WHERE TO FIND HELP FOR YOUR CHILD

Parents are often concerned about their child's emotional health or behavior but they don't know where to start to get help. The mental health system can sometimes be complicated and difficult for parents to understand. A child's emotional distress often causes disruption to both the parent's and the child's world. Parents may have difficulty being objective. They may blame themselves or worry that others such as teachers or family members will blame them.

If you are worried about your child's emotions or behavior, you can start by talking to friends, family members, your spiritual counselor, your child's school counselor, or your child's pediatrician or family physician about your concerns. If you think your child needs help, you should get as much information as possible about where to find help for your child. Parents should be cautious about using Yellow Pages phone directories as their only source of information and referral. Other sources of information include:

- Employee Assistance Program through your employer
- Local medical society, local psychiatric society
- Local mental health association
- County mental health department
- Local hospitals or medical centers with psychiatric services
- Department of Psychiatry in nearby medical school
- National Advocacy Organizations (National Alliance for the Mentally Ill, Federation of Families for Children's Mental Health, National Mental Health Association)
- National professional organizations (American Academy of Child and Adolescent Psychiatry, American Psychiatric Association)

The variety of mental health practitioners can be confusing. There are psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, counselors, pastoral counselors and people who call themselves therapists. Few states regulate the practice of psychotherapy, so almost anyone can call herself or himself a "psychotherapist" or a "therapist."

**Child and Adolescent Psychiatrist** — A child and adolescent psychiatrist is a licensed physician (M.D. or D.O.) who is a fully trained psychiatrist and who has two additional years of advanced training beyond general psychiatry with children, adolescents and families. Child and adolescent psychiatrists who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in child and adolescent psychiatry. Child and adolescent psychiatrists provide medical/psychiatric evaluation and a full range of treatment interventions for emotional and behavioral problems and psychiatric disorders. As physicians, child and adolescent psychiatrists can prescribe and monitor medications.
Where to Find Help for Your Child, “Facts for Families,” No. 25 (7/04)

**Psychiatrist** — A psychiatrist is a physician, a medical doctor, whose education includes a medical degree (M.D. or D.O.) and at least four additional years of study and training. Psychiatrists are licensed by the states as physicians. Psychiatrists who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in psychiatry. Psychiatrists provide medical/psychiatric evaluation and treatment for emotional and behavioral problems and psychiatric disorders. As physicians, psychiatrists can prescribe and monitor medications.

**Psychologist** — Some psychologists possess a master's degree (M.S.) in psychology while others have a doctoral degree (Ph.D., Psy.D, or Ed.D) in clinical, educational, counseling, developmental or research psychology. Psychologists are licensed by most states. Psychologists can also provide psychological evaluation and treatment for emotional and behavioral problems and disorders. Psychologists can also provide psychological testing and assessments.

**Social Worker** — Some social workers have a bachelor's degree (B.A., B.S.W., or B.S.), however most social workers have earned a master's degree (M.S. or M.S.W.). In most states social workers can take an examination to be licensed as clinical social workers. Social workers provide different forms of psychotherapy.

Parents should try to find a mental health professional who has advanced training and experience with the evaluation and treatment of children, adolescents, and families. Parents should always ask about the professionals training and experience. However, it is also very important to find a comfortable match between your child, your family, and the mental health professional.

For additional information see *Facts for Families:*
#00 Definition of a Child and Adolescent Psychiatrist;
#24 When to Seek Help;
#26 Understanding Your Mental Health Insurance; and
#52 Comprehensive Psychiatric Evaluations.


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FACTS for FAMILIES

No. 84
(Updated May 2008)

TALKING TO KIDS ABOUT MENTAL ILLNESSES

Kids are naturally curious and have questions about mental illnesses. Understanding mental illnesses can be challenging for adults as well as for children. Myths, confusion, and misinformation about mental illnesses cause anxiety, create stereotypes, and promote stigma. During the past 50 years, great advances have been made in the areas of diagnosis and treatment of mental illnesses. Parents can help children understand that these are real illnesses that can be treated.

In order for parents to talk with a child about mental illnesses, they must be knowledgeable and reasonably comfortable with the subject. Parents should have a basic understanding and answers to questions such as, what are mental illnesses, who gets them, what causes them, how are diagnoses made, and what treatments are available. Some parents may have to do a little homework to be better informed.

