**Mental Health Parents**

**General Coping Strategies**

**Early Intervention** is key to managing the disorder and preventing further disability

**Get Help** from a qualified health practitioner, including a professional diagnosis.

**Obtain** a second opinion if necessary

**Find** a support group for both you and your child, and exchange strategies.

**Learn** all that you can about the disorder and educate your family and your child about the disorder.

**Don’t compare** your child to siblings or other children. Treat your child as a unique individual.

**Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor and school team.

**Know** that you are not alone.

Taken from – When Something’s Wrong – Ideas for Families

**General Anxiety Disorder (GAD)**

General Anxiety Disorder affects about 3-5% of youth and is often found together with other anxiety disorders (e.g., social anxiety disorder) or depression. GAD often begins in early adolescence and occurs more frequently in introverted children – those with excessive shyness and/or a tendency to show few, if any, emotional reactions.

While most young people do worry about things, young people with GAD worry constantly about everyday activities. It is the extreme, severe nature of their worries that interferes with their lives. They worry about what’s going to happen next and that they wont be able to handle it.

All youth who are anxious need reassurance and acknowledgement of the reality of their concerns. However, youth with GAD require reassurance frequently, the reassurance usually only provides temporary relief, and they may require professional help. Taken from – When Something’s Wrong – Ideas for Families

**Behaviour Characteristics**

* Constant worry or tension
* Extreme need of reassurance
* Physical symptoms (e.g., headaches, stomach aches)
* Avoidance of stressful situations (e.g., tests/exams)
* Clingy behaviour in young children

Taken from – When Something’s Wrong – Ideas for Families

**Specific Coping Strategies**

* Establish realistic expectations and interactions (e.g., role-play the meeting of new people or taking a test with your child)
* To generalize discussion ask your child “What’s the worst that could happen?” and “Then what would you do?” Offer practical solutions.
* Encourage lots of physical exercise to reduce anxiety, nutritious eating, and regular sleeping patterns (e.g., going to bed at the same time each night)
* Create (with your child) a short “Things To Do Today” sheet. This activity gives your child an overview of what they are capable of doing in a day and reduces the anxiety of working through a long never-ending list. Prepare them for the fact they may not get everything completed on the list, and congratulate them for what they do accomplish. Confidence builds when items are completed. Start again the next day and encourage them to manage this process on their own over time.
* Do weekly planning (with your child) to assist him/her to organize tasks into small units and prepare for assignments and tests. This activity works best when planning occurs along with your child’s teacher.
* Model calm behaviour yourself and assure your child you will always be there for him/her.
* Create a coping journal with your child; in it include ideas to help him/her deal with anxiety, step by step. Discuss rewards for each situation in which your child manages to reduce his/her anxiety, and gradually tackle more difficult situations as your child becomes more comfortable. Here are some ways to reduce anxiety:
* take five deep breaths.
* Draw pictures that show how he/she is feeling in different situations.
* Count from 50 backwards, or say the months of the year backwards slowly.
* Visualize a calm place.
* Take time out, away from a situation that creates anxiety (e.g., play in the yard, stop the activity and think of something fun or calming).
* Go for a walk with a parent, friend, pet.
* Talk to a parent or friend about fears.
* When your child is away from home, have them call home to talk to someone.
* Take any doctor prescribed medication if required.
* Show your child how you cope with stress. Talk out loud in stressful situations about what you’re doing to handle the situation (e.g., you’re late, keys locked in car, you’re lost, problem at work). Express confidence that you’ll cope and solve the problem.
* As a parent, do your best to acknowledge that your child’s fears are real. Don’t diminish his/her concerns. For example don’t tell your child to stop worrying about a test. Instead, say you understand it’s a tough situation, but you know he/she will do his/her best, and that’s all that matters.
* Encourage your child to come to you with any problems or concerns, at anytime.
* “Check-in” with your child at the end of each day. Debrief and review any significant events.

Taken from – When Something’s Wrong – Ideas for Families

**Obsessive Compulsive Disorder**

Obsessive Compulsive Disorder (OCD) can begin in childhood or adolescence and affects up to 3% of the population. OCD is characterized by irrational fears and intrusive, unwanted ideas or thoughts (obsessive) and repeated rituals or behaviours (compulsive) performed to eliminate anxiety brought on by the obsessions.

