

Lajna Mental Health Flyers/Brochures

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Bipolar Disorder in Teens and Young Adults: Know the Signs

Bipolar disorder is a mental illness that causes unusual and extreme shifts in mood, marked by episodes of mania and depression. During these episodes, symptoms last for days or weeks at a time.



Common signs & symptoms of mania

- Showing intense happiness or silliness
- Having a very short temper or seeming extremely irritable
- Talking very fast or having racing thoughts
- Having an inflated sense of ability, knowledge, and power
- Doing reckless things that show poor judgment



Common signs & symptoms of depression

- Feeling very sad or hopeless
- Feeling lonely or isolating from others
- Eating too much or too little
- Having little energy and no interest in usual activities
- Sleeping too much

If you or someone you know is struggling or having thoughts of suicide, help is available.

For crisis counseling and support,
call or text **988**
(**988 Suicide & Crisis Lifeline**).

In life-threatening situations,
call **911**.



www.nimh.nih.gov/bipolar disorder

NIMH Identification No. OM 23-4318

Seasonal Affective Disorder (SAD): More Than the Winter Blues

As the days get shorter and there is less daylight, you may start to feel sad. While many people experience the “winter blues,” some people may have a type of depression called seasonal affective disorder (SAD).

The first step is to determine how much your symptoms interfere with your daily life.

Do you have mild symptoms that have lasted less than 2 weeks?



- Feeling down but still able to take care of yourself and others
- Having some trouble sleeping
- Having less energy than usual but still able to do your job, schoolwork, or housework

These activities can make you feel better:



- Doing something you enjoy
- Going outside in the sunlight
- Spending time with family and friends
- Eating healthy and avoiding foods with lots of sugar

If these activities do not help or your symptoms are getting worse, talk to a health care provider.

Do you have more severe symptoms that have lasted more than 2 weeks?



- Social withdrawal
- Oversleeping
- Gaining weight
- Craving foods with lots of sugar like cakes, candies, and cookies

Seek professional help:



- Light therapy
- Psychotherapy (talk therapy)
- Medications
- Vitamin D supplements

For help finding treatment, visit nimh.nih.gov/findhelp.

If you or someone you know is in immediate distress or is thinking about hurting themselves, call or text the 988 Suicide & Crisis Lifeline at **988** or chat at 988lifeline.org.



NIH National Institute
of Mental Health

nimh.nih.gov/sad

NIMH Identification No. OM 22-4320

You are previewing a worksheet. Clients will be able to fill in the fields.

Close

ADHD Interventions for Parents

Create a Simple List of Rules

Focus on the most important behaviors by creating a short and straight-forward list of rules. Let the small stuff slide. If your child completes their homework and chores but forgets a dirty dish, focus on the accomplishments rather than the mistake. Perfection is an unrealistic expectation.

Use Praise

Praise your child for simple good behaviors that you would like them to continue. A simple "good job" or a smile can go a long way. If you're finding it hard to find behavior to praise, compliment your child for extended periods where they do not get into trouble.

Create a Reward System

Rewards are more effective than punishments to motivate a child to change their behavior. Reward systems can be as simple as a token for each day of the week a specific good behavior is completed, which can then be exchanged for a reward. Talk with your child to figure out what reward they want, and how many tokens it will cost.

Homework Hour

Set aside a time each school day for your child to complete homework. If there are no assignments for that evening, they can still spend the time studying or reading. This routine reduces the chance that your child will forget or avoid their homework. Additionally, homework hour reduces the reinforcement that children usually receive for completing their homework as quickly as possible.

Establish Structure

Children with ADHD do their best when they know what to expect. Establish a routine for homework, meals, playing, bedtime, and preparing for school. For example, your child may learn to brush their teeth at a specified time, get a glass of water, and then lay out their clothes for the next day. You can use a reward system to begin establishing these routines.

Use Consequences Effectively

Consequences should be explained in advance, they should occur immediately after the unwanted behavior, and you must always follow through with your stated consequence. Timeout and the removal of privileges are effective. Be careful not to over punish—your child will not remember why they are grounded after 2 weeks, and you have no leverage if your child has nothing.

Please write any feedback or questions for your therapist about this exercise.

