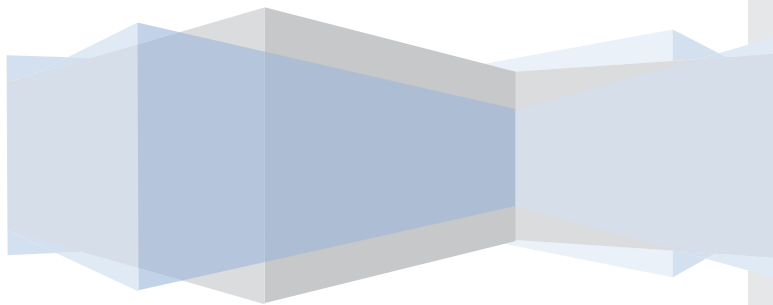


A Mental Health Guidebook

for managing the maze of mental health crisis and support



This project was funded by the Region II Mental Health Initiative in collaboration with the Occupational Development Center, Evergreen Youth and Family Services, and Hope House.

Adults
Over 18
in crisis

Is
everyone
safe?

NO

YES

**Life Threatening
Call 911 or go to
Emergency Room**

*Mobile Crisis Team
at Emergency Room*

Crisis Line

[Beltrami]

1-800-422-0045

[Clearwater &
Hubbard Counties]

1-800-422-0863

[Lake of the Woods]

1-218-434-0101

[Red Lake]

1-800-218-679-3912

Financial Concerns?

Check Medical Assistance
eligibility through County
Social Services or Community
Resource Connections

We need more help.

**First Step:
Assessment/Therapy:**

Upper Mississippi Mental
Health Center (UMMHC)
Access Clinic

Private Therapist

Hope House (low to no cost)

Other Mental Health Agencies

* Evergreen Programs
(low to no cost)

Spiritual Medicine Healer

Family Doctor

*Evergreen Community Services
serves 21 and under

*Evergreen Shelter serves
Ages 17 and under

Youth
Under 18
in crisis

Is
everyone
safe?

NO

YES

Life Threatening
Call 911 or go to
Emergency Room

Mobile Crisis Team
at Emergency Room

Crisis Line

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Ages 17 and under

FIRST STEPS FOR FAMILIES COPING WITH MENTAL ILLNESS

Ask emergency room personnel. They can provide contacts to psychotherapists, psychiatrists, the local behavioral health hospital, local providers, and other hospitals in the area.

Speak with your family doctor/nurse practitioner. They can discuss symptoms related to diagnosis, side effects of medications, and community resources.

Research the symptoms/illness. Websites are listed on the back of this booklet. Check out books at the library. Look in the yellow pages under social services or mental health.

Talk to family members/friends going through the same issues. Your own relatives may be dealing with similar reactions. You can also visit a support group one time. It is important for your own mental health to get support.

Contact social services or other mental health providers. Case managers can help connect to financial support, health care coverage, ARMHS/community providers, housing options, emergency funds, and protective payees.

It may take some time to find the services that work best for your situation. The person with the illness may not want to go to a service chosen by a family member. There may be transportation issues, or insurance problems. Be patient with yourself and your loved one. Help is on the way.

Mental Illness and Suicide

Are you worried about a friend or family member?

The three most important things to do when you are worried about a friend or family member are:

- Talk with your friend or family member
- Share your concern - help your friend get support from someone with mental health expertise
- Take care of yourself

Many people feel that if they tell another person, they are betraying their friend. This is absolutely not the case. By telling someone, you are being the best friend possible and helping your friend get the support he or she needs.

Warning signs of mental illness:

- **Marked personality change**
- **Strange or grandiose ideas**
- **Excessive anxieties**
- **Abuse of alcohol or drugs**
- **Extreme highs and lows**
- **Inability to cope with problems and daily activities**
- **Prolonged depression and apathy**
- **Excessive anger, hostility or violent behavior**
- **Thinking or talking about suicide**
- **Marked changes in eating or sleeping patterns.**

Here are more tips for helping a friend with a mental health concern:

1. Act now. If you are worried about a friend's behavior or attitude, **talk** with him or her **as soon as possible**. Do not be afraid to ask your friend directly if he/she has thought about suicide. If you think your friend might be in immediate danger, make sure he/she is not left alone and immediately call 911 or the national suicide prevention hotline, 1-800-273-TALK.

