

make a suicide attempt every year. Men are nearly 4 TIMES more likely to die by suicide than woment. Women attempt suicide 3 TIMES more often then men. 90 PERCENT of people who die by suicide have a diagnosable and treatable psychiatric disorder at the time of their death. 39,518 suicide deaths were reported in the U.S. in 2011. Currently, the U.S. has the highest suicide rate in 15 YEARS. Suicide is the 10th LEADING CAUSE OF DEATH for all ages. ONE-THIRD of those who die by suicide test positive for alcohol at the time of death. Among adults 18-24 there are

WARNING SIGNS

approximately 100-200 attempts for every completed suicide..

Signs of serious depression:

Unrelenting low mood

Pessimism

Hopelessness

Desperation

Anxiety, psychic pain and inner tension

Withdrawal

Sleep problems

Increased alcohol & other drug use

Recent impulsiveness & taking unnecessary risks

Threatening suicide or expressing a strong wish to die Making a plan:

Giving away prized possessions

Sudden or impulsive purchase of a firearm

Obtaining other means of killing oneself

Unexpected rage or anger

Between 25 and 50 PERCENT of people who kill themselves had previously attempted suicide. Those who have made suicide attempts are at higher risk for actually taking their own lives.

The emotional crises that usually precede suicide are often recognizable and treatable. Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is rather expressed as a loss of pleasure or withdrawal from activities that had been enjoyable.

HopeLine is a family of confidential services offering caring, non-judgmental listening and resource information in an effort to improve the overall well-being of people in the community. If you or someone you know if having suicidal thoughts or tendencies,

please call 919-231-4525 or toll free 1-877-235-4525

SUICIDE

How You Can Help:



Take it Seriously:

- 50 to 75 PERCENT of all suicides give some warning of their intentions to a friend or family member.
- Imminent sign must be taken seriously.

Be Willing to Listen:

- Start by telling the person you are concerned and give them examples.
- If they are depressed, don't be afraid to ask whether they are considering suicide, or if they have a particular plan or method in mind.
- Ask if they have a therapist and are taking medication.
- Do Not attempt to argue someone out of suicide. Rather let the person know you CARE, that they are NOT ALONE, that suicidal feelings are temporary and that depression can be treated. Avoid the temptation to say, "You have to much to live for," or "Your suicide will hurt your family."

Seek Professional Help:

- Be actively involved in encouraging the person to see a physical or mental health professional immediately.
- Individuals contemplating suicide often don't believe they can be helped, so you may have to do more.
- Help the person find a knowledgeable mental health professional or a reputable treatment facility, and take them to the treatment.

In an Acute Crisis:

- If a friend or loved on is threatening, talking about, or making plans for suicide, these are signs of an acute crisis.
- · DO NOT leave them alone
- Remove from the vicinity any firearms, drugs or sharp objects that could be used for suicide.
- Take the person to an emergency room or walk-in clinic at a psychiatric hospital.
- If a psychiatric facility is unavailable, go to your nearest hospital or clinic.
- If the above options are unavailable,

CALL 911,

National Suicide Prevention Lifeline 1-800-273-8255, OR HopeLine at 1-877-235-4525

Follow up Treatment:

- Suicidal individuals are often hesitant to seek help and may need your continuing support to pursue treatment after an initial contact.
- If medication is prescribed, make sure your friend or loved one is taking it exactly as prescribed. Be aware
 of possible side effects and be sure to notify the physician if the person seems to be getting worse. Usually,
 alternative medications can be prescribed.
- Frequently the first medication doesn't work. It takes time and persistence to find the right medication and therapist for the individual.

^{**}Information from American Foundation for Suicide Prevention, www.afsp.org, and based on Center for Disease Control released information.**



INPATIENT FREQUENTLY ASKED QUESTIONS

What will I need in the hospital?

- Bring 4 to 5 changes of comfortable clothes. Clothes with strings, laces, ties and/or hoods are prohibited. Shoes
 may not have laces. Slipper socks will be provided if needed.
- · Personal hygiene items.
- Journal or composition book but no spiral binders.
- Appropriate reading material.

How long can I expect to be in treatment?

The length of treatment varies depending on your reasons for admission, your response to treatment and your progress toward your treatment goals. The average length of stay at Holly Hill Hospital is around 10 days.

Can I make and receive phone calls?