A number of other disorders overlap many features in common, so the terms “obsessive, compulsive disorders” such as Tourette Syndrome, trichotillomania, depression. Many people with OCD can live with it without it having a significant impact on their day-to-day lives. Many symptoms of OCD are greatly improved with medication or specific psychological treatments.

Taken from – When Something’s Wrong – Ideas for Families

**Behaviour Characteristics**

* Persistent perfectionism (e.g., written school work erased and rewritten to the point of making holes in the paper)
* Worries are not normally about real-life problems and often follow particular themes (e.g., thoughts that environment is contaminated with “germs” or “odours” or that self and family are in danger
* Rituals that often involve checking, washing, cleaning and counting (e.g., excessive hand-washing or lining up objects in a row)
* Constant questioning and asking for reassurance
* Younger children may not recognize that their fears and behaviours are unrealistic and may also try to include their parents in their rituals
* Having to do something exceedingly slow to feel it has been done properly

Taken from – When Something’s Wrong – Ideas for Families (Obsessive Compulsive Disorder)

**Specific Coping Strategies**

* After receiving a diagnosis, characterize the problem for your child (e.g., a biological, brain illness.) Helping your child recognize his/her OCD symptoms when they occur is an essential first step in addressing them. This also helps children understand they are not being blamed for the OCD, and that you are one of their allies in helping them deal with it. Younger children may respond best to labeling with a nickname, like “germy”. Adolescents are often more comfortable using “OCD” and may benefit from reading further about the disorder to better understand it.
* Provide a warm and supportive learning environment where mistakes are viewed as a natural part of the learning process.
* Do not criticize your child’s obsessive behaviours. See them as symptoms, and not as faults in your child. “Just stop it” messages are not helpful. Instead encourage your child to persist in resisting his/her symptoms whenever possible.
* Use humour to help your child distance him/herself from irrational fears and behaviours.
* Keep up normal routines. Routines and structure can help a child reduce the rituals and encourage exposure to what may otherwise have been avoided.
* Recognize and reward even small improvements in behaviour and evidence of effort. Encouragement is the best reward (e.g., use of a star chart, especially for younger children, with a small prize for achieving a certain number of stars).
* Modify your expectations during a stressful time.
* Do not take over any tasks for your child or let his/her brothers and sisters do them. Your child needs to take full responsibility for his/her behaviours and their place in the family.
* Encourage your child to talk about the disorder with teachers, classmates, friends and family. If your child agrees, a presentation to his/her class or school will create awareness and understanding of your child’s disorder.

When Something’s Wrong – Ideas for Families

**Panic Disorder**

Panic Disorder typically occurs in later adolescence. It can affect up to 5% of youth and often occurs with depression or other anxiety disorders. The disorder is characterized by a sudden onset of panic sensations that arise suddenly, and without warning, in situations where there is no danger. Attacks usually last five to ten minutes, but may be accompanied by the intense desire to flee the location. Repeated attacks lead to anticipation anxiety (e.g., fear of having an attack) and avoidance of locations where attacks have occurred in the past, or where there is no easy exit.

**Behaviour Characteristics**

* Panic attacks that can lead to a need to “escape”
* Avoidance of school or other locations where attacks have occurred or where the adolescents feels trapped
* Intense physical symptoms (e.g., shortness of breath, heart palpations, dizziness, sweating, tingling, urgent urination during the attack)
* Intense fear during the attack

When Something’s Wrong – Ideas for Families

**Specific Coping Strategies**

* After receiving a diagnosis, characterize the problem as a part of the brain that is so sensitive, it thinks it is being attacked when there is nothing there. Medicines ad psychological treatments can help to decrease this sensitivity.
* Use relaxation and deep breathing techniques to help reduce fear and stress (e.g., visualize a calm and safe place, take five deep breaths)
* Encourage “coping” behaviour and discourage “avoidance” behaviour. Involve your child in the development of “quick recovery” strategies that he/she thinks could work (e.g., return to class in 10 minutes, go for a walk around the block, splash cold water on face, calm breathing patterns for five minutes)
* Create a coping journal with your child; in it include ideas to help him/her deal with anxiety, step by step. Discuss rewards for each situation in which your child manages to reduce his/her anxiety, and gradually tackle more difficult situations as your child becomes more comfortable.
* Encourage your child to return and face manageable situations that caused panic attacks with your support, as needed
* Model calm behaviour for your child.