Back

Content provided by [Therapist Aid](#)

ADHD

Attention Deficit/Hyperactivity Disorder Fact Sheet

Learn about ADHD and what to do if you have concerns.

What is ADHD?

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common neurobehavioral disorders of childhood. It is sometimes referred to as Attention Deficit Disorder (ADD). It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active.



What are some of the signs of ADHD?

Many children have trouble focusing and behaving at one time or another. However, children with ADHD do not just grow out of these behaviors. The symptoms continue and can cause difficulty at school, at home, or with friends.

A child with ADHD might:

- daydream a lot
- forget or lose things
- squirm or fidget
- talk too much
- make careless mistakes or take unnecessary risks
- have a hard time resisting temptation
- have trouble taking turns
- have difficulty getting along with others

Deciding if a child has ADHD is a process with several steps. There is no single test to diagnose ADHD, and many other problems, like anxiety, depression, sleep problems, and certain types of learning disabilities, can have similar symptoms. One step of the process involves having a medical exam, including hearing and vision tests, to rule out other problems with symptoms like ADHD. Another part of the process may include a checklist for rating ADHD symptoms and taking a history of the child from parents, teachers, other caregivers, and sometimes, the child.

What can I do if I think my child may have ADHD?

Talk with your child's doctor or nurse. If you or your doctor has concerns about ADHD, you can take your child to a specialist such as a child psychologist or developmental pediatrician, or you can contact your local early intervention agency (for children under age 3 years) or public school (for children 3 years and older). To make sure your child reaches their full potential, it is very important to get help for ADHD as early as possible. You can contact the Center for Parent Information and Resources <http://www.parentcenterhub.org/find-your-center/> to find a Parent Center near you.

CDC sponsors the National Resource Center, a program of CHADD – Children and Adults with Attention-Deficit/ Hyperactivity Disorder. The National Resource Center operates a call center with trained staff to answer questions about ADHD. The number is 1-866-200-8098. Their website has links to information for people with ADHD and their families <https://chadd.org/understanding-adhd/>.

Additional Information: <http://www.cdc.gov/adhd> or 1-800-CDC-INFO (800-232-4636).



Depression in Women:

4 THINGS TO KNOW



From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Feeling sad is a normal reaction to difficult times in life. Depression is different—it is a mood disorder that can affect how a person feels, thinks, and acts. Read this fact sheet to learn about depression in women and ways to get help.

Depression is a medical condition.

Depression is a common but serious mood disorder. Research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors.

All people can feel depressed, but the disorder is especially common among women due to unique biological, hormonal, and social experiences.

Depression is not brought on by anything a woman has or has not done, and it is not something she can “snap out” of. Most women need treatment to feel better.



Depression has signs and symptoms to look out for.

Sadness is only one part of depression. Other common symptoms include:

- Anxiety or irritability
- Feelings of hopelessness, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Fatigue, lack of energy, or feeling slowed down
- Difficulty concentrating, remembering, or making decisions
- Changes in sleep or appetite
- Physical aches or pains that do not have a clear physical cause
- Thoughts of death or suicide or suicide attempts

These symptoms can make it hard to think, work, sleep, study, eat, and enjoy life. Talk to a health care provider if you experience symptoms most of the day, nearly every day, for at least 2 weeks. Depression does not look the same for everyone; some women may experience many symptoms, and others may experience only a few.

Communicating well with a health care provider can improve your care. NIMH provides ways to get help, find a health care provider, and access treatment at www.nimh.nih.gov/findhelp. For tips on preparing for and getting the most out of your health care visit, see www.nimh.nih.gov/talkingtips.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at 988lifeline.org. In life-threatening situations, call **911**.

Certain types of depression are unique to women.

Certain types of depression occur at specific stages of a woman's life. Pregnancy, the postpartum period, the menstrual cycle, and perimenopause are associated with physical and hormonal changes that can bring on a depressive episode in some women.

- **Premenstrual dysphoric disorder** is a more intense form of premenstrual syndrome, or PMS, that occurs in the weeks before menstruation. The disorder causes severe symptoms, such as depressed mood, anger or irritability, suicidal thoughts, appetite changes, bloating, breast tenderness, and joint or muscle pain.
- **Perinatal depression** occurs during pregnancy or after childbirth. It is more than the "baby blues" many new moms experience after giving birth. Women with perinatal depression feel extreme sadness, anxiety, and fatigue that may make it difficult to carry out daily tasks, including caring for themselves or others. Learn more about perinatal depression at www.nimh.nih.gov/perinataldepression.
- **Perimenopausal depression** affects some women during the transition to menopause. Whereas abnormal periods, problems sleeping, mood swings, and hot flashes are common during the menopause transition, more extreme feelings of irritability, anxiety, sadness, or loss of enjoyment may be signs of depression.



