- **Electroconvulsive Therapy (ECT).** ECT is a highly effective treatment for severe depression episodes and for severe depression with psychosis when

  medication and psychotherapy are not effective in treating severe symptoms. ECT may also be considered if a person experiences acute psychosis or thoughts of suicide and cannot take antidepressants. Memory problems can follow ECT treatments, so a careful risk-benefit assessment needs to be made for this intervention.

Other forms of treatment have been successful either combined with the more traditional treatments or alone. These include: transcranial magnetic stimulation (TMS), aerobic exercise and complementary and alternative medicine.

As devastating as this disease may be, it is very treatable in most people. Today the availability of treatment and a better understanding of depression can lead to recovery and a productive life.

How to Get Help

No insurance? Call the NAMI Southern Arizona office to help guide you to access mental health services.

If you have depression:

- Seek medical care through a psychiatrist and/or your primary care physician.
- Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc. **Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- Take NAMI's Peer-to-Peer course and/or join the NAMI Connection support group.
- LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

If you are a family member with a loved one who has mental illness:

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- Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- Learn about your loved one's illness.

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. **RECOVERY IS POSSIBLE!**

DEPRESSION

SHOW YOU CARE.
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- **Help reduce stigma —talk about it!**

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Revised September 2016

Educational information and local support provided by:

NAMI SOUTHERN ARIZONA
National Alliance on Mental Illness

Depression

Each year depression affects 5-8 percent of adults in the United States. This means that about 25 million Americans will have an episode of major depression this year alone. Depression occurs 70 percent more frequently in women than in men for reasons that are not fully understood. Without treatment, the frequency and severity of these symptoms tend to increase over time.

What is major depression?

The normal human emotion we sometimes call "depression" is a common response to a loss, failure or disappointment. Major depression is different. It is a serious emotional and biological disease that affects one's thoughts, feelings, behavior, mood and physical health. Depression is a life-long condition in which periods of wellness alternate with recurrences of illness and may require long-term treatment to keep symptoms from returning.

Major depression is also known as clinical depression, major depressive illness, major affective disorder and unipolar mood disorder.

Left untreated, depression can lead to serious impairment in daily functioning and even suicide, which is the 10th leading cause of death in the U.S. Researchers believe that more than one-half of people who die by suicide are experiencing depression. Devastating as this disease may be, it is treatable in most people. The availability of effective treatments and a better understanding of the biological basis for depression may lessen the barriers that can prevent early detection and accurate diagnosis.

Getting an accurate diagnosis is important. First, rule out other possible medical conditions that mimic depression, such as hypothyroidism (underactive thyroid), complications from substance abuse or dependence, infectious diseases, anemia and certain neurological disorders.

All age groups and all racial, ethnic and socioeconomic groups can experience depression. Some individuals may only have one episode of depression in a lifetime, but often people have recurrent episodes. If untreated, episodes commonly last anywhere from a few months to many years. An estimated 25 million American adults are affected by major depression in a given year, but only one-half ever receive treatment.

What are the symptoms of major depression and how is it diagnosed?

Depression can be difficult to detect from the outside looking in, but for those who experience major depression, it is disruptive in a multitude of ways and usually represents a significant change in how a person functions. Depression causes changes in people in the following key areas:

- **Changes in sleep.** Some people experience difficulty in falling or staying asleep at night. Some awaken earlier than desired, and other people sleep excessively.
- **Changes in appetite.** Changes can mean either weight gain or weight loss.
- **Poor concentration.** The inability to concentrate and/or make decisions is a serious aspect of depression. Some people during episodes of severe depression find following the thread of a simple newspaper article to be extremely difficult.
- **Loss of energy.** The loss of energy and fatigue often affects people living with depression. Mental speed and activity are usually reduced, as is the ability to perform normal daily routines.
- **Lack of interest.** During episodes of depression, people feel sad and lose interest in usual activities.
- **Low self-esteem.** During periods of depression, people dwell on memories of losses or failures and feel excessive guilt and helplessness.
- **Hopelessness or guilt.** The symptoms of depression often produce a strong feeling of hopelessness or a belief that nothing will ever improve. These feelings can lead to thoughts of suicide.
- **Movement changes.** People may literally look "slowed down" or activated and agitated.