When Something’s Wrong – Ideas for Families

**Treatment**

Young people with anxiety disorders can be helped by medications and carefully targeted psychotherapy once the condition is professionally diagnosed.

As a parent your support, participation, and positive outlook are crucial to enable your child to build coping skills. You spend much more time with your child than any therapist, teacher, or doctor. So, don’t underestimate your strengths.

When Something’s Wrong – Ideas for Families

Anxiety Disorders Association of Canada

(Ask for referral to your local provincial chapter for local resources.)

Toll-Free: 1-888-233-2252

E-mail: [contactus@anxietycanada.ca](mailto:contactus@anxietycanada.ca)

Web: [www.anxietycanada.ca](http://www.anxietycanada.ca)

**Eating Disorders**

Parents often worry that children who do not eat well, or are very picky, are not eating enough. Or, they worry that their children may be eating too much and may become obese. Generally, hungry children eat sufficient food to sustain themselves, when it is available. It is more a matter of what children eat that is the issue in making sure they are getting all the vitamins and minerals they need for healthy growth, without becoming overweight.

Many children, when they reach adolescences, become overly sensitive to their bodies. They often try to limit the amount they eat in order to develop bodies that they think will be attractive both themselves and others, and in tune with society’s ideal body types for women and men. Or if they are struggling with emotional issues, they may eat too much or too little, and then have to deal with the often negative consequences of becoming under or overweight.

In some families, conflict about eating can occur as part of normal developmental processes such as an adolescent developing into his/her own person, with his/her own thoughts and ideas. For example, some teens develop what parents think may be unusual eating habits as a result of differing philosophic ideas (e.g., becoming a vegetarian). In other cases some adolescents go through periods of disordered eating due to social or occupational activities. Overall, in these situations, over-reaction to these behaviours often only serves to solidify them.

It is a good idea to provide children with correct information on healthy eating and serving suggestions, and provide lots of support and open dialogue without “fighting” about eating.

When Something’s Wrong – Ideas for Families

**Anorexia and Bulimia Nervosa**

Anorexia and Bulimia Nervosa are forms of eating disorders that normally begin in adolescence or early adulthood, but can also begin in childhood. Anorexia (self-starvation) affects about 3% of the population; bulimia (the binge-purge syndrome) is more common and affects about 4% of the population. Some groups are at higher risk for these disorders including athletes (e.g., gymnasts or ballet dancers) and those who work in certain industries such as fashion models.

Excessive concerns with body weight, body image and food characteristics, both disorders, which can start in childhood and affect mostly females – although males are increasingly also being affected by these disorders. **Exercise Bulimia** occurs when instead of purging by vomiting or using laxatives, exercise bulimics work out a carefully calculated number of hours every day to burn a specific number of calories. These young people often go to great lengths to hide their compulsion.

**Binge Eating Disorder** affects up to 5% of the population and also affects more women than men. People with binge-eating disorder experience frequent episodes of out-of-control eating. The main difference is that individuals do not purge their bodies of excess calories. So many with this disorder may be overweight for their age and height. Feelings of self-disgust and shame associated with this disorder can lead to binging again, creating a cycle of binge eating.

Eating disorders need to be diagnosed by qualified medical professionals. The physical effects of these disorders can be serious since they cause metabolic changes and heart disturbances in the body. Once the disorders take hold they can become automatic and very difficult to stop without professional help.

When Something’s Wrong – Ideas for Families

**Anorexia Nervosa Behaviour Characteristics**

* Pre-occupation with body image
* Loss of menstrual period
* Significant weight loss for no apparent reason
* Significant reduction in eating, coupled with a denial of hunger
* Unusual eating habits (e.g., preference for foods of a certain texture or colour, compulsively arranging food, avoidance of eating)

When Something’s Wrong – Ideas for Families

**Bulimia Behaviour Characteristics**

* Pre-occupation with body image
* Evidence of binge eating (actual observation, verbal reports, large amounts of food missing)
* Frequent weight fluctuations
* Compulsive exercising or working out at all hours of the day or night with purpose of burning calories
* Frequent fasting
* Evidence of purging and/or using medications that cause the body to lose fluids/weight (e.g., laxatives)

When Something’s Wrong – Ideas for Families

**Coping Strategies**

* Seek professional help for an eating disorder as soon as possible.
* Discuss any concerns you have with your child. Convey your concerns about your child’s health – don’t focus on weight or gain, or body size.
* Model healthy eating habits and attitudes yourself and have others in the family do so as well.
* Approach any kind of discussion with your child in the most supportive and sensitive manner possible, since individuals with this disorder are extremely sensitive to criticism.
* Don’t get involved in power struggles with your child.

