Georgia First Responder Pocket Guide

Georgia Resources for Behavioral Health and Addictive Disease

Help Line: 770-408-0625
Office: 770-234-0855
This pocket guide was developed as a resource to:

- Assist first responders in identifying signs of behavioral health or addictive disease disorders.
- Provide tools for de-escalating and mediating a crisis.
- Provide resources and support systems to assist individuals with behavioral health and/or addictive diseases, their families, and others who support them.
INDEX

Common Signs and Symptoms.........................................................1
  • Delusions.............................................................................2
  • Psychosis..........................................................................3
  • Hallucinations.....................................................................4
  • Depression..........................................................................5
  • Mania..................................................................................6
  • Catatonic.............................................................................7

Universal Tips for Engaging Persons in Crisis..............................8

Recognize Threats of Suicide.....................................................9

Tips for Engaging Suicidal Individuals......................................10

Tips for Engaging Youth in Crisis............................................12

Characteristic Signs of Addiction............................................13

Tips for Engaging Addiction Crisis..........................................14

Autism – Warning Signs.........................................................15

Autism: Tips for Engaging Crisis............................................16

Huntington’s Disease.............................................................17

Alzheimer’s Disease...............................................................18

Recognizing Alzheimer’s.......................................................19

Dementia and Driving............................................................20

Finding Lost or Missing Older Adult......................................21

Alzheimer’s Disease and Dementia Tips for Engaging..............22

Alzheimer’s/Dementia Resources..........................................23

VETERANS SERVICES............................................................25

Tips for Assisting Veterans in Crisis.......................................26
VA Southeast Network (VISN7).................................................................27
  • VA Hospitals..................................................................................28
  • VA Outpatient Clinics.......................................................................29
Behavioral Health Crisis Centers.............................................................34
Crisis Stabilization Units.........................................................................35
DBHDD Services.....................................................................................36
COMMUNITY RESOURCES.....................................................................37
GEORGIA ASSOCIATION OF COMMUNITY SERVICES BOARDS..........................38
  • CSB’s List in Alphabetical Order....................................................39
Behavioral Health Link.............................................................................43
ADDITIONAL RESOURCES AND SUPPORT..............................................45
National Alliance on Mental Illness,
  Georgia (NAMI Georgia)......................................................................46
Georgia Parent Support Network, Georgia Mental Health Consumer Network, Georgia Council on
  Substance Abuse..................................................................................47
CETPA (Spanish speaking), RAKSHA (South Asian), All About Developmental Disabilities, The ARC Georgia.........................48
MEDICATIONS.........................................................................................50
Psychiatric Medications..........................................................................51
Medications to Treat Addiction...............................................................52
Law Enforcement Resources...................................................................46
Notes........................................................................................................57
COMMON SIGNS, SYMPTOMS AND DEFINITIONS
Delusions

Delusions are often associated with psychosis. Delusions are strong beliefs that are unlikely to be true and may seem irrational to others. For example:

- Believing external forces are controlling their thoughts, feelings and behaviors.
- Believing that trivial remarks, events or objects have personal meaning or significance.
- Thinking they have special powers, such as being on a special mission from God.
**Psychosis**

A person who is psychotic is out of touch with reality. People with psychosis may hear “voices” or have strange and illogical ideas, such as thinking that others can hear their thoughts, are trying to harm them, or that they are the President of the United States or some other famous person. (delusions).

They may get excited or angry for no apparent reason, spend a lot of time by themselves or in bed, or sleeping during the day and staying awake at night.

The person may neglect appearance, such as not bathing or changing clothes. The person may also be hard to communicate with because they barely talk or may say things that do not make sense.

