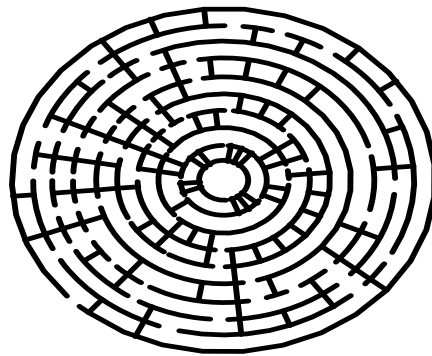


Mental Health

To download other “topics” or the entire Who Pays document go to:

<http://www.health.state.mn.us/mcysn>

Who Pays?



Taking the *MAZE* Out of Funding

Minnesota Children & Youth
with Special Health Needs



651-201-3650 OR 1-800-728-5420
www.health.state.mn.us/mcysn

Mental Health

Mental Health Services for Children/Youth

Who Pays for Mental Health Services for Children/Youth

Choosing a Mental Health Professional

What is the Role of Teachers in Children's Mental Health

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Chemical Health

Dual Diagnosis – Adolescents with Co-occurring Brain Disorders and Substance Abuse Disorders

Mental Health Services for Children and Youth

Behavioral and Mental Health Concerns in Children and Youth

What should a family do if there is a concern about their child's behavior or mental health?

Concerns about a child's or youth's development, mental health or behavior may be first noticed by the parent/s. Sometimes concerns are observed by the day care provider, teacher, grandparent or medical provider. Or a concern may be noted when the parent fills out a developmental and/or social emotional screening tool about their child. The Ages and Stages Questionnaire (ASQ) and Ages and States Questionnaire: Social Emotional (ASQ-SE) are examples of screening tools for young children. These tools may be used by public health nurses, by Headstart Programs, at Early Childhood Screening or at a well child checkup at a medical clinic. The Pediatric Symptom Checklist (PSC) is a psychosocial screening tool used in some medical clinics to identify cognitive, emotional and behavioral concerns in older children, including adolescents.

When there are developmental, emotional or behavioral concerns, parents may find it helpful to schedule an appointment with their primary medical care provider to discuss these concerns.

What will the medical provider do?

The medical provider will want to be sure there is not physical problem or medical illness causing the emotional or behavioral concern. He/she will ask the family and/or child a variety of questions and may ask the parents to obtain written information from the teacher or daycare provider about the concern. Depending on the concern and results of the history and physical exam, medical tests may be ordered.

What happens after the medical evaluation?

Depending on the results of the medical evaluation, the health provider **may**:

- Refer the child/youth to a mental health professional for a mental health evaluation. This evaluation is called a **diagnostic assessment (DA)**. (See further along for more on DA); and/or
- For very young children birth to 5 years, call or recommend the parents call the toll free **HELP ME GROW** line, **1-866-693-4769 (GROW)** for a referral for an Early Childhood Assessment to determine if the child may be eligible for early childhood intervention services. Or for older children, recommend the parents ask the school for a Child Study Team Assessment. Some children may qualify for special education services related to their emotional, mental health or behavioral concerns. Or sometimes these assessments determine the child has an unidentified speech/communication delay, learning disability or other condition that would qualify the child for special education services; and/or
- Refer the family to community and county resources and services; such as the Children's Mental Health Program at their county human services agency, the county public health nurse, Early Childhood Family Education (EC/FE), the Headstart Program or a private preschool etc.

In addition to the above, parents may find it helpful to:

- Join a parent support group
- Attend parenting classes
- Read parenting books & magazines
- Sign up for social/recreational activities for their child
- Sign up for a Big Brother/Big Sister Program for their child

Note: Families may get a mental health evaluation even if they have not seen a medical provider, the medical provider does not feel a diagnostic assessment is necessary and/or does not refer them to a mental health clinic.

Who can help families get a mental health evaluation or diagnostic assessment?

- The primary care provider, nurse or care coordinator at the child's medical clinic (health care home) can help the family to get an appointment with a mental health professional.

- The Customer Service Department of a private or public health plan can help provide information about the plan's mental health benefits, if a physician's referral is necessary and help find a mental health provider in the health plan's provider network. Their phone number is on the back of the health plan card.
- County children's mental health case managers can help the family locate a mental health provider and schedule an appointment. They can also help identify potential financial resources to pay for the diagnostic assessment including assisting the family to check their health plan benefits if they have private insurance. Children with no insurance or even some children with private insurance **may be** income eligible for a MN Public Health Care Program such as Medical Assistance (MA) or MinnesotaCare. The county social worker/financial worker can assist the family to apply for one of the programs. Families can contact their local county human services/family services agency and ask to speak to intake for the children's mental health program. (The number can be found in the phone book under County Offices.)
- Tribal mental health programs can help the family locate an appropriate mental health provider.

Mental Health Diagnostic Assessment

What should a family do if their child has to wait a long time to get a mental health appointment?

If this happens, the family should call their health plan's Customer Service phone number and explain this problem. Health plans may be able to assist families to get an earlier appointment. Or the health plan may give the family permission to "go out of the health plan's provider network", to obtain an appointment sooner.

Families may wish to discuss the long wait with the child's medical provider or someone in their county Children's Mental Health Program. If there is a significant concern about the child's mental health and/or behavior and the possibility of the child physically harming or endangering himself/herself or others, the medical provider or county worker may help the family develop a plan for their child. (See the next hand-out **MN Mental Health Resources** for agencies and organizations that the family can talk to about the long wait.)

In any event, if the child is an immediate danger to himself/herself or to others, call 911 and ask for help!

Do we need to do anything before my child's appointment with the mental health professional?

Before the appointment, the youth/family may be asked to complete some forms from the mental health clinic or professional. If the child/youth was referred by the physician, school or county children's mental health case manager, they may send referral information to the clinic. Other information might be requested such as school assessments, medical records or past mental health evaluations and treatment. For young children information may be gathered from the daycare provider, grandparents/relatives or the preschool teacher.

What is a diagnostic assessment?

A diagnostic assessment is a written evaluation by a mental health professional to determine whether a child or youth has a mental health disorder. The mental health professional completes a face to face interview with the child and/or family to gather information about the child's life situation, such as:

- Onset, frequency, duration and severity of current symptoms;
- History of current mental health problems (developmental incidents, strengths, stressors, etc.);
- Relevant family and social history; and
- Effects of symptoms on functioning in home, school and community.

Can a diagnostic assessment interview be done if my child is developmentally disabled or is very young?

Yes, a diagnostic assessment can be done but may be done differently for some children because the child may be too young to talk, is unable to verbally communicate or understand the mental health professional if he/she were to use ordinary adult language. The provider may use toys, other physical aids and/or non verbal activities to obtain information.

For very young children birth through 4 years, specially trained mental health professionals are able to use the **Diagnostic Classification of Mental Health and Developmental Disorders of Infancy & Early Childhood**,

(DC: 0-3R) to complete a diagnostic assessment. The DC: 0-3R, is both an age-appropriate tool and a unique approach for assessing infants, toddlers and preschool children. It classifies and describes developmental & mental health disorders in very young children in relationship to their families, their culture and their communities.

- To find a mental health professional serving young children in their area, parents or providers working with families can call the toll free Help Me Grow line. 1-866-693-4769 (GROW).
- Parents should also check if this mental health professional or clinic is a provider for their health plan whether it be a private health plan, or a public health plan such as (PMAP/MinnesotaCare) by calling the health plan's Customer Service number on the back of their health plan card. If the child is covered by Fee For Service, MA, the family should ask the provider if they are an MA provider. If there are any problems or concerns about coverage, the family should talk with the health plan's Customer Service or a children's mental health case manager at the county about what to do. Otherwise, the parents may end up having to pay the bill.
- The **DC: 0-3R** determines **if** the child needs treatment and, if so, **what type** of treatment. It can, also, help establish whether a child qualifies for early childhood intervention services through Help Me Grow-Infant and Toddler.

Families and providers can find a list of diagnosed social or emotional conditions that have a high probability of resulting in a delay at school age on the Minnesota Children & Youth with Special Health Needs' website: <http://www.health.state.mn.us/divs/fh/mcshn/ecipelig/conditions.htm#6> Click on the fact sheets to learn more about the conditions. These fact sheets were developed by the Children's Mental Health Division at DHS.

What does child's/youth's functioning in home, school and community mean?

This includes information about the child's/youth's:

- * Interpersonal functioning, including relationships with family & peers
- * Educational and/or vocational functioning
- * Social functioning, including the use of leisure time
- * Use of drugs and alcohol
- * Financial assistance needs
- * Self-care and independent living capacity
- * Medical and dental health
- * Housing and transportation needs
- * Other needs and problems.

During the diagnostic assessment interview, the mental health clinician will, also, examine the child's general behavior, motor activity, speech, alertness, mood, intellectual functioning and attitude about his/her symptoms.

After the diagnostic assessment interview, the mental health professional writes a summary with documentation to substantiate:

- If the child's/youth's symptoms are significant enough to meet the criteria to be diagnosed with a specific mental health diagnosis;
- A determination of the level of severity of the child's/youth's mental health disorder and the need for more intense services;
- The need for specific developmentally, culturally appropriate mental health services that are **medically necessary** to address an identified mental health disorder, disability and/or functional impairment;
- If there is a need for referral for further evaluation such as: psychological or psychometric testing, psychiatric consultation, evaluation for prescribed medications, physical exam, neurological evaluation and/or chemical dependency assessment. A referral for special education testing by the school may also be considered.

What happens after the diagnostic assessment determines a mental health disorder?

An Individual Treatment Plan (ITP) is written by the mental health professional & developed with the family and/or child. An ITP is a plan of interventions/services based on the information & outcome of the diagnostic assessment. The ITP is under the clinical supervision of a mental health professional and includes: goals & measureable objectives of treatment as well as a schedule for accomplishing them; treatment strategies; and individuals responsible for providing the services.

