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Vol 1 Issue 1

Ideas In Mental Health

A Pocket Guide to Where the Brain Matters



Illustration Robert Vander Voord, © 2012

Education • Information • Services
Doctors • Therapists • Clinics

Ebook

www.albuquerquementalhealth.com

www.newmexicomentalhealth.mobi

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United Way of Central New Mexico



CITY OF ALBUQUERQUE

Office of the Mayor/ Chief Administrative Officer



Dear Friends:

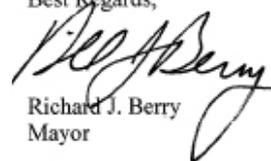
In 2011, the City learned during the Summit on Mental Health that an annual, updatable, and digital resource was among the most requested needs among individuals and agencies on the frontlines of providing community mental health support. It is with tremendous pride that I bring you the first edition of Ideas in Mental Health. This educational, professional resource guide has been developed to provide private citizens, professional therapists, doctors, teachers and public safety officers the most comprehensive information available to get help when facing a mental health challenge.

As Mayor I am committed to addressing the issue of mental health and being a part of the solution. Ideas in Mental Health is one of the steps being taken in the greater Albuquerque area. This pocket resource guide includes a website at www.albuquerquementalhealth.com and a mobile optimized application at, www.newmexicomenalhealth.mobi, which will make getting information and help immediate. The City of Albuquerque will also provide free hard copies of the resource guide through our Senior Affairs, Transportation, and Police Departments as well as the Water Utility Authority.

I would like to thank the UNM Department of Psychiatry, National Association of Mental Illness-Albuquerque, United Way of Central New Mexico, Albuquerque Police Department and Advocacy Center, Youth Development Inc., Creative Programs of New Mexico, and MLC Publishing Company who have collaborated to make this resource guide possible. Between these partners educational information on the most prevalent mental health conditions facing this community have been written by local doctors in the field of mental health. This resource also provides upcoming therapists, psychologists, and psychiatrists of the future the information they need to be knowledgeable in the field of mental health.

What we now know is that mental health is biological and treatable. We know the importance of early intervention and understand a compassionate approach is critical. My hope for Ideas in Mental Health is that it takes us one giant step in that direction.

Best Regards,


Richard J. Berry
Mayor



Sometimes
we all need
to talk...

The simple act of talking through our problems and concerns can help. This professional resource guide was developed to make finding the information and education you need easy.

IDMH

Education • Information • Services
Therapists • Clinics

Get Back To Feeling Like You
visit

www.albuquerquementalhealth.com
www.mentalhealthnewmexico.mobi

.....
If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities, and so weave a less arbitrary social fabric, one in which each diverse human gift will find a fitting place.

Margaret Mead

.....

Dear Readers:

Ideas in Mental Health Where the Brain Matters (IDMH) began as a small seed, which took root, and became a citywide collaboration of efforts. What you find in these pages is a testament to what happens when passion leads a movement for change.

Former First Lady Rosalynn Carter, author of **Within Our Reach: Ending the Mental Health Crisis**, writes that hope and a new paradigm for addressing community mental health is quietly taking place in communities across the country.

Albuquerque is one of those communities on the right road because committed individuals representing many sectors are now working together as a group to find the right solutions. It is also important to thank the generosity of a grateful family that made **IDEAS in Psychiatry** possible and planted the seed which grew into **IDMH**.

Having a mental illness, for a day or for years, is about having a unique vantage point and while it challenges day-to-day living and requires unique paths, those pathways do exist, and more are being created.

It is important to remember that great ideas have come from individuals who have overcome chronic and/or occasional breakdowns in their state of mind. This is a part of being human.

If you are reading **IDMH** and want to help, contact your local **NAMI** organization and learn how to get training as a family, peer or consumer counselor. There is a lot we can do as citizens.

Check out our Ebook at www.albuquerquementalhealth.com or on your phone at www.mentalhealthnewmexico.mobi.

Let **IDMH** be your guide.

Maria Elena Alvarez-Luk
Editor

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 Editor..... Maria Elena Alvarez
 Content/Distribution..... Asia Negron-Esposito, MS
 Graphic Design/Cover Rob Vander Voord
 Writers Nils Rosenbaum, MD, Jim
 Ogle, Diane Lopez

UNM Dept. of Psychiatry

William Apfeldorf, MD, PhD	Samuel Keith, MD
Jeanne Bereiter, MD	Cynthia King, MD
Gray Clarke, MD	Sara Lane, MD
Daniel Duhigg, DO, MBA	David Mullen, MD
Anilla Del Fabbro, MD	Pari Noskin, MSW
Jan Fawcett, MD	Brooke Parrish, MD
David Graeber, MD	Shannon Stromberg, MD
Jeff Katzman, MD	

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National Crisis Lines

If you need help in a crisis, the following is a list of numbers that you can call to get help right away.

National Crisis Lines

(800) 273-TALK or
(800) 273-8255

Active Minds (20+ year-olds)

www.activeminds.org
202-332-9595

ADHD Information Library

www.newideas.net

ADS-Center

Resource Center to Promote
Acceptance, Dignity, and Social Inclusion
Associated w/Mental Health
www.adscenter.org
800-540-0320

African Americans Mental Health

www.mentalhealthamerica.net/go/infor-
mation/get-info/
800-969-6642
800-433-5959 (TTY)

Alternatives (Gay/Lesbian)

www.alternativesinc.com
800-342-5429

Child Residential Centers

www.aarc-dc.org
877-332-2272

Depression and Bipolar Alliance

www.dbsalliance.org
800-826-3632
800-273-8255 (crisis)

Helpguide.Org

www.helpguide.org

Lithium Information Center

www.miminc.org

Manic Depressives Anonymous

www.manicdepressivesanon.org

Mental Health Reform

www.mhreform.org

NAMI-National

740-373-3445
www.nami.org
(Homeless & Missing)

Post Traumatic Stress Disorder

(PTSD)
Veterans Administration
www.ptsd.va.gov
802-296-6300

Spanish Suicide Hotline

800-784-2432 24/7 horas

Suicide Prevention Lifeline

24/7 Hotline
1-800-273-8255
(800) 442-HOPE, or (800) 442-4673
TTY (800) 799-4889 National Hopeline
Network 24/7

Substance Abuse Treatment

www.csat.samhsa.gov
800-662-4357
800-487-4889 (TDD)

Youth Crisis Line

(800) RUNAWAY
(786-2929) National Runaway Switch-
board 24/7

Questions About Panic Disorder

www.apa.org/topics/anxiety/panic-disor-
der.aspx
800-374-2721
202-336-6123 (TTY)

Don't see your Crisis Line in our
listings? E-Mail

IDMH@swcp.com

or subscribe online

www.albuquerquementalhealth.com

New Mexico Crisis Lines

If you need help in a crisis, the following is a list of numbers that you can call to get help right away.

911

New Mexico State Police
841-9256
1-866-HELP-1-NM
(1-866-435-7166)

Agora Crisis Center 24/7

505-272-3013
UNM Agora Crisis Help Line
866-435-7166
Crisis Chatline
www.crisischat.org
(click the link to "chat now.")

Adult (18+) Abuse, Exploitation, Neglect

866-654-3219 or
505-476-4912 Adult Protective Statewide
Central Intake 24/7
505-841-6100 or 1-800-797-3260

ABQ Family Advocacy Center

505-942-6000

Amistad Youth Crisis Shelter

Youth Development, Inc.
505-877-0371

Child Abuse and Neglect

800-797-3260
Child Abuse Prevention & Crisis Hotline
(CYFD) 24/7

Child Protective Services

505-841-7800

Domestic Violence

Crisis Line (800) 217-0464 Domestic
Violence Legal Resources 24/7
Domestic Violence Crisis Line
800-773-3645 SAFE HOUSE 24/7

Gambling Hotline

800-572-1142/800-GAMBLER
New Mexico Council on Problem
Gambling 24/7

Protection and Advocacy

1720 Louisiana NE, ABQ
505-256-3100

Rape Crisis Center

24/7 Hotline
505-266-7711
www.rapecrisismn.org

United Way of Central New Mexico

2-1-1 Call Centers
Coverage in New Mexico
Bernalillo, Sandoval, Torrance, Valencia,
Lea, Curry, Roosevelt, Los Alamos, Rio
Arriba, San Juan and Chaves counties.

Insurance

Lovelace Health Plan

505-727-LOVE or 800.808.7363
601 Dr. Martin Luther King Jr. Ave NE
Albuquerque, NM 87102
Main Line – 505-727-8000
Senior Behavioral Care
(Clinic evaluators are available 24/7)
505-727-8855

Medicaid New Mexico Health & Human Services

505-476-6266

New MexiKids

1-888-997-2583

Molina Health Services

1-800-580-2811

Rio Rancho Family Health Center

505-896-0928

APD Albuquerque Police Dept.

Crisis Outreach & Support Team (COAST)

505-924-6000

Crisis Intervention Team (CIT)

505-924-6000

Housing/Support Services

Bernalillo County Metro Detention

505-839-8713
Correctional Medical Services
505-839-8854

Bernalillo County District Attorney

505-841-7100

Rio Rancho Police Dept.

505-891-1226

Bernalillo County Sheriff

505-798-7000

Sandoval County Sheriff

505-867-7526

Torrance County Sheriff

505-384-9631

Valencia County Sheriff

505-866-2460

Substance Abuse Treatment

Turquoise Lodge Hospital

505-841-8978
6000 Isleta Blvd. SW
ABQ

St. Martin's Mental Health Services

1201 3rd NW (right next to the Hospitality Center)
505-764-8231

Housing

Supportive Housing Coalition NM

505-255-3643

Independent Living Resource

Center (ILRC)

505-266-5022
1-800-260-5022

Barrett House Emergency

505-246-9244

Susan's Legacy

6721 Academy NE
505-843-8450

NewLife Homes, Inc.

505-293-7553

LifeLink (Santa Fe)

505-438-0010

Group Homes

Casa Hermosa Transitional Living Center (youth age 16-21)

Youth Development, Inc.
630-632 Chama SE
505-212-7470

Casa Milagro (Santa Fe)

505-474-7684

Transitional Life Styles—Residential

part of DD waiver
505-268-5295 M-Th 8 AM-4:30 PM Fri. 8 AM – 4 PM

Transitional Living services

(Albuquerque)

505-268-5295
www.tls-nm.org

Shelters

Amistad Youth Crisis Shelter

(Age 12-17)

Youth Development, Inc.
1704 Centro Familiar, SW
505-877-0371

St. Martin's Hospitality Center

1115 3rd St. NW
505-242-4399 or 505-764-8231 ext. 244
Intake

Joy Junction

4500 2nd SW
Clothing available
24hr. van service to shelter
TLC transitional living center
CIPP 6-month recovery 12-step program
505-877-6967

Barrett House (women)

505-243-4887
905 13th NW

Support Services

Support Services

First Nations Community

Healthsource (Native American)

5608 Zuni SE
262-2481 or 262-6561

Albuquerque Alcoholics

Anonymous

New Mexico Central AA office
1921 Alvarado NE
Albuquerque, New Mexico 87110
(505) 266-1900 24 hours a day

Adult Children of Alcoholics

St. Thomas of Canterbury Church

425 University NE
(use Ash Street entrance)
505- 268-9761 or 505-866-1402.
Al-Anon, Alateen: Families, friends of
Alcoholics 24 hour answering service
505 262-2177

Autism: Adults with Autism and their families, monthly meeting

505-272-1852
Information or child/teen care reservations. 505-332-0306.

Autism/Asperger Support Group for teens and adults.

1600 Fifth NW
505-843-6450
ilf@ianford.com or visit grasp.org.

Community Options Inc

2720 San Pedro NE
505-265-7936

Consumer Hotline

1-800-362-2013
866-660-7182

Crossroads for Women

805 Tijeras NW
505-242-1010

Casa Manzana Psychosocial Rehab & Case Mgmt.

Los Lunas
505-865-1408

Depression and Anxiety Education and Support Group

2501 San Pedro NE
505-459-7421.

Depression and Bipolar Support

Alliance (DBSA):

3715 Silver SE
Offering rap sessions weekly with family group.
505-889-3632

Depression/Bipolar Support

Alliance (DBSA) — Rio Rancho

Elks Lodge, 1530 Barbara Loop SE
505- 867-9667., 272-2671.

Families of Incarcerated

Loved Ones

144 Harvard SE
505-268-9557 or 505-818-3861.

Families with children adopted from Asian countries.

Support group and play groups.
505-821-9365.

MaMa (Mother Against

Methamphetamine

Support group T.O.S.S.
505-224-9124
505-293-5922

New Mexico Behavioral Health Services Division

Consumer Affairs Office
505-827-0116
800-362-2013

New Mexicans with Disabilities

505-272-8549

New Mexico Family Network

1101 Cardenas NE Suite 202
Spanish interpreters
505-265-0430 (office hours)

NAMI-New Mexico

505-260-0154
nm.nami.org
Treatment Guardian Coordinator
505-266-2844

NAMI Centers

NAMI-Albuquerque

505-256-0288
www.nami.org/sites/albuquerque

NAMI-Westside

505-228-0643

New Mexico Suicide Prevention Coalition

505-476-8238

Parents Reaching Out

1920 Columbia Dr. SE
505-247-0192
800-524-5176
www.parentsreachingout.org

Pathways (formerly RHOC)

617 Truman NE
505-366-2400

Project Navigators

(SSI/Employment Help)

505-841-6450

Social Security (SSI & SDI)

1-800-722-1213

United Way of Central New Mexico

2-1-1 Call Centers
Coverage in New Mexico
Bernalillo, Sandoval, Torrance, Valencia,
Lea, Curry, Roosevelt, Los Alamos, Rio
Arriba, San Juan and Chaves counties.
www.uwcnm.org/211.

