A guidebook on mental health issues affecting individuals with Autism Spectrum Disorder
Autism is a neuro-developmental disorder that is typically diagnosed by age three and is a lifelong disability. It has an impact on three main areas in a person's life: social development, communication skills and restricted interests. As a spectrum disorder, autism can affect someone in mild to severe ways in these areas. In addition, we see sensory and behavioral differences that can become barriers to fully participating in one's education.

Students on the autism spectrum often have a co-existing mental health disorder that may be undiagnosed. Professionals have little information on this topic and frequently miss the signs and symptoms of a co-existing mental health disorder. Teachers are left unequipped in their classrooms to determine what is motivating their students with autism to behave in ways that challenge their education. The assumption of most people is that all behaviors are related to a student's autism diagnosis. This assumption will leave mental health issues that exist untreated and may, in fact, exacerbate symptoms.

The research indicates that mental health issues have a negative impact on academic performance and sustainability. For example, studies have looked at students diagnosed with ADHD, pediatric bipolar disorder, depression and anxiety, and have found similar outcomes. Van Ameringen, Mancinia, and Farvolden (2003) found that anxiety disorders are associated with a higher rate of early school withdrawal. Pavuluri, O'Connor, Harral, Moss and Sweeney (2006) studied pediatric bipolar disorder and ADHD and noted that no difference between these two groups of students existed when looking at academic performance. Both groups experienced difficulties with attention, memory, and problem solving. All of these issues served to contribute to poor academic performance. Similarly, students diagnosed with depressive mood disorders have been related to lower academic achievement. There is a high percentage of students diagnosed with Pervasive Developmental Disorder Not Otherwise Specified who have been determined to have a co-existing mental health issue.

The information contained in this document is to provide the reader with signs and symptoms of autism and mental health concerns, what educators need to know, managing a crisis, and resources that are available to support students, their families and educators.
About Mental Health Screening

Mental health screening tools
A mental health screening tool is a brief, culturally sensitive questionnaire for identifying individuals who may have mental health challenges that merit further attention, intervention, or evaluation.\(^4,5\)

- Screening tools can serve three primary purposes:
  1. Assess an individual’s symptoms.
  2. Measure progress after intervention has begun.
  3. Provide a framework for discussing an individual’s challenges.

- A screening tool is not a diagnostic tool but rather a “triage” process. A positive screen does not necessarily mean a student meets criteria for a diagnosis. Only a trained clinician is qualified to interpret screening results.

First steps in implementing the screening process\(^6\)

- Develop a planning committee comprised of parents, educators, mental health experts, primary care providers, and other representatives from the community. The planning team will:
  » Develop policy ensuring confidentiality safeguards are in place.
  » Draft agreements between schools and collaborating community providers clarifying responsibilities in order to facilitate the collaborative process and address liability issues.
  » Ensure policies are approved by appropriate education and mental health boards.
  » Determine when to administer the screen (e.g., transitional grades: 6th–7th, and 9th–10th) and what tools to use.
  » Ensure adequate staff training and supervision on how to administer, score, interpret the data, and refer to community providers, etc.
  » Identify a “Screening Coordinator” (e.g., guidance counselor, nurse) who assumes responsibility for the screening process.

- A list of recommended screening tools can be found at [http://www2.massgeneral.org/schoolpsychiatry](http://www2.massgeneral.org/schoolpsychiatry). The majority of these screening tools have not been studied in individuals with ASD, and results should be interpreted cautiously. In addition, the Autism Spectrum Disorder-Comorbid for Children (ASD-CC) is a 49-item informant based rating scale designed to identify emotional difficulties that commonly occur with ASD.

Important steps to remember when implementing and interpreting the screen
1. Obtain parental consent and student assent before administering screening.
2. Administer screening in a confidential area, and prioritize privacy of results.
3. Remember clinical judgment can override results from a screening assessment. A student who does not meet a particular cut-off score on a screening tool may still need further evaluation.
4. Notify and offer assistance in connecting parents of any student found to be in need of further evaluation with a local mental health professional.
5. Immediately refer to a trained professional any student who screens positive for suicidal or homicidal ideation.

Next Steps
1. Formulate a “Planning Team” comprised of relevant individuals from school and community to develop confidentiality policy, formalize community liaisons, and make critical decisions about the screening process (e.g., when to screen and what tools to use).
2. Ensure adequate staff training on screening tool implementation, scoring, and interpretation.
3. Designate contact person within the school to oversee the screening process.
4. Obtain parent consent and student assent before administering screen.
5. Make appropriate referrals based on screening results, including immediate referral for positive screen for suicidal or homicidal ideation.
While the core deficits of autism have been well-studied, a less investigated cause of impairment in individuals with ASD is the occurrence of comorbid psychiatric disorders. Recent epidemiological studies have suggested that nearly three out of every four individuals with ASD meet criteria for another (comorbid) mental health disorder. Unfortunately, comorbidities are often overlooked in the ASD population, with serious negative consequences on quality of life, school and family functioning, and access to appropriate treatment.

### Prevalence of Mental Health Issues in ASD

Research has consistently indicated that persons with ASD exhibit an increased risk of developing psychiatric disorders, when compared to the general population.

- Studies within the last decade reveal rates between 67% and 70.8% of individuals with ASD who would meet criteria for an additional mental health disorder when compared to the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV).
- Having a comorbid psychiatric condition significantly increases the risk of multiple diagnoses.
  - 41% of the entire sample had 2 or more co-occurring disorders in addition to ASD, with 17% having 2 disorders and 24% having 3 or more.
- Evidence also suggests that individuals with ASD may be twice as likely to exhibit comorbid disorders when compared to those with non-ASD intellectual or developmental disabilities.

### Prevalence rates for the most common co-occurring psychiatric disorders:

One of the challenges to diagnosing comorbid psychiatric conditions in ASD is the result of specific exclusionary criteria within the DSM-IV diagnostic system. In the DSM-IV, a diagnosis of autism precludes making a formal diagnosis of a number of other psychiatric disorders, including Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD) and Social Anxiety Disorder, thus making it impossible to receive a comorbid clinical diagnosis of these mental health conditions.

- This policy warrants reconsideration due to the large number of individuals with clinical symptoms in these areas and the implications for treatment that this presents.

### ADHD

ADHD may be the most common co-occurring psychiatric disorder among children with ASD, occurring in approximately 50% of one sample.

- Other studies have estimated rates as falling between 28.2% and 31%.
- The rate increased to nearly 55% when sub-threshold cases were included.
- ADHD in combination with ASD may confer significantly increased risk for a more complicated symptom presentation; nearly 85% of individuals with comorbid ASD/ADHD met criteria for an additional disorder.

### Anxiety

Anxiety symptoms seem to be “part and parcel” of the everyday experience of many individuals with ASD, with a large number (over 40%) meeting DSM-IV criteria for specific anxiety conditions. The most common anxiety diagnoses appear to be:

- Specific Phobias or fears (44%)—fear of specific objects, activities, or situations (e.g., heights, insects, the dark, storms, etc.).
- Social Anxiety (29.2%)—fear of being negatively evaluated in social situations.
- Generalized Anxiety (13.4%)—persistent, excessive, uncontrollable anxiety/worrying.
- Panic Disorder (10.1%)—recurrent panic attacks that are not associated with any specific stimuli.

### Obsessive Compulsive Disorder (OCD)

is also very common, although rates in individuals with ASD have varied across studies from approximately 8% to more than 33%.

- However, some level of compulsive behavior may be observed in the majority (>85%) of individuals with ASD indicated that the vast majority (86%) of their sample exhibited some level of compulsive behavior.

### Disorders which commonly co-occur with anxiety disorders

in the general population, including Tourette syndrome and other tic disorders, have also been observed in ASD.
Depression and Mood Disorders

Depression and Mood Disorders have produced the most variable comorbidity rates of all the mental health conditions, ranging from very rare (less than 1%) to upwards of 30%. More is known about prevalence rates of depression in ASD than is known about comorbidity with bipolar disorder.

- **Depression**
  - In one study, 10% of the children with autism had at least 1 episode of major depression meeting DSM-IV criteria. Rates for sub-threshold symptoms (a period of depression or irritability which did not meet DSM-IV depression/dysthymic disorder criteria) range from 11% to nearly 25%.
  - As in the general population, rates of mood/depressive disorders seem to increase in adolescence and adulthood, occurring in 25% and 30-37% of individuals, respectively.

