

National Alliance on Mental Illness



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nami

Utah

Utah's voice on Mental Illness

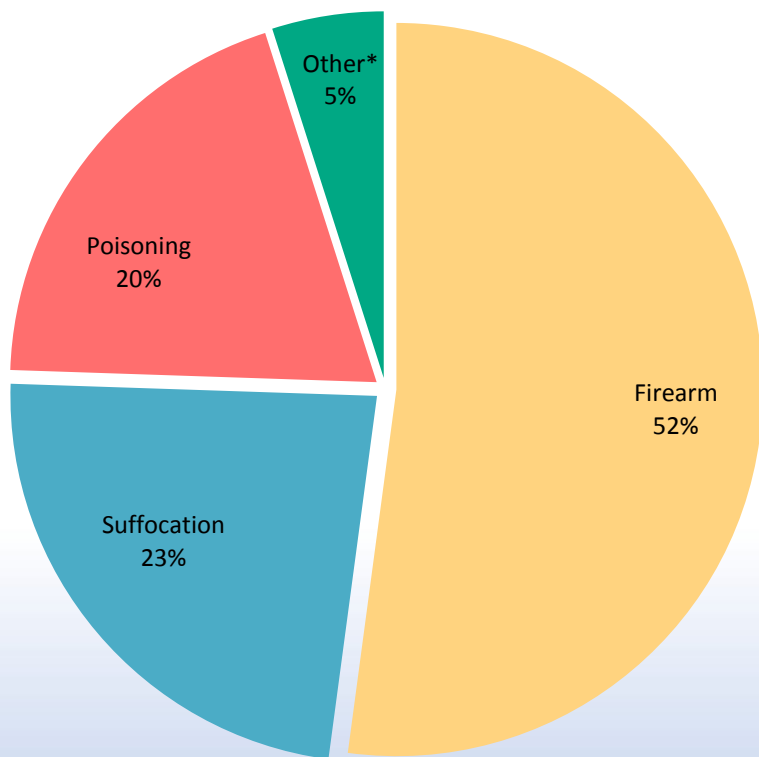
Our Mission is to help insure the dignity and improve the lives of those who live with mental illness and their families through support, education and advocacy

Utah Suicide Data

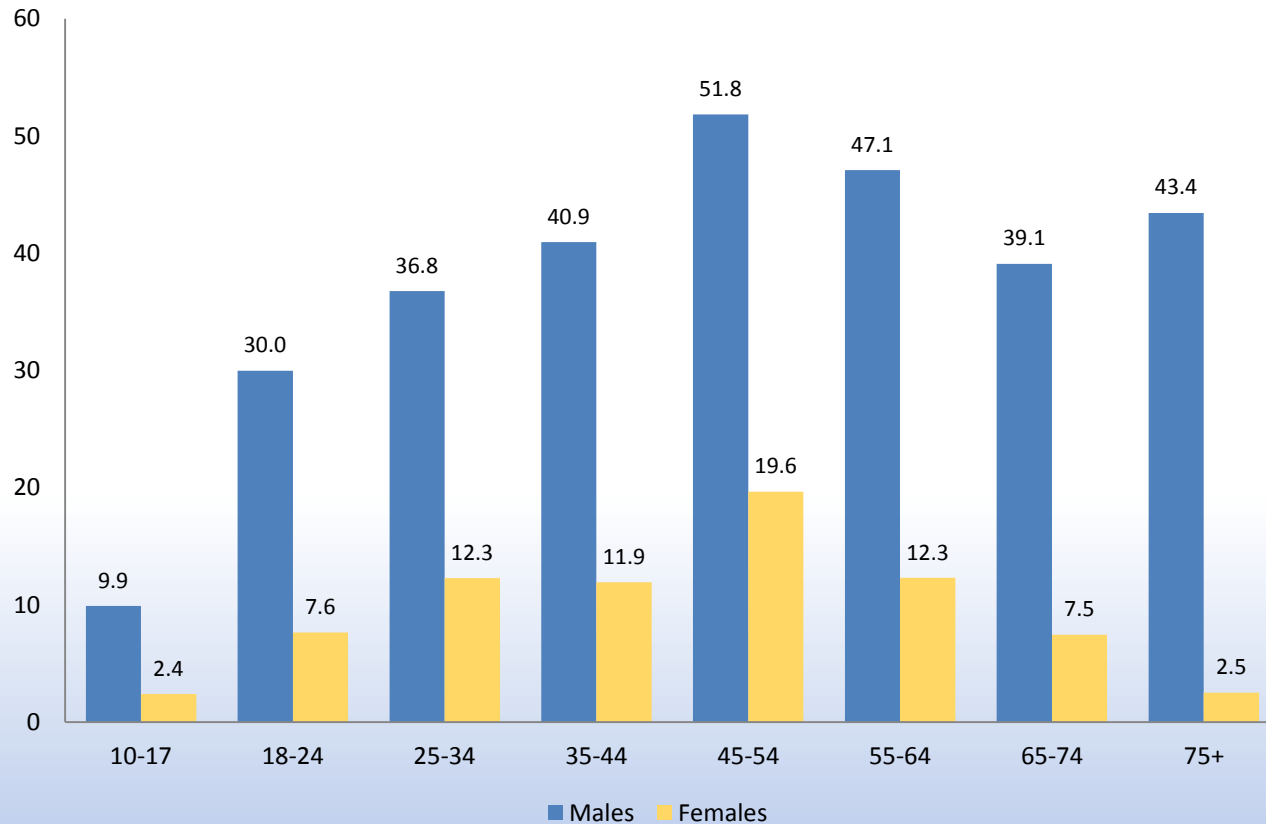
- 7th leading cause of death
- Utah ranks 5th in nation in suicide deaths
- Leading cause of death for youth ages 10-17
- More deaths due to suicide than to car accidents, homicides, and war combined
- More than one suicide per day in Utah; 535 average per year
- Females attempt more frequently than males but males die by suicide more frequently
 - Males primarily die by firearms
 - Females primarily die by poison i.e. pills
- Most at risk are white males in the middle years
- 90% who survive a suicide attempt never go on to die by suicide; intervention this the key!
- ***Suicide is a largely preventable public health problem***