Wellness Recovery Action Plan (WRAP), Region 3

PhyllisO@copper.net
WRAP through Peer Bridgers Program
883-2621

Hospitals & Medical Centers

Children's Psychiatric Hospital

505-272-2890

Health Care for the Homeless

1217 1st st. NW ABQ
Medical – 505-242-4644
Dental – 505-242-8288
Behavioral Health Assessments
505-766-9520

Lovelace Health Plan

505-727-LOVE or 800.808.7363
601 Dr. Martin Luther King Jr. Ave NE
Albuquerque, NM 87102
Main Line – 505-727-8000
Senior Behavioral Care
(Clinic evaluators are available 24/7)
505-727-8855

Lovelace Rehabilitation Hospital

505 Elm St. NE
Albuquerque, NM 87102
505-727-4700

Lovelace Westside Hospital

10501 Golf Course Rd. NW
505-727-2000

Lovelace Women's Hospital

4701 Montgomery Blvd. NE
Albuquerque, NM 87109
505.727.7800

Heart Hospital of New Mexico at

Lovelace Medical Center

504 Elm St. NE
Albuquerque, NM 87102
505-727-1100

UNM Psychiatric Center

http://hospitals.unm.edu/hb
505-272-2800

Addiction and Substance Abuse ((ASAP)
505-925-2400

Assertive Community Treatment (ACT)
505-925-4044

Clinical Services

Forensic Case Management
505-925-4353

UNM Psychosocial Rehabilitation (PSR)

2001 Centro Familiar SW
505-272-5786

Peer Bridgers Program

SW Valley Clinic
2600 Marble
505-272-5935

UNM Psychiatric Emergency

505-272-5935

Psychiatry Consultation Services

505-272-4763

Comprehensive Community

Support Services (CCSS)

505-272-2811

Kaseman Behavioral Health

505-291-5300
505-291-2555

Presbyterian Hospital

505-291-2000
Emergency
505-291-2121

+++++

Desert Hills (Children & adolescents)

505-836-7330
5310 Sequoia Rd

Rio Rancho Family Health Center

505-896-0928
184 Unser Blvd NE

+++++

Veteran's Administration

Albuquerque Medical Center

800-465-8262

VA Emergency Room

505-256-2793

Veterans Crisis Line

800-273-8255 (TALK),
#1 Veterans Suicide Prevention 24/7
Suicide Crisis Line
(800) 784-2433
Suicide Hotline 24/7

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Meet UNM Dept. of Psychiatry

By *Pari Noskin, MSW*

The University of New Mexico Department of Psychiatry has many roles both in the UNM Health Sciences Center and in the State. As an academic department, it provides the best education possible to medical students, psychiatry residents and fellows, clinical psychology interns, and faculty, so that they, in turn, can provide the best services possible to their patients.

As a research organization it supports investigations into mental illness, how the brain works, and the effectiveness of treatments in order to better understand and help people who experience psychiatric illnesses. Many of the faculty and staff also consult with other healthcare professionals throughout New Mexico.

The Department of Psychiatry also provides services in clinics, hospitals, rural settings and via telemedicine. Since its beginning when UNM's School of Medicine opened in 1964,

the Department has become a state and regional leader in:

- Child & Adolescent Psychiatry
- Geropsychiatry
- Addiction Psychiatry
- Rural and Community Psychiatry
- Psychosomatic Medicine

The bottom line is that education is at the heart of what universities do. How can education about mental illness help you or your family member? In many cases, just knowing something might be wrong is enough to spur someone to see a doctor. And often the success rate of treatment is higher for early interventions.

With education, you also become better at communicating with your doctor. It will help you to ask more informed and useful questions or discuss concerns that might not have occurred to you without that knowledge. With education, you also understand more clearly what your doctor tells you.

Visit Grand Rounds For A Deeper Understanding

These weekly presentations, geared toward healthcare professionals, are often technical. However, the public is also invited to attend.

Out of town national experts and UNM faculty provide information on topics including the latest

breakthroughs in psychiatry.

The lectures are free. Visitors to the university must pay for parking during normal business hours. For more information:

hsc.unm.edu/som/psychiatry/dcs/

Special Psychiatry Centers

Center for Neuropsychological Services (CNS) provides evaluations and consultations for conditions including: epilepsy, dementia, Parkinson's disease, traumatic brain injury (TBI), neurodevelopmental disorders and complex psychiatric disorders. CNS also provides pre-and post-surgical evaluations and Wada testing for the Health Sciences Center Epilepsy Surgery Program, pre-surgical evaluations for patients considered for deep brain stimulation, and more.

Center for Psychiatric Research (CPR) has conducted research for more than 14 years and is made up of various psychiatric groups and specialties with dedicated psychiatrists and staff. The areas of research at the Center include: Schizophrenia and related disorders; addictions; brain imaging; neurodevelopment; and may focus on other psychiatric indications in the near future.

The Institute for the Advancement of Education and Development of Science (IDEAS) in Psychiatry is dedicated to professional and public education to enhance the lives of people affected by mental illness; encourage understanding of mental illnesses, their origins and potential treatments; dispel common myths and mistruths about mental illness; clarify the role of psychiatry in today's world of medicine; and provide useful information to help people to improve their healthcare experience with their own doctors.

Center for Rural & Community Behavioral Health (CRCBH) is dedicated to addressing healthcare disparities through education and workforce development; health services research and evaluation; capacity building; and through increasing access to quality behavioral health services that are holistic, cost-effective and provided with respect to the unique cultures within the communities of New Mexico.



IDEAS in Psychiatry

By Samuel Keith, MD

UNM's **IDEAS in Psychiatry** is a nonprofit educational institute based in the Department of Psychiatry.

IDEAS stands for the Institute for the Development of Education and Advancement of Science in Psychiatry. It started with a generous gift from a grateful family and has grown into a resource within the University as well as our community.

Our mission is to provide accurate and up-to-date information about psychiatric illnesses, symptoms, and treatments. Our goal is to change the conversation – to encourage open, honest discussion – so that those impacted by mental illness can seek effective help for themselves or their loved ones and so that professionals have the tools to deliver the best care possible.

We focus on education because that's what universities do best. If knowledge is power, education achieves the results. And since education drives everything we do, it seems natural for us to help with this first ever professional resource guide.

Education is Key

IDEAS in Psychiatry concentrates on two areas of education.

Professional healthcare providers and first responders need to constantly update their knowledge

in order to understand, effectively interact with, and treat people with psychiatric illnesses. The same is true of the faculty who teach these professionals. That's why national and world experts are being brought to Albuquerque to provide specialized workshops, seminars and Grand Rounds for students, faculty, and the public.

IDEAS supports faculty to expand and hone their particular specialties so that they can bring knowledge to the rest of the Department and, by extension, the many people the Department members teach in New Mexico's rural and urban settings.

IDEAS also has programs geared toward public education. The premier effort is *We Need to Talk*, a free lecture series. Each year, national and international experts come to New Mexico to share their expertise through free lectures. These presentations are open to everyone.

Each talk is followed by *Let's Keep Talking*, another public discussion, designed as a smaller follow-up to the public lecture. *Let's Keep Talking* sessions bring together experts from UNM's Department of Psychiatry with other relevant public organizations.

What You Can Do

Whether it's because a parent suffers from dementia, a child has severe behavioral problems or a coworker is overwhelmed by depression, everyone in our society feels the impact of mental illness. And yet most people are hesitant – or don't know how – to talk about it. They don't know where to seek advice or from whom.

While IDEAS in Psychiatry and many other organizations work to educate people about mental illness, an individual can be proactive toward making change.

The first step is to learn as much as you can. Attend public lectures and other events that we and groups such as NAMI, the Alzheimer's Association of New Mexico, and the New Mexico Autism Society make available.

Speak up when you hear or see people in your own life or on television, radio, in print or online that perpetuate stereotypes and encourage stigma.

Help friends and family understand that mental illness is an illness, like cancer or diabetes, and often – like those illnesses – can be helped with early diagnosis and treatment.

Contact IDEAS in Psychiatry

For more information, speaker schedules, and to register for events
Website: <http://IDEASinPsychiatry.unm.edu> or
email: IDEASinPsych@salud.unm.edu or call (505) 272-3592

Frequently Asked Questions

Q: What do I do if I need a provider and the office is closed?

A: It is best to call your provider as soon as you need care. Do not wait until the evening or weekend. Some providers can be reached on nights or weekends.

Q: How soon can I expect to be seen if I am having a crisis?

A: If you have a crisis, you should be seen in two hours or less. Do not delay. Go to the nearest crisis center, call 911, 211 or go to the hospital.

Q: What is urgent medical care, and how soon can I expect to be seen?

A: Urgent care is for sudden problems that are not emergencies. You will still need to go to a provider soon to keep from getting worse. If you have an URGENT situation, you should be seen within 24 hours.

Q: How soon can I expect to be seen if I need help, but it is not urgent or an emergency?

A: Your provider should see you within 14 days.

United Way of Central New Mexico



Get Connected Get Answers

Call 2-1-1 from any phone for free access to health and human services information and referral from 8 AM to midnight any day of the year. It is a service of United Way of Central New Mexico. 2-1-1 is an easy to remember number that makes a critical connection between people in need and the appropriate community-based organizations and government agencies. Need help navigating the complex and ever-growing maze of human services' agencies and programs? Call UWCNM's 2-1-1 or go online to www.uwcnm.org/211.

2-1-1 provides those in need with information about and referral to human services such as:

Basic Human Needs Resources: food banks, clothing closets, shelters, rent assistance, utility assistance.

Physical and Mental Health Resources: health insurance programs, Medicaid and Medicare,

maternal health, medical information lines, crisis intervention services, counseling, drug and alcohol intervention and rehabilitation.

Work Supports: financial assistance, job training, transportation assistance, education programs.

Support for Older Americans and Persons with Disabilities: adult day care, congregate meals, respite care, home health care, transportation, protective services, advocacy.

Children, Youth and Family Supports: child care, after school programs, Head Start, family resource centers, mentoring, tutoring, protective services.

Volunteer Opportunities and Donations.

If you don't know where to turn for help, call 2-1-1.



Stigma and the Problems it Creates

By Steven A. Adelsheim, MD

Imagine someone learns that he has asthma. Now imagine friends blame him for having that asthma. They avoid him, thinking his sickness is because of bad character, personal weakness or poor upbringing. Wouldn't he try to conceal his symptoms or stay away from situations that could expose his asthma? He might even be so embarrassed or ashamed he would avoid seeing his doctor for treatment. If he's a child, his parents might stop taking him out because if he wheezes in public, they would have to endure judgmental stares or advice from other parents. These are just some of the results of **stigma**.

Stigma refers to negative attitudes and beliefs that cause public fear, rejection and discrimination against people with perceived differences, like mental illnesses. Stigma is more than name-calling. It leads others to avoid living, socializing, working with, renting to, or employing persons with mental illness.

Misconceptions about mental illness are everywhere. They're fueled by negative images in television shows and movies, on the news and more. These images create more fear and prejudice.

Here's the Truth

1. People with mental illness have the same needs as everyone else: Meaningful work, decent affordable housing, access to healthcare, sufficient public education, positive

relationships, and acceptance by family and peers.

2. People with mental illness can and do recover and live productive lives. Whether recovery comes from medication, traditional therapy or alternative treatments, the results are a feeling of responsibility for one's life and a sense of control over one's problems.
3. People with mental illness make valuable contributions to society. Abraham Lincoln and Winston Churchill experienced depression. Actress Catherine Zeta Jones lives with bipolar disorder. Overcoming stigma, and seeking and getting treatment, help people living with mental illness to reclaim their lives and enjoy meaningful careers.
4. Discrimination against people with mental illness keeps them from seeking help. Fear of disclosure, rejection by friends, and discrimination are just a few reasons why people with mental illness don't seek help.
5. Discrimination against people with mental illness violates their basic human rights. Despite the provisions of the Americans with Disabilities Act and other civil rights laws, people with mental illness experience discrimination in the workplace, education, housing and healthcare.

Isn't it time for a change?

APD Crisis Intervention Team

By Nils Rosenbaum, MD

For decades, police officers have been on the front line for psychiatric emergencies. Currently there are hundreds of thousands of people with mental illnesses in the criminal justice system. Research has shown that police officers have long wanted new methods to help work with the mentally ill population. Albuquerque is home to what is considered one of the most progressive law enforcement agencies in the country for the advances it has made in developing collaborations between the criminal justice and mental health systems.

The Albuquerque Police Department (APD) has taken the lead in making changes to positively affect people living with mental illness. The Crisis Intervention Team (CIT) is a unit within APD that is made up of six detectives who are dedicated to the mission of safety and jail diversion. These detectives work closely with civilian crisis specialists and a full time psychiatrist to achieve this goal.

The detectives and psychiatrist meet people in their homes, in parks, in alleyways, wherever they are needed. They speak with families, talk with service providers, and develop plans to keep people safe, find treatment,

and stay out of jails. Despite networking and attending national conferences on police work, APD has found no other police department in the country that has developed this kind of holistic full service approach. It is the vanguard and often contacted by police departments around the country looking for expertise and guidance in how to bring this level of care into their own communities.

Success stories are numerous. For example: A psychotic man, who lived on a street corner for five years, is now in housing because of help received from CIT. A woman, who was found speaking to herself about demons, and sleeping in a ditch, is now on medication and is followed closely by an outpatient clinic. It is important for people to know about the successes of CIT, because the more support CIT and APD get from the community, the more they can benefit everyone, especially some of the most vulnerable people in our society – the homeless and the mentally ill.

Dr. Nils Rosenbaum is the APD Crisis Intervention & Outreach Psychiatrist.

APD Crisis Outreach & Support Team

By Lt. Steven G. Marez

Cops are not social workers and social workers aren't paid to police people. These statements seem easy and straightforward, but lines too often get fuzzy and blurred for mental health consumers, police officers, and mental health providers.

Cops are often asked to resolve situations where there is no potential violence and no laws being broken. What are cops supposed to do when someone is asking for housing? Medicine? A doctor's appointment? Or a psychiatric evaluation? Most cops try their best to help, but these requests fall out of their normal duties and can take valuable time away from preventing crime, enforcing laws and finding criminals.

To address this the Albuquerque Police Department (APD) has a proactive program to aid those living in the community with mental illness.

This program is known as Crisis Outreach and Support Team (COAST) and is a civilian unit that connects people to services. COAST workers are called onto a scene by police officers to assist people in crisis. COAST workers only respond

to a crisis that doesn't involve any crime or potential violence.

Crisis Intervention Team (CIT) detectives, are sworn law enforcement officers who handle criminal and potentially violent cases.

COAST workers are not providers or long term case managers; their job is to resolve a crisis and get people on a stable path in order to avoid future crisis.

Intervention can be as simple as a pair of socks, a blanket, or a referral. Other cases can take great effort and coordination of care – setting up doctor's appointments, getting into housing, finding long-term psychiatric care, and connecting people to well established social work services.

COAST is a testament to the success a community can have when people rely on human interactions and work across boundaries – cops and mental health professionals in Albuquerque are now working side-by-side to help the most vulnerable people in our society.

Lt. Marez is the Commander of COAST and the APD Crisis Intervention Team.



The Albuquerque Family Advocacy Center serves victims of domestic violence, sexual assault, child abuse, elder abuse and stalking. It is a one stop shop, housing 12 different organizations under one roof, making it easier for families to access critical services. The AFAC is at 625 Silver SW, Suite 200 and is open M-F from 8 AM to 5 PM, with service access around the clock at 245-STOP (7867). In an emergency always call 911.