- **Bipolar Disorder**
  - One study indicated that the prevalence of bipolar disorder was 3 times that of major depressive disorder, accounting for 75% of their sample of individuals with ASD and comorbid mood disorders.
  - Family history of mood disorders in first- and second-degree relatives may exacerbate risk for developing bipolar disorder. Only 10.7% of individuals with ASD without a comorbid mood disorder had a family history of mood disorder, compared with 37.5% of those with comorbid ASD/mood disorder.

**Identification and treatment of mood disorders in ASD is critical**, as research indicates that the presence of clinically significant depressive symptoms is linked to less optimal long term outcomes.

**Factors which may increase risk for comorbidity**

Certain factors may play a role in increasing the likelihood of developing a comorbid disorder and may underlie the high prevalence rates of psychiatric conditions among individuals with ASD:

**Associated medical conditions & syndromes**

Individuals with ASD have additional comorbid medical conditions that are associated with psychiatric comorbidity.

- **Examples include** Fragile X syndrome (associated with hyperactivity and social anxiety), Prader-Willi syndrome (associated with compulsive behavior) and seizure disorders (which can be associated with aggression and/or anxiety).

**Familial genetic factors**

There is increasing evidence that the incidence of autism and mood disorders seem to cluster in families.

- Bipolar disorder might be more common in first- and second-degree relatives with Asperger syndrome.
- An association between symptoms of OCD in parents of children with autism and repetitive and restricted behaviors in their children has also been observed.

**Psychosocial factors**

These may also contribute to the development of comorbid psychiatric conditions, both in the general population and in individuals with ASD (e.g., peer rejection, low levels of social support, academic difficulties, etc.).

- **Individuals may be at increased risk** for encountering these psychosocial factors due to their social and communication deficits and behavioral patterns.
- **Cognitive and processing limitations** (such as problem-solving/coping skills) are often less well-developed in persons with ASD, which further increases their risk of adverse psychosocial experiences.
- **Many individuals with ASD are aware of their difficulties** and this awareness often increases during puberty. Awareness of one’s “differentness” may underlie the development of anxiety and depression.

**Potential indicators of an underlying mental health issue in individuals with ASD**

This section describes common symptoms of specific psychiatric disorders in the general population, along with behaviors that may be noticed in an individual with ASD. It is important to note that symptoms of anxiety and mood disorders (depression/bipolar) often can only be recognized as deviations from previously exhibited behavior, especially when the individual’s level of cognitive and/or language ability is limited and/or there is...

**Factors which may hinder identification and diagnosis**

Individuals with ASD often are under-diagnosed and therefore go untreated. Community professionals may face specific challenges in making an accurate diagnosis of psychiatric conditions among individuals with ASD. Some of the more common roadblocks to accurate diagnosis include:

- **Diagnostic Overshadowing**: this term refers to the tendency to attribute the development of new problems/behaviors to the ASD condition itself (e.g., all challenging behaviors are attributed to the known disorder), effectively ruling out the possibility of the presence of another disorder.
- **Baseline exaggeration** is a related concept in which behaviors signaling the development of a psychiatric condition simply reflect an increase, or exacerbation of, long-standing behavioral difficulties. This increase in severity of challenging behaviors may be a communication of internal distress (agitation, depression, hypomania, anxiety) and is especially likely to occur for symptoms that commonly occur in autism, such as hyperactivity or obsessiveness.

**Applicability of current diagnostic criteria to individuals with ASD is questionable**, particularly for those with intellectual disabilities and/or significant communication challenges. Symptoms may “look” different in individuals with ASD than they do in typically-developing individuals, while others cannot be evaluated as accurately in non-verbal or minimally-verbal persons with ASD.

- Since many diagnoses, such as depression and anxiety, rely in part on subjective complaints (feelings of sadness, restlessness, loss of pleasure, worries or intrusive thoughts), less-verbal individuals will often not meet diagnostic criteria.

These roadblocks to making comorbid diagnoses are especially dangerous because they limit access to psychiatric condition-specific treatment and may prevent the diagnosis and treatment of other serious psychological impairments. **Identification and treatment of comorbid disorders is associated with better long term outcomes than treating core symptoms of autism alone**.
ADHD
Symptoms of ADHD in the general population include the following main symptom “clusters”: hyperactivity, impulsivity, and inattention. Individuals can be diagnosed with 3 different “subtypes” of ADHD, based on which symptom cluster their behavior reflects.

1. The predominantly hyperactive/impulsive subtype, consists of symptoms such as interrupting others, blurtion out answers, being “on the go,” difficulty sitting still and talking excessively.

2. The predominantly inattentive subtype is characterized by distractibility, forgetfulness, difficulty with sustaining focus on tasks or activities, organizational problems, and making careless errors.

3. The combined subtype includes symptoms from both hyperactivity/impulsivity and inattention.

Behaviors which may be observed in individuals with ASD:

- All of the symptoms of ADHD may be observed in a similar manner in individuals with ASD.
- However, children with ASD are significantly more likely to exhibit the inattentive subtype (rates of 65% in a recent ASD sample) and children without developmental disorder typically exhibit the combined subtype.

Anxiety
- Our current diagnostic system contains a variety of specific anxiety disorders, which differ primarily in the object or source of the anxiety, as opposed to the specific symptoms displayed.
- All anxiety disorders result in avoidance of the source of anxiety, or experiences of extreme distress when the source is encountered.
- Symptoms can be physiological, behavioral and/or cognitive:
  - Physical reactions include sleep difficulties (e.g., problems falling or staying asleep), muscle tension, being easily fatigued, headaches, stomachaches, shortness of breath, rapid heartbeat, and sweaty palms.
  - Cognitive symptoms include difficulty concentrating (inattention) or having one’s mind go “blank,” worry which is difficult to control and which occurs in a wide range of situations, activities and subjective feelings of restlessness or being “keyed-up” or “on edge” and/or irritability.

- Behavioral symptoms include agitation (fidgeting, playing with objects, difficulty sitting still, pacing), difficulty separating from caregivers, avoidance of certain objects and/or activities or distress (freezing, crying, trembling) when these objects/activities are encountered.

Behaviors which may indicate an anxiety disorder in individuals with ASD:

- Avoidance of new people, tasks, environments and/or materials.
- Increases in performance of rituals and/or rigid and inflexible behavior.
- Increases in reliance to rules or scripts.
- Increases in resistance to transitions or changes to routine.
- Narrowing of focus of attention on special interest.
- Withdraws from social situations or begins to avoid social situations.
- Low frustration tolerance and/or tantrums when things don’t go “as expected.”
- Perfectionistic behavior (may be related to anxiety over performance).
- Seeks constant reassurance through repetitive questioning and/or checking behaviors.

In addition, the following may also differentiate the symptoms seen in individuals with ASD from those in the general population.

- Specific phobias:
  - Common phobias in typically developing children (such as fear of flying, stores, standing in lines, bridges, and tunnels) seem to occur at much lower rates in children with autism.
  - The most common phobias in children with ASD (found in 32% of one sample) were fear of needles and/or shots and crowds.
  - Over 10% of the children with autism also had a phobia of loud noises, which is not common in typically developing children.

- Obsessive-compulsive disorder (OCD):
  - The most common type of compulsion in children with ASD was a ritual involving other individuals; nearly half of the children diagnosed with OCD had compulsions that involved others having to do things a certain way.

- Another frequent compulsive behavior for children with ASD was the “need to tell/ask”, which typically involves having to ask the same question in extensive question-asking rituals or having to say the same statement over and over.

Depression

- The most essential features of major depression in DSM-IV are change of mood and loss of interest. Depressed mood is typically indicated by either subjective report (e.g., feels sadness or emptiness) or observation made by others (e.g., appears tearful or irritable).

- Additional symptoms include: feelings of lethargy, fatigue, or loss of energy, changes in sleep and/or eating habits (either too much or too little), reported feelings of worthlessness or excessive or inappropriate guilt, difficulty concentrating or indecisiveness, and recurrent thoughts of death, suicidal thoughts, suicide attempts or plans for committing suicide.

- In individuals with autism, the most common presenting symptoms of depression may be significantly increased agitation, self-injury, and/or temper outbursts.