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NIH National Institute
of Mental Health

NIH Publication No. 23-MH-4779
Revised 2023

You can get help for depression.

Even the most severe depression can be treated. Common treatments are antidepressant medication, talk therapy (virtual or in person), or a combination of medication and therapy.

There is no "one-size-fits-all" for treatment. It may take trial and error to find the best one for you. A health care provider can explain the different options and help you choose the best treatment based on your symptoms. With help, you can feel better.

For more information on treatments for depression, visit www.nimh.nih.gov/depression.

Find additional resources

The following agencies have more information on depression in women:

- Depression (Office on Women's Health)
www.womenshealth.gov/mental-health/mental-health-conditions/depression
- Depression Among Women (Centers for Disease Control and Prevention)
www.cdc.gov/reproductivehealth/depression
- Women and Depression (U.S. Food and Drug Administration)
www.fda.gov/consumers/women/women-and-depression

The Substance Abuse and Mental Health Services Administration provides an online resource for finding mental health services in your area at <https://findtreatment.gov>.

www.nimh.nih.gov

Contact: nimhinfo@nih.gov

Follow NIMH on social media @NIMHgov

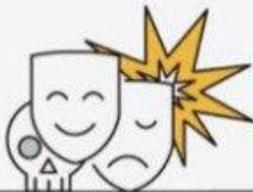


THE FOUR HORSEMEN

AND HOW TO STOP THEM WITH THEIR ANTIDOTES

CRITICISM

Verbally attacking personality or character.



GENTLE START UP

Talk about your feelings using "I" statements and express a positive need.



CONTEMPT

Attacking sense of self with an intent to insult or abuse.



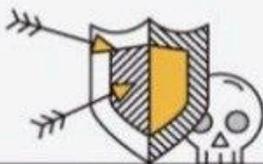
BUILD CULTURE OF APPRECIATION

Remind yourself of your partner's positive qualities and find gratitude for positive actions.



DEFENSIVENESS

Victimizing yourself to ward off a perceived attack and reverse the blame.



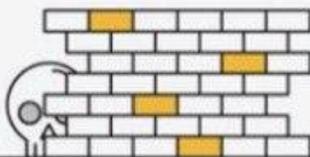
TAKE RESPONSIBILITY

Accept your partner's perspective and offer an apology for any wrongdoing.



STONEWALLING

Withdrawing to avoid conflict and convey disapproval, distance, and separation.



PHYSIOLOGICAL SELF-SOOTHING

Take a break and spend that time doing something soothing and distracting.



The Gottman Institute



I'M SO STRESSED OUT!

Is it stress or anxiety?

Stress

- Generally is a response to an *external* cause, such as taking a big test or arguing with a friend.
- Goes away once the situation is resolved.
- Can be positive or negative. For example, it may inspire you to meet a deadline, or it may cause you to lose sleep.

Both Stress and Anxiety

Both stress and anxiety can affect your mind and body. You may experience symptoms such as:

- Excessive worry
- Uneasiness
- Tension
- Headaches or body pain
- High blood pressure
- Loss of sleep

Anxiety

- Generally is *internal*, meaning it's your reaction to stress.
 - Usually involves a persistent feeling of apprehension or dread that doesn't go away, and that interferes with how you live your life.
- Is constant, even if there is no immediate threat.

Ways to Cope

- Keep a journal.
- Download an app with relaxation exercises.
- Exercise and eat healthy.
- Get regular sleep.
- Avoid excess caffeine.
- Identify and challenge your negative thoughts.
- Reach out to your friends or family.

Find Help

If you are struggling to cope, or the symptoms of your stress or anxiety begin to interfere with your everyday life, it may be time to talk to a professional. Find more information about getting help on the National Institute of Mental Health website at www.nimh.nih.gov/findhelp.