Psychosis can include delusions and hallucinations.
Hallucinations

Hallucinations involve the five senses; sensing things that are not there or not experienced by others. These senses include:

- Auditory - hearing voices or other sounds (most common hallucination)
- Visual - seeing things
- Olfactory – smelling things
- Gustatory – tasting things
- Tactile – feeling things or sensations
Depression

Depression is a serious medical illness that goes far beyond feeling sad or blue. It affects thoughts, feelings, behavior, mood, and physical health. Common Symptoms are:

- Loss of energy
- Isolation
- Poor Concentration
- Changes in appetite
- Changes in sleep
- Lack of interest
- Low self-esteem
- Hopelessness or guilt
- Movement changes
  (may appear slowed down)
**Mania**

An elevated mood state that may become more irritable. Judgement can be impaired. Behavior can be unpredictable, impulsive, and reckless. Symptoms can include:

- Increased talkativeness
- Decreased need for sleep
- Easily Distracted
- Racing thoughts
- Overly happy for extended period
- Increased level of irritability
- Over confident
- Extremely elevated self-esteem
- Hyper-sexual
Catatonic

Someone who is catatonic may experience the following:

- Inability to move or speak
- Appear unresponsive
- Mimic sounds (echolalia)
- Mimic movements (echopraxia)

Although rare, catatonia is a medical emergency and you should take action immediately!
Universal Tips for Engaging Persons in Crisis

- **Maintain your safety at all times!**
- Do not take encounters personally. *The person doesn’t know you and it is not about you!*
- Stay calm
- Minimize distractions
- Lower your voice
- Be sincere and truthful
- Be attentive and actively listen
- Use empathy
- State instructions clearly
- Call for assistance and back-up, if needed
- Do not argue about or attempt to disconfirm/negate delusions. It is *their* reality!
Recognize Threats of Suicide

Warning Signs:

• Talks about committing suicide
• Has trouble eating and/or sleeping
• Experiences drastic changes in behavior
• Loses interest in work, school, hobbies, etc.
• Withdraws from family and/or friends
• Loses interest in personal appearance
• Starts or increases use of alcohol or drugs
• Taking unnecessary risks
• Has attempted suicide before
• Has had recent severe losses
• Gives away prized possessions
• Shows happiness after prolonged depression
Tips for Engaging Suicidal Individuals

• Ask direct questions and save a life!
  Questions should include:
  “Are you thinking of ending your life?”
  “Are you thinking of dying today?”
  “Do you have a plan?” If so, “what is your plan?”
  “Do you have access to weapons (if not apparent)?”
  “What brought you to this point today?”
  “What has happened that makes you believe that suicide is your best option right now?”

• Do not leave individual alone
• Be careful about granting request to bring family, friends, pastors, partners, etc. to location while in stages of de-escalation
Tips for Engaging Suicidal Individuals, cont’d

• Ask questions that will give individual reasons to live, such as “Do you have children? If so, what are their names?”
• Once you get names, use names in future questions, such as, “How old is your Sarah?” “What school does Sarah attend?” “What type of things does Sarah like to do?”
• Don’t be afraid to state the facts: “If you kill yourself, statistics indicate that your children and/or your friends, are more likely to consider suicide as an option to solving problems.”
• Let them know that suicide is a permanent outcome to a temporary problem. They can get through it in time and with assistance.
• Don’t make promises you cannot keep
• Know your community resources
**Tips for Engaging Youth in Crisis**

- Physically place yourself at child’s level if you feel it’s safe to do so.
- Reassure child that you are there for them, not their parents, teacher, etc.
- Begin by talking about everyday topics to build trust, such as “I see you have a sketch pad. Are you an artist”? “Can I see some of your drawings?” “Do you take art in school?”
- Use direct questions.
- Ask one question at a time.
- Observe how youth behaves and responds to others.
- Get information from parents, guardians, caregivers describing youth’s behavior, mental health history, etc.
- Remember family is also in crisis and need reassuring.
- Know your community resources.
Signs and Symptoms of Addiction