When explaining to a child about how a mental illness affects a person, it may be helpful to make a comparison to a physical illness. For example, many people get sick with a cold or the flu, but only a few get really sick with something serious like pneumonia. People who have a cold are usually able to do their normal activities. However, if they get pneumonia, they will have to take medicine and may have to go to the hospital. Similarly, feelings of sadness, anxiety, worry, irritability, or sleep problems are common for most people. However, when these feelings get very intense, last for a long period of time and begin to interfere with school, work, and relationships, it may be a sign of a mental illness that requires treatment.

Parents should be aware of their child’s needs, concerns, knowledge, and experience with mental illnesses. When talking about mental illnesses, parents should:

- communicate in a straightforward manner
- communicate at a level that is appropriate to a child’s age and development level
- have the discussion when the child feels safe and comfortable
- watch their child’s reaction during the discussion
- slow down or back up if the child becomes confused or looks upset

Considering these points will help any child to be more relaxed and understand more of the conversation.

Pre-School Age Children

Young children need less information and fewer details because of their more limited ability to understand. Preschool children focus primarily on things they can see, for example, they may have questions about a person who has an unusual physical appearance, or is behaving strangely. They would also be very aware of people who are crying and obviously sad, or yelling and angry.
Talking to Kids about Mental Illnesses, “Facts for Families,” No. 84 (5/08)

School-age children

Older children may want more specifics. They may ask more questions, especially about friends or family with emotional or behavioral problems. Their concerns and questions are usually very straightforward. “Why is that person crying?” “Why does Daddy drink and get so mad?” “Why is that person talking to herself?” They may worry about their safety or the safety of their family and friends. It is important to answer their questions directly and honestly and to reassure them about their concerns and feelings.

Teenagers

Teenagers are generally capable of handling much more information and asking more specific and difficult questions. Teenagers often talk more openly with their friends and peers than with their parents. As a result, some teens may have already have misinformation about mental illnesses. Teenagers respond more positively to an open dialogue which includes give and take. They are not as open or responsive when a conversation feels one-sided or like a lecture.

Talking to children about mental illnesses can be an opportunity for parents to provide their children with information, support, and guidance. Learning about mental illnesses can lead to improved recognition, earlier treatment, greater understanding and compassion, as well as decreased stigma.

For additional information, see Facts for Families: #39 Children of Parents with Mental Illness, and #62 Talking to Kids About Sex. See also: Your Child (1998 Harper Collins) and Your Adolescent (1999 Harper Collins). Other sources of information include:

- American Academy of Child and Adolescent Psychiatry (AACAP)
  3615 Wisconsin Ave. NW
  Washington, DC 20016
  800/333-7636
  www.aacap.org

- Federation of Families
  1101 King Street, Suite 420
  Alexandria, VA 22314
  703/684-7710
  www.ffemb.org

- National Mental Health Association (NMHA)
  1021 Prince Street
  Alexandria, VA 22314-2971
  800/969-6642
  www.nmha.org

- American Psychiatric Association (APA)
  1400 K Street, NW
  Washington, DC 20005
  202/682-6220
  www.psych.org

- National Alliance for the Mentally Ill (NAMI)
  Colonial Place 3
  2107 Wilson Blvd. Suite 300
  Arlington, VA 22201-3042
  800/950-6264
  www.nami.org

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PSYCHIATRIC MEDICATION
FOR CHILDREN AND ADOLESCENTS
PART I-HOW MEDICATIONS ARE USED

Medication can be an effective part of the treatment for several psychiatric disorders of childhood and adolescence. A doctor's recommendation to use medication often raises many concerns and questions in both the parents and the youngster. The physician who recommends medication should be experienced in treating psychiatric illnesses in children and adolescents. He or she should fully explain the reasons for medication use, what benefits the medication should provide, as well as possible risks and side effects and other treatment alternatives.

Psychiatric medication should not be used alone. The use of medication should be based on a comprehensive psychiatric evaluation and be one part of a comprehensive treatment plan.