2. Tell your friend clearly what behaviors you observed that are worrying you. Talk in a calm, non-judgmental and considerate manner about the specific things you have seen or felt that caused you to worry about his or her health. Refer your friend or ask for help.

3. Listen, don't lecture. Listen to thoughts and feelings in a sensitive, non-threatening way. Here are three tips:

- Use "I" statements like; "I am worried about you."
- Avoid "You" statements like "You're out of control!" or, "You must be crazy!"
- Avoid giving simple solutions; like "Everything would be okay if you just stopped..."
- Ask what you can do to help

4. Offer help and encourage your friend to seek help.

You can offer to go with them to talk to someone or to help identify and get the right kind of care. If your friend is not immediately ready to seek help, you can help them develop a plan for getting it in the near future. **Give advice in the form of options.** Although it may be tempting to try to help your friend on your own, it is always safest to get help.

5. Be prepared for all possible reactions. Your friend may deny that he or she has a problem. Sometimes people react with hopeless statements or angry statements. Realize that this is the illness talking, so don't become defensive or give up. If your friend won't listen to you, you may need to **tell someone else**. If you're not sure what to do, always refer or ask for help.

6. Offer emotional support, understanding, patience and encouragement. Remember that you cannot make someone get help or change his or her attitudes and behaviors.

7. Take care of yourself. It is important to pay attention to your own health while helping a friend. Know your limits, don't overextend yourself.

8. Although you may be willing to do anything and everything to help, **don't try to take over your friend's life.**

9. Mental health concerns are often hard to explain, and your friend may have trouble putting how he/she feels into words. **Be reassuring and non-judgmental, and try your best to understand your friend's problem.**

10. Never keep talk of suicide a secret, even if someone has asked you to. Take any talk of suicide or suicidal plans seriously and seek help immediately from a trusted adult or health professional. Stay close and make sure your friend is not left alone. **You can call a local emergency number (refer to flow chart on pages 2 & 3), 911 or the national suicide prevention lifeline, 1-800-273-TALK.** The important thing is to tell a responsible person who can help. If you are not sure whether the situation represents immediate danger, err on the side of caution and call 911.

WHAT IS MENTAL ILLNESS?

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a medical disorder, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Mental illnesses can affect persons of any age, race, religion or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment recovery plan.

Mental health issues are common. In the U.S. almost half of all adults will experience a mental health disorder during their lifetime. If a person doesn't experience a mental health disorder it is highly likely that they may know someone who has. Mental health issues are medical issues just like diabetes, high blood pressure or asthma; and can be treated very successfully.

A person can struggle with a variety of mental health disorders. The effects of mental health disorders can vary from person to person. Crisis can occur in people with various mental health disorders or those in distress due to other reasons. In some cases; mental health disorders can be life threatening if not treated.

What to do if you are worried a family member may be suicidal.

If you are concerned that a family member is in a mental health crisis or may be at risk for suicide, it is important to ask directly about suicidal thoughts. Do not avoid using the word ‘suicide’. It is important to ask the question without dread and without experiencing a negative judgment.

The question must be direct and to the point. For example:

- Are you having thoughts of suicide?
- Are you thinking about killing yourself?
- If you appear confident in the face of a crisis; this can be reassuring. It is important to:
 - Tell the person that you care and want to help
 - Express empathy
 - Clearly state that thoughts of suicide are often associated with a treatable mental health disorder.
 - Tell the person that thoughts of suicide are common and do not have to be acted on.

It is important to determine whether the person has definite intentions to take their life. Ask the following three questions:

- Have you decided how you would kill yourself?
- Have you decided when you would do it?
- Have you taken any steps to secure the things you would need to carry out the plan (i.e. a gun, stocked pills, etc.)?

The more detailed the plan, the more serious the risk. All thoughts must be taken seriously. A person who is actively suicidal should not be left alone. Stay with the person until you can get additional help.

THE FOLLOWING ARE NUMBERS TO CALL FOR MORE HELP FROM TRAINED PROFESSIONALS.

*In some cases you may leave a message and they will call you back.

