Cobb Collaborative

Mental Health Resources Toolkit



Mind Your Mind

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If you are needing immediate crisis support, please call 911 or 988

Mind Your Mind

Introduction

Thousands of people in our community are affected by mental illness each year. The National Alliance on Mental Illness states that these issues reach beyond the individual and cause a "ripple effect," impacting the lives of families, communities, and beyond. It is essential for every person to gain an understanding of these conditions, allowing us to understand the physical, social and financial impact of mental health.

As a response to the ever-growing need for mental health resources, the Cobb Collaborative launched our Mind Your Mind mental health campaign in 2019 to raise awareness, promote resiliency and reduce the stigma of behavioral health conditions. With the global health emergency in 2020, the need for capacity- building resources in the mental health space has only continued to grow exponentially. We have seen the ongoing impacts of isolation, grief, sickness, anxiety, and depression - a unique time in history that unites humanity through a large-scale adverse experience.

Our campaign activities are focused on raising awareness through digital content, bringing trauma credentialed programs to our community, and creating spaces for community conversations regarding mental health. The goal of this digital toolkit is to gather key data, facts, resources, and information in one place for our community to access. Information fatigue is one of the factors contributing to the perpetuation of these issues. This toolkit will provide readers with plain language definitions, easily accessible resources, and step-by-step guides for individuals at varying levels of resource need.

If you are a community organization that would like to host a training, film screening, workshop, presentation or introduction to the MYM Toolkit, please send us an email at communications@cobbcollaborative.org. Please take time to orient yourself with the Toolkit and let us know how we can continue to improve it.

THIS TOOLKIT INCLUDES:

- Mental Health
- ACES
- Suicide Awareness and Prevention
- Social Media Images Trauma-Credentialed Trainings
- Cobb County Data
- Resources

QUESTIONS?

If you have any questions, please contact:
Lesleigh Sanders, Mental Health Program Coordinator,
lsanders@cobbcollaborative.org



Irene M. Barton
Executive Director
Cobb Collaborative

Key Terms

ACEs - Adverse Childhood Experiences: a wide range of difficult situations that children (0-17) either directly face or witness while growing up. This includes experiences like physical and emotional abuse, neglect, and household dysfunction

Mental Health - emotional, psychological, and social well-being

PACEs - The science of PACEs refers to the research about the stunning effects of positive and adverse childhood experiences (PACEs) and how they work together to affect our lives, as well as our organizations, systems and communities

Resiliency - The process of adapting well in the face of adversity, trauma, tragedy, or significant sources of stress

Stress - There is positive, tolerable, and toxic stress. **Positive stress** is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. **Tolerable Stress** is serious, temporary stress responses, buffered by supportive relationships. **Toxic Stress** is prolonged activation of stress response systems in the absence of protective relationships

Suicide - A death caused by injuring oneself with the intent to die

Toxic Stress Response - The body's response to lasting and serious stress, without enough support from a caregiver

Trauma - The response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope

Trauma-Informed Care (TIC) - An approach that assumes that an individual is more likely than not to have a history of trauma. TIC understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize

Mental Health

According to MentalHealth.gov, mental health includes our "emotional, psychological, and social well- being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices". Mental health struggles know no bounds. Regardless of your race, sex, socioeconomic status, or background, it is possible to struggle with mental health concerns, which is why it is so important to know and recognize the signs and symptoms. Mental health is important and it can fluctuate throughout one's lifespan - from childhood to adulthood - and while it is common for many people to experience mental health problems at some point in their lives, help is available and recovery can be possible.

What Causes Mental Illness?

There is no single cause for mental illness. A number of factors can contribute to risk for mental illness, such as:

- Early adverse life experiences, such as trauma or a history of abuse
- Experiences related to chronic medical conditions, such as cancer or diabetes
- Biological factors or chemical imbalances in the brain
- Use of alcohol or drugs
- Having feelings of loneliness or isolation

Early Warning Signs of Mental Health Concerns

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories you can't get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of your family or getting to work or school

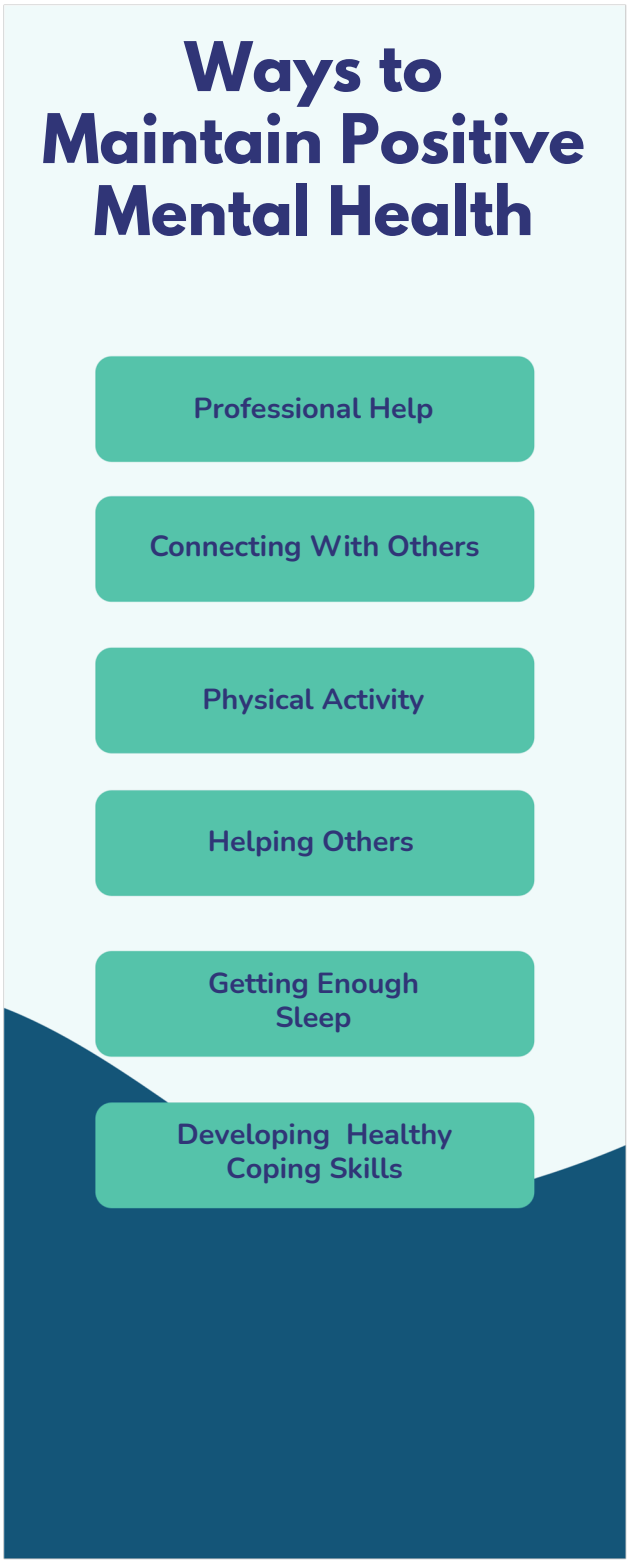
Sources: MentalHeath.gov
https://www.cdc.gov/mentalhealth/

Mental Health

Protective Factors

Protective factors are conditions or attributes in individuals, families, and communities that promote the health and well-being of children and families. They are associated with a lower likelihood of negative outcomes or can reduce a risk factor's impact.

While experiencing mental health concerns is common, there are some protective factors and supportive measures that we can put in place to assist us toward experiencing and maintaining positive mental health. Keep in mind there may be times when further measures, such as medication, may be needed. Connecting with a trusted professional will help in determining the right steps for you or your loved one.



Sources:
MentalHealth.gov
SAMSHA

Mental Health



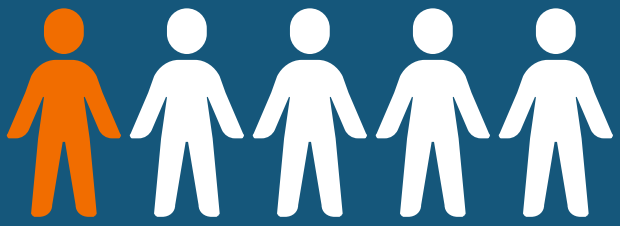
How Can I Support my Friends and Family?

You don't have to be an expert or trained as a mental health professional to support those around you. Simply start by letting the person know that you care about them and validate their feelings. If a friend or family member is showing signs of a mental health concern or reaching out to you for help, some specific ways you can offer support to them is by:

- Finding out if the person is getting the care that he or she needs and wants—if not, connect him or her to help
- Expressing your concern and support
- Reminding your friend or family member that help is available and that mental health problems can be treated
- Asking questions, listening to ideas, and being responsive when the topic of mental health problems come up
- Reassuring your friend or family member that you care about him or her
- Offering to help your friend or family member with everyday tasks
- Including your friend or family member in your plans—continue to invite him or her without being overbearing, even if your friend or family member resists your invitations
- Educating other people so they understand the facts about mental health problems and do not discriminate
- Treating people with mental health problems with respect, compassion, and empathy

Sources: MentalHealth.gov

FAST STATS



1 in 5 U.S. adults experience mental illness



28.2% of adults with a mental illness report they try but can't get treatment

-$282b

is how much America loses in earnings *each year* because of untreated serious mental illnesses



46%

of Americans will meet the criteria for a diagnosable mental health condition sometime in their life

35.5% of adults with a mental illness also have a substance use disorder



FAST STATS-YOUTH

The *consequences* of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

Children ages 6-17 are 3X more likely to repeat a grade if they have mental, emotional, developmental or behavioral problems



Adolescents who spend more than 3 hours a day on social media face ***double*** the risk of mental health problems including experiencing symptoms of depression and anxiety



Youth who vape are 2X as likely to report symptoms of depression, and many turn to nicotine as a coping mechanism for anxiety or sadness



ONE in **seven**

of 10-19 year olds experience a mental health condition (globally), yet these remain largely unrecognized and untreated



7x

Between children aged 6-17 years, racial/ethnic discrimination was almost SEVEN times as common among children with three other adverse childhood experiences compared to those with no other ACE's

FAST STATS-HISPANIC/LATINX



In the U.S., the Hispanic/Latinx community is very diverse with many differing subgroups. While these subgroups vary in location, dialect, and cultural traditions, the increased barriers of access to quality mental and behavioral health treatment remain the same for all.



