MENTAL HEALTH CRISIS PLANNING

RUBEN RIVERA-JACKMAN, MNPL, PSC, GMHS
206-574-1186 RUBENR@KCHA.ORG
Welcome
RUBEN’S EXPERIENCE

® 30+ years of Professional and Personal Experience

® Education: MNPL, GMHS, PSC, and CDP

® Senior Resident Services Manager, 11+ years
  ▪ 28 mixed population buildings public housing developments serving older-adults and younger adults with disabilities.
  ▪ Supervise a Team of 8 RSCs
  ▪ 1,673 households

® Instructor, Seattle Central College

® RSC, Shepherd’s Garden, Lynnwood, WA (Beacon Communities)
HANDS RAISED EXERCISE

👩 Housing Developer/Owner
👩 Property Manager
👩 Housing Administrator
👩 Service Coordinator
👩 QA, Compliance Officer
👩 Administrative Assistant
👩 Program/Office Assistant
👩 Facilities Supervisor
👩 Maintenance Personnel
👩 Others?
DISCLAIMERS

1. Treatment and medication options are intended for educational purposes, not intended for diagnoses, or prescription advise.

2. MH cartoons used are copyrighted and used for comedy relief. Not intended to be offensive or lessen the severity or seriousness of mental health conditions.
MENTAL HEALTH CRISIS MANAGEMENT AND PLANNING

ADDRESSING AND MANAGING THE CHALLENGING BEHAVIORS ASSOCIATED WITH UNTREATED MENTAL HEALTH CONDITIONS.

MENTAL HEALTH 2.0
MEETING THE MENTAL HEALTH CHALLENGES OF THE ELDER BOOM

By
Michael B. Friedman
Chairperson, the Geriatric Mental Health Alliance of New York

A POPULATION BOOM

The massive growth of the population of older adults that will take place over the next quarter century has fueled great concern about the future solvency of the...
• Number of older adults (65+) in the U.S. will double over the next quarter century from 35 million to 70 million. (Baby Boomers)

• Proportion of older adults from minority cultures will increase from 16% to 25%.

• The number of older adults with mental health conditions will double from 7 million to 14 million.
• Estimated that 20% of people age 55 years or older experience some type of MH concern.

• Older-adults account for only 7% of all inpatient psychiatric services, 6% of community mental health services, and 9% of private psychiatric care.

• Less than 3% of all Medicare reimbursement is for the psychiatric treatment of older-adults.
18 to 25% of older-adults are in need of mental health care for depression, anxiety, psychosomatic disorders, adjustment to aging, and schizophrenia.

Suicide rate of the older-adults are among the highest of all age groups in the U.S.

An older-adult commits suicide every 17 days somewhere in the U.S.
• Although some older adults remain healthy and vigorous throughout their lives, most have chronic physical conditions including obesity, hypertension, diabetes, heart disease, pulmonary disease, and dementia. (Physical and Mental Health Disabilities, on average 2-3)

• Although some people experience improved mental status and functioning as they age, many continue to have compromised cognitive abilities throughout their lives, even if the primary symptoms of severe MH illness are controlled with medication.
STATS

• Older-adults generally have limited access to quality health care because health care providers generally do not understand their psychological problems and are often uncomfortable caring for them. (Ageism/Stigma)

• Poor health and poor health care contribute to the low life expectancy of people with MH disorders, whose lives on average are at least 10 shorter than the general population. A recent study puts it at about 25 years.
OUR RESIDENT'S DEMOGRAPHICS
RESIDENT DEMOGRAPHICS

✓ Low or fixed income

✓ Young adults with disabilities (18-55 y/o)

✓ Near Elderly (55-64 y/o)

✓ Elderly (65+ y/o)

✓ Single/couples/families

✓ Hetero/Homo/Bi/Transgendered
RESIDENT DEMOGRAPHICS

✓ Biological, physical, mental health, and substance abuse and addiction conditions.

✓ Diverse racial, ethnic and cultural backgrounds.

✓ Immigrants and refugees.