Physical and psychological

- Bloodshot eyes
- Pupils that appear larger or smaller than normal
- Poor hygiene or grooming habits
- Body tremors
- Impaired speech
- Problems with coordination
- Intense mood swings
- Irritable
- Can appear giddy or hyperactive
- Appearing paranoid, fearful or anxious without cause
- Lack of drive or motivation

It is important to note that some of the signs of addiction can be very similar to signs of mental illness. Do not assume you can differentiate. That is the role of a professional!
**Tips for Engaging Addiction Crisis:**

- Be sincere, truthful and professional
- Be non-threatening
- Use empathy and patience
- Allow individual time to explain
- Assess for overdose and/or withdrawal
  - Alcohol and benzodiazepine withdrawals are medical emergencies and you should act/respond/get help immediately!
  - Heroin overdose is medical emergency and you should act/respond/get help immediately!
- Give individual ample space
- State instructions clearly and be specific
- Provide a calm environment
- Reduce unnecessary external stimuli (crowds, sirens, lights, etc.)
Autism

Common recognizable behaviors of Autism are:

- Responding negatively to touch
- Repetitive behavior such as repeating same phrase or motion
- Obsessive routines such as becoming aggressive or destructive if routine is broken
- Devoid of and unable to express emotion other than anger
- May speak little or not at all
- May respond negatively to bright lights
- May respond negatively to loud sounds, such as sirens and/or radios.
Autism Interactions Dos and Don’ts:

- Avoid attempts to gain eye contact.
- Speak slowly and concisely.
- Ask one question at a time and give one request at a time.
- Allow individual time to process one question or request at a time. For instance, “What is your name?” or “Do you have a phone number?” Individual may be able to write a number and/or name.
- Do not interpret a pause or silence as non-compliance.
- Avoid touching individual if not necessary.
- If near a body of water, calmly ask individual to step away from water.
- Reassure and remain calm.
Huntington’s Disease (HD)
Common recognizable characteristics of Huntington’s Disease:

- *Psychiatric/behavioral disorder* that presents itself as irregular speech patterns, such as too loud, soft, fast, or slow; irritability or combativeness, impulsiveness, explosive temper/outbursts, and/or sexual inappropriateness

- *Movement disorder* that presents itself as staggering gait or jerking or abrupt movements of the face, trunk, or limbs

- *Cognitive disorder* that may cause change in mental functioning, such as slurred speech, inability to answer questions quickly, disoriented lack of attention, or driving erratically or too slow

Poor understanding of the unique challenges posed by HD can escalate a difficult interaction into a crisis. This is purely a neurological disorder and can be fatal. If identified and simply able to say, “I know what HD is and I am here to help,” can potentially help to de-escalate a volatile situation.
Alzheimer’s Disease

Warning Signs:

- Memory loss that disrupts life
- Challenges in planning or solving problems
- Difficulty performing familiar tasks
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- Misplacing things and losing ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood and/or personality
- New problems with words in speaking or writing
- Wandering (walking or driving), which is often associated with forgetting way home or trying to return to former familiar residence
Alzheimer’s Disease cont’d.

- **Identification clues** - jewelry, clothing tags, and/or driver’s license

- **Physical clues** - blank facial expressions, inappropriate clothing, age, and/or unsteady gait

- **Psychological clues** - short term memory loss, confusion, communication problems, agitation, catastrophic reactions, delusions and hallucinations
Alzheimer’s Disease cont’d.

Warning Signs:

• Erratic driving with slow/poor traffic decisions
• Intoxicated-like behavior
• Inability to pull over safely
• Lost or disoriented behavior
• Defensive or agitated behavior
• Decreased or poor judgment
• Vague answers that don’t match questions
• Destination location or route that doesn’t make sense
• Unsteady gait
• No valid license, registration, or insurance
• Difficulty determining date, time, or year
Alzheimer’s Disease cont’d.

Finding Lost or Missing Older Adult

When person is reported missing, initiate search immediately and issue a Mattie’s Call.

