



Educating and creating awareness in our communities to prevent and reduce substance abuse and related health issues.

It is time to talk openly about mental health, Join **MMA** and **USRA** as we focus on making mental health part of our conversations.

Ending the Stigma Against Mental Health

Mental health is important at every stage of life, from childhood and adolescence through adulthood.

What's Inside:
Stigma-Free Task Force

Mahwah
PROUD TO BE
STIGMA FREE

Bergen County's Division of Mental Health became a trailblazer in the movement to end the stigma associated with mental illness by asking Bergen County towns to designate themselves Stigma-Free. Mahwah, Upper Saddle River and Allendale – We are proud to be Stigma Free.

READ MORE INSIDE

Our communities, like many others across America, face a number of social issues that impact our families, neighbors and friends. The Mahwah Municipal Alliance and Mahwah Police Department work in collaboration with other organizations to address these concerns. The Mahwah Municipal Alliance is honored to have been selected to receive the prestigious Drug Free Community Grant awarded by Substance Abuse and Mental Health Services Administration. Upper Saddle River and Allendale were fortunate to have been awarded a Drug Free Community Mentoring grant in 2017, through which the Upper Saddle River/Allendale Coalition (USRA Coalition) was formed. The USRA's mission is to educate and create awareness in our communities to prevent and reduce substance abuse and related health issues. Allendale and Upper Saddle River are extremely grateful to the Mahwah Municipal Alliance and the Mahwah Police Department for their mentorship.

Our latest joint effort is focused on bringing about a meaningful conversation regarding mental health issues, including anxiety, depression and the stigma that keeps many from seeking treatment and/or support. Anxiety and depression continue to be a growing concern, especially in our youth and young adults. If you, or a family member, are feeling stressed or uncertain about what the future holds, you are not alone. Statistics show that Americans' anxiety levels experienced a sharp increase in the past year with almost 40% saying they felt more anxious than they did a year ago. Those with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder. This is called a co-occurring disorder. Often lack of diagnosis and treatment leads those suffering to self medicate.

Increased stress and anxiety can significantly impact many aspects of people's lives including their mental health and family life. In the past, mental health issues were only discussed behind closed doors, but we are working to change that. Open and frank discussions with family members, friends, and professionals in the field are critical to identifying and helping to resolve anxiety and depression. Asking for help should never be considered shameful or weak. There are support networks available in our communities to help individuals and families through difficult times.

Mahwah, Allendale and Upper Saddle River have declared their municipalities Stigma-Free communities. The intent is for those who are experiencing depression, anxiety or other mental health issues to feel comfortable to speak out and seek help before the problem escalates. This newsletter contains a great deal of information for both children and adults. We encourage you to take time to read it thoroughly. Mental health disorders are treatable but first must be diagnosed. Help is available. No one should suffer alone.

This newsletter is the latest in a series to provide valuable information about a social issue our communities face. It is the first step towards opening the lines of communication about a topic that impacts many families.

James Batelli, Chief of Police Mahwah Police Department

Joanne Minichetti, Chairperson of USRA Coalition and Mayor of Upper Saddle River

Liz White, Co-Chair of USRA Coalition and Mayor of Allendale

Carolyn Blake, President of Mahwah Municipal Alliance

The content of this newsletter is for informational purposes only. Please consult your doctor for a diagnosis and treatment for your individual mental health. If you are experiencing a medical emergency, are in danger, or are feeling suicidal, Call 911 immediately!

WHAT IS MENTAL HEALTH?

Source: MentalHealth.gov – <https://www.mentalhealth.gov/basics/what-is-mental-health>

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these).



EARLY WARNING SIGNS

One or more of the following feelings or behaviors can be an early warning sign of a problem:

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

Mahwah
PROUD TO BE
STIGMA FREE

There is no health without mental health.



Bergen County's Division of Mental Health became a trailblazer in the movement to end the stigma associated with mental illness by asking Bergen County towns to designate themselves Stigma-Free. On March 23rd, 2017, Mahwah's Town Council and Mayor signed a resolution declaring Mahwah a Stigma-Free Zone!