Yes, adults may make calls during most non-therapy times, but please leave cell phones at home. Children and adolescents may also make calls during specially assigned phone times. To protect your privacy you will be assigned a confidential ID number at admission. To receive calls from your family or friends they will need to use this number. We ask that family members wait to call until after 4pm so as not to disrupt the treatment program.

Is this confidential?

Absolutely. Rigorously enforced laws of confidentiality help protect your rights to privacy. We cannot confirm or deny your presence in our facility without your written permission.

What can I expect during a typical day at Holly Hill Hospital?

The treatment day varies by program but there are many common elements. During the first twenty-four hours a patient will have a nursing assessment, a history and physical and a psychiatric evaluation. Daily treatment components include daily doctor visits and group and recreational therapy. Patients with substance abuse issues will participate in in-house AA/NA meetings. Patients on the child and adolescent units will be involved in school activities.

What are the visiting hours?

Visiting hours vary by individual unit and will be provided to the patient at admission. In addition to these scheduled visitation times, you will be allowed to visit following any scheduled family therapy session. Our first priority is the safety of our patients and guests, so we ask that visitors keep all personal items such as purses, bags, or any sharp items in their vehicle as they are not allowed on the units. Outside food and drink is also not allowed.

What about costs?

We are a preferred provider for most commercial insurance plans. We also accept Medicare, Managed Medicaid and Tricare. Please call our assessment or business office and they can answer your individual concerns and questions.

Phone: 800-447-1800



A PROVIDER'S GUIDE TO A TYPICAL STAY AT HOLLY HILL HOSPITAL

Holly Hill's programming schedule includes daily group and recreational therapy sessions dealing with a variety of topics directly tied to patient recovery. In addition to our scheduled therapy activities, the clinicians are also working to make the patients' transition out of our facility as seamless as possible. The timeline below summarizes how we care for our patients, outside of their daily therapy schedule, from admission to discharge.

At Admission:

- A preliminary discharge plan is identified including the documentation of current outpatient providers.
- Family concerns, contacts and level of familial support and any issues related to homelessness are identified.

Within 24 hours:

- Patient receives an evaluation from the MD.
- MD makes first contact with guardian of minors.

Within 72 hours:

- Data from admission assessment is confirmed.
- The psychosocial assessment is conducted.
- Master treatment plan identifies discharge plan, including a plan for transportation.
- Communication with outpatient provider, referral source or other system.

By Day 5:

- A family session is conducted.
- A tentative discharge date is set.

By Day 7:

• Treatment team is updated and estimated length of stay is modified if necessary.

Depending on a patient's length of stay and individual needs there may be more than one family session and treatment team meeting.

What is provided by the Holly Hill Hospital Treatment Team

<u>Psychiatrist</u>: He or she directs medical management while at Holly Hill. Patients will be seen by their psychiatrist within their first 24 hours of admission and daily thereafter.

<u>Registered Nurses:</u> Are responsible for daily activities and medical / emotional needs. The RNs participate in behanvior management and administer medications as ordered by the physician.

<u>Mental Health Technicians:</u> Assist with daily activities. They supervise program groups and activities, take vital signs and accompany patients to off unit activities.

<u>Recreation Therapists:</u> Assists with recreational activities as tools to enhance self-esteem, problem solving and social skills.

<u>Social Workers / Therapists:</u> Organizes discharge plan with the patient family, psychiatrist and community. The therapists also provide group therapy for patients on the unit.

Phone: 800-447-1800

You Can Plan Ahead

to help avoid a behavioral health crisis, and so that others will be able to help you better if you should ever find yourself in crisis.

- Work with your treatment provider to create a crisis plan, a set of written instructions you want followed if you are experiencing a behavioral health emergency
- Give instructions about your treatment in advance by creating advance directives, which are legal documents that let your wishes be known in case you are not able to make decisions for yourself

Learn more about crisis planning and advance directives at

AllianceBHC.org

This brochure describes crisis services available in your community, but if you have a behavioral healthcare provider, your provider contact should be the first person you call for help. Be sure you have that phone number handy.