**National Suicide Prevention Lifeline:
1.800.273.TALK(8255)**

**Native American Youth Crisis Line:
1.877.209.1266**

**Beltrami: 1.800.422.0045
Clearwater & Hubbard County:1.800.422.0863**

(Ask for the mobile crisis team in your county)

Red Lake – 1.218.679.3912

Lake of the Woods – adult crisis 1.218.434.0101

Lake of the Woods – children’s crisis 1.218.395.0177

Finding Someone You Trust to Help with a Friend & Handling Worries about “Telling”

It can be very difficult to figure out how to help a struggling friend or to ask for help for a friend. Friends are often the first to notice signs of concern or even suicidal signs in their friends. People considering suicide often turn to friends before seeking professional help. It is common for someone with suicidal thoughts or behaviors to ask that it be kept secret. The reasons friends may keep a secret are many...

Not taking the threats seriously

Thinking their friends will get in trouble

Afraid their friend will be angry with them

Not knowing or trusting someone to turn to

Believing they can take care of their friend by themselves

Thinking that their friend was suicidal just for that moment (most stay at risk for up to six months)

You may be worried that if you tell someone your friend will decide you are not their friend anymore. It is important to remember that you can repair a friendship. If your friend dies by suicide, you cannot repair that. There is a difference between “reporting a concern ” and “snitching” or “telling” on someone. By reporting, your goal is to get the person help. If you “Tell on someone” the goal is usually to get them into trouble. So it is ok to report!

Remember, tell someone. Get your friend, child or family member to help and begin building supports.

Don't try to keep the person safe by yourself!

Young people will very seldom refer a friend to institutions, but often try to seek help through someone they know. **Young people should try to find a trusted adult to go to for help.** This could be a family friend, friend's parent, a teacher, coach, youth group leader, elder, boss, spiritual leader or other adult relative.

Remember organizations and individuals exist in your communities that are trained to help with suicide including mental health professionals, school counselors, hospitals, clinics and emergency services. If you are not sure who to contact call a phone number on pages 10.

These numbers are for use whether or not the situation is life threatening.

Emergency Services: 911

Remember if someone is actively suicidal, get them help immediately, and do not leave them alone.

HOW TO TREAT PEOPLE IN A RESPECTFUL WAY

Greet the person thought to be suicidal. Use the person's name if you know it.

Talk in a normal voice- neither loudly nor childlike.

Smile but don't smirk or look at others in a "knowing" way.

Avoid jokes with double meanings when a person is in poor mental health. They can be misunderstood.

Listen. Then listen again. Being heard is tremendously empowering.

Avoid threatening or pushing people emotionally.

Offer choices. When people have to go somewhere they don't want to go, having choices makes it easier.

If the person stares at you, don't take it personally.

Be honest and clear, but not harsh. Doing things "for their own good", hiding information, or being vague will irritate the person you are helping and can make it harder to help him/her.

Watch for tension, pacing, a louder voice. Change the subject for a few minutes, lighten it, or give the person a short break.

Be tactful. Not everything needs to be said at that moment.

Keep yourself calm. This helps others stay calm.

Commitment Process

HOW THE COMMITMENT PROCESS WORKS

Person A= A caring person (Family, friends, neighbors, social workers, therapists, etc)

Person B= Someone who is a danger to themselves or others (In some cases, person B may recognize that he or she needs help and seek does the steps below on his/her own.

Start Here

Person A believes that Person B is a danger because of mental health problems.

Person A takes Person B to the emergency room if possible and if it can be done safely.

If not possible, Person A calls the crisis response team (1-800-422-0045) or calls the police if there is immediate danger.

At the emergency room (ER), it is determined that Person B is or is not a danger to others or to him/herself.

A decision is usually made by a physician at the ER. A psychiatrist, a physician's assistant, a doctoral-level psychologist, an advanced practice registered mental health nurse, a peace or health officer, or a court can also make the decision.

Continued on next page

ER says Person B is a danger



An emergency hold is made.

Emergency holds confine a person in a secure facility for 72 hours (not including weekends/holidays).

ER says Person B is not a danger



Person A still has the same concerns. Contact your county human services, Mental Health Division
Beltrami County: 1-218-333-4223
Clearwater County: 1-218-694-6164
Hubbard County: 1-218-732-1451
Lake of the Woods County:
1-218-634-2642

Person A reports behaviors. If valid, a pre-petition screening is made.