When finding a person, but not able to identify them or locate family:

- Look for identifying jewelry (Medic Alert, Safe Return)
- Contact Alzheimer’s Association for assistance 1-800-272-3900
- Take person to emergency room for evaluation
- Contact Adult Protective Services (emergency funds available for temporary placement)
- Utilize secured Assisted Living Facility
Tips for Engaging a Person with Alzheimer’s Disease and Dementia:

- Approach from the front.
- Introduce yourself and state why you are there.
- Minimize distractions (radios, sirens, onlookers); keep away from crowds.
- Establish 1:1 conversation by making eye contact.
- Speak slowly and calmly, be patient and respectful.
- Look for signs of identification, such as, jewelry, clothing labels, and driver’s license.
- Assess for memory loss by asking:
  “What day, month, year it is?”
  “Where is your current address?”
  “Who is current president?”
- Do not argue with individual. Their reality is their reality! If necessary, use another person to communicate.
- Always tell them what you will be doing, and explain while doing it.
- Individual may be agitated; don’t take what they say personally.
Alzheimer’s/Dementia Resources

- MedicAlert and Safe Return Crisis Line 1-800-572-1122

- Georgia Alzheimer’s Association 1-800-272-3900

- Behavioral Health Link 1-800-715-4225
**Trauma Informed Responses/Tips**

In any behavioral health intervention, it is important to recognize and be mindful of:

- The interrelation between mental illness, substance use, and trauma (and symptoms of trauma)
- The person’s need to be respected, and informed
- The person’s need to be hopeful of recovery
- The importance of connecting person to resources and supports (including family)
- Not blaming, shaming or using words or behaviors that may re-traumatize
- The need to provide appropriate space
- The need to assess for suicide

For information, training, and resources on trauma informed interventions

Visit: www.samhsa.gov/nctic/trauma-intervention
VETERANS SERVICES AND ENGAGING VETERANS IN CRISIS

In an emergency, take Veteran to area VA Hospital or VA Clinic, regardless of discharge status.
Tips for Assisting Veterans in Crisis:

- Remain calm
- Be aware of personal space
- Assess for weapons
- Evaluate stress (veterans and yours)
- Clarify roles
- Be respectful
- Recognize memory and attention difficulties
- Minimize distractions
- Recognize need for sense of safety
- Recognize need for self-control
- Provide choices when possible

Remember a Veteran may be preoccupied with issues of safety and control.
Veteran’s Services, cont’d.

VA Southeast Network (VISN7)

www.southeast.va.gov,
678-924-5700

VA Hospitals in the Southeast

- **Atlanta VA Health Care System**
  1670 Clairmont Road
  Decatur, GA 30033
  404-321-6111

- **Carl Vinson VA Medical Center**
  1826 Veterans Blvd.
  Dublin, GA 31021
  478-272-1210

- **Charlie Norwood VA Medical Center**
  950 15th Street Downtown or
  1 Freedom Way Uptown
  Augusta, GA 30904
  706-733-0188
VA Hospitals in Southeast cont’d.

- **Central Alabama Veterans Health Care System-East Campus**
  2400 Hospital Road
  Tuskegee, AL 36083
  334-727-0550 | 800-214-8387

- **Ralph H. Johnson VA Medical Center**
  109 Bee Street
  Charleston, SC 29401
  843-577-5011 | 888-878-6884
Georgia VA Community Based Outpatient Clinics

- Atlanta VA Clinic
  Decatur, GA
  404-329-2222

- Athens Clinic
  Athens, GA
  706-227-4534

- Austell VA Clinic
  Austell, GA
  404-329-2222

- Brunswick VA Clinic
  Brunswick, GA
  912-261-2355

- Columbus VA Clinic
  Columbus, GA
  706-257-7216

- East Point VA Clinic
  Atlanta, GA
  404-321-6111
Georgia VA Community Based Outpatient Clinics Cont’d