Alliance BEHAVIORAL HEALTHCARE

You Can

Access Services by

- Calling our 24 hour toll-free Alliance Access and Information Line at (800) 510-9132
- Walking into one of our Crisis and Assessment Centers
- If you have Medicaid you may go directly to a provider who accepts Medicaid to begin care



4600 Emperor Boulevard, Durham, NC 2770

Community Offices

414 E. Main Street. Durham. NC 27701 5000 Falls of Neuse Road. Raleigh, NC 2760 711 Executive Place. Fayetteville, NC 28305 521 N. Brightleat Boulevard. Smithfield, NC 27

All Offices

(919) 651-8401

Learn more about accessing crisis services in your community at

AllianceBHC.org

Crisis and Assessment Services

You Are Not Alone

If you feel that you are In a mental health or substance abuse crisis you can come directly to a Crisis and Assessment Center.

Or. you can call Alliance at **(800) 510-9132** and we can help you figure out what to do next. If you need help right away, we will work with you to find the right option for you. All of the Crisis and Assessment Centers can provide help in getting you past your crisis. Durham, Wake and Cumberland counties also provide a different option than being admitted to a hospital.



Durham Center Access 309 Crutchfield Street, Durhan (24 hours a day)

Wake Crisis and Assessment Services 107 Sunnybrook Road, Raleigh (24 hours a day)

Community Mental Health Center at Cape Fear Valley

'24 Roxie Avenue, Fayetteville

Mental Health Division, Johnston County Health Dept. 521 N. Brightleaf Blvd. Smithfield (8:00am-5:00pm Monday-Friday)



Mobile Crisis Team

Alliance works with Mobile Crisis Teams in all four counties in the Alliance region to provide help 24 hours a day to people in behavioral health crisis.

A Mobile Crisis Team can come to you where you are. They can help get you safely through your crisis and talk with you about ways to avoid another crisis.

The Team will not judge you and will treat you with respect. No one besides your treatment team has to know that you got this help. If you already have a behavioral healthcare provider, though, your provider contact should be the first person you call for crisis help.



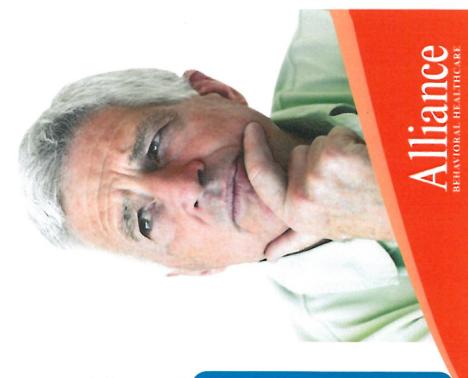
The Mobile Crisis Team can be accessed by calling the 24 hour toll-free Alliance Access and Information Line:

(800) 510-9132

If you are experiencing a medical emergency, call 911 and/or go to an emergency room

You should go to a Crisis and Assessment Center if you

- * Feel you want to hurt others or yourself
- * Are hearing voices or are told you are talking to yourself
- Are intoxicated and have someone to bring you safely to a Center
- Are depressed or too sad to take care of yourself or others in your care





HopeLine began in Raleigh, NC and for over 40 years, we have offered support to our community through our **Free Crisis Line**. Although HopeLine aims to support our local community we have found our number has reached far and wide across the nation. Callers will speak with a trained volunteer crisis counselor about a range of topics. Crisis counselors must take a 40 hour training class in which they are prepared to take calls such as suicide, child abuse, domestic violence, sexual assault, mental health, grief, interpersonal relationships, sexual issues, and substance abuse. HopeLine will never turn a caller away and welcomes callers to reach out to us when they need support and caring listening on any topic.

HopeLine focuses on providing the community with a free and confidential crisis and suicide prevention helpline and instant messaging service. HopeLine specializes in providing suicide and crisis intervention, supportive and non-judgmental active listening, gentle and understanding discussion of crisis resolution, and referrals to appropriate community resources.

HopeLine's **Reassurance Call Program** aims to support older adults and those with disability living in our community. HopeLine volunteers make daily calls to senior citizens and people with disabilities who are home-bound and living independently with little or no daily contact with others. These daily calls provide reassurance and a reminder that there is a compassionate person who cares and is willing to listen. Our crisis counselors have access to the participant's emergency contact, and will reach out to them in the event we are unable to reach a participant. The purpose of this program is to reduce isolation, increase access to community resources, and provide greater piece of mind to participants and their loved ones in efforts to allow participants to continue to live independently while maintaining their dignity and enhancing their sense of well-being. This program is free of charge, and anyone can sign up at anytime regardless of age or ability status.