Mahwah Stigma-Free Task Force for Mental Health

As a result of this special Stigma-Free designation, volunteers have been working together to further the mission of the Stigma-Free initiative by promoting mental health awareness and reducing the outdated stigma associated with mental health conditions.

Goals of the Mahwah Stigma-Free Task Force:

- Educate our community that mental health is an essential part of our overall well being and must be treated just like our physical health.
- Raise awareness of the prevalence of mental illness in our community.
- Provide information to those in need of local mental health resources and reduce the confusion of where to get help.
- Encourage an environment of empathy and understanding by supporting friends and family dealing with mental health challenges.

YOU can help! – We are actively looking for volunteers who feel passionate about mental health awareness. If you want to learn more about joining the Mahwah Stigma-Free Task Force for Mental Health, we would love to hear from you. Email either: Sharon Pushie at tspushie3@gmail.com or Jayne Demsky at jmdemsky@verizon.net.

Visit our website at www.mahwahstigmfree.com for useful information about mental health and where you can find local resources for help.

If you, or someone you know, is suffering from anxiety, depression, or any other mental health illness, do not ignore the signs, and get help as soon as possible.

1 in 5 Americans
Experience a Mental Illness

According to the National Alliance on Mental Illness
www.nami.org/stigma

Anxiety disorders are the most common mental health disorder in the U.S., affecting more than 18% of the population. More common among children, affecting an estimated 25% of children between the ages of 13 and 18.

Source: World Health Organization – <http://www.who.int>

As medical professionals seek to find the reasons, how can parents determine: When is it typical teen moods and when is it something more?

In the past decade, clinical depression and anxiety among adolescents ages 12 to 17 has increased.

Source: John Hopkins Health Review – “The Rise of Teen Depression”
<http://www.johnshopkinshealthreview.com>

CAUSES OF ANXIETY

Source: www.apa.org (American Psychiatric Association)

The causes of anxiety disorders are currently unknown but likely involve a combination of factors including genetic, environmental, psychological and developmental. Anxiety disorders can run in families, suggesting that a combination of genes and environmental stressors can produce the disorders.



Although each anxiety disorder has unique characteristics, most respond well to the following treatment options:

Psychotherapy – or “talk therapy,” Cognitive Behavior Therapy (CBT), a type of talk therapy, can help a person learn a different way of thinking, reacting and behaving to help feel less anxious.

Medications – can give significant relief from symptoms. The most commonly used medications are anti-anxiety medications (generally prescribed only for a short period of time) and antidepressants. Beta-blockers, used for heart conditions, are sometimes used to control physical symptoms of anxiety.

Self-Help / Coping Strategies –

- Relaxation Strategies - such as deep diaphragmatic breathing
- Guided Imagery - involves directed mental visualization to evoke relaxation
- Mindfulness - the practice of being aware, without judgment, in the present moment
- Healthy Diet - also important to reduce and prevent anxiety
- Time to wind down and getting restful sleep
- Exercise into your daily activities
- Awareness and Identifying Triggers
- Supportive Friendships & Family
- Contact a Therapist
- Meditation and Yoga
- Avoid Alcohol



TYPES OF ANXIETY DISORDERS

Source: www.apa.org (American Psychiatric Association)

Generalized Anxiety Disorder

Generalized anxiety disorder involves persistent and excessive worry that interferes with daily activities. This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension or problems sleeping.

Panic Disorder

The core symptom of panic disorder is recurrent panic attacks, an overwhelming combination of physical and psychological distress. During an attack several of these symptoms occur in combination:

- Palpitations, pounding heart or rapid heart rate
- Feeling of shortness of breath/smothering sensations
- Sweating
- Trembling or shaking
- Chest pain
- Feeling dizzy, light-headed or faint
- Feeling of choking
- Numbness or tingling
- Chills or hot flashes
- Nausea or abdominal pains
- Feeling detached
- Fear of losing control
- Fear of dying



Because symptoms are so severe, many people who experience a panic attack may believe they are having a heart attack or other life-threatening illness and may go to a hospital ER.

