Your Role

It's not just students...
- Teacher or school staff member
- Parent/Guardian, Grandparent
- Co-worker, peer, friend
- Neighbor
- Other

What is a mental disorder?
- A mental disorder or mental illness is a diagnosable illness that:
  - Affects a person’s thinking, emotional state, and behavior
  - Disrupts the person’s ability to:
    - Attend school and/or work
    - Carry out daily activities
    - Engage in satisfying relationships

According to Mental Health First Aid for Youth

What are some mental health disorders?
- ADD/ADHD/ODD
- Anxiety
- Depression
- Bipolar Disorder
- Phobias
- Eating Disorders
- Substance abuse disorders
- Etc.
U.S. Youth with a mental disorder during adolescence (13-18)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
<th>With Severe Impact</th>
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<tbody>
<tr>
<td>Anxiety Disorders</td>
<td>31.9%</td>
<td>8.3%</td>
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<tr>
<td>Behavior Disorders</td>
<td>19.1%</td>
<td>9.0%</td>
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<td>Mood Disorders</td>
<td>14.3%</td>
<td>11.2%</td>
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<tr>
<td>Substance Use Disorders</td>
<td>11.4%</td>
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<tr>
<td>OVERALL PREVALENCE</td>
<td>22.2%</td>
<td></td>
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According to Mental Health First Aid for Youth

Prevalence of Depression Among U.S. Youth

Treatment?

Only 41% of people with a mental illness use mental health services in any given year.

According to Mental Health First Aid for Youth
Age of onset

Disorder
- Anxiety Disorders
- Eating Disorders
- Substance Use Disorders
- Schizophrenia
- Bipolar Disorder
- Depression

According to Mental Health First Aid for Youth

Typical adolescent development

- Physical Changes
  - Hormones
  - Height & Weight
  - Focus on the physical

According to Mental Health First Aid for Youth
Typical adolescent development

**Physical Changes**
- Hormones
- Height & Weight
- Focus on the physical

**Mental Changes**
- Abstract thinking
- Logic & reason in decision making
- Developing own beliefs
- Questions authority

According to Mental Health First Aid for Youth

**Emotional Changes**
- Quick to change emotions
- Feels things more intensely
- Can lead to risk taking & impulsive behavior

According to Mental Health First Aid for Youth

**Social Changes**
- Experiments socially
- Peer influences increase
- Notices sexual identity
- Learning to manage relationships, including romantic relationships

According to Mental Health First Aid for Youth
So what do you do?

The Action Plan - ALGEE

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

According to Mental Health First Aid for Youth

Signs & Symptoms

Physical

- Cardiovascular: pounding heart, chest pain, rapid heartbeat, blushing
- Respiratory: fast breathing, shortness of breath
- Neurological: dizziness, headaches, sweating, tingling, numbness
- Musculoskeletal: muscle aches and pains, restlessness, tremors and shaking, inability to relax

According to Mental Health First Aid for Youth

Signs and Symptoms

Physical

- Hormonal: irregular menstrual cycles, loss of nocturnal emissions, loss of sexual desire
- Changes in normal pattern: overeating or not eating at all, sleeping much more or much less
- Appearance:
  - Changes in hygiene, unkept
  - Bloodshot or glassy eyes
  - Weight loss or gain

According to Mental Health First Aid for Youth
Signs and Symptoms

**Emotions**
- Depressed mood and/or mood swings
- Unrealistic or excessive anxiety or guilt
- Excessive irritability or anger
- Lack of inhibition
- Lack of emotion or emotional response
- Helplessness or hopelessness
- Oversensitivity to comments or criticism
- Low self esteem

According to Mental Health First Aid for Youth

**Behavior**
- Frequent self criticism or blame
- Pessimism
- Difficulty concentrating or remembering
- Indecisiveness or confusion
- Rigid thinking
- Racing thoughts
- Tendency to believe others see one in a negative light
- Altered sense of self
- Delusions or hallucinations
- Odd ideas, lack of insight
- Suspiciousness
- Thoughts of death and suicide

According to Mental Health First Aid for Youth

Auditory hallucinations

- Get in groups of 4
- All take turns in each role
- Roles:
  - Teacher
  - Student
  - Voice
  - Observer
Signs and Symptoms

Behavior

• Crying spells
• Withdrawal from others
• Neglect of responsibility
• Loss of interest in appearance
• Loss of motivation
• Slow movement
• Use of drugs or alcohol
• Changes in energy level
• Obsessive or compulsive behavior
• Avoidance or phobic behavior
• Showing distress
• Talking rapidly