Diagnostic assessments are used to determine eligibility for a variety of programs and services such as:

- County mental health services, including mental health targeted case management;
- Children's Therapeutic Services & Supports (CTSS) & outpatient mental health services in the MA benefit set;
- TEFRA, MA-EPD or CADI Home and Community Based Waiver;

- Supplemental Security Income (SSI);
- Mental health benefits through a health plan;
- Mental health services in a special education plan at school: Individualized Family Service Plan (IFSP), Individual Education Plan (IEP), or Individual Interagency Intervention Plan IIP. (See School Topic Packet);
- 504 Plan at school for accommodations for children not qualifying for special education services. This refers to Section 504 of the Rehabilitation Act & the American with Disabilities Act. (See School Topic Packet).

Families find it helpful to keep copies of their child’s most current diagnostic assessment to share with their health plan, other agencies and professionals in order to access appropriate and necessary services in a timely manner.

What do “medically necessary” mental health services mean?

Mental health services must be **medically necessary** to be covered by MA & MinnesotaCare. This means the recommended mental health service is consistent with the child’s/youth’s mental health diagnosis/condition; **AND**

- Is recognized as the prevailing standard of care or current practice; **AND**
- Is rendered in response to a life threatening condition or pain; to treat an injury, illness, or infection; **OR**
- To treat a condition that could result in physical or mental disability; **OR**
- To achieve a level of physical or mental function.

Private health plans also require mental health services be **medically necessary** in order for the health plan to pay for them. Families can contact the Customer Service Department or check the Member Benefit Book for their health plan’s definition of medically necessary.

How often does a diagnostic assessment have to be done?

Diagnostic assessments have to be redone at certain times based on the child’s needs & eligibility criteria for services.

The Department of Human Services is promoting several tools for case managers and mental health professionals to use to determine “Level of Care” or “intensity of services” needed by a child/youth with a diagnosed mental health disorder. The tools can, also, be used to determine outcomes in functioning in the child/youth in response to the specific mental health treatment plan. These tools include: the Child & Adolescent Service Intensity Instrument (CASII), The Strengths & Difficulties Questionnaire (SDQ), and the Early Childhood Service Intensity Instrument (ECSII). It is anticipated that these tools will determine “Level of Care” and measure outcomes in a more standardized manner.

If no specific mental health disorder is determined by the mental health professional doing the diagnostic assessment, parents may find it helpful to:

- Ask the MH professional for ideas
- Consider 2nd opinion from another MH professional
- Find a parent mentor
- Have the child talk with school counselor, nurse, social worker
- Talk to the child’s medical provider
- Call a MN mental health advocacy organization
- Attend a workshop about the child’s behaviors

Who Can Help a Family Obtain the Mental Health and Other Services Their Child or Youth Needs After the Diagnostic Assessment?

Some children/youth may have a mental health disorder that minimally impacts their functioning. Their individual treatment plan, may have a short list of recommended services that are easy to find, easy to access, and easy to coordinate and to pay for. And the child’s family is comfortable and knowledgeable to pursue getting this done independently. Or if the family needs minimal assistance they can always seek assistance from agencies and advocates listed on the next handout **MN Mental Health Resources**.

However, some children/youth with a mental health disorder may have more severe symptoms that impair their functioning at home, school or in the community. These individuals may require many different kinds of more intense mental health services as well as many other services from multiple providers in a variety of different settings. These services may be difficult to find access and pay for. The family may need help to do this.

These families could benefit from working with a **mental health case manager**, who could help them locate, access, and coordinate the variety of medically necessary mental health services the child/youth needs as well the other services, resources and supports they require.

The **mental health case manager** writes and develops a plan (called an **Individual Family Community Support Plan (IFCSP)**) with the family and child based on the results of the diagnostic (including functional) assessment. It identifies specific services needed by a child and the family to:

- Treat the symptoms & relieve conditions leading to the emotional disturbance & improve the child's well-being;
- Improve interpersonal and family relationships including family functioning;
- Enhance daily living skills and vocational development;
- Improve functioning in education and recreation settings;
- Assist in obtaining mental health services as well as physical and dental health, educational, vocational, advocacy and legal services, transportation, housing, and employment.

A critical part of the case manager's job is to assess and reassess the delivery, appropriateness and effectiveness of services for the child/youth over time. An important method of assessment is to look for improved outcomes or improved functioning of the child.

How Does a Child/Youth Get a Mental Health Case Manager?

Children/youth covered by a private health plan—Most likely are not able to get mental health case management services through their health plan because private plans typically do not provide them. However, these children/youth may be able to access case management services through their local county human services agency. A youth 18-21 would need to call to request these services or give consent for the parents to call and request these services. Health plans do not typically pay for county case management services. The parent may have to pay a fee to the county for county case management services.

Children/youth with/without private health coverage or those covered by Fee-For- Service Medical Assistance (MA) – Families seeking help and/or case management services may be able to get help through the children's mental health program in their county. A youth 18-21 years of age, who is diagnosed for the first time with a mental illness, may be able to get help and/or case management through the adult mental health program in their local county human services agency. The youth would have to call to get help or give consent to the parents to call and get help. The child's or youth's diagnostic assessment is used by the county to determine eligibility for children's or adult services. The parents may have to pay a fee to the county for county case management services.

Children/youth covered by PMAP (Prepaid Medical Assistance Plan) or MinnesotaCare thru a Managed Care Organization (MCO) –Managed care organizations (MCOs) contracting to provide prepaid Minnesota Health Care Program (MHCP) services are responsible to provide/manage mental health targeted case management services to eligible enrollees. Many MCOs are contracting with counties to provide case management services. A family would need to call the number for Customer Service or Behavioral Health on the back of their health plan card and ask for a children's mental health case manager for their child. A youth 18-21 years of age, who is diagnosed for the first time with a mental illness, may be able to get help and/or case management through the adult mental health program. A youth 18-21 could need to request these services or give consent to the parents to request these services. The parents would not be asked to pay a parental fee for case management.

Children's Mental Health Services in Minnesota

There are many mental health services and funding resources available to residents of Minnesota. Minnesota's publicly provided mental health system is state-supervised and county-administered, reflected in the Minnesota Comprehensive Children's Mental Health Act (Minnesota Statutes 245.487 to 245.4887) which designates the county as the local mental health authority.

I. County Children's Mental Health Services

As stated in the Minnesota Comprehensive Children's Mental Health Act, each county is responsible for using available resources to develop and coordinate a system of locally affordable children's mental health services. Because of potential differences in availability of county funding, these services frequently vary from county to county. This does not mean that the county is necessarily required to provide or pay for these services, only to ensure availability of these services listed below. For example: A county may be so small that they cannot support a day treatment program. Instead they may contract day treatment from another county, or intensive services from a community provider.

The children's mental health service system developed by each county board must include the following services: (Services are listed in order of intensity, starting with least intense and ending with the most intense services)

- **Education and prevention services** - about predictors and symptoms of mental health disorders and their prevention, mental health services available in the county, and how to access these services.
- **Mental health identification and intervention services** – services designed to identify children who are at risk of needing or who need mental health services.
- **Outpatient services** – diagnostic assessment, psychological testing, individual, group and family therapy, physician visits and medication management.
- **Family community support services** – services provided under the clinical supervision of a mental health professional and designed to help each child with severe emotional disturbance (SED) to function and remain with the child's family in the community.
- **Professional home-based mental health services** - intensive services provided to a child at risk for out-of-home placement or to a child who is returning from out-of-home placement. Services, provided in the home, are designed to promote family preservation and unification and reduce out-of-home placement. Services include individual and family therapy, activities to promote skill development for the child and family in daily living, family relationships and recreation/leisure and other community activities.
- **Therapeutic support of foster care** - intensive treatment services available to a foster family (providing foster care to a child needing services) to provide a therapeutic family environment or support for the child's improved functioning. These services are intended to enable a child to improve or maintain emotional or behavioral functioning in order to reduce or prevent the reliance upon more intensive, restrictive, and costly services and/or to reunify the child with the child's family after out of home placement.
- **Mental health crisis services** - mental health crisis services within the county to meet the needs of children with emotional disturbance residing in the county who are determined, through an assessment by a mental health professional, to be experiencing a mental health crisis. The mental health crisis services provided must be medically necessary for the safety of the child or others regardless of the setting.
- **Emergency services** – immediate mobile response services available 24-hours every day for children having a mental health emergency. Intervention & stabilization services, & a crisis plan is written. (See **crisis services**.)
- **Case management services** – activities that are coordinated with the family community support plan and are designed to help the child and the child's family to obtain needed services.
- **Day treatment services** – structured program of group psychotherapy and other intensive therapeutic services provided by a multidisciplinary team, under the clinical supervision of a mental health professional to stabilize the child's mental health status while developing and improving the child's independent living and socialization skills.
- **“Screening” residential treatment** – prior to admission and except in the case of emergency admission, evaluate all children referred for treatment of severe emotional disturbance in a treatment foster care setting, residential treatment facility or informally admitted to a regional treatment center, if public funds are used to pay for services.
- **Residential treatment services** – 24-hour-a-day program under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital or regional treatment center inpatient unit.
- **Acute care hospital treatment services** – inpatient hospital multidisciplinary team services supervised by a mental health professional for an acute episode of mental illness. Children who are hospitalized must meet “inpatient psychiatric admission guidelines” criteria to be admitted.