Mental healthcare professionals use the criteria for depression in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) to develop a diagnosis. The following are the DSM-5's criteria for a major depressive episode (which lasts longer than two weeks):

- Depressed mood
- Reduced interest in activities
- Changes in appetite
- Sleep disturbances
- Feeling agitated or slowed down
- Feeling worthless or excessively guilty
- Difficulty thinking, concentrating, or making decisions
- Suicidal thoughts or intention

What treatments are available?

Although depression can be a devastating illness, it often responds to treatment. The key is to get a specific evaluation and a treatment plan.

There are three well-established types of treatment for depression:

- **Medications.** Medications often effectively control the serious symptoms of depression. It often takes two to four weeks for antidepressant medications to have their full effect.
- **Psychotherapy.** There are several types of psychotherapy that have been shown to be effective for depression, including cognitive behavioral therapy (CBT) and interpersonal therapy (IPT). In general, these two types of therapies are short-term; treatments usually last only 10 to 20 weeks. Support groups offer opportunities to share frustrations and successes, referrals to specialist and community resources and information about what works best when trying to recover.

In the meantime, the following guidelines will prove helpful:

DON'T THREATEN. This may be interpreted as a power play and increase fear or prompt assaultive behavior by your loved one.

DON'T SHOUT. If the mentally ill person seems not to be listening, it isn't because he or she is hard of hearing. Other "voices" are probably interfering.

DON'T CRITICIZE. It will only make matters worse. It can't possibly make things better.

DON'T SQUABBLE with other family members over "best strategies" or allocation of blame. This is no time to prove a point.

DON'T BAIT your loved one into acting out wild threats. The consequences could be tragic.

DON'T STAND over your loved one if he or she is seated. Instead seat yourself.

AVOID direct, continuous eye contact or touching your loved one.

COMPLY with requests that are neither endangering nor beyond reason. This provides your loved one with an opportunity to feel somewhat "in control."

DON'T BLOCK THE DOORWAY if they want to leave, let them.

How to Get Help

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If you have mental illness :

- Seek medical care through a psychiatrist and/or your primary care physician.
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DOs & DON'Ts FOR FAMILIES OF PERSONS WITH MENTAL ILLNESS

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Dos and Don'ts in Helping Your Family Member or Loved One

Helpful DOs:

Communication:

- Be respectful and calm.
- Stick to one topic at a time.
- Keep a positive attitude.
- Be honest with yourself and with your family member.
- Use humor (when appropriate).
- Communicate openly and often with the doctors.

Building family member's self-esteem:

- Genuinely praise and compliment your loved one frequently, even for day-to-day behaviors.
- Work together to create short-term goals.
- Stay active – plan and engage in activities together.

Dealing with difficult behavior:

- Accept the fact that the person has a legitimate illness.
- Set and discuss clear limits, rules, and expectations for the family member's behavior.
- Be consistent and predictable.
- Keep a log of your loved one's symptoms, responses to various medications, hospitalizations, etc.
- Pay attention to warning signs of possible relapse, worsening of symptoms, etc.
- Give your family member space when he/she asks for it (as long as he/she is not dangerous to him-/herself or others).

Taking care of yourself:

- Stay in contact with your support system.
- Educate yourself about mental illness.
- Talk to other people who are struggling with similar situations (such as at the SAFE Program, meetings of NAMI, etc.).
- Remember that you are not alone.
- Take 1 minute at a time.

Helpful DON'Ts:

Communication:

- Don't tease your family member about his/her symptoms.
- Don't yell or shout at your family member.
- Don't argue with your family member about his/her symptoms (e.g., don't try to talk him/her out of delusions or hallucinations).
- Don't get stuck in talking about the past – stay in the present.

Dealing with difficult behavior:

- Don't take the symptoms or illness personally.
- Don't tolerate abuse of any kind from your family member.
- Don't blame all your family member's undesirable behaviors on the mental illness.
- Don't always interpret his/her emotional distance as reflective of something about your relationship.

Dealing with the fact that your family member has a mental illness:

- Don't let the illness run your life.
- Don't try to be your family member's therapist.

Enhancing your family member's self-esteem:

- Don't make all the decisions for your loved one – allow him/her to make as many decisions as possible.
- Don't tell your family member to just "get over it" or to "get a life."
- Don't call your family member names (e.g., psycho, crybaby, etc.).

Handling a Crisis

Things Always Go Better If you Speak Softly and in Simple Sentences

Sooner or later, if a family member is afflicted with a serious mental illness, a serious crisis will occur. When this happens, there are some actions you can take to help diminish or avoid the potential for disaster. Ideally, you need to reverse any escalation of the psychotic symptoms and provide immediate protection and support to the mentally ill person.