Before recommending any medication, the child and adolescent psychiatrist interviews the youngster and makes a thorough diagnostic evaluation. In some cases, the evaluation may include a physical exam, psychological testing, laboratory tests, other medical tests such as an electrocardiogram (EKG) or electroencephalogram (EEG), and consultation with other medical specialists.

Medications which have beneficial effects may also have side effects, ranging from just annoying to very serious. As each youngster is different and may have individual reactions to medication, close contact with the treating physician is recommended. Do not stop or change a medication without speaking to the doctor. Psychiatric medication should be used as part of a comprehensive plan of treatment, with ongoing medical assessment and, in most cases, individual and/or family psychotherapy. When prescribed appropriately by a psychiatrist (preferably a child and adolescent psychiatrist), and taken as prescribed, medication may reduce or eliminate troubling symptoms and improve the daily functioning of children and adolescents with psychiatric disorders.

Medication may be prescribed for psychiatric symptoms and disorders, including, but not limited to:

1. Bedwetting-if it persists regularly after age five and causes serious problems in low self-esteem and social interaction.
2. Anxiety (school refusal, phobias, separation or social fears, generalized anxiety, or posttraumatic stress disorders)-if it keeps the youngster from normal daily activities.
3. **Attention deficit hyperactivity disorder (ADHD)**—marked by a short attention span, trouble concentrating and restlessness. The child is easily upset and frustrated, often has problems getting along with family and friends, and usually has trouble in school.

4. **Obsessive-compulsive disorder (OCD)**—recurring obsessions (troublesome and intrusive thoughts) and/or compulsions (repetitive behaviors or rituals such as handwashing, counting, checking to see if doors are locked) which are often seen as senseless but which interfere with a youngster's daily functioning.

5. **Depression**—lasting feelings of sadness, helplessness, hopelessness, unworthiness and guilt, inability to feel pleasure, a decline in school work and changes in sleeping and eating habits.

6. **Bipolar (manic-depressive) disorder**—periods of depression alternating with manic periods, which may include irritability, "high" or happy mood, excessive energy, behavior problems, staying up late at night, and grand plans.

7. **Psychosis**—symptoms include irrational beliefs, paranoia, hallucinations (seeing things or hearing sounds that don't exist) social withdrawal, clinging, strange behavior, extreme stubbornness, persistent rituals, and deterioration of personal habits. May be seen in developmental disorders, severe depression, schizoaffective disorder, schizophrenia, and some forms of substance abuse.

8. **Autism**—(or other pervasive developmental disorder such as Asperger's Syndrome)—characterized by severe deficits in social interactions, language, and/or thinking or ability to learn, and usually diagnosed in early childhood.

9. **Severe aggression**—which may include assaultiveness, excessive property damage, or prolonged self-abuse, such as head-banging or cutting.

10. **Sleep problems**—symptoms can include insomnia, night terrors, sleep walking, fear of separation, anxiety.

For additional information about psychiatric medications see *Facts for Families*: #29 Psychiatric Medication for Children and Adolescents: Part II-Types of Medications, and #51 Psychiatric Medications for Children and Adolescents: Part III-Questions to Ask.

For additional information see *Facts for Families*: #00 Definition of a Child and Adolescent Psychiatrist, #25 Know Where to Seek Help for Your Child, and #52 Comprehensive Psychiatric Evaluation.


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Facts for Families

No. 29

(Updated July 2004)

Psychiatric Medication for Children and Adolescents: Part II - Types of Medications

Psychiatric medications can be an effective part of the treatment for psychiatric disorders of childhood and adolescence. In recent years there have been an increasing number of new and different psychiatric medications used with children and adolescents. Research studies are underway to establish more clearly which medications are most helpful for specific disorders and presenting problems. Clinical practice and experience, as well as research studies, help physicians determine which medications are most effective for a particular child. Before recommending any medication, the psychiatrist (preferably a child and adolescent psychiatrist) should conduct a comprehensive diagnostic evaluation of the child or adolescent. Parents should be informed about known risks and/or FDA warnings before a child starts any psychiatric medication. When prescribed appropriately by an experienced psychiatrist (preferably a child and adolescent psychiatrist) and taken as directed, medication may reduce or eliminate troubling symptoms and improve daily functioning of children and adolescents with psychiatric disorders.