According to Mental Health First Aid for Youth

Self injury

• Many reasons why people self injure
• Many ways people self injure
• Doesn’t always mean they are suicidal
• What to look for:
  – Unexplained or oddly explained cuts
  – Several linear cuts in one area
  – Several bracelets/bands
  – Bandages
  – Long sleeves/pants in hot weather

According to Mental Health First Aid for Youth

Typical stages vs. Warning signs

<table>
<thead>
<tr>
<th>Typical Adolescence</th>
<th>Potential Warning Signs</th>
</tr>
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<tbody>
<tr>
<td>Withdrawing from family to spend more time with friends</td>
<td>Withdrawing from friends, family, and social activity</td>
</tr>
<tr>
<td>Wanting more privacy</td>
<td>Becoming secretive; need for privacy seems to be hiding something</td>
</tr>
<tr>
<td>Moving from childhood likes to teen pursuits</td>
<td>Losing interest in favorite activities and not replacing with other pursuits</td>
</tr>
</tbody>
</table>

According to Mental Health First Aid for Youth
Assess for risk factors

- Exposure to stressful life events/abuse/trauma
- Difficult or abusive childhood
- Ongoing stress or anxiety
- Medical conditions and hormonal changes
- Side effects of medication
- Illness that is life threatening, chronic, or associated with pain
- Brain injury
- Previous episodes of a mental illness or another mental illness

According to Mental Health First Aid for Youth

Assess for risk factors

- Family history of mental illness
- Learned behavior
- Chemical imbalance
- Substance misuse and sensitivity
- Seasonal factors
- Environmental factors

According to Mental Health First Aid for Youth

Listen non-judgmentally

The Action Plan

- Use “I” statements about what you have noticed
- Ask questions but don’t push
- Realize it may be a relief for the young person to talk about how they feel
- Remember it’s about THEM not us
Give reassurance and information

The Action Plan

- Be genuine and respectful
- Be careful about using slang
- Be comfortable with silence
- Be in the present with them without comparing to your own youth
- Be aware that the young person’s feelings are very real
- Be accepting even though you may not agree
- Be aware of your facial expressions
- Be positive with your feedback
- Be helpful with language without telling them how they feel or “should” feel

According to Mental Health First Aid for Youth

Encourage Appropriate Professional Help

The Action Plan

- Up to 90% of individuals with mental disorders are treatable with a variety of therapies and supports
- Evidence-based practices are interventions for which there is a consistent scientific evidence showing that they improve individual outcomes

According to Mental Health First Aid for Youth
Encourage Appropriate Professional Help

The Action Plan

• Your FIRST STEP is connecting with the student, the counselor or principal the SAME DAY of your concern (preferably not at the end of the day)
• Let the person know that they are not alone. There are several types of professionals who could help.
• Depending on what the student tells you, calling home is probably required

According to Mental Health First Aid for Youth

Encourage self help and other support strategies

The Action Plan

• Identify others who might be helpful
• Explore activities that might help manage symptoms
• Find strategies that interest the young person
• Encourage them to discuss strategies with health professionals

According to Mental Health First Aid for Youth

Assess for risk of suicide or harm

• Important signs a person may be suicidal:
  – Threatening to hurt/kill themselves
  – Seeking access to pills, weapons, or other means
  – Talking, writing, or drawing about death, dying, or suicide
  – Expressing hopelessness, no reason for living or having no sense of purpose in life
  – Having rage, anger or seeking revenge
  – Acting reckless or engaging in risky activities
  – Feeling trapped

According to Mental Health First Aid for Youth
Assess for risk of suicide or harm

• Important signs a person may be suicidal:
  – Increasing drug or alcohol use
  – Withdrawing from friends of family
  – Having a dramatic change in mood
  – Sleeping all the time or not sleeping
  – Being anxious or agitated
  – Giving away prized possessions

According to Mental Health First Aid for Youth

How to talk to a suicidal person

• Discuss your observations
• Appear confident, which helps you appear reassuring
• Involve the person in decision making whenever possible
• If danger is imminent, call 911

According to Mental Health First Aid for Youth

How to talk to a suicidal person

Ask the questions

• Are you thinking about killing yourself?
• Tell me more.
• So you have a plan?
• If so, what is your plan?