✓ Histories of intimate partner violence, physical/emotional abuse, neglect, poverty, discrimination, oppression and alcohol and illicit drug abuse/usage.
Issues usually present when the MH Condition is untreated or during Decompensation

What we see and know at time of lease up
OUR RESIDENT’S MOST COMMON DIAGNOSIS
Depression is common in old age balloons.
“Each 8-ounce serving contains the minimum daily requirement of vitamins, minerals and antidepressants.”
No, no, not Mad Cow Disease! It's called a MOOO-Disorder!
Paranoid-Schizophrenia
DELUSIONS & HALLUCINATIONS

YOU'VE REACHED THE SCHIZOPHRENIA SOCIETY. NO NEED TO LEAVE US A MESSAGE. WE HEAR YOUR VOICE.

www.reneelevy.com
“Ever since I signed up for Twitter, I get the feeling that people are following me!”
HOARDING
Alzheimer’s and Other Dementias

"My memory's terrible these days."
Dude, you're over medicated...
Mental Health History

Why is it the more help you need...

YEAR 1
1 Diagnosis
1 Medication
but Insured

YEAR 3
3 Diagnoses
3 Medications
COBRA Ins.

YEAR 6
4 Diagnoses
5 Medications
Lost Insurance

YEAR 10
6 Diagnoses
12 Medications
Broke!

The less money YOU have?

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WE ALL EXHIBIT GOOD AND NOT SO GOOD BEHAVIORS. (HUMAN)

BEHAVIORS ARE DEMONSTRATIONS OF WHO WE ARE AND HOW WE COMMUNICATE OUR RESPONSE TO DAILY LIVING AND LIFE IN GENERAL.
Less than 10% of residents living with a Mental Health condition cause 100% of challenges and take up most of our time and drain our energy.
OLDER ADULTS WITH MH DISORDERS ARE A HETEROGENEOUS POPULATION, MOST OF WHOM LIVE AND WANT TO REMAIN IN THE COMMUNITY, INCLUDING PEOPLE WITH:

- SERIOUS AND PERSISTENT MENTAL ILLNESSES WHO ARE AGING.
- ALZHEIMER AND VASCULAR DEMENTIAS
- SEVERE ANXIETY, DEPRESSIVE, AND PARANOID DISORDERS RESULTING IN SOCIAL ISOLATION, DYSFUNCTION, BEHAVIORAL OBSTACLES TO LIVING IN THE COMMUNITY, AND HIGH RATES OF SUICIDE.
• LESS SEVERE ANXIETY AND DEPRESSIVE DISORDERS

• ALCOHOL AND PRESCRIPTION DRUG ABUSE + SOME LIFELONG ADDICTION

• EMOTIONAL PROBLEMS ADJUSTING TO OLD AGE.

• MOST DO NOT WAKE UP IN THE MORNING AND SAY OR PLAN TO REEK HAVOC ON THEIR RSC OR PM.
• Unfortunately there is no cookbook or magic formula. Finding a solution that works for a particular individual in a particular situation is largely a matter of trial and error.

• Even when a solution is found it may not work every time. Adjustments will need to be made as the disease progresses and new behaviors present themselves.
PROBLEM SOLVING STRATEGIES

1. First Do No Harm. (Benevolence)

2. Request and participate in training opportunities, ask questions (Knowledge) KUDOS!!!!

3. Ask for assistance & support. (Supervision)

4. Do the best YOU can. (Competence)
CONTINUOUSLY EXPERIENCING LOSSES *(KÜBLER-ROSS)*

- Employment (Identity)
- Social Economic Status (Income)
- Social Support Network (Spouse, Partner, Family Members, Friends, Pets, etc.)
- Downsizing: Home, Space and Possessions
- Independence (Driving)
- Deteriorating Physical and Mental Health.
- Onset of multiple chronic Physical and mental health conditions
- Dignity, Respect, Cultural Values, Familial Status
- Control and Choice
- Community: Familiar Surroundings, Safety, etc.
If You Only Remember One Thing

Behavior is Communication

MentalHealthHumor.com
By: Chato B. Stewart

Dancing the Medication Mambo
HOLISTIC APPROACH MODEL

What is happening to your resident/client:
• Psycho-socially
• Medically/physically
• Family History/Heredity/Genetics
• Financially
• Spiritually

• How is the world and environment changing for your resident/client?
• How does these changes effect their physical, biological and mental health?
• Identify and address the stressors (Losses)
Your medication is off... you have a 87% chance of a relapse... seek help soon.