Phobias / Specific Phobia – A specific phobia is an excessive and persistent fear of a specific object, situation or activity that is generally not harmful.

Agoraphobia – A the fear of being in situations where escape may be difficult or embarrassing, or help might not be available in the event of panic symptoms. Fear is out of proportion to the actual situation and lasts generally six months or more and causes problems in functioning.

Social Anxiety Disorder / Social Phobia – A person with social anxiety disorder has significant anxiety and discomfort about being embarrassed, humiliated, rejected or looked down on in social interactions. People with this disorder will try to avoid the situation or endure it with great anxiety.

Separation Anxiety Disorder – A person with separation anxiety disorder is excessively fearful or anxious about separation from those with whom he or she is attached. The feeling is beyond what is appropriate for the person's age, persists (at least four weeks in children and six months in adults) and causes problems functioning.

It is not uncommon for someone with an anxiety disorder to suffer from depression and vice versa.

Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder.

ANXIETY — DON'T LET IT TAKE OVER YOUR LIFE.

It is common for people to experience anxiety. In fact, anxiety can be quite normal and often serves to protect us but becomes problematic when it is so overwhelming that life becomes fraught with challenges. It can make it difficult to lead a happy and productive life, especially living in a fast paced, competitive society with strong peer issues. The anxiety generated from these issues can be difficult to deal with and can trigger lots of avoidance along with new challenges that you never realized existed.

If you struggle with anxiety, you know the toll it takes on your life. Besides the time you might lose from school, pleasure, or work, it also affects the lives of those around you. When anxiety takes control of your life, it robs you of your happiness, your energy, your confidence, and leaves you with a feeling of being trapped, scared, isolated and helpless. You might think things are never going to change for you.

Anxiety disorders are more prevalent in today's society, and are widely recognized as the most common class of psychiatric disorders affecting children and adolescents. The good news is there is treatment out there and you do not have to struggle. There are strategies that you can learn that can be applied flexibly and creatively to particular persons in particular situations as the following example illustrates.

Darlene is a 15 year old girl who struggled with a specific phobia. Phobias are a common disorder in children, but frequently go untreated due to the ease with which the feared object may be avoided. In Darlene's case, she had a fear of balloons and reported that this fear interfered in her normal, everyday life as a teenager. She could not attend parties, school events, or anything that involved balloons. She reported an excessive amount of anxiety and worry that they would break and send her into a panic attack. She would react with physical symptoms such as shaking, perspiring, and heart palpitations, and would sometimes cringe in fear while crying and holding her ears.

Needless to say this also impacted Darlene socially. She came to avoid situations where she might be triggered and this avoidance was happening more often. She often spent time worrying that her school peers would make fun of her and tease her if they knew about her "silly phobia". She would worry about being embarrassed and sometimes humiliated to be acting this way in front of her friends and peer group. Sometimes this worry consumed her and it was difficult for her to focus on things like homework. Darlene did not want to miss any social events due to her ridiculously silly phobia. She just wanted to be "normal" and lead a "normal" lifestyle for a 15 year old girl.

Darlene's parents reported that it also interfered in the home. Darlene would frequently have sleepless nights because the worry consumed her. She would wake her parents, be more irritable during the day, and family life always centered around Darlene and containing her anxiety. Darlene and her parents finally decided to seek help.

Attending therapy was a new experience for Darlene and her parents. Educating them about the therapeutic process and about anxiety was an important first step. They were then able to realize exactly why Darlene was reacting the way she was.

Darlene was told step by step what the treatment would entail. Darlene was reassured that she would be trained in techniques to help her overcome her fears and her worries, and she would be able to relax and cope better. Darlene was reassured that after this training, she would then be able to be in the same room with balloons without feeling out of control. Darlene was also told that the same kind of techniques she will learn about coping with her balloon phobia could be used for any other fears such as speaking in front of a class, meeting new people, or learning to drive a car.