• Fort Benning VA Clinic
  Fort Benning, GA
  706-257-7200

• Fort McPherson VA Clinic
  Atlanta, GA
  404-321-6111

• Trinka Davis Veterans Village Clinic
  Carrollton, GA
  404-321-6111

• Hinesville VA Outpatient Clinic
  Hinesville, GA
  912-408-2900

• Kathleen VA Clinic
  Kathleen, GA
  478-224-1309

• Lawrenceville VA Clinic
  Lawrenceville, GA
  404-329-2222

• Newnan VA Clinic
  Newnan, GA
  404-329-2222
Georgia VA Community Based Outpatient Clinics Cont’d

- Oakview VA Clinic
  Flowery Branch, GA
  404-728-8210

- Rome Outreach Clinic
  Rome, GA
  706-235-6581

- Statesboro VA Clinic
  Statesboro, GA
  912-871-8719

- Stockbridge VA Clinic
  Stockbridge, GA
  404-329-2222

- Valdosta VA Clinic
  Valdosta, GA
  229-293-0132

- Waycross VA Clinic
  Waycross, GA
  912-279-4400
Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD)

Service Locator
www.dbhdd.georgia.gov/find-location

• State Psychiatric Hospitals
• Regional Field Offices
• Behavioral Health Crisis Centers
• Crisis Stabilization Units

State Psychiatric Hospitals
• Georgia Regional Hospital (Atlanta)
• West Central Georgia Regional Hospital (Columbus)
• Central State Hospital (Forensics) (Milledgeville)
• East Central Regional Hospital (Augusta)
• Georgia Regional Hospital (Savannah)
DBHDD Regional Field Offices

Region 1 –
www.dbhdd.georgia.gov/region-1-field-office
678-947-2818

Region 2 –
www.dbhdd.georgia.gov/region-2-field-office
706-792-7741

Region 3 –
www.dbhdd.georgia.gov/region-3-field-office
404-244-5050

Region 4 –
www.dbhdd.georgia.gov/region-4-field-office
229-225-5099

Region 5 –
www.dbhdd.georgia.gov/region-5-field-office
912-303-1649

Region 6 –
www.dbhdd.georgia.gov/region-6-field-office
706-565-7835
Behavioral Health Crisis Centers (BHCC)

A behavioral health crisis center (BHCC) provides 24/7 walk-in access to psychiatric crisis assessment, intervention, and counseling to support individuals experiencing a crisis, substantial and overwhelming stress, or a change in behavior that severely impairs functioning or causes increased personal distress. Three (3) on-site services include: 1) Crisis Walk-In, 2) Temporary Observation Unit, and 3) Crisis Stabilization Unit (CSU)

1. Advantage BHCC (Athens) 706-354-3978
2. Aspire BHCC (Albany) 229-430-1360
3. Behavioral Health Services of South Georgia BHCC (Valdosta) 229-671-3500
4. Bradley Center (Columbus) (706) 320-3700
5. Cobb BHCC (Marietta) (404) 294-0499
6. DeKalb BHCC (Decatur) (404) 294-0499
7. Georgia Pines BHCC (Thomasville) (229) 225-5223
8. Gateway BHCC (Brunswick) (912)-554-8472
9. Pinewoods BHCC (Griffin) (770) 358-8338
Crisis Stabilization Units (CSU)

1. Avita CSU (Flowery Branch)
2. Coastal Harbor (Savannah)
3. Highland Rivers (Cedartown)
4. Highland Rivers (Dalton)
5. Highland Rivers (Rome)
6. Pineland CSB John’s Place CSU (Statesboro)
7. Phoenix Pointe Adult CSU (Warner Robins)
8. CSB of Middle GA Quentin Price, MD CSU (Dublin)
9. River Edge Child & Adolescent CSU (Macon)
10. River Edge Crisis Services Center (Milledgeville)
11. River Edge—The Recovery Center (Macon)
12. Unison St. Illa Crisis Stabilization Program (Waycross)
13. Pathways—Second Seasons Adult CSU (LaGrange)
14. Pathways—Hope’s Corner Adolescent (Greenville)
15. Serenity Behavioral Health Systems CSU (Augusta)
16. View Point Health Adult CSU (Lawrenceville)
17. View Point Health Adolescent CSU (Decatur)
DBHDD Services