NIH National Institute
of Mental Health

nimh.nih.gov/stressand anxiety

NIMH Identifier No. OM 20-4319



Helping Children and Adolescents Cope With Traumatic Events

Every year, children and adolescents experience disasters and other traumatic events. Family, friends, and trusted adults play an essential role in helping youth cope with these experiences.

How do children and adolescents respond to traumatic events?

It is typical for children and adolescents to have a range of reactions after experiencing or witnessing a traumatic event, such as a natural disaster, an act of violence, or a serious accident.

Regardless of age, children and adolescents may:

- Report having physical problems such as stomachaches or headaches.
- Have nightmares or other sleep problems, including refusing to go to bed.
- Have trouble concentrating.
- Lose interest in activities they normally enjoy.
- Have feelings of guilt for not preventing injuries or deaths.
- Have thoughts of revenge.

Young children (age 5 and younger) may:

- Cling to caregivers and/or cry and be tearful.
- Have tantrums, or be irritable or disruptive.
- Suddenly return to behaviors such as bed-wetting and thumb-sucking.
- Show increased fearfulness (for example, fear of the dark, monsters, or being alone).
- Incorporate aspects of the traumatic event into imaginary play.

Older children (age 6 and older) and adolescents may:

- Have problems in school.
- Withdraw or become isolated from family and friends.
- Avoid reminders of the event.
- Use drugs, alcohol, or tobacco.
- Be disruptive, disrespectful, or destructive.
- Be angry or resentful.

Many of these reactions are normal and will lessen with time. If these symptoms last for more than a month, the family should reach out to a health care provider.



What can adults do to help?

How adults respond to trauma can strongly influence how children and adolescents react to trauma. When caregivers and family members take steps to support their own ability to cope, they can provide better care for others.

Caregivers and family members can help by creating a safe and supportive environment, remaining as calm as possible, and reducing stressors. Children and adolescents need to know that their family members love them and will do their best to take care of them.

Do:

- Ensure children and adolescents are safe and that their basic needs are addressed.
- Allow them to be sad or cry.
- Let them talk, write, or draw pictures about the event and their feelings.
- Limit their exposure to repetitive news reports about traumatic events.
- Let them sleep in your room (for a short time) or sleep with a light on if they are having trouble sleeping.
- Try to stick to routines, such as reading bedtime stories, eating dinner together, and playing games.
- Help them feel in control by letting them make some decisions for themselves, such as choosing their meals or picking out their clothes.
- Pay attention to sudden changes in behaviors, speech, language use, or strong emotions.
- Contact a health care provider if new problems develop, particularly if any of the following symptoms occur for more than a few weeks:
 - Having flashbacks (reliving the event)
 - Having a racing heart and sweating
 - Being easily startled
 - Being emotionally numb
 - Being very sad or depressed

Don't:

- Expect children and adolescents to be brave or tough.
- Make them discuss the event before they are ready.
- Get angry if they show strong emotions.
- Get upset if they begin bed-wetting, acting out, or thumb-sucking.
- Make promises you can't keep (such as "You will be OK tomorrow" or "You will go home soon.")

Where can I find help?

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a Disaster Distress Helpline, which provides immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. The helpline is free, multilingual, confidential, and available 24 hours a day, 7 days a week. You can call or text the helpline at 800-985-5990 or visit the helpline website at <https://disasterdistress.samhsa.gov>.

SAMHSA also provides the Behavioral Health Treatment Services Locator, an online tool for finding mental health services in your area. Find treatment programs in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

If you, your child, or someone you know is in immediate distress or is thinking about hurting themselves, call 911 or call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255). You also can text the **Crisis Text Line** (HELLO to 741741) or use the Lifeline Chat on the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>.

Where can I find more resources?

National Institute of Mental Health:
Coping With Traumatic Events
www.nimh.nih.gov/copingwithtrauma

National Institute of Mental Health:
Child and Adolescent Mental Health
www.nimh.nih.gov/children

Centers for Disease Control and Prevention:
Caring for Children in a Disaster
www.cdc.gov/childrenindisasters

National Child Traumatic Stress Network
www.nctsn.org



NIH National Institute
of Mental Health

NIH Publication No. 22-MH-8066

www.nimh.nih.gov

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Teen Depression: More than just moodiness



Being a teenager can be tough, but it shouldn't feel hopeless. If you have been feeling sad most of the time for a few weeks or longer and you're not able to concentrate or do the things you used to enjoy, talk to a trusted adult about depression.