Yes! There's an app for that...
RULE OUT A URINARY TRACT INFECTIONS (UTIS)

✓ 20-30% of all infections in older-adults are UTIs. Common in both men and women

✓ 1 in 5 women develop UTIs.

✓ 13.9% of men aged 20-74 self-report having UTIs.

✓ 53.5% of women aged 20-74 self-report having UTIs.
UTI SYMPTOMS

- Mimics psychiatric conditions.

- Symptoms in older-adults are different may show up as agitation, delirium, confusion, or other behavioral changes.

- Cognitive changes may indicate confusion, delirium or depression.

- Urinary incontinence.
COMMON WARNING SIGNS

• Those with dementia can also develop delirium.

• New or worsened confusion can be the only outward sign of a UTI or other infection.

• Uncomfortable urination or new incontinence.

• Person should be seen within 24 hours by their doctor or by an urgent care facility.
COMMON WARNING SIGNS

• Sudden changes in behavior is one of the best indicators of a UTI in older-adults. (acute)

• Prior history of UTI.

• At higher risk of developing complications such as kidney infection or sepsis.
COMMON WARNING SIGNS

• Diabetics: high sugar (glucose) levels in the blood can result in high sugar levels in the urine and provide a good environment for UTI bacteria growth.

• Not able to perform tasks the resident could easily do a day or two before.

• If one day they're able to dress themselves and feed themselves and then there is a sudden change, a red flag should go up.
FIVE GENERAL CATEGORIES OF MENTAL DISORDERS (DSM-V)

1. Mood Disorder: such as Depression and Bipolar Disorders.

2. Anxiety and Panic Disorders: such as Generalized Anxiety Disorder and Post Traumatic Stress Disorder (PTSD).

3. Disorders of Perception: such as Schizophrenia and Delusional Thinking Disorders.
FIVE GENERAL CATEGORIES OF MENTAL DISORDERS (DSM V)

4. Disorders of Memory: such as Alzheimer’s and other Dementias. (Lewy Bodies, Vascular, etc.)

5. Disorders of Personality such as: Borderline and Antisocial Personality Disorders.
DECOMPENSATION

• Degradation or deterioration of mental health in an individual who up till that point has maintained his or her mental health condition.

• In some cases, may lead to verbal, physical abuse and in rare cases psychotic behaviors.

• Diminished ability to think and carry out activities of daily living. (ADLs)

http://www.disabilitysecrets.com/mic2.html
http://psychology.wikia.com/wiki/Decompensation
RESPONDING TO A MH CRISIS

• Don’t forget to breathe.

• Use Mantras for emotional self-regulation

• Avoid harm to self, decompensating resident, other team members, and other residents. (MH First-AID)

• Priority is to help the person to regain a sense of control. (stabilized/provide a way out)
RESPONDING TO A MH CRISIS

• Intervene in Person-Centered ways

• Individual is seen as an active partner in rather than a passive recipient of services.

• Develop a resident-centered Housing Stability/MH Crisis Management Plan
### Sample Crisis Plan

#### Individual/Family Information:

<table>
<thead>
<tr>
<th>Person’s Name:</th>
<th>D.O.B.</th>
<th>Diagnosis(s)</th>
<th>Date of Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications:</td>
<td>Dosage:</td>
<td>Physician Name / number</td>
<td>Pharmacy Name / Number</td>
</tr>
<tr>
<td>Support Contact Name:</td>
<td>Phone(s)</td>
<td>Support Contact Name:</td>
<td>Phone(s)</td>
</tr>
</tbody>
</table>

#### Description of immediate needs:

Safety Concerns:

Treatment Choices:

- Interventions preferred:
- Interventions that have been used:
- Interventions that should be avoided:
RESPONDING TO A MH CRISIS

MH 1st Aid: Stay calm and assess the situation for safety. Call 911 and/or the MHPs, if person is

• Unconscious or unresponsive (CPR).

• Talking about hurting or killing him/herself, you or someone else.

