


24-Hour Crisis Line:
1-800-584-3578

[The National Suicide Prevention Lifeline](#) 
1-800-273-TALK (8255)

a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.

**North Sound Mental Health
Administration RSN**

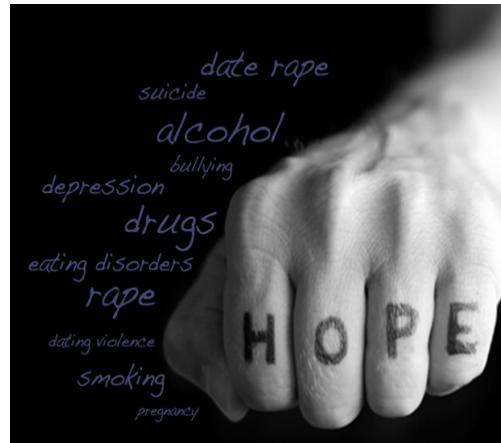
117 N. 1st Street, Suite 8
Mount Vernon, WA 98273-2858
Toll Free: 1-800-684-3555

[Chuck Davis](#) and [Kim Olander](#)
[North Sound Regional Ombuds](#)

330 Pacific Place,
Mount Vernon, WA 98273
Work Phone: 360-416-7004 Ext. 2
Toll Free: 1-888-336-6164

Email:

chuckd@communityactionskagit.org or
kimo@communityactionskagit.org



For more information and resources visit:

[http://www.snohomishcountywa.gov/948/
Resources-for-Youth-Their-Family](http://www.snohomishcountywa.gov/948/Resources-for-Youth-Their-Family)

Mental Health And Your Child



**A Guide to Facts,
Common Terms
And Resources**

TERMS

Here is a short list of common mental health terms and description. This is for general information only and should not be used for diagnostic purposes. If you or someone you know is experiencing an emotional crisis be sure to seek professional advice.

Co-occurring disorders (COD) refers to co-occurring substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders. At the *individual level*, COD exist “when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from [a single] disorder” (CSAT, 2005, p. 3).

Anorexia – Restricting food intake due to an intense fear of gaining weight and a disturbed evaluation of self through one’s body shape.

Anxiety – Excessive worry occurring more days than not about a number of events and/or activities that is difficult to control and causes significant distress in important areas of functioning.

Attention-Deficit/Hyperactivity Disorder – Persistent pattern of inattention, impulsivity, often fidgety, talks excessively.

Autism Spectrum Disorder – Persistent deficits in social interaction, reciprocity, nonverbal communication, abnormal eye contact and body language.

Bipolar Disorder – Episodes of mood disturbance either elevated (grandiosity, racing thoughts, sleeplessness, and excessive activity) and/or depressed (sad, hopeless, and suicidal).

Conduct Disorder – Persistent behavior in which social norms/rules and the basic rights of others are violated through intimidation, aggression, destruction of property, fire setting, deceitfulness and/or theft.

Depression – Depressed mood most days, diminished interest/pleasure in activities, change in appetite and sleep, loss of energy, difficulty concentrating, feelings of worthlessness and/or hopelessness.

Oppositional Defiant Disorder (ODD) – A pattern of argumentative/defiant behavior towards adults, easily annoyed, often angry, deliberately annoys and blames others for their own mistakes.

Posttraumatic Stress Disorder – Exposure to or actual threat of serious injury or death leading to intrusive, distressing memories (flashbacks), disturbed sleep, hyper vigilance, avoidance, and persistent negative beliefs about the world.

TREATMENT

● **Addiction- or mental-health-only services** refers to programs that “either by choice or for lack of resources, cannot accommodate patients” who have co-occurring disorders that require “ongoing treatment, however stable the illness and however well-functioning the patient” (ASAM, 2001, p. 10).

● **Dual diagnosis capable (DDC)** programs are those that “address co-occurring mental and substance-related disorders in their policies and procedures, assessment, treatment planning, program content and discharge planning” (ASAM, 2001, p. 362). Even where such programs are geared primarily toward treating substance use or mental health disorders, program staff are “able to address the interaction between mental and substance-related disorders and their effect on the patient’s readiness to change—as well as relapse and recovery environment issues—through individual and group program content” (ASAM, 2001, p. 362).

● **Dual diagnosis enhanced (DDE)** programs have a higher level of integration of substance abuse and mental health treatment services. These programs are able to provide unified substance abuse and mental

health treatment to clients who are, compared to those treatable in DDC programs, “more symptomatic and/or functionally impaired as a result of their co-occurring mental disorder.

SERVICES

All children and youth with Medicaid can receive a mental health assessment through a community mental health agency, and can receive other needed services through Regional Support Network funded programs.

Call the **VOA** at **888-693-7200** for an appointment. They may do a screening over the phone and schedule an intake appointment. Services are generally provided at the mental health agency, in your home, or at other locations in your community.

There is no cost for services provided to Medicaid families, and small fees for low income families on Washington State Health Plans. Other health plans offer different arrangements for premiums and out of pocket fees for services. Some services at community agencies are provided on sliding fee scales or may offer reduced costs thanks to private support or help from organizations like United Way.

Private health insurance company plans usually have lists of their counseling providers available by phone or through their internet site. School counselors may also have a list of agencies and individual practitioners and/or clinics. **Psychology Today** has a website with the names, credentials and specialties of mental health providers in your area.