According to Mental Health First Aid for Youth
Immediate steps when someone is suicidal

• Do NOT leave the person alone
• Involve the proper people to help
  – Most schools will have a procedure in place that involves notifying an administrator
  – Contact parents whenever possible
  – You can always call police to have them take the person into protective custody

According to Mental Health First Aid for Youth

Resources

• Emergency Notification Form
• Third Party Statement
• Child Abuse Investigation Form
• Metro Resources
• State Resources
• National Suicide Lifeline
• Lifelines suicide prevention

According to Mental Health First Aid for Youth

Michelle Sutherlin
Director of Prevention Services
Oklahoma State Department of Education
405-521-2106
Michelle.Sutherlin@sde.ok.gov
Counselor Process for Responding to Suicide Ideation

• Staff becomes aware of suicide ideation.
  • Staff reports to counselor or student advocacy coordinator immediately.

1

• Counselor or student advocacy coordinator meets with student immediately.
  • Counselor explains concern and completes their Safety Threat Assessment.

2

• Counselor contacts parents and requests immediate conference.
  • Counselor completes Emergency Packet: Emergency Notification of Student in Crisis, Safety Threat Assessment, and Resources for Emergency Crisis Care.

3

• Parent is given completed Emergency Packet which includes Emergency Notification of Student in Crisis, Safety Threat Assessment, and Resources for Emergency Crisis Care.
  • Counselor keeps copies of all forms in confidential file sends copies to principal and/or other designated administrator.

4

• Counselor advises parent of need for a re-entry conference before student returns to school.
  • Parent takes student to mental health agency and provides agency a copy of Emergency Notification Student in Crisis and Safety Threat Assessment.

5

• Parent calls to notify counselor when student is released to return to school.
  • Counselor schedules conference with parent and student to formulate Re-entry Plan
  • Parent provides a copy of the Emergency Notification with signed Provider Acknowledgment.

6

• Counselor holds conference with student’s teachers to complete Student Re-entry Plan/ Safety Plan. Parent may attend to discuss academics, modifications, and safety.

7

• Counselor meets with student to develop a student safety plan before student returns to classes.
  • Student returns to classes according to Re-entry Plan.
  • Counselor monitors student weekly until student feels secure at school.

8
have been advised that our child has expressed thoughts of self-harm, has engaged in self-harming behavior, or made homicidal threats. We have been further advised that we should seek some psychological/psychiatric consultation immediately. We have been further advised that we should seek some psychological/psychiatric consultation immediately. We have been provided with a list of Emergency Resources for Crisis Care. We understand that the school district is not responsible for the provision of these services, but is alerting us to this emergency just as they would inform us of any health problem.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Third Party Statement Provider Signature  Printed Name  Title

We will contact the counselor in advance of our child’s return to school to formulate a Student Re-entry Plan and provide a copy of this form with completed provider acknowledgment.

________________________  ____________________________  ____________________________
Counselor’s Printed Name  Phone Number and/or Email Address

Provider Acknowledgment: I received a copy of the Emergency Notification of Student in Crisis.

________________________  ____________________________  ____________________________
Name  Title  Date

Agency Name (if applicable)
# My Safety Plan

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
</table>

**What are my warning signs that a crisis may be developing?**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
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</tbody>
</table>

**What are some ways I can help myself at school?**

<p>| | |</p>
<table>
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<tr>
<th></th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

**Who are people I can call if I need help?**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Name:</td>
<td>Phone #:</td>
</tr>
</tbody>
</table>

**Who will I contact in case of an emergency:***

- Call 911
- National Suicide Prevention Lifelines Hotline 1-800-273-8255 (TALK)
- Local Hospital ________________
In an imminent safety threat to self or others, notify principal immediately and take immediate action to isolate the individual. Attach copies of any materials which may be useful in conducting a preliminary risk assessment (i.e., writings, notes, printed email or internet materials, books, drawings, etc.)

**STUDENT INFORMATION:**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Age:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Completing Form:</td>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Contact Phone Number:</td>
<td>School:</td>
<td></td>
</tr>
</tbody>
</table>

**IMMINENT WARNING SIGNS:** (check all that apply)

- Possession and/or use of firearm or other weapon
- Exhibiting impulsive violent actions, rebellious behavior, or running away
- Making statements about hopelessness, helplessness, or worthlessness
- Suicide threats or statements
- Self-harming
- Giving away favorite possessions
- Making a last will, writing a suicide note
- Homicidal threats
- Giving verbal hints with statements such as “I won’t be a problem much longer,” “Nothing matters,” etc.
- Saying other things like “I’m going to kill myself,” “I wish I were dead,” “I shouldn’t have been born”
- Other

**DOCUMENTATION OF ACTION TAKEN:** (check all that apply)

- Notify Parent/Guardian
- Contact Law Enforcement
- Contact EMS
- Contact DHS
- Community Mental Health Referral given to Parent/Guardian