HopeLine has recently found a strong need in our community and nation to focus on teenagers suffering with depression and suicidal thoughts. Suicide is the third leading cause of death for 15-24 year olds and is an epidemic that has continued to increase. To combat this preventable death HopeLine has expanded our current **Teen TalkLine** that focuses on supporting this younger community through an instant messaging service on our website, they can also reach out through our crisis line number. This program re-launched in January 2014, and connects teens with educational resources and a dedicated volunteer who can help them navigate through the multiple peer pressure, relationship, sexual and substance abuse issues that teens face everyday.

HopeLine's mission is to provide a family of confidential services offering caring non-judgmental listening and resource information in an effort to improve the overall well-being of people in our community. HopeLine is proud to be a United Way partner agency and although we will never give a caller any advice we will give them resources within the community using the United Way 211 database.

Margaux Austin
Executive Director
director@hopeline-nc.org
Jenny Ayscue
Volunteer Coordinator
volunteer@hopeline-nc.org

HopeLine, Inc PO Box 10490 Raleigh, NC 27605 www.hopeline-nc.org www.teentalklinenc.org Contact 919.832-3326 (office) 919-231-4525 (crisis line) 877-235-4525 (toll free crisis line)

Crisis and Assessment Service

The Crisis and Assessment Service (CAS) Provides immediate attention for individuals needing assistance for a crisis related to mental illness, development disability, and/or a substance abuse disorder. Services are available to anyone (regardless of age, gender, race, religion, county of residence, or insurance/ability to pay) needing assistance 24 hours a day, every day of the year.

Services include:

- Triage, health, and safety check upon entry for every person who presents
- Assessments provided by professionally credentialed staff (including psychiatrists, psychologists, registered nurses, social workers, and other licensed therapists)
- Crisis counseling
- Safe and secure location for patients to stay while awaiting placement to a higher level of care such as a recovery center or psychiatric hospital
- Access to medication
- Coordination of outpatient services with Alliance Behavioral Healthcare Assess Center

For more information, please contact: UNC Health Care Crisis and Assessment Service at WakeBrook 107 Sunnybrook Road Raleigh, NC 27610 (984) 974-4830





3200 Waterfield Drive, Garner, NC 27529 • 919-800-4400





Acute / Psychiatric Inpatient Program for Children & Adolescents

- This program provides stabilization and treatment for children and adolescents age 5 – 17, who are in psychiatric crisis and cannot be maintained safely in their communities.
- Acute / Psychiatric Inpatient is designed for youth who are exhibiting one or more of the following:
 - · Significant risk of suicide or self- harm
 - · Assaultive risk toward family or others
 - Psychotic or bizarre behaviors
 - · Serious depression or anxiety
 - · Extreme anger and explosiveness
 - Serious impairment in their ability to attend to daily activities.

Psychiatric Residential Treatment (PRTF)

 This program provides long-term treatment in a residential, secured facility for youth ages 5 – 17, who have a DSM V Psychiatric Diagnosis and are experiencing serious mental health or behavioral problems that impair their ability to participate in their schools, their communities, and in their home environments.

Strategic Behavioral Center also offers facilities in:

- Wilmington 2050 Mercantile Rd., Leland, NC 28451
- Charlotte 1715 Sharon Rd. West, Charlotte NC 28210

Our Facilities

- Licensed by North Carolina Department of Health and Human Services
 - Spacious Living Areas
 - Dining Room
 - Gymnasium
 - Licensed Private School / NC Certified Teachers
 - Play Yards

Services

- Psychiatric Evaluation
 - Multi-Family Groups
- · Psycho-Educational Groups
- Individual and Family Therapy
 - Educational Program
 - · Recreational Therapy
 - · Social Skills Training
 - Treatment Planning

Admission Criteria

- · Open to males and females
- 5 17 years of age (Acute)
- 5 17 year of age (PRTF)
- Psychiatric diagnosis per DSM V



For admissions and information: 919-800-4400 855-537-2262 (toll free) www.sbcraleigh.com

Strategic Behavioral Center is part of Strategic Behavioral Health's national network.

We accept Tricare, most private insurance plans, self-payment and North Carolina medicaid.

Helping families put their lives back together one piece at a time.