The Center was created through a partnership between United Way of Central New Mexico and the City of Albuquerque and depends on the support and commitment of all of the onsite partner organizations and several off site partner organizations.

Services include medical care, advocacy, legal and financial assistance, law enforcement and prosecution. Victims can receive services whether or not they choose to engage law enforcement.

APD Reaching Families

Onsite Partners include:

- Albuquerque Sexual Assault Nurse Examiners
- Child Protective Services
- Crime Victims Reparation Commission
- Domestic Violence Resource Center
- New Mexico Asian Family Center
- New Mexico Legal Aid
- Para Los Ninos
- Rape Crisis Center of Central New Mexico
- 2nd Judicial Court, Domestic Violence Division
- 2nd Judicial District Attorney's Office
- Albuquerque Police Department, Violent Crime Division
- APD Crisis Outreach and Support Team [COAST]
- New Mexico State Police

Off site partners:

- All Faith's Receiving Home
- Enlace Comunitario
- Roadrunner Food Bank
- Domestic Violence Shelters
- Drug and Alcohol Treatment Programs

YDI: Behavioral Health Program

By Diane Lopez

Youth Development, Inc. (YDI) has been providing programs and services throughout the state of New Mexico since 1971. Over the years YDI programs and services have enriched the lives of more than 16,000 youth and families per year. Participation in our program is voluntary.

The Family Services Program

This YDI program provides Assessment, Counseling and Therapy for qualifying children, youth and adults who are experiencing mental health or behavioral issues that negatively impact their day-to-day functioning.

The YDI approach to therapy uses strength-based problem-solving interventions and assists the client in developing clear, reachable treatment goals.

It is based on presenting concerns, we may meet with the entire family, individual members and/or with outside agencies such as schools. Our therapists have many years of experience and are licensed by the State of New Mexico. Services may also be offered in group format. YDI has been designated as a Core Service Agency (CSA) and is able to provide more intensive assessment and comprehensive community support services for children/youth and adults that are experiencing more complex needs.

Service Locations

YDI counseling services are

available at a variety of service locations including:

- South Valley Family Services, 1710 Centro Familiar, SW, call 505-873-1604*
- San Pedro Family Services, 1820 San Pedro, NE, Suite 7, call 505-232-9015
- Amistad Crisis Shelter, 1704 Centro Familiar, SW, call 505-877-0371
- 4th Street Outreach Family Services Center, 1223 4th St, NW, call 505-343-1918
- Workforce Training Center, 6306 Central NW, phone: 352-3466

*This location serves as the central referral and assessment center for all counseling services.

Program Costs

There is no charge for YDI services the services are provided by Medicaid and a grant from the state's Children Youth and Family Department (CYFD).

Hours of Operation

Appointments are available weekdays from 7:30 AM to 7 PM. Non-traditional hours are by therapist and client on an as-needed basis. Crisis services are available 24 hours a day year-round for current clients.

The Family Services program provides comprehensive behavioral health services also receives funds from Optum Health New Mexico Behavioral Health funds.

Diane Lopez, MA, LPCC is Vice President Prevention/Intervention Treatment Division at YDI



Join the Solution Helping

By Jim Ogle, NAMI-ABQ

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, support and research and is steadfast in its commitment to raising awareness and building a community of hope for all those in need.

The all-volunteer NAMI Albuquerque affiliate (NAMI-ABQ) was founded in late 1980's. Donations of time and money allow NAMI to offer an array of programs that are free of charge to the participants.

NAMI-ABQ offers the following signature programs. Support groups for both families and those living with mental illnesses (consumers) meet weekly. An education program for everyone is presented once a month. Throughout the year, the 12-week evidence-based Family-to-Family class is offered for those who have loved ones living with mental illnesses. A nine-week Peer-to-Peer education class for consumers (those suffering with mental illness) is offered as needed. In Our Own Voice (IOOV) is a unique public education presentation given by trained NAMI consumers. Personal testimony, a video and

audience participation have made this a powerful learning experience for many people – from college students to clergy to human service workers.

NAMI-ABQ advocates for better access to local services, treatment and support through participation on the Bernalillo County Forensic Intervention Consortium

The ability of NAMI-ABQ to execute these signature programs is driven by the availability of volunteers who have the right people skills. Support groups need volunteers who have been trained and are dedicated to effectively facilitate the diverse issues that arise in the weekly meetings.

The **Family-to-Family** classes require teachers who have taken the course and the NAMI training.

The **Peer-to-Peer** classes need consumers well into recovery who are able to commit to taking the training and then teaching the course. IOOV periodically needs consumers who are well on their way to recovery and willing to tell their story in public according to the NAMI guidelines.

Volunteers are also needed to assist in the office and the library, interface with the media, work on our newsletter and handle our website – to name just a

Families and Consumers

few of the opportunities an individual has to be part of solution. Some of the needs are ongoing whereas others are for one-time events.

Membership fees, donations, grants and our annual May NAMIWalk support these activities. The purpose of the NAMIWalk is not only to raise funds but also to raise awareness of mental illness.

To be a part of these important initiatives and efforts call the NAMI-ABQ office at 505-256-0288 or email: nami_abq@juno.com The new address is at 2501 San Pedro NE., Suite 212, Albuquerque near Coronado Mall.

Visit our website: www.nami.org/sites/albuquerque

 The advertisement is split into two vertical panels. The left panel has a background of a sunset over mountains and features a large infinity symbol at the top, followed by the word "INFINITI" in a stylized font, and "Wellness Group" at the bottom. The right panel has a green background and is titled "Healers Need Healing" in a decorative font. Below the title is a paragraph of text: "Build your health and wealth. Educate and heal yourself with the power of nutritional supplementation. If you choose to share it, you can build a business, too. Our product partner is...". Below this is the USANA Health Sciences logo, which includes the word "USANA" in a blue oval and "HEALTH SCIENCES" underneath. Underneath the logo are images of three USANA product containers: a box of "ESSENTIAL" and two jars. At the bottom of the right panel, there is a list of three names and phone numbers:

- Rosario Romero, LISW (505) 362-2073
- Delia McEraney, MS ED (505) 331-0716
- Krista Barrett, LISW (505) 430-8214

How to Pick a Therapist

By Jeff Katzman, MD

People often look for a therapist when they know something doesn't feel quite right. This may be in response to a particular event, a reaction to stress, the desire for a supportive listener, or for help to change behaviors or ways of thinking that create obstacles to getting the most out of life.

But how does one find the right therapist? Psychotherapists come from a number of different disciplines. Psychiatrists, psychologists, nurse specialists, counselors, and social workers can all be licensed to provide therapy. It's worth doing some research before launching right in with a new therapist.

Questions to Consider

- What ongoing, lifelong training has the therapist had?
- What theories guide his/her work?
- How long has he/she been in practice?
- How comfortable do I feel when talking with this therapist?

No single type of psychotherapy works for everyone. So it's important to know what methods a therapist uses and why. Rather than making assumptions, it's appropriate – and useful – to ask about these.

Types of Therapies

To change specific behaviors, some psychotherapies involve learning techniques such as relaxation, stress management, anger management, and other coping strategies.

Some short-term methods are “evidence-based.” This means that they have scientifically-proven success and can relieve certain symptoms. Here are just a few of them:

- Motivational interviewing
- Cognitive Behavioral Therapy (CBT)
- Dialectic Behavioral Therapy (DBT)
- Interpersonal Psychotherapy (IPT)
- Prolonged Exposure (PE)
- Mindfulness-based Stress Reduction.

Sometimes people just want a supportive ear. Psychotherapy can be helpful in these cases too. Therapists provide a safe environment in which patients can express their concerns and feelings. Therapists may also offer suggestions and help patients think about issues in their lives including medical problems, medications that they are taking, and other stressors.

Psychodynamic Psychotherapy is based on the idea that patterns established early in life shape a personality and that personality can get in the way when facing later life

Do Your Research

tasks. This therapy might take a very short course, 1-50 sessions, with a technique such as **Intensive Short Term Dynamic Psychotherapy (ISTDP)**.

Psychodynamic psychotherapy can also be long-term – occurring over years – and often once a week or more frequently.

All of these methods can be used with individuals.

Group therapy, where participants share experiences and help each other, is another option. Couple and

family therapy might also be helpful, depending on patients' needs.

The most important thing to remember is that different methods and therapists are good for different concerns and personalities. It's time well spent to think about and research what kind of therapy – and therapist – would work best for a particular need and personality.

Resources:

www.nimh.nih.gov/health/topics/psychotherapies/index.shtml



The Art of Listening

By Nils Rosenbaum, MD

1. Don't think about what you're going to say while the other person is talking. People spend too much time thinking about their responses. When you focus on your own plans, you won't hear what the other person is saying. If your mind moves ahead of the conversation, think about what the person is telling you, not what you'll tell them.

2. Let people speak without interruptions for five minutes. This can be very hard to do. Five minutes may feel like forever. But not speaking is the key to listening!

3. Show that you're listening – nod your head, make quiet agreeable sounds like, “hmm,” or even “I see.” But don't react too much - if you show too much interest about something, you'll be guiding the conversation instead of listening.

4. Ask questions that can't be answered with a yes or a no. These questions start with words like “What, where, when, how, why, how come.”

5. Ask clarifying questions such as, “Tell me more about ...” “I'm not sure what you meant by...”

6. Let them know that you've listened. When they pause, give a



It Can Help

brief summary of what you've heard, “So, you've had a lot of trouble with work lately.”

7. If someone is angry, upset, frustrated, sad, or has any strong emotion, label the emotion with a word. “You look really upset about this.” Labeling emotions is a powerful way to show you care and understand. If you guess the wrong emotion, and they say, “I'm not upset, I'm angry!” That's fine, because now you know ... and they know that you know.

8. If all else fails, just repeat the last word the other person has said and make it sound like a question. They say, “The boss was so angry.” And you say, “Angry?” Now they have to explain what they mean by angry.

When someone pauses, wait a moment before you speak to make sure they're done. And don't worry, most people won't talk for five minutes straight.

Keep People Calm

When someone is revved up, frustrated, upset, or angry, it's hard to get through to them so it is important to keep them calm.

Listen and paraphrase what they might be expressing.

Don't say, “Calm down!” Don't raise your voice. The louder they get, the more revved up they become the calmer you should be.

LEAP

Listen to what the person is saying. Really give them a chance to let you know why they don't want to take the medications. Agree with as much as possible, “Oh, I never realized how awful that side effect was.” Work together with the person, and unite against a problem that you both agree on.

Dr. Nils Rosenbaum is the APD Crisis Intervention & Outreach Psychiatrist.

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WWW.NEWMEXICOMENTALHEALTH.MOBI

The Mind Body Connection Psychosomatic Medicine

By Gray Clarke, MD

Psychosomatic Medicine focuses on the psychiatric care of patients with medical illnesses and is a fairly new subspecialty of psychiatry. Psychosomatic Medicine doctors can help patients in many ways. They can treat people with mental illness who have developed medical problems. For example, if someone with clinical depression happens to end up in the hospital after a car crash, a Psychosomatic Medicine doctor may be called in to assess how the patient is doing emotionally and to recommend any particular changes in treatment in relation to that.

The doctor might also look to make sure that the drugs given for medical reasons aren't having an unforeseen or negative effect on the patient's mental well-being. Psychosomatic Medicine doctors also treat people who develop mental health problems during the course of a medical condition.

An example of this would be someone who has recently had a serious illness and becomes so anxious about contracting another that he or she finds it impossible to perform the normal tasks of daily living such as going to the store to buy food or picking up a child from school.

In addition, Psychosomatic Medicine doctors make it their business to

keep up with the latest research about the interaction of medical and psychiatric illnesses and treatments. Many of these specialists also conduct research with academic and other organizations. As a result of their efforts in this specialized field of knowledge, they're well equipped to help and train other doctors to distinguish between normal and abnormal reactions to illnesses and how to provide appropriate care to patients with such reactions.

In many important ways, Psychosomatic Medicine doctors have advanced the practice of medicine. Through their efforts, it is now recognized that depression increases the risk of heart attacks and that people with cancer suffer not just physically, but emotionally as well. Patients seen by Psychosomatic Medicine doctors often have better outcomes and shorter hospital stays too.

The University of New Mexico Department of Psychiatry recently received approval to start a Psychosomatic Medicine Fellowship program. This is good news for New Mexicans. Having knowledge in this area allows doctors to remain updated in the field so that the highest quality of care can be provided for the patients they see.

Hope for Recovery

Only that which is itself developing can comprehend development as a process.

M.M. Bakhtin

What odd words to find in a guide to mental health! "Hope" and "recovery" are they not by the very nature of mental illness excluded from the future of anyone with a diagnosis of **Severe Mental Illness**?

Resoundingly. NO! Hope does not die the moment a psychiatrist slaps a diagnostic code on you or someone you love. Life is not predestined to be an ever downward-spiraling path of misery for the person with the diagnosis and those in his or her life.

I know this because recovery from mental illness is possible. I know this because I, and thousands of other New Mexicans, and millions of people who have been given diagnoses around the world, are currently in recovery.

Much of the loss of hope stems from the diagnosis itself. I apologize to my fellow contributors, but I do not "have a mental illness." I have a pretty good number of functional challenges brought about by trauma, a mercurial personality, and distrust of others. But those things I can handle! I can learn skills to help stabilize my affect, like the whole toolkit that is Dialectical Behavior Therapy. I can look at those roadblocks to my effective functioning in life, bits of my life one at a time, and master them. Suddenly, I have a job and I'm buying my own food instead of having a Case Manger deliver it to me. Suddenly, I have even more hope, do more work, learn more skills – and recover more.

The diagnosis is a good start, in finding which medicines will help support you while you learn the life skills needed to build hope, begin recovery, and stay resilient through life's challenges. But the most basic reason there is hope for recovery is that you or your loved one were never the diagnosis in the first place, just a person with some problems that people with those very same problems have overcome and gone on to live a happy, productive – even exemplary life.

Douglas Fraser
Community Advocate & Public Servant

Diabetes and Depression What Everyone Needs to Know

By Pam Martin and Beth Sanchez

It is likely that you or someone you are close to has diabetes. About eight 8 in 100 Americans have diabetes and in New Mexico it is even more serious but the Hispanic and Native Americans have it a higher rate.



People with diabetes also have a greater risk for depression. We don't yet know why this is so, but the good news is that diabetes and depression can both be treated.

What is depression? Everyone feels sad, low or down once in a while. But if these feelings go on for more than two weeks, it's important to tell your doctor or health team right away. The signs of serious depression include loss of pleasure in every day life, sleeping too much or sleeping too little, low energy, poor concentration, feeling guilty or nervous, and having thoughts about hurting yourself.