Behaviors which may indicate depression in individuals with ASD:

- Increase in tearfulness or irritability and/or absence of “happiness” or smiling in individuals who frequently did so in the past.
- Loss of interest in activities or friends.
- Resistance to participating in activities that were once engaged in willingly.
- Agitation or restlessness, pacing, hyperactivity, or wandering.
- Development of, or an increase in tantrums, meltdowns, or aggression.
- Development of, or an increase in stereotyped behaviors.
- Decreased or increased sleep, resists bedtime and/or wakes up frequently at night.
- Difficulty staying awake during the day.
- Decrease in attention to tasks.
- Decrease in productivity and/or apathy.
- Self-deprecating comments.
- Deliberate, potentially lethal acts.

Bipolar Disorder

- In the general population, bipolar disorder is defined by distinct periods where
mood is persistently and abnormally elevated, expansive, or irritable.
- Individuals with bipolar disorder may have a decreased need for sleep (often going for days without sleeping) and an inflated sense of self-esteem or importance (feels one is “special” and/or “invincible”).
- Additional symptoms include distractibility, racing thoughts, a pressure to keep talking, and/or excessive risk-taking behaviors or involvement in pleasurable activities with high potential for harmful consequences (such as sexual activity, drug use, compulsive gambling, shopping, etc.).

**Behaviors which may indicate bipolar disorder in individuals with ASD:**

- **Mood is inflated**, elated, irritable, angry or fluctuates between happy and irritable throughout the day regardless of circumstances.
- **Decreased frustration tolerance**, overactivity/hyperactivity.
- **Aware at night and active** about the house or awakens early and appears energetic despite their lack of sleep.
- In relationship to developmental level, an individual feels they can do or achieve more than is typical for them.
- **May create new tasks** or take on new jobs or work that are not realistic.
- **Increase in the frequency and/or intensity of vocal stereotypes**, perseverative questioning and/or repetitive speech.
- **Increase in preoccupation** with hobbies or recreational activities.
- **Increase in the frequency or intensity of ritualistic or compulsive activities**, rituals may become rapid or disorganized.
- **Increase in the intrusiveness** of interactions with others; less inhibited (disinhibition).
- **Increase in obvious sexual interests**.
- **Inability to follow** previously understood rules and limits.
- **Hallucinations**, delusions, and paranoid thoughts.

**Next Steps**

- **Provide training** to families and school/community personnel working with students with ASD with information about mental health disorders and behaviors which should serve as “red flags” for the consideration of a comorbid psychiatric disorder.
- **Identify professionals** with expertise in psychiatric/psychological disorders who can participate in the assessment and treatment/educational decision-making teams when a comorbid disorder is suspected.
- **Consider the possibility of a comorbid mental health condition** for individuals with ASD exhibiting any of the following:
  - Changes in behavioral patterns that cannot be explained by medical conditions or recent environmental changes.
  - **Change in behavioral patterns that persist longer than expected after an environmental change**.
  - Sudden development of new behaviors.
  - Any time a functional behavior assessment is being conducted or a change of placement (due to challenging behaviors) is being considered for a student.
  - **Refer student for screening/evaluation** of mental health concerns.
  - **Provide teachers and family members with information** and strategies to assist student while they await screening and diagnosis.

**Additional Readings**


**Journals and Websites**

- National Association for the Dually Diagnosed (NADD) — www.thenadd.org
- Journal of Autism and Developmental Disabilities
- Mental Health Aspects of Developmental Disabilities
- Diagnostic Manual—Intellectual Disability (DM-ID): A Textbook of Diagnosis of Mental Disorders
  - The goal of this text is to facilitate a more accurate psychiatric diagnosis of people with ID. Chapters cover individual DSM-IV categories and special issues (i.e., assessment and diagnostic procedures and presentations of behavioral phenotypes of genetic disorders). For each disorder, descriptive text and details of how to apply diagnostic criteria, as well as tables of adapted diagnostic criteria are included.
Awaiting Diagnosis: Supporting Individuals with Autism Spectrum Disorders & Mental Health Concerns

Proactive Measures to Support Mental Health Issues

Take A Public Health Approach

- **Know the students.**
  - Take data on the mental health of students
  - Are mental health needs being met?
  - Are there gaps in mental health services?
  - Use data to identify risk factors and protective factors for students.
- **Identify risk and protective factors.**
  - **Risk factors:** conditions that increase the likelihood of problem behavior.
  - **Protective factors:** conditions that interact with risk factors to reduce the likelihood of problem behavior.
  - Balance a deficit approach to reduce risk factors with a strengths-based approach to promote protective factors.

Promote Physical Health

- Provide information regarding healthy eating, exercise, sleep, etc.
- Provide information regarding stress management.

Teach Coping Skills

- **Support the development of self-awareness,** particularly of one's emotional experiences (i.e. Anger Scale or Anger-meter).
- **Teach self-regulation** techniques (i.e. deep breathing, progressive muscle relaxation, sensory breaks, etc.).

Teach a Student to Relax

- **Remember that relaxation is a skill.**
  - Teach explicitly, practice regularly, and monitor progress (data collection).
- **Pick the right time.**
  - Without distractions to promote concentration.
- **Make the time.**
  - Set aside a regular time to teach and practice relaxation skills.
- **Create a habit.**
  - Practice consistently until relaxation skills become a ritual or habit.
- **Create a relaxing environment.**
  - Provide a quiet, comfortable area for the student to learn and practice.
- **Use praise and make it fun!**
  - Encourage the student with praise for success as well as attempts.
  - Make it meaningful to the student.
- **Keep it simple and short.**
  - Practice often for short periods of time.
  - **Teach by example.**
  - Demonstrate relaxation skills; model what the student should do to relax.
- **Focus on the goal.**
  - Focus on a student using these skills when situations arise.

Be Prepared

- **Know community resources** and contact information.
- **Establish relationships** with related community professionals.
  - Psychologists, psychiatrists, physicians, law enforcement officials, crisis teams, etc.
- **Educate law enforcement officials** about potential crises.
- **Teach student with ASD how to communicate** with law enforcement officers, firefighters, emergency medical technicians, and other community helpers.
- **Teach the student with ASD whom to call** in different situations.

Establish a Crisis Plan with the Student and their Family

- Provide the student with ASD a laminated information card including: name, diagnosis, symptoms/behaviors, medications, allergies, and guardian's name and contact information.
- **Establish primary contact** (physician et al) as well as back-up contact in the event of an emergency.
- **Enter the student in a community identification system,** if possible.
- **Consider a MedicAlert bracelet.**

Methods to Calm an Escalating Situation

Responding Constructively to Emotional Outbursts

- **Recognize that “meltdowns” do not “come out of nowhere.”**
- **Recognize that you can make a difference;** avoid the assumption that there is “nothing” you can do.
• Recognize that you may experience emotions during the process as well.
  » Remain calm; avoid a power struggle with the student.

• Recognize the warning signs or triggers for a "meltdown."

• Reduce the stressors in the environment.
  » Remove distractions from the environment or remove the student from the stressful environment.

• Respond to the student RATHER than the behavior.

• Focus on the present moment and issue at hand.

• Be concise; less is more with verbal directions.
  » Avoid teaching, preaching, or explaining until the student recovers from distress.
  » Focus directions on what you want the person to do rather than what you don’t want them to do.

• Use simple, direct language.
  » Avoid rhetorical questions, ultimatums, generalizations, sarcasm, or gentle teasing.
  » Speak to the student one-on-one, if possible.

• Try to encourage the student to rephrase, in his/her own words, important points you want them to retain to make sure they’ve understood.

• Mean what you say and say what you mean; follow-up words with actions.

• Maintain realistic expectations for the student.
  » Recognize that the student may struggle to understand you, particularly via non-verbal communication (i.e. facial expression, gestures, etc.).

• Focus on emotional equilibrium then provide support for recovery after equilibrium is regained.
  » Allow quiet downtime with a relaxing activity.
  » Praise student for positive aspects of situation explicitly and generously.
  » After recovery, teach the student how to respond appropriately in future similar situations.

Tips on Communicating During an Escalating Situation

• Be gentle; Use a soft but firm tone.
• Be tactful.
• Start with an open and positive attitude.
• Keep it short.

• Wait patiently; don’t rush.
• Provide appropriate distance for the individual student (be close or allow space).
• Reverse some yes/no, short list or either/or questions for clarity.
• Keep your facial expressions to a minimum. Facial expressions are often difficult to interpret for many individuals with ASD and may be distracting.