ADHD Medications: Stimulant and non-stimulant medications may be helpful as part of the treatment for attention deficit hyperactive disorder (ADHD). Examples of stimulants include: Dextroamphetamine (Dexedrine, Adderall) and Methylphenidate (Ritalin, Metadate, Concerta). Non-stimulant medications include Atomoxetine (Strattera).

Antidepressant Medications: Antidepressant medications may be helpful in the treatment of depression, school phobias, panic attacks, and other anxiety disorders, bedwetting, eating disorders, obsessive-compulsive disorder, personality disorders, posttraumatic stress disorder, and attention deficit hyperactive disorder. There are several types of antidepressant medications. Examples of serotonin reuptake inhibitors (SRIs) include: Fluoxetine (Prozac), Sertraline (Zoloft), Paroxetine (Paxil), Fluvoxamine (Luvox), Venlafaxine (Effexor), Citalopram (Celexa) and Escitalopram (Lexapro). Examples of atypical antidepressants include: Bupropion (Wellbutrin), Nefazodone (Serzone), Trazodone (Desyrel), and Mirtazapine (Remeron). Examples of tricyclic antidepressants (TCA’s) include: Amitriptyline (Elavil), Clomipramine (Anafranil), Imipramine (Tofranil), and Nortriptyline (Pamelor). Examples of monoamine oxidase inhibitors (MAOIs) include: Phentolazine (Nardil), and Tranelycypromine (Parnate).

Antipsychotic Medications: These medications can be helpful in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help muscle twitches ("tics") or verbal outbursts as seen in Tourette's Syndrome. They are occasionally used to treat severe anxiety and may help in reducing very aggressive behavior. Examples of first generation antipsychotic medications include: Chlorpromazine (Thorazine), Thioridazine (Mellaril), Fluphenazine (Prolixin), Trifluoperazine (Stelazine), Thiothixene (Navane), and Haloperidol (Haldol). Second generation antipsychotic medications (also known as atypical or novel) include: Clozapine (Clozaril), Risperidone (Risperdal), Quetiapine (Seroquel), Olanzapine (Zyprexa), Ziprasidone (Geodon) and Aripiprazole (Abilify).
PSYCHIATRIC MEDICATION FOR CHILDREN AND ADOLESCENTS: PART II - TYPES OF MEDICATIONS, “Facts for Families,” No. 29 (7/04)

Mood Stabilizers and Anticonvulsant Medications: These medications may be helpful in treating bipolar disorder, severe mood symptoms and mood swings (manic and depressive), aggressive behavior and impulse control disorders. Examples include: Lithium (lithium carbonate, Eskalith), Valproic Acid (Depakote, Depakene), Carbamazepine (Tegretol), Gabapentin (Neurontin), Lamotrigine (Lamictil), Topiramate (Topamax), and Oxcarbazepine (Trileptal).

Anti-anxiety Medications: These medications may be helpful in the treatment of severe anxiety. There are several types of anti-anxiety medications: benzodiazepines; antihistamines; and atypicals. Examples of benzodiazepines include: Alprazolam (Xanax), lorazepam (Ativan), Diazepam (Valium), and Clonazepam (Klonopin). Examples of antihistamines include: Diphenhydramine (Benadryl), and Hydroxyzine (Vistaril). Examples of atypical anti-anxiety medications include: Buspirone (BuSpar), and Zolpidem (Ambien).

Sleep Medications: A variety of medications may be used for a short period to help with sleep problems. Examples include: Trazodone (Desyrel), Zolpidem (Ambien), Zaleplon (Sonata) and Diphenhydramine (Benadryl).

Miscellaneous Medications: Other medications are also being used to treat a variety of symptoms. For example: clonidine (Catapres) may be used to treat the severe impulsiveness in some children with ADHD and guanfacine (Tenex) for “flashbacks” in children with PTSD.

Long-Acting Medications: Many newer medications are taken once a day. These medications have the designation SR (sustained release), ER or XR (extended release), CR (controlled release) or LA (long-acting).

For additional information see Facts for Families:
#21 Psychiatric Medication for Children and Adolescents: Part I - How Medications Are Used,
#51 Psychiatric Medication for Children and Adolescents: Part III - Questions to Ask.