When Something’s Wrong – Ideas for Families

**Treatment**

Treatment of eating disorders is often difficult and combines different approaches, including therapy and medications. An evaluation should be performed by a mental health professional to rule out anxiety or depression, and a medication evaluation may also be necessary. As part of the evaluation, the young person will be assessed for risk factors like perfectionism, low self-esteem, a family history of eating disorders, obesity, depression, anxiety, substance or sexual abuse and a history of dieting or activities where body shape counts, like gymnastics, or ballet.

**Resources:**

The National Eating Disorder Information Centre (416) 340 4156

Toll Free 1-866-NRDIC-20 (1 866 633 4220)

Web: [www.nedic.ca](http://www.nedic.ca)

**Mood Disorders**

**Depression** is a serious mood disorder. It is not something that a person has made up in his/her own head. It’s more than just feeling “down in the dumps” or “blue” for a few days. This disorder is characterized by feeling “down” and “low” and “hopeless” for long periods of time, and is a disorder that needs treatment.

Unfortunately, many people with a mood disorder (sometimes also called depressive illness) do not seek treatment, even though the great majority of them can be helped with the appropriate treatment. Risk for suicide and suicidal thinking is high in all mood disorders.

Some “depression” or sadness is a normal response to many of life’s trials and tribulations. It is normal for a child or adolescent to feel down from time to time, especially during life-changing events such as a death of a cherished pet. Adolescent girls may suffer from pre-menstrual depression.

Clinical Depression however, is very different than the natural sadness brought on by life’s trials and tribulations. Clinical depression is a “whole body” illness that involves the mood, thoughts, and behaviours of a person. Depression normally begins during adolescence, affecting about 5-8% of youth. However, it can also show up in children as well. It affects twice as many girls as boys and unrecognized and untreated depression is the most common cause of teen suicide. It is a disorder with a strong genetic component.

It is important to keep in mind that environmental factors such as stress brought on by family issues, by a death of a loved one, physical or sexual abuse, divorce, moving to a new city, or a language or learning disability can trigger depressive feelings in young people, whether or not they are biologically vulnerable.

It is important to note that in adolescents, clinical depression is often under-recognized because it can appear to others as general irritability or excessive moodiness, and adolescents will often isolate themselves from others. Friends and family may not be aware unless they are aware of the symptoms of clinical depression.

When Something’s Wrong – Ideas for Families

**Behaviour Characteristics**

* Lasting sadness, anxious, bleak or empty mood
* Increased irritability and/or agitation, aggressiveness, combativeness
* Lack of energy, fatigue
* Voiced hopelessness: a negative outlook
* Loss of confidence
* Indecision; lack of concentration and/or forgetfulness
* Decrease in school grades, missed assignments
* Often wanting to stay in bed or at home
* Lack of interest in life, no sense of enjoyment
* Eating disturbances, weight loss or gain
* Significant sleep disturbances
* Social withdrawal from family and friends: social isolation
* Frequent physical complaints, such as headaches or stomach aches
* Being quiet, not wanting to talk to people
* Distorted, negative thinking (“My life is a total failure”)
* Suicidal writing or notes, or suicidal actions
* Many addictive behaviours, such as heavy smoking, heavy use of other drugs, or increased use of these substances