II. Mental Health Services Provided by Private Health Plan

Private health plans may not cover the same mental health services that Minnesota Public Health Care Programs (MA or MinnesotaCare) cover or that Minnesota counties may have available. Health plans are not required to provide a standard mental health benefit set. As a result, mental health benefits can and do vary across different health plan companies as well as vary by different plan options within one insurance company. **It is important to know that young single adults can continue to be covered under their parent/s' or guardian's health plan until age 25, even if they are not a full time student.**

III. Mental Health Services Covered by Minnesota Health Care Programs (MHCP)

Payment Mechanisms for Children's Mental Health Services in Minnesota Health Care Programs

Mental health services under Minnesota Health Care Programs (MHCP) are delivered and reimbursed one of two ways, fee-for-service (FFS) or prepaid health plans (PPHP).

- **FFS-DHS** establishes service standards for recipient eligibility, provider qualifications, specific parameters for scope, frequency and duration of services, documentation and level of care. Eligible providers must enroll as an MHCP provider; meet any additional provider eligibility requirements (eg: Certification for Children's Therapeutic Services and Supports (CTSS) and bill MHCPs (DHS) for reimbursement.
- **PPHP-DHS** contracts with health plans and county based purchasing (CBP) entities to reimburse providers for services provided to eligible recipients. Each health plan has an established provider network. Providers must be members of the network or have a relationship with the health plan to receive reimbursement from the health plan and must comply with the health plan policies. (www.dhs.state.mn.us -- Prepaid MHCP Provider Manual).
- Prepaid MHCP Provider Manual @ **NOTE: PMAP enrollment exclusions**---Recipients who have a serious and persistent illness (SPMI) or severe emotional disturbance (SED) **can be excluded** from participation in PMAP. Recipients with SED or SPMI are not required to enroll in a prepaid health plan and if they are enrolled, have the option to **disenroll**. They can, however, voluntarily enroll or continue in PMAP. Recipients must work with their county workers to choose the most beneficial option.

Mental health services paid for by MA/MinnesotaCare are listed below. For more information go to www.dhs.state.mn.us Click on Publications, then Manuals, then Minnesota Health Care Programs Provider Manual: "Mental Health Services". You can also contact your county human/family service agency and ask to talk to someone in the children's mental health program.

- Children's MH Crisis Response Services
- Outpatient Services
- Children's Therapeutic Services & Supports (CTSS)
 - ◇Children's Day Treatment
- Children's MH Residential Treatment Services
- MH Case Management Services

Children's Therapeutic Services and Supports (CTSS) are covered services in the MA Benefit Set.

CTSS is a flexible package of mental health services that are time-limited, and have varying levels of intervention and can be put together in varying combinations. The continuum of services range from limited community based services resembling traditional office-based practice, to services that are more structured and intensive (such as day treatment). The services are put together to reach the specific outcomes in the child's individual treatment plan.

CTSS services are designed to resolve an acute episode of emotional disturbance, in order to reduce the risk of out-of-home placement, improve the basic functioning of the child and the child's family in the activities of daily living, and improve the social functioning of the child and the child's family in areas important to the child's maintaining or re-establishing residency in the community.

CTSS providers must be recertified at least every 3 years. (See **School Topic Packet** and **Individualized Education Program (IEP) Services - DHS Handout** for information about schools becoming CTSS certified).

What services and supports are in the CTSS mental health services MA benefit package?

- **Crisis Assistance**--Crisis assistance requires the development of a plan that addresses prevention & intervention strategies in a potential crisis, including arranging for admission to acute care hospital inpatient treatment; crisis placement; community resources for follow-up; & emotional support to the family.
- **Psychotherapy**--Psychotherapy is a planned and structured treatment of a child's mental health disorder through the psychological, psychiatric or interpersonal method most appropriate to the child's needs, as identified in the diagnostic assessment, directed toward change in an underlying mental health condition or disorder, designed to reduce the symptoms of a disorder/ameliorate the effect of symptoms on the person's functioning.
- **Skills Training**--Skills training is mental health treatment. It means individual, family, or group training, delivered by or under the direction of a mental health professional, designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory heretofore disrupted by a psychiatric illness or to self-monitor, compensate for, cope with, counteract, or replace skills deficits or maladaptive skills acquired over the course of a psychiatric illness.
- **Mental Health Behavioral Aide (MHBA) Services**--MHBA services are medically necessary mental health treatment services. They are one-on-one activities performed by a trained paraprofessional to assist a child retain or generalize psychosocial skills as taught by a mental health professional or mental health practitioner as described in the child's individual treatment plan and individual behavior plan. Activities involve working directly with the child, child-peer groupings, or child-family groupings to practice, repeat, reintroduce, and master the skills as previously taught by a mental health professional or mental health practitioner.

CTSS Programs

Sometimes individual mental health service components are put together to create structured programs. The 2 programs described below require a variety of professionals & practitioners from the same agency to work together under the supervision of a mental health professional to provide services.

- **Therapeutic Preschool Program**--Provides early intervention in a licensed, structured day program that by multidisciplinary staff under the direction of a mental health professional at least 2 hours per day, 5 days per week, 12 months each calendar year. The provider is able to identify the needs & strengths of the child & family and to focus the education of the family/caregivers on developing skills to reduce & resolve symptoms of the child's emotional disturbance. Children must be at least 33 months old & have not yet attended the first day of kindergarten.
- **Children's Day Treatment**--Is a structured program consisting of group psychotherapy and other intensive therapeutic services provided by a multidisciplinary team and available at least 2 hours a day (with at least one hour of psychotherapy and the remainder time as either psychotherapy or skills training), 15 hours a week and 12 months of the year. The multidisciplinary team consists of mental health professionals and practitioners from different disciplines. The program must stabilize the child's mental health status while developing and improving the child's independent and socialization skills. The goal is to reduce or relieve the effects of mental illness and provide training to enable the child to live in the community.

Accessing Children's Residential Mental Health Treatment

What is Children's Residential Mental Health Treatment?

Children's Mental Health Residential Treatment Services is a 24-hour-a-day program under the clinical supervision of a mental health professional, and provided in a community setting, other than an acute-care hospital or regional treatment center. Services are designed to stabilize the crisis and to prevent placement in more intensive, costly or restrictive settings. These services are designed to help the child improve family living and social interaction skills as well as to gain the necessary skills to return to the community. Program staff, work with families throughout the placement to improve the ability of the families to care for their children at home. Children must be under age 18 years, and have been screened by the county (fee for service MA) or screened by the county **and** health plan (PMAP/MinnesotaCare) as needing residential treatment services before placement in the facility. This is called the level of care screening using the Child and Adolescent Service Intensity Instrument (CASII).

Families may contact National Alliance on Mental Illness-Minnesota (NAMI-MN) for important information regarding a Voluntary Placement Agreement when they are considering residential treatment for their child/youth. NAMI Minnesota, 800 Transfer Road, #31, Saint Paul, MN 55114. Phone: 651-645-2948 toll free: 1-888-NAMI-HELPS. Website: www.namihelps.org Email: nami-mn@nami.org

Because Residential Treatment is a relatively expensive form of care, it is particularly important to pay attention to the kind of coverage the family has and to get the proper authorizations prior to entering treatment!

- **Private health coverage.** If the family has private health insurance, the family should first determine if it covers residential treatment and pursue getting an authorization for treatment through their private coverage. State law (MS § 62A.151) requires that insurers cover children’s residential mental health treatment on the same basis as they cover hospitalization. However, this state requirement does not extend to “self-insured” health plans offered by many larger employers. These “self-insured” plans are governed by federal law instead. Private policies may have limits on the length of coverage. If there are limits to the family’s private coverage, they should simultaneously look to the publicly funded options below in order to continue funding for care if needed beyond the limits of their private coverage.
- **Coverage through PMAP (Prepaid Medical Assistance Plan) or MinnesotaCare through a Managed Care Organization.** In cases where the child is enrolled in a Managed Care Organization (MCO) for their MA or MinnesotaCare, families should first contact their MCO or the MCO’s contracted behavioral health care provider for authorization for children’s residential mental health services. The MCO will then coordinate with the child’s county of financial responsibility for full authorization of the placement (see county funded treatment below).
- **County funded treatment and Medical Assistance-Fee-For-Service (FFS).** The family’s county of financial responsibility is always involved in the funding and authorization of publically funded children’s residential mental health treatment. In this state, these facilities are considered foster care settings, so the county is always responsible for at least the placement costs not related to treatment. When the treatment costs are covered by Medical Assistance or Minnesota Care, the county pays for the balance of the per diem costs. When Medical Assistance and Minnesota Care coverage are not available, the county pays for the entire cost of care. Counties are solely responsible for the level of care determination and authorizations for children’s residential mental health treatment when the child is on fee-for-service Medical Assistance or has no private coverage for the service. When the child is enrolled in a PMAP plan, the MCO and county coordinate the authorization for treatment. The county authorization process is governed by MS § 245.4885.
- **Parental Fees.** Parents are often subject to parental fees when their child is in residential treatment. These fees are collected by the Department of Human Services and are governed by MS § 252.27.

Transition Services for Youth Turning 18

Certain youth ages 18 thru 20 may receive adult treatment, children’s treatment or a combination of both, depending on medical necessity.

- **Intensive Residential Treatment Services (IRTS)** -- Intensive Residential Treatment Services (IRTS) are for recipients 18 years and older who are in need of more restrictive settings versus community settings and are at risk of significant functional deterioration if they do not receive these services. They must meet specific IRTS admission criteria. IRTS are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency and skills to live in a more independent setting.
- **Adult mental health case management services** -- Minnesota Statute says that if a child is receiving children’s mental health case management services or family community support services at 17 years of age, upon turning 18 that young adult (with a mental health professional’s recommendation) may continue receiving mental health case management services. In this situation, mental health case management service for the

young adult over age 17 but under 21 years of age may continue to be provided by the children's service system (if the person is receiving special education services through the local school district, or it is in the best interest of the person to continue services) or by the adult service system. This young adult would not be subject to the SPMI eligibility definition for adult case management services at this time as long as the service continues uninterrupted.