Seldom, if ever, will a person suddenly lose total control of thoughts, feelings and behavior. Family members or close friends will generally become aware of a variety of behaviors which give rise to mounting concern: sleeplessness, ritualistic preoccupation with certain activities, suspiciousness, unpredictable outbursts, etc.

During these early stages, a full blown crisis can sometimes be averted. Often your loved one has ceased taking medications. If you suspect this, try to encourage a visit to the physician. The more psychotic your loved one is, the less likely you are to succeed.

You must learn to trust your intuitive feelings. If you, too, feel frightened or panic stricken, the situation calls for immediate action. Remember, your primary task is to help your loved one regain control. Do nothing to further agitate the scene.

It may help you to know that your loved one is probably terrified by the subjective experience of loss of control over thoughts and feelings. Further the "voices" may be life-threatening commands: messages may be coming from the light fixtures, the room may be filled with poisonous fumes, snakes may be crawling on the window.

Accept the fact that your loved one is in an "altered reality state." In extreme situations the person may "act out" the hallucination, e.g., shatter the window to destroy the snakes. It is imperative that you remain calm. If you are alone, contact someone to remain with you until professional help arrives.

Dual Diagnosis

Dual diagnosis is a term for when someone experiences a mental illness and a substance abuse problem simultaneously. Dual diagnosis is a very broad category. It can range from someone developing mild depression because of binge drinking, to someone's symptoms of bipolar disorder becoming more severe when that person abuses heroin during periods of mania.

Either substance abuse or mental illness can develop first. A person experiencing a mental health condition may turn to drugs and alcohol as a form of self-medication to improve the troubling mental health symptoms they experience. Research shows though that drugs and alcohol only make the symptoms of mental health conditions worse.

Abusing substances can also lead to mental health problems because of the effects drugs have on a person's moods, thoughts, brain chemistry and behavior.

How Common is a Dual Diagnosis?

About a third of all people experiencing mental illnesses and about half of people living with severe mental illnesses also experience substance abuse. These statistics are mirrored in the substance abuse community, where about a third of all alcohol abusers and more than half of all drug abusers report experiencing a mental illness.

Men are more likely to develop a co-occurring disorder than women. Other people who have a particularly high risk of dual diagnosis include individuals of lower socioeconomic status, military veterans and people with more general medical illnesses.

Symptoms

The defining characteristic of dual diagnosis is that both a mental health and substance abuse disorder occur simultaneously. Because there are many combinations of disorders that can occur, the symptoms of dual diagnosis vary widely. The symptoms of substance abuse may include:

- Withdrawal from friends and family.
- Sudden changes in behavior.
- Using substances under dangerous conditions.
- Engaging in risky behaviors when drunk or high.
- Loss of control over use of substances.
- Doing things you wouldn't normally do to maintain your habit.
- Developing tolerance and withdrawal symptoms.
- Feeling like you need the drug to be able to function.

The symptoms of a mental health condition also can vary greatly. Knowing the warnings signs, such as extreme mood changes, confused thinking or problems concentrating, avoiding friends and social activities and thoughts of suicide, can help identify if there is a reason to seek help.

How Is Dual Diagnosis Treated?

The most common method of treatment for dual diagnosis today is integrated intervention, where a person receives care for both a specific mental illness and substance abuse. Because there are many ways in which a dual diagnosis may occur treatment will not be the same for everyone.

Detoxification. The first major hurdle that people with dual diagnosis will have to pass is detoxification. During inpatient detoxification, a person is monitored 24/7 by a trained medical staff for up to 7 days. Inpatient detoxification is generally more effective than outpatient for initial sobriety. This is because inpatient treatment provides a consistent environment and removes the person battling addiction from exposure to people and places associated with using.

Inpatient Rehabilitation. A person experiencing a serious mental illness and dangerous or dependent patterns of abuse may benefit most from an inpatient rehabilitation center where she can receive concentrated medical and mental health care 24/7. These treatment centers provide her with therapy, support, medication and health services with the goal of treating her addiction and its underlying causes. Supportive housing, like group homes or sober houses, is another type of residential treatment center that is most helpful for people who are newly sober or trying to avoid relapse.