It's hard to take good care of yourself if you are seriously depressed. Some people with depression eat poorly, use alcohol and drugs and stay away from their friends and family. Depression can be particularly harmful to someone with diabetes, who needs to perform daily diabetes self care, carefully monitor their diet, and get exercise.

So if you have diabetes let your doctor know if you suspect you have signs of depression. Your health team can determine if the depression has a physical cause and can set you up with the help you need to manage your diabetes.

Your doctor can also connect you with physicians and therapists who specialize in helping people with depression. Help your loved ones get treatment for depression. Counseling, medication, support groups and lifestyle changes can make a difference. Don't wait! Depression can be treated successfully.

Pam Martin, Ph.D., ABPP is Director of Health Services/Medicaid Behavioral and Beth Sanchez, Ph.D., is with Lovelace Health Plan.

What is Clinical Depression?

By Jan Fawcett, MD

Brief feelings of unhappiness, discouragement, and even hopelessness are part of being human, particularly when life seems to turn on us. People feeling this way may say they are "depressed," an adjective used to define a sad or demoralized mood. These feelings are often fleeting and most people feel better if their fortunes improve. Maintaining a level of activity and social interaction can also help.

So what does **clinical depression** mean? This depression lasts for more than just a few days. It is a persistent condition and affects people's ability to function at work or socially. People with clinical depression also are unable to respond to positives in their lives.

If a person is worried about clinical depression, good questions to ask are:

- "What if I won the lottery tomorrow?"
- "What if I got my dream job?"

If the answer to these questions is, "It doesn't matter," this might be a sign that the depression is more serious. Or, in the case of the job, if a person focuses on worries about being able to perform because of low energy, poor sleep, feelings of being inadequate or worthless, clinical depression might be the culprit.

Clinical depression is considered a **major depression**. It can lead to a

preoccupation with death or suicide. It can last for months or years, cause relationships to deteriorate, jobs to be lost, and life circumstances to worsen. It is called a "clinical depression" because without treatment, the condition is unlikely to improve.

Treatment is based on an assessment by a psychiatrist, psychologist or physician and can involve medication or psychotherapy. The more severe forms usually require antidepressant medication. Moderate to mild depression often does well with psychotherapy. A combination of the two often leads to the best results.

Studies show that around five to six percent of people have major depression at any time and 20 percent will have it over their lifetime. Women are about twice as likely as men to have the condition.

When a person feels discouraged about his or her life, it's useful to be active and push oneself to interact with people who are positive. If nothing seems to work, seeing a professional who has the knowledge to diagnose and treat clinical depression is a good next step.

Remember, help is available.

Resources

www.nimh.nih.gov/health/publications/depression/complete-index.shtml

Understanding Addiction:

By Daniel Duhigg, DO, MBA

The human brain is amazing, and humans do a remarkable job of using it both to do good and to get into trouble. Most people don't realize that the word **addiction** is not a medical term. The medical term is **substance dependence**.

But both terms mean the same thing: loss of control over the use of alcohol or drugs to the extent that it creates serious problems. Scientists, doctors and society used to think of addictions as faults of morality or lack of willpower. Now we know that addictions involve brain chemistry and specific circuits in the brain's wiring. Alcohol and drugs hijack the brain's circuits that make decisions about what is in one's best interest. In a very real way, ongoing use of alcohol and drugs strengthens the brain circuits that produce craving and drug-seeking behavior, and weakens the circuits that exert control over impulsive behavior, making the brain decide to use the alcohol or drug without having to think about it first.

Alcohol Addiction

The medical view of alcohol addiction is surprising to many who think that it is defined by drinking every day. How often a person drinks is not even part of the definition. Instead, it includes how much damage alcohol use is causing with relationships, health, work and

school performance. It also includes being unable to stop drinking even if wanting to quit, having a hard time controlling the amount and frequency of drinking, thinking too much about drinking, and having physical responses of tolerance (alcohol is less potent with time) and withdrawal (sickness when alcohol is not available).

There are effective treatments that help people overcome their drinking problems. There is strong evidence that several forms of therapy or counseling are helpful. Medications are available that can decrease cravings for alcohol, helping people not think about getting a drink. Another medication works by making people sick if they do drink, by preventing the body from digesting alcohol, and causing a toxic chemical to build up instead. Attending Alcoholics Anonymous, either in combination with treatment or by itself, clearly helps many people achieve and maintain sobriety.

Opiate Addiction

Opiates are drugs such as codeine, oxycodone, morphine and heroin. Some of these are prescribed for pain. When people take an opioid pain medication on a regular basis, their brain and body will get used to the medication's effects on pain, making the medicine seem to lose its strength. This is called "tolerance."

Alcohol and Opiates

It is a natural process where the brain responds less to things that it encounters on a regular basis so it can respond better to new things. If opioid pain medications are taken long enough, the body and brain get so used to them that if they are stopped, the result is feeling sick and uncomfortable. This is called "withdrawal," and it is also a natural process.

People who are treated with opioid pain medications for a month or more will likely develop tolerance and if they stop their medications abruptly, may experience withdrawal. This does not mean they are addicted to the medication. If it is taken as prescribed, and not over-used, then tolerance and withdrawal do not even count towards the diagnosis of an addiction.

Since the current medical term for addiction is substance dependence, this can be confusing. Tolerance and withdrawal are a type of physical dependence on a drug, but by themselves are not enough to diagnose addiction. Other symptoms of addiction to opioid pain medications include not being able to control how much of the medicine is taken, not being able to take less when told to do so or not meeting obligations because of using the medicine.

Opiate addiction affects all segments of society – teens as well as adults, rich as well as poor – the

drugs know no boundaries. One of the most important things to remember about this kind of addiction is that it is a chronic illness – like diabetes or asthma – and requires long-term treatment; it doesn't just go away.

In addition to counseling and behavioral therapy, the treatment for opioid addiction, like diabetes, also often requires medication to be successful. Medications such as buprenorphine and methadone prevent withdrawal and reduce cravings by replacing the drug of abuse with a medication that is much safer and causes little or no intoxication, allowing the patient to feel "normal" and lead a fully productive life. Another medication, naltrexone, can prevent relapse by blocking opioid receptors in the brain so that a person experiences little or no effect if he or she takes an opioid.

Although addictions are chronic illnesses, there is hope. Effective treatments do exist. Rather than casting blame, the key is to support people with addictions so that they get the help they need and can commit to long-term success.

Resources:

www.recoverymonth.gov/UT-Recovery-for-you.aspx

store.samhsa.gov/shin/content//PHD1112/PHD1112.pdf

centerforplainlanguage.org/downloads/clearmark2010/065_KAP_MAT.pdf

Schizophrenia

By Samuel Keith, MD

Schizophrenia is a chronic illness that can profoundly change the lives of the people who have it.

Most patients with schizophrenia, close to 75 percent, are affected before the age of 25. As a result, the illness often interrupts lives at times when people are trying to complete their education, start a career, get married and more. Many symptoms of schizophrenia can interfere with daily life. They include hearing voices other people don't hear, believing things that are proven to be false (delusions), isolating oneself, losing emotional expression and the experience of joy and pleasure. They can also affect people's will and drive so that it becomes difficult to finish tasks or even to communicate with others.

One of the challenges for those with schizophrenia is that the public understands so little about it and there are many misconceptions. For example, people often assume that everyone with schizophrenia is violent. The number is actually very small. Others may assume that people with schizophrenia are being "lazy" or "not trying" to take care of themselves when the fact is that it's often the illness causing those behaviors. The public's fear and lack of understanding makes having the

illness even more difficult for those who have to live with it.

Though there is no cure for schizophrenia, treatment can be helpful in controlling some, but not all, of the symptoms. Treatments have made slow, incremental progress since the early 1950s, although the ultimate outcomes for individual patients have too often fallen short.

Side effects such as neurologic symptoms, weight gain and susceptibility to diabetes are difficult to tolerate.

It can be challenging to remain faithful to a complex treatment schedule when one is hearing voices or developing delusions. Add to that, the burden of side effects and it is easy to see why effective treatment remains so elusive.

Progress and Hope

Progress comes in the form of research – sponsored by federal agencies and foundations – like the Brain and Behavior Research Foundation (formerly NARSAD) which has generated over \$300 million from people who cared to support the research of young investigators.

UNM has received 11 NARSAD grants. Hope comes when people care. Through organizations such

as the National Alliance for the Mentally Ill, families and people with psychiatric illness help others understand what mental illnesses, like schizophrenia, are and what they're not.

Never underestimate the strength it takes to fight this battle. Some of the

most courageous people I have ever known do it every day.

Resources

www.nimh.nih.gov

<http://bbrfoundation.org>

www.nami.org



Robert Vander Voord, © 2012

Anxiety and Anxiety Disorders

By Jeff Katzman, MD

Stress is a natural part of life. In fact, it can be good. It can make people take action when they need to and it can protect them from danger. Worry and anxiety are reactions to stress and are part of daily life too. It's perfectly normal to worry about doing well on a test or about having a job interview. Usually, worries and anxious moments pass. When they linger for months and begin to interfere with day-to-day activities, it's possible they have developed into an anxiety disorder.

There are many different kinds of anxiety disorders. Almost all can be helped with treatments such as psychotherapy, medications or a combination of both.

• **Specific Phobias** are persistent and unreasonable fears

of a particular event, place or thing. People with a phobia of elevators, for example, might normally be able to control their fears by avoiding them. However, there may come a time when this interferes with their life, and that would be the time to get help.

• **Obsessive-compulsive disorder (OCD)** causes people to get caught in a repetitive pattern of negative thoughts and actions – rituals – in response to their anxiety. Often these are irrational, and people with OCD know it but cannot find a way to stop. The thoughts tend to be intrusive and disturbing to the individual. The behaviors can become crippling. For example,

washing hands before a meal is common sense. However, a mother who washes hands several dozen times before serving each meal – to the point that her hands are bleeding and raw – because she can't stop worrying about infecting her family with germs, might be showing signs of OCD. When such thoughts and behaviors become a limit to enjoying daily life, it's time to get help.

• **Panic disorder** is when people experience attacks of intense anxiety that something bad is going to happen. The attacks are frightening, come seemingly "out of the blue," and are tremendously distressing emotionally and physically. These panic attacks may include physical symptoms of sweats, chest pain, rapid heart rate and thoughts or feelings that something terrible is going to happen.

People who experience these often become even more anxious and worried because of the fear of having other attacks. While such an experience may be normal from time to time in the face of a stressful situation, panic attacks that occur

frequently and interrupt life warrant attention from a professional.

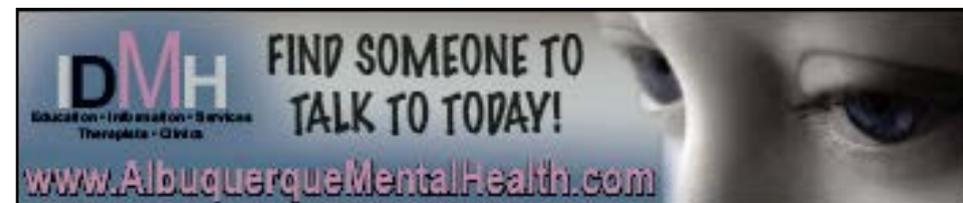
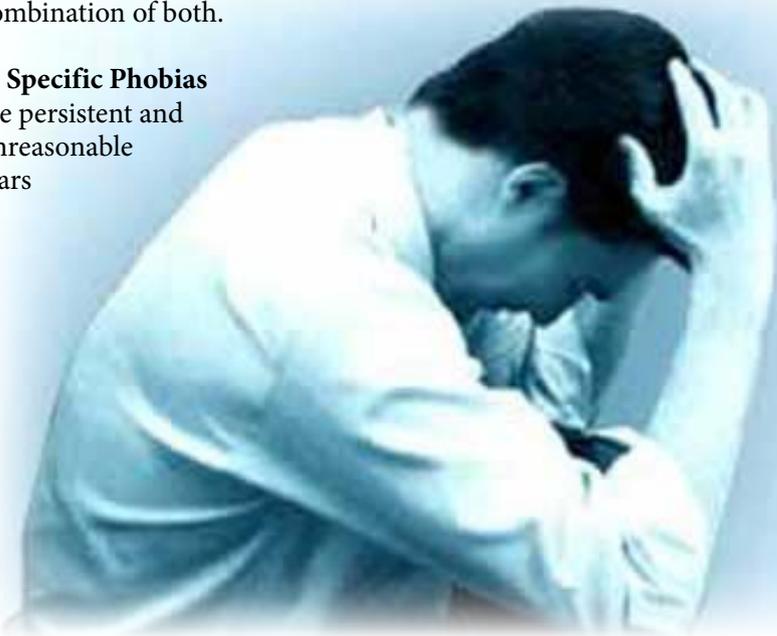
• **Post Traumatic Stress Disorder (PTSD)** is the prolonged reaction to a shocking experience – a bombing, rape, torture, etc. – often involving bodily harm. People with PTSD may have had the experience themselves or may have witnessed it happening to loved ones or others. Most people with PTSD cannot stop reliving these overwhelming memories. They may have difficulty sleeping, feel anxious much of the time, and may have difficulty experiencing their own feelings.

Other anxiety disorders include social phobias, Generalized Anxiety Disorder (GAD), and more.

It's important to remember that all life has some worry and anxiety. But when these become long-term and crippling, it's a good thing to seek help.

Resources:

www.nimh.nih.gov/health/publications/anxiety-disorders/introduction.shtml



Dementia and Alzheimer's Disease

By William Apfeldorf, MD, PhD

As they age, many people joke about their “senior moments,” times when they misplace their car keys or can't quite remember an acquaintance's name. Though most of these small events are merely nuisances, sometimes a pattern emerges that may signal a more serious problem.

Dementia is a general term used to describe a group of symptoms that affect a person's ability to think. Over time, it gets worse. It may include memory loss and problems with language, judgment and social interactions that interfere with everyday living. In more severe cases of dementia, people become confused or disoriented, don't recognize loved ones, and lose the ability to talk or perform tasks such as eating.

The most common type of dementia – up to 80 percent of all cases – is caused by **Alzheimer's Disease**. Early symptoms include difficulty remembering names and recent events, apathy and depression. Often people can't retrace their steps when they lose items, have difficulty problem-solving and begin to withdraw from their normal social behaviors. In its last stage, people with Alzheimer's Disease can experience behavior changes such as paranoia, confusion, difficulty speaking, swallowing, and walking. There are no proven methods

to prevent Alzheimer's Disease. Early diagnosis and treatment can help slow its progress, but there is currently no cure.