PROVIDE A COPY OF THIS FORM TO THE MENTAL HEALTH SERVICE PROVIDER OF YOUR CHOICE

Signature of Parent/Guardian

Date

Signature of Person Completing this Form

Date

Title
## Mental Health Facilities By City

<table>
<thead>
<tr>
<th>City</th>
<th>Program</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ada</td>
<td>Mental Health Services of Southern Oklahoma - Satellite</td>
<td>(580) 436-2690</td>
</tr>
<tr>
<td>Altus</td>
<td>Jim Taliaferro Community Mental Health Center - Satellite</td>
<td>(580) 480-0650</td>
</tr>
<tr>
<td>Alva</td>
<td>Northwest Center for Behavioral Health - Satellite</td>
<td>(580) 327-1112</td>
</tr>
<tr>
<td>Anadarko</td>
<td>Jim Taliaferro Community Mental Health Center - Satellite</td>
<td>(405) 247-6807</td>
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<tr>
<td>Ardmore</td>
<td>Mental Health Services of Southern Oklahoma - Administration</td>
<td>(580) 223-5070</td>
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<td>Ardmore</td>
<td>Mental Health Services of Southern Oklahoma - Clinical Programs</td>
<td>(580) 223-5636</td>
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<tr>
<td>Atoka</td>
<td>Carl Albert Community Mental Health Center - Outreach Clinic</td>
<td>(580) 889-6459</td>
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<tr>
<td>Bartlesville</td>
<td>Grand Lake Mental Health Center, Inc. - Washington County Office</td>
<td>(918) 337-8080</td>
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<tr>
<td>Chandler</td>
<td>Red Rock Behavioral Health Services - Satellite</td>
<td>(405) 258-3040</td>
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<td>(405) 222-0622</td>
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<td>(918) 342-0770</td>
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<td>Enid</td>
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<td>(580) 234-3791</td>
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<tr>
<td>Eufaula</td>
<td>Green Country Behavioral Health Services, Inc. - Satellite</td>
<td>(918) 689-3357</td>
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<tr>
<td>Fairview</td>
<td>Northwest Center for Behavioral Health - Satellite</td>
<td>(580) 227-2088</td>
</tr>
<tr>
<td>Fort Supply</td>
<td>Northwest Center for Behavioral Health - Inpatient and Residential Programs</td>
<td>(580) 766-4434</td>
</tr>
<tr>
<td>Grove</td>
<td>Grand Lake Mental Health Center, Inc. - Delaware County Office</td>
<td>(918) 786-4434</td>
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<tr>
<td>Guthrie</td>
<td>NorthCare</td>
<td>(405) 858-1750</td>
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<tr>
<td>Guymon</td>
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<td>(580) 338-5851</td>
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<td>Heavener</td>
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<td>(918) 653-7718</td>
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<td>(405) 379-6668</td>
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<td>Hugo</td>
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<td>(580) 326-7531</td>
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<td>Carl Albert Community Mental Health Center - Satellite</td>
<td>(580) 286-6639</td>
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<td>Lawton</td>
<td>Jim Taliaferro Community Mental Health Center - Satellite</td>
<td>(580) 248-5780</td>
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<tr>
<td>Marietta</td>
<td>Mental Health Services of Southern Oklahoma - Satellite</td>
<td>(580) 276-3323</td>
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<td>McAlester</td>
<td>Carl Albert Community Mental Health Center - Main Facility</td>
<td>(918) 426-7800</td>
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<td>Miami</td>
<td>Grand Lake Mental Health Center, Inc. - Ottawa County Office</td>
<td>(918) 540-1511</td>
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<td>Muskogee</td>
<td>Green Country Behavioral Health Services, Inc. - Main Facility</td>
<td>(918) 682-8407</td>
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<td>(405) 360-5100</td>
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<td>Nowata</td>
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<td>(918) 273-1841</td>
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<td>Grand Lake Mental Health Center, Inc. - Clinical Programs, Nowata County</td>
<td>(918) 273-1841</td>
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<tr>
<td>Okemah</td>
<td>CREOKS Mental Health Services, Inc. - Okfuskee County Office</td>
<td>(918) 623-2922</td>
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<tr>
<td>Oklahoma City</td>
<td>Hope Community Services</td>
<td>(405) 634-4400</td>
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<tr>
<td>Oklahoma City</td>
<td>NorthCare - Children's Services and Administration</td>
<td>(405) 858-2700</td>
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<td>NorthCare - Adult Facility - Satellite</td>
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<td>(918) 756-9411</td>
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<td>CREOKS Mental Health Services, Inc. - Okmulgee County Adult Services</td>
<td>(918) 756-9250</td>
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<td>Pawhuska</td>
<td>Edwin Fair Community Mental Health Center - Satellite</td>
<td>(918) 287-1175</td>
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<td>Perry</td>
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<td>Ponca City</td>
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<td>(580) 762-7561</td>
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<td>Pryor</td>
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<td>(918) 825-1405</td>
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<td>Sallisaw</td>
<td>CREOKS Mental Health Services, Inc.</td>
<td>(918) 775-5513</td>
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<tr>
<td>Sand Springs</td>
<td>Counseling and Recovery Services of OK</td>
<td>(918) 245-5565</td>
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<td>Sapulpa</td>
<td>CREOKS Mental Health Services, Inc. - Creek County Office</td>
<td>(918) 227-2016</td>
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<tr>
<td>Shawnee</td>
<td>Red Rock Behavioral Health Services - Pottowatomie County - Satellite</td>
<td>(405) 275-7100</td>
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<td>Stigler</td>
<td>Carl Albert Community Mental Health Center - Satellite</td>
<td>(918) 967-8491</td>
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<tr>
<td>Stillwater</td>
<td>Edwin Fair Community Mental Health Center - Satellite</td>
<td>(405) 372-1250</td>
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<td>Stillwell</td>
<td>CREOKS Mental Health Services, Inc.</td>
<td>(918) 696-6212</td>
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<td>Tahlequah</td>
<td>CREOKS Mental Health Services, Inc.</td>
<td>(918) 207-0078</td>
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<td>Tishomingo</td>
<td>Mental Health Services of Southern Oklahoma - Satellite</td>
<td>(580) 371-3019</td>
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<tr>
<td>Tulsa</td>
<td>Counseling and Recovery Services of OK</td>
<td>(918) 492-2554</td>
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<tr>
<td>Tulsa</td>
<td>F&amp;CS Mental Health Care, Inc. - Central Office</td>
<td>(918) 587-9471</td>
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<td>(918) 712-4301</td>
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<td>(918) 425-4200</td>
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<td>Tulsa</td>
<td>F&amp;CS Mental Health Care, Inc. - Salvation Army Office</td>
<td>(918) 582-1200</td>
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<td>Tulsa</td>
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<td>(918) 293-2140</td>
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<tr>
<td>Vinita</td>
<td>Grand Lake Mental Health Center, Inc. - Craig County Office</td>
<td>(918) 256-6476</td>
</tr>
<tr>
<td>Wagoner</td>
<td>CREOKS Mental Health Services, Inc.</td>
<td>(918) 485-0242</td>
</tr>
<tr>
<td>Watonga</td>
<td>Red Rock Behavioral Health Services - Satellite</td>
<td>(580) 623-7199</td>
</tr>
<tr>
<td>Woodward</td>
<td>Northwest Center for Behavioral Health and Clinical Programs</td>
<td>(580) 256-8615</td>
</tr>
</tbody>
</table>
Statewide Resources