Medications are a useful tool for treating a variety of mental illnesses. Depending on the mental health symptoms a person is experiencing, different mental health medications may play an important role one's recovery. Certain medications are also helpful for people experiencing substance abuse. These medications are used to help ease withdrawal symptoms or promote recovery. Medications to ease withdrawal are used during the detoxification process.

Psychotherapy is almost always a large part of an effective dual diagnosis treatment plan. Education on a person's illness and how their beliefs and behaviors influence their thoughts has been shown in countless studies to improve the symptoms of both mental illness and substance abuse. Cognitive behavioral therapy (CBT) in particular is effective in helping people with dual diagnosis learn how to cope and to change ineffective patterns of thinking.

Self-help and Support Groups

Dealing with a dual diagnosis can feel challenging and isolating. Support groups allow members to share frustrations, successes, referrals for specialists, where to find the best community resources and tips on what works best when trying to recover. They also form friendships and provide encouragement to stay clean.

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis

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to 54, or about 2.3 percent of people in this age group, have OCD.

- The first symptoms of OCD often begin during childhood or adolescence.

Post-traumatic Stress Disorder (PTSD)

- Approximately 5.2 million American adults ages 18 to 54, or about 3.6 percent of people in this age group, have PTSD.
- PTSD can develop at any age, including childhood.
- About 30 percent of Vietnam veterans have experienced PTSD at some point after the war. The disorder also frequently occurs after violent personal assaults such as rape, mugging, or domestic violence; terrorism; natural or human-caused disasters; and accidents.

Generalized Anxiety Disorder (GAD)

- Approximately 4.0 million American adults ages 18 to 54, or about 2.8 percent of people in this age group, have GAD.
- GAD can begin across the life cycle, though the risk is highest between childhood and middle age.

Social Phobia

- Approximately 5.3 million American adults ages 18 to 54, or about 3.7 percent of people in this age group, have social phobia.
- Social phobia typically begins in childhood or adolescence.

Agoraphobia and Specific Phobia

- *Agoraphobia* involves intense fear and avoidance of any place or situation where escape might be difficult or help unavailable in the event of developing sudden panic-like symptoms. Approximately 3.2 million American adults ages 18 to 54, or about 2.2 percent of people in this age group, have agoraphobia.
- *Specific phobia* involves marked and persistent fear and avoidance of a specific object or situation.
- Approximately 6.3 million American adults ages 18 to 54, or about 4.4 percent of people in this age group, have some type of specific phobia.

Eating Disorders

- The three main types of eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder.
- Females are much more likely than males to develop an eating disorder. Only an estimated 5 to 15 percent of people with anorexia or bulimia and an estimated 35 percent of those with binge-eating disorder are male.
- In their lifetime, an estimated 0.5 percent to 3.7 percent of females suffer from anorexia and an estimated 1.1percent to 4.2 percent suffer from bulimia.
- Community surveys have estimated that between 2 percent and 5 percent of Americans experience binge eating disorder in a 6-month period.
- The mortality rate among people with anorexia has been estimated at 0.56 percent per year, or approximately 5.6 percent per decade, which is about 12 times higher than the annual death rate due to all causes of death among females ages 15-24 in the general population.

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD, one of the most common mental disorders in children and adolescents, affects an estimated 4.1 percent of youths ages 9 to 17 in a 6-month period.
- About two to three times more boys than girls are affected.
- ADHD usually becomes evident in preschool or early elementary years. The disorder frequently persists into adolescence and occasionally into adulthood.

Source: National Institute of Mental Health (NIMH)
www.nimh.nih.gov

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. **RECOVERY IS POSSIBLE!**

FACTS ABOUT MENTAL ILLNESS

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What is Mental Illness?

Mental illnesses are biologically-based brain diseases that can severely disturb a person's ability to think, feel, and relate to other people and the environment.

How are persons with mental illnesses stigmatized?

Persons with mental illnesses are feared or stereotyped as irrational, aggressive, and violent, whereas in fact, they are more likely to be isolated, passive, and withdrawn. Often they are blamed for falling victim to an illness that is clearly biologically based. Persons with mental illnesses are denied the opportunity to rebuild their lives in the community because of discrimination in housing, employment, and insurance coverage.

Is there hope?

Yes. Through research, scientists have made great advances in understanding the nature of mental illness in the last ten years.