Usually the result of heart and blood vessel diseases or stroke, **Vascular Dementia** is the second largest cause of dementia. Living a heart-healthy lifestyle – controlling weight, blood pressure, blood sugar and cholesterol – can potentially help prevent or slow this form of dementia. And sometimes people who get vascular dementia can prevent their symptoms from getting worse by managing these factors.

Another form of dementia is Frontotemporal Lobar Degeneration, which is named for the affected part of the brain. Dementia with Lewy bodies, Parkinson's Disease and other causes are rarer still.

Though cures may not be here yet, the Alzheimer's Association urges people who notice changes in their ability to think, especially if those changes start interfering with daily life, to get checked by a healthcare professional. An early diagnosis may help with treatment. It can also give patients the time to make plans for the future with their families and other support networks in their communities.

Resources

www.alz.org



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we all need
to talk...

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www.albuquerquementalhealth.com
www.mentalhealthnewmexico.mobi

Military Sexual Trauma

Veterans Administration

What is military sexual trauma (MST)? “Military sexual trauma” or MST is the term used by the Department of Veterans Affairs to refer to experiences of sexual assault or repeated, threatening acts of sexual harassment. It is a psychological trauma, which results from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment, which occurred while the Veteran was serving on active duty or active duty for training.

Sexual harassment is further defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.” MST includes any sexual activity where an individual/s are involved against their will. A typical example is when a person is threatened with negative consequences for refusing to go along. It may have been implied that one would get faster promotions or better treatment in exchange for sex. One may not have been able to consent to sexual activities, for example, if they were intoxicated.

Other MST experiences include:

- Unwanted sexual touching or grabbing
- Threatening, offensive remarks about one's body or sexual activities
- Threatening and unwelcome sexual advances experienced while an individual is on active duty

or active duty for training, it is considered to be MST.

How common is MST?

Data from VA's universal screening program give us an idea of how common MST is. About one in five women and one in 100 men seen in VHA respond, “yes” when screened for MST. Though rates of MST are higher among women, there are almost as many men seen in VA that have experienced MST as there are women because there are many more men in the military than there are women.

How can MST affect Veterans?

It's important to remember that MST is an experience. It is not a diagnosis or a mental health condition in and of itself. Given that Veterans report a wide range of distressing sexually related experiences, it is not surprising that they have a wide range of emotional responses.

For some Veterans, experiences of MST may continue to affect their mental and physical health, even many years later.

Here are some of the difficulties both female and male survivors of MST may have:

- Strong emotions, intense, sudden emotional responses to things; feeling angry or irritable all the time.
- Feelings of numbness, feeling emotionally “flat”; trouble feeling love or happiness.

- Trouble sleeping and plagued with bad dreams or nightmares.
- Trouble with attention, concentration, staying focused and remembering things.
- Problems with alcohol and/or other drugs to cope with daily life.
- Physical health problems, which manifest with sexual issues, chronic pain, weight or eating problems and stomach or bowel problems.
- Among users of VA healthcare, medical record data indicates that the mental health problems most often seen with MST are:
 - PTSD
 - Other anxiety disorders
 - Depression and other mood disorders
 - Substance use disorders (alcohol and drug problems)

How has VA responded to the problem of MST?

Fortunately, people can recover from experiences of trauma. The VA has services to help Veterans do this. Since 1992 VA has been developing programs related to: MST screening and treatment by training staff on MST-related issues

Services available to Veterans include:

- Every VA facility has an MST Coordinator who serves as a contact person for MST-related issues. The MST Coordinator may also be aware of state and federal benefits and community resources that may be helpful.
- Every VA facility has providers

that know about treatment for the effects of MST. Many facilities have special outpatient mental health services for sexual trauma. Vet Centers also have specially trained sexual trauma counselors.

- Some Veterans do not feel comfortable in mixed-gender treatment settings. For this reason, some facilities have separate programs for men and women. All residential and inpatient MST programs have separate sleeping areas for men and women.

Veterans can receive free, confidential counseling and treatment for mental and physical health conditions related to MST. You do not need to have reported the incident(s) when they happened. You do not need to have proof that they occurred.

How can Veterans get help?

For more information, you can:

- Speak with your VA health care provider. Contact the MST Coordinator at your nearest VA facility.
- Call Safe Helpline at 1-877-995-5247 to get confidential one-on-one help. Safe Helpline provides 24-7 assistance for victims of military sexual trauma.
- Call VA's general information hotline at 1-800-827-1000.
- Feel free to ask for a provider of the gender • male or female • with which you would feel more comfortable.

Postpartum Depression

By Brooke Parish, MD

The birth of a new baby should be a joyous time, but many mothers experience **postpartum blues**. The blues are characterized by feelings of anxiety and being overwhelmed. Crying spells, changes in appetite and insomnia also are symptoms. They occur within two weeks of giving birth and generally go away, at the latest, after a couple of months.

However, up to 13 percent of new mothers have more severe symptoms. They could be suffering from **postpartum depression** with feelings of hopelessness or helplessness. Their depressed mood can last considerably longer than a few weeks, and they might not have the energy to care for themselves or their new babies.

In severe forms, a new mother suffering from postpartum depression can have untrue thoughts about the child or herself, or thoughts about hurting herself or her baby. This is not unusual – one study found that close to 90 percent of depressed moms have had such thoughts.

Treatment options for postpartum depression are many, and most women do not have to give up breastfeeding. For those who do not wish to take medications, and have a mild to moderate depression, psychotherapy by itself might be an option. A form of therapy that addresses specific negative thoughts,

called cognitive behavioral therapy, can be particularly effective. It can be used alone or with medications. In addition, some studies have shown that regular cardiovascular exercise can help with depression, but only in the case of *the blues* should exercise be used without other treatments.

The most commonly prescribed medications for postpartum depression are in the class called SSRIs – although some healthcare providers may select other medications that fit their patients' particular health histories. These can be life savers for some people. Another treatment approach being explored is hormone replacement.

Determining the difference between *the blues* and postpartum depression can be tricky. Talking to a healthcare provider can be helpful in determining if treatment is necessary. Thoughts of suicide or hurting a new baby are danger signs. In this case, a woman (or her family) should seek help immediately by calling a healthcare provider or going to an emergency room.

Help is available. The only mistake is to suffer alone.

Resources

www.nlm.nih.gov/medlineplus/postpartumdepression.html

www.emedicinehealth.com/articles/10311-1.asp

Immigrants and Refugees

By Shannon Stromberg, MD & Sara Lane, MD

New Mexico is a state of many cultures. In fact, more than 70 different ethnic groups are represented in Albuquerque alone. The city has immigrants from Latin America, and refugees, most from Iraq and Cuba, along with African, Middle Eastern and Southeast Asian countries.

Refugees are typically forced to leave their countries due to war, persecution, or natural disasters. They arrive through resettlement programs sponsored by the US government and have special immigration status.

Immigrants usually come voluntarily to join family members already living here or because they are seeking economic opportunity. They may or may not be authorized to be in the country.

Language – as well as cultural traditions and customs – can have a big impact on how refugees and immigrants seek and receive services. Other complicating factors can include access to education, economic hardships, prejudice and discrimination, and emotional and physical isolation. Tasks many people take for granted such as grocery shopping, filling a prescription, or riding the bus can be very difficult.

It is important that all patients understand their diagnoses, treatment choices, instructions about how to take

medications and when to obtain follow-up care, including what to do in an emergency. This is just as true for those who don't speak – or have difficulty with – English. Their right to receive culturally and linguistically appropriate care is protected by law.

Healthcare providers that receive federal funding cannot discriminate on the basis of race, color, or national origin. This means that patients may be entitled to receive language assistance, including the right to have access to a qualified interpreter, and the right to receive written materials in their native language.

There are clinics in Albuquerque with specific expertise in working with refugees and immigrants. Some require referral from primary care providers while others are walk-in. These clinics work closely with other providers and community organizations serving immigrants and refugees to ensure that patients receive individualized services to support recovery and engagement with the community.

Resources

Catholic Charities of Albuquerque
www.ccasfnm.org, call 505-724-4670
or email info@ccasfnm.org

New Mexico Department of Health
www.nmdohcc.org, call 505-827-2613
email doh-webmaster@state.nm.us

Bipolar Disorder In Children

By Jeanne A. Bereiter, MD

Bipolar disorder is a medical illness that involves periods of extremely high and low moods, although occasionally only high moods are present.

Adults with bipolar disorder tend to have high and low moods that alternate, often with periods of normal mood in between. Children and adolescents with the disorder are more likely to have rapidly changing moods – usually either “up” or “down,” and no “normal” mood in between. Their energy levels also tend to be either very high or very low, and can change quickly.

Signs of high or manic symptoms in children and teens include:

- Dramatic changes in mood compared to same-age peers: happier, sillier, angrier or more irritable than peers
- Unrealistically high self esteem: for example, think they know more than teachers, or that they have special powers

- Extremely high energy level, able to go with little or no sleep for days
- Easily distracted
- Increased interest in sexual matters
- Increase in talking or mind racing
- Repeated risky behavior

Signs of depressive symptoms include:

- Irritability, sadness, frequent crying
- Thoughts of death or suicide
- Low energy, tiredness, complaints of being bored
- Loss of interest in favorite activities
- Frequent complaints of physical illness such as headaches or

stomachaches, with no illness found

- Changes in sleep and appetite

Although most children and teens occasionally show some of these signs, those with

bipolar disorder exhibit these signs frequently. Their mood problems interfere with their day-to-day life at home and school, often leading to disruptive behavior, problems with peers, family arguments and substance abuse.

There is no blood test, brain scan or psychological test to diagnose bipolar disorder.

And Teens

There is no blood test, brain scan or psychological test to diagnose bipolar disorder. A trained professional, such as a child and adolescent psychiatrist or psychologist, is best equipped to make the diagnosis.

Although there is no cure for bipolar disorder, there is effective treatment. This can include patient and family education about the illness, techniques to minimize episodes of mood

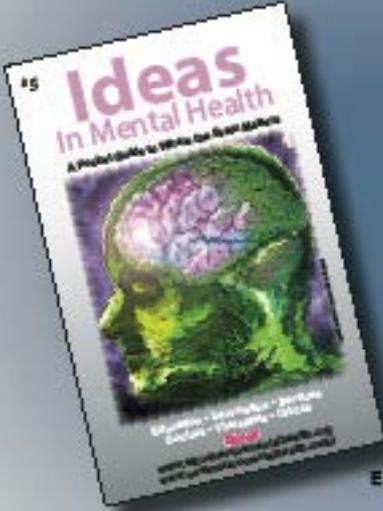
problems, medications, and individual and family therapy.

With treatment, people with the disorder can usually lead normal, productive lives.

Resources:

www.aacap.org
www.nm.nami.org
www.dbsalliance.org
www.bpkids.org

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Conduct and Behavioral Problems

By David Mullen, MD

Everyone is familiar with the “terrible twos” and the fact that the vast majority of toddlers survive those constant “nos” and department-store tantrums. Many teenagers have earned their reputations as uncooperative or “mouthy,” but most finish high school and continue into productive adulthood. Some young people, however, clearly show evidence of a more serious type of behavioral problem.

These problems can be difficulties with continuous, defiant and negative

conduct particularly directed toward authority figures such as parents, teachers, coaches and other adults. In these cases, young people argue and dispute basic instructions. They often resist or avoid tasks or activities they perceive as unpleasant. At times, children and adolescents seem to take pleasure in provoking or irritating others, particularly those in authority. Stubbornness is also a major challenge.

Other children and adolescents demonstrate destructive behaviors including aggression toward other people, assault and battery, sexual

assaults or property vandalism. Theft may become a problem, petty or more significant shoplifting or burglary.

These youngsters often begin to repeatedly engage in deceptive behaviors and practices designed to hide other antisocial conduct or in an effort to avoid tasks or responsibilities. Examples of this might be ditching school or running away. Premature sexual activity and substance abuse are very common.

Given that some behavioral challenges are normal in children and adolescents, how do parents determine when to become more concerned about their kids’ conduct? Clearly, it’s preferable to take action before a serious pattern of destructive behaviors is established. At the same time, “overreacting” is unlikely to help.

Where’s the balance? The most important questions for parents to ask themselves are.

- Is the behavior causing problems with day-to-day functioning at home and at school?
- Are negative consequences such as legal involvement or possible school failure becoming a real possibility?
- Are other people being personally or financially injured in connection with their contact with the child?
- Are the child’s friends and associates habitually in trouble or using drugs and alcohol?

If the answer is “yes” to any of these, it might be wise for parents to consult with a child mental health clinician.

Resources:

www.aacap.org/cs/root/facts_for_families/conduct_disorder



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Early Warning Signs

By David Graeber, MD

Although mental disorders are not rare in young people, many children and adolescents don't receive timely treatment because their disorders go unrecognized. Worse yet, adults suspect a problem but are afraid to seek help. This is concerning since, like most medical conditions, the earlier problems are treated, the better the outcomes.

A recent survey of 13 – 18 year olds in the United States, found that girls are more likely to have depression or anxiety disorder, while boys are more likely to have attention deficit hyperactivity disorder (ADHD) or substance abuse disorders. Other common mental health problems among children and adolescents include bipolar disorder and disorders of conduct.

So what can parents, teachers, coaches and peers look for?

- Changes in mood such as depression, sadness, apathy or irritability that occurs most days and lasts for hours or longer
- Changes in behavior such as more aggression, decreases in personal hygiene and self care, significant loss of interest in previously enjoyed/important activities
- A drop in school performance or withdrawal from friends, social isolation
- A noticeable increase or decrease in appetite or weight
- A marked increase or decrease in sleep or energy

- Feelings of hopelessness, thoughts of self harm
- Self harm behaviors including cutting or burning self
- Increase in fears, school refusal, or increase in bodily complaints such as stomachaches, headaches
- Alcohol or illicit drug use, including prescription painkillers

Adults shouldn't fear talking about their observations or concerns with the young person in question. It won't make things worse to openly discuss their concerns.

Adults need to quickly seek professional help if they notice these signs, particularly across multiple settings such as at home, in school, and other social contexts.

Many young people, especially adolescents, may resist the idea of seeking help. However, most will attend evaluations if their parents make and accompany them to the appointment. School counselors, pediatricians, family practitioners and mid-level providers can usually screen young people and refer to specialty care—such as child and adolescent psychiatrists or psychologists—when appropriate.

The good news is that there are many effective treatments for young people with mental illness, especially when detected and treated promptly.

Resources:

www.aacap.org/cs/root/facts_for_families/facts_for_families

Autism and Autism Spectrum Disorder

By Cynthia King, MD

Autism and Autism Spectrum Disorder (ASD) are general terms for a group of complex disorders of brain development. Autism appears to have its roots in very early brain growth. However, the most obvious signs and symptoms tend to emerge between two and three years of age.