- **Adult Day Treatment** -- Adult day treatment is a structured program of group psychotherapy and other intensive therapeutic services provided by a multidisciplinary team to stabilize a recipient's mental health status while developing and improving his/her independent living and socialization skills. The goal is to reduce or relieve the effects of mental illness and provide training to enable the recipient to live in the community.

Glossary of Definitions

What are emotional disturbance (ED), severe emotional disturbance (SED), mental illnesses (MI) and serious and persistent mental illness (SPMI)? Why are they important?

These definitions are used to determine eligibility for a variety of services & programs including county services & Minnesota Health Care Program benefits and services. Private health plans do not use these definitions.

Emotional Disturbance (ED) - means the child has an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory or behavior that:

Is listed in the clinical manual of the International Classification of Diseases (ICD-9 CM), current edition, code ranges same as MI, or in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-MD), current edition, Axes I, II, or III; and

- Seriously limits a child's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, school and recreation.

Note: "Emotional Disturbance" is a general term and is intended to reflect all categories of disorder described in the DSM-MD, current edition a "usually first evident in childhood or adolescence".

Severe Emotional Disturbance (SED) - means the child has an emotional disturbance (ED) (see above) and meets **one** of the following criteria:

- Has been admitted to inpatient treatment/residential treatment or is at risk of being admitted, within the last three years; or
- Is a MN resident and is receiving the inpatient treatment or residential treatment for an emotional disturbance through the interstate compact; or
- A mental health professional has determined the child has one of the following:
 - a. Psychosis or clinical depression;
 - b. Risk of harming self or others as a result of emotional disturbance; or
 - c. Psychopathological symptoms as a result of being a victim of physical, sexual abuse or psychic trauma within the past year; or
- A mental health professional has determined the child has a significantly impaired home, school or community functioning lasting at least one year, or in the written opinion of a mental health professional presents a risk of it lasting at least one year, as a result of emotional disturbance.

Mental Illness (MI) – Means the youth or adult has an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the ICD-9CM, code range 290.0 to 302.99 or 306.0 to 316.0.

Serious and Persistent Mental Illness (SPMI) – The condition of an adult or child (at least 18, but under age 21), with a mental illness diagnosis, and meets at least **one** of the following criteria:

- Has been treated by a crisis team two or more times in the preceding 24 months; or
- Has undergone two or more episodes of inpatient care for mental illness within preceding 24 months; or
- Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months duration within the preceding 12 months; or
- Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder; evidences a significant impairment in functioning; and has a written opinion from a mental health profession stating he/she is likely to have future episodes requiring inpatient or residential treatment, unless community support program services are provided; or
- Has, in the last three years, been committed by a court as a mentally ill person under Minnesota statutes, or the adult's commitment as a mentally ill person has been stayed or continued; or
- Was eligible under one of the above criteria, but the specified time period has expired; or
- The recipient was eligible as a child with severe emotional disturbance, and the recipient has a written opinion from a mental health professional, in the last three years, stating the he/she is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in the above criteria, unless ongoing case management or community support services are provided.

Who Pays for Mental Health Services for Children/Youth?

What are financial resources that may pay for children's mental health services?

There are a variety of potential different payment sources and frequently "Who Pays" for services depends on the:

- Severity of the mental health condition, * Amount and type of funding available, and
- Eligibility of the child to receive the funding. * Specific mental health service recommended.

Possible Funding Sources for Children's Mental Health Services May Include One or More Below:

1. Local County Funding

The amount of funding available for children's mental health services varies in different counties. Larger counties with larger populations may have more funding available compared to smaller counties with smaller populations. Families need to contact their local county social services agency and talk to a social worker in the Children's Mental Health Program to find out what funding and services are available through their county. Some families may have to pay a monthly parental fee to the county for certain county mental health services.

2. Private Insurance Benefits

There are a variety of health plans available. There are private individual or family policies persons may purchase themselves and pay a monthly premium out of their pocket. There may be employee health plans available through an individual's employer. The employer may pay all or a portion of the employee coverage. Family coverage may, also, be available through the employer. Frequently the employee must pay the entire premium for family coverage. This can be very expensive. It is common for employees **not** to purchase family coverage.

Health plans can vary significantly in their benefits, limitations and exclusions. They also vary in amount of deductibles and co-pays. Some plans have cheaper premiums if the person chooses a plan without maternity benefits and/or mental health benefits and/or chemical treatment benefits.

It is very important to know the following about your insurance's mental health benefits:

- Specific benefits, co-pays, limitations exclusions for mental health services including medications; and
- The definition your plan uses for **medically necessary**; and
- If it is necessary to get a physician's referral to a mental health provider for the mental health services to be covered by the health plan; and
- Does the health plan have a specific network of mental health providers that must be used for the plan to pay.

NOTE: A child/young adult can have private insurance AND may be eligible for Medical Assistance (MA).

An example of private insurance is TRICARE military health care coverage for a parent serving in the U.S. Armed Forces, an activated National Guard or Reserve member, and their families. Go to: <http://tricare.osd.mil> for details about TRICARE plans, providers and benefits. Or call the number on the back of the TRICARE health card.

3. Minnesota Health Care Programs (MHCP)

Minnesota Health Care Programs (MHCP) provided by Minnesota Department of Human Services (DHS) are a major source of public funding for mental health services.

* **MA (Medical Assistance)** – Helps pay for past (last 3 months), current & future medical costs for low-income families with children (less than age 21), seniors (age 65 or older) & people with disabilities. There are income & asset limits. [Assets are not considered for pregnant women & children under age 21]. Persons over income may still be eligible for MA after meeting a "spenddown". Must be a US Citizen or Non-citizen lawfully in the U.S.

(Supplemental Security Income (SSI) for Children thru the Social Security Administration (SSA)—may be an avenue for children to access MA coverage & benefits. Children certified disabled by SSA with a mental health condition and who financially qualify for SSI, may receive SSI monthly cash payments. **If the child is eligible for and receives SSI, the child is also eligible to receive MA.** To access MA, the parent/guardian must show the child's SSI documentation of disability to the county financial worker at their family/social services agency.)

- **EMA (Emergency Medical Assistance)** – For **undocumented or nonimmigrant persons only**, who are ineligible for MA due to their immigration status or deeming of sponsor income & assets. Must have a medical emergency. (**For definition of medical emergency, see Tools Packet: MEDICAL FUNDING SUMMARY-- EMA**) The medical emergency may be an acute or chronic, physical or mental health condition or birth. Must have an MA “basis of eligibility”: pregnant, families with children under 21, (under 65), blind or disabled & meet all other MA eligibility requirements including financial and state of residence. If over income, may be eligible with a “spenddown”.
- **TEFRA-MA** – Allows some children (under age 19) who are certified disabled, living with their families, to be eligible for MA, without counting parent’s income. Only the child’s income & assets are used to determine eligibility. There may be a state parental fee for TEFRA based on parent income and family size. Eligibility can go back 3 months from date of application. Persons must be US Citizens or Non-citizens lawfully in U.S.
- **MA-EPD (MA for Employed Persons with Disabilities)** – Allows working persons (ages 16 to 65) who are certified disabled to qualify for MA. Persons pay a sliding fee premium (based on individual’s income & household size), with no maximum income limit or maximum premium amount. The asset limit is \$20,000. Must be a US Citizen or Non-citizen lawfully in U.S.
- **HCBS (Home & Community-Based Services)** – Persons must first be eligible for MA & certified disabled. HCBS provide funding to cover a wide variety of items/services not paid for by MA, in order to prevent out-of-home placement. There are different waivers based on the disability and level of care needs. Children with SED or SPMI may qualify for a CADI Waiver. There may be a state parental fee based on parent income and family size. There are often waiting lists at counties for the HCBS. Persons must be US Citizens or Non-citizens lawfully in the U.S.

***MinnesotaCare** – State-subsidized health insurance for persons without children and/or families (with children less than age 21) who do not have access to affordable health care coverage (including Medicare). You must have lived in Minnesota for 6 months. Eligibility is based on age, income, assets and insurance. There are exceptions to the asset requirements (for pregnant women and children) and exceptions to the insurance restrictions (for certain low income children). There is a monthly premium to pay based on income and family size. Eligibility begins the month **after** the premium is paid. Persons must be US Citizens or Non-citizens lawfully in the U.S.

4. **American Indians** can access mental health services through federal, state, county, or tribal governments, or through American Indian Health Boards. Per state statute, twenty-five percent of the federal block grant funding is designated for mental health services for American Indian Communities.

5. **Parent/Families Pay for Mental Health Services**

Families may pay all or part of the costs of mental health services. Some mental health centers have contracts with their county to provide mental health services & frequently have a sliding fee schedule based on family income or ability to pay. If their income is lower, the parent/guardian may be able to pay a reduced fee. It is important for the parent or guardian to ask the clinic’s business office or the individual in private practice, before any services are provided, how much the charges will be for each kind of service and if a sliding fee option is available. Charges for various mental health services and reduced payment fees frequently can vary among mental health centers.

6. **Local Public or Private Partnerships**

Sometimes there is special funding available when different service agencies (counties, school districts, mental health clinics, juvenile corrections) make an agreement to provide integrated, coordinated & unduplicated services, pool resources and design community based mental health services that are easier for the child & family to access.

- **Children’s Mental Health Collaboratives or Family Service Collaboratives** that may pay for or provide some mental health services but because of decreased funding, the services offered have decreased.
- **Special time-limited grant money.** Ask a county children’s mental health social worker, the county public health nurse, or the school social worker or nurse if there is any special project/grant funding available.

7. See **Additional Resources** at the end of the **Tools Packet** for more potential funding resources.

Choosing a Mental Health Professional for Your Child: Who, What, When, Where, How

Why should you get help?