Facts from *Mental Health, United States, 2002*

- 8.8% of US adults, or 17.1 million US adults, suffer from major depression, general anxiety disorders, and/or panic attacks. Between 38.7 -44.8% of adults claim their disorders greatly affected their daily activity.
- 63% of adults seek contact with a health professional. 28.5% of adults seek help from a mental health professional. 8.5% do not seek help.
- 11.2% of those who recognize a mental health care need could not get help because of cost.
- 61.7% of people with mental illnesses also suffer from long-term health conditions. Of these people, ¾ of the people who meet criteria for mental illness did not seek help.
- 1 out of 11 US adults have suffered from major depression, general anxiety disorders, panic attacks, within the last 12 months.
- There were 4,546 mental health organizations in 2000. The number of organizations providing 24-hour hospital and residential treatment services was 3,202 in 2000. The number of organizations that provide less than 24-hour services was 3,542 in 2000.
- In 2000, there were 215,221 psychiatric beds provided by 24- hour service organizations.
- In the United States, total expenditures by mental health organizations in 2000 was $4 billion.

Source: Henderson, Marilyn J. M.P.A., and Ronald W. Manderscheid, Ph.D., eds., *Mental Health, United States, 2002*. US Dept. of HHS, Rockville, MD.

Facts from The Numbers Count: Mental Disorders in America (2001)

Mental disorders are common in the United States and internationally. An estimated 22.1 percent of Americans ages 18 and older—about 1 in 5 adults—suffer from a diagnosable mental disorder in a given year. When applied to the 1998 U.S. Census residential population estimate, this figure translates to 44.3 million people. In addition, 4 of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders—major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder. Many people suffer from more than one mental disorder at a given time.

In the U.S., mental disorders are diagnosed based on the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5)*.

Depressive Disorders

Depressive disorders encompass major depressive disorder, dysthymic disorder, and bipolar disorder.

Bipolar disorder is included because people with this illness have depressive episodes as well as manic episodes.

- Approximately 18.8 million American adults, or about 9.5 percent of the U.S. population age 18 and older in a given year, have a depressive disorder.
- Nearly twice as many women (12.0 percent) as men (6.6 percent) are affected by a depressive disorder each year. These figures translate to 12.4 million women and 6.4 million men in the U.S. 5
- Depressive disorders may be appearing earlier in life in people born in recent decades compared to the past.
- Depressive disorders often co-occur with anxiety disorders and substance abuse.

Major Depressive Disorder

- Major depressive disorder is the leading cause of disability in the U.S. and established market economies worldwide.
- Major depressive disorder affects approximately 9.9 million American adults, or about 5.0 percent of the U.S. population age 18 and older in a given year.
- Nearly twice as many women (6.5 percent) as men (3.3 percent) suffer from major depressive disorder each year. These figures translate to 6.7 million women and 3.2 million men.
- While major depressive disorder can develop at any age, the average age at onset is the mid-twenties.

Dysthymic Disorder

- Symptoms of dysthymic disorder (chronic, mild depression) must persist for at least 2 years in adults (1 year in children) to meet criteria for the diagnosis. Dysthymic disorder affects approximately 5.4 percent of the U.S. population age 18 and older during their *lifetime*. This figure translates to about 10.9 million American adults.
- About 40 percent of adults with dysthymic disorder also meet criteria for major depressive disorder or bipolar disorder in a given year.
- Dysthymic disorder often begins in childhood, adolescence, or early adulthood.

Bipolar Disorder

- Bipolar disorder affects approximately 2.3 million American adults or about 1.2 percent of the U.S. population age 18 and older in a given year.
- Men and women are equally likely to develop bipolar disorder.
- The average age at onset for a first manic episode is the early twenties.

Suicide

- In 2000, 29,350 people died by suicide in the U.S.
- More than 90 percent of people who kill themselves have a diagnosable mental disorder, commonly a depressive disorder or a substance abuse disorder.
- The highest suicide rates in the U.S. are found in white men over age 85.
- In 2000, suicide was the third leading cause of death among 15 to 24 year olds.
- Four times as many men as women die by suicide; however, women attempt suicide two to three times as often as men.

Schizophrenia

- Approximately 2.2 million American adults, or about 1.1 percent of the population age 18 and older, have schizophrenia.
- Schizophrenia affects men and women with equal frequency.
- Schizophrenia often first appears earlier in men, usually in their late teens or early twenties. Generally women are affected in their twenties or early thirties.

Anxiety Disorders

Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia).