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Possible Accommodations for Students with Behavioral/Emotional Disorders

Monitor and administer needed medication
Behavior/Assignment tracking sheet
Allow preferential seating
Provide school counseling
Set up behavior management plan
Social skills instruction
Establish home-school communication system-Tracking sheet, notebook
Post rules for classroom behaviors; teacher expectations
Reinforce positive behavior
Schedule shorter study & work periods according to their attention span.
Close adult supervision at recess/lunch
Classroom Aid
Be consistent
Crisis management plan
Reduced homework if needed
Short breaks to reduce stress if needed---Cool down period
Special attention to child's strengths
Facts for Families

No. 51 (Updated November 2004)

Psychiatric Medication for Children and Adolescents
Part III: Questions to Ask

Medication can be an important part of treatment for some psychiatric disorders in children and adolescents. Psychiatric medication should only be used as one part of a comprehensive treatment plan. Ongoing evaluation and monitoring by a physician is essential. Parents and guardians should be provided with complete information when psychiatric medication is recommended as part of their child’s treatment plan. Children and adolescents should be included in the discussion about medications, using words they understand. By asking the following questions, children, adolescents, and their parents will gain a better understanding of psychiatric medications:

1. What is the name of the medication? Is it known by other names?

2. What is known about its helpfulness with other children who have a similar condition to my child?

3. How will the medication help my child? How long before I see improvement? When will it work?

4. What are the side effects which commonly occur with this medication?

5. What are the rare or serious side effects, if any, which can occur?

6. Is this medication addictive? Can it be abused?

7. What is the recommended dosage? How often will the medication be taken?

8. Are there any laboratory tests (e.g. heart tests, blood test, etc.) which need to be done before my child begins taking the medication? Will any tests need to be done while my child is taking the medication?

9. Will a child and adolescent psychiatrist be monitoring my child’s response to medication and make dosage changes if necessary? How often will progress be checked and by whom?

10. Are there any other medications or foods which my child should avoid while taking the medication?
Psychiatric Medications for Children and Adolescents Part III Questions to Ask
“Facts for Families,” No. 51 (11/04)

11. Are there interactions between this medication and other medications (prescription and/or over-the-counter) my child is taking?

12. Are there any activities that my child should avoid while taking the medication? Are any precautions recommended for other activities?

13. How long will my child need to take this medication? How will the decision be made to stop this medication?

14. What do I do if a problem develops (e.g. if my child becomes ill, doses are missed, or side effects develop)?

15. What is the cost of the medication (generic vs. brand name)?

16. Does my child’s school nurse need to be informed about this medication?

Treatment with psychiatric medications is a serious matter for parents, children and adolescents. Parents should ask these questions before their child or adolescent starts taking psychiatric medications. Parents and children/adolescents need to be fully informed about medications. If, after asking these questions, parents still have serious questions or doubts about medication treatment, they should feel free to ask for a second opinion by a child and adolescent psychiatrist.


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WHEN TO SEEK HELP FOR YOUR CHILD

Parents are usually the first to recognize that their child has a problem with emotions or behavior. Still, the decision to seek professional help can be difficult and painful for a parent. The first step is to gently try to talk to the child. An honest open talk about feelings can often help. Parents may choose to consult with the child's physicians, teachers, members of the clergy, or other adults who know the child well. These steps may resolve the problems for the child and family.

Following are a few signs which may indicate that a child and adolescent psychiatric evaluation will be useful.

YOUNGER CHILDREN

- Marked fall in school performance.
- Poor grades in school despite trying very hard.
- Severe worry or anxiety, as shown by regular refusal to go to school, go to sleep or take part in activities that are normal for the child's age.
- Hyperactivity; fidgeting; constant movement beyond regular playing.
- Persistent nightmares.
- Persistent disobedience or aggression (longer than six months) and provocative opposition to authority figures.
- Frequent, unexplainable temper tantrums.