Interventions to Manage a Crisis Situation

1. Remain Calm, to the extent possible.
2. Assess the severity of the situation.
3. Follow the Crisis Plan.
4. Determine whom to contact.
   » Visit http://www.211atyourfingertips.org to locate appropriate services.
   » Dial 211: Free, Confidential Crisis Counseling.
   » Dial 911: Emergency mental health and basic life support ambulance services.
5. Dial 9-1-1 only for an emergency (www.tampagov.net).

• An Emergency is:
  » Any serious medical problem (chest pain, seizure, bleeding, serious wounds).
  » Any type of fire.
  » Any life threatening situation (fights, person w/ weapons, gas leaks, etc.).
  » Any crime in progress (whether or not a life is threatened).
6. Dial 813-231-6130 (Hillsborough County) for non-emergencies.

• Non-emergencies include:
  » Delayed or "not in progress" offenses.
  » Intoxicated persons who are not disorderly.
  » Cars blocking the street or driveway.
  » Non-injury auto accidents.
  » Minor complaints.

• Teaching self-awareness, self-regulation, and relaxation skills.
• Providing opportunities to practice skills prior to distress.
• Learning community resources and contact information (including school security).
• Establishing relationships with community resources and shared necessary information.
• Teaching student with ASD appropriate contacts for different situations.
• Teaching student with ASD how to communicate with community contacts.
• Establishing Crisis Plan with student, family of student, and related professionals.

Calming an Escalating Situation

• Carefully review and learn the methods to calm an escalating situation.
• Discuss methods to calm an escalating situation with related staff/team.
• Create materials to support the student during escalating situations or distress.
• Practice self-regulation techniques as a responsible adult during times of distress.
• Minimize stressors in environment.
• Create materials or developed area for downtime following recovery from distress.
• Implement methods to calm an escalating situation, as needed.
• Debrief escalated situation with student as well as related staff/team AFTER situation occurs.

Manage a Crisis

• Remain calm by using self-regulation techniques.
• Assess the severity of the situation.
• Determine the appropriate contact.
• Contact the appropriate resources.

NEXT STEPS

Proactive Measures

• Taking data on mental health of all students.
• Identifying risk factors and protective factors from data.
• Promoting protective factors and reducing risk factors.

• Teaching student with ASD appropriate contacts for different situations.
• Teaching student with ASD how to communicate with community contacts.
• Establishing Crisis Plan with student, family of student, and related professionals.

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• Debrief escalated situation with student as well as related staff/team AFTER situation occurs.
School administrators, school psychologists, guidance counselors, school resource officers, educators, parents, students, and community members can access additional information to understand and support individuals with a co-existing mental health disorder. This mental health resource list is not all-inclusive, but it provides a starting point for school teams and parents when additional information and/or intervention are needed to support a student.

**Mental Health Resources**

**Emergency**
- Dial 911 for Emergencies
- Crisis Line
  National Suicide Prevention Help Line is a national 24 hour, 7 day a week crisis line. 1-800-273-8255

**National Organizations**
- The American Academy of Child and Adolescent Psychiatry (AACAP)
The AACAP is a professional medical organization comprised of child and adolescent psychiatrists trained to promote healthy development and to evaluate, diagnose, and treat children and adolescents and their families who are affected by disorders of feeling, thinking, learning, and behavior. Provides Facts for Families available online in English, Español, Deutsch, Malaysian, Polish, Icelandic, Arabic, Urdu and Hebrew. http://www.aacap.org

- Child and Adolescent Bipolar Foundation (CABF)
CABF improves the lives of families raising children and teens living with bipolar disorder and related conditions. Fact sheet and printed materials are available to download. www.bpkids.org

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
CHADD is a national non-profit organization providing education, advocacy and support for individuals with AD/HD. In addition to an informative web site, CHADD also publishes a variety of printed materials to keep members and professionals current on research advances, medications and treatments affecting individuals with AD/HD. http://www.chadd.org

**Local Chapters**
- Collier County CHADD
  Collier-County@chadd.net 239-352-7223
- Lee County CHADD
  (239) 466-1167
- North Pinellas and West Pasco Chapter CHADD
  (727) 786-2981 http://www.chadd.net/template.cfm?affid=282&p=about
- Sarasota CHADD
  (941) 685-6098 http://www.chadd.net/template.cfm?affid=102&p=about
- South Pinellas CHADD
  (727) 409-4696 http://www.chadd.net/template.cfm?affid=298&p=about
- Depression and Bipolar Support Alliance (DBSA)
DBSA is a patient-directed organization focusing on the most prevalent mental illnesses – depression and bipolar disorder. Provides current on-line training and educational materials written in language the general public can understand. http://dbsalliance.org

**Local Chapters**
- DBPSA - Lakeland
  Contact 1 (863) 510-0941
  Contact 2 (863) 413-2788
- DBSA - Suncoast Center
  St. Petersburg
  Contact 1 (727) 327-7656 x 4209
  Contact 2 (727) 327-7656 x 4280
- DBPSA - Tampa Bay
  (Includes Zephyrhills area)
  PO Box 340572
  Tampa, FL 33694
  (813) 878-2906
  http://www.dbatatampabay.org
- DBSA - West Pasco
  New Port Richey
  Contact 1 (727) 819-9427
  Contact 2 (727) 364-5528

- Mental Health America (MHA)
Mental Health America (formerly known as the National Mental Health Association) is dedicated to helping ALL people live mentally healthier lives. With our more than 320 affiliates nationwide, they represent a growing movement of Americans who promote mental wellness for the health and well-being of the nation – everyday and in times of crisis. Obtain information about mental health topics using the online search engine. http://www.mhfa.org
Local Chapters

- **Mental Health America of Greater Tampa Bay**
  12901 Bruce B Downs Blvd MDC102
  Tampa, FL 33612
  (813) 972-2618
  http://www.mhagreatertampabay.org

- **NAMI Child and Adolescent Action Center (CAAC)**
  The CAAC works to improve the lives of children and adolescents living with mental illnesses and their families through advocacy, support and education. CAAC provides resources and technical assistance to NAMI affiliates at the state and local levels. Follow link to Child and Adolescent Mental Illness Fact Sheets.
  http://nami.org/caac

- **National Alliance on Mental Illness (NAMI)**
  NAMI is the nation’s largest grassroots organization for people with mental illnesses and their families. Founded in 1979, NAMI has affiliates in every state and in more than 1,100 local communities across the country. Chapters provide training, support groups and information and referral services. Follow link to “Inform Yourself” for information about mental health conditions and medications.
  http://nami.org

Local Chapters

- **NAMI of Charlotte County**
  Chapter provides information and referral, training, support groups, and Crisis Intervention Training (CIT) for Charlotte County law enforcement.
  Call (941) 268-8033 for more information.
  http://namicharlottountyfl.org

- **NAMI of Collier County**
  Chapter provides information and referral, training, support groups, direct services, and Crisis Intervention Training (CIT) for Collier County law enforcement. NAMI of Collier County publishes a Mental Health Resource Guide for Southwest Florida.
  Call (239) 434-6726 for more information.
  http://www.namicollierco.org

- **NAMI of Hillsborough**
  PO Box 4352
  Brandon, FL 33509-4352
  support@namihillsborough.org
  http://www.namihillsborough.org

- **NAMI of Lee County**
  Chapter provides information and referral, training, support groups, and Crisis Intervention Training (CIT) for Lee County law enforcement.
  Call (239) 377-9024 for more information.
  http://namilee.nami.org

- **NAMI of Manatee County**
  628 Emerald Lane
  Holmes Beach, FL 34217
  (941) 778-2095
  Linda Davis
  billindadavis@aol.com
  http://www.NAMIManateeCounty.org

- **NAMI of Pasco County**
  PO Box 412
  Eflers, FL 34680
  Gloria Strother
  (727) 992-9653
  gloriasstrother@verizon.net
  http://www.nami.org/sites/NAMIPascoCounty

- **NAMI of Pinellas County**
  466 94th Ave N
  St. Petersburg, FL 33702
  (727) 791-3434
  adminoffice@nami-pinellas-fl.org
  http://www.nami-pinellas.org

- **NAMI of Polk County**
  NAMI Polk County, Inc.
  1090 US Highway 17 S
  Bartow, FL 33830
  (863) 533-4411
  namipolk@verizon.net
  http://www.namipolk.com

Statewide and Regional Providers

- **AdvoServ Carlton Palms**
  28308 Churchill-Smith Ln
  Mount Dora, FL 32757
  (866) 310-2681 or (352) 383-3685
  http://www.advoserv.com/florida.html
  Serves children, adolescents and adults with autism, developmental disabilities, severe emotional disturbances, dual diagnoses, conduct disorders, medical concerns and related diagnoses.