Pre-petition screening. An assessment by a county human service worker to determine if Person B meets criteria or civil commitment.

A court appointed examiner provides an independent view about the need for commitment.

A preliminary hearing is held to determine if this can be settled out of court or if a trial is needed.

A commitment hearing is then held before a judge to prove whether or not commitment is needed.

The decision is made to send Person B to a locked hospital, community based services or to release him/her.

Medications and Prescribers

MEDICATIONS

Medication Issues:

Psychiatric medications treat mental disorders. Sometimes called psychotropic or psychotherapeutic medications, they have changed the lives of many people with mental disorders for the better. Medications treat the symptoms of mental disorders. They cannot cure the disorder, but they make people feel better so they can function.

Some people get side effects from medications and other people don't. Doses can be small or large, depending on the medication and the person. Factors that can affect how medications work in people include:

- Type of mental disorder, such as depression, anxiety, bipolar disorder, and schizophrenia
- Age, sex, and body size
- Physical illnesses
- Habits like smoking, drinking, and coffee consumption
- Liver and kidney function
- Genetics
- Other medications and herbal/vitamin supplements
- Diet
- Whether medications are taken as prescribed.

Side effects may vary depending on the medication being taken. They can range from mild to more severe. **Any unusual reactions or side effects should be reported to a doctor right away.**

Medications should be taken as directed by a doctor. **A person should never stop taking a medication without asking a doctor for help.**

Some people use alternative treatments in place of or in combination with medications including:

- Massage Therapy
- Chiropractic Care
- Natural/Homeopathic Care

Please notify your primary prescriber if you choose to use alternative practices. Alternative medications may interact with already prescribed medications.

HOW TO TALK TO THE DOCTOR:

Learn as much as you can about the condition or complaint before you see the doctor. Note your observations. Does it affect sleep, appetite, moods, etc. and how?

Think ahead of time about what you want to say to or learn from the doctor, and write it down to jog your memory. Keep the list in your purse or wallet, so you have it when needed.

Keep what you have to say brief and to the point. Discuss the most urgent issues right away, rather than waiting until the end. Tell the doctor of any new medications, including herbal medications, which are being taken. Remember that this is your time with the doctor, and remember that the doctor also has other patients to see.

Take notes, or bring someone with you who has a good memory. Before you leave, make sure your questions have been answered. If a test or lab work is required, ask about the reason if you don't know the reason. Call the doctor's nurse later if you are confused by the instructions.

IF MEDICATIONS ARE NEEDED AND THE PRESCRIBER IS NOT AVAILABLE

- Try to call the prescriber a week before medications run out so there are not last-minute emergencies.
- Contact the prescriber's nurse or office support. The prescriber may have a backup prescriber available.
- Contact the pharmacy. They may be able to advocate for a refill until the primary prescriber returns.
- Go to urgent care at the local medical clinic. Explain the situation and the need.
- Go to the emergency room as a last resort.

TYPES OF PRESCRIBERS of MEDICATIONS

Psychiatrist

- has extensive knowledge and experience in mental health medication
- can be difficult to get an appointment
- has a private office or works for a behavioral health program or hospital

Family practitioner

- may have limited training and experience in mental

health medications

- can be easily reached through the clinic
- can be located at urgent care or primary care medical clinic or in emergency room

Advanced practice nurse

- a registered nurse with advanced training
- trained in mental health medication administration
- can be located in private practice or behavioral health programs or hospitals

IF MEDICATIONS ARE NEEDED AND INSURANCE DOES NOT COVER

- Ask for generic. The cost may be less.
- Ask for samples. These are limited, but are possible until other coverage is available.
- Ask for a patient assistance program. Time is needed to apply, but the support is available for three months to one year.
- Ask if the medication can be purchased in a larger size and then broken in half. In this way, fewer pills may be purchased. However, know that some medications lose effectiveness if broken in half.
- Ask for a less expensive medication that has the same action. Doctors may favor a certain medication, but may work with your cost concerns.
- Ask for county flex funds. These funds cover costs such as medications for people with serious and persistent mental illness. However, this source is subject to legislative cuts.