Language barriers make it particularly difficult for those who may not speak the same language as a potential provider

Hispanic adults are currently **30% to 40% less likely** to receive mental health treatment compared to non-Hispanic white adults



White psychologists now account for approximately 75.9% of the workforce (down from over 80% in 2021), while Latino representation has grown to 10.8%. While this indicates progress, **Latinos remain the most underrepresented major ethnic group** relative to their share of the total US population.

Hispanic residents were more likely not to have graduated high school (or have an equivalent degree) at 30.9%, when compared to any other racial or ethic group, **increasing mental illness risk**

17.0%

of Hispanic/Latinx people in the U.S. live in poverty, compared to 8.2% of non-hispanic whites. **Individuals who live in poverty have a higher risk of mental illness**

FAST STATS-LGBTQIA+

The Lesbian, Gay, Bisexual, Transgender, Queer, Questioning Plus (LGBTQ+) community represents a diverse range of identities and expressions of self, bringing unique challenges. There is strong evidence from recent research that members of this community are at higher risk for experiencing mental health conditions.



66%

of LGBTQIA+ young people reported experiencing recent symptoms of anxiety

LGBTQIA+ adults are more than twice as likely to experience a mental health condition, especially anxiety and depression

The LGBTQIA+ community faces many forms of discrimination, all of which bring about trauma



They are one of the most targeted communities by perpetrators of hate crimes in the country

56%

of LGBTQIA+ young people who wanted mental health care in the past year were not able to get it



2.5X

LGBTQIA+ individuals used mental health services at almost 3 times higher rates than their heterosexual counterparts

FAST STATS-BIPOC



BIPOC= Black, Indigenous & People of Color

While people of color (POC) have rates of mental health disorders similar to whites, these disorders are more likely to last longer and result in more significant disability for POC. Mental health equity will be achieved when all people have the opportunity to attain their full health potential, and no one is impeded from doing so because of socially determined circumstances.

Service cost or lack of insurance coverage was the most frequently cited reason for not using mental health services across all racial/ethnic groups, according to SAMHSA.

Black American adults are 20% more likely to experience serious mental health problems, such as major depressive disorder or generalized anxiety disorder

The Black community comprises approximately 40% of the homeless population, 50% of the prison population, and 45% of children in the foster care system, which may increase risk for mental health conditions



More than 80% of Black Americans are very concerned about the stigma associated with mental illness, which discourages them from seeking treatment

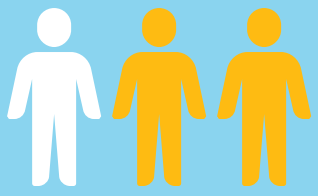
American Indians/Alaskan Natives report higher post-traumatic stress disorder and alcohol dependence rates than any other ethnic or racial group

FAST STATS-AAPI

Asian Americans and Pacific Islanders (AAPI) are an integral part of the American cultural mosaic, encompassing a wide range of diversity. Over 24 million Americans are APPI. Ethnic and community identity is considered a notable protective factor to mental health for many AAPIs, but there are also many challenges that this population can face, which can then impact their mental health.

2.7 million

AAPIs have a mental and/or substance use disorder



{1 in 3}

Asian Americans who have been diagnosed with depression were unable to see a doctor due to cost



The disparity between the high demand and poor availability of linguistically and culturally appropriate mental health service providers is a ***significant gap*** in accessing treatment



AAPIs are least likely to seek mental health services than any other racial/ethnic group. Additionally, AAPIs are three times less likely to access mental health services than their white counterparts

70%

of Southeast Asian refugees receiving mental health treatment were diagnosed with PTSD

FAST STATS-PEOPLE WITH DISABILITIES



In the United States, more than 1 in 4 adults have a disability. This population is a diverse group of people with a wide range of needs. People with disabilities often continue to face discrimination and unequal access in employment, housing, medical care and insurance coverage. There are also physical challenges that many people with disabilities face. Managing these obstacles can take a toll on a person's mental health.

2X

People with disabilities have twice the risk of developing conditions such as depression, asthma, diabetes, stroke, obesity, or poor oral health

In 2023, suicidal thoughts were more than ***3.3X higher*** in adults with disabilities than in adults without disabilities

4.6X



Adults with disabilities report frequent mental distress almost five times as often as adults without disabilities.



There could be an almost $10 return for every $1 spent on implementing disability inclusive prevention and care for noncommunicable diseases

People with disabilities face barriers in ***all aspects*** of the health system. A lack of knowledge, negative attitudes, discriminatory practices and more all contribute to health inequities faced by this population

Adverse Childhood Experiences

The Study

Adverse Childhood experiences - also known as ACEs - are traumatic events that can have negative, lasting effects on the health and wellbeing of children now and in the future. They cover a wide range of difficult situations that children either directly face or witness while growing up before they have developed effective coping skills. This includes experiences like physical and emotional abuse, neglect, and household dysfunction.

The knowledge of ACEs came out of a study conducted by the Centers for Disease Control and Kaiser Permanente and was the first large scale study to look at the relationship between some specific categories of adversity in childhood and health outcomes in adulthood. Key findings of the study, which was published in 1998, show that ACEs are common, and that there is a strong correlation between the number of ACEs one has experienced and the risk of poor outcomes later in life.

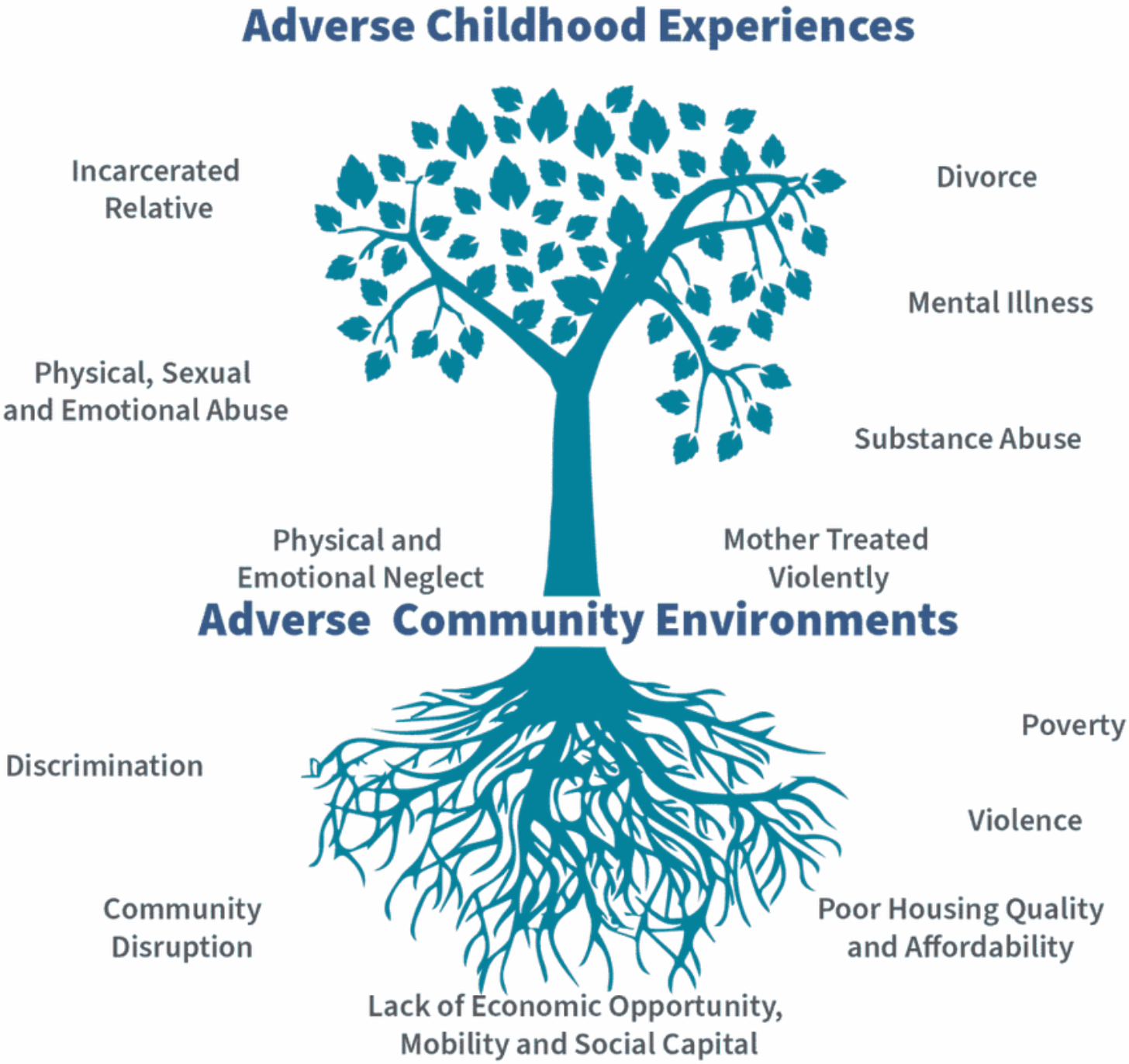
These outcomes can include, but are not limited to the risk of poor academic achievement, mental illness, substance abuse, and physical ailments such as heart disease, obesity, and even early death. It is important to note that the original ACEs study did not cover many other events that can cause trauma. Further research has broadened the work to include:

- Abuse
- Neglect
- Caregiver mental illness
- Household dysfunction
- Communal violence
- Experienced racism
- Pervasive poverty
- Inability to access needed social services

Click Here to take the ACEs quiz and learn what it does and doesn't mean. You can also find a copy of the quiz in the Appendix.