- **Central Florida Behavioral Hospital**
  6601 Central Florida Pkwy
  Orlando, FL 32821
  (407) 370-0111
  http://www.centralfloridabehavioral.com
  Specialized programs:

  - Eating disorders
  - Pervasive development Disorders/autism spectrum disorders (Sea Harbor Center)
  - Co-occurring psychiatric and substance abuse disorders
  - Adult inpatient hospitalization
  - Adolescent inpatient hospitalization
  - Adolescent partial hospitalization

- **Devereux Florida Intensive Residential Treatment (IRTC) and Dual Diagnosis Centers**
  8000 Devereux Drive
  Viera, FL 32940
  Referrals: (1800) 338-3738 ext. 77130
  http://www.devereux.org

  IRTC provides services for children and adolescents between the ages of 5 and 17, with various diagnoses such as affective disorders, psychosis, history of abuse and neglect, emotional and psychiatric difficulties.

  Dual Diagnosis Center serves individuals with a wide range of symptoms and behaviors associated with intellectual delays, who may also suffer from psychiatric disorders.

- **Florida Department of Children and Families (DCF)**
  (See DCF listings under each county.)
  DCF administers public mental health, substance abuse, and self-directed care programs throughout the state. Obtain services through ACCESS Florida.
  http://www.myflorida.com/accessflorida

  - Abuse hotline: 800-962-2873
  - Find lists of providers and directories of local DCF and ACCESS offices on the agency’s web site.
  http://www.dcf.state.fl.us/mentalhealth

Local Providers

- **Desoto (12th Circuit)**
  - **DCF Circuit 12 (Manatee, Sarasota and DeSoto Counties)**
    9393 North Florida Ave
    Tampa, FL 33612
    (813) 558-5500
  - **Coastal Behavioral Healthcare, Inc.**
    1901 Baker St
    Arcadia, FL 34266
    (863) 993-2911
    http://www.coastalbh.org
    Mental health outpatient services (adults)
  - **Florida Assertive Community Treatment (FACT): Sarasota/DeSoto County FACT Team**
    1750 17th St
    Sarasota, FL 34234
    (941) 308-2936
    http://www.coastalbh.org

(Continued...)
FACT Teams provide comprehensive community-based treatment to persons who experience severe and persistent mental illness.

- Gulf Coast Jewish Family Services (DeSoto, Manatee, Sarasota)
  8051 N Tamiami Trail, Suite D-6
  Sarasota, FL 34243
  (941) 358-4242
  http://www.gcjfs.org

Mental health services

Southwest Florida

- Charlotte Behavioral Health Care
  1700 Education Avenue
  Punta Gorda, FL 33950
  (941) 639-8300
  http://cbhefl.org

Charlotte Behavioral Health Care is a voluntary and involuntary brief residential treatment program offering screening, assessment, psychotherapy, and psychoeducation to individuals who are experiencing an acute mental health crisis and pose a danger to themselves or others.

  » Crisis Stabilization Unit (CSU)
    The Crisis Stabilization Unit provides voluntary and involuntary brief residential treatment program offering screening, assessment, psychotherapy, and psychoeducation to individuals who are experiencing an acute mental health crisis and pose a danger to themselves or others. Call (941) 575-0222 for more information.

  » Therapeutic Behavioral On-Site (TBOS)
    TBOS provides intensive at-home therapeutic counseling for children, adolescents, and their families who are unable to attend regular outpatient therapy and for whom other services have been exhausted. Services are provided at home and at satellite locations. Call (941) 639-8300 for more information.

- David Lawrence Center
  6075 Bathey Lane
  Naples, Florida 34116
  (239) 455-8500 (24 hour/7 days)
  www.davidlawrencecenter.org

David Lawrence Center is a community mental health center that provides affordable mental health and substance abuse services in Southwest Florida. The Center provides 50 different programs and services including 24 hours/7 days per week crisis intervention.

Children’s Mental Health Services

  » Crisis Stabilization Services
    Crisis Stabilization Services are available for the emergency mental health and substance abuse needs of children, adolescents, adults and the elderly. The Children’s Crisis Stabilization Unit is a 6-bed, non-hospital, inpatient mental health unit that provides brief voluntary and involuntary evaluation and treatment. David Lawrence Center is the Baker Act Receiving Facility for Collier County. David Lawrence Center Crisis Stabilization Services are available 24 hours/7 days a week. Call (239) 455-8500 for more information.

  » Walk-in Urgent Care Services
    Walk-in Urgent Care Services are designed for individuals in need of crisis intervention or support as well as symptom relief. Services are available 24 hours/7 days a week in Naples and during regular business hours in Immokalee. Call (239) 455-8500 for more information.

  » Outpatient Therapy
    Outpatient therapy is available for children ages 2-17 and their families who may present with negative behaviors, difficulty at school and/or family problems as a result of a psychiatric disorder or life stressors. Call (239) 455-8500 for more information.

- Florida Self Directed Care (FLSDC)
  Florida Self Directed Care is administered by NAMI of Collier County and funded by Department of Children and Families Circuit 20 and serves Charlotte, Collier, Glades, Hendry and Lee counties. The website offers a comprehensive list of mental health and community resources sorted by county. http://flsdc.org

- Florida Department of Children and Families (DCF), Circuit 20
  Children’s Mental Health
  2295 Victoria Avenue
  Fort Myers, FL 33906
  Call (239) 338-1324 for information.

  » Hendry/Glades Behavioral Health
    P.O. Box 87
    Labelle, FL 33975
    Call (863) 674-4050 for information.

  » Lee Mental Health
    (Formerly known as Ruth Cooper Center)
    2789 Ortiz Avenue
    Fort Myers, FL 33905-7806
    http://leementalhealth.org

    » Children's Emergency Services
      Provides intake and assessment of individuals presented voluntarily for help with mental health and substance abuse service needs and provides linkage to both Lee Mental Health services and those outside the system.

    » Emergency Services Department
      The Emergency Services (ES) Department provides assessment and referral services for children between the ages of four (4) and seventeen (17) who are experiencing a mental health or substance abuse emergency. Lee Mental Health ES Department operates 24 hours/7 days per week including holidays. Call (239) 275-4242 for more information.

    » Child/Adolescent Crisis Stabilization Unit/Addiction Receiving Facility
      The Children’s Crisis Stabilization Unit (CCSU) provides inpatient crisis stabilization and support for individuals ages four (4) to seventeen (17) that are at risk of harming themselves or others due to a mental health or substance abuse crisis. The CCSU also serves as the Addiction Receiving Facility for Lee County and Baker Act receiving facility for Adults and Children for Lee County. Lee Mental Health CCSU operates 24 hours/7 days per week including holidays. Call (239) 275-4242 for more information.

- Mental Health Association of Southwest Florida
  2335 Ninth Street N. Suite 404
  Naples, Florida 34103
  (239) 261-5405
  http://www.mhaswfl.org

In addition to a range of public and consumer education programs, the Mental Health Association publishes the Directory of Southwest Florida Licensed Professionals in Private Practice, on their website. Call (239) 261-5405 for more information.

- SEDNET
  http://www.fldoe.org/ese/sedhome.asp

  SEDNET is the Multi-agency Network for Students with Severe Emotional and Behavioral Disturbance. SEDNET Region 8B provides services in Charlotte, Collier, Glades, Hendry, and Lee counties and facilitates improvement in the lives of community children through technical assistance, training and advocacy. Contact SEDNET at the Collier County School Board (239) 377-0116 for more information regarding supports for students.
• Youth Haven Family Support Services and Prevention Programs
273 Airport Road South
Naples, FL 34104
http://www.youthhaven.net
The Family Counseling Center is one part of an overall Children’s Behavioral Health initiative designed to meet the mental health treatment needs of young children and their families in our community. Clinical staff provides emotional support, education and guidance for a variety of concerns confronted by today’s families. Psychiatric evaluations, medication management and crisis intervention are also provided.
Call (239) 262-0388 for more information.