The common characteristics:

- Varying degrees of difficulties in social interaction
- Verbal and nonverbal communication
- Repetitive behavior

Signs of a potential ASD, especially if more than one is present, are:

- Lack of interest in other children
- Lack of imaginative play
- Poor response to his or her name being called
- Not using pointing or gestures to get needs met if not talking yet
- Repetitive hand or body movements

If these are seen in combination, the child should be evaluated as soon as possible.

Each person with autism is unique. It's important to understand his or her abilities and strengths as well as his or her challenges with education and involvement in the community. Many individuals with autism have exceptional abilities in visual

skills, music, and academic skills. Most, as children, have difficulty understanding another person's perspective, but they can develop empathy, and make deep and lasting friendships. They definitely form attachments to their family members. Approximately 40 percent of individuals with autism have average to above average intelligence. Twenty-five percent are non-verbal, but can learn to communicate in other ways.

Increased awareness and improvement in diagnosis has contributed to the steep rise in cases of autism. It is the fastest growing disability – approximately 1 in 110 children – in the United States. Researchers think that there is a genetic piece to ASD and that there is increased risk of a future sibling also showing signs of the disorder. There is no cure for autism.

However, there is a push for earlier diagnoses and interventions because it appears that early intervention, with proven behavioral therapies, can improve outcome.

The most important thing to remember is that many individuals with autism work and play in our communities and they, like everyone else, have much to offer.

Resources:

www.nichd.nih.gov/health/topics/asd.cfm

Attention Deficit Hyperactive

By Jeanne A. Bereiter, MD

Many parents worry their children have **Attention Deficit Hyperactive Disorder** (ADHD), but the truth is that only 3 to 7 percent of school-aged children actually do.

Question: How do parents know when their children have ADHD?

Answer: These children show some combination of troubles with attention, hyperactivity and impulsivity that causes them significant problems at home, school and in the community. The problems are persistent, lasting for at least six months – usually much longer.



Disorders (ADHD)

ADHD generally begins in early childhood. Common symptoms include being easily distracted, forgetting to turn in homework, blurting out answers, fidgeting or squirming, interrupting others, and difficulty organizing tasks and activities. As children get older, their hyperactivity improves, but they continue to have problems with attention and impulsivity. This often persists into adulthood.

ADHD is a medical condition, not a behavior problem. It can contribute to behavior problems, poor grades, family and peer problems, low self-esteem, and depression. It runs in families, with approximately 25 percent of biological parents also having ADHD, though it is often undiagnosed. It is more common in boys than in girls, and girls are more likely to have the inattentive type of ADHD. This disorder is not caused by diet, though some children act more energetic after eating sugary foods and benefit from a more healthy diet.

There are no laboratory tests, brain scans, or psychological tests that diagnose ADHD. It is a clinical diagnosis made by a child's primary care provider or through referral to a child and adolescent psychiatrist. The doctor gathers information about the child's physical health, family history, school and home functioning,

and will screen for other conditions that can occur with ADHD, such as learning disorders, depression or other mood disorders, disruptive behavior disorders, or substance abuse.

Research shows that medication can help children with ADHD. Other treatments include social skills training, individual and family therapy, and interventions in the school. Some children benefit from modifications in their school program, such as more time to complete tests.

Children whose ADHD is successfully treated tend to do much better than those children with ADHD who are not diagnosed or treated.

Many report great improvements in their grades, their friendships and family relationships, and their self-esteem.

Resources

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
www.chadd.org

National Resource Center on ADHD
www.help4adhd.org

ADD Resources
www.addresources.org

Infant Mental Health:

By Anilla Del Fabbro, MD

It is well known that early nurturing relationships are the basis for life-long healthy development. When there are problems, intervening early to support the relationships between caregivers and young children is essential to help babies feel secure and confident that their needs will be met as they explore their worlds.

learning, physical and mental health, childcare, and child welfare. It is built on a foundation of community-based collaboration.

Social workers, psychologists, nurses, psychiatrists, and early development and education specialists can all be involved in trying to improve the infant mental health needs and lives of vulnerable families.



These families often face environmental stresses such as poverty and homelessness, personal challenges such as maternal depression and trauma histories, and health conditions like prematurity and diagnosed special needs.

This is the focus of **Infant Mental Health**. It is based on extensive research showing that the quality of experiences in the first three years of children's lives has a profound impact on how they perform in school and their ability to form satisfying relationships with teachers, friends and others.

Infant mental health pulls together expertise from areas such as early

Infant mental health focuses on:

- Promotion of healthy social and emotional development
- Preventive intervention of mental health difficulties
- Treatment of mental health conditions among very young children in the context of their families.

Promotion of healthy social and emotional development should be done with every child and family.

Why It Is Important

Preventive intervention is for those young children who are at risk for social/emotional delays. Treatment is reserved for those few young children whose needs can be addressed by mental health providers.

New Mexico has the highest preschool expulsion rate in the country. There is a solution to this, as well as other problems, and that is by working to improve mental health service delivery through:

- Early identification of emotional and behavioral problems

- A coordinated approach to care
- Enhanced resources available to infants, toddlers, children and families
- Improved monitoring
- A collaborative approach to crisis management

Infant mental health providers hope to help New Mexico's youngest inhabitants and their families lead healthy, satisfying lives.

Resources:

www.waimh.org



Mental Health Practitioners

Different kinds of providers offer different kinds of help. There are two main types of providers:

Agencies/Facilities and Independent Practitioners. S

Agencies/Facilities – A legal entity organized to provide mental health and/or substance abuse services within the scope of New Mexico state issued licenses or that has otherwise been approved by the State of New Mexico to provide such services to individuals with behavioral health issues. Some kinds of agencies and facilities you will see include:

- **Indian Health Service (IHS) Provider** – These are hospitals or clinics established and operated by the Federal Indian Health Service.

- **Tribal Provider** – This is a facility operated by a Native American/Indian tribe and funded by Title I or Title III of the Indian Self Determination and Education Assistance Act.

Independent Practitioners – A person in private practice licensed by the State of New Mexico or who has otherwise been approved by the State of New Mexico whose professional activities address an individual's behavioral health issues and who may or may not be part of an insurance network as a participating provider.

Standard identifications

- **Master's-Level Counselors** – These mental health specialists have expertise in certain areas, such as substance use disorders or family counseling.

- **Licensed Professional Clinical Counselors (LPCC).**

- **Licensed Independent Social Workers (LISW).**

- **Licensed Marriage & Family Therapists (LMFT).**

Master's level counselors do not prescribe medications.

- **Psychiatrist** – A psychiatrist is a doctor with years of training. He or she can write prescriptions to help you manage illnesses such as depression, schizophrenia, and bipolar disorder. He or she can also counsel you. If you take an antidepressant or antipsychotic, you will need to see this doctor on an ongoing basis to manage your medicines.

- **Psychiatric Nurse/ Practitioner** – These are nurses who specialize and are certified in psychiatric services. They will help you resolve mental health and substance use issues. Some nurses can write prescriptions.

Mental Health Practitioners

- **Psychologist** – A psychologist is a licensed professional who provides therapy for mental illness and substance use disorders. A psychologist provides counseling. Some psychologists provide testing. He or she will help you work through problems. A psychologist may only address certain conditions. Most psychologists cannot prescribe medicines.

- **Primary Care Providers** – A Primary Care Provider (PCP) is a doctor, nurse, or clinic that helps you manage your physical health care. If you have a Medicaid member, you

probably have a PCP through your Salud MCO or Coordination of Long-Term Services (CoLTS) Managed Care Organization (MCO).

You should always tell your PCP about any behavioral health services you are getting. Likewise, tell your PCP about any medications your behavioral health care provider has given you. Share any services you are getting from your PCP with your behavioral health care provider as well as any medications your PCP has prescribed.

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2418 Miles Rd. SE
Albuquerque, NM 87106
(505) 720-4115

Age Group Adults
Specialties Holistic person-centered
and Addiction therapy
Funding Source Private pay

Mark Ganas

Psychiatric Nurse Practitioners
4308 Carlisle Blvd NE Ste 209
Albuquerque, NM 87107
(505) 837-2100

Age Group Adult
Specialties Relationship, Gay,
Lesbian, Couples
Funding Source Medicaid,
Presbyterian, Blue Cross, United

Emily Moore

2418 Miles Rd. SE
Albuquerque, NM 87106
(505) 259-1414

Age Group Adult, Adolescents
Specialties Relationship, Family
issues, Cognitive Behaviorall Therapy
(CBT), Eye Movement Desensitization
and Reprocessing (EMDR), Schema
Therapy Psych Evaluations
Funding Source Medicaid,
Presbyterian, Blue Cross, United, Mutual
of Omaha, Value Options, Optum

Linda Najjar

3901 Georgia St. NE Ste A-4
Albuquerque, NM 87110
(505) 306-4144

Age Group Adults, Adolescents
Specialties Women's issues,
Multicultural Counseling
Funding Source Presbyterian,
Blue Cross, Aetna, Triwest

Alice Powsner, MSRNCS CGP

Psychiatric Clinical Specialist
2128 Silver Ave SE
Albuquerque, NM 87110
(505) 262-0112

Age Group Adult
Specialties Individual, Group Therapy,
Medication Management
Funding Source Medicaid
Presbyterian, United, Cigna, Lovelace

William Wagner

1317 Isleta Blvd. SW
Albuquerque, NM 87105
(505) 312-7296

Age Group Adults, Adolescents
Language English, Spanish
Specialties Individual, Family
Funding Source Medicaid, Medicare,
Presbyterian, Blue Cross, United, Aetna,
Cigna

Psychologist

Joseph Cardillo

4004 Carlisle Blvd NE Bldg Ste E
Albuquerque, NM 87107
(505) 255-7016

Age Group Child, Seniors
Specialties: Developmental, Neuro Psych
Testing, Family Counseling
Funding Source Medicaid,
Presbyterian, Blue Cross, Cigna, Optum,

Mary Ann Conley

5800 Mcleod Rd NE Ste D
Albuquerque, NM 87109
(505) 888-4445

Age Group Adult
Specialties Anxiety, Bio-feedback
Funding Source Medicaid/Medicare,
Presbyterian, Cigna, Molina, Lovelace

Stan Eastin

320 Osuna Rd,blge11
Albuquerque, NM 87107
(505) 345-2778

Age Group Child, Adult
Specialties Post Traumatic Stress
Disorder (PTSD), Marriage counseling,
Anxiety, Drepression, Addiction,
Compulsive
Funding Source Medicaid,
Presbyterian, Aetna, Cigna, Tricare,
Lovelace

Birgitta Gabel

1400 Central Ave SE Suite 2300
Albuquerque, NM 87106
(505) 255-1555

Age Group Child, Adult
Specialties Mental Health,
Post Traumatic Stress Disorder (PTSD),
Couple, Life transitions
Language English, German
Funding Source Medicaid/Medicare,
Presbyterian, Blue Cross, Aetna, Cigna,
Lovelace

Robert Goodkind

4801 Indian School Rd NE Ste 200
Albuquerque, NM 87110
(505) 256-1021

Age Group Child, Adult
Specialties Couples
Funding Source Medicare,
Presbyterian, Blue Cross

Nancy Grau

3901 Georgia St NE Ste B2
Albuquerque, NM 87110
(505) 385-0225

Age Group Child, Adult
Specialties Substance abuse,
Domestic violence, Mood disorders,
Anger management, Relationship
Funding Source Medicaid,
Presbyterian, Blue Cross, United, Cigna,
Magellan



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Psychologist

Kari Karr

12412 Menaul Blvd NE
Albuquerque, NM 87112
(505) 710-1640

Age Group Child, Adult
Specialties Substance abuse,
Depression, Bullying

Funding Source Medicaid,
Presbyterian, Blue Cross, United, Aetna,
Cigna

Mitchell Levick

4253 Montgomery Blvd NE Ste 220
Albuquerque, NM 87109
(505) 342-0400

Age Group Adult
Specialties Individual, Relationship,
Anxiety

Funding Source Medicare,
Presbyterian, Blue Cross, United, Aetna,
Cigna

Barbara Leviton

1100 Alameda Blvd NW
Albuquerque, NM 87114
(505) 897-7883

Age Group Child, Adult
Specialties Geriatrics, Family, Individual

Funding Source Medicaid/Medicare,
Presbyterian, Blue Cross, United, Aetna,
Cigna

Charlene McIver

4801 Indian School Rd NE Ste 200
Albuquerque, NM 87110
(505) 256-1021

Age Group Adolescent, Adult
Specialties Couples
Funding Source Medicare, Presbyterian,
Blue Cross, United, Aetna, Cigna,
Lovelace

Sandra Montoya

3900 Juan Tabo Blvd NE Ste 11
Albuquerque, NM 87111
(505) 275-6457

Age Group Child, Adult
Specialties Neuro Psych testing,
Dementia

Funding Source Medicaid/Medicare,
Presbyterian, United, Cigna

Janet Robinson

201 Tulane Dr SE
Albuquerque, NM 87106
(505) 265-0154

Age Group Adult
Specialties Mood disorders, Grief,
Anxiety, Weight Counseling

Funding Source Medicare,
Presbyterian, Blue Cross, United, Aetna,
Cigna, Lovelace

Michael Rodriguez

3900 Juan Tabo Blvd NE Ste 12
Albuquerque, NM 87111
(505) 275-6405

Age Group Child, Adult
Language English, Spanish
Specialties Substance abuse, Child
custody, ADHD

Funding Source Medicare, Medicaid,
Presbyterian, United, Aetna



LPCC Licensed Professional Clinical Counselor

Thomas Bender

4308 Carlisle NE, Ste 209
Albuquerque, NM 87107
(505) 681-1140

Age Group Adults
Specialties Couples, Men's issues,
Spiritual support, Grief, Trauma

Funding Source Medicare, Blue
Cross, Aetna, Lovelace, Optum

Joan Berman

725 Hermosa Dr. NE
Albuquerque, NM 87110
(505) 265-5157

Age Group Adult, Older teens
Specialties Trauma, Women,
Gamblers, Native American issues.

Language English & Spanish
Funding Source Medicaid, Private Pay

Gerald Chavez, Ph.D.