When Something’s Wrong – Ideas for Families

**Coping Strategies**

* Even if you are not sure that symptoms are those of clinical depression, it can’t hurt to talk to your doctor to check out the situation.
* Treat your child in a sensitive manner since it is essential that he/she feels a sense of belonging.
* Remember, when your child is acting the most withdrawn, hostile and “grouchy”, he/she needs your affection (e.g., a hug) love and support most.
* Ask your child’s teacher and friends if they have heard your child express any suicidal thoughts. If so, get professional help immediately.
* Always maintain regular, daily contact with your child, even if he/she requests to be alone. Keep open dialogue going as much as possible. Encourage him/her to talk about feelings.
* Encourage a healthy lifestyle, especially lots of physical exercise, which creates mood-enhancing hormones in the body.
* Don’t compare your child to others: instead make positive statements that reflect his/her own past success. Together write a book or diary on positive experiences and successes your child has had, and encourage him/her to read it at any time.
* Express lots of optimism to your child that he/she will again be able to lead a normal life.
* Try not to take it personally when your efforts appear to be rejected.
* Provide and encourage other expressive ways your child can communicate, such as journal writing, drawing, sports or dance classes.
* Have your child keep normal sleeping patterns.
* Try to prevent your child from watching violent, gruesome, or morbid movies and shows.
* Have your child visualize steps he/she will take to accomplish a task. During visualization work together to discuss potential obstacles and ways to deal with them.
* Develop an activity schedule with your child to structure the day.
* Talk to those who regularly come into contact with your child, and educate them on the warning signs of suicidal thinking and behaviour.
* Watch for alcohol and drug abuse.

When Something’s Wrong – Ideas for Families

**Treatment**

There are many different types of treatment for mood disorders. These include psychotherapy (e.g., cognitive behavioural therapy), medication and others. Other possible supportive interventions include family therapy, group therapy, massage, relaxation therapy and holistic or natural therapies. It is also important that a healthy lifestyle be followed, including appropriate exercise and nutrition.

Before beginning a course of treatment, it is essential that the child and parent understand which therapies have been demonstrated to be effective. Regardless of the treatment decided upon, it is very important that the young person feel comfortable to share with his/her doctor and/or therapist. A treatment plan should include the school, and ongoing consultations with the school are vitally important.

Most people who suffer from depression do respond well to treatment.

When Something’s Wrong – Ideas for Families

**Resources**

The Mood Disorders Society of Canada

519 824 5565

E-mail: [info@mooddisorderscanada.ca](mailto:info@mooddisorderscanada.ca)

Web: [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)

moods magazine

(905) 897 2558

E-mail: [info@moodsmag.com](mailto:info@moodsmag.com)

Web: [www.moodsmag.com](http://www.moodsmag.com)

**Suicide**

Suicide is defined as “intentional, self-inflicted death”. Experts in the field suggest that a suicidal person feels so much pain that they can see no other option, other than death. In fact, they may even view suicide as a problem solving solution, since they often feel like they are a burden to others, and that if they were gone, it would be better for everyone. Suicidal ideas and actions are often the result of disordered thinking or mood found in mental disorders. When the disorder is treated, the suicidality often goes away. Most people who think of suicide do not want to die, so if others around them can help them sense there is another way out, progress can be made.

There are a number of risk factors for suicide attempts and completed suicide: mental illness is one of the key factors. Others include a history of suicide attempts, a loss or bereavement (especially by suicide of a friend or family member), alcohol or drug abuse (self or family), experience of abuse or violence, gender identity issues, family history of suicide, access to firearms, a chronic illness or disability, persistent conflict in relationships, perceived failure or inadequacy, or anything that has created unbearable pain. With information and practice, everyone from families to educators can effectively and compassionately help a person at risk of suicide.

When Something’s Wrong – Ideas for Families

**Behaviour Characteristics**

* Most people who are thinking about suicide give clues. Signs can be expressed directly or indirectly and picked up by different people. For example, a parent may not be aware of particular signs his/her child might show, but a close friend might notice a strange or sudden shift in behaviour. It is important to work as a team to help a person at risk of suicide – tell someone if you have any cause for concern. Reach out to the individual because he/she often does not ask for help. Here are some of the clues to look for:
  + inability to concentrate
  + Expressions of helplessness or hopelessness “I just can’t take it anymore.” “It won’t matter soon.” “I might as well as be dead.” “Nobody will miss me.” “You’d be better off without me.”
* Persistent expressions of inadequacy or shame
* Social isolation or withdrawal
* Loss of interest in everything, from one’s appearance to school activities, including things that were once important
* Destructive and risky behaviour such as alcohol and/or drug abuse or unprotected sexual activity
* Changes in sleeping and/or eating habits associated with a mental disorder
* Preoccupation with death or loss
* Talk or planning of suicide: preparation for death, such as making a will, giving away belongings, and valuables, calling to say goodbye
* One or more previous suicide attempts (risk of trying again increases significantly)