- **Deaf Services** – (facilitates reasonable accommodations for individuals who are deaf, and heard of hearing, and provides information related to Sign Language Interpreter services)
  [www.dbhdd.georgia.gov/deaf-services](http://www.dbhdd.georgia.gov/deaf-services)

- **PATH** – (Projects for Assistance in Transition from Homelessness)
  [www.dbhdd.georgia.gov/adult-mental-health](http://www.dbhdd.georgia.gov/adult-mental-health)

- **Addictive Diseases** –
  [www.dbhdd.georgia.gov/addictive-diseases](http://www.dbhdd.georgia.gov/addictive-diseases)

- **Children, Young Adults, and Families** –

- **Adolescent Services** –
  [www.dbhdd.georgia.gov/adolescent-services](http://www.dbhdd.georgia.gov/adolescent-services)

- **Developmental Disabilities** –
  [www.dbhdd.georgia.gov/developmental-disabilities](http://www.dbhdd.georgia.gov/developmental-disabilities)
COMMUNITY RESOURCES
Community Service Boards

- **Advantage Behavioral Health Systems**, www.advantagebhs.org, 706-389-6789  
  (Counties: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton)

- **Aspire Behavioral Health & Developmental Disability Services**, www.albanycsb.org, 229-430-4042  
  (Counties: Baker, Calhoun, Dougherty, Early, Lee, Miller, Terrell, Worth)

- **Avita Community Partners**, www.avitapartners.org, 678-513-5700  
  (Counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White)

- **Clayton Center CSB**, www.claytoncenter.org, 770-473-2416  
  (County: Clayton)

- **Cobb/Douglas CSB**, www.cobbcsb.com, 770-429-5000  
  (Counties: Cobb, Douglas)

- **CSB of Middle Georgia**, www.csbg.com, 478-272-1190  
  (Counties: Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox)
• Dekalb CSB, www.dekcsb.org
   404-508-7963 (County: Dekalb)

• Fulton County DBHDD,
   www.livebetterfulton.org,
   404-613-3675 (County: Fulton)

• Gateway BHS, www.gatewaybhs.org,
   912-554-8490 (Counties: Bryan, Camden)

• Georgia Pines CSB, www.georgiapines.net,
   229-225-4370 (Counties: Colquitt, Decatur, Grady, Mitchell, Seminole, Thomas)

• Highland Rivers Health,
   www.highlandrivershealth.com,
   404-808-7740 (Counties: Bartow, Cherokee, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Whitfield)

• Lookout Mountain Community Services,
   www.lmcs.org, 706-638-5584
   (Counties: Catoosa, Chattooga, Dade, Walker)

• McIntosh Trail CSB, www.mctrail.org,
   770-358-8284 (Counties: Butts, Fayette, Henry, Lamar, Pike, Spalding, Upson)
• **Middle Flint BHC,**  
  www.middleflintbhc.org, 229-931-2470  
  (Counties: Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor, Webster)

• **New Horizons Behavioral Health,**  
  www.newhorizonscsb.org, 706-596-5739  
  (Counties: Chattahoochee, Clay, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot)

• **Oconee Center CSB,**  
  www.oconeecenter.org, 478-445-4817  
  (Counties: Baldwin, Hancock, Jasper, Putnam, Washington, Wilkinson)

• **Ogeechee Behavioral Health Services,**  
  www.obhsga.org, 478-289-2741 (Counties: Burke, Emanuel, Glascock, Jefferson, Jenkins, Screven)

• **Pathways CSB,**  
  www.pathwayscsb.org,  
  706-845-4341 (Counties: Carroll, Coweta, Heard, Troup, Meriwether)

