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AITKIN COUNTY HEALTH & HUMAN SERVICES
ADVISORY COMMITTEE WORKGROUP

Meeting Minutes

October 2, 2019

Committee Members Present:	**Carole Holten** **Cindy Chuhanic** **Joel Hoppe** **Joell Miranda** **Kari Paulsen** **Kevin Insley** **Lori Chenevert** **Penny Olson** **Steve Teff** **Terri Mathis** **Commissioner Mark Wedel**
Guests:	**Shawn Speed, Scribe** **Brea Hamdorf, Public Health Nurse** **Robert Marcum**
Absent:	**Commissioner Laurie Westerlund** **Joy Janzen** **Kristine Layne**

I. Call to Order

A. Carole called to order the regular meeting of the Aitkin County Health & Human Services Advisory Committee at 3:02 pm on October 2, 2019 at Aitkin County Health & Human Services in the large conference room.

II. Approval of October 2, 2019 Agenda

A. Kari moved to approve the agenda, Steve seconded, all members voting yes to approve the agenda.

III. Approval of minutes from June 5, 2019 meeting

A. Joel moved to approve the minutes as written, Cindy seconded, all members voting yes to approve the June 5, 2019 minutes.

IV. Committee Member Input/Updates

A. Carole asked if we had volunteers for the next HHS County Board meeting on October 22, 2019.
   1. Carole and Cindy volunteered to attend and Carole said if anyone is interested to let Shawn know if they would be able to attend the November 26th meeting.

V. Elevator Speeches – Brea Hamdorf, Public Health Nurse

A. Brea started by talking about how everyone will be going through their elevator speeches and be getting feedback from the group on them.
B. Brea gave her speech and there was feedback from the group on possibly not saying mental health, as some convey that as you are calling them "crazy".
C. Steve gave an example of his talk and how his recent talk at his local church turned into being invited to a couple of homes to talk more about it.
D. Carole mentioned that she has been concerned with someone she knows who has previously tried to commit suicide and that she is concerned with them attempting it again as she has had a lot of stressful changes in her life but her parents have said they would like that she not talk to her about it and what she should do.
   1. The consensus was to talk to her anyways.
E. Kari said that she has talked to people every week at her office.
F. Joell mentioned that this is going to be the focus at Hill City Schools this next year.
G. Cindy talked about a person she knows who she talked to and gave information to and that she is doing better now.
H. Along with that Cindy is putting copies of the flyers and emergency numbers on the bulletin board at her business and has had to reprint them twice now, so they are getting taken and seen.
I. She also is putting the emergency help numbers in her local lake association newsletter.
J. Joel has not had any opportunities to have a talk with anyone.
K. Penny has had a few talks about it with her other EMT's and is looking into doing more so that all of them are on the same page on the subject.
L. Lori talked that she, like Kari, talks to clients and refers them to help. She likes to talk about how if you have a problem with your body you go to the doctor, why shouldn't you have the same opportunity if you have an emotional issue.
M. Terri talked about how she had an experience with a veteran who was having sever flashbacks and PTSD from his time in Vietnam and had to get on the ground with him to get him to listen to her and to get him the help he needed.
N. Kevin talked about how he would just sit and talk with them person to person to find out what is going on with them.
O. Commissioner Wedel talked about his experience on the other side of suicide, after the fact, and has seen how it affects the friends and families of those who have chosen to commit suicide.
P. Brea handed out more handouts to help everyone get talks going on the subject. Those documents are included.

Q. Kari called the national hotline number to see if you got real person or if it was recording and it was a recording at first, which was disheartening to us all as it is so important to get to a real person as soon as possible.
R. Brea mentioned that through Aitkin Community Education they have had a class called Family Matters and the first class was about mental health and suicide awareness that was attended by about 16 adults and 16 teens.
S. Schools have also received the Minnesota Student Survey results which will tell them how many suicidal thoughts and attempts have been in their schools and let them know how much emphasis is needed from them on the subject.
T. Joell mentioned that the Hill City Community Health Fair will be next March and is hoping Brea can help put something together for that dealing with Suicide Awareness. And Brea was more than happy to help out.