Hardee & Highlands (10th Circuit)
• DCF Circuit 10 (Polk, Highlands, and Hardee Counties)
  4720 Old Highway 37
  Lakeland, FL 33813
  (863) 619-4100

• Daybreak Behavioral Health: The Counseling Center & Structured Outpatient Program of Sebring
  4023 Sun ’n Lake Blvd
  Sebring, FL 33872
  (863) 314-4357
  http://www.fbhs-fl.org
  Individual and family therapy, structured outpatient programs for adults and a specialty Behavioral Health Unit for senior adults.

• The Counseling Center & Structured Outpatient Program of Lake Placid
  1346 US Highway 27 N
  Lake Placid, FL 33852
  (863) 699-4357
  http://www.fhsb-heartland.org

• Counseling for Hardee County Residents
  (863) 773-2621
  http://www.fhsb.org/CareAndServices/BehavioralHealth.aspx

• Florida Hospital Heartland Medical Ctr
  Florida Lake Placid
  1210 US Hwy 27 North
  Lake Placid, FL 33852
  (863) 465-3777
  http://www.fhsb-heartland.org

• Gulf Coast Jewish Family Services
  5925 Imperial Pkwy, Ste 130
  Mulberry, FL 33860
  (863) 904-3000
  http://www.gcjfs.org
  Children and family services, child protective Services, mentoring, developmental services, mental health

Hillsborough (13th Circuit)
• DCF Circuit 13 (Hillsborough County)
  9393 North Florida Ave
  Tampa, FL 33612
  (813) 558-5500
  http://www.myflorida.com/cf_web

• Camelot Community Care, Inc. Tampa
  1911 N US Highway 301, Ste 200
  Tampa, FL 33619-2661
  (813) 635-9765
  http://www.camelotcommunitycare.org/fl_services.aspx
  Therapeutic foster care, in-home counseling, outpatient counseling, case management, assessments.

• Children’s Crisis Services
  2212 E Henry Ave
  Tampa FL 33610
  (813) 272-2882
  http://www.mhcinc.org
  Provides emergency psychiatric evaluation and crisis stabilization for children ages 5 to 17 experiencing acute emotional and/or behavioral problems. 24-hour assessment services, including psychiatric evaluation and, if needed, brief inpatient stabilization.

• Children’s Home Society of Florida
  8306 Laurel Fair Cir, Ste 160
  Tampa, FL 33610-4128
  (813) 740-4266
  http://www.chsfl.org/Locations/Gulf-Coast.aspx

• Clinical Case Management Program-Northside Mental Health Center
  12512 Bruce B Downs Blvd
  Tampa FL 33612
  (813) 977-8700
  http://www.northsidemhc.org
  Clinical case management, advocacy, psychiatric and wraparound services for individuals from the age of 10 to 18 years. The ICM team monitors Hillsborough County children who have been approved for residential treatment by the Level of Care Committee. INTENSIVE CASE MANAGEMENT: Offers intense supervision, peer support, and 24-hour access.

• Early Childhood FASST—Mental Health Care, Inc.
  2905 E Henry Ave
  Tampa, FL 33610-1437
  (813) 272-2888 x211
  http://www.mhcinc.org
  An early intervention/prevention program. Serves children ages 5 and under with mild development delays and/or social / emotional issues. Services offered are primarily in the form of

clinical case management and linkages to community supports / resources.

• Gulf Coast Jewish Family Services
  13542 N Florida Ave
  Tampa, FL 33613-3263
  (813) 987-6700
  http://www.gcjfs.org
  Private individual, child, adolescent, and family and marriage counseling

• Hillsborough Kids Inc.
  5681 E Fowler Ave
  Tampa FL 33617
  (813) 471-0218
  http://www.hillsboroughkids.org
  HKI is the lead agency managing child welfare in Hillsborough County.

• Kids’ Behavioral Helpline
  One Crisis Center Plaza
  Tampa, FL 33613-1238
  (813) 960-1010
  http://www.crisiscenter.com
  Provides information and referral to programs that assist families with SED or EH children and children with substance abuse problem. This helpline is a joint collaboration between the Crisis Center of Tampa Bay, Inc. and Hillsborough County Citizen Action Center.

• Mental Health America of Greater Tampa Bay
  12901 Bruce B Downs Blvd, MDC102
  Tampa, FL 33612
  (813) 972-2618
  http://www.mhagreatertampabay.org

• MHC (Mental Health Care, Inc.)
  5707 North 22nd St
  Tampa, FL 33612
  (813) 272-2244
  http://www.mhcinc.org
  Adult emergency services crisis stabilization unit, children’s crisis stabilization unit, adult emergency services short-term residential treatment facility, residential treatment program,
  » Baker Act receiving facility (public)
  » FACT Teams: comprehensive community-based treatment to persons who experience severe and persistent mental illness.

• Memorial Hospital of Tampa
  Attn: Behavioral Health
  2901 Swann Ave
  Tampa, FL 33609-4057
  (813) 873-6400
  http://www.memorialhospitaltampa.com
  » Baker Act receiving facility (private)
• Northside Mental Health Center
  Florida Assertive Community Treatment
  12512 Bruce B Downs Blvd
  Tampa, FL 33612
  (813) 932-5619
  http://www.northsidemhc.org
  » Crisis stabilization unit
  » short-term residential treatment facility
  » Baker Act receiving facility (public)

• Silver Child Development Center
  12901 Bruce B Downs Blvd, MDC 102
  Tampa, FL 33612
  (813) 974-1516
  http://health.usf.edu/medicine/psychiatry/silvcrld/index.htm

• St. Joseph’s Hospital
  St. Joseph’s Psychiatric Care Center
  3001 W Dr Martin Luther King Blvd
  Tampa, FL 33607
  http://www.sjbhealth.org
  » Inpatient Services (813) 870-4300
    St. Joseph’s BayCare Life Management Services
    4726 N. Habana Ave, Ste 204
    Tampa, FL 33614
  » Outpatient Svcs (813) 872-7582
  » Baker Act receiving facility (private)

• Tampa Bay Academy
  12012 Boyette Rd
  Riverview, FL 33569-5631
  (813) 677-6700
  http://www.tampabay-academy.com

• Tampa General Hospital Psychiatric Services
  2 Columbia Dr.
  Davis Islands
  Tampa, FL 33601
  (813) 844-7000
  http://www.tgh.org
  Baker Act receiving facility (private)

• THINKKids: Success 4 Kids & Families
  1311 N Westshore Blvd, Ste 302
  Tampa, FL 33607
  (813) 490-5490
  http://www.s4kf.org
  THINKKids is an independent case management program providing “wraparound” services to children and families. These services can be traditional therapeutic services as well as non-traditional, individualized creative services matched to each family. Direct services are brokered by THINKKids and provided by independent contractors.

• Youth Psychological Assessment & Therapy Center
  710 Oakfield Dr, Ste 261
  Brandon, FL 33511
  (813) 689-2525
  http://www.tampabaymentalhealth.com

Manatee (12th Circuit)

• DCF Circuit 12 (Manatee, Sarasota and DeSoto Counties)
  9393 North Florida Ave
  Tampa, FL 33612
  (813) 558-5500

• Camelot Community Care, Inc.
  239 301 Blvd E Ste A
  Bradenton, FL 34208-3340
  (941) 708-9764
  Therapeutic foster care, in-home counseling, outpatient counseling, case management, assessments.

• Gulf Coast Jewish Family Services
  (DeSoto, Manatee, Sarasota)
  8051 N Tamiami Trl Ste D-6
  Sarasota, FL 34243
  (941) 358-4242
  Mental health services

• Manatee Children’s Services
  The Flamiglio Center
  453 Cortez Rd W
  Bradenton, FL 34207-1544
  (941) 345-1200
  Crisis intervention, counseling, residential and outpatient services
  http://www.manateechildrenservices.com

• Manatee Glens Walk In Center
  1404 14th St W
  Bradenton, FL 34205
  (941) 782-4800
  » Open Mon – Fri, 9am – 9pm.
    Walk-ins welcome.
  » Mobil Crisis Unit, available 24 hours-a-day, 7 days-a-week.
  » Provides immediate assessment, referral and short-term counseling service. The Mobile Crisis unit responds to requests from the police.