• Agitated, angry and/or causing damage to unit or property.
RESPONDING TO A MH CRISIS

Call 911 and/or the MHPs, If person is
• Awake but unresponsive.

• Does anything that makes you fearful or worried about your safety or safety of others.

• Exhibits psychotic symptoms, i.e.: delusions, hallucinations, threatening, intimidating and/or violent behavior.

• Can not stop crying or tell you what’s wrong.
DEMENTIA RESPONSE

• 1st Stay Calm (positive self-talk)
• Try to see the situation from the other person’s perspective.
• Address the person by name s/he prefers.
• Treat the person as an adult. (No baby talk)

• Look for the reason, especially if acute. (UTI/URI)
• Keep it Simple: Give one step directions using short familiar phrases.
• Use non-verbal communication, visual cues, caring gestures and touch.
DEMENTIA RESPONSE

• Speak slowly, use a low-pitched voice.

• Respond to emotions.

• Do not argue or try to convince.

• Respond to requests.

• Find other outlets, distractions.

• Explore “out of the box” solutions.
Signs of Depression
What time of year has the Highest incident of suicide?
The prevalence of suicide is greatest during the late spring and early summer months.

What State has the highest incidence of suicide?
ALASKA

For every 100,000 Alaskans, 21.8 die by suicide.
What City has the highest incidence of suicide?

Clue: It is not Seattle
LAS VEGAS, NEVADA

Most of the people who commit suicide are out of town gamblers who lost it all.
TIPS FOR RESPONDING

• Acknowledge the signs and state that you take them seriously.

• Let the person know you care and are there for them. Be open, honest and direct.

• Ask questions, "Are you thinking about hurting yourself?" (Does not > suicide risk)

• Ask the person if they have a plan.
TIPS FOR RESPONDING

• Manage the environment: If safe to do so remove any weapons, alcohol, drugs, etc.

• Don’t allow the person in crisis to be alone.

• Don’t be sworn to secrecy.

• If you need help/backup “yell” to attract attention
SUICIDE IDEATION RESPONSE

• Follow your agency’s protocol/policies: Inform your supervisor, complete an incident report.

• If immediate medical attention is needed, Call 9-1-1.

• Don’t hesitate to seek professional help, call MHPs, suicide hotline, or crisis line.

• Inform your supervisor, complete an incident report.
SUICIDE IDEATION RESPONSE

- Suicide screening training (RSC)
- No Harm Contract (RSC)
- Share information on a need to know basis: Property Manager, Resident Services Coordinator, Supervisor, MH/CD Case Manager, and Maintenance Personnel.
- Use a buddy system
Step into the Individuals’ shoes

- Try to see the situation from the individual’s perspective.
- Pay attention to nonverbal cues
- Be sensitive to the individual’s mood, facial expression, tone of voice and body language.
PROBLEM SOLVING STRATEGIES

Ask questions

• What exactly is the behavior?
• What was happening just before the behavior occurred?
• When does it happen? Early morning? Late afternoon?
• How often has it happened?
• Where does it happen? In the lobby? The hallway? The lounge?
• Why is the behavior a problem? For whom?
• How was the behavior handled? Did it work?
PROBLEM SOLVING STRATEGIES

Look for triggers

• The resident’s/client’s physical condition
• The resident’s/client’s emotional condition
• The environment
• The task
• The way the resident/client was approached by others.
• How was the behavior handled? Did it work?
• Explore any recent losses
PROBLEM SOLVING STRATEGIES

Keep a log (Document, Document, Document)

• Document the responses and behaviors associated with the previous questions.

• See if you can determine a pattern. (Baseline/MO)
<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th>Cultural Considerations</th>
<th>Care Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat as an Individual</td>
<td>• Every person is unique in his or her social, cultural, and personal influences. Each person is an individual and should be treated accordingly.</td>
<td>• Use your communication skills to gain more information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Call a person by his or her name with the degree of formality expected in their culture, and learn to pronounce it correctly. If in doubt, ask.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Show a person you are interested and curious in learning more about them.</td>
</tr>
<tr>
<td>Refrain from Using Stereotypes</td>
<td>• There are many differences among people of any cultural or ethnic group.</td>
<td>• Be aware of any tendency to stereotype and challenge assumptions.</td>
</tr>
<tr>
<td></td>
<td>• There is a difference between culture and race.</td>
<td>• Avoid generalizing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Avoid making assumptions about a person based on the person’s race, ethnicity or culture.</td>
</tr>
<tr>
<td>Respect Cultural Differences</td>
<td>• People from different cultures may seek treatment from informal or non-traditional sources.</td>
<td>• Do not stand in the way of person and family members who wish to utilize indigenous healers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Remember that the use of humor or jargon may not be accepted or comprehended the same in every culture.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Do not use slang.</td>
</tr>
</tbody>
</table>
Respectful Communication When Working with People with Mental Disorders