VI. Adjournment

A. The meeting was adjourned at 4:03pm.

_____
Carole Holton, Chairperson

_____
Shawn Speed, Clerk to the ACH&HS Advisory Board

The following documents were included in the packet of information sent to the members for review prior to the meeting or distributed at the meeting:

- Copy of the agenda for the October 2, 2019 meeting.
- Copy of the minutes from the June 5, 2019 meeting.

I PLEDGE to make it OK

NAME

Three steps to Make It OK

1. **LEARN MORE.** The more we learn about mental illnesses, the more common we realize they are.
2. **START TALKING.** The more we talk about mental illnesses, the closer we come to stopping the stigma.
3. **PASS IT ON.** Encourage others to join by taking the pledge online.

Start the conversation and get tips at **MakeItOK.org**

5 Action Steps for Helping Someone in Emotional Pain

In 2016, suicide claimed the lives of nearly **45,000 people** in the United States, according to the Centers for Disease Control and Prevention (CDC). Suicide affects people of all ages, genders, races, and ethnicities.

Suicide is complicated and tragic, but it can be preventable. **Knowing the warning signs for suicide and how to get help can help save lives.**

Here are 5 steps you can take to #BeTheITo help someone in emotional pain:

1. ASK:

"Are you thinking about killing yourself?" It's not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

2. KEEP THEM SAFE:

Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

3. BE THERE:

Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.

4. HELP THEM CONNECT:

Save the National Suicide Prevention Lifeline's number in your phone so it's there when you need it: **1-800-273-TALK (8255).** You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

5. STAY CONNECTED:

Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

For more information on suicide prevention:
www.nimh.nih.gov/health/topics/suicide-prevention
www.bethe1to.com

NIH Publication No. OM 18-4313

Depression Checklist

This checklist is provided only as a tool to help you talk with your doctor or treatment provider about your concerns and develop an action plan for successful recovery. **If you check ten or more of these, it is recommended that you seek professional help from your doctor or therapist.**

Over the last two weeks, have you been bothered by several or more of the following?

- ☐ I feel sad.
- ☐ I feel like crying a lot.
- ☐ I feel alone.
- ☐ I feel sad and "empty" inside.
- ☐ I don't have confidence in myself.
- ☐ I don't like myself anymore.
- ☐ I feel mad, like I could just explode!
- ☐ I feel guilty.
- ☐ I can't concentrate.
- ☐ I have a hard time remembering things.
- ☐ I don't want to make decisions - it's too much work.
- ☐ I feel like I'm in a fog or dazed
- ☐ I'm so tired, no matter how much I sleep.
- ☐ I'm frustrated with everything and everybody.
- ☐ I don't have fun anymore.
- ☐ I feel helpless.
- ☐ I'm always getting into trouble.
- ☐ I'm restless and jittery. I can't sit still.
- ☐ I feel nervous.
- ☐ I feel disorganized, like my head is spinning.
- ☐ I can't think straight. My brain doesn't seem to work.
- ☐ I feel ugly.
- ☐ I feel my life has no direction.
- ☐ I have lost all my dreams and ambitions
- ☐ Little interest or pleasure in doing activities
- ☐ I don't feel like talking anymore - I just don't have anything to say.
- ☐ I feel life isn't worth living.
- ☐ I consume alcohol/take drugs regularly.
- ☐ My whole body feels slowed down - my speech, my walk, and my movements.
- ☐ I don't want to go out with friends anymore.
- ☐ I don't feel like taking care of my appearance.
- ☐ Occasionally, my heart pounds, I can't catch my breath, and I feel tingly.
- ☐ Sometimes I feel like I'm losing it.
- ☐ I feel "different" from everyone else.
- ☐ I smile, but inside I'm miserable.
- ☐ I have difficulty falling asleep or I awaken between 1 A.M. and 5 A.M. and then I can't get back to sleep.
- ☐ My appetite has diminished - food tastes so bland.
- ☐ My appetite has increased - I feel I could eat all the time.
- ☐ My weight has increased/decreased.
- ☐ I have headaches.
- ☐ I have stomachaches.