HOW TO USE THE PHARMACY FOR HELP

The pharmacist can tell you how your medications work, possible side-effects, medications that interfere with other medications, do blood pressure checks, give flu shots, and tell you about medication side-effects.

Pharmacies can also pre-package medications so they are set up for a week or a month. This can help to reduce confusion over how to take the medications.

Some pharmacies deliver the medications directly to your door. Some pharmacies can also help with smoking cessation education.

Ask at the pharmacy desk for help with any of the above. If you have a different issue, ask anyway- they may be able to help you.

Pharmacies are listed in the yellow pages of the phone book, or on the internet. Type in “Pharmacies” and the name of the city/town/address to find a pharmacy near you.

Financial Help and Decision Making

ACCESSING COUNTY HELP

Individual counties will provide a wide variety of supports to both youth and adults. Counties will provide social services to children and adults as well as economic assistance and health care to those who qualify. Services may include case management services, mental health care, drug & alcohol services, physical health support, child care, in home family services and many more. County Health and Human Services may have separate departments to deal with children and adults.

To access services, identify if the person needing assistance is a child or adult. The next step would be to call the county social services/human services telephone number which can be found in the government section of most phone books under the county section. When calling, identify yourself and explain your need. Income is used to determine if someone is eligible for services. Once you have been connected to the correct department/person they should help you to determine what services may help you and for which ones you are eligible.

Depending on the identified need, a diagnostic assessment may be required. This is a documented evaluation to help determine if a person has a mental health disorder done and prepared by a professional. A youth or adult may also be assigned a case manager. This is someone who ensures that the person receives needed services.

FINANCIAL SUPPORTS FOR WHEN A LONG-TERM DISABILITY HAS NOT YET BEEN DETERMINED

Apply for these supports through your county's Human Services Department

General Assistance (GA)- provides very minimal monthly support for those who have no other means.

General Assistance Medical Care (GAMC) – provides medical coverage for those who have no other source. It has become very complicated to get help under this program in northern MN, but it can help when other sources are not available.

FINANCIAL SUPPORTS FOR WHEN A LONG-TERM DISABILITY HAS NOT YET BEEN DETERMINED

Apply for these supports through Social Security Administration

For individuals needing support who *have been* determined to have a long term disability.

Medical Assistance (MA) – provides medical coverage for those who also have Social Security Income (SSI) or Social Security Disability Income (RSDI). It covers most medical needs.

Medical Assistance For Employed People with Disabilities (MA-EPD) – provides medical coverage for those who have RSDI and who work. It covers most medical needs.

Social Security – provides long-term monthly financial support. There is a lengthy application process, requiring several attempts for most applicants. However, it is a stable source of support for those who do qualify. SSI is for those who have never worked or worked minimal hours; RSDI is for those who have worked.

Flex Funds – Each county has funds to help those who have serious and persistent mental illness to continue to live in the community. These funds can help with urgent needs, such as rent deposits, moving costs, transportation, medications, or food that, if unmet, could lead to hospitalization. Flex funds are subject to state legislative funding cuts.

TERMS FOR THOSE WHO HELP MANAGE ANOTHER'S FINANCES/DECISIONS

Legal Guardian – Someone who is approved by the court to decide actions related to the welfare of another person who is unable to care for him/herself. Start by obtaining and filing a petition through the local courthouse.

Conservator – Someone who is approved by the court to manage the property or business affairs of an incapacitated person or minor. Start by filing a petition through the local courthouse.

Power of Attorney – the legal form completed by an individual who wants to give another person the right to manage his/her financial or property matters. This does not usually go through the courts, except for guardianship/ conservatorship.

Protective or Representative Payee – Someone who manages the government-paid cash benefits for person(s) deemed unable to manage those funds on their own.

Provider Information-Where to go for what.

Determining where to go for help can be a very frustrating task in and of itself. It is beneficial if you can partner with someone to help sort through issues and identify services. *Community Resource Connections* is an organization in Beltrami County that provides individualized assistance with locating service providers as well as managing Minnesota Health Care Programs and Social Security Disability applications. Community Resource Connections can be used by consumers and service providers alike. There are staff in three locations; two in Bemidji and one in Blackduck that are available to assist individuals or families identify sources of service and support. The staff are available for in-person visits or phone consultations. A search for services is also available by accessing Community Resource Connections online at www.communityresourceconnections.org. Click on ‘Mental Health Resources’ tab to view all mental health resources in Bemidji. Community Resource Connections is a great place to start to find assistance with a wide variety of services no matter what age you are.