• **Phoenix Center CSB,**  
  www.phoenixcenterbhs.com,  
  478-988-1002 (Counties: Crawford, Houston, Peach)
• **Pineland BHDD**, [www.pinelandcsb.org](http://www.pinelandcsb.org), 912-764-6906 (Counties: Appling, Bulloch, Candler, Evans, Jeff Davis, Tattnall, Toombs, Wayne)


• **Serenity Behavioral Health System**, [www.serenitybhs.com](http://www.serenitybhs.com), 706-432-7800 (Counties: Columbia, Lincoln, McDuffie, Richmond, Taliaferro, Warren Wilkes)

• **BHS of South Georgia**, [www.bhsga.com](http://www.bhsga.com), 229-671-6101 (Counties: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner)

• **Unison Behavioral Health**, [www.unisonbehavioralhealth.com](http://www.unisonbehavioralhealth.com), 912-449-7103 (Counties: Atkinson, Bacon, Brantley, Charlton, Clinch, Coffee, Pierce, Ware)

• **View Point Health**, [www.myviewpointhealth.com](http://www.myviewpointhealth.com), 678-209-2376 (Counties: Gwinnett, Rockdale, Newton)
Behavioral Health Link
Georgia Crisis and Access Line
800-715-4225
www.mygcal.com

• 24/7 statewide access
• Mobile Crisis Teams in all 159 GA counties
• Take to emergency room for evaluation
• Local resources for mental health, developmental disabilities, and addictive diseases
• Local Crisis Stabilization Units (CSUs)
• Local Crisis Homes (for Developmental Disabilities only)
• Available crisis beds
• Local support and advocacy organizations
• Be sure to share BHL contact with person in crisis, family members, and caregivers.
ADDITIONAL RESOURCES AND SUPPORT
National Alliance on Mental Illness, Georgia
(NAMI Georgia)
4120 Presidential Parkway
Suite 200
Atlanta, GA 30340
770-234-0855
www.namiga.org

NAMI GA Support Groups

• Family Support Groups
• Connections Peer Support Groups

NAMI GA Educational Programs

• Family-to-Family - for family members of adults with mental illness.
• Homefront - for families of active duty military and veterans.
• NAMI Basics - for caregivers of children and adolescents.
• Peer-to-Peer - for adults with mental illness.
• Ending the Silence - for middle and high school students.
• In Our Own Voice - presentations for the general public.
• Georgia Youth in Crisis – for law enforcement who are preferably POST certified, educators, mental health providers, faith leaders, and professionals who touch the lives of youth.
• Introduction to Behavioral Health and Addictive Diseases – 8 hour and 16 hour classes – for law enforcement, first responders, community partners and agencies.
National Alliance on Mental Illness, Georgia (NAMI Georgia)

If you would like more information regarding your local affiliate, contact: affiliate@namiga.org or visit the website at: www.namiga.org

- **Georgia Parent Support Network (for children and adolescents with mental illness and their families)**
  1381 Metropolitan Pkwy SW
  Atlanta, GA 30310
  404-758-4500
  www.gpsn.org

- **Georgia Mental Health Consumer Network (peer programs and supports for adults with mental illness)**
  246 Sycamore St.
  Decatur, GA 30030
  404-687-9791
  www.gmhc.n.org

- **Georgia Council on Substance Abuse**
  100 Edgewood Ave SE #1005
  Atlanta, GA 30303
  404-523-3440
  www.gasubstanceabuse.org
• CETPA Mental Health and Substance Abuse Services (Spanish speaking services)
  4650 Jimmy Carter Blvd., Ste. 113
  Norcross, GA 30093
  678-646-5959
  www.cetpa.org

• Raksha, Inc. (South Asian Community)
  P.O. Box 12337
  Atlanta, GA 30355
  404-876-0670
  www.raksha.org

• All About Developmental Disabilities
  125 Clairemont Ave., Ste. 300
  Decatur, GA 30030
  404-881-9777
  www.AADD.org