Stop the Silence - Make It OK

Mental illness is a touchy subject, creating voids in conversation. Here are some tips to help you:

STOP THE SILENCE
If someone shares with you that they are experiencing a mental illness, they are opening up to you in a big way. Ask questions, show concern and avoid awkward silences.

BE NICE
It sounds simple enough, but try to say the right things with openness, warmth and caring.

LISTEN
In your conversation, try to do more of listening and less searching for a solution.

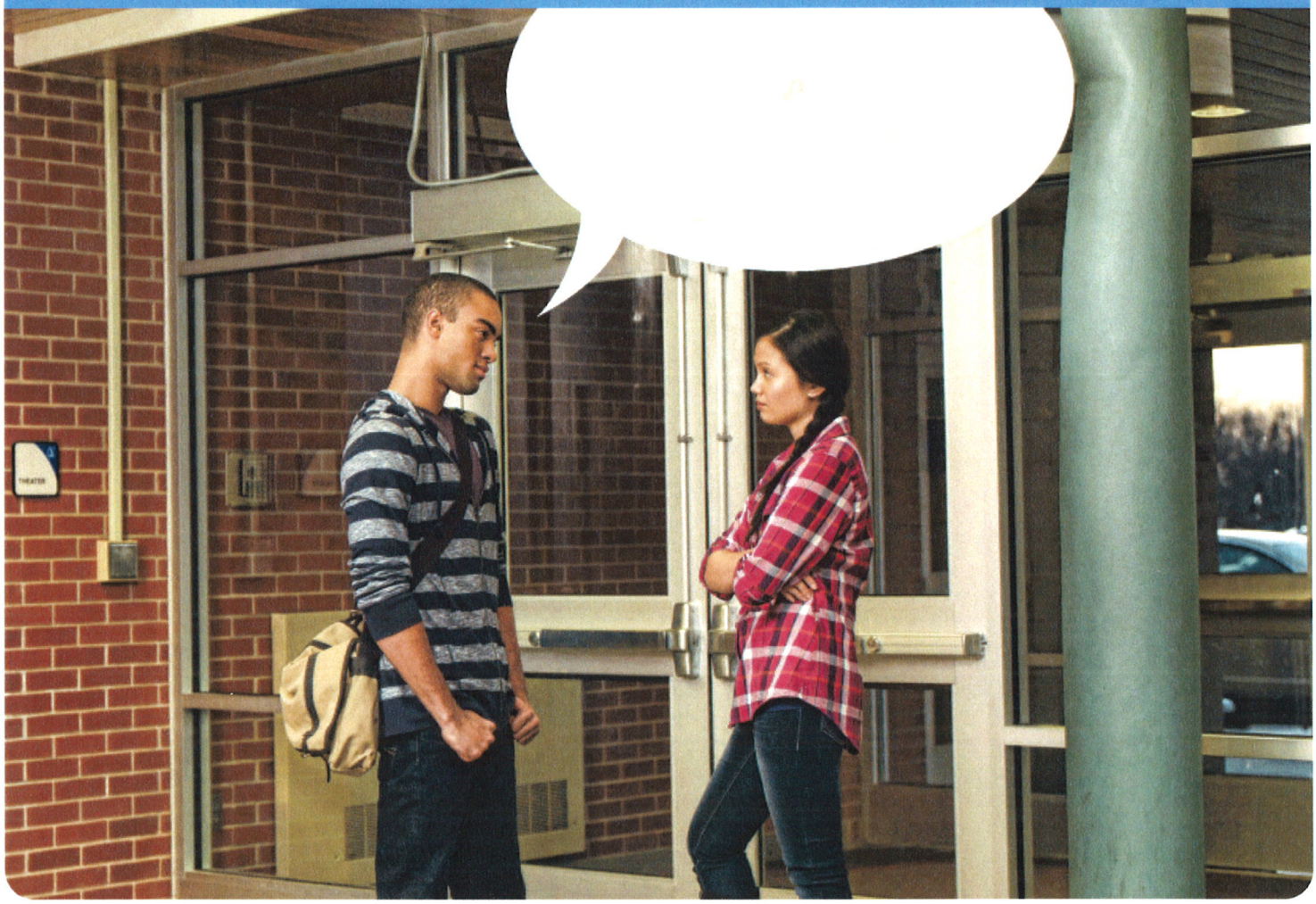
KEEP IN CONTACT
Offer to be available by phone, text, email, or meet up in person. Just be there.