Treatment began individually with Darlene because a trusting relationship is crucial to the success of therapy, and Darlene needed to feel safe and comfortable with her therapist. The initial focus was on identifying sounds that triggered the fear response and exposing Darlene to those sounds gradually with increasing levels of intensity. Darlene was given training in deep muscle relaxation and breathing techniques and strategies such as talking back to her anxiety in what we label "self-talk". For example, Darlene was told to use the expression "I can do this, I've done it before and nothing bad happened; I am not going to let this fear steal my fun." Any negative self-talk was identified and restructured. For example, Darlene was asked "what is the worst thing that could happen with a balloon breaking?".

Treatment also focused on Darlene's concern about peers, social situations and avoidance. Darlene was encouraged to move beyond her comfort zone and any additional anxiety was addressed and dealt with. Darlene was successfully treated for her phobia. Therapy ended when she was able to tolerate being in the same room with balloons, and not let the balloons (or her fear of them) control her behavior. She was able to form relationships and not worry excessively about what others thought about her.

This is just one example of how a simple fear can turn into something more complex and have a significant impact upon someone's life. There is help out there; there are trained people who can teach you ways to cope, help you through your difficult times, and give you the strength and encouragement to conquer your anxiety and lead a normal and productive life. There are services that will help you get rid of your "burden." Just like Darlene, you can learn coping skills to better manage your anxiety.

I want you to think for a minute what it is like to hold onto anxiety or any other problem and not seek out help. To just carry it with you and let it become more and more unmanageable. Think about what it is like to hold a glass of water. Initially, it's not very heavy. However, the longer you hold onto it, the heavier it becomes and the more difficult it is to hold. This is what it's like to hold onto your problems. You carry that burden with you all the time and sooner or later, that burden becomes increasingly heavier and you won't be able to sustain it any longer. So don't carry it with you, put down that glass; seek out help.

Patricia Sudol, Psy.D.
Clinical Specialist/Senior Supervisor
West Bergen Mental Healthcare



WHAT IS DEPRESSION?

Source: www.apa.org (American Psychiatric Association)

Depression is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function.

Depression symptoms can vary from mild to severe and can include:

- Persistent sad mood, most of the day, nearly every day
- Loss of interest or pleasure in activities once enjoyed
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Difficulty thinking, concentrating or making decisions
- Feelings of guilt, worthlessness, helplessness
- Decreased energy, fatigue, feeling "slowed down"
- Insomnia, early-morning awakening, or excessive sleeping
- Low appetite and weight loss or overeating and weight gain
- Thoughts of death or suicide, suicide attempts
- Restlessness or irritability

Depressive disorders can affect people of any age, below are main types:

Major Depression Disorder (MDD) – having symptoms of depression most of the day, nearly every day for at least 2 weeks, that interfere with your ability to work, sleep, study, eat and enjoy life. An episode can occur only once in a person's lifetime, but more often, a person has several episodes.

Persistent Depressive Disorder (PDD) – having symptoms of depression that last for at least 2 years. A person diagnosed with this form of depression may have episodes of major depression along with periods of less severe symptoms.

Bipolar Disorder – once called manic depression, is characterized by moods that shift from severe highs (mania) or mild highs (hypomania) to severe lows (depression).

Seasonal Affective Disorder (SAD) – this type of depression emerges as days get shorter in the fall and winter. The mood change may result from alterations in the body's natural daily rhythms, in the eyes' sensitivity to light, or in how chemical messengers like serotonin and melatonin function.

RISK FACTORS FOR DEPRESSION

Depression can affect anyone — even a person who appears to live in relatively ideal circumstances. Several factors can play a role in depression:

Biochemistry – Differences in certain chemicals in the brain may contribute to symptoms of depression.