Every child experiences emotional difficulties from time to time but at some point, a child's problems may warrant professional attention. Yet parents are usually less familiar with, or feel confused about, obtaining mental health care. When a child is sick with the flu or breaks a leg, parents usually head straight for the doctor. And as a parent, you are well versed in the standard routine doctor visits for everything from vaccinations to ear aches. Physical symptoms seem more obvious and unfortunately, may get more professional attention than mental health symptoms.

But just like physical problems, the prognosis is better when the mental health problem is treated early. Surprisingly, many problems seen by medical doctors have a psychological component.

It is estimated that over 15 million children and teens have a mental health or substance abuse problem. Sadly, only one in five of the children with a mental health problem gets treated—a figure far smaller than the number of children being treated for a medical ailment. What accounts for the disparity? Parents may not readily recognize their child's symptoms as a mental health problem. They may feel embarrassed or ashamed, think they should handle the problem on their own, feel the situation is hopeless, disagree when others suggest the need for outside help, or dismiss or misunderstand a child's problem. Unfortunately, misconceptions and shame may delay or prevent adults and children from getting the help they need. When parents are concerned about a possible mental health issue they can benefit from seeking guidance from a professional. In fact, once addressed, parents may be reassured that their child's experiences are developmentally appropriate, and that alone can ease discomfort. Or, they may decide to engage in a course of treatment that will result in better functioning for both the child and family.

When should you seek help?

Many physical and emotional signs suggest a possible mental health problem. Problems can range from those of serious concern, for example, when a child or adolescent has lost touch with reality or is in danger of harming himself, to those of less concern, for example, when a child or teen experiences a change in eating or sleeping, feels frustrated, or is particularly fearful of something. But any problem that is personally bothersome warrants evaluation. Further

investigation may be warranted when a child seems out of step with peers or exhibits changes or problems in any of the following areas:

- Eating/appetite
- Sleeping
- School work
- Activity level
- Mood
- Relationships with family or friends
- Aggressive behavior
- Return to behavior typical of a younger child
- Developmental milestones such as speech and language

In general, any of the above symptoms would first be evaluated with respect to the:

- intensity
- duration
- age appropriateness
- interference with the child's and family's life

Where do I start?

Looking for information can be a crucial first step. Parents may not be sure their child has a mental health problem, not know exactly what it is, or wonder whether it is serious enough to seek help. All of these questions can be discussed with a professional.

A variety of obstacles may get in the way of seeking mental health treatment—all of them can and should be overcome. Some of the roadblocks are real; some are due to common myths and misinformation about what it means to need help and what will happen. The following are some typical concerns and solutions.

"I'm embarrassed and uncomfortable about the problem"

Solution Feeling uncomfortable talking about personal problems is not uncommon. This can stem from feeling guilty and blaming oneself or believing certain issues should remain private. As a way to avoid addressing a problem, parents may ignore it, hoping the child will "outgrow" it. Like many things in life, individuals often imagine far worse than is the reality. Mental health professionals have experience with the issues, are familiar with your concerns, and are trained to put parents and children at ease.

"My child won't go"

Solution Children and teens rely on and require the confident, clear thinking of their parents to get them involved in treatment. Talking directly and honestly with children can also allay their concerns. Forcing someone into treatment is usually unsuccessful. But an attitude of concern that transmits understanding of how difficult it is to accept help will be appreciated. It may be useful

to point out how the problem interferes with enjoyment of life. If parents have a positive attitude about getting help they will enable their child to follow suit. Approaching the issue as everyone's problem and involving everyone in the solution will foster cooperation.

"I don't know any mental health professionals"

Solution As in seeking help from any professional, it is useful to employ some tried and true strategies.

1. Talk things over with the child's pediatrician, school teacher or guidance counselor. Not only do they know you and your child well but they should also be involved in any assessment of the problem.
2. Get a recommendation from a trusted friend or family member.
3. Check with a clinic affiliated with a local hospital or medical school.
4. Contact national or local professional organizations.

"I don't know how I would fit it in"

Solution it is important to make time available for treatment and to adjust your family's schedule. Be realistic about the logistics of getting to treatment. If the best professional is an hour away you must decide whether you are willing to make the necessary arrangements or prefer to ask the professional for a comparable referral nearby, thus increasing the likelihood of your engaging in treatment.

"I can't afford treatment"

Solution There are a variety of lower cost clinics, often through graduate training programs or hospitals. Recent laws have improved insurance company reimbursement for mental health treatment and are moving to a point of being on par with reimbursement for physical illness. Insurance companies also usually have a list of approved clinicians in your network. If you find someone who is not covered by your insurance plan, or whose fees are beyond your means, it is worthwhile to ask the professional if s/he has a sliding scale, and/or ask your insurance provider if it can make a one time exception and add the professional to the provider list for your individual case.

"If I need help it must mean I'm a bad parent"

Solution Unfortunately mental illness is stigmatized in our society. Media images and news stories may portray distorted images of those with a mental illness as being violent and out of control and parents as being uncaring and uninvolved. But mental illness is real, it can be treated and should be considered similar to any illness. Like medical illness we often do not know what the cause is. Certainly no one would avoid treatment for diabetes or cancer, but the same person might feel ashamed of having a mental illness. The greatest harm comes from leaving mental illness untreated.

"I heard that treatment lasts forever"

Solution Certain myths generated by popular culture are outdated. Treatment only lasts as long as is necessary. The goal of any mental health treatment is for the individual to function independently and to feel successful and fulfilled in life. Different problems require different types of treatments for differing amounts of time. Certainly the sooner treatment is begun the better—the sooner the improvement and the better the prognosis.

"All they do is give drugs"

Solution Medication is only one option among many for certain disorders. A wide variety of treatments is available. The use of medication is dependent upon the individual, the problem, and his/her preferences. Once options are explained, any treatment decision is best made between the professional and the parent. Some treatments are carried out alone, some in combination with medications and all involve parents to some extent. With children, the treatment can involve talking and/or playing as a way of understanding the child's concerns and working out solutions. Some of the more common non-medication treatments include:

1. cognitive behavior therapy (CBT): provides skills that help individuals learn new ways of thinking and behaving and is often used when there are symptoms of anxiety and/or depression
2. dialectical behavior therapy (DBT): this is a form of CBT with several enhancements and is used with adolescents who have mood symptoms and self-destructive/self-injurious behaviors
3. behavior therapy: provides tools for dealing with problem behaviors
4. verbal psychotherapy: one's current problems are discussed, perhaps in light of past difficulties, and options for coping with different feelings and behavior and for engaging in different relationships in more effective ways are developed
5. marital or family therapy: the professional helps members of the couple or family understand how their behaviors affect one another and the children, and provides instructions and strategies for making changes
6. group therapy: issues are explored within a group setting with individuals who share similar problems
7. interpersonal psychotherapy: feelings and responses are explored within the context of different interpersonal or social relationships and situations

"Other people will find out and think there's something wrong with me or my child"

Solution A therapist and a client/patient engage in a confidential relationship. Licensed professionals are bound by both a code of ethics and state laws which allows information told to a therapist to be kept confidential between the patient and therapist. A mental health professional's main goal is to protect both the physical and emotional well being of the patient. In certain situations, however, action must be taken or information revealed. In the interest of patient and public safety, mental health professionals are obligated to report any instances or information they have about abuse of children, the elderly, mentally or physically handicapped. In addition, action must be taken when there is a risk of danger to the self or others, e.g. by suicide or by threats on someone's life. Other instances in which certain information can be revealed include giving specific information to an insurance company as stated by their policy, to

collection agencies, when involved in legal matters concerning the person's mental health, and when involved in legal complaints against the professional.

Who does the treatment?

Individuals might consider the following checklist of questions to ask and issues to consider when deciding on a professional and a type of treatment.

- Professional's credentials and training: consider the training of the professional and inquire as to his/her experience or expertise with the problem. If the professional is licensed in your state make sure the professional has the appropriate credential. The most common licensed professionals are:
 - Psychiatrists, have an M.D. degree and can provide therapy in addition to prescribing medication
 - Psychologists have a Ph.D. or Psy.D. degree and can provide therapy in addition to conducting psychological tests
 - Social Workers have a masters degree and are identified by the LCSW license
 - Marriage and Family Counselors usually have a masters degree and are identified by the MFCC license
 - Other possible licensed professionals include Mental Health Counselors and Pastoral Counselors.
 - Some professionals, without state licensure, may be certified by their own professional organization.
- Experience: the professional should have training and experience with children and expertise with the particular problem of concern.
- Involvement: it is important to understand how parents are involved in the child's treatment.
- Type and format of treatment: parents and children should understand the scope of the treatment, the procedures used and the frequency and duration of the sessions.
- Cost, insurance policy: it is the parents' responsibility to know their own financial resources and any insurance requirements and limitations
- Location, ease of accessibility: treatment must balance convenience with availability of the professional

How do I decide if this is the right professional?

Once a parent has decided on a therapist, it is important for the child or teen and parents to feel comfortable with the treating professional or agency. Having confidence in the person is essential for establishing a positive working relationship and important when facing difficult moments or decisions. Parents often benefit from having an initial consultation or one or two sessions before making a decision about ongoing treatment. The "fit" must be right in order to establish a good working relationship. What may work for one person may not feel right for another. However, if the parents or child feel uncomfortable after a few sessions, this should be discussed in order to assess the source of the problem. For example, is the difficulty due to

embarrassment about discussing the problem, a child who is resistant due to being angry at the parents for suggesting treatment, or is it incompatible styles between the professional and the patient?

What is the role of the parent?

The initial session or two, with the parents and/or the child, is usually used to evaluate the problem. This is typically done by interview and may also involve questionnaires. In the case of a child, the professional will need information from the parents about the family history, home environment, child's physical and emotional development, friendships, and may consult other relevant medical and educational professionals for information. Soon after the evaluation phase, the professional should discuss the assessment and outline a plan of treatment. Parents should be informed about their role in treatment, preferred method of communication with the professional, schedule for feedback and updates, coordination with outside resources or professionals, strategies for helping their child participate in treatment, alternative treatments, risks and goals.

