedro  
23 Broadway, Newark, 07104  
(973) 483-2703  
[www.lacasanwk.org](http://www.lacasanwk.org)

Main Street Counseling Center  
8 Marcella Avenue  
West Orange, NJ 07052  
[www.mainstreetcounseling.org](http://www.mainstreetcounseling.org)

Runaway Hotline  
800-231-6946

Youth Consultation Service  
284 Broadway  
Newark NJ 07104  
[www.ycs.org](http://www.ycs.org)

## **HOSPITAL EMERGENCY ROOMS**

Clara Maass Medical Center  
1 Franklin Avenue  
Belleville NJ 07109  
973-450-2100  
[www.saintbarnabas.com/hospitals/clara\\_maass/index.html](http://www.saintbarnabas.com/hospitals/clara_maass/index.html)

East Orange General Hospital  
300 Central Avenue  
East Orange, NJ 07018  
973-266-8460  
[www.evh.org](http://www.evh.org)

Mountainside Hospital  
Bay and Highland Avenues  
Montclair, NJ 07042  
973-429-6969  
[www.mountainsidehospital.org](http://www.mountainsidehospital.org)

Newark Beth Israel Medical Center  
201 Lyons Ave  
Newark, NJ 07112  
(973) 926-7444  
[http://www.sbhcs.com/hospitals/newark\\_beth\\_israel/index.html](http://www.sbhcs.com/hospitals/newark_beth_israel/index.html)

St Barnabas Medical Center  
Old Short Hills Road  
Livingston NJ  
973-533-5180  
[www.saintbarnabas.com](http://www.saintbarnabas.com)

University of Medicine and Dentistry  
University Hospital  
150 Bergen Street  
Newark, NJ  
973-972- 5123  
[www.theuniversityhospital.com](http://www.theuniversityhospital.com)

## **CRISIS INTERVENTION**

East Orange General Hospital  
300 Central Avenue  
East Orange, NJ 07018  
973-266-4478  
Mobile Crisis Unit 973-266-4479  
[www.evh.org](http://www.evh.org)

Mountainside Hospital  
Bay and Highland Avenues  
Montclair, NJ 07042  
24 hour hotline 973-429-6969  
[www.mountainsidehospital.org](http://www.mountainsidehospital.org)

Newark Beth Israel Medical Center  
Childrens Crisis Intervention Ser-  
vices 973-926-3393  
Crisis Hotline 973-926-7444  
Crisis Unit 973-926-7416  
201 Lyons Ave  
Newark, NJ 07112  
[http://www.sbhcs.com/hospitals/  
newark\\_beth\\_israel/index.html](http://www.sbhcs.com/hospitals/newark_beth_israel/index.html)

University of Medicine and Den-  
tistry  
Psychiatric Emergency Services  
150 Bergen Street  
Newark, NJ  
973-972- 6135  
[www.theuniversityhospital.com](http://www.theuniversityhospital.com)

## **IN-PATIENT PSYCHIATRIC SERVICES**

Mount Carmel Guild  
1160 Raymond Blvd  
Newark NJ 07102  
973-596-4100  
[www.cathedralhealth.org](http://www.cathedralhealth.org)

Clara Maass Medical Center  
1 Franklin Avenue  
Belleville NJ 07109  
973-450-2111  
[www.saintbarnabas.com/hospitals/  
clara\\_maass/index.html](http://www.saintbarnabas.com/hospitals/clara_maass/index.html)

East Orange General Hospital  
300 Central Avenue  
East Orange, NJ 07018  
973-266-8440  
[www.evh.org](http://www.evh.org)

Essex County Hospital Center  
204 Grove Avenue  
Cedar Grove NJ  
973-571-2800

Mountainside Hospital  
Bay and Highland Avenues  
Montclair, NJ 07042  
24 hour hotline 973-429-6923  
[www.mountainsidehospital.org](http://www.mountainsidehospital.org)

Newark Beth Israel Medical Center  
201 Lyons Ave  
Newark, NJ 07112  
(973) 926-7091  
[http://www.sbhcs.com/hospitals/  
newark\\_beth\\_israel/index.html](http://www.sbhcs.com/hospitals/newark_beth_israel/index.html)

University of Medicine and Dentistry  
Psychiatric Emergency Services  
150 Bergen Street  
Newark, NJ  
973-972- 6129  
[www.theuniversityhospital.com](http://www.theuniversityhospital.com)

St Barnabas Medical Center  
Old Short Hills Road  
Livingston NJ  
973-533-5240  
[www.saintbarnabas.com](http://www.saintbarnabas.com)

Greystone Park Psychiatric Hospital  
Greystone Park, NJ 07950  
(973)292-4096  
[www.state.nj.us/humanservices/pf-nurse/greystone.htm](http://www.state.nj.us/humanservices/pf-nurse/greystone.htm)

## **DAY TREATMENT SERVICES**

Community Psychiatric Institute  
49 S. Munn Ave  
East Orange, NJ 07018  
(973) 673-3342  
[www.cpinj.org](http://www.cpinj.org)

Essecare Inc  
20 Main St.  
Orange, NJ 07050  
(973) 414-0091

Prospect House  
424 Main St  
East Orange, NJ 07018  
973-674-8067

## **RESIDENTIAL SERVICES**

Essex County Division of Welfare  
18 Rector Street  
Newark NJ 07102  
973-733-3111  
[www.essex-countynj.org](http://www.essex-countynj.org)

Easter Seals Essex Housing Program  
155 Pompton Avenue  
Verona NJ 07044  
973-857-3500  
[www.nj.easterseals.com](http://www.nj.easterseals.com)

Project Live, Inc  
408 Bloomfield Ave  
Newark NJ 07101  
973-481-1211  
[www.projectlive.org](http://www.projectlive.org)

depression anxiety panic disorder stress  
trauma grief loss family crisis depression  
anxiety panic disorder stress trauma grief  
depression anxiety panic disorder stress  
trauma grief loss depression anxiety panic  
disorder stress trauma grief loss family cri-

# Help. Healing. Hope.



The Mental Health Association  
of Essex County...

We're here if you need us.

For free, confidential information and referral, call our HelpLine

**(973) 509-9777**



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