Module Goals:
To provide caregivers and managers with information and tips on:
- Techniques to respectfully and non-judgmentally communicate with a person with a mental disorder.
- Effective listening skills.

Effective communication in the best of times can be difficult. Communicating with a person diagnosed with a mental disorder may at times become even more challenging. This may be because the person is:
- Preoccupied with other thoughts (either real or imagined).
- Withdrawn or depressed to the point that talking is difficult.
- Experiencing hallucinations or delusions.
- Having trouble concentrating.

A person with a mental disorder deserves to be communicated with clearly, respectfully, and without judgment. When situations
Your main communication goals during a crisis is to not make the situation worse and to help the person regain control. With a mental disorder, often crises happen when a person is terrified of losing control over his or her thoughts or feelings. Voices, caused by auditory hallucinations, may be giving life threatening commands. Messages could be coming to the person from light fixtures, electrical outlets, or a number of other places.

It is your duty to accept that the person is in an “altered reality state” and is responding to something that is not real to you, but may be very real to that person. It is imperative that you stay calm in this situation.

- Express concern, listen, and ask the person to share what is happening.
- Reassure the person that you are there to help.
- Speak softly and in simple sentences—Everything will go better if you do this.
- Do not shout—If the person does not appear to be listening, other voices may be interfering with the person’s ability to be attentive.
- Avoid patronizing or using authoritative statements.
- Do not criticize—It will make matters worse and cannot make them better.
- Don’t respond with threats, offer specifics about the past.
Creative Approaches To Challenging Behaviors

Module Goals:

To provide caregiver and managers with:

- A variety of tools and methods to help you explore and handle challenging behaviors.
- Creative approaches for providing care.

In your role as caregiver, you will sometimes find it necessary to deal with challenging behaviors and situations. Your role is to try to understand what is causing the behavior and handle the situation competently and respectfully.

When dealing with an individual diagnosed with a mental disorder, there may be hidden causes contributing to challenging behaviors. For example, the person may be hallucinating, delusional, experiencing medication side effects, or contemplating suicide.

To best respond to a challenging behavior, take a step back and try to understand, from the person’s perspective, what message the behavior may be conveying.

Introduction

Hallucinating — hearing voices or seeing objects no one else hears or sees.
# Dealing With Challenging Behaviors

<table>
<thead>
<tr>
<th>Challenging Behavior</th>
<th>Possible Causes</th>
<th>Care Tips</th>
</tr>
</thead>
</table>
| Hallucinations or delusions   | • Person is not taking medications ordered by the MD.  
• Medical problems.  
• Side effects from medications.  
• Person is relapsing. | • Avoid trying to talk the person out of a hallucination or delusion. It will further upset the person.  
• Tell the person you do not see, hear, smell, feel, taste or believe what they do, but you know the sensation and belief is real to them.  
• Gently, change the topic of discussion to something based in reality, such as current events or the weather.  
• Encourage the person to take his or her medications.  
• If medications are not working, schedule the person for a medication review and update. |
| Easily upset/troubled         | • Reaction to changes in the environment.  
• Feeling threatened or overwhelmed.  
• Feeling rushed, hungry, tired | • Explore reasons for the behavior.  
• Encourage the person to communicate his or her feelings and thoughts.  
• Encourage the person to voice their concerns. |
Module Goals:
To provide caregivers and managers with information on:

- Determining baseline.
- Identifying decompensation, possible causes, and symptoms.
- Ways to help when a person is decompensating.
- Identifying relapse and developing a relapse plan.
- Dealing with the risk of violence.
- Intervening in crisis situations.