DON'T IGNORE IT
Don't be afraid to ask about someone's well-being if you think they might be hurting. Trust your judgement.

OFFER HELP
Everyone is different, and may want very specific help or no help at all. Either way, ask and be open to the answer.

Learn more at Make It OK.org

Learn what to say to Make It OK



Talking about mental illnesses can be difficult. Here are some tips:

do say:

"Thanks for opening up to me."
"How can I help?"
"Thanks for sharing."
"I'm sorry to hear that. It must be tough."
"I'm here for you when you need me."
"I can't imagine what you're going through."
"People do get better."
"Can I drive you to an appointment?"
"How are you feeling today?"
"I love you."

don't say:

"It could be worse.."
"Just deal with it."
"Snap out of it."
"Everyone feels that way sometimes."
"You may have brought this on yourself."
"We've all been there."
"You've got to pull yourself together."
"Maybe try thinking happier thoughts."
"Oh man, that sucks."

Learn more at Make It OK .org

Mental Illnesses Are OK

It's OK to have a mental illness - many of us do.

One in four Americans experience a mental illness each year. Most people live with the symptoms of a mental illness for 10 years before seeking treatment, largely due to the stigma. The sooner people get treatment, the greater their chances of recovery.

It's OK because it is a physical ailment – not a character flaw.

Mental illnesses are biological conditions that can be treated, just liker cancer and diabetes. They cannot be overcome through "will power" and are not related to a person's character or intelligence.

It's OK because it's treatable – life can get better.

The best treatments for serious mental illnesses today are highly effective. In fact, more than 70 percent of symptoms are reduced and people feel better when following their treatment plans.

Learn more at Make It OK.org

Is someone you know thinking about Suicide?

SAVE
SUICIDE AWARENESS VOICES OF EDUCATION

The road, which ends in suicide, is usually a very long one. The process doesn't happen over night. People who become suicidal have usually suffered from a brain illness such as clinical depression, anxiety disorder, bipolar (manic depression) or schizophrenia for many years. Some have sought professional treatment; others have not. Some have felt suicidal in the past, for others, the suicidal thoughts are new. Regardless of the story, it is important to know that the majority of suicides are preventable.

The illnesses that cause suicide can distort thinking, so people can't think clearly or rationally. They may not know they have a treatable illness, or they may think that they can't be helped. Their illness can cause thoughts of hopelessness and helplessness, which may then lead to suicidal thoughts.

If depression is recognized and treated, suicidal thoughts can be eliminated. Many suicides can be prevented.

Symptoms of Depression:

- Persistent sad or empty mood.
- Feelings of hopelessness, helplessness, guilt, pessimism, or worthlessness.
- Chronic fatigue or loss of interest in ordinary activities, including sex.
- Disturbances in eating or sleeping patterns.
- Irritability, increased crying; generalized anxiety (may include chronic fear of dying/convinced dying of incurable disease), panic attacks.
- Difficulty concentrating, remembering, or making decisions.
- Thoughts of suicide; suicide plans or attempts.
- Persistent physical symptoms or pains that do not respond to treatment - headaches, stomach problems, neck/back pain, joint pain, mouth pain
- Isolating oneself from friends and family.
- If you are concerned about any of these symptoms, ask the person how he or she is feeling.