Genetics – Depression can run in families. For example, if one identical twin has depression, the other has a 70% chance of having the illness sometime in their lifetime.

Personality – People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be more likely to experience depression.

Environmental Factors – Continuous exposure to violence, neglect, abuse or poverty may make some people more vulnerable to depression.

DEPRESSION IN CHILDREN, ADOLESCENTS & TEENS

Source: www.adaa.org (Anxiety and Depression Association of America)

Ruling out physical symptoms, a pediatrician may suggest a psychiatric evaluation. It is not uncommon for children to be diagnosed with depression. During adolescence, with its many personal and social changes, depression can take hold. Persistent unhappiness or moodiness may not be normal.

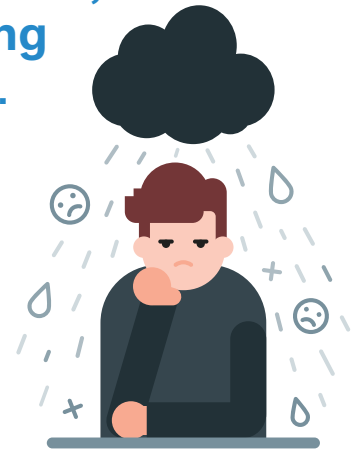
Look for these symptoms:

- Depressed or irritable mood
- Inability to feel pleasure
- Loss of interest in usual activities; withdrawal from friends
- Change in grades, getting into trouble at school, or refusing to go to school
- Loss of appetite or eating too much
- Weight loss or weight gain
- Problems falling asleep, staying asleep, or sleeping too much
- Feeling angry or mood swings
- Frequent sadness or crying
- Feeling worthless and guilty

It may be difficult to tell if a child, adolescent, or teen is suffering from depression.

RISK FACTORS INCLUDE:

- Being under stress
- Experiencing loss
- Lack of energy
- Low self-esteem
- Restlessness
- Feeling hopeless/helpless
- Thoughts of death or suicide or suicide attempts
- Problems concentrating, remembering information, or making decisions
- Aches, pains, headaches, cramps, or digestive problems that do not go away



Symptoms must last at least 2 weeks for a diagnosis of depression.

Also, medical conditions – such as; thyroid problems, a brain tumor or vitamin deficiency – can mimic symptoms of depression so it is important to rule out general medical causes.



SEPTEMBER IS SUICIDE PREVENTION AND AWARENESS MONTH

More than 44,000 suicides occurred in the U.S. in 2015, which translates to 121 suicides per day.

Source: American Association of Suicidology

OPTIONS FOR TREATMENT

Source: www.adaa.org (Anxiety and Depression Association of America)

Medication:

For all medications, contact your doctor if you experience side effects, even if you are not sure a symptom is caused by a medication. Do not stop taking a medication without consulting with the prescribing physician; abruptly stopping medication(s) may cause other health risks. Not taking medications may pose more of a risk than taking them. Discuss all concerns about antidepressants and other medications with your doctor. They will work only if they are taken according to the explicit instructions of your doctor, but they may not resolve all your symptoms.

Therapies:

Psychotherapy – focuses on taking specific steps to overcome depression.

Cognitive-Behavioral Therapy (CBT) – is a short-term form of psychotherapy that is very effective. CBT teaches you to deal directly with the thoughts, feelings, and behaviors that maintain your depression. It helps you manage your sad mood and re-engage in activities that you lost interest in by helping you change these thoughts and behaviors and improve your mood.

Cranial Electrical Stimulation – uses a device with a mild electric current that stimulates the brain. It appears to have few negative side effects and it's safe to use with medications. The FDA has approved two such devices for use in the United States for people who have severe symptoms of depression, especially treatment-resistant depression that has not responded to medications or other forms of therapy.

Exercise & Self-Help / Coping Strategies – Physical exercise is increasingly being advocated as a means to maintain and enhance good mental health. In general, findings from research indicate that exercise is associated with improvements in mental health including mood state and self-esteem. Research on acute exercise indicates that 20 to 40 minutes of aerobic activity results in improvements in anxiety and mood that persists for several hours.