Successful therapy usually requires an investment of time and energy on the part of the professional, parents and child. The therapist may act as a guide, instructor, cheerleader, sounding board, and confidante. However, the parents and child must also participate and take responsibility for putting the learning into practice. It is important for everyone involved to monitor change and progress.

About the Author

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What Is the Role of Teachers in Children's Mental Health?

What can I do when I'm concerned about the mental health of a child in my care?

Educators and caregivers may be among the first people to notice changes in a child's mental health. Here are important steps to take when a child's behavior raises concerns:

- Observe and take notes on the child throughout the day. Do this over several days or weeks to help you see patterns. Does the behavior that concerns you occur at certain times of day? In certain parts of the building? Be sure to note the child's strengths as well as areas of concern.
- Share your concerns with your program's director, principal, or social worker. Be as specific as possible in explaining why you are concerned. Give details: "Emily pried the arms off of all the dolls twice this week. Every day after lunch, she slammed into children who were playing alone, knocked them down, and ran away laughing. She seemed to single out children who are smaller than she is."
- Learn and follow your program's procedures for working with children with challenging behaviors. Whose responsibility is it to talk to the family? If a child's actions are dangerous, can an extra adult stay in the room to help out? Does the school have a referral process in place?
- Be ready to talk with the child's family about your concerns.

When a child you know seems to be having mental health difficulties, you can take action to help the child. It is important to be sensitive to a child's individual needs. For example, a child who is overly watchful as a result of trauma may not want to take part in any activity that involves closing his eyes. A child who is grieving may need some time to cry in private or on a teacher's lap. Relationships with adults who are warm, nurturing, and respectful of the child can be extremely helpful.

Validate the child's feelings, but set some limits. For example, let the child know you can accept his being angry, but he is not allowed to hurt people or pets. It may be necessary to have an extra person in the classroom to help out if a child's aggressive or reckless behavior poses a safety threat to herself or others.

Maintain a consistent routine to reassure children who have been through chaotic times such as disasters or family trauma. If there will be a change in routine, try to let children know ahead of time what to expect.

Keep in mind that a child who believes he is bad and unlovable may act in ways that make others dislike him. This is sometimes called a "recursive cycle." He may believe that the teacher cares less about him than about the other children. Reassuring the child may be very difficult, especially if he seems to reject what you say. It may take awhile for children to understand that there is a difference between themselves and the things they do. Specifically separating the behavior from the child can be helpful. For example, you might say, "I really don't like for you to hit people, but I still like you."

Some children will respond positively to suggestions for ways to express feelings effectively, or ways to act on their own behalf: "When you feel so angry you want to hit, you could punch this pillow or stomp your feet." "When you feel lonesome and sad, would you like to ask a friend or a teacher for a hug?" "If you don't like what Jake says, you can tell him to stop."

A traumatized child may need opportunities to draw or play about what has happened. Provide toys and materials that children may use to help express feelings or relieve stress. A child may start to cope with fear, anxiety, anger, or grief by playing with play dough, clay, water, puppets, dollhouses, art supplies, and other "open-ended" items. A child involved in such therapeutic play may need to be able to play alone. Asking him or

her to share or take turns at such times may not be helpful. Keep extra materials around in order to avoid conflict.

Be aware of how other children in the class may be feeling about the child who is having difficulties. Are they afraid of her? Worried about her? Angry? Rejecting? Your modeling can be very important. You can model acceptance of the child's needs, while at the same time assuring the class that each of them deserves the care and concern of everyone in the group. Help children find ways to express care and support for a child who is recovering from a difficult experience. Show them how to stand up to someone who is aggressive and hostile, and show them how to defuse aggression.

How should I approach the family when I am concerned about a child's mental health?

When a teacher or caregiver notices that a child's mental health may be in jeopardy, it is important to talk with the child's family. Such conversations call for tact and thoughtful preparation.

Being well prepared for the conversation is extremely important. If your program has social workers, nurses, or counselors, talk with them about the child's behaviors. Ask them for suggestions about the best ways to approach the family. Before talking with the family, ask your local school district and mental health agencies about available support services. Who can evaluate a preschooler's mental health? Is affordable counseling or play therapy available? Collect materials about these resources to give to the family.

With others in your program, decide what you or other staff members can do to help the child. For example, what will you do if the child puts herself in danger? Can an aide be provided for a child with serious problems? Be ready to present these options to the family.

Consider which staff members know the child or the family best. Be sure to include them in meetings with the family.

Also, be aware that if the family's cultural background is different from your own, you may want to find out first what some of their perspectives might be on mental health and social-emotional development. A librarian may be able to help you find information about cultural variations in ideas about mental health. But it will be very important as you talk with the family to listen closely to what they seem to believe about the child's behavior and about children's mental health in general. You may need to spend extra time establishing some common ground in order to work most effectively with the family. If possible, you might want to find someone who works regularly with immigrant and refugee families who can give you firsthand information about what to expect and how to approach mental health issues in this situation.

Similarly, if you have concerns about the mental health of a child whose home language is not English, it would be helpful to use an interpreter who can translate ideas and terminology so that everyone can understand each other during potentially sensitive discussions about a child's behavior and well-being.

No parent wants to hear bad news about his or her child, and some parents may be defensive. They may accuse others, even program staff, of causing the child's difficulties or of exaggerating the problems. Other parents may not be ready to accept that a problem exists; this is sometimes known as denial. Still others may be deeply relieved that someone else shares their concerns about the child. In any case, when you express your concerns to the family, it is important to be tactful but candid. Here are some points to remember:

- Explain that you need to hear the family's point of view. You might say something like, "We need your help. We've seen a change in Olivia. She cries very hard for more than an hour every day. Will you meet with us to talk about ways to help her feel better at school?"

- Avoid labels. If you say, “Olivia seems depressed,” the parents will not be able to picture her behavior. Instead, describe clearly what the child does. For example, “Olivia hides under her coat and cries herself to sleep. Nothing we do seems to comfort her.”
- Ask the parents if they see similar behaviors at home. What have they tried that helps the child feel better?
- Invite parents to watch the child in the classroom, so they can see what you have described.
- If necessary, explain how the child’s behavior gets in the way of friendships and learning activities. Again, it is important to describe exactly what you have seen the child do. Instead of saying, “She doesn’t like her friends any more,” you might say, “She stopped playing with friends about two weeks ago. When someone invites her to play, she just turns away. She doesn’t watch the others play. She just curls up inside her coat.”
- Do not use diagnostic terms--even if parents press you to do so. A mental health specialist should be the one who diagnoses and explains such conditions as depression, autism, etc.
- Word your comments with care so that parents do not feel blamed for the child’s troubles. Ask them what they think might be going on.
- Be sure to spend time talking about the child’s strengths as well as her difficulties. Her strengths are what you and the family can build on to help her.

It also helps to show the family that you do not expect them to “fix” the child by themselves. Give the parents or guardians materials you have collected. They might appreciate free pamphlets about children’s social and emotional well-being or materials about mental health services in the area. If it seems appropriate, you might also make referrals to community resources such as mental health clinics or play therapists who have been recommended by other parents.

Engage the family in planning some ways to help the child. For example, the parents might agree first to take the child to a pediatrician, and you might agree to write a letter to the doctor carefully describing what you have noticed about the child’s behavior. Or the parents might decide to find counseling, while the center director agrees to have an aide stay near the child during the day. The plan should include setting a time to touch base in three or four weeks to discuss how things are going for the child.

Keep in mind that it may take time for parents to think about what to do when a child seems to be having problems that affect his or her mental health.

Information from: Illinois Early Learning Project, funded by the Illinois State Board of Education
<http://illinoisearlylearning.org/faqs/mentalhealth.htm#do>

Minnesota Mental Health Resources

Alliance for the Mentally Ill of Minnesota

Please see new listing under National Alliance on Mental Illness, NAMI-MN

Arc Greater Twin Cities

2446 University Avenue W, Suite 110
St. Paul, MN 55114
952-920-0855

info@arcgreatertwincities.org
www.arcgreatertwincities.org

Advocacy and support for people with intellectual and developmental disabilities and their families

The Arc of Minnesota

770 Transfer Road, Suite 26
St. Paul, MN 55114

651-523-0823 • 800-582-5256
mail@arcmn.org

www.thearcofminnesota.org

Advocacy and support for people with intellectually and developmental disabilities and their families

Attention Deficits Support Services

Please see new listing under Learning Disabilities Association, LDA-Minnesota

Autism Society of Minnesota

AuSM

2380 Wycliff Street, Suite 102
St. Paul, MN 55114

651-647-1083
info@ausm.org
www.ausm.org

Advocacy and education for individuals with autism and their families

Behavioral Institute for Children and Adolescents

1711 West County Rd B Suite 110S
Roseville, MN 55113
651-484-5510

info@behavioralinstitute.org
www.behavioralinstitute.org

Trainings and resource information for working with children and adolescents with emotional and behavioral challenges

Children and Adults with Attention Deficit Disorders of MN

CHADD

800-233-4050
Twin Cities: 952-922-5761
Duluth: 218-340-9319 (Joanne)
Rochester: 507-280-6937

www.chadd.org (Click find support, then find local chapter, choose state at bottom of page)
Support groups and resources for children and adults with AD/HD

Children's Home Society and Family Services

CHSFS

1605 Eustis Street
St. Paul, MN 55108
651-646-7771 • 800-952-9302

www.chsfs.org

Provides education advocacy for people with learning disabilities and attention deficit disorders, adoption, and post-adoption support