Do I have depression?



■ Do you often feel sad, anxious, worthless, or even "empty"?



■ Have you lost interest in activities you used to enjoy?



■ Do you get easily frustrated, irritable, or angry?



■ Do you find yourself withdrawing from friends and family?



■ Are your grades dropping?



■ Have your eating or sleeping habits changed?



■ Have you experienced any fatigue or memory loss?



■ Have you thought about suicide or harming yourself?

Depression looks different for everyone. You might have many of the symptoms listed above or just a few.

How do I get help for depression?



■ **Talk to a trusted adult** (such as your parent or guardian, teacher, or school counselor) about how you've been feeling.



■ **Ask your doctor** about options for professional help. Depression can be treated with psychotherapy (also called "talk therapy"), medication, or a combination of medication and talk therapy.



■ **Try to spend time with friends or family**, even if you don't feel like you want to.



■ **Stay active and exercise**, even if it's just going for a walk. Physical activity releases chemicals, such as endorphins, in your brain that can help you feel better.



■ **Try to keep a regular sleep schedule.**



■ **Eat healthy foods.**

You're not alone, and help is available. You can feel better.

To get help, call or text the 988 Suicide & Crisis Lifeline at 988 or chat at 988lifeline.org.



National Institute
of Mental Health

nimh.nih.gov/depression

NIMH Identifier No. OM 22-4321

What Are Common Types of Eating Disorders?



Eating disorders are serious illnesses marked by severe disturbances to one's eating behaviors. Common types of eating disorders include:

Anorexia nervosa

People with anorexia nervosa severely avoid or restrict food intake due to a distorted self-image or an intense fear of gaining weight.

Bulimia nervosa

People with bulimia nervosa regularly binge eat and then engage in unhealthy behaviors to prevent weight gain, such as forced vomiting or the use of laxatives.

Binge-eating disorder

People with binge-eating disorder regularly lose control of their eating and eat unusually large amounts of food.

Avoidant restrictive food intake disorder (ARFID)

People with ARFID limit the amount and variety of food they eat due to their anxiety or fear of the consequences of eating or dislike of a food's characteristics.

People with these types of symptoms may have an eating disorder and should talk to a health care provider. Help is available.



National Institute
of Mental Health

U.S. Department of Health and Human Services
National Institutes of Health
NIMH Identifier No. OM 24-4322

nimh.nih.gov/eatingdisorders

WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

TALKING ABOUT:



- ▷ Wanting to die
- ▷ Great guilt or shame
- ▷ Being a burden to others

FEELING:



- ▷ Empty, hopeless, trapped, or having no reason to live
- ▷ Extremely sad, more anxious, agitated, or full of rage
- ▷ Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:



- ▷ Making a plan or researching ways to die
- ▷ Taking dangerous risks such as driving extremely fast
- ▷ Withdrawing from friends, saying goodbye, giving away important items, or making a will
- ▷ Displaying extreme mood swings
- ▷ Eating or sleeping more or less
- ▷ Using drugs or alcohol more often

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

988 Suicide & Crisis Lifeline
Call or text 988
Chat at 988lifeline.org



National Institute
of Mental Health

www.nimh.nih.gov/suicideprevention

NIMH Identifier No. OM 25-4316

5

Action Steps to Help Someone Having Thoughts of Suicide

We can all take steps to help prevent suicide. **Knowing the warning signs for suicide and how to get help can save lives.**

Here are 5 steps you can take to **#BeThe1To** help someone who is having thoughts of suicide:



1. ASK:

“Are you thinking about suicide?” It’s not an easy question to ask, but it can help start a conversation. Studies show that asking people if they are suicidal does not increase suicidal behavior or thoughts.



2. BE THERE:

Listening without judgment is key to learning what the person is thinking and feeling. Research suggests acknowledging and talking about suicide may reduce suicidal thoughts.



3. HELP KEEP THEM SAFE:

Reducing access to highly lethal items or places can help prevent suicide. Asking the person if they have a plan and making lethal means less available or less deadly can help the person stay safe when suicidal thoughts arise.