Warning Signs of Suicide:

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself.
- Talking about feeling hopeless or having no purpose.
- Talking about feeling trapped or being in unbearable pain.
- 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.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

If you are concerned about any of these symptoms, ask the person how he or she is feeling. Getting help is key to suicide prevention... the earlier, the better.

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If you see possible warning signs of suicide:

- **It's okay to ask the person, "Do you ever feel so bad that you think of suicide?"** Don't worry about planting the idea in someone's head. Suicidal thoughts are common with depressive illnesses, although not all people have them. If a person has been thinking of suicide, he will be relieved and grateful that you were willing to be so open and nonjudgmental. It shows a person you truly care and take him seriously.
- **If you get a yes to your question, question the individual further. Ask, "Do you have a plan?" If yes, ask, "Do you know how you would do it?" "Do you know when?" (today, next week?) "Do you have access to what you would use?"** Asking these questions will give you an idea if the person is in immediate danger. If you feel she is, do not leave her alone! A suicidal person must see a doctor or psychiatrist immediately. You may have to take her to the nearest hospital emergency room or call 911. Always take thoughts of or plans for suicide seriously.
- **Never keep a plan for suicide a secret.** Don't worry about breaking a bond of friendship at this point. Friendships can be fixed. **And never call a person's bluff, or try to minimize his problems by telling him he has everything to live for or how hurt his family would be.** This will only increase his guilt and feelings of hopelessness. He needs to be reassured that there is help, that what he is feeling is treatable and that his suicidal feelings are temporary.
- **If you feel the person isn't in immediate danger, you can say things like, "I can tell you're really hurting", and "I care about you and will do my best to help you."** Then follow through - help her find a doctor or a mental health professional. Be by her side when she makes that first phone call, or go along with her to her first appointment. It's not a good idea to leave it up to a person to get help on her own. A supportive person can mean so much to someone who's in pain.

In order to save lives, it's critical that we recognize the symptoms of these biological diseases that cause suicide. There is still stigma associated with these illnesses, which can prevent people from getting help. Your willingness to talk about depression and suicide with a friend, family member, or co-worker can go a long way in reducing stigma. Education is the key to understanding the tragedy of suicide that, in many cases, can be prevented. Oftentimes, it is helpful asking the questions more than once and in different ways. This will allow you to get a better description on how he is feeling and will ultimately help with offering them the necessary help they need.

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

SAVE
SUICIDE AWARENESS VOICES OF EDUCATION

SAVE (Suicide Awareness Voices of Education)
www.save.org

CRISIS TEXT LINE

Crisis Text Line
Text "Hello" to 741-741
to start a conversation.

Suicide:
Common Misconceptions

"People who talk about suicide won't really do it, they just want attention."

Fact: According to research, roughly 80% of people who died of suicide do or say something as an indicator or warning sign of what his or her intentions are. Never ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," — no matter how casually or jokingly said may indicate serious suicidal feelings.

"Anyone who tried to kill him/herself must be crazy."

Fact: People are not "crazy." They might have a psychiatric disorder, but they are real medical diseases that require assessment, treatment and monitoring to prevent a tragedy.

"If a person is determined to kill him/herself, nothing is going to stop him/her."

Fact: Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

"People who have died by suicide are people who were unwilling to seek help."

Fact: Studies of suicide victims have shown that more then half had sought medical help within six month before their deaths. Many try to get the help they need, but sometimes it isn't enough, the right help and other times their illness makes them fail to follow-through with their treatment plans.

"Talking about suicide may encourage the idea."

Fact: You do not give a suicidal person morbid ideas by talking about suicide. The opposite is true. By bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do and has been proven to be a protective factor for preventing suicide.

"If a person is suicidal, his situation was probably so bad that death was the only option."

Fact: The perceptions of depressed individuals are often more severe than the actual event; many individuals who do not carry on with the act manage through similar events. Death is never the only option.

National Alliance on Mental Illness

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Mental Health By The Numbers

Millions of people in the U.S. are affected by mental illness each year. It's important to measure how common mental illness is, so we can understand its physical, social and financial impact — and so we can show that no one is alone. These numbers are also powerful tools for raising public awareness, stigma-busting and advocating for better health care.