Depression and Bipolar Support Alliance

Please see new listing under MHAM, Mental Health Association of Minnesota

Disability Minnesota

www.mndisability.gov

This website provides easy links to all state services relating to disability

Institute for Minority Development

IMD

1710 Douglas Drive Suite 145
Golden Valley MN 55422
763-544-2748

In-home and community-based family support services for children and adults with developmental disabilities

Learning Disabilities Association

LDA-Minnesota

6100 Golden Valley Road
Golden Valley, MN 55422
952-922-8374

info@ldaminnesota.org
www.ldaminnesota.org

Offers child and adult education, AD/HD support groups and workshops, assessments, tutoring, and referrals

Attention Deficits Support Services

A program/service of LDA Minnesota

Mental Health Association of Minnesota

MHAM

2021 E Hennepin Avenue, Suite 412
Minneapolis, MN 55413
612-331-6840 or 800-862-1799

info@mentalhealthmn.org
www.mentalhealthmn.org

Support and information regarding adults and transition services for youth with mental health needs

Depression and Bipolar Support Alliance

Minnesota support groups administered by Mental Health Association of Minnesota

Minnesota Legal Assistance

www.mylegalaid.org

Legal advice, referrals and representation to low-income families or people with disabilities

Legal Aid Society of Minneapolis

Downtown Office
430 1st Avenue N, Suite 300
Minneapolis, MN 55401-1780
612-332-1441

St. Cloud Area Legal Services

830 W. St. Germain, Suite 300
P.O. Box 886

St. Cloud, MN 56302
320-253-0121 • 888-360-2889

Western Minnesota Legal Services

415 7th St. SW, Suite 101
P.O. Box 1866
Willmar, MN 56201
320-235-7662 • 800-622-4011

Minnesota Adoption Resource Network

MARN

430 Oak Grove Street, Suite 404
Minneapolis, MN 55403
612-861-7115 • 866-303-MARN

info@mnaadopt.org
www.mnaadopt.org

Adoption information, education, and resources

Minnesota Association for Children's Mental Health

MACMH

165 Western Avenue N, Suite 2
St. Paul, MN 55102

651-644-7333 • 800-528-4511
info@macmh.org

www.macmh.org

Support and information for families and professionals

Minnesota Disability Law Center

MDLC

Mental Health Advocacy Project
430 1st Avenue N, Suite 300
Minneapolis, MN 55401

612-332-1441 • 800-292-4150
TDD 612-332-4668

Duluth 218-722-5625

Grand Rapids 218-326-7044

Mankato 507-389-9826

Moorhead 218-230-9870

www.mylegalaid.org

Free civil legal assistance to individuals with disabilities



Minnesota Association for Children's Mental Health

165 Western Avenue North, Suite 2, Saint Paul, MN 55102-4613
651-644-7333 • 800-528-4511 • www.macmh.org • info@macmh.org

Updated 7/2010

Minnesota Mental Health Resources

Minnesota Kinship Caregivers Association MKCA

161 St. Anthony Avenue, Suite 940
St. Paul, MN 55103
651-917-4640
www.mkca.org

Advice, advocacy and support for grandparents and other kinship caregivers

Minnesota Organization on Fetal Alcohol Syndrome MOFAS

1885 University Avenue, Suite 395
St. Paul, Minnesota 55104
651-917-2370 • 866-90-MOFAS
info@mofas.org
www.mofas.org

works collaboratively within communities to provide resources and support for families living with Fetal Alcohol Spectrum Disorders (FASD)

National Alliance on Mental Illness NAMI-MN

800 Transfer Road, Suite 7A
St. Paul, MN 55114
651-645-2948 • 888-NAMIHELPS
nami-mn@nami.org
www.namihelps.org

Support, information, and advocacy for persons with mental illness

Parent Advocacy Coalition for Educational Rights PACER Center

8161 Normandale Boulevard
Minneapolis, MN 55437
952-838-9000 • 800-53-PACER
TTY 952-838-0190
pacer@pacer.org
www.pacer.org

Advocacy, information, and referral resources for children and young adults with disabilities and their families

Suicide Awareness Voices of Education SAVE

8120 Penn Avenue S, Suite 470
Bloomington, MN 55431
952-946-7998
National Lifeline: 800-273-TALK
www.save.org

Suicide prevention and educational resources

Chrysalis Cente

4432 Chicago Ave S
Minneapolis, MN 55407
612-871-0118 • TTY: 612-824-2780
24 Hour hotline: 612-825-0000
www.tubman.org

Services for children and families struggling with the challenge of Fetal Alcohol Spectrum Disorder (FASD)

Tourette Syndrome Association Minnesota Chapter TSA-MN

2233 University Avenue, Suite 338
St. Paul, MN 55114
651-646-0099

www.tsa-mn.org

Education, support, and public awareness programs for individuals and their families affected by Tourette Syndrome

United Way 211

Greater Twin Cities United Way
2-1-1 or 651-291-0211 (cell users)
www.unitedwaytwincities.org/
communityinfo/211.cfm
www.thebeehive.org/local/resource-locator
Information and referral service to community resources

State of Minnesota

Minnesota Children with Special Health Needs MCSHN

Minnesota Department of Health
85 E 7th Place
PO Box 64882
St. Paul, MN 55164

651-201-3650 or 800-728-5420

mcsahnweb@health.state.mn.us

www.health.state.mn.us/mcsahn

Information and referral resources for children with special needs and their families

Minnesota Department of Commerce MDC

Consumer Concerns Market Assurance
651-296-2488 • 800-657-3602 (MN only)
market.assurance@state.mn.us
www.commerce.state.mn.us

Regulates licensed fee-for-service or indemnity plans

Minnesota Department of Education MDE

Division of Special Education
1500 W Highway 36
Roseville, MN 55113-4266
651-582-8200

www.education.state.mn.us

Regulates special education services and programming in Minnesota

Minnesota Department of Health MDH

P.O. Box 64975
St. Paul, MN 55164
651-201-5000 • 888-345-0823
www.health.state.mn.us

**Regulates licensed HMOs and CISNs*

Minnesota Department of Human Services DHS

Children's Mental Health Division
PO Box 64985
St. Paul, MN 55164
651-431-2321

www.dhs.state.mn.us

Regulates children's mental health services and programming

Ombudspersons

Ombudspersons for Families

Ensures that children and their families are guaranteed fair treatment by all agencies that provide child welfare services.

African-American Families

651-642-0897

Asian-Pacific Families

651-643-2514

Hispanic Families

651-643-2537 or 888-234-4939

Indian Families

651-643-2523

Ombudsman for Mental Health and Developmental Disabilities

121 7th Place E, Suite 420
Metro Square Building
St. Paul, MN 55101-2117
651-296-3848 • 800-657-3506
TTY 800-627-3529

ombudsman.mhdd@state.mn.us

www.ombudmhdd.state.mn.us

Designated to assist you to overcome the delay, injustice or impersonal delivery of services

Ombudsman for State Managed Health Care Programs

PO Box 64249
St. Paul, MN 55164
651-431-2660 • 800-657-3729
www.dhs.state.mn.us

Assists persons enrolled in MN Health Care Programs, Medical Assistance, & MinnesotaCare

Minnesota Association for Children's Mental Health

165 Western Avenue North, Suite 2, Saint Paul, MN 55102-4613
651-644-7333 • 800-528-4511 • www.macmh.org • info@macmh.org

Updated 7/2010



CHEMICAL HEALTH

How to recognize a problem:

According to a national survey, more than 4.6 million Americans who meet the criteria for needing treatment do not recognize they have a problem. Frequently it is family and friends of the person needing alcohol or drug treatment that identify the chemical abuse. Chemical dependency is an illness that usually requires treatment. AlcoholScreening.org is a free service of Join Together, a project of the Boston University School of Public Health. AlcoholScreening.org helps individuals assess their own alcohol consumption patterns to determine if their drinking is likely to be harming their health or increasing their risk for future harm. Through education and referral, the site urges those whose drinking is harmful or hazardous to take positive action, and informs all adults who consume alcohol about guidelines and caveats for lower-risk drinking.

<http://www.alcoholscreening.org>

A number of primary care providers use adolescent screening tools that assess both mental health and chemical health. Also, some schools provide universal screening using a variety of standardized tools.

How to get an assessment:

Whether or not a screening is done, the best way to determine if someone's use/abuse of chemicals requires treatment is to get a chemical dependency assessment through a professional. This will entail a complete assessment of an individual's chemical use. Also, it's important to note that the assessment process can be complicated by undiagnosed and/or untreated mental health or academic/employment issues (i.e. anxiety, depression, attention deficit disorder, learning disabilities, etc.). When indicated, further psychological testing or assessment of specific concerns may be recommended. These could include: child and family problems, marital concerns, work and financial considerations, anger and violence concerns, self-esteem difficulties, depression, or anxiety. It is very important to determine the underlying cause(s) of an individual's chemical use so that the most effective treatment can be prescribed. (Refer to the attached Fact Sheet on Dual Diagnosis).

There are a number of places you can start:

Primary care physician – Primary Care Providers may be able to provide resources regarding referrals to chemical health as well as mental health providers.

Employee assistance programs (EAP's) - EAP's offer trained professionals who can provide you with information and referral to your health plan and community services. Check your employer's personnel handbook to identify whether you have an EAP available to you and how to connect with it.

Health plans/Health Insurance - If you have health insurance coverage, ask them about providers and services that are covered under your policy. Look on the back of your health insurance card for the number to the customer service department. They will provide you with a list of numbers for providers covered under your health plan.

County human services - In Minnesota, the county is responsible for providing public chemical dependency treatment services. County staff can help you identify where to begin and have staff knowledgeable about providers in your county and the services they provide. Counties also offer publicly funded chemical dependency services (See description of Rule 25, below). Counties contract with chemical dependency treatment providers to provide treatment on a sliding-fee scale. If you use one of the county providers, the charges for assessment and treatment will be reduced based on your ability to pay. For more information call your county or visit their website.