Sources: https://centerforyouthwellness.org/health-impacts/ developingchild.harvard.edu

ACEs Tree



Sources: https://www.npr.org

FAST STATS-ACEs

4+

Four or more ACEs increases the prevalence of drug use, suicide attempts, and depression

64%

of the U.S. adult population had at least one ACE before the age of 18



Females and several racial/ethnic minority groups were at greater risk for experiencing *4 or more ACEs*

18%

The percent of children in Georgia who have experienced two or more adverse experiences is 18%





Up to 1.9 million cases of heart diease and 21 million cases of depression could have been potentially avoided by preventing ACEs

Positive Childhood Experiences

HOPE®
HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

Positive experiences in childhood can ease toxic stress and help children to become resilient, healthy adults. HOPE identifies how the community and systems caring for children can better ensure that they have more positive experiences. It is backed by the **Four Building Blocks**, each providing the foundation for healthy childhood development. Click here to learn more.

Relationships

Social & Civic Engagement

Safe, Equitable, Stable Environments

Emotional Growth

The Positive Childhood Experiences developed within each block help children grow into healthy, resilient adults.

Source: https://positiveexperience.org/about-us/

Los Cuatro Pilares Fundamentales de HOPE

se componen de Experiencias Infantiles Positivas esenciales (PCE, por sus siglas en inglés)—y las fuentes de esas experiencias y oportunidades, que ayudan a los niños a convertirse en adultos sanos y resistentes.

The Four Building Blocks of HOPE

are composed of key Positive Childhood Experiences (PCEs)—and the sources of those experiences and opportunities—that help children grow into healthy, resilient adults.

Relaciónes con la familia y con otros niños y adultos mediante actividades



Relationships within the family and with other children and adults through interpersonal activities.

Ambiente seguro, recíproco y estable en casa y en la escuela, para vivir, jugar y aprender.



Safe, equitable, stable environments for living, playing, learning at home and in school.

Participación social y cívica para desarrollar un sentido de pertenencia y a relacionarse con otros.



Social and civic engagement to develop a sense of belonging and connectedness.

Crecimiento emocional mediante el juego y la interacción con los compañeros, para el conocimiento de sí mismo y autorregulación emocional.



Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

www.positiveexperience.org

Mind Your Mind

Suicide Prevention and Awareness

DID YOU KNOW?

Every year, there are more than
1 MILLION
DEATHS BY SUICIDE
across the globe



Everyone is vulnerable to suicide, but certain individuals face greater potential risk factors, leading to higher rates of suicide. Those risk factors include, **race, ethnicity, gender, veteran status, lifestyle, personal experiences, ACEs, mental health condition, living situation, etc.**

Finding help can seem tricky, but the 988 SUICIDE & CRISIS LIFELINE is here to help. Below is a list of resources for specific communities to access mental health support. Check out the links for more detailed information and resources.

NEURO-DIVERGENT	BLACK MENTAL HEALTH	MATERNAL MENTAL HEALTH	YOUTH
DISASTER SURVIVORS	NATIVE AMERICANS & ALASKA NATIVES	VETERANS	LOSS SURVIVORS
LGBTQ+	ATTEMPT SURVIVORS	DEAF, HARD OF HEARING, HEARING LOSS	AYUDA EN ESPAÑOL

Sources: Suicide Prevention and Awareness Toolkit

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Suicide Prevention and Awareness

The warning signs for suicide manifest themselves in different ways and each person may express them differently. Some signs are more critical and may indicate an imminent threat of suicide. Below are the signs of immediate crisis and concern. **Learn more about warning signs at www.SuicideisPreventable.org.**

Signs of Crisis

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about suicide, or about death and dying when this is out of the ordinary for them

Action:

Call 911 or seek immediate help when you hear or see any one of these behaviors

Signs of Concern

- Talking about wanting to die or suicide
- Increased drug or alcohol use
- Anger
- Feeling hopeless, desperate, trapped
- No sense of purpose
- Reckless behavior
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Putting affairs in order
- Giving away possessions
- Sudden mood changes

Sources: Suicide Prevention and Awareness Toolkit

Suicide Prevention and Awareness

How to support an individual showing suicidal warning signs

Ask
Research shows people who are having thoughts of suicide feel relief when someone asks after them in a caring way. Findings suggest acknowledging and talking about suicide may reduce rather than increase suicidal ideation.

Keep Them Safe
A number of studies have indicated that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline.

Be There & Be Present
Individuals are more likely to feel less depressed, less suicidal, less overwhelmed, less isolated, and more hopeful after speaking to someone who listens without judgment.

Help Them Stay Connected
Studies indicate that helping someone at risk create a network of resources and individuals for support and safety can help them take positive action and reduce feelings of hopelessness.

Follow Up
Studies have also shown that brief, low cost intervention and supportive, ongoing contact may be an important part of suicide prevention, especially for individuals after they have been discharged from hospitals or care services. Make sure your loved ones know you're thinking about them and that you notice positive changes to their behavior.

Sources: Suicide Prevention and Awareness Toolkit

Suicide Prevention and Awareness

Please refer to these resources for immediate help:

If you or someone you know is in a crisis emergency, call or text **911** or the **988 Suicide Prevention Lifeline** at **9-8-8** immediately.

If you're uncomfortable talking on the phone, you can **text 9-8-8** to be connected to a trained processional **or NAMI to 741-741** for the Crisis Text Line**.**

The Trevor Lifeline 1-866-488-7386 or text START to 678678: A national 24-hour, toll free confidential suicide hotline for LGBTQ youth.

Georgia Crisis and Access Line (GCAL) 1-800-715-4225: Help is available 24/7 for individuals struggling with issues like depression, anxiety, other mental health conditions, problems with developmental disabilities, mental health, addiction drugs, and alcohol. Download the MyGCAL app (Apple and Android) to call, text, or chat with GCAL.

The Veterans Crisis Line connects Service members and Veterans in crisis, as well as their family members and friends, with qualified, caring Department of Veteran's Affairs (VA) responders through a confidential toll-free hotline, online chat, or text messaging service. **Dial 988 and Press 1** to talk to someone or send a text message to 838255 to connect with a VA responder. You can also start a confidential online chat session here.

Depression Hotline: 888-640-5174 | Self Harm Hotline 877-455-0628

To view our full Suicide Prevention and Awareness toolkit, please click here

Sources: Suicide Prevention and Awareness Toolkit

FAST STATS-SUICIDE

1 death every 11 minutes



<u>90%</u> of people who die by suicide had some kind of mental health condition, often depression or substance abuse

77.4% of people who die by suicide are male



In 2022, ***<u>13.2 million</u>*** adults seriously thought about suicide

Suicide is the **11th** leading cause of death in the US

FAST STATS-SUICIDE

Mental health challenges vary across subpopulations.
FEMALES *reported a suicide attempt 1.33 times as often as males*, but
MALES *died by suicide 3.90x more than women in 2021*

The rate of suicide is highest in middle-aged white men



Adults living below the federal poverty level reported mental distress **70%** more often than did adults in higher income households

647,566

was the total amount of 988 routed contact calls since its 2022 roll-out

94%

of adults surveyed in the US think suicide can be prevented



[IN 2022]

Rates were highest for adults ages 85+

Rates increased for those aged 35 and older

Rates decreased for those 34 and below

FATAL FIREARMS



FIREARMS accounted for 54.6% of all suicide deaths in 2022

[In 2022] LGBT young adults who reported high levels of family rejection duirng adolescence were **8.4X** more likely to report having attempted suicide



Mind Your Mind

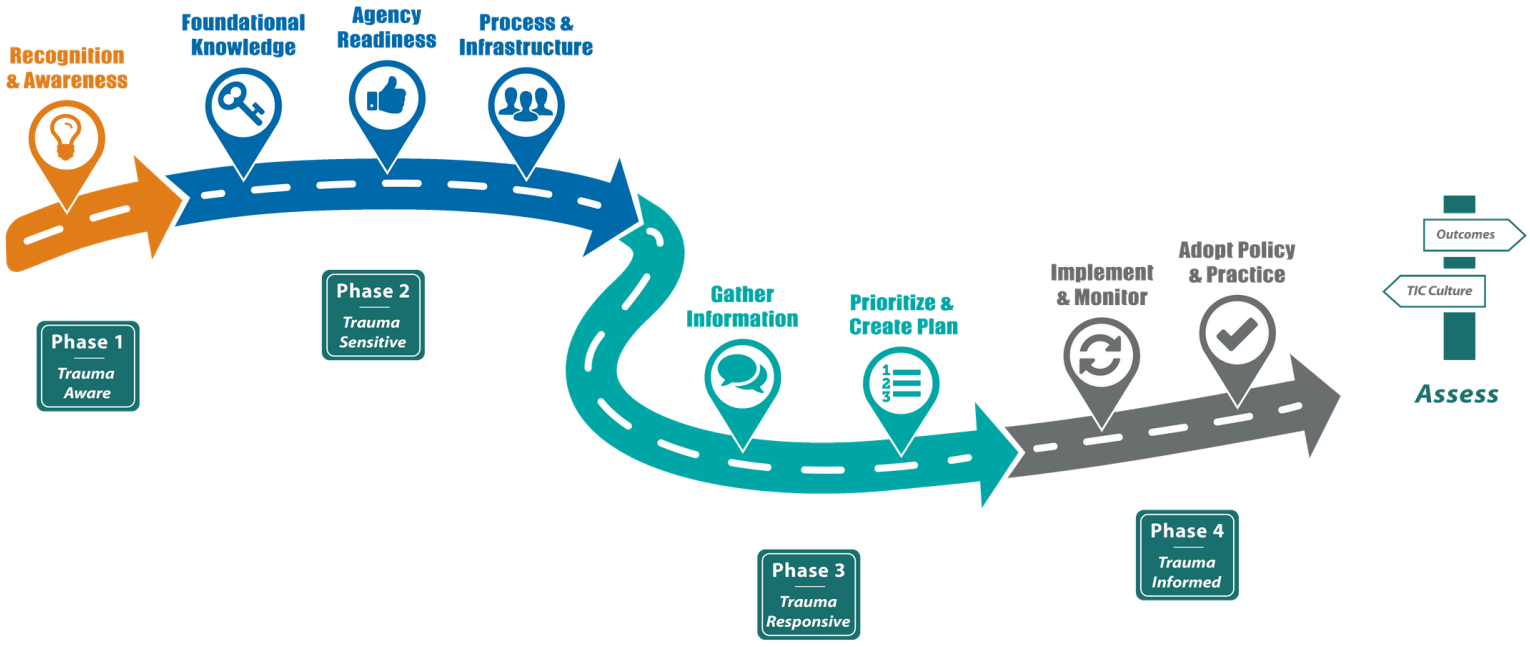
Trauma-Informed Care Pathway



The Missouri Model:

"The implementation of a trauma-informed approach is an ongoing organizational change process. Most people in the field emphasize that a "trauma-informed approach" is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, **it is a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time.** Some leaders in the field are beginning to talk about a "continuum" of implementation, where organizations move through stages. The continuum begins with becoming trauma aware and moves to trauma sensitive to responsive to being fully trauma informed."