When Something’s Wrong – Ideas for Families

**Coping Strategies**

* Monitor your child’s online internet and ‘chat room” activity.
* Don’t be afraid to ask your child directly about suicide (e.g., “Have you thought about suicide?”). The answer may be “yes.” If it is, ask for more details to determine the level of risk your child is at, such as any previous attempts, recent losses, or serious problems he/she is going through.
* Ask others around your child if they have noticed any signs.
* Show that you really care by offering as much support and respect as possible. Listen carefully, take your child seriously and don’t judge. This will help to gain trust.
* Don’t tell a suicidal person to be grateful for everything they have, and don’t make promises you can’t keep. Doing either could trigger further suicidal behaviour when the child can’t find anything to be grateful for, or if your promises are not fulfilled.
* Identify for your child those places where he/she can get help when it is needed, such as a specific friend or family member, or crisis line/Website. Post phone numbers of those that can help in a visible, central place in the home for easy access.
* Be firm and persistent about your child getting help, but don’t panic. Talking in a soothing manner can have a calming effect on your child.
* Safety-proof your residence by limiting the means by which your child might try to commit suicide.
* Find out what your child may feel he/she has to live for, and assist in making changes that will help alleviate pain and fear.
* If you are worried about your child’s safety and do not feel you can keep him or her safe, take your child to the emergency department of your local hospital or call 911.
* Be aware of your child’s friends.

When Something’s Wrong – Ideas for Families

**Non-Suicidal Self Injury**

Non-Suicidal Self-Injury is when someone hurts him or herself on purpose, without any plan to end their life. These injuries are done intentionally and voluntarily and are not meant to be life threatening, and do not include the intent to die. They are not suicide attempts and usually involve superficial cutting (with a knife, razor, etc.) or burning (e.g., cigarette). There can be many reasons for Non-Suicidal Self Injury including: obtaining relief from negative emotions, attempting to resolve an interpersonal difficulty, inducing a positive emotional state, etc. Sometimes youth developing a mental health disorder such as Schizophrenia, Bulimia Nervosa or Bipolar Disorder also exhibit Non-Suicidal Self Injury.

At this time, good data on the prevalence of self-injury is not available but clinicians are reporting increased awareness of this problem. It is purported that significant numbers who self-injure do not seek medical or psychiatric care.

Self-injuring behaviours usually start between the ages of 13-22 and in some cases, may become an ongoing or habit coping style. Self-injuring behaviours may sometimes be found together with Suicidal Behaviour Disorder, although it is important to recognize that they are two distinct concerns. In some young people, close contact with youth who self-injure may be a casual factor.

Most self-injuries are relatively minor and may be treated at home or school, others may need a visit to the doctor or the emergency room, and some may be serious enough to require hospitalization. It is not uncommon for youth to hurt themselves more severely than intended.

While self-injuring behaviour is not the same as suicidal behaviours, it is important to note that youth who self-injure are at a higher risk of suicidal thoughts, suicide attempts and death by suicide.

What to Watch For: Unexplained cuts, burns, injuries (especially on arms, legs, abdomen) (Dr. Stan Kutcher 2014)

* Wearing clothing that doesn’t match the climate or weather (especially long sleeves/pants in warm weather)
* Wearing excessive jewellery that covers common sites of self-injury
* Increased secrecy or long periods of isolation (particularly in the bathroom)
* Seeing bandages and first aid materials in knapsack/bag

When Something’s Wrong – Ideas for Families

**What to Do**

* If you suspect self-injury, talk to your child if they are self-injuring.
* Listen without judgment and try to understand the self-injury from their perspective.
* Tell child of your concerns for their well-being, suggest that there may be better ways to address problems than self-injury.
* Talk to child about options for help (family doctor, councellor/psychologist, peer groups, etc.)
* Be aware of suicide risk.