Department of Human Services - [www.okdhs.org](http://www.okdhs.org)
- Child or Vulnerable Adult Abuse Hotline: 1-800-522-3511
- Domestic Violence Resources: 1-800-522-SAFE(7233)

Department of Mental Health and Substance Abuse Services - [www.ok.gov/odmhsas](http://www.ok.gov/odmhsas)
- Main Number: 405-522-3908
- Help Lines
  - 2-1-1 Call 211
  - Disaster Distress Hotline: 1-800-985-5990
  - Gambling Hotline: 1-800-522-4700
  - Reachout Hotline: 1-800-522-9054
  - Suicide Prevention: 1-800-273-TALK (8255)
  - Tobacco Helpline: 1-800-QUIT-NOW (784-8669)

National Suicide Prevention Lifeline - [http://www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- 1-800-273-TALK (8255)

Department of Education - [sde.ok.gov](http://sde.ok.gov)
- Counseling Services: 405-521-3549
  - [sde.ok.gov/sde/counseling](http://sde.ok.gov/sde/counseling)
- Prevention Services: 405-521-2106
  - [sde.ok.gov/sde/prevention-education](http://sde.ok.gov/sde/prevention-education)

Oklahoma School Counselor Association - [www.okschoolcounselor.org](http://www.okschoolcounselor.org)
- 918-640-9453

American School Counselor Association - [www.schoolcounselor.org](http://www.schoolcounselor.org)
- 1-800-306-4722