ROAD MAP TO TRAUMA INFORMED CARE (TIC)



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Mind Your Mind

Trauma-Credentialed Trainings

Our trauma-credentialed trainings are built to equip the members of our community with the tools and resources necessary to prevent ACEs, provide knowledge around suicide prevention and awareness, teach skills for individual resilience building, and ultimately, create a more resilient Cobb. Click on our offerings below to learn more about each training and take part in building a more resilient community.

Child Welfare Training Collaborative	**Connections Matter**	**Community Resiliency Model**
Mental Health First Aid-Youth	**QPR**	**Mandated Reporter**

Request a training workshop here!

Trauma-Credentialed Trainings

Child Welfare Training Collaborative - The Child Welfare Training Collaborative (CWTC) offers training to community partners, creating shared understanding of issues facing children and families and also strengthening collaborations to promote better outcomes for Georgia's children.

Connections Matter - Every day connections are more important than we ever believed. Science tells us that relationships have the power to shape our brains. Relationships help us learn better, work better, parent better.

Community Resiliency Model - CRM's goal is to help to create "trauma-informed" and "resiliency- focused" communities that share a common understanding of the impact of trauma and chronic stress on the nervous system.

Mental Health First Aid - Youth - Mental Health First Aid is a course that teaches you how to help someone who may be experiencing a mental health or substance use challenge. The training helps you identify, understand and respond to signs of addictions and mental illnesses.

Question. Persuade. Refer. (QPR) - Just like CPR, QPR is an emergency response to someone in crisis and can save lives.

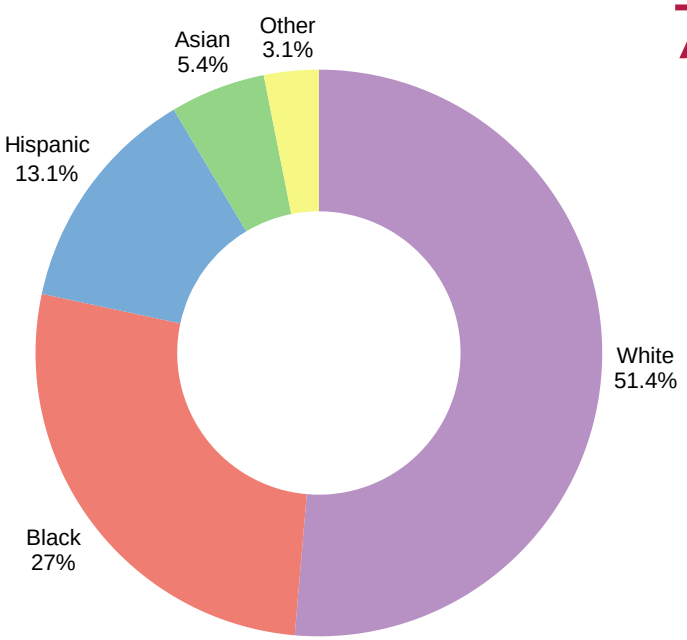
Mandated Reporter - Child serving professionals and volunteers may suspect child abuse or have a child disclose abuse to them through their work with children. However, barriers such as fear of reporting, the inability to recognize all forms of child maltreatment, and vague organizational policies may prevent professionals from making a report of child maltreatment.

Cobb County Data

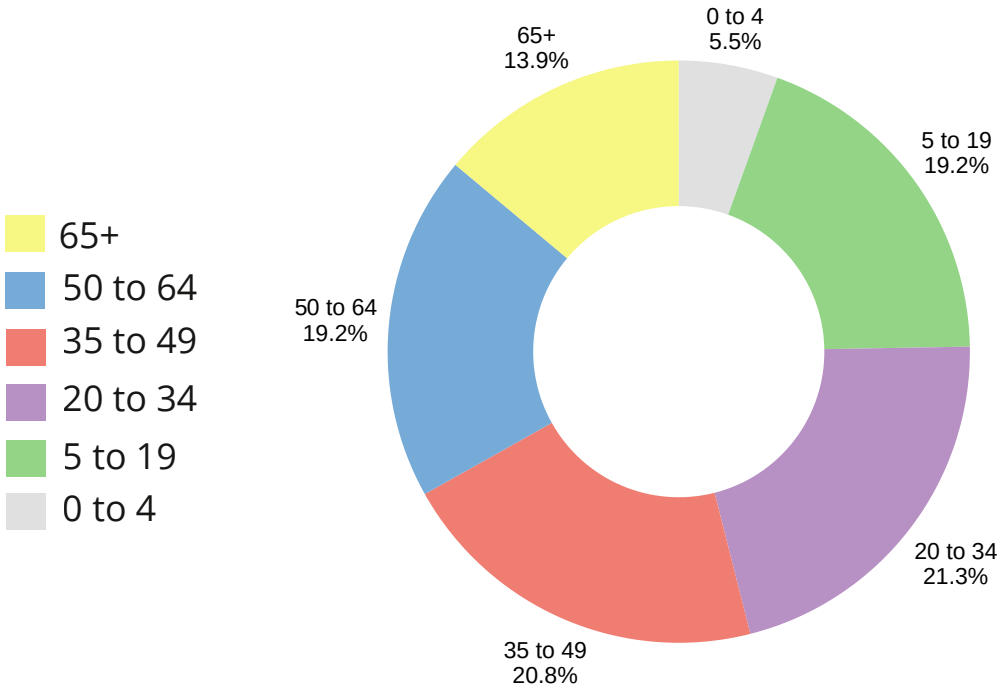
2025 Cobb County Population:

793,345

Cobb By Race/ Ethnicity

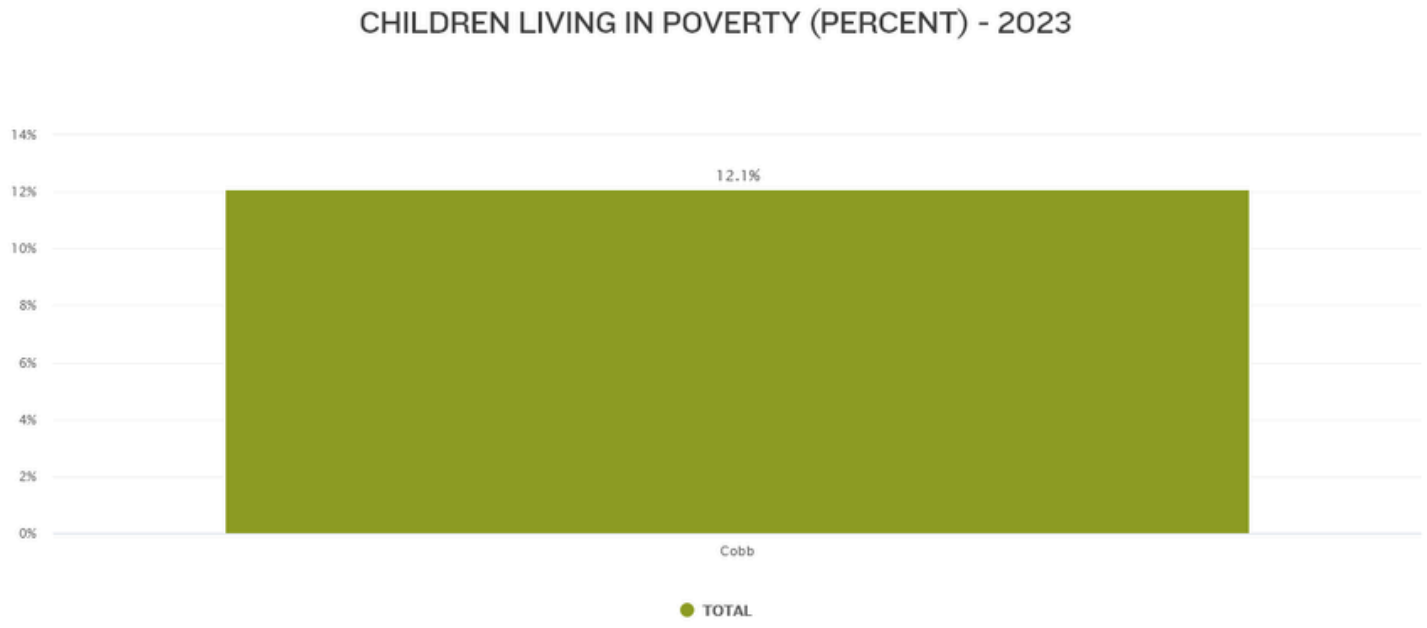


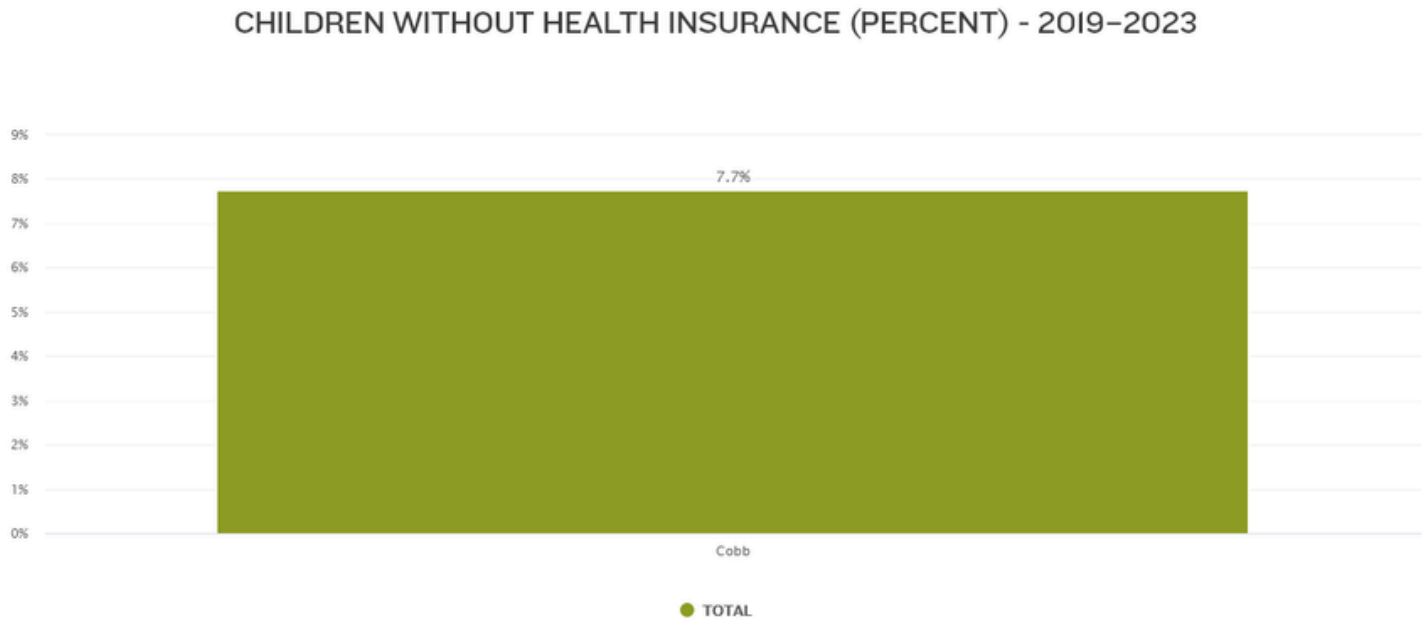
Cobb By Age



Sources: https://usafacts.org

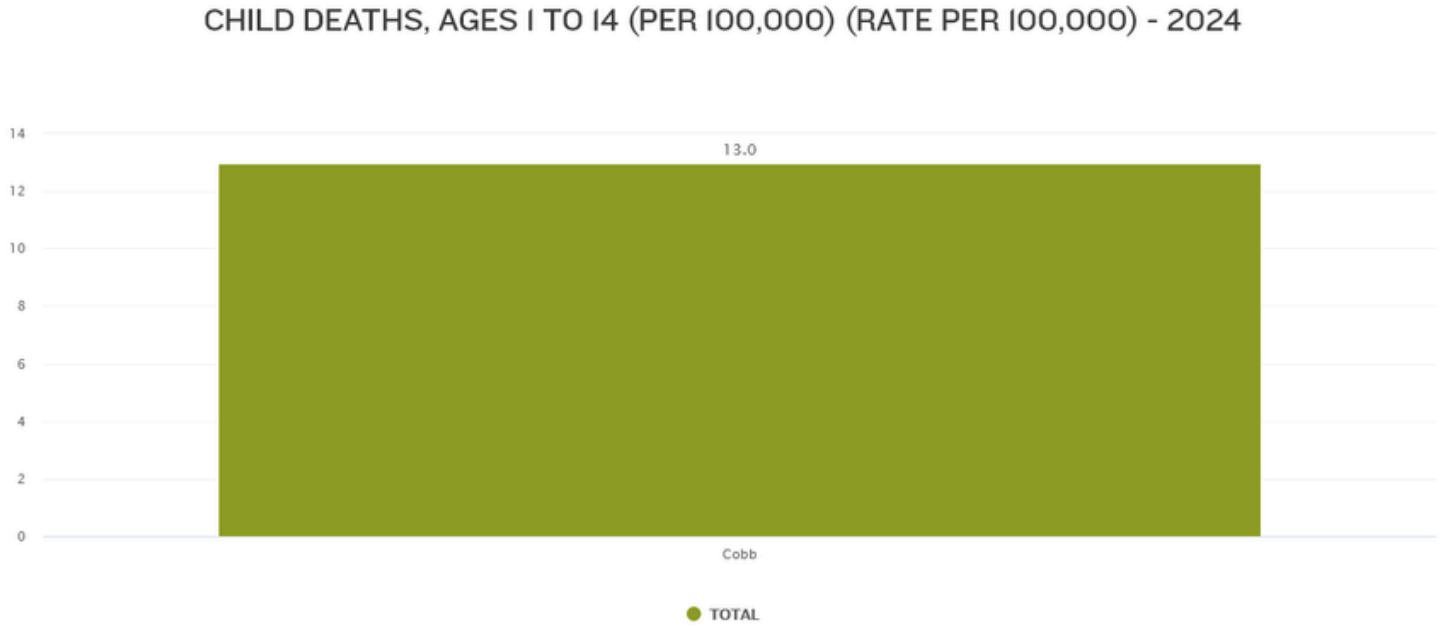
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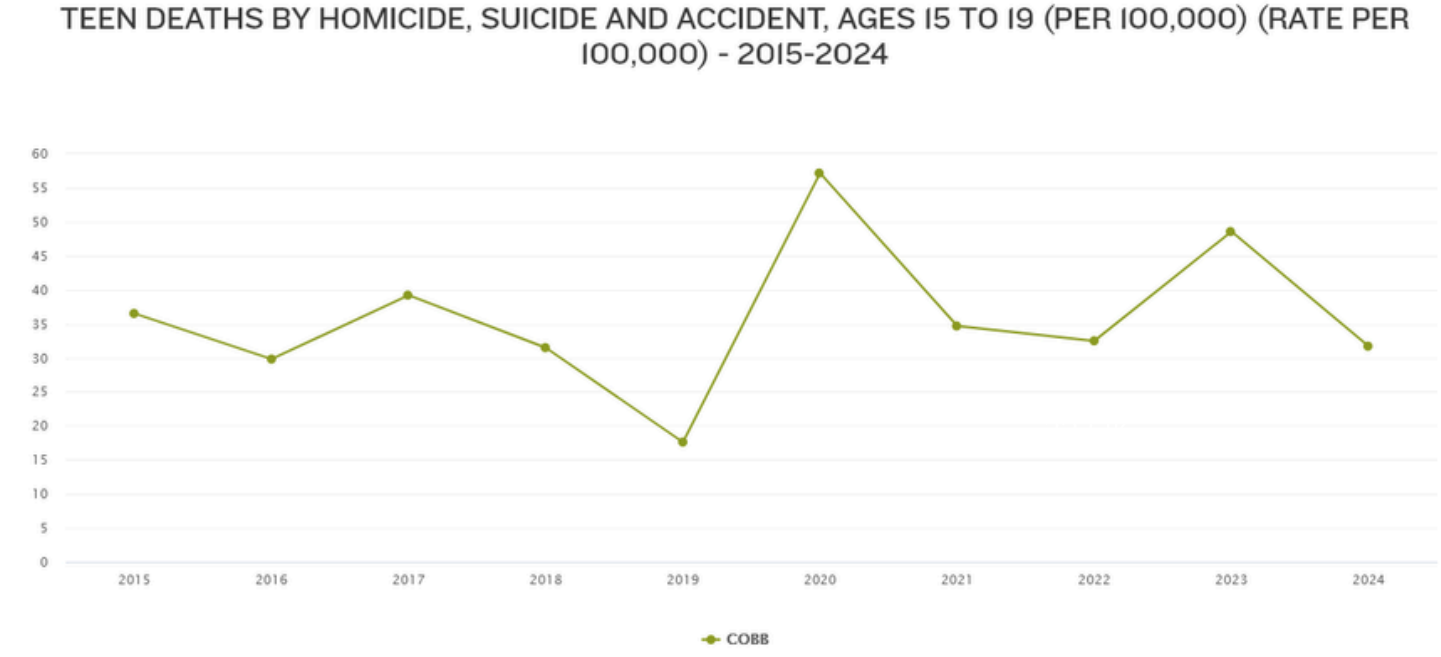




Sources: kidscount.org

Cobb County Data





Sources: kidscount.org

Resources-Direct Services

Advocates for Children - Advocates for Children is an organization of dedicated, skilled professionals and compassionate volunteers committed to the well-being of children, youth and families.
https://advochild.org/about/our-mission/

Cobb County Department of Human Services - The Cobb County Department of Human Services investigates reports of child abuse; finds foster and adoptive homes for abused and neglected children; issues SNAP, Medicaid and TANF; helps out-of-work parents get back on their feet; and provides numerous support services and innovative programs to help families in need.
https://dfcs.georgia.gov/locations/cobb-county ,770-528-7683

Cobb County School Social Workers - School Social Workers are a vital part of the total educational process by helping students and parents obtain the help and resources available to achieve their goals. Not only do they collaborate with school psychologists, teachers, and the entire educational staff to remove barriers to academic success, they also work with community agencies to provide tools for students and their families to function and be productive in every phase of school and social life.
https://cobbsuccessforall.com/

Cumberland Counseling - At Cumberland Counseling Centers, they use evidence-based practices tailored to meet your unique mental health needs.
https://cumberlandcenters.org/