BENEFITS OF MIDDLE-AGED FITNESS

Source: *The New York Times*, Tuesday July 3, 2018

Physical fitness in middle age is tied to a lower risk of later-life depression and death from cardiovascular disease, a new study reports. Depression and cardiovascular disease rates declined steadily as fitness in middle age increased.

Compared with those in the lowest fitness category, people in the highest were 16% less likely to have depression, 61% less likely to have cardiovascular illness without depression, and 56% less likely to die from cardiovascular disease after becoming depressed.

“It’s never to late to get off the couch and start having some physical activity,”

Source: Lead Author of Cooper Institute in Dallas, Dr. Benjamin L. Willis – <http://www.cooperinstitute.org>

INCREASED RISK FOR SUICIDE

Source: www.save.org (Suicide Awareness Voices of Education)

Suicide affects all age groups, including children. People suffering from depression and anxiety disorders face an increased risk for suicidal thoughts and attempts.

Suicide Warning Signs – Warning signs that a person may be in acute danger and may urgently need help.

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated, or reckless
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or being in unbearable pain
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Suicide rates are highest in teens, young adults, and the elderly.

A person's suicide risk is greater if a behavior is new or has increased, especially if it's related to a painful event, loss, or change. The more warning signs, the greater the risk.

Source: *Cleveland Clinic*, “Recognizing Suicidal Behavior” <https://my.clevelandclinic.org>

Risk Factors – Risk factors do not cause or predict a suicide, rather they are things that make it more likely an individual will consider suicide.

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical or chronic illnesses
- Previous suicide attempt
- Family history of suicide
- Recent job or financial loss
- Recent loss of relationship
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of health care, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)



GENERAL SUICIDE STATISTICS (USA)

Source: According to Suicide Awareness Voices of Education (SAVE) – Medical News Today

USA 10th Leading Cause

Suicide is the 10th leading cause of death in the US for all ages.

CDC

Every Day

Approximately 105 Americans die by suicide every day.

CDC

Every 12 Minutes

There is 1 death by suicide in the US every 12 minutes.

CDC

20-25% of Americans

Depression affects 20-25% of Americans ages 18+ in a given year.

CDC

Every Year

Suicide takes the lives of over 38,000 Americans every year.

CDC

Only Half of All Americans

Experiencing an episode of major depression receive treatment.

NAMI

80-90% of People Seeking Treatment

Are treated successfully using therapy and/or medication.

TAPS

Quarter Million People

Are estimated to become suicide survivors each year.

AAS

One Suicide in Every

Estimated 25 suicide attempts; estimated 4 elderly suicide attempts.

CDC

SUBSTANCE ABUSE

Source: According to Suicide Awareness Voices of Education (SAVE) – (CDC) and (WHO).

Definite Connection

There is a definite connection between mental illness and the use of addictive substances.

NBER

Source: National Bureau of Economic Research (NBER).

Most Common

Most common issue connecting mental illness and substance abuse is the intention of patients to self-medicate the mental health symptoms that they find uncomfortable by using alcohol and drugs.

SAVE

Self-Medicating

Those who suffer from mental illness may attempt to self-medicate their symptoms via drug use. When these individuals abuse drugs, they may feel less anxiety, depression, or neuroses, albeit temporarily. When the individual is not high, the symptoms of their mental health issue returns – oftentimes stronger than they were before. Source: National Institute on Drug Abuse (NIDA)

NIDA



Mahwah Public Schools is launching a **Mahwah Schools Parent Academy** for the **2018-2019** school year. Topics are grounded in student wellness and safety, ranging from mental health awareness, online safety and cyberbullying, vaping, and Mindfulness - to name a few. The Parent Academy is honored to partner with the Mahwah Municipal Alliance in bringing such valuable programming to our Mahwah parent community.