• The ARC Georgia
  (intellectual and developmental disabilities)
  P.O. Box 2874
  Kennesaw, GA 30156
  470-222-6088
  www.ga.thearc.org
• Georgia’s Suicide Prevention Information Network (GSPIN)  www.gspin.org

• Suicide Prevention Action Network, Georgia (SPAN)  www.span-ga.org

• The Link Counseling and National Resource Center for Suicide Prevention  www.thelink.org

• American Foundation for Suicide Prevention  www.afsp.org
  (click chapter, then choose Georgia)

• Huntington’s Disease Society of America National Office  www.HDSA.org
  212-242-1968
  888-HDSA-506

• Mental Health America of Georgia  www.mhageorgia.org
  404-527-7175

• National Suicide Hotline  1-800-985-5990

• Disaster Distress Hepline  1-800-985-5990

• Crisis Text Line  741741 (speak with counselor)
MEDICATIONS
Psychiatric Medications

A convenient App for identifying pills and getting additional information about medications

• Anti-Depressants:
  Used in the treatment of depression and other disorders such as Anxiety, Obsessive Compulsive Disorder (OCD), and PTSD.

  • Zoloft
  • Paxil
  • Prozac
  • Celexa
  • Lexapro
  • Effexor
  • Trazodone (also used for sleep)
  • Luvox
  • Serzone
  • Cymbalta
  • Welbutrin (also used for smoking cessation)
Psychiatric Medications cont’d.

• **Anti-psychotic Medications:**

*Used in the treatment of schizophrenia, mania, and psychotic depression.*

Atypical Anti-psychotics (second generation)

- Risperdal
- Abilify
- Seroquel
- Zyprexa
- Geodone
- Clozaril
Psychiatric Medications cont’d.

- **Anti-Psychotic Medications:**
  Typical Anti-psychotics (first generation, older and less prescribed):
  - Haldol
  - Moban
  - Stelazine
  - Mellaril
  - Novane
  - Prolixin
  - Thorazine
  - Trilafon

- **Mood Stabilizers:**
  *Used in the treatment of bipolar disorder, depression, and aggression*
  - Lithium
  - Lamictal
  - Tegretol
  - Depakote
  - Neurontin
  - Topamax
Psychiatric Medications cont’d.

Stimulant Medications:

*Used in the treatment of ADHD/ADD.*

- Adderall
- Dexedrine
- Ritalin
- Concerta

**Medications to Treat Addictions:**

- Alcohol and Benzodiazepines
  - Librium
  - Ativan
  - Phenobarbital

- Heroin
  - Buprenorphine
  - Methadone
  - Naltrexone
  - Naloxone/Narcan
Psychiatric Medications cont’d.

• **Nicotine:**
  - Gum
  - Patches
  - Bupropion
  - Behavioral Modification

• **Opioids:**

  **Narcan (naloxone)** is an opiate antidote. When a person is overdosing on an opioid, breathing can slow down or stop and can be very hard to wake them up from this state. Narcan has been/is used to block the effects of opioids and is known to reverse an overdose. It cannot be used to get a person high.

  *This is not intended as an exhaustive list of psychiatric medications, but a representation of most commonly prescribed medications.*
Law Enforcement Resources:

- Georgia Department of Public Safety
  State Patrol Peer Support
  Capt. Andy Carrier
  AcARRIER@GSP.NET

- Georgia Crisis Incident Foundation (GCISF)
  404-419-6505  www.gcisf.org

- Badge of Life
  www.badgeoflife.com

- 1st Help www.1stHelp.net - for all First Responders and their families

- First Responder Addiction Treatment Program (FRAT)
  855-372-8435
  www.responderaddiction.com

- Law Enforcement Support Network (LEPSN) 888-915-3776
  www.lepsn.org

- Cop2Cop
  www.ubhc.rutgers.edu/cop2cop/resources
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