If you do not live in Beltrami County or want other options, you can also access information through the following:

E-mail: mba.dhs@state.mn.us, 1-800-333-2433

Disabilities linkage line

E-mail: PTE.Public@state.mn.us, 1-866-333-2466

DB 101 www.mn.db101.org

First Call for Help, www.211us.org, 2-1-1

Minnesota Workforce Center

www.positivelyminnesota.com, 1-800-657-3858

Occupational Development Center, Inc. (ODC, Inc.)

www.odcmn.com, 1-218-751-6001

The resource pages of the phone book are also another place to look. If you choose to use the phone book; check under counseling or mental health. Refer to the section in this booklet; “Accessing County Help” on page 21 to find out how to access services. See back of this booklet for other contacts.

OTHER TIPS

Mental illness leads to people feeling as if they are the only family or the only individual with an illness in the world. Actually one in four people will have a serious mental illness this year. One in five families knows someone with mental illness.

Many people will not believe mental illness is happening to you or your family member. They may be harsh, telling you to get over it, pull yourself up by your bootstraps, or ask insensitive questions. It is important to turn instead to people who will support you. Make a point to find those people. They are in every family and every community – a caring aunt, a support group, brother or friend.

You may have to try multiple agencies/therapists/service providers to find a good fit. Be patient with yourself and your loved ones. Identify what you need and keep looking for it.

Coping with mental illness is an uncomfortable experience for everyone. If you are the person with the illness, give yourself and the services a chance to affect you. If you are a family member or friend, take time for yourself to keep your own mental health. If you are a provider, consult with other providers when you don't know what to do.

If you find yourself or your loved one in the emergency room for mental health reasons, plan that you may be in for a long period of recovery with many ups and downs. It will require you to pace yourself so that you do not get discouraged. It will require you to build supports around yourself so that you can limit stress for yourself. Plan for this and life with mental illness won't be so overwhelming. You are not alone. Reach out to others who care about you and can help you.

Keeping all scheduled appointments are necessary to stabilize and maintain good mental and physical health for those receiving services and friends and family members who support them.

Finding Other Resources

EMOTIONAL SUPPORTS

School Counseling

Most schools offer some type of onsite or collaborative counseling. These may be provided free or at reduced fees. Calls can be placed with your child's teacher, school nurse or directly to the school's therapist. Outside of the school district (i.e. private or charter schools) similar programs are available. In the event that licensed counselors are not available through your school or on a daily basis, speak with your child's teacher or administrator to ask who the point of contact is for children experiencing difficulties. Those assigned staff may include the school nurse, a paraprofessional, conflict management teacher or administrator. Have a plan in place for your child with the teacher and whoever the assigned staff is. Open lines of communication between your family, school staff and a trusted resource for your child are essential to a good web of support.

Family Support Groups

- All family support groups are free and confidential.
- Families may attend meetings once- or every time- depending on their need.
- Attendees may reveal their full identity or give only a first name and can choose to share their stories or not.
- There is a family support group held somewhere in our region nearly every week.

- Meetings start with introductions, an explanation of the group purpose, and ground rules. A topic or a speaker fills the main part of the meeting.
- Group members often call each other between meetings and share books and other resources.
- Groups are geared toward adult family and friends, especially care givers. Families may use their discretion about bringing family members of younger ages.
- The group leaders are available afterward to provide additional resources and help.
- Look in the local papers under “Events” for support groups in your area, or look up “Mental Health Support Groups” on the internet, or check out the websites listed on the back of this booklet.

Grief/Suicide Loss Support Groups

Different types of loss support groups exist in a given area. Most are free and all are confidential. Some are facilitated by a professional and others are facilitated by a community member who has experienced a loss representative of the group's purpose. Meetings may be open with discussion being directed by the needs of the attendees for that particular meeting or they have a topic or speaker for that time. And others may be closed. If a group is closed it means that they are following a type of curriculum or discussion schedule. Contacting the group's facilitator is the best way to gain more information. Do not get discouraged if you feel that the first meeting "didn't work for you". It takes time to build relationships with others in the group and most often there is some anxiety when attending a group for the first time. Give yourself time to process feelings in regard to the group experience and try going at least twice. Speak privately with the group facilitator or a group member to give feedback about your experience and to reflect on your feelings.