4308 Carlisle Blvd NE Ste 210
Albuquerque, NM 87107
(505) 247-1921

Age Group Child, Adult
Specialties Substance abuse
Language English, Spanish
Funding Source Medicaid,
Presbyterian, Cigna, Lovelace

Carol Chavez

11930 Menaul NE Ste 106C
Albuquerque, NM 87112
(505) 350-6764

Age Group Geriatric Adult
Specialties Grief, Depression,
Anxiety, Adjustment Disorder

Funding Source Medicaid,
Presbyterian, Blue Cross, Optum,
AmeriGroup, Optum

Demetria Childress

2901 Juan Tabo Blvd NE Ste 11
Albuquerque, NM 87112
(505) 292-8908

Age Group Adolescents, Child,
Adult
Specialties Couples, Families

Language English, Greek
Funding Source Medicaid,
Presbyterian, Blue Cross, United, Aetna,
Cigna

Rosemary Clarke

7709 Constitution Ave NE
Albuquerque, NM 87110
(505) 271-1884

Age Group Adult
Specialties Couples, Individuals

Funding Source Medicaid,
Presbyterian, Blue Cross, United, Aetna,
Cigna

Cynthia Corbett

2418 Miles Rd
Albuquerque, NM 87106
(505) 242-4343

Age Group Adults, Young Adults
Specialties Girls, Hypnotherapy, Eye
Movement Desensitization Reprocessing
(EMDR), Mood disorders, Abuse, Life
transition

Funding Source Private Pay

Michelle Croteau

4425 Juan Tabo Blvd NE Ste 206
Albuquerque, NM 87111
(505) 259-4291

Age Group Adult
Specialties Substance abuse,
Sex addiction

Funding Source Medicaid,
Presbyterian, Blue Cross, United, Aetna,
Cigna

LPCCC Licensed Professional Clinical Counselor

Patricia Davis

9124 Santa Catalina Ave NW
Albuquerque, NM 87121
(505) 238-0797

Age Group Child, Adult
Specialties Substance abuse, Family Therapy, Couples
Funding Source Medicaid, Presbyterian, Blue Cross, United, Cigna

Andrea Duff

11930 Menaul Blvd NE Ste 220c
Albuquerque, NM 87112
(505) 301-2971

Age Group Adult, Child
Specialties Abuse, Trauma, Domestic Violence, Sexual abuse
Funding Source Medicaid, Presbyterian, Blue Cross, United, Aetna

Elizabeth C. Etigson

1503 University Blvd ne
Albuquerque, NM 87102
(505) 363-9182

Age Group Adult, Teens
Specialties Families, Grief
Funding Source Medicaid, Presbyterian, Blue Cross, United, Aetna

Georgena Felicia

6837 Glendora Dr NE
Albuquerque, NM 87109
(505) 856-9661

Age Group Teen, Adult
Specialties Depression, Anxiety, Adjustment disorder, Couples, Stress
Funding Source Medicaid, Presbyterian, Blue Cross, United, Aetna, Cigna,

Debra Gallant

3200 Carlisle Blvd NE Ste 108
Albuquerque, NM 87110
(505) 889-4581

Age Group Child, Adult
Specialties Adoption, Adoptive parents
Funding Source Medicaid, Presbyterian, Blue Cross, United, Aetna, Cigna, Magellan, Optum

Tawn Head

2921 Carlisle NE Ste.111
Albuquerque, NM 87112
(505) 315-8001

Age Group Adults/Children
Specialties Talk, Art, Sand Play
Funding Source Presbyterian, Blue Cross, Aetna, Lovelace, Optum, Tricare, GEHA

Carol Henry

4710 Jefferson NE
Albuquerque, NM 87109
884-1114

Age Group Adult, Child
Specialties Post Traumatic Stress Disorder (PTSD), Depression, Schizophrenia
Funding Source Medicaid, Presbyterian, Blue Cross, United, Aetna, Cigna

Paul E. Hopkins

4801 Indian School Rd NE Ste 200
Albuquerque, NM 87110
(505) 256-1021

Age Group Adult
Specialties Couples, Depression, Anxiety Disorder
Funding Source Presbyterian, Blue Cross, United, Aetna, Cigna

LPCCC Licensed Professional Clinical Counselor

Katherine Irish Henry

2929 Coors Blvd NW Ste 201d
Albuquerque NM, 87120
(505) 238-3520

Age Group Child, Adult, Adolescents
Specialties Family, , Adoptions, Sand Play
Funding Source Medicaid, Presbyterian, Blue Cross, United, Cigna, Lovelace, Aetna, Cigna

Rosalie Jordan

320 Osuna Rd NE Ste 4h
Albuquerque, NM 87107
(505) 345-2778

Age Group Child, Adult
Specialties Substance Abuse
Funding Source Medicaid, Presbyterian, Aetna, Optum

Mary Landry

1817 Carlise Blvd.NE
Albuquerque, NM 87110
(505) 301-3820

Age Group Child, Adult
Specialties Anxiety, Attention Deficit Disorder (ADHD), Substance Abuse, Physical, Sexual Abuse
Funding Source Medicaid, Presbyterian, Blue Cross, United

Nancy Madrid

10701 Prospect Ave NE
Albuquerque, NM 87112
(505) 323-1284

Age Group Child
Specialties School counseling, Native American Cultural counseling
Funding Source Medicaid, Presbyterian, Blue Cross, United

Solveig Maerki

1709 Girard Blvd NE
Albuquerque, NM 87106
(505) 400-1657

Age Group Child, Adult, Adolescents
Language German, Swedish, Finnish, English
Specialties Couples, Post Traumatic Stress Disorder (PTSD), Mood disorders,
Funding Source Medicaid, Blue Cross, United, Aetna, Cigna

Gilles Marchal

3214 Purdue Pl NE
Albuquerque, NM 87106
(505) 343-1986

Age Group Adult, Adolescents
Services Substance abuse, Crisis intervention
Language English, French
Funding Source Medicaid, Presbyterian, Blue Cross, United, Aetna, Cigna

Pamela Marshall

2205 Miguel Chavez ste f
Albuquerque, NM 87505
(505) 989-3333

Age Group Adults, Teens
Specialties Couples, Cognitive Behavioral Therapy, Gestalt
Funding Source Medicaid, Presbyterian, Blue Cross, Value Options

Janet Mecca

4801 Lang Ave NE Ste 110
Albuquerque, NM 87109
(505) 238-1992

Age Group Child, Adult
Specialties Anxiety, Post Traumatic Stress Disorder (PTSD), Depression, Anger Management
Funding Source Medicaid, Presbyterian, United, Value Options, Aetna

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LPCC Licensed Professional Clinical Counselor

Louise Miller

2601 Wyoming NE Suite 202
Albuquerque, NM 87112
(505) 385-0562

Age Group Child, Adult
Specialties . . . Addictions, Gay, Lesbian,
Women's issues.

Funding Source Medicaid,
Presbyterian, Blue Cross, United, Cigna,
Lovelace, Optum, Aetna

Buick Moomchi

9204 Meneal NE Suite 2
Albuquerque, NM 87112
(505) 294-1344

Age Group Child, Adult
Specialties Forensics, Multicultural,
Spiritual

Language . English, Farsi, French Turkish
Funding Source . . Medicaid, Medicare,
Presbyterian, Blue Cross, United, Aetna,
Cigna, Optum, Value Options

Julie Murphy

11930 Menaul Blvd NE Ste 106d
Albuquerque, NM 87112
(505) 264-7869

Age Group Child, Adult
Specialties . . . Family therapy, Neuro-
Feedback

Funding Source Medicaid,
Presbyterian, Blue Cross, United, Tricare,
Aetna

Brett Nelson

11927 Menaul Blvd NE Ste 101
Albuquerque, NM 87112
(505) 275-1155

Age Group Adult
Specialties Post Traumatic Stress
Disorder (PTSD), Substance abuse

Funding Source . Medicaid, Presbyterian,
Blue Cross, United, Aetna, Cigna

Nancy Nordyke

7101 Prospect Place
Albuquerque, NM 87110
(505) 220-9329

Age Group Child, Adult, Teens
Specialties Couples, Gay, Lesbian,
Transgender

Funding Source Medicaid,
Presbyterian, Blue Cross, United, Optum,
Magellan, Military, Humana, Aetna

MaryEllen O'Leary

4211 Marquette NE
Albuquerque NM 87108
(505) 720-5262

Age Group Adult
Specialties . . Trauma, Women's issues,
Funding Source Medicaid,

Presbyterian, Blue Cross, United, Aetna,
Lovelace, Optum, Cigna

Amy Obrien

10704 Paseo Del Norte NE
Albuquerque, NM 87122
(505) 822-8223

Age Group Adult, Adolescents
Specialties . . . Postpartum Depression,
Anxiety

Funding Source . . Medicaid, Blue Cross,
United, Aetna, Cigna, Lovelace, Optum,
Value Options, Mental Health Network

Margaret Polito

2201 San Pedro Dr NE Bldg 4
Albuquerque, NM 87110
(505) 884-8040

Age Group Adult, Children
Specialties Adolescents, Couples
Language English, Spanish

Funding Source Medicaid,
Presbyterian, United, Aetna, Cigna

LPCC Licensed Professional Clinical Counselor

Sondra Redwood, MA, LADAC

301 Graceland SE Ste A
Albuquerque, NM 87109
(505) 261-0952

Age Group Adult
Specialties Substance Abuse,
General Counseling, Couples

Funding Source Medicaid,
Presbyterian, Blue Cross, United,
Lovelace, Magellan, Value Options, Aetna

Isabelle Rodriguez

4425 Juan Tabo Blvd NE Ste 207
Albuquerque, NM 87111
(505) 881-5178

Age Group Child, Adult
Specialties . . . Substance Abuse, Sexual
Disorders

Funding Source Medicaid,
Presbyterian, Cigna, Aetna

France Sarrandan

6501 Fourth St NW Ste E-3
Albuquerque, NM 87107
(505) 344-9977

Age Group Adults
Specialties Eye Movement
Desensitization Reprocessing (EMDR),
Hakomi, Gestalt, Art, Sex Therapy

Funding Source Private Pay

Linda Smarrella

2418 Miles Rd
Albuquerque, NM
(505) 244-0716

Age Group Adults
Specialties . . . Couples, Grief, Pregnancy,
Sex issues

Funding Source Medicaid,
Presbyterian, Blue Cross, Cigna, United,
Military

Melinda Walker

1807 Second Street Ste 25
Santa Fe, NM 87505
(505) 471-1244

Age Group Adults
Specialties . . . Relationship, Couples, Life
transitions, Communication

Funding Source Medicaid,
Presbyterian, Blue Cross, Aetna, Cigna,
Lovelace

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LISW Licensed Independent Social Worker

Russell Adams

5345 Wyoming NE Ste.101
Albuquerque, NM 87109
(505) 292-1554

Age Group Adults, Adolescents
Specialties Short-Term Dynamic
Psychotherapy
Funding Source . . . Medicaid, Medicare,
Presbyterian, Blue Cross, Private pay

Hester Balsam

120 Ortega Rd NE
Albuquerque, NM 87113
(505) 899-1020

Age Group Child, Adult
Specialties Early Childhood
Development, Family, Depression,
Funding Source Medicaid,
Presbyterian, Blue Cross, Lovelace

Bruce Balto

6101 Marble Ave NE Ste 3
Albuquerque, NM 87110
(505) 227-3052

Age Group Adults, Teens, Seniors
Specialties Early Childhood
Development, Geriatric
Funding Source . . . Medicaid, Medicare

Krista Barrett

2418 Miles Rd SE
Albuquerque, NM 87106
(505) 888-1121

Age Group Child, Adult
Specialties Jungian, Dream
Interpretation
Funding Source, Presbyterian, Blue
Cross, Lovelace, United, Aetna, Cigna

Erica Carpenter

3214 Purdue Place NE
Albuquerque, NM 87106
(505) 803-4719

Age Group Adults, Adolescents,
Specialties Neuro-feedback, Eye

Movement Desensitization (EMDR)
Funding Source . . . Medicaid, Medicare,
Blue Cross, Lovelace, United, Aetna,
Optum, Cigna

Maggie Carter

2700 Vista Grande Dr NW Unit 108
Albuquerque, NM 87120
(505) 872-2989

Age Group Adult
Specialties Alcoholism, Trauma,
Addiction
Funding Source Medicaid,
Presbyterian, Blue Cross, United, Aetna,
Cigna

Genevieve Davidge

3150 Carlisle Blvd NE Ste 22
Albuquerque, NM 87110
(505) 830-6030

Age Group Adult, Children
Specialties Trauma, Abuse, Neuro-
biological disorders
Funding Source Medicaid,
Presbyterian, Blue Cross, Lovelace,
United, Aetna, Cigna

Nathan Fox

1001 Luna Circle
Albuquerque, NM 87102
(505) 266-0388

Age Group Child, Adolescents, Adult
Specialties Gender Sexuality, Child
Development, Bi-Polar
Funding Source Medicaid,
Medicare, Presbyterian, Blue Cross,
United

Tom Hall

Albuquerque, NM 87111
505 688-3500

Age Group Child, Adult
Specialties Aggressive Youth, Adult
Developmental Disabilities (ADD), Sex
Funding Source Medicaid, Optum,
Molina

LISW Licensed Independent Social Worker

Bhanu Harrison

4308 Carlisle Blvd NE Ste 209
Albuquerque, NM 87107
(505) 837-2100

Age Group Adult
Specialties Trauma, Body Therapy
Funding Source Medicaid,
Presbyterian, Blue Cross, United

Lynn Haynes

2626 Central Ave. SW
Albuquerque, NM 87104
(505) 238-9551

Age Group Child, Adult
Specialties Somatic transformation,
Mindfulness Based, Anxiety, Attention
Deficit Disorder (ADHD).
Funding Source Medicaid, United

Kenneth Hodder

1100 Alameda Blvd NW
Albuquerque, NM 87114
(505) 897-7883

Age Group Child, Adolscnt, Adult
Specialties Post Traumatic Stress
Disorder, Depression, Family
Funding Source . . . Medicaid/Medicare,
Presbyterian, Blue Cross, United, Aetna,
Cigna

John Kail

6739 Academy Rd NE Ste 234
Albuquerque, NM 87109
(505) 720-9394

Age Group Child, Adult
Specialties . . . Hypnosis, Nuero Linguistic
Programing
Funding Source Medicaid,
Presbyterian, Blue Cross, Lovelace,
United, Aetna, Cigna, Value Options,
Molina

Suzanne Kersten

10701 Lomas Blvd NE Ste 214
Albuquerque, NM 87112
(505) 550-9255

Age Group Child, Adult
Specialties Child, Individual, Family
therapy
Funding Source Medicaid,
Presbyterian, Blue Cross, Lovelace,
United, Aetna

Heather Knox

10704 Paseo del Norte
Albuquerque, NM 87122
(505) 362-0942

Age Group Children
Specialties Autism
Funding Source Medicaid,
Presbyterian, Blue Cross, APS counselor

Robert Knox

2920 Carlise Blvd. NE
Albuquerque, NM 87110
(505) 268-6803

Age Group Adult
Specialties Anger, Sex, Trauma
Funding Source Medicaid,
Presbyterian, Blue Cross, Lovelace,
United, Aetna, Cigna

Suzanne Lopes

6000 Summer Ave NE
Albuquerque, NM 87110
(505) 463-8777

Age Group Child, Adult
Specialty Trauma, Post Traumatic
Stress Disorder (PTSD), Anxiety,
Depression, Family therapy
Funding Source Medicaid,
Presbyterian, Lovelace, United

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LISW Licensed Independent Social Worker

Anne Marie Loughead

5712 Osuna Rd NE
Albuquerque NM 87109
(505) 250-6211

Age Group Child/Adult
Specialties Trauma, Grief, Family, Couples
Language English, Spanish
Funding Source Medicaid, Presbyterian, Blue Cross, Lovelace, United, Aetna, Cigna, Value Option, Optum

Martha Marchand

3214 Purdue Place NE
Albuquerque, NM 87106
(505) 480-7461

Age Group Adults, Child
Specialties Child, Family, Sand Play Therapy, Cognitive Behavioral Therapy (CBT)
Language English, Spanish
Funding Source Medicaid, Presbyterian, Blue Cross, Lovelace, Mesa, Private pay Sliding-Scale-Fee.