4. HELP THEM CONNECT:

Connecting the person with the 988 Suicide & Crisis Lifeline (**call or text 988**) and other community resources can give them a safety net when they need it. You can also help them reach out to a trusted family member, friend, spiritual advisor, or mental health professional.



5. FOLLOW UP:

Staying in touch with the person after they have experienced a crisis or been discharged from care can make a difference. Studies show that supportive, ongoing contact can play an important role in suicide prevention.

For more information on suicide prevention:

www.nimh.nih.gov/suicideprevention

www.bethe1to.com



National Institute
of Mental Health

NIMH Identifier No. OM 24-4315
Revised 2024



Understanding Psychosis

What is psychosis?

Psychosis refers to a collection of symptoms that affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted and they may have difficulty recognizing what is real and what is not.

Who develops psychosis?

It is difficult to know the number of people who experience psychosis. Studies estimate that between 15 and 100 people out of 100,000 develop psychosis each year.

Psychosis often begins in young adulthood when a person is in their late teens to mid-20s. However, people can experience a psychotic episode at younger and older ages and as a part of many disorders and illnesses. For instance, older adults with neurological disorders may be at higher risk for psychosis.

What are the signs and symptoms of psychosis?

People with psychosis typically experience delusions (false beliefs, for example, that people on television are sending them special messages or that others are trying to hurt them) and hallucinations (seeing or hearing things that others do not, such as hearing voices telling them to do something or criticizing them). Other symptoms can include incoherent or nonsense speech and behavior that is inappropriate for the situation.

However, a person will often show changes in their behavior before psychosis develops. Behavioral warning signs for psychosis include:

- Suspiciousness, paranoid ideas, or uneasiness with others
- Trouble thinking clearly and logically

- Withdrawing socially and spending a lot more time alone
- Unusual or overly intense ideas, strange feelings, or a lack of feelings
- Decline in self-care or personal hygiene
- Disruption of sleep, including difficulty falling asleep and reduced sleep time
- Difficulty telling reality from fantasy
- Confused speech or trouble communicating
- Sudden drop in grades or job performance

Alongside these symptoms, a person with psychosis may also experience more general changes in behavior that include:

- Emotional disruption
- Anxiety
- Lack of motivation
- Difficulty functioning overall

In some cases, a person experiencing a psychotic episode may behave in confusing and unpredictable ways and may harm themselves or become threatening or violent toward others. The risk of violence and suicide decreases with treatment for psychosis, so it is important to seek help. If you find that you are experiencing these changes in behavior or notice them in a friend or family member and they begin to intensify or do not go away, reach out to a health care provider.

The National Institute of Mental Health (NIMH) has information on ways to get help and find a health care provider or access treatment at www.nimh.nih.gov/findhelp.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide & Crisis Lifeline at **988** or chat at 988lifeline.org. In life-threatening situations, call **911**.

How can I find help?

NIMH does not endorse specific psychosis clinics or evaluate individual practitioners' professional qualifications or competencies. However, several organizations are available to assist in finding a treatment program in your area. The following is not a comprehensive list of all programs, and a program's inclusion on the list does not constitute an endorsement by NIMH.

- **Early Assessment and Support Alliance (EASA):** EASA offers a National Early Psychosis Directory that lists early psychosis programs across the United States. The directory is available at www.easacommunity.org/national-directory.php. For more information about EASA, visit www.easacommunity.org.
- **Early Psychosis Intervention Network (EPINET):** EPINET's Early Psychosis Intervention Network Clinics provide treatment and services to individuals with early psychosis across 17 states. The list of states with early psychosis clinics is found at <https://nationalepinet.org/epinet-clinics>. For more information about EPINET, visit <https://nationalepinet.org>.
- **National Alliance on Mental Illness (NAMI):** The NAMI HelpLine can connect you with the NAMI office in your state and help you find programs close to home.

Find ways to get help at www.nami.org/help.

Also, you can talk with someone at the NAMI HelpLine, Monday–Friday, 10:00 a.m.–10:00 p.m. ET, by:

- Calling 1-800-950-NAMI (6264)
- Texting "HelpLine" to 62640
- Emailing helpline@nami.org

For more information about NAMI, visit www.nami.org.