*Baseline* is described as the times when a person with a mental health disorder is managing his or her symptoms and is functioning at his or her own highest level.

**Baseline**—when the person is functioning at his or her highest level.

Your goal is to help the resident get to his or her baseline, and to assist him or her to stay there.
MOST CURRENT HOUSING PROGRAMS ARE NOT SUITED FOR OLDER-ADULTS LIVING WITH LONG-TERM PSYCHIATRIC DISABILITIES AND OTHER CHRONIC PHYSICAL CONDITIONS.
POLICY RECOMMENDATIONS

1. Community Integration
2. Improve Access
3. Improve Quality
4. Integrate Mental Health With Health and Aging Services
5. Increase Capacity to Serve Cultural Minorities
6. Provide Family Support
POLICY RECOMMENDATIONS

7. Address Social and Economic Issues
8. Promote Positive Aging
9. Provide Outreach and Public Education
10. Workforce Development
11. New Finance Models
12. Promote Readiness of the Public and Private Sectors (partnership/sponsorship)
13. Set-Aside Housing Units (Ruben)
HOUSING RECOMMENDATIONS

• Housing Continuum: For some individuals, adult family homes and/or other supportive congregate housing is preferable to supported scatter-site or independent living housing. (higher levels of care).

• Accessibility: Wide corridors and large enough bathrooms to accommodate walkers and wheel chairs.
HOUSING RECOMMENDATIONS

• For those older adults whose ADL skills are deteriorating due to cognitive impairments, services need to be available that provides assistance with ADLs.

• Address the complex health care needs including health maintenance activities, medication management, disease management, on-site nurses, home healthcare and linkages to good health care providers.
HOUSING RECOMMENDATIONS

• Development of specialized home health care providers, who are knowledgeable about working with people with mental health and alcohol/substance addiction conditions.

• Assist with the coordination of health and mental health services, access to assistive technology, and access to entitlement programs. (MH Patient Navigators, Mental Health RSCs, etc.)
HOUSING RECOMMENDATIONS

• Screening for depression could help identify suicide risks and interventions.

• Access to Adult day programs (club house model).

• Identify and coordinate public transportation options such as accessible vans and taxis, etc. so that people with limited mobility who use assistive devices, scooters, wheelchairs, walker, etc. are keep their appointments.
HOUSING RECOMMENDATIONS

• Network and develop professional relationships with mental health professionals.

• Provide mental health training opportunities for all staff members.

• Sub-contract MH services with local MH provider.

• Consider in-House Mental Health Service Coordinator, MH Patient Navigator, etc.
FINAL THOUGHTS:
DON’T TAKE THEIR BEHAVIOR PERSONALLY!

Keep in mind that the individual may not necessarily be angry with you.

S/he may not understand the situation, or is frustrated with his or her own disabilities, or embarrassed for or ashamed for letting the situation get out of control.
"Can't a person sit here and have a nervous breakdown without being asked if something's the matter?"
“You can live a perfectly normal life if you accept the fact that your life will never be perfectly normal.”
SELF-CARE

- Remember to take care of yourself.
- Don’t try to control people or events.
- Speak up!
- See something, do and or say something
- Take relaxation breaks.

- Exercise
- Allow yourself some playtime every day.
- Practice positive self-talk. (mantra)
- Take a vacation.
- Tend to your garden of friends.
- OK to ask for help
Best Practices and Mental Health Resources
• 2-1-1 & 9-1-1

• National Alliance on Mental Health
  http://nami.org

• National Institute of Mental Health
  http://www.nimh.nih.gov

• AARP/ALZ.org

• Area Agency on Aging (AAA)

• http://www.dshs.wa.gov/mentalhealth/

• Crisis Line (24 hours) (206) 461-3222

• County Designated Mental Health Professionals (MHPs) (206) 263-9200

• Geriatric Regional Assessment Team (GRAT) (206) 923-6300
Let others know that there is hope and understanding. You can change the way the world sees mental health.

stigmafree

Take the Pledge

What is Stigmafree? Share Stigmafree Stigmafree Company

Donate to NAMI
Welcome to the CDC Mental Health Web site, which includes basic public health information on mental health.