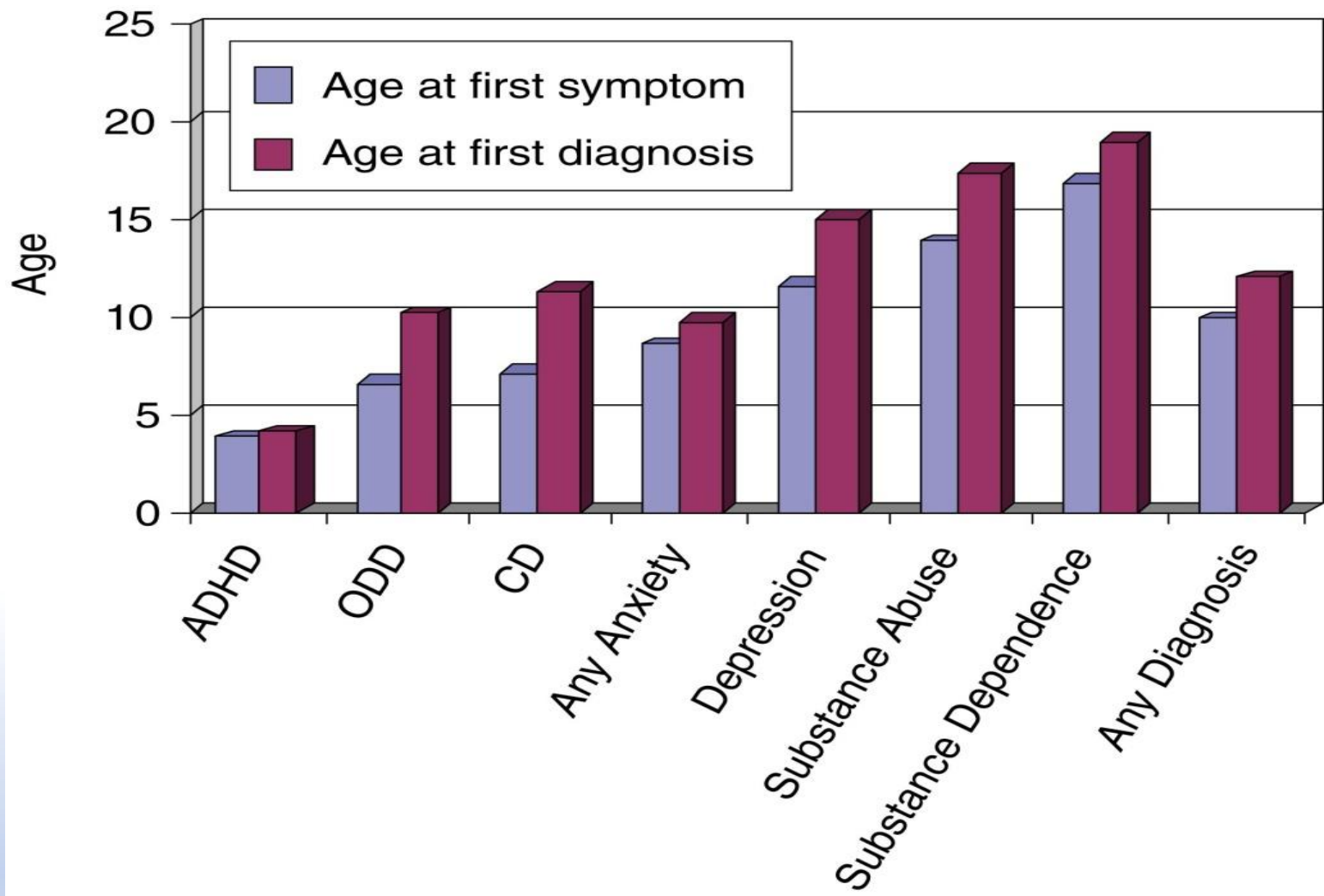


Causes of suicide death in Utah, Ages 10 and above, 2011-2013



Suicide Fatalities per 100,000 population ages 10 and above, by age and sex, Utah, 2011-2013