- **Psychosis-Risk and Early Psychosis Program Network (PEPPNET):** PEPPNET supports an Early Psychosis Program Directory that provides services to people at risk for or experiencing early psychosis. The directory is available at <https://med.stanford.edu/peppnet/interactivedirectory.html>. For more information about PEPPNET, visit <https://med.stanford.edu/peppnet>.
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** SAMHSA has an Early Serious Mental Illness Treatment Locator for finding mental health treatment facilities and programs. Find a facility in your state at www.samhsa.gov/esmi-treatment-locator. For more information about SAMHSA, visit www.samhsa.gov.

For more information

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>
(en español: <https://medlineplus.gov/spanish>)

ClinicalTrials.gov

www.clinicaltrials.gov
(en español: <https://salud.nih.gov/investigacion-clinica>)

National Institute of Mental Health

Office of Science Policy, Planning,
and Communications
Phone: 1-866-615-6464
Email: nimhinfo@nih.gov
www.nimh.nih.gov

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WAYS TO SEEK HELP AND MORE INFORMATION



Email
lajnacanhelpl@lajnausa.net



Website
<https://www.lajnausa.net/site/>

Resolution of Matters Form



**ALL ABOUT THE LAJNA MENTAL
HEALTH COMMITTEE**

وَالَّذِينَ جَاهَدُوا فِينَا لَنَهْدِيَنَّهُمْ سُبُلَنَا وَإِنَّ اللَّهَ لَمَعَ
الْمُحْسِنِينَ

And as for those who strive in Our path —
We will surely guide them in Our ways. And
verily Allah is with those who do good.
Holy Quran 29:70



A Brief Description of the Lajna Mental Health Committee



Full Description on the Lajna USA Website

The Lajna Mental Health Committee (LMHC) is a resource for Lajna Members. The LMHC may provide temporary assistance, guidance, resources, or referrals based on the Lajna Member's need or request/concern

General confidentiality is guaranteed for Lajna Members seeking the aid from the LMHC.

The check-ins, recommendations, and referrals vary depending on the expertise and style of the LMHC Member, the qualities of the Lajna Member seeking aid, and the particular issues the Lajna Member is experiencing. In order for the aid provided by the LMHC members to be most successful, the Lajna Member may have to work on things during the communications with the committee member and at home.

The LMHC will maintain confidentiality, however, in extreme situations regarding safety, the LMHC may disclose information as necessary without consent or authorization. If such a situation arises, the LMHC Member will make every effort to fully discuss it with the Lajna Member before taking any action and will limit disclosure to what is necessary.

Any referrals made by Lajna Mental Health Committee Members are not within, under, or the responsibility of the LMHC, the Lajna Ima'illah USA or the Ahmadiyya Muslim Community USA

If a LMHC Member proceeds to provide counseling, therapy, or behavioral services themselves to the Lajna Member requesting aid, that is under their personal jurisdiction. The counseling, therapy, or behavioral service provided by the Lajna Mental Committee Member does not fall within, under, or the responsibility of the LMHC, Lajna Ima'illah USA, Umoor-e-Ama, or Ahmadiyya Muslim Community USA



The Steps of Getting Help from the Lajna Mental Health Committee



Lajna Members, whether that be the Lajna Member who is requesting help or the Lajna Member they reported their request to, can either email the request to the dedicated Lajna Mental Health Committee email:

lajnacanhhelp@lajnausa.net or fill out the Resolution of Matters Google Form.

If the Resolution of Matters Google Form has not been filled out, the Lajna Member or the Lajna Member they reported their request to will fill it out.

- Available on the Lajna USA Website under "Khidmat-e-Khalq (Social Services) Department", "Sihat-e-Jismani (Health and Fitness) Department", and "Resources".
- Available to the Coordinator, Chairperson, Co-Chair, National Sadr, and Umoor-e-Ama.

The Coordinator will email the matter in confidential language to the Lajna Mental Health Committee (LMHC).

An available LMHC member informs the Coordinator they can take on the request and the Coordinator will acknowledge by sending the LMHC member the appropriate contact information.

The assigned LMHC member provides the Lajna Member support, resources, and intervention to the best of their ability.

The Coordinator will follow-up with the LMHC member/s who have taken on the request within 3-7 days for an update on the case.

1. Case is worked to resolution
2. Case is extended time for intervention
3. Case is referred to Umoor-e-Ama or external resources