• Manatee Glens Hospital and Crisis Center and follow up Rehabilitation Programs
  2020 26th Ave E
  Bradenton, FL 34208
  (941) 782-4600
  http://www.manateeglens.org
  » Baker Act receiving facility (private)
  » 27-bed licensed specialty hospital unit, 24-bed crisis stabilization unit
  » 25-short term residential beds

• Manatee Memorial Hospital
  206 2nd St E
  Bradenton, FL 34208-1042
  Hospital: (941) 746-5111
  Behavioral Health: (941) 745-7583
  http://www.manateememorial.com
  » Baker Act receiving facility (private)
  » Clinical assessments, diagnosis, treatment, counseling, and group therapy.

• Manatee Palms Youth Services
  4480 51st St W
  Bradenton, FL 34210-2857
  (941) 792-2222
  http://www.psysolutions.com
  Intensive residential treatment facility for children ages 6 to 17.

Pasco (6th Circuit)

• DCF Circuit 6 (Pasco and Pinellas Counties)
  9393 N Florida Ave
  Tampa, FL 33612
  (813) 558-5500

• Carlton Manor, Inc.
  45 Westwood Terr N
  St. Petersburg, FL 33710
  (727) 343-3662
  http://www.carltonmanor.org
  Community-based services to children and families with severe emotional impairments in Pinellas and Pasco Counties.

• Community Hospital
  Attn: Behavioral Health
  5637 Marine Pkwy
  New Port Richey, FL 34652
  (727) 848-1733
  http://www.communityhospitalnpr.com
  » Baker Act receiving facility (private)
  » Adults, Serving Pasco, Hernando, and northern Pinellas Counties

• Florida Hospital Zephyrhills
  7050 Gall Blvd
  Zephyrhills, FL 33541-1399
  (813) 788-0411
  http://www.fffzephyr.org
  Baker Act receiving facility (private)

• Gulf Coast Jewish Family Services
  5744 Missouri Ave
  New Port Richey, FL 34652
  (727) 816-1881 and 816-1860
  http://www.gcjfs.org
  Mental health services
Crisis Stabilization Unit-A
Crisis Stabilization Unit-B
Crisis Stabilization Unit-C

Pinellas (6th Circuit)

• GCJFS Chatlin Home
  2425 Chatlin Rd
  Holiday, FL 34691
  (727) 841-4455
  http://www.gcjfs.org

• GCJFS Darlington Home
  2425 Chatlin Rd
  Holiday, FL 34691
  (727) 841-4455
  http://www.gcjfs.org

• Harbor Behavioral Health Care Institute
  Adult Crisis Stabilization Unit
  8132 King Helie Blvd
  New Port Richey, FL 34653-1435
  (727) 841-4455

• Harbor Behavioral Health Care Institute
  Community Based Care
  7809 Massachusetts Ave
  New Port Richey, FL 34656
  (727) 841-4200

• Harbor Behavioral Health Care Institute
  Children's Crisis Stabilization Unit
  8132 King Helie Blvd
  New Port Richey, FL 34653-1435
  (727) 841-4455
  http://www.baycare.org

  » Child and adult crisis stabilization, mental health, psychiatric medical services
  » FACT Team, adult residential

• Boley Centers for Behavioral Healthcare, Inc.
  445 31st St N
  St. Petersburg, FL 33713-7605
  (727) 821-4819
  http://www.boleycenters.org

  FACT and CCST Teams

• Camelot Community Care
  4910 Creekside Dr, Ste D
  Clearwater, FL 33760-4034
  (727) 596-9960

  » GCJFS 66th Street Group Home
  3180-3200 66th St N
  St. Petersburg, FL 33710
  (727) 893-1661
  http://www.gcjfs.org

  » Residential treatment

• Children’s Crisis Stabilization Unit
  401 16th St N
  St. Petersburg, FL 33705
  (727) 545-6477

  Ad/Ch Crisis Stabilization Unit:
  (727) 545-6477*341

  Ch. Crises Outreach Prg: (727) 541-4628
  Fam. Emergency Treatment: (727) 662-1053
  EMERGENCIES (727) 791-3131
  http://www.pemhs.org/index.htm

  » Baker Act receiving facility (public)
  » emergencies/evaluation (diagnosis), short/medium term in patient recovery programs

• St. Anthony's Hospital Behavioral Health Unit
  1200 7th Ave N
  Saint Petersburg, FL 33705
  (727) 825-1100 or (727) 825-1124
  http://www.stanthony.com

  » Baker Act receiving facility (private)
  » Life Management, (727) 820-7747
  http://www.baycare.org

• Sun Coast Hospital
  2050 Indian Rocks Rd
  Largo, FL 34649
  (727) 581-9474
  http://www.suncoasthospital.net/

  » Baker Act receiving facility (private)
  » Adult crisis stabilization program.

• Suncoast Center for Community Mental Health
  4024 Central Ave
  St. Petersburg, FL 33711
  (727) 327-7696

  Forensic FACT Team (727) 323-6300
  EMERGENCIES (727) 791 3131
  http://www.suncoastcenter.com

  Child/adult mental health and substance abuse outpatient treatment and mental health/social support services center, serving children and adults of all ages. Evaluation, diagnosis, treatment, outpatient care, counseling, and case management.

• Windmoor Healthcare of Clearwater
  11300 US 19 S
  Clearwater, FL 33764
  (727) 541-2646
  http://www.windmoorhealthcare.com

  » Baker Act receiving facility (private)
  » Full-service psychiatric facility available 24-hours a day.
**Polk (10th Circuit)**
- DCF Circuit 10 (Polk, Highlands, and Hardee Counties)
  4720 Old Highway 37
  Lakeland, FL 338131
  (863) 619-4100
- Center for Counseling at Lakeland Regional Medical Center
  Center State Bank Bldg
  Lakeland, FL 33804
  (863) 687-1275
  http://www.lrmc.com
- Devereux Therapeutic Foster Care - Polk, Hardee & Highlands Counties
  175 Fifth St SW #104
  Winter Haven, FL 33880
  (863) 298-4400
  http://www.devereux.org
- Florida Sheriffs Youth Ranches, Inc.
  Youth Villa
  3350 State Rd 60 E
  Bartow, FL 33830-8471
  (863) 533-0371
- Gulf Coast Jewish Family Services
  5925 Imperial Pkwy
  Suite 130
  Mulberry, FL 33860
  (863) 904-3000
  http://www.gcjfs.org
- Lakeland Regional Medical Center
  Attn: Behavioral Health Services
  1324 Lakeland Hills Blvd
  Lakeland, FL 33805-4543
  (863) 687-1275
  http://www.lrmc.com/site/
- Peace River Center
  1239 E Main St
  Bartow, FL 33830
  (863) 519-0575
  Crisis Line (863) 519-3744
  http://www.peace-river.com
  - Baker Act receiving facility (public)
  - A community mental health organization providing services to Polk, Hardee, and Highlands Counties. Services offered include crisis stabilization unit, outpatient counseling, psychiatric/medical, adult residential treatment, case management, domestic violence and sexual assault programs, YouthLine, and 24-hour crisis hotline services.
- Tri-County Human Services, Inc.
  Human Services, Inc.
  Administrative Offices
  1815 Crystal Lake Dr
  Lakeland, FL 33801-5979
  (863) 709-9392
  http://www.tchsonline.com
  Substance abuse and mental health disorders treatment to residents of Polk, Hardee and Highlands Counties.
- Winter Haven Adult Outpatient Counseling
  1201 1st St. S
  Winter Haven, FL 33880-3904
  (863) 293-1121, ext. 1856
- Winter Haven Hospital Behavioral Health Division: Child and Adolescent Services
  ACCESS SERVICES
  Toll Free: 1-800-723-3248
  http://www.winterhavenhospital.org/fac/behavioral/child.html
  24 hours per day, seven days per week telephonic and face-to-face mental health assessments, crisis intervention and referral information regarding BHD services for any individuals within the Mid-Florida service area.