When Something’s Wrong – Ideas for Families

**Treatment**

Treatment of non-suicidal self-injury can be complex, depending on the causes or related components of the self-injury. One important direction in treatment is to help the person substitute positive strategies to take the place of self-injury as a coping strategy. Interventions require the skills of professionals trained in treatment of youth who self-injure and various psychological therapies that can be applied. Occasionally, medication may be used and family therapy can also be employed. If the young person has a mental disorder such as Schizophrenia, this will also be an additional focus for treatment. It is important for the mental health treatment team to work closely with the school to ensure a common approach to self-harm behaviours. A school based crisis intervention plan should be agreed to and put into place. It is vital that teachers do not agree to keep self-harm confidential. Some young people with Non-suicidal Self-Injury can elicit various different and incongruent emotional, cognitive and behavioural responses from the different professionals involved in their care. It is essential for the various health, education, and other providers involved in care to “be on the same page”.

When Something’s Wrong – Ideas for Families

M9R 2S8Tel: (416) 240-1111

Fax: (416) 240-7999

E-mail:

www.etobicokechildren.com

**Resources**

**Delisle Youth Services**

• Collaborates with children, youth, families and community partners to provide innovative, adaptive and intensive support services.

40 Orchard View Blvd.

Suite 255

Toronto ON

M4R 1B9

E: info@delisleyouth.org

P: (416) 482-0081

F: (416) 482-5055

[www.delisleyouth.org](http://www.delisleyouth.org)

**George Hull**

• Children and youth mental health centre offering individual counselling, group therapy, community workshops, day treatment and residential programs

The George Hull Centre

81 The East Mall, Third Floor

Toronto, Ontario, Canada M8Z 5W3

E-mail: reachus@georgehullcentre.on.ca

Telephone: 416-622-8833

Fax: 416-622-7068

[www.georgehullcentre.on.ca](http://www.georgehullcentre.on.ca)

**LAMP:**

•A multi-service, community based charitable organization that provides a wide range of programs and services to improve a person's health

185 Fifth Street

Etobicoke, ON M8V 2Z5

Phone: 416.252.6471

Fax: 416.252.4474

**Etobicoke Children’s Ctr.**

• Child and youth Mental Health Centre, addressing needs of children and youth with mental health or autism needs

65 Hartsdale Drive (Main Office)

Etobicoke, Ontario

M9R 2S8

Tel: (416) 240-1111

Fax: (416) 240-7999

E-mail:

[www.etobicokechildren.com](http://www.etobicokechildren.com)

**St Joseph’s Hospital:**

• Outpatient Mental Health

Outpatient Mental Health Clinic / Day Treatment

Fifth Floor Morrow Wing, Room 5M

Phone: 416-530-6486 x6591/6609

Fax: 416-530-6076

• Paediatric walk-in clinic

located on the third floor of the Our Lady of Mercy Wing.

Third Floor, OLM Wing, Room 3L

Phone: 416-530-6611

Fax: 416-530-6482

**CAMH**

• The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in its field.

CAMH Main switchboard (416) 535-8501 or 1(800) 463-2338 toll free, staffed 24/7.

ACCESS CAMH (416) 535-8501 press 2 for information about accessing CAMH services. Mon-Fri 8:30 a.m. - 5 p.m.

[www.camh.ca](http://www.camh.ca)

**Trillium Health Ctr.**

Child & Adolescent Mental Health Services

• Child and Adolescent Mental Health Services provides outpatient services for children and adolescents up to age 19, and their families, who live in Mississauga and south Toronto

100 Queensway West

Mississauga, ON

L5B 1B8 Phone: 905-848-7484

Phone (Intake): 905-451-4655

[www.trilliumhealthpartners.ca](http://www.trilliumhealthpartners.ca)

**Jean Tweed Ctr**

• for women with substance, mental health or gambling issues

215 Evans Avenue,

Toronto, Ontario, m8z 1j5

416-255-7359

[info@jeantweed.com](mailto:info@jeantweed.com)

[www.jeantweed.com](http://www.jeantweed.com)

**Culture Link**

• newcomer and settlement services including counselling and support

CultureLink Settlement Services

2340 Dundas Street West, Suite 301

Toronto, Ontario

M6P 4A9 Canada

Phone: 416-588-6288

Fax: 416-588-2435

Email: reception@culturelink.ca

[www.culturelink.ca](http://www.culturelink.ca)

**Kids Help Phone**

• 24 hour phone and online counselling for children and youth

1-800-668-6868

[www.kidshelpphone.ca](http://www.kidshelpphone.ca)

**Toronto Distress Centres**

[www.torontodistresscentre.com](http://www.torontodistresscentre.com)