Utah Suicide Prevention Coalition



Utah
Suicide Prevention
Coalition

- Broad based multidisciplinary coalition to help save lives and advance suicide prevention efforts in Utah
 - Clinicians & researchers
 - Military, veterans & law enforcement
 - Non-profits & state agencies
 - Religious organizations
 - Survivors
- Utah Suicide Prevention Plan
 - 9 goals to address how to reduce suicide rates, e.g. raise awareness, private/public partnerships, curriculum guidelines, access to care, support for survivors, etc.

Suicide Prevention Coalition website



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Coalition

- www.utahsuicideprevention.org
 - Everyone plays a role in suicide prevention
 - Crisis help that is simple and useful
 - Warning signs & risk and protective factors
 - Data
 - Events
 - After an attempt information
 - And more!

NAMI Utah Prevention by Design

- State wide effort to enhance and coordinate local community networks/coalitions
- Systemic and evidence based approach for mental health promotion and mental illness/suicide prevention
- Community level strategies to meet the goals of promotion and prevention
- 13 Local public mental health authorities and related coalitions in the state
- Suicide is a generally preventable public health problem
- Treatment works and there is HOPE for recovery

NAMI Utah Prevention by Design (con't)

- Local Coalition efforts include:
 - MHFA (Mental Health First Aid): eight hour mental health education training, early treatment means better outcomes
 - QPR (Question, Persuade, Refer): one hour suicide prevention & intervention training
 - ASIST (Applied Suicide Intervention Skills Training): suicide intervention training
 - Media efforts to raise awareness and reduce stigma about mental health and suicide prevention
 - Fairs, parade floats, newspaper editorials, articles and advertising, movie theaters ads etc.



Warning Signs, Risk and Protective Factors

- Warning Signs
 - Threatening or talking about killing or hurting oneself
 - Means and access to firearm or pills
 - Talking or writing about death that seems out of the ordinary
 - Feeling hopeless, trapped or burdensome; lack of purpose in life
 - Withdrawal from family, friends or supports
 - Changes in mood; substance use
- Risk Factors
 - Mental health challenges and alcohol and substance use
 - Previous attempt, family history of suicide, lack of supports, means access
 - Job and relationship loss etc.
- Protective Factors
 - Effective care/support: mental, physical and substance use disorders
 - Connections to family, community, religiosity
 - Coping and resiliency skills and **HOPE**



Myth Busters



- Asking about suicide increases the risk
 - Asking usually relieves the burden and opens the conversation which can lead to help, treatment, recovery and **hope**
 - *Don't be afraid to ask* with sincerity and without judgment
- Once a person is seriously considering suicide there is nothing that can be done
 - Most suicide crises are time limited and based on unclear thinking
 - Most are looking for a solution and help
- Suicide happens without warning
 - Generally many clues are given
 - Alertness to the signs is key

Crisis Resources

- Call 911 if life threatening emergency
- CIT officer (Crisis Intervention Team; special MH training)
 - Available throughout the state; even in many rural areas
- Suicide Prevention Lifeline: 800-273-TALK (8255)
- UNI CrisisLine: 801-587-3000
- MCOT (Mobile Crisis Outreach Team)
 - Interdisciplinary team of licensed professionals and certified peer specialists
- Warm Line: 801-587-1055 (UNI recovery support line in Salt Lake County; 3 pm to 11 pm)
- Local mental health authority crisis lines (see Coalition website for details)
- Veterans Crisis Line: 800-273-8255, press 1 (text 838255)

Suicide Post-Vention

- Gap in suicide prevention = after a suicide
- CONNECT post-vention core principles
 - Suicide is a public health problem
 - Helping survivors appropriately deal w/ loss is important for everyone
 - Taking the right action (a planned response) after a suicide is suicide prevention
 - Awareness and communication between individuals and systems will aid postvention and prevention efforts
 - Suicide prevention extends far beyond youth, across the lifespan for all groups of people
- Silence hurts!



Person First Language-Help reduce stigma!

(English 101)

- Refrain from reducing a person to list of symptoms/diagnosis
 - He is cancer
 - She lives with bipolar disorder vs. she is bipolar
 - He has schizophrenia vs. he is schizophrenic
- “commit” vs. “complete” vs. “died by suicide”
 - Commit homicide/crime
 - Complete a task on a To Do list
 - Rather say, “He died by suicide, killed herself, took his own life, died by her own hand”
- Treatment works, recovery is possible, there is **HOPE**



THANK YOU FOR ALL YOU ARE DOING IN THIS IMPORTANT EFFORT!!

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Help, Hope, Healing: You are not alone

Contact Information

www.namiut.org

(801) 323-9900