Georgia HOPE - Georgia HOPE is categorized as a Tier Two+ Provider of Community-Based Mental Health Services. The organization provides a number of services that help clients maintain stability in an outpatient environment. These services are either paid for by the person's insurance or, in some cases, by the Georgia Department of Behavioral Health and Developmental Disabilities(DBHDD) for those who do not have insurance.
https://gahope.org/

Good Samaritan Health Center of Cobb - A 501(c)3 non-profit Federally Qualified Health Center. They provide a primary medical and dental healthcare home to the uninsured and underinsured, working poor and indigent in the community. Patients pay on a sliding fee scale based on income and household size with the remaining costs being provided by donations. They also provide counseling, pharmaceutical, referral, and health education programs in an atmosphere of dignity and respect, regardless of race, ethnicity, religion or ability to pay.
https://goodsamcobb.org/

Resources-Direct Services

Highland Rivers Behavioral Health - Highland Rivers Behavioral Health is a public safety net for those who face behavioral health challenges and/or who have intellectual and developmental disabilities and are uninsured and underinsured. The Board provides effective, innovative care and appropriate resources—offering children, adolescents, and adults hope, empowerment, and purpose.
https://highlandrivers.org/

Kate's Club - Providing children, teens, and young adults with programs and services to grieve after the death of a parent, sibling, or caregiver in a safe, social, and therapeutic setting with other children and families with a shared experience.
https://katesclub.org/

NAMI Cobb - Provides education programs, support and advocacy for individuals living with a mental health condition, their families, caregivers and friends as well as the local communities in Cobb County, while also supporting Cherokee, Douglas, Carroll, Bartow and Paulding counties.
https://namicobb.org/

Revved Up Kids - Sexual abuse prevention training programs for children, teens, parents and youth-serving organizations.
https://www.revvedupkids.org/

Ser Familia - Ser Familia's mission is to strengthen, revitalize, and equip Latino youth, couples, parents and families through educational programs that teach improved life, leadership and communication skills, empowering participants to thrive and enjoy a healthy family environment.
https://serfamilia.org

Together with Families - A non-profit that has a mission of preventing foster care caused by poverty through personalized support, meeting concrete needs, equipping families to lead, and building a loving community that reflects the love of Jesus.
https://www.together-families.org/

Resources-Education & Advocacy

Mental Health America - MHA promotes mental health and preventing mental illness through advocacy, education, research and services. Their education services aid Americans of all ages to better understand prevention, early identification and intervention through a variety of information, online tools and events. https://mhanational.org/

NAMI - NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provides tools to educate, support, advocate, listen and lead individuals and organizations to improve the lives of people with mental illness and their loved ones.
https://www.nami.org/Home

Resilient GA - Resilient Georgia builds bridges between public and private partners across the state to create an integrated behavioral health network of services and resources for Georgia's children (0-26) and families. Resilient Georgia is among the only organizations focused on Adverse Childhood Experiences (ACEs) prevention and increasing trauma-informed awareness and care delivery through statewide coalitions. Their services include trainings, events, and education focused on prevention, early intervention, research, advocacy and policy, and System of Care implementation and coordination.
https://www.resilientga.org/

Voices for Georgia's Children - Voices for Georgia's Children (Voices) is an independent, non-partisan catalyst for systemic change. Voices advocates for all of Georgia's 2.5 million children – particularly those whose location, family income, race, or family/community circumstances leave them most vulnerable. They advance laws, policies, and actions that improve their lives.
https://georgiavoices.org/



Mental Health Books for Families

NAMI Main Line PA
has compiled this list of books related to mental health issues for children and teens.
The full list can be found at https://namimainlinepa.org/mental-health-books-for-children-and-teens-and-their-parents/



The list of NAMI Mental Health Books for Children and Teens and their Parents includes books on the following topics:

- Books for Children and Teens about their Psychological Issues
  - ADD/ADHD
  - Anger and Impulse Control
  - Anxiety, Worry and OCD (obsessive-compulsive disorder)
  - Autism
  - Depression and Bipolar Disorder
  - Feelings, Self-Esteem, and Relaxation
  - General and Miscellaneous
  - PTSD and trauma (including separation, sexual abuse and family violence)
  - Schizophrenia
  - Lists of Recommended Books
- Books for Children and Teens who have Parents with Mental Health Conditions, including Substance Abuse
- Books for Children and Teens who have Siblings with a Mental Health Condition
- Books for Parents of Children with Mental Health Issues

Call to Action

"Now that I know, what do I do?"

We're glad you asked! Awareness is not a stopping point. It is our launchpad into action and continued advocacy in building a more trauma-informed and resiliency-focused community. Some next steps you can take toward this include:

- Sign up to receive our newsletter to stay up to date on trauma-informed information, trainings, workshops, and events
- Attend our trauma-credentialed trainings
- Download and share informational pages and graphics to your social media
- Talk to schools and employers to see how they are taking a trauma-informed care approach
- Get involved with local organizations supporting trauma-informed care and resiliency focused practices
- Consider being a mentor for youth
- Visit our MYM Resources Webpage to find more downloadable resources including our Suicide Prevention & Awareness Toolkit



Appendix

Printable Fast Stat Infographics.....A1

ACES and Resilience A-2

ACES Aware Questionnaire..... A-3

GA Essentials for Childhood A-4

CDC Vital Signs ACEs A-5

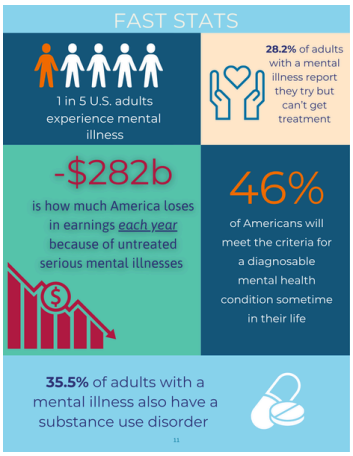
Youth Suicide A-6-7

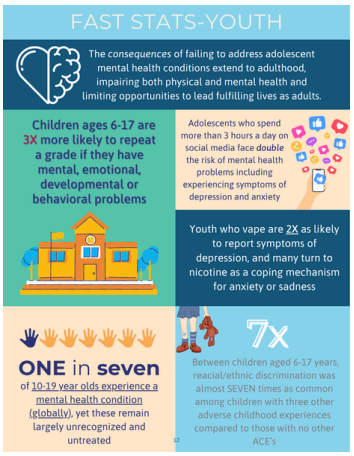
NAMI You are Not Alone..... A-8

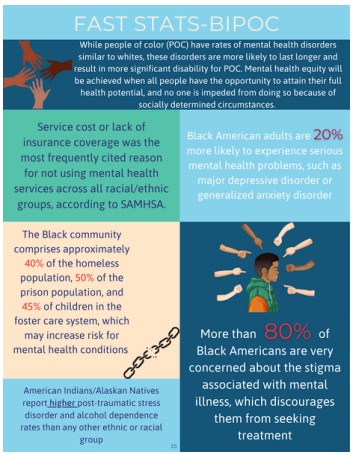
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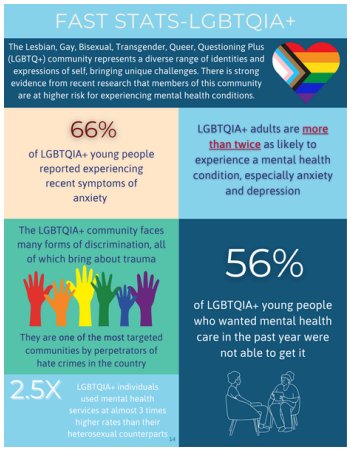
Mind Your Mind

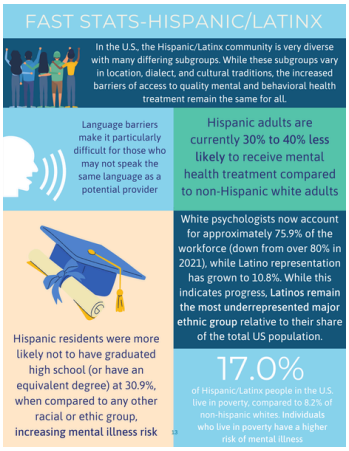
Printable Infographics



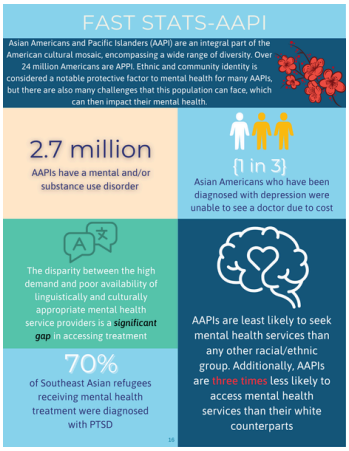


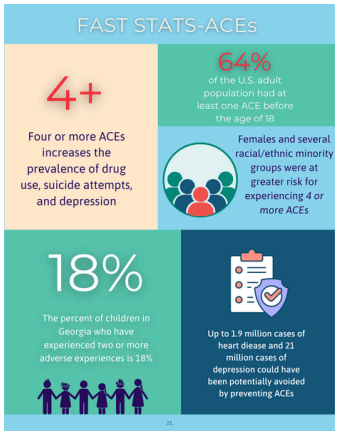


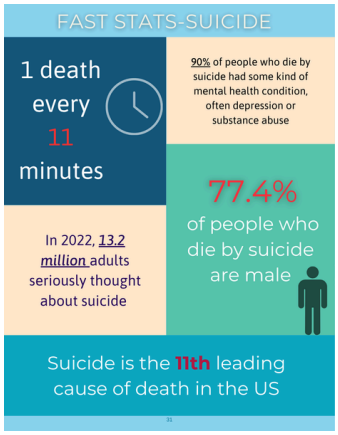


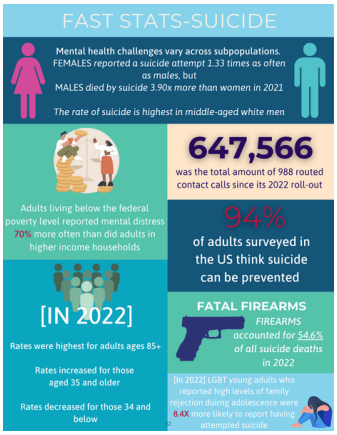












CHILDHOOD EXPERIENCES AND RESILIENCE

Adverse Childhood Experiences (ACEs)arepotentially traumatic events in childhood that can have lasting negative impacts onphysicaland mental health, academic achievement, and overall well-being. Positive Childhood Experiences (PCEs) can help counteract the effects of ACEs by fostering resilience, which is the ability to recover and thrive despite challenges.