The site aims to foster collaboration and advancement in the field of mental health in support of CDC’s public health mission.

Did you know that more than 43 million adults in our country struggled with mental illness in the past year? Half of us will meet the criteria for a diagnosable mental health condition at some point in our lives; one quarter by the age of 14. And more than 20 million adults have an alcohol...
Depression

Depression is a serious medical illness that involves the brain. It's more than just a feeling of being "down in the dumps" or "blue" for a few days. If you are one of the more than 20 million people in the United States who have depression, the feelings do not go away. They persist and interfere with your everyday life. Symptoms can include

- Sadness
- Loss of interest or pleasure in activities you used to enjoy
- Change in weight
- Trouble sleeping or oversleeping
- Fatigue or loss of energy
- Feeling hopeless or worthless
- Thoughts of death or suicide
- Trouble concentrating or making decisions
- Withdrawal from friends or family
- Sudden change in mood or behavior
- Loss of interest in things you used to enjoy

People with depression may have difficulty getting things done, especially at work or school. They may also have problems getting along with others. Depression can make it hard to find the energy and motivation to get things done. It can also make it hard to feel positive about yourself and your future.
Assessing an Older Adult's Mental Health Needs.

A change in mood from our loved ones could signal a more serious matter than you think. Here's how to access their mental health. More

August 16, 2011

The Burned-Out Employee’s Guide to the Perfect Mental Health Day ...

“Think about the best leaders of all time: When they needed a mental health day, they went to the mountains, the trees, the desert. Gandhi didn't start screaming, ... More
Help for Mental Illnesses

If you or someone you know has a mental health problem, there are ways to get help. Use these resources to find help for you, a friend, or a family member.

Please note that NIMH is a research funding agency. Resources on this page are provided for informational purposes only. The list is not comprehensive and does not constitute an endorsement by NIMH.

Get Immediate Help
Service Coordinator Program

The Service Coordinator Program provides funding for the employment of Service Coordinators in insured and assisted apartment housing that is designed for the elderly and persons with disabilities. A service coordinator is a social service staff person hired or contracted by the development’s owner or management company. The Service Coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those non-elderly residents with disabilities are linked to the specific supportive services they need to continue living independently in that housing development.

Read a more detailed description of the Service Coordinator program in the Catalog of Federal Domestic Assistance (CFDA). The CFDA number for the Service Coordinator program is 14.191. Website Changes.

HUD has also just set up a Multifamily Housing Service Coordinator listserv. You may subscribe here: We’ll use the listserv to periodically provide program information to funding recipients and pass along items of interest to Service Coordinators, housing professionals, and residents. Please sign up, so you
BEST PRACTICES

Enterprise Community Partners, Inc.
www.enterprisecommunitypartners.org

NeighborWorks America
www.nw.org

Beyond Shelter
www.beyondshelter.org
BEST PRACTICES

King County Housing Authority
www.kcha.org

Corporation for Supportive Housing
www.chs.org

National Housing Conference
www.hhc.org
Mental Health Crisis Planning

Learn to recognize, manage, prevent and plan for your loved one’s mental health crisis.

NAMI Minnesota
HOUSING IN THE MENTAL HEALTH SYSTEM FOR AGING PEOPLE WITH SERIOUS PSYCHIATRIC DISABILITIES
NAMI The Nation’s Leader on Mental Health

A Housing Toolkit:
Information to help the public mental health community meet the housing needs of people with mental illnesses.

This publication was prepared and written by the Technical Assistance Collaborative of Boston, Massachusetts.
A LOOK AT SUPPORTIVE HOUSING FOR MENTAL HEALTH CONSUMERS IN FOUR OREGON COUNTIES
Annie’s Story

Supportive housing provides choice and independence.

Learn More
Critical Connections

The first affordable rental housing in Portland, Ore.'s South Waterfront neighborhood brings residents closer to fresh food, transportation and jobs.

Gray's Landing became resident Mary Helfin’s saving grace – read her story.
MENTAL HEALTH AND HOUSING:
How Texas Can Help Its Citizens Achieve Recovery Through Investment and Innovation in Supportive Housing
Creating Community

Integrating Elderly and Severely Mentally Ill Persons in Public Housing

HUD Document from 1993
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