The information on this page comes from studies conducted by organizations like Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC) and the U.S. Department of Justice. The terminology used on this page reflects what is used in original studies. Terms like "serious mental illness," "mental illness" or "mental health disorders" may all seem like they're referring to the same thing, but in fact refer to specific diagnostic groups for that particular study.

If you have questions about a statistic or term that's being used, please visit the original study by clicking the link provided.

1 in 5 (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf)
U.S. adults experience mental illness each year
1 in 25 (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf)
U.S. adults experience serious mental illness each year
1 in 6 (https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a) U.S. youth aged 6-17 experience a mental health disorder each year
Suicide is the **2nd leading (https://www.nimh.nih.gov/health/statistics/suicide.shtml)** cause of death among people aged 10-34

You Are Not Alone

- **19.1% (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pd** of U.S. adults experienced mental illness in 2018 (47.6 million people). This represents 1 in 5 adults.
- **4.6% (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pd** of U.S. adults experienced serious mental illness in 2018 (11.4 million people). This represents 1 in 25 adults.
- **16.5% (https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a)** of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people)
- **3.7% (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pd** of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2018 (9.2 million people)

- Annual prevalence of mental illness among U.S. adults, by demographic group:
  - Non-Hispanic Asian: **14.7% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
  - Non-Hispanic white: **20.4% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
  - Non-Hispanic black or African-American: **16.2% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
  - Non-Hispanic mixed/multiracial: **26.8% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
  - Hispanic or Latino: **16.9% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
  - Lesbian, Gay or Bisexual: **37.4% (https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm)**

- Annual prevalence among U.S. adults, by condition:
  - Major Depressive Episode: **7.2% (https://www.samhsa.gov/data/sites/default/files/cbhsq-**

reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport20
(17.7 million people)

- Schizophrenia: **<1% (https://www.nimh.nih.gov/health/statistics/schizophrenia.shtml)** (estimated 1.5 million people)
- Bipolar Disorder: **2.8% (https://www.nimh.nih.gov/health/statistics/bipolar-disorder.shtml)** (estimated 7 million people)
- Anxiety Disorders: **19.1% (https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml)** (estimated 48 million people)
- Posttraumatic Stress Disorder: **3.6% (https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd.shtml)** (estimated 9 million people)
- Obsessive Compulsive Disorder: **1.2% (https://www.nimh.nih.gov/health/statistics/obsessive-compulsive-disorder-ocd.shtml)** (estimated 3 million people)
- Borderline Personality Disorder: **1.4% (https://www.nimh.nih.gov/health/statistics/personality-disorders.shtml)** (estimated 3.5 million people)

Mental Health Care Matters

- **43.3% (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pd** of U.S. adults with mental illness received treatment in 2018
- **64.1% (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pd** of U.S. adults with serious mental illness received treatment in 2018
- **50.6% (https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a)** of U.S. youth aged 6-17 with a mental health disorder received treatment in 2016
- The average delay between onset of mental illness symptoms and treatment is **11 years (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361014/)**
- Annual treatment rates among U.S. adults with any mental illness, by demographic group:
  - Male: **34.9% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**

    - Female: **48.6% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
    - Lesbian, Gay or Bisexual: **48.5% (https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm)**
    - Non-Hispanic Asian: **24.9% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
    - Non-Hispanic white: **49.1% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
    - Non-Hispanic black or African-American: **30.6% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
    - Non-Hispanic mixed/multiracial: **31.8% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
    - Hispanic or Latino: **32.9% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**
- **11.3% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)** of U.S. adults with mental illness had no insurance coverage in 2018
- **13.4% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)** of U.S. adults with serious mental illness had no insurance coverage in 2018
- **60% (http://www.newamericaneconomy.org/wp-content/uploads/2017/10/NAE_PsychiatristShortage_V6-1.pdf)** of U.S. counties do not have a single practicing psychiatrist