ADVERSE CHILDHOOD EXPERIENCES

Prevalence in Georgia

Data from the Georgia Behavioral Risk Factor Surveillance System (BRFSS) shows **16.4%** of Georgia adults experienced at least 4 of the following ACEs:[1, 2, 3, 4]

- **Abuse**: emotional, physical, sexual
- **Neglect**: physical, emotional
- **Bullying**
- **Community violence**
- **Discrimination**
- **Household challenges**: substance abuse, mental illness, domestic violence
- **Loss**: parental separation, divorce, death
- **Natural disasters**

Impact on Health & Life

ACEs increase the risk of:[5, 6]

- Poor physical and mental health
- Substance abuse
- Depression
- Risky behavior
- Difficulty concentrating or making decisions
- Poor academic achievement
- Employment problems

MITIGATING THE IMPACT OF ACES

Resilience is the ability to recover from challenges and can help reduce the lasting effects of ACEs. Caregivers play a key role in building this resilience by creating safe, supportive environments, and modeling healthy behaviors, such as:

- Model healthy coping and relationships
- Respond with patience and care
- Strengthen social connections
- Meet basic needs
- Understand child development
- Teach social and emotional skills

POSITIVE CHILDHOOD EXPERIENCES

Positive Childhood Experiences (PCEs) help mitigate the harm of abuse and help build resilience. The Healthy Outcomes from Positive Experiences, or HOPE, framework has four building blocks:[7]

- **Relationships:** supportive peers and adults
- **Engagement:** social or civic activities
- **Environment:** safe, equitable, and stable environments, at school and home
- **Opportunities:** play, sports, arts, music

SCAN BELOW TO SEE FACTSHEET CITATIONS

Adverse Childhood Experience Questionnaire for Adults

aces aware
SCREEN. TREAT. HEAL.

California Surgeon General's Clinical Advisory Committee

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	
Did you lose a parent through divorce, abandonment, death, or other reason?	
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	
Did you live with anyone who went to jail or prison?	
Did a parent or adult in your home ever swear at you, insult you, or put you down?	
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	
Did you feel that no one in your family loved you or thought you were special?	
Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	
Your ACE score is the total number of checked responses	

Do you believe that these experiences have affected your health? **Not Much** **Some** **A Lot**

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

COBB COLLABORATIVE

Preventing ADVERSE CHILDHOOD EXPERIENCES
Through Positive Connections & Policies

Children are shaped by their earliest experiences and relationships. Creating safe, stable, nurturing relationships and environments are needed to support early brain development and promote lifelong learning and success. Conversely, negative early experiences, called Adverse Childhood Experiences (ACEs), cause high levels of stress, called toxic stress. Frequent and prolonged levels of toxic stress can dramatically change how the brain develops.

This report summarizes data collected in 2016 and 2018 through Georgia's ACEs module (11 questions) as a part of the Georgia Behavioral Risk Factor Surveillance System (GA-BRFSS)[1].

Adverse Childhood Experiences in Georgia

Respondents Reporting ACEs (n=11,581)

• Divorce	33%
• Substance Abuse	25.9%
• Emotional Abuse	25.2%
• Domestic Violence	18.6%
• Physical Abuse	16.3%
• Mental Illness	15.2%
• Sexual Abuse	12.9%
• Incarceration	9.5%

ACEs by Demographic Characteristics

- Females had a slightly higher prevalence of four or more (4+) ACEs compared to males
- Having 4+ ACEs did not significantly differ by race or ethnicity
- College graduates had a significantly lower prevalence of 4+ ACEs than adults with other educational levels.

Potential Outcomes

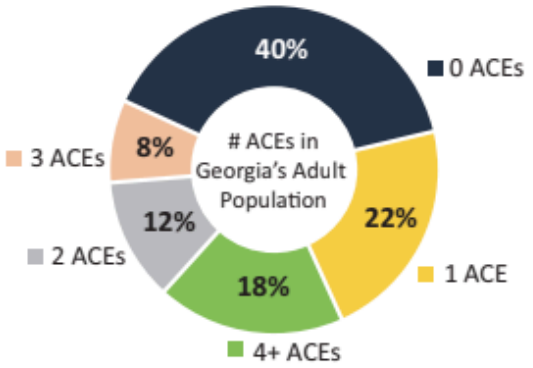
National data shows adults with 4+ ACEs compared to zero are:

- 6 times* more likely to have clinical depression
- 3.6 times* more likely to have serious job problems
- 2.2 times* more likely to have a heart attack

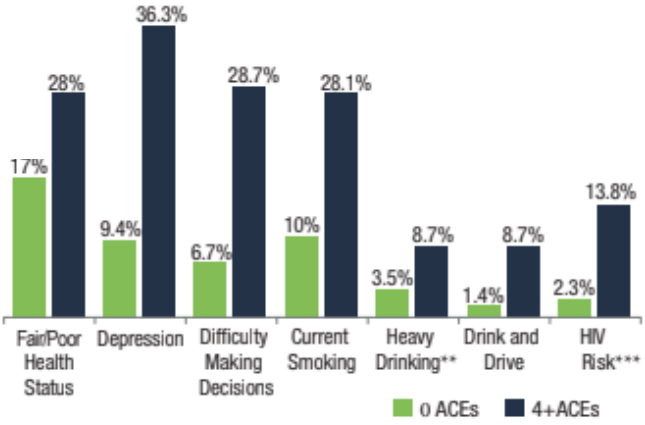
Georgia Essentials for Childhood is a statewide network of organizations and individuals working to build resilient communities, address and prevent adverse childhood experiences, improve community environments, and other forms of trauma, and to create communities where all children thrive in safe, stable, nurturing relationships and environments.

Abuse.PublicHealth.GSU.EDU/Essentials

3 in 5 Georgians Reported at Least One ACE



Health Behaviors and Outcomes for GA Adults Reporting 4+ ACEs Compared to 0 ACEs*



Adults with 4+ ACEs were more likely to:

- Have poor mental health for 14 days or more in the previous month
- Have been diagnosed with depression
- Have difficulty concentrating, remembering, or making decisions due to a physical, emotional, or mental condition

*All displayed results are significant

**Heavy Drinking- Male respondents who reported having more than 14 drinks per week, or female respondents who reported having more than 7 drinks per week.

***HIV Risk- Adults who reported that in the past year they had:
1) Injected any non-prescribed drug, 2) Treated for a sexually transmitted disease, or 3) Given or received money or drugs in exchange for sex

CDC Vitalsigns™

#vitalsigns
NOV. 2019

Adverse Childhood Experiences (ACEs)

Preventing early trauma to improve adult health

Want to learn more?
www.cdc.gov/vitalsigns/aces

1 in 6 1 in 6 adults experienced four or more types of ACEs.

5 of 10 At least 5 of the top 10 leading causes of death are associated with ACEs.

44% Preventing ACEs could reduce the number of adults with depression by as much as 44%.

Overview:

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing
up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented.

Preventing ACEs can help children and adults thrive and potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking, and heavy drinking.
- Improve education and job potential.
- Stop ACEs from being passed from one generation to the next.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control



PROBLEM:

Adverse Childhood Experiences impact lifelong health and opportunities.

ACEs are common and the effects can add up over time.

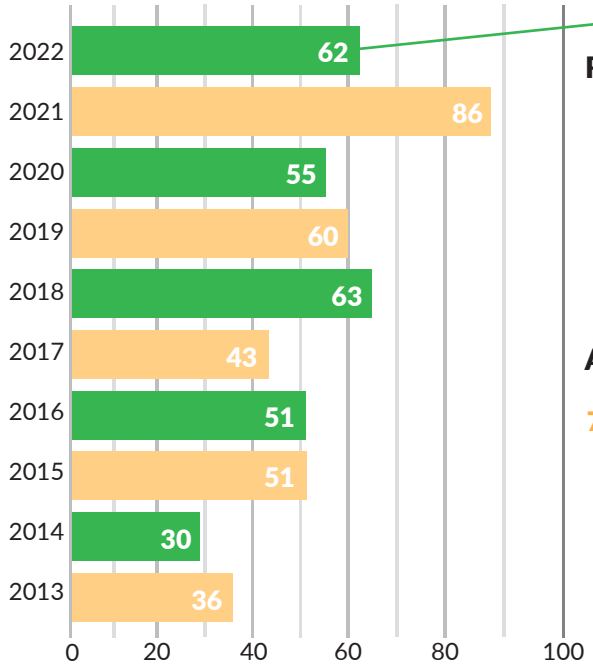
- 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.
- Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.
- Many people do not realize that exposure to ACEs is associated with increased risk or health problems across the lifespan.