Teen Resource Directory

Teen Tip Line 1-800-467-7242

Recorded information on sexuality, mental health, drugs, alcohol and fitness for teens.

Child Abuse Hot Line 1-800-552-0828 National Hotline: 1-800-422-4453 Child Sexual Abuse Treatment/Wake County/1-919-250-3100

Crisis and Assessment Services/1-919-250-3133

Alcohol Abuse Al-Anon/Alateen/1-919-787-1653

Drug Abuse/Substance Abuse Services 1-919-250-1500 Wake County

Teen Talkline 1-919-231-3626 (inside Wake Co.) 1-800-844-7403 (outside Wake Co.)

Haven House (safe place for students to go) 1-919-833-3312

Safe Place (Wrenn House-safe place for students to go) 1-919-832-7866

Triumph (place for families to work together) 1-919-852-5352

HIV & STD Information

Communicable Disease Clinic: 1-919-250-4462 HIV/AIDS Case Management: 1-919-250-4469

Covenant House: Covenant House helps troubled youths and their families. Call us toll-free from anywhere in the United States, 24 hours a day, 7 days a week-1-800-999-9999.

Homeless Shelter: 1-919-857-9428

Cornerstone Homeless Shelter: 1-919-508-0777

24 Hour Crisis Intervention and Protective Services/Plus

AIDS: 1-800-342-AIDS / Wake County: 1-919-250-4510
Cancer Information Service: 1-800-422-6237
Infant Nutrition Hotline: 1-800-523-6633
National Criminal Justice Reference Service: 1-800-851-3420
National Runaway Hotline: 1-800-231-6946
National Runaway Switchboard: 1-800-621-4000
North Carolina Department for the Blind and Vision Impaired: 1-919-212-7505
Developmental Disabilities Intake: 1-919-857-9110

North Carolina Department of Human (Social) Services: 1919-733-3055

Deaf/Hard of Hearing: 1919-250-1499

Dial 1-800-555-1212 for Information on toll-free numbers.

Cutting Resources

Kids Health

http://kidshealth.org/parent/emotions/behavior/help_cutting.html

Center for Parent/Youth Understanding

http://www.cpyu.org/page.aspx?id=77237

HELPGUIDE.org

http://www.helpguide.org/mental/self_injury.htm

Mayo Clinic

http://www.mayoclinic.com/health/self-injury/DS00775

National Safe Place

http://nationalsafeplace.org/

Teen Tip Line

1-800-467-7242



Holly Hill Hospital is a specialty hospital that treats psychiatric and substance abuse disorders in children, adolescents and adults. In order to assist you in the referral planning needs of your patients, we have summarized our inclusion/exclusion criteria for admission to our facility below.

For questions and more detailed information please call 1-800-447-1800 to speak with one of our admissions counselors.

INCLUSION CRITERIA

To be considered for admission a patient must be able to meet all the criteria listed below.	
	The patient has a primary psychiatric or substance abuse diagnosis. And
	The patient has an Axis I diagnosis. And
	The patient is able to perform ADL's independently, or with only minimal assistance. And
	The patient has the potential to participate in insight-oriented therapy and has a functional IQ above 70. And
EXCLUSION CRITERIA	
To	be considered for admission the patient must not have any of the criteria listed below.
	The patient has a medical condition which cannot be safely treated in a psychiatric hospital setting. Or
	The patient has had multiple treatment failures due to noncompliance with treatment recommendations.
COMMON MEDICAL RED FLAGS	
The following conditions may require specific consultation with the attending or on-call psychiatrist.	
	The patient has been incarcerated for violent crimes including life threatening or sexual assault offences with one year of the current date.
	The patient is a registered or adjudicated sex offender.
	The patient is in their third trimester of pregnancy.
	The patient has an IQ between 60 and 70 and shows the ability to manage ADLs, language comprehension and aggression levels.
	The patient has a gait dysfunction including frequent falls, prosthetic limbs, canes, wheelchairs, casts, immobilizers, traction or other special apparatus that may pose a safety concern.
Holly Hill Hospital is a Medicare approved facility and can accept most private insurance. Holly Hill is also a provider for Managed Medicaid plans. Below is a <i>partial</i> list of the insurance plans that are accepted.	
Aet Mar Tric	naged Health Network Medicare MediCost Southcare