Definitions

ARMHS – Adult Rehabilitation Mental Health Service is a Medicaid (MA) funded skills training program conducted individually or in groups, and in the home or community. Skills include interpersonal communication, community resource use and integration, crisis assistance, relapse prevention, health care directives, budgeting and shopping, healthy lifestyles, cooking and nutrition, transportation, medication education, mental illness symptom management, household management, employment-related skills, and transition to community living.

Assessment – A review of a person’s mental health by a mental health professional which usually results in a diagnosis and recommendations for treatment. It may also include testing, such as the MMPI or depression assessment tool.

Case Manager – A case manager is a person trained to help both youth and adults who may be struggling to manage life situations. They are usually employed and accessed through a county social service agency. They will help the client to evaluate, problem solve and access needed supports and services.

Commitment – A mentally ill person who is court ordered to a hospital based on substantial risk of harm to self or others.

Conservator – Someone who is approved by the court to manage the property or business affairs of an incapacitated adult or minor.

Consumer – A person who is under treatment for a psychiatric illness or disorder. The term consumer was client-generated to empower those who use the services. Other terms: client, member of a program

Emergency Hold – Used when an examiner, peace officer, or health officer has reason to believe that a person is going to

harm him/herself or harm others. A hold is for 72 hours, excluding weekends and holidays.

Individual Treatment Plan – a description of actions or steps that lead to greater independence or stability. Other terms: ITP, Recovery Plan, or Goal Plan.

Legal Guardian – Someone who is approved by the court to decide actions related to the welfare of another person who is unable to care for him/herself.

Therapist – a person trained in the use of methods for helping patients overcome psychological problems.

Nurse Practitioner – A nurse practitioner is a registered nurse who has advanced education and clinical training to provide a wide range of health care services. Nurse practitioners can serve as a primary health care provider.

PCA – PCA stands for personal care attendant and is a person that is trained to help someone with basic daily routines. A PCA may be able to help you if you have a physical, emotional or mental disability, a chronic illness or an injury.

Power of Attorney – the legal form completed by an individual who wants to give another person the right to manage his/her financial or property matters. This does not usually go through the courts, except for guardianship/conservatorship.

Protective or Representative Payee – Someone who manages the government-paid cash benefits for person(s) deemed unable to manage those funds on their own.

Psychotropic Medication – Any medication which affects the mind, mood, and behavior. Commonly prescribed psychotropic medications fall into the following categories: typical and atypical antipsychotics, anti-depressants, anti-obsessive medications, anti-anxiety medications, mood stabilizers, anti-panic medications, and stimulants.

Websites

American Foundation for Suicide Prevention

Website: www.afsp.org

Beltrami Area Service Collaborative

<http://www.beltrami.org>

Bemidji State University Student Health and Counseling

http://www.bemidjistate.edu/students/services/health_counseling/

Community Resource Connections

(Mental Health Resources - including therapy)

<http://www.communityresourceconnections.org/home/index.php>

Evergreen Youth & Family Services

<http://www.evergreenhouseyfs.org>

Hope House – <http://hopehousebemidji.org/>

JAN Network (Job Accommodations Network)

<http://askjan.org>

The Jed Foundation (College Age Focus)

Website: <http://www.jedfoundation.org>

Mental Health Association of Minnesota

<http://www.mentalhealthmn.org/>

National Institute of Mental Health

<http://www.nimh.nih.gov/index.shtml>

Occupational Development Center (ODC, Inc.)

<http://odcmn.com/>

Positively Minnesota (employment related)

<http://positivelyminnesota.com>

SAVE – Suicide Awareness Voices of Education

<http://www.save.org>

The Trevor Project (Focus is Lesbian, Gay, BiSexual, Transgender and Questioning) – <http://thetrevorproject.org>

United Way of Bemidji Area

<http://www.unitedwaybemidji.org/>