Youth Suicide in Georgia

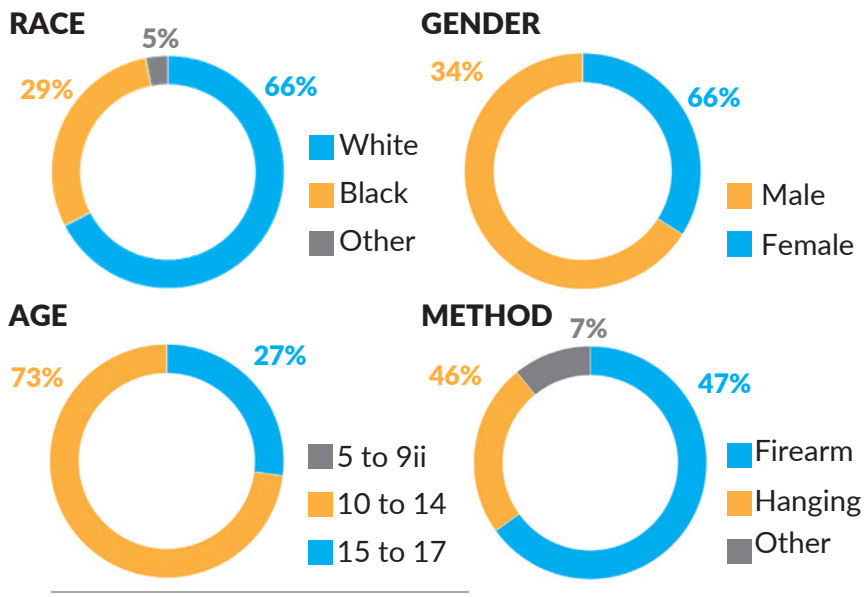
Suicide was the fourth leading cause of death for Georgia children aged 5-17 in 2022.[1]

Youth Suicides in Georgia, Ages 5-17

Source: State Child Fatality Review Panel



BREAKING DOWN THE 2022 DATA[i, 2]

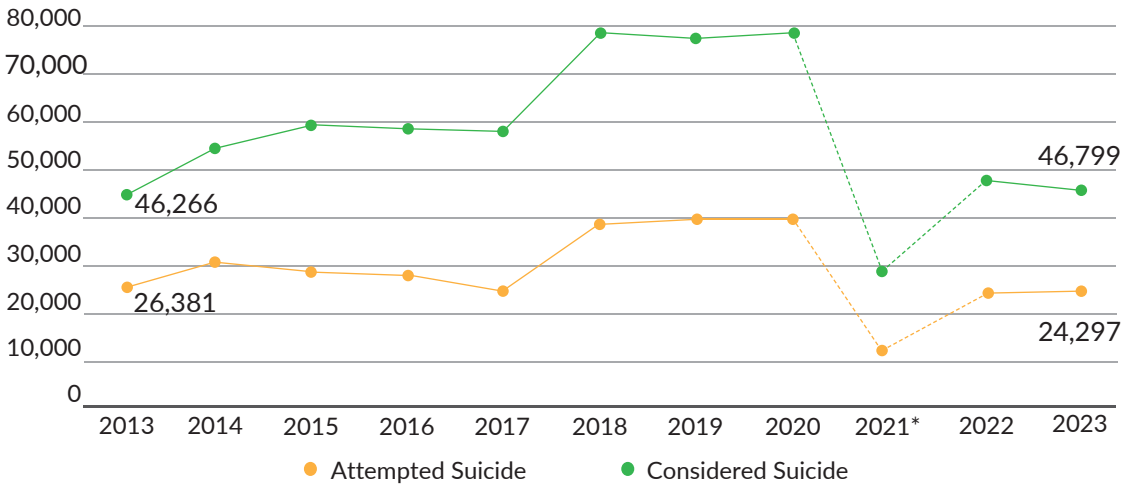


[i] *2022 data are provisional*

[ii] *There were no deaths for the 5-9 age range.*

Georgia Student Health Survey

Source: Georgia Department of Education



Important to note: Responses on the Student Health Survey have been lower post-2021 than prior to that date. In 2022, there were 418,705 responses in comparison to 725,229 responses in 2020.

In 2023:

73,081 students reported having seriously considered harming themselves

44,330 students reported having harmed themselves

The number of children, age 0-17 in Georgia who visited emergency rooms for reasons related to suicide more than doubled between 2008 and 2022.[3]

**The Georgia Student Health Survey was not administered during the 2020-2021 school year. Instead, the GaDOE developed a brief Student Wellness Survey to highlight non-academic barriers to learning.*

Warning Signs of Suicidal Behavior

These signs may mean that someone is at risk for suicide. Risk is greater if the behavior is new or has increased, and if it seems related to a painful event, loss, or change. Risk is also greater with the presence of multiple warning signs.[4]

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting online about wanting to die
- Making plans for suicide

Protective Factors to Prevent Suicide

There are a range of protective factors at the individual, relationship, and community levels that can buffer individuals from suicidal thoughts and behaviors.[5]

Individual Protective Factors:

- Effective coping and problem-solving skills
- Reasons for living (i.e., family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors:

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors:

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Comprehensive Prevention Strategies and Examples[6]

Identify and assist persons at risk

Examples: training for community leaders, suicide screening, teaching warning signs, referral to professional help (e.g., 988 Suicide and Crisis Lifeline, My GCAL line and app)

Ensure access to effective treatment

Examples include: safety planning, evidence-based treatment, and reducing financial, cultural, and logistical barriers to care

Reduce access to means of suicide

Examples: educating families, distributing gun safety locks, changing medication packaging, installing barriers on bridges

Promote social connectedness and support

Examples: social programs for specific population groups, promote healthy peer norms, and engage community members in shared activities

Support safe care transitions and organizational linkages

Examples: formal referral protocols, interagency agreements, crosstraining, follow-up contacts, rapid referrals, and patient/family education

Respond effectively to individuals in crisis

Examples: mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-support programs

Provide coping and problem solving skills

Examples: Skills training, including parenting programs and education programs that support resilience

Provide immediate and long-term support after a suicide

Examples: protocols to respond effectively and compassionately after a suicide, supports for people bereaved by suicide

You are NOT ALONE

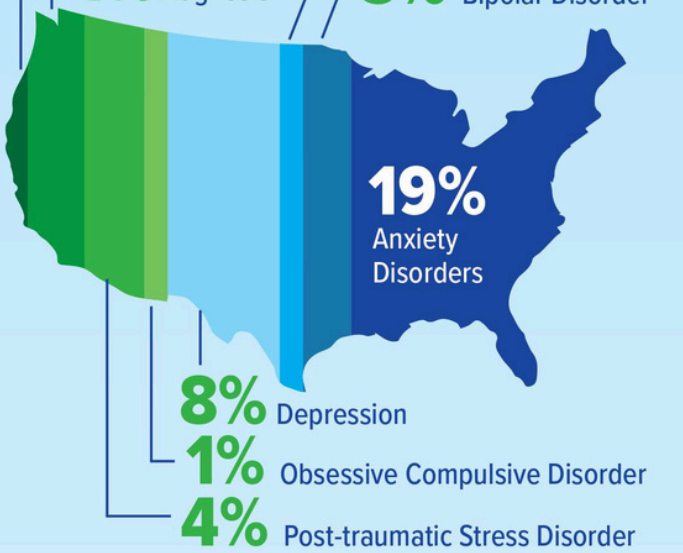
Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.

1 in 5 U.S. adults experience mental illness

1 in 20 U.S. adults experience serious mental illness

17% of youth (6-17 years) experience a mental health disorder

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)



12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)

- **21%** of all adults
- **14%** of Asian adults
- **17%** of Black adults
- **17%** of Native Hawaiian or Other Pacific Islander adults
- **18%** of Hispanic or Latinx adults
- **19%** of American Indian or Alaska Native adults
- **22%** of white adults
- **32%** of adults who report mixed/multiracial
- **44%** of lesbian, gay and bisexual adults

WAYS TO REACH OUT AND GET HELP

- Talk with a health care professional
- Call the NAMI HelpLine at 800-950-NAMI (6264)
- Connect with friends and family
- Join a support group

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats

NAMI HelpLine 800-950-NAMI (6264) | NAMI | NAMICommunicate | NAMICommunicate | www.nami.org

NAMI National Alliance on Mental Illness

COBB COLLABORATIVE

The Difference Between Dialing 988 and or GCAL (1-800-715-4225) for Georgia Crisis System Stakeholders:

988 is an easy-to-remember number to provide people who need crisis services, but callers may be directed to call centers out of state. As of September 2023, 95% percent of calls are answered in state.

GCAL is best for guaranteeing Georgia-based services, for example, coordinating mobile crisis, local referral resources, and locating open crisis or detox beds across the state.

Someone to talk to



Call, Text or Chat 988

- Easy-to-remember number to provide individuals and families in need of services
- Will be marketed widely
- Available 24/7 nationwide for **phone calls, texts, and chat via 988lifeline.org**

Call GCAL (1-800-715-4225)

- To access local referral services and resources
- Available 24/7 in Georgia

Someone to respond



Call, Text or Chat 988

- Mobile crisis is available statewide but will likely need to be routed and coordinated through multiple call centers

Call GCAL (1-800-715-4225)

- Direct access to mobile crisis statewide
- Direct coordination with local 9-1-1/EMS as appropriate
- Local outpatient community provider response

Somewhere to go for crisis care



Call, Text or Chat 988

- Access to crisis system, but may be routed to out-of-state call centers without access to Georgia's treatment bed capacity
- Additional community services may need to be coordinated through multiple call centers:
  - Crisisstabilizationunits
  - Crisisservicecenter
  - Peerwellnessrespite
  - DetoxandSubstance Use Disorder (SUD) treatment
  - Inpatientbeds
  - Outpatientcrisis

Call GCAL (1-800-715-4225)

- Immediate access to live treatment bed board capacity
- Direct connections with community services:
  - Crisisstabilizationunits
  - Crisisservicecenter
  - Peerwellnessrespite
  - DetoxandSubstanceUse Disorder (SUD) treatment
  - Inpatientbeds
  - Outpatientcrisis

References

Sources

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- MentalHealth.gov, SAMSHA
- MentalHeath.gov
- https://www.nami.org/About-Mental-Illness, https://www.nami.org/Blogs/From-the-CEO/October-2021/World-Mental-Health-Day-Increasing-Access-Research-Hope
- https://dashboards.mysidewalk.com/cobb-county-community-health/cobb-county-demographics, https://www.cdc.gov/childrensmentalhealth/data.html, https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/social-media/index
- https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx, https://dashboards.mysidewalk.com/cobb-county-community-health
- https://www.samhsa.gov/blog/lgbtqi-youth-all-americans-deserve-evidence-based-care, https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.20220763, https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQ
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- https://namica.org/api/
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