SOURCES & WEBSITES

American Association of Suicidology (AAS) – www.suicidology.org
American Psychiatric Association (APA) – www.apa.org
Anxiety and Depression Association of America (ADAA) – www.adaa.org
Centers for Disease Control and Prevention (CDC) – www.cdc.gov
Cleveland Clinic – www.my.clevelandclinic.org
Cooper Institute, Dallas | Dr. Benjamin L. Willis, Lead Author – www.cooperinstitute.org
National Alliance on Mental Illness (NAMI) – www.nami.org
National Bureau of Economic Research (NBER) – www.nber.org
National Institute on Drug Abuse (NIDA) – www.drugabuse.gov
Medical News Today – www.medicalnewstoday.com
MentalHealth.gov – www.MentalHealth.gov
Suicide Awareness Voices of Education (SAVE) – www.save.org
World Health Organization (WHO) – www.who.int

RESOURCES

If you are experiencing a medical emergency, are in danger, or are feeling suicidal, **Call 911 immediately!**

NATIONAL

SUICIDE
PREVENTION

LIFELINE™

1-800-273-TALK(8255)

suicidepreventionlifeline.org



Crisis Text Hotline
TEXT "TALK" to 741741

Bergen County's Designated Psychiatric
Emergency Screening Program

201-262-HELP (4357) – Providing emergency
mental health services to residents of Bergen County.

Anxiety, Depression, Stress, Grief & Loss

2ND Floor | 888-222-2228

Depression & Bipolar Support | 800-273-TALK

National Hopeline Network | 800-442-HOPE

Suicide Prevention Services

Depression Hotline | 630-482-9696

Thursday's Child National Youth

Advocacy Hotline | 800-USA-KIDS

Tragedy Assistance Program for Survivors

(TAPS) | 800-959-TAPS

Local Providers

West Bergen Mental Healthcare | 201-444-3550

Care Plus, NJ | 201-986-5000

Vantage Health System | 201-567-0059

Comprehensive Behavioral

Healthcare, Inc. | 201-646-0333

Perform Care NJ | 1-877-652-7624

American Foundation for Suicide

Prevention | AFSP.org

BergenResourceNet.org

Family Support of

Bergen County | 201-796-6209

MAHWAH MUNICIPAL ALLIANCE

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Mahwah, New Jersey 07430

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MAKING A DIFFERENCE TOGETHER



The **Mahwah Municipal Alliance (MMA)**, is an innovative 501(c)3 non profit collaborative community organization that helps to inspire youth of Mahwah to become contributing, productive members of the community through personal courage, good decision making and physical and social development. The MMA will also support activities for the good and welfare of the community.

The MMA is honored to be the recipient of the very prestigious Drug Free Community Mentoring Grant awarded by SAMHSA. The MMA is mentoring the Upper Saddle River Allendale Coalition know as USRA. The MMA will mentor this newly formed coalition and prepare them to receive their very own DFC grant after 2 years as a mentee.

The MMA offers programs that focus on the dangers of alcohol and substance abuse, addiction, teenage anxiety and depression, bullying, teen dating abuse and internet safety.

The MMA supports the Police Academies which are for Mahwah students. The objective of the Academies is to promote an environment where students learn the principles of respect, discipline, teamwork, motivation, and leadership.

This is a collaborative effort from all components of our community and we appreciate your support. We are grateful for the support of our local Board of Education, Township and Business Community.

Your ideas are important to us. We welcome your ideas and are always looking for suggestions and new programs that can help make a difference.

Please contact us at mahwahalliance@mahwahpd.org and visit our website

www.mahwahalliance.org



Mahwah Municipal Alliance
Helping our kids make great decisions

MMA Board of Directors:

Carolyn Blake, President
Todd Van Duren
Joan Stewart
Valerie Tzaneteas
Chris Howard
Liz Skrod
Vickie Shaw
Deb Kourgelis

Executive Advisory Council:

Chief Jim Batelli
Captain Stephen Jaffe

MMA would like to thank our Platinum Sponsors