Information and referral services – MinnesotaHelp.info is an information and referral provider that can help you find and connect with a variety of services.

If you are a member of a federally recognized American Indian tribe, you can go to your County to receive services or you may contact your tribal office for information about chemical dependency assessment and treatment.

People receiving Medical Assistance, Prepaid Medical Assistance Program or MinnesotaCare, can get information about provider referrals, prior authorization guidelines and contacts for chemical dependency services from their county or the specific health plan they are enrolled in.

What is Rule 25?

When a person is seeking chemical dependency treatment and needs public funding to pay for the treatment, they get a chemical use assessment, sometime referred to as a Rule 25 Assessment. The assessor gathers information from the client and concerned others and applies criteria to determine whether the person needs treatment and what sort of treatment would be best. This assessment process and the decision criteria are governed by Rule 25 (Minnesota Rules, parts 9530.6600 through 9530.6655).

Treatment Options:

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors a **Substance Abuse Treatment Facility Locator**. This is a searchable directory of more than 11,000 addiction treatment programs around the country that treat alcoholism, alcohol abuse and drug abuse problems. It includes programs that serve all ages, including adolescents. It is easy to use and the information in the directory is updated on an annual basis.

The Locator includes outpatient treatment programs, residential treatment programs, hospital treatment programs, and partial hospitalization/day treatment programs for drug addiction and alcoholism. All information is updated on an annual basis. New facilities are added monthly. The Substance Abuse Treatment Facilitator Locator can be found on the Internet at: <http://www.findtreatment.samhsa.gov>

Payment Options:

In general, the following forms of payment are acceptable, however, this will vary, depending on the treatment facility: self payment, state financed insurance (other than Medicaid), private health insurance, military insurance (e.g., VA, TRICARE)

Resources:

Chemical Health Division located in your County, or call the Minnesota Department of Human Services (DHS) at 651-582-1832 or visit the state DHS website at:

<http://www.dhs.state.mn.us/Contcare/Chemicalhealth>

H.E.A.R.T. (Help Enable Alcoholics / Addicts Receive Treatment) reaches out and helps support people with financial hardships, who are struggling to enter or remain in treatment. H.E.A.R.T. provides the necessary funding to enable recovering individuals to receive treatment or counseling at any **H.E.A.R.T.** affiliated facility. The mission of H.E.A.R.T. is to help people and their families achieve and maintain a chemically free life. For more information, contact **H.E.A.R.T. Inc. Help Enable Alcoholics / Addicts Recieve Treatment**, at 10800 Old County Road 15, Suite 100, Plymouth, MN 55441

763/746-8488 – Phone, 763/746-8489 – Fax, 866/933-8488 - Toll Free or visit their website at:

<https://www.heartinc.org>

Narcotics Anonymous

Narcotics Anonymous (NA) provides a recovery process and peer support network that are linked together. One of the keys to NA's success is the therapeutic value of addicts working with other addicts. Members share their successes and challenges in overcoming active addiction and living drug-free, productive lives through the application of principles contained within the Twelve Steps and Twelve Traditions of NA. The primary service provided by Narcotics Anonymous is the NA group meeting. Each group runs itself based on principles common to the entire organization, which are expressed in NA literature. For more information, including finding a meeting go to:

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

Nar-Anon

Nar-Anon is a twelve-step program designed to help relatives and friends of addicts recover from the effects of living with an addicted relative or friend. Nar-Anon's program of recovery uses Nar-Anon's Twelve Steps and Twelve Traditions. The only requirement to be a member and attend Nar-Anon meetings is that there is a problem of drugs or addiction in a relative or friend. Nar-Anon is not affiliated with any other organization or outside entity. For general information about Nar-Anon, or to locate a Nar-Anon group, go to the following link: www.nar-anon.org

Alcoholics Anonymous

Alcoholics Anonymous® (AA) is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; AA is self-supporting through member contributions.

For more information on AA and to locate a meeting, go to: www.aa.org

Al-Anon/Alateen

Al-Anon and Alateen members are people who have been affected by someone else's drinking. They are parents, children, spouses, partners, brothers, sisters, other family members, friends, employers, employees, and coworkers of alcoholics. In Al-Anon and Alateen, members share their own experience, strength, and hope with each other. For more information, including how to find a meeting in your area, go to: <http://www.al-anon.alateen.org/>

Association of Recovery Schools - The Association of Recovery Schools advocates for the promotion, strengthening, and expansion of secondary and post-secondary programs designed for students and families committed to achieving success in both education and recovery. Member organizations of the Association of Recovery Schools meet certain criteria. Some examples include:

- Recovery Schools are of two types. Recovery schools at the secondary level meet state requirements for awarding a secondary school diploma. Such schools are designed specifically for students recovering from substance abuse or dependency. Eligible colleges, similarly, offer academic or residential programs / departments designed specifically for students recovering from substance abuse or dependency.
- Recovery Schools provide academic services and assistance with recovery (including post-treatment support) and continuing care. However, they do not generally operate as treatment centers or mental health agencies.
- Recovery Schools require that all students enrolled in the program be in recovery and working a program of recovery determined by the student and the School. Consequences of relapse are addressed by the individual School.

For more information regarding schools, including schools located in Minnesota, go to the following web address: <http://www.recoveryschools.org>

Dual Diagnosis: Adolescents with Co-occurring Brain Disorders & Substance Abuse Disorders

Adolescents are often referred to treatment for substance abuse, but are not referred to a qualified mental health professional for appropriate diagnosis and treatment of any underlying cause for their drug and alcohol abuse. However, many teens have symptoms of a mood disorder that may in fact have led to self-medicating with street drugs and alcohol.

Families and caregivers know how difficult it is to find treatment for an adolescent who abuses drugs or alcohol, but who also is diagnosed with a brain disorder (mental illness); i.e., ADHD, depression, or bipolar disorder. Traditionally, programs that treat individuals with brain disorders do not treat individuals with active substance abuse problems, and programs for substance abusers are not geared for people with mental illness. Adolescents are often caught in this treatment or services gap.

Is dual diagnosis common?

The combination of mental illness and substance abuse is so common that many clinicians now expect to find it. Studies show that more than half of young persons with a substance abuse diagnosis also have a diagnosable mental illness.

What causes these disorders?

Mental health and addiction counselors increasingly believe that brain disorders and substance abuse disorders are biologically and physiologically based.

What kind of treatment works?

Families and caregivers may feel angry and blame the adolescent for being foolish and weak-willed. They may feel hurt when their child breaks trust by lying and stealing. But it's important to realize that mental illness and often substance abuse are disorders that the adolescent cannot take control of without professional help.

Teens with difficult problems such as concurrent mental illness and substance abuse disorders do not respond to simplistic advice like "just say no" or "snap out of it."

Psychotherapy and medication combined with appropriate self-help and other support groups help most, but patients are still highly prone to relapse.

Treatment programs designed primarily for substance abusers are not recommended for individuals who have a diagnosed mental illness. Their reliance on confrontation techniques and discouragement of use of appropriate prescription medications tend to compound the problems of individuals with mental illness. These strategies may produce stress levels that make symptoms worse or cause relapse.

What is a better approach?

Increasingly, the psychiatric and drug counseling communities agree that **both disorders must be treated at the same time**. Early studies show that when mental illness and substance abuse are treated together, suicide attempts and psychotic episodes decrease rapidly.

Since dually diagnosed clients do not fit well into most traditional 12-step programs, special peer groups based on the principle of treating both disorders together should be developed at the community level. Individuals who develop positive social networking have a much better chance of controlling their illnesses. Healthy recreational activities are extremely important.

What's the first step in treatment?

The presence of both disorders must first be established by careful assessment. This may be difficult because the symptoms of one disorder can mimic the symptoms of the other. Seek referral to a psychologist or psychiatrist. Local NAMI affiliates are happy to refer families to mental health professionals their members recommend. **(Call the NAMI HelpLine at 1-800/950-6264 for a local contact)**.

Once a professional assessment has confirmed a dual diagnosis of mental illness and substance abuse, mental health professionals and family members should work together on a strategy for integrating care and motivating the adolescent.

What do model programs for treating mental illness and substance abuse look like?

There is a growing number of model programs. Support groups are an important component of these programs. Adolescents support each other as they learn about the negative role that alcohol and drugs has had on their lives. They learn social skills and how to replace substance use with new thoughts and behaviors. They get help with concrete situations that arise because of their brain disorder (mental illness). Look into programs that have support groups for family members and friends.

If your teen has a substance abuse disorder ...

- 1. Don't regard it as a family disgrace. Recovery is possible just as it is**

- with other illnesses.
2. **Encourage and facilitate participation in support groups during and after treatment.**
 3. **Don't nag, preach, or lecture.**
 4. **Don't use the "if you loved me" approach. It is like saying, "If you loved me, you would not have tuberculosis."**
 5. **Establish consequences for behaviors. Don't be afraid to call upon law enforcement if teens engage in underage drinking on your premises. You can be held legally responsible for endangering minors if you do not take timely action.**
 6. **Avoid threats unless you think them through carefully and definitely intend to carry them out. Idle threats only make the person with a substance abuse disorder feel you don't mean what you say.**
 7. **During recovery, encourage teens to engage in after-school activities with adult supervision. If they cannot participate in sports or other extracurricular school activities, part-time employment or volunteer work can build self-esteem.**
 8. **Don't expect an immediate, 100-percent recovery. Like any illness, there is a period of convalescence with a brain disorder. There may be relapses and times of tension and resentment among family members.**
 9. **Do offer love, support, and understanding during the recovery.**

Reviewed by Patrick C. Friman, Ph.D., A.B.P.P., Director of Clinical Services & Research at Father Flanigan's Boys' Home and associate professor, Creighton University School of Medicine.