PRE-adolescents AND ADOLESCENTS

- Marked change in school performance.
- Inability to cope with problems and daily activities.
- Marked changes in sleeping and/or eating habits.
- Frequent physical complaints.
- Sexual acting out.
- Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death.
- Abuse of alcohol and/or drugs.
- Intense fear of becoming obese with no relationship to actual body weight, purging food or restricting eating.
- Persistent nightmares.
When to Seek Help for Your Child, “Facts for Families,” No. 24 (7/04)

- Threats of self-harm or harm to others.
- Self-injury or self-destructive behavior.
- Frequent outbursts of anger, aggression.
- Threats to run away.
- Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, thefts, or vandalism.
- Strange thoughts, beliefs, feelings, or unusual behaviors.

If problems persist over an extended period of time and especially if others involved in the child's life are concerned, consultation with a child and adolescent psychiatrist or other clinician specifically trained to work with children may be helpful.

See other Facts for Families:
#25 Where to Seek Help for Your Child
#29 Children's Major Psychiatric Disorders
#52 Comprehensive Psychiatric Evaluation
#22 Normality
#57 Normal Adolescent Development, Middle School, and Early High School Years and
#58 Normal Adolescent Development, Late High School Year and Beyond.

Facts For Families Main Menu
See also Facts for Families Translations:
[Deutsch] [French] [Polish] [Spanish]

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ADVOCATING FOR YOUR CHILD

According to *Mental Health: A Report of the Surgeon General (1999)*, one in five will experience signs and symptoms of a psychiatric disorder during the course of the year. Some nine million children have serious emotional problems at any point in time. Yet, only one in five of these children are receiving appropriate treatment. When parents or teachers suspect that a child may have an emotional problem, they should seek a comprehensive evaluation by a mental health professional specifically trained to work with children and adolescents.

Signs and symptoms of childhood and adolescent emotional problems may include:

- School problems
- Frequent fighting
- Trouble sleeping
- Feeling sad
- Thoughts about suicide or running away
- Stealing or lying
- Mood swings
- Setting fires
- Obsessive thoughts or compulsive behaviors
- Excessive weight loss or gain
- Troubling or disturbing thoughts
- Use of drugs or alcohol
- Withdrawal or isolation
- Injuring or killing animals
- Dangerous or self-destructive behaviors
- Trouble paying attention
- Anxiety or frequent worries

Throughout the evaluation process, parents should be directly involved and ask many questions. It’s important to make sure you understand the results of the evaluation, your child’s diagnosis, and the full range of treatment options. If parents are not comfortable with a particular clinician, treatment option, or are confused about specific recommendations, they should consider a second opinion.

Before a child begins treatment, parents may also want to ask the following:

- What are the recommended treatment options for my child?
- How will I be involved with my child’s treatment?
- How will we know if the treatment is working?
- How long should it take before I see improvement?
- Does my child need medication?
- What should I do if the problems get worse?
- What are the arrangements if I need to reach you after-hours or in an emergency?
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You may also need to advocate to have your child seen in a timely way, by the most appropriate clinician. Most insurance plans now include some form of managed care, which may utilize provider panels with few mental health professionals. However, many states now have laws concerning reasonable access to specialists. If you have problems or questions, try calling the Department of Insurance, the Patient Ombudsman/Advocate, or the Department of Consumer Affairs at your insurance company.

Ongoing parental involvement and support are essential to the overall success of treatment. Depending on the nature of your child’s problems, it may also be important to involve the school, community agencies, and/or juvenile justice system. In addition, it may be helpful to learn how to access other support services such as respite, parent skill building, or home-based programs. Local advocacy groups can also provide valuable information, experience and support for parents.

Although serious emotional problems are common in childhood and adolescence, they are also highly treatable. By advocating for early identification, comprehensive evaluation and appropriate intervention, parents can make sure their children get the help they need, and reduce the risk of long term emotional difficulties.


For more information about parent advocacy, contact:

Federation of Families for Children's Mental Health (703) 684-7710
1021 Prince Street
Alexandria, VA 22314-2971
www.ffemh.org

National Alliance of the Mentally Ill
Colonial Place Three (703) 524-7600
2107 Wilson Blvd-3rd Floor
Arlington, VA 22201
www.nami.org

National Mental Health Association (703) 684-7722
1021 Prince Street
Alexandria, VA 22314-2971
www.nmha.org

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You may also mail in your contribution. Please make checks payable to the AACP and send to Campaign for America’s Kids, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACP) represents over 7,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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