Jennifer McCash

301 Graceland Dr SE Ste D
Albuquerque, NM 87108
(505) 203-8953

Age Group Adult
Specialties Adolescents, Developmental Disability Disorder (ADD), Autism,
Funding Source Medicaid, Presbyterian, Blue Cross, Lovelace, United

Sara McGee

2418 Miles Rd SE
Albuquerque, NM 87106
(505) 948-6602

Age Group Adult
Specialties Depression, Anxiety, Trauma Post Traumatic Stress Disorder (PTSD), Women's issues
Funding Source Medicaid, Presbyterian, Blue Cross, United, Aetna

Sarah Mitchell

925 Luna Circle NW
Albuquerque, NM 87102
(505) 268-0690

Age Group Child, Adult
Specialties Eating disorders, Relationships, Anxiety, Adolescents
Funding Source Medicaid, Presbyterian, United, Aetna, Humana, Magellan, Mutual of Omaha, Optum, Value Options

Linda Nelson

3300 Hastings Dr NE
Albuquerque, NM 87106
(505) 553-0722

Age Group Child, Adult
Specialties Sandplay therapy, Generalist
Funding Source Medicaid, Blue Cross, United, Optum

Carol Newton

4004 Carlisle Blvd NE Ste J
Albuquerque, NM 87107
(505) 238-7128

Age Group Adult
Specialties Trauma, Eye Movement Desensitization and Reprocessing (EMDR), Attachment, Adoption
Funding Source Medicaid, Presbyterian, Lovelace, United, Medicare

Michael Ollom

4233 Montgomery Blvd NE
Albuquerque, NM 87109
(505) 270-6700

Age Group Child, Adult
Specialties Sandplay therapy, Parenting,
Funding Source Medicaid, Presbyterian, Blue Cross, United, Aetna, Cigna

LISW Licensed Independent Social Worker

Maureen Polikoff

2201 San Pedro Dr. NE Bldg4 Ste102
Albuquerque, NM 87110
(505) 884-4994

Age Group Adult
Specialties Families, Custody, Parenting
Funding Sources Medicaid, Presbyterian, Blue Cross, Lovelace, United, Aetna

Mark Raybould

2811 Indian School Rd NE
Albuquerque, NM 87106
(505) 573-4044

Age Group Adult
Specialties Geriatric, Trauma
Funding Source Medicaid, Presbyterian, Blue Cross, Lovelace, United, Aetna, Cigna

Julia Rodriguez

2418 Miles Rd SE
Albuquerque, NM 87106
(505) 246-2413

Age Group Child, Adult
Specialties Depression, Anxiety, Gay, Lesbian
Language English, Spanish
Funding Sources Medicaid, Presbyterian, Blue Cross, Lovelace, United, Cigna

Rosario Romero

2418 Miles Rd SE
Albuquerque, NM 87106
(505) 246-9972

Age Group Child, Adult
Specialties Trauma, Families Eye Movement Desensitization and Reprocessing (EMDR), Dream analysis
Language English, Spanish
Funding Source Medicaid, Presbyterian, Blue Cross, Lovelace, United, Aetna, Cigna

Cynthia Rose

3117 Silver Ave SE
Albuquerque, NM 87106
(505) 275-7600

Age group Child, Teens
Specialties Women, Gender issues, Adoption
Funding Sources Medicaid, Presbyterian, Blue Cross, Lovelace, United, Aetna, Cigna

Katherine Yeo

2201 San Pedro NE, Bldg4, STE 102
Albuquerque, NM 87110
(505) 884-8040

Age group Adults
Specialties Depression, Anxiety, Relationship, Postpartum, Grief
Funding Source Medicare, Presbyterian, Blue Cross, United, Aetna, Cigna, Optum

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LMFT Licensed Marriage and Family Therapist

Denis D'Coda

2418 Miles Road. SE
Albuquerque, NM 87106
(505) 217-1717

Age GroupAdult
Specialties . . . Addictions, Trauma, Eye Movement Desensitization Reprocessing (EMDR), Post Traumatic Stress Disorder (PTSD), Domestic Violence, Anger
Funding Source Sliding Scale Private Pay

Jean Flannigan

12836 Lomas Blvd NE
Albuquerque, NM 87112
(505) 266-3981

Age GroupAdult
Specialties . . . Couples, Families, Individuals
Funding SourceMedicaid, Presbyterian, Blue Cross, United, Aetna, Cigna, Triwest, Lovelace

Lisa Johnson

3214 Purdue Pl. Ne
Albuquerque, NM 87106
(505) 288-2162

Age GroupAdult, Adolescents
SpecialtiesAnxiety, Depression, Parenting
Funding SourceMedicaid, Presbyterian, Blue Cross, Aetna

Suzanne Lopez

9100 Luna Del Oro Rd NE
Albuquerque, NM 87111
(505) 797-3228

Age GroupChild, Adult
Specialties . . . Couples, Post Traumatic Stress Disorder (PTSD), Addiction
LanguageEnglish, Spanish
Funding SourceMedicaid, Presbyterian, Blue Cross, United, Cigna, Lovelace, Value Options, Pacific Care

Brenda Susman

3904 Carlisle, NE
Albuquerque, NM 87107
(505) 934-4120

Age GroupAdults
SpecialtiesCognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Mindfulness based counseling
Funding SourceMedicaid, Presbyterian, Blue Cross, Optum

Jade Winter

3200 Carlisle, NE Suite 208
Albuquerque, NM 87110
(505) 830-6066

Age GroupAdults
SpecialtiesCouple, Addiction, Violence, Depression, Anxiety
Funding SourceMedicaid, Blue Cross, United, Tricare, Lovelace

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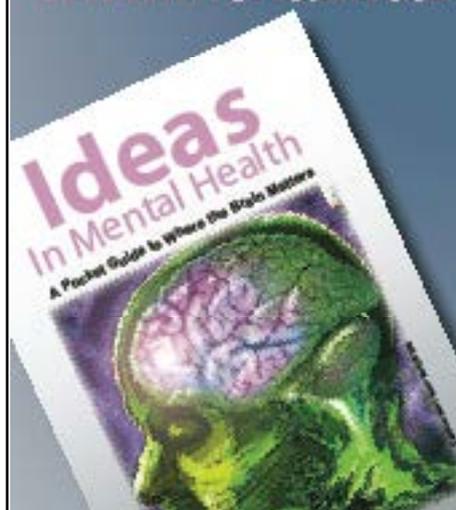
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Core Service Agencies

A Core Service Agency (CSA) coordinates care and provides essential services to children, youth and adults who have a serious mental illness, severe, emotional disturbance, or dependence on alcohol or drugs. For those eligible to receive services, the CSAs provide or coordinate psychiatric services, medication management, everyday crisis services, and comprehensive community support services that support an individual's self-identified recovery goals, and other clinical services.

The CSA system is new and still being developed. The goal is help individuals and family members find providers as well as directly provide certain essential services.

Bernalillo County

All Faiths Receiving Home

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Hogares (Multiple locations)

www.hogaresinc.org
505 345-8471

Partners in Wellness

505 268-1125 DOUBLE ck #
505-934- 2467
www.partnersinwellnessnm.com

Pathways, Inc.

www.pathwaysnm.org
505 338-3320

St. Martins Hospitality Center

www.smhc-nm.org
505 764-8231 Ext. 201

University of New Mexico Children

www.hospitals.unm.edu//bh/children_adolescents.shtml
505-272-2190

University of New Mexico Adults

www.hospitals.unm.edu//bh/asap/adults.shtml
505-272-1221 or
505-999-6200

Youth Development Inc. (YDI)

(Multiple locations)
www.ydinm.org
505 873-1604

Valencia & Sandoval County

Los Lunas - Valencia Counseling Services

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Los Lunas Hogares

505-565-1761

Los Lunas Partners in Wellness

505-866-2300

Rio Rancho VCSI

5505-891-2990

Rio Rancho Hogares

505-891-9797

Rio Rancho Partners in Wellness

505-896-0928

Service Definitions

Following are definitions of covered services and the eligible populations. If you need help with any of these definitions, ask who ever you are seeing for treatment.

Adult Residential Services (non-hospital residential treatment program) – This structured program offers 24-hour intensive care for adults who are 18 years of age and older. It is for those with a substance abuse disorder or those with more than one disorder. This is an ongoing program. It helps stabilize and support people who are in detox.

Assertive Community Treatment (ACT) is a group of intensive community-based services for adults 18 years or older. ACT uses a team to provide or coordinate treatment, rehabilitation, and support services.

Behavior Management Services (BMS) focuses on training and coaching for children and youth under the age of 21. Because it is based in the community, you do not have to go to an inpatient facility or residential treatment center. By focusing on social skills and behavior, BMS can help improve home and community functioning.

Comprehensive Community Support Services (CCSS) help adults recover and live in the community. They focus on the developing skills

in living alone, learning, working, hobbies, social skills, and staying healthy. They can also offer support to a person's family.

CCSS for children and youth assists them to recover and be resilient. CCSS supports the family and addresses the needs of children by improving social skills at home and in the community and improving school behavior and school performance.

Day Treatment Services is a program is for youth under the age of 21. It offers 4 hours or more of treatment during the day. Individuals receive counseling and learn skills to help in daily life. A provider will work closely with parent(s), school, and other community agencies.

Group Home provide stable and safe housing. Residents have an opportunity to learn how to manage their daily living. Outpatient counseling is provided. Group Homes are available for children and youth through Medicaid.

Infant Mental Health Services support the social and emotional development of an infant. An infant is a child between the ages of 0 and 3. Parents and caregivers receive training and support and as necessary, other treatment services will be provided.

Inpatient Hospitalization are services for an adult or child in a



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Service Definitions

hospital when you stay over night. The stay may continue for several days or more. Care is provided around the clock by nurses and an attending psychiatrist. This service is intended for those who have a serious behavioral health condition that requires intense services.

Intensive Outpatient - Mental Health (MH IOP) is a service that uses a varied approach to treating mental health issues. It is for those who need structure and support to realize and maintain recovery. The program is at least nine treatment hours each week. It includes individual, group and family counseling. It teaches about diagnosis, medication, and symptom management.

Intensive Outpatient - Substance Abuse (SA IOP) is a varied approach to treating substance abuse issues. It is for those who need structure and support to achieve and maintain recovery. The program is at least nine treatment hours each week. It includes part individual, group and family counseling. Services are aimed at promoting recovery and preventing relapse.

Medication Monitoring/ Management (Adult & Child)
Individuals work with a doctor or nurse to assess if medicine is working.

This service will assist in correcting dosages and to monitor health side effects from medications.

Methadone Clinic is a location treating heroin/opioid dependence through the use of methadone. It includes the support of case managers, medication monitoring, and counseling.

Multi-Systemic Therapy (MST) is an intensive outpatient service, offered to youth 10 to 18 years of age. It can help the youth and his or her family function better even if the youth is recovering from a serious problem.

Psychosocial Rehab Services are for adults with a serious mental illness. The program provides community services to support recovery. Services include socializing and skills training. These services can also help you learn ways to manage symptoms.

Respite Care for Children and Adolescents this service supports the families of children under the age of 21 who have children with severe emotional disturbance, developmental delay, or other conditions. It gives the primary caregiver(s) relief and brief time away from care giving.

Service Definitions (cont)

Shelter Care serves children and youth who need immediate short-term out of home placement because of problems with a mental illness. Youth receive one-on-one and group therapy.

Telehealth allows an individual to see and hear a provider who is a long distance away on a television screen. It is for times when one cannot see the provider in person. A provider is able to diagnose and treat in a confidential environment.

Transitional Living Services are community homes providing adult residents with stable and safe housing. Residents have an opportunity to learn how to manage daily living activities. Outpatient counseling is provided. Care generally lasts for more than 30 days for adults. In the case of youth the placement provides 24-hour care in a supervised setting as they develop the skills for independence. Care generally lasts for more than 30 days.

Treatment Foster Care provides a structured home in which specially trained foster parents teach social and emotional skills. This service is for children and youth who have experienced serious problems at home or in the community.

State Agencies

Human Service Department's (HSD) Medicaid

This department funds mental health services. They also pay for substance abuse services. These programs are for children and adults. You must be receiving Medicaid.

Human Services Department's Behavioral Health Services Division (BHSD): Non-Medicaid

These services are provided through federal block grant funds. It is also funded by the state's General Fund resources, the department pays for mental health care, substance abuse treatment for adults. They are for those who are not covered by Medicaid. You must meet certain criteria.

Human Services Department's Temporary Assistance for Needy Families (TANF):

Non-Medicaid – These funds are for outpatient services. They pay for some substance abuse treatment. This group is for “cash assistance recipient families.” It is also for “TANF eligible families.” These funds are for those who receive TANF.

Children Youth and Families Department (CYFD):

Non-Medicaid – This money is used for community-based services. They pay for mental health services for children and youth who are in the CYFD Juvenile Justice or child protective services' system. They are also for those at risk of being in those systems.

New Mexico Corrections Department (NMCD):

Non-Medicaid – These funds pay for mental health services and substance abuse services. These

funds are used for adults that are on probation or parole. Adults in the community corrections program also use these funds.

Department of Health (DOH):

Non-Medicaid – This is a group of funding sources. This fund pays for substance abuse prevention. These services promote personal well-being. They also promote physical and social well-being. These services support the person and their family. They support positive behaviors. They help reduce alcohol, tobacco and other drug use.



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