**Sarasota (12th Circuit)**
- DCF Circuit 12 (Manatee, Sarasota and DeSoto Counties)
  9393 North Florida Ave
  Tampa 33612
  (813) 558-5500
- Coastal Behavioral Healthcare North Port
  6950 Pan American Blvd
  North Port, FL 34287
  (941) 492-4300
  http://www.coastalbh.org
  Case management, crisis stabilization, counseling, residential treatment for co-occurring disorders, FACT Teams and more.
- Florida Assertive Community Treatment (FACT): Sarasota/DeSoto County FACT Team
  1750 17th St
  Sarasota, FL 34234
  (941) 308-2936
  http://www.coastalbh.org
  FACT Teams: comprehensive community-based treatment to persons who experience severe and persistent mental illness.
- Florida Center for Child and Family Development
  4610 17th St
  Sarasota, FL 34235-1843
  (941) 371-8820
  http://www.thefloridacenter.org
  Infant/young child mental health therapy, family/marital counseling, behavioral support services, child psychiatry/psychology services.
- Florida Center for Child & Family Development Gulf Coast Center
  800 Gulf Coast Blvd
  Venice, FL 34285-7812
  (941) 412-9186
  http://www.thefloridacenter.org
- Gulf Coast Jewish Family Services
  (DeSoto, Manatee, Sarasota)
  8051 N Tamiami Trl, Ste D-6
  Sarasota, FL 34243
  (941) 358-4242
  http://www.gcjfs.org
  Mental health services
- Heritage Residential Treatment Facility (Coastal Behavioral Healthcare)
  2750 Bahia Vista St
  Sarasota, FL 34239
  (941) 952-1147 ext. 1150
  http://www.coastalbh.org
  Residential services
- Compass Center (Coastal Behavioral Healthcare)
  2750 Bahia Vista St
  Sarasota, FL 34239
  (941) 952-1147 ext. 1107
  http://www.coastalbh.org
  Children's services, outpatient services, residential services, outpatient medication services
- Coastal Behavioral Healthcare Venice
  7810 S Tamiami Trl
  Venice, FL 34292
  (941) 492-4300
  http://www.coastalbh.org
  Case management, crisis stabilization, counseling, residential treatment for co-occurring disorders, FACT Teams and more.
- Florida Assertive Community Treatment (FACT): Sarasota/DeSoto County FACT Team
  1750 17th St
  Sarasota, FL 34234
  (941) 308-2936
  http://www.coastalbh.org
  FACT Teams: comprehensive community-based treatment to persons who experience severe and persistent mental illness.
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  Residential services
- Compass Center (Coastal Behavioral Healthcare)
  2750 Bahia Vista St
  Sarasota, FL 34239
  (941) 952-1147 ext. 1107
  http://www.coastalbh.org
  Children's services, outpatient services, residential services, outpatient medication services
• Jewish Family & Children’s Service of Sarasota-Manatee, Inc.
  7810 South Tamiami Trl, Ste A7
  Venice, FL 34293-5132
  (941) 492-4717
  http://www.jfcs-cares.org
  Counseling and psychotherapy to individuals and families, family life education, adolescent and children’s services.

• Sarasota County Mental Health Court
  1750 17th St
  Sarasota, FL 34234
  (941) 953-0000
  http://www.coastalbh.org
  Serves consumers who have committed a misdemeanor and have a mental health/co-occurring disorder.

• Sarasota Memorial Hospital Bayside Center for Behavioral Health
  1625 S Osprey Ave
  Sarasota, FL 34239-2928
  (941) 917-6900
  http://www.smh.com
  Baker Act receiving facility (private)
  Individual and group therapy, outpatient growth groups, clinical assessment, Inpatient services, outpatient, support group meetings.

Justice Resources

• Charlotte County Sheriff’s Office
  7474 Utilities Road
  Punta Gorda, FL 33928
  (941) 639-2101
  http://www.cso.org

• Collier County Sheriff’s Office
  3301 Tamiami Trail Ease, Bldg. J
  Naples, FL 34112
  (239) 774-4434
  http://www.colliersheriff.org

• Desoto County Sheriff’s Office
  208 East Cypress St
  Arcadia, FL 34266
  (863) 993-4700
  http://www.desotosheriff.com

• Hardee County Sheriff’s Office
  900 E. Summit St
  Wauchula, FL 33873
  (863) 773-0304
  http://www.hardeeo.com

• Highlands County Sheriff’s Office
  434 Fernleaf Ave
  Sebring, FL 33870
  (863) 402-7200
  http://www.highlandssheriff.org

• Hillsborough County Sheriff’s Office
  PO Box 3371
  Tampa, FL 33601-3371
  (813) 247-8000
  http://www.hco.tampa.fl.us

• Lee County Sheriff’s Office
  14750 Six Mile Cypress Pkwy
  Fort Myers, FL 33912
  (239) 477-1000
  http://www.lee.gov

• Manatee County Sheriff’s Office
  600 US Highway 301 Boulevard W
  Bradenton, FL 34205
  (941) 747-3011
  http://www.manateesheriff.com

• Pasco County Sheriff’s Office
  8700 Citzen Dr.
  New Port Richey, FL 34654-5501
  (727) 847-5878
  http://www.pascosheriff.org

• Pinellas County Sheriff’s Office
  PO Box 2500
  Largo, FL 33779-2500
  (727) 582-6200
  http://www.pinellas.gov

• Polk County Sheriff’s Office
  455 North Broadway Ave
  Bartow, FL 33830
  (863) 533-0344
  http://www.polksheriff.org

• Sarasota County Sheriff’s Office
  2071 Ringling Blvd
  Sarasota, FL 34237
  (941) 861-5800
  http://www.sarasotasheriff.org

• Hendry County School District
  Director, Exceptional Student Education
  (863) 983-1507

• Highlands County Schools
  426 School Street
  Sebring, FL 33870
  Director, Student Support Services: (863) 471-5583

• Hillsborough County Schools
  Exceptional Student Education
  1202 Palm Ave
  Tampa, FL 33605
  (813) 273-7025
  http://ese.myschools.org/

• Lee County School District
  Coordinator, Psychological Services
  (239) 337-8186
  Coordinator, Autism Spectrum Disorder Program
  (239) 337-8326
  Exceptional Student Education Parent Liaison
  (239) 337-8621

• Manatee County, School District of Exceptional Student Education Department
  215 Manatee Avenue West
  Bradenton, FL 34205
  (941) 751-6550 x 2280
  http://www.schools.manatee.k12.fl.us/3130ESE1/exceptional_student_education/

• Pasco County Schools
  7227 Land O’ Lakes Blvd
  Land O’ Lakes, FL 34638
  Exceptional Student Education: (813) 794-2600
  http://www.pasco.k12.fl.us/ese/

• Pinellas County Schools
  301 Fourth St SW
  Largo, FL 33770
  ESE Department (727) 588-6000 Ext. 6032
  http://www.pcsb.org/ese/home.html

• Polk County Schools
  1915 South Floral Ave.
  Bartow, FL 33830
  ESE Director: (863) 534-0930
  http://www.polk-fl.net/districtinfo/departments/learning/ese/default.htm

• Sarasota County Schools
  1960 Landings Boulevard
  Sarasota, FL 34231
  Supervisor: Phone: (941) 927-9000, ext. 34226
  http://www.sarasotacountyschools.net/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=4066
Government Agencies

- **Centers for Disease Control and Prevention (CDC)**
  The CDC is an agency of the U.S. Department of Health and Human Services. It provides statistics, publications, health information, and funding announcements.
  [http://www.cdc.gov](http://www.cdc.gov)

- **National Institutes on Mental Heath (NIMH)**
  The NIMH is the largest scientific organization in the world dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health. Use search function to find free publications by topic and science news by topic including both mental health conditions and autism. Publications are also available in Spanish.

Autism Resources

- **The Autism Society of America (ASA)**
  The Autism Society of America web site is the largest national autism organization in the United States. Individuals can find a local chapter through the ASA website.

- **Center for Autism and Related Disabilities at the University of South Florida (CARD-USF)**
  CARD provides support and assistance with the goal of optimizing the potential of people with autism and related disabilities. Visit our website to learn more about CARD services, training, and technical assistance.
  Call (800) 333-4530 for more information.
  [http://card-usf.fmh.ufl.edu](http://card-usf.fmh.ufl.edu)


Florida’s First Choice for Autism Support

The Center for Autism & Related Disabilities (CARD) provides support and assistance with the goal of optimizing the potential of people with autism and related disabilities.

Center for Autism and Related Disabilities
Department of Child and Family Studies
Louis de la Parte Florida Mental Health Institute
College of Behavioral and Community Sciences
University of South Florida MHC 2113A
13301 Bruce B. Downs Blvd.
Tampa, FL 33612

In Florida: 1-800-333-4530 or 813-974-2532
http://card-usf.fmhi.usf.edu