The Ripple Effect Of Mental Illness

PERSON

- People with depression have a **40% (https://www.thelancet.com/commissions/physical-health-in-mental-illness)** higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions.
- **19.3% (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pd** of U.S. adults with mental illness also experienced a substance use disorder in 2018 (9.2 million individuals)

- The rate of unemployment is higher among U.S. adults who have mental illness (**5.8% (https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables)**) compared to those who do not (3.6%)
- High school students with significant symptoms of depression are more than **twice as likely (https://www.ncbi.nlm.nih.gov/pubmed/29195763)** to drop out compared to their peers

FAMILY

- At least **8.4 million (https://www.caregiving.org/wp-content/uploads/2016/02/NAC_Mental_Illness_Study_2016_FINAL_WEB.pdf)** people in the U.S. provide care to an adult with a mental or emotional health issue
- Caregivers of adults with mental or emotional health issues spend an average of **32 hours (https://www.caregiving.org/wp-content/uploads/2016/02/NAC_Mental_Illness_Study_2016_FINAL_WEB.pdf)** per week providing unpaid care

COMMUNITY

- Mental illness and substance use disorders are involved in **1 out of every 8 (https://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf)** emergency department visits by a U.S. adult (estimated 12 million visits)
- **20.1% (https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2018.pd** of people experiencing homelessness in the U.S. have a serious mental health condition
- **37% (https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf)** of adults incarcerated in the state and federal prison system have a diagnosed mental illness
- **70.4% (https://www.ncmhjj.com/wp-content/uploads/2013/07/2007_Blueprint-for-Change-Full-Report.pdf)** of youth in the juvenile justice system have a diagnosed mental illness
- Mood disorders are the **most common (https://www.hcup-us.ahrq.gov/faststats/NationalDiagnosesServlet?year1=2015&characteristic1=21&included1=0&year2=&characteristic2=0&included2=1** cause of hospitalization for all people in the U.S. under age 45 (after excluding hospitalization relating to pregnancy and birth)
- **41% (https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf)** of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder

WORLD

- Across the U.S. economy, serious mental illness causes **$193.2 billion (https://www.ncbi.nlm.nih.gov/pubmed/18463104)** in lost earnings each year
- Depression is the **leading cause (https://www.who.int/en/news-room/fact-sheets/detail/depression)** of disability worldwide

It's Okay To Talk About Suicide

- Suicide is the **2nd (https://www.nimh.nih.gov/health/statistics/suicide.shtml)** leading cause of death among people aged 10-34 in the U.S.
- Suicide is the **10th (https://www.nimh.nih.gov/health/statistics/suicide.shtml)** leading cause of death in the U.S.
- The overall suicide rate in the U.S. has increased by **31% (https://www.nimh.nih.gov/health/statistics/suicide.shtml)** since 2001
- **46% (https://www.cdc.gov/vitalsigns/suicide/)** of people who die by suicide had a diagnosed mental health condition
- **90% (https://www.ncbi.nlm.nih.gov/pubmed/11728849)** of people who die by suicide had shown symptoms of a mental health condition, according to interviews with family, friends and medical professionals (also known as psychological autopsy)
- Lesbian, gay and bisexual youth are **4x (https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf)** more likely to attempt suicide than straight youth
- **75% (https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a1.htm?s_cid=mm6722a1_w)** of people who die by suicide are male
- Transgender adults are **nearly 12x (https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf)** more likely to attempt suicide than the general population
- Annual prevalence of serious thoughts of suicide, by U.S. demographic group:
    - **4.3% (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport20** of all adults
    - **11.0% (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport20** of young adults aged 18-25
    - **17.2% (https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf)** of high school students
    - **47.7% (https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf)** of lesbian, gay, and bisexual high school students

If you or someone you know is in an emergency, call **The National Suicide Prevention Lifeline (http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx)** at 800-273-TALK (8255) or call 911 immediately.

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(https://www.charitynavigator.org/index.cfm?bay=search.summary&orgid=4827)

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