- Approximately 19.1 million American adults ages 18 to 54, or about 13.3 percent of people in this age group, have an anxiety disorder.
- Anxiety disorders frequently co-occur with depressive disorders, eating disorders, or substance abuse.
- Many people have more than one anxiety disorder.
- Women are more likely than men to have an anxiety disorder. Approximately twice as many women as men suffer from panic disorder, post-traumatic stress disorder, generalized anxiety disorder, agoraphobia, and specific phobia, though about equal numbers of women and men have obsessive-compulsive disorder and social phobia.

Panic Disorders

- Approximately 2.4 million American adults ages 18 to 54, or about 1.7 percent of people in this age group, have panic disorder.
- Panic disorder typically develops in late adolescence or early adulthood.
- About one in three people with panic disorder develops s*agoraphobia*, a condition in which he or she becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic

Obsessive-Compulsive Disorder (OCD)

- Approximately 3.3 million American adults ages 18

Mental Health Facts
IN AMERICA

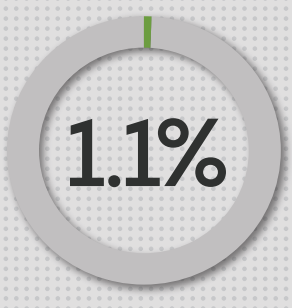
Fact: 43.8 million adults experience mental illness in a given year.

1 in 5 adults in America experience a mental illness.

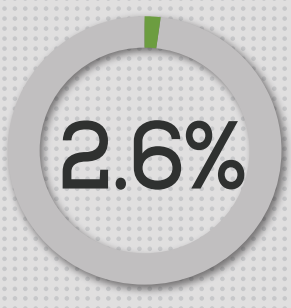
Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.

One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

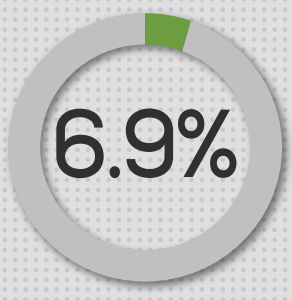
Prevalence of Mental Illness by Diagnosis



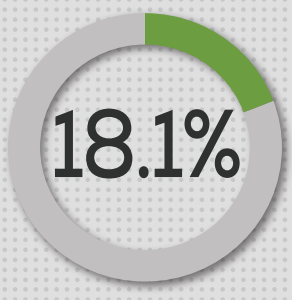
1 in 100 (2.4 million) American adults live with schizophrenia.[1]



2.6% (6.1 million) of American adults live with bipolar disorder.[1]



6.9% (16 million) of American adults live with major depression.[1]



18.1% (42 million) of American adults live with anxiety disorders.[1]

Consequences

10.2m

Approximately 10.2 million adults have **co-occuring** mental health and addiction disorders.[1]

26%

Approximately 26% of **homeless** adults staying in shelters live with serious mental illness.[1]

24%

Approximately 24% of **state prisoners** have "a recent history of a mental health condition".[2]

Impact

1st

Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.[1]

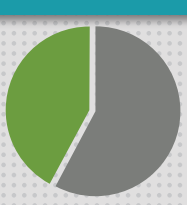
-$193b

Serious mental illness costs America $193.2 billion in lost earning every year.[3]

90%

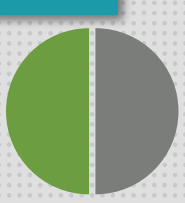
90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.[3]

Treatment in America



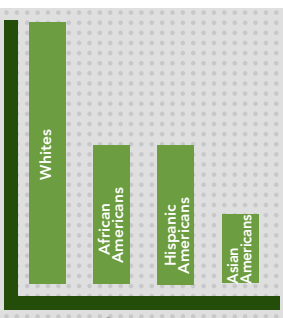
60%

Nearly 60% of adults with a mental illness didn't receive mental health services in the previous year.[4]



50%

Nearly 50% of youth aged 8-15 didn't receive mental health services in the previous year.[1]



African American & Hispanic Americans used mental health services at about 1/2 the rate of whites in the past year and Asian Americans at about 1/3 the rate.[1]

Ways to Get Help

Talk with your doctor

Connect with other individuals and families

Learn more about mental illness

Visit NAMI.org

1 This document cites statistics provided by the National Institute of Mental Health. www.nimh.nih.gov
2 Statistics provided by Department of Justice.
3 American Journal of Psychiatry and U.S. Surgeon General's Report, 1999.
4 Substance Abuse and Mental Health Services Administration

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NAMI
National Alliance on Mental Illness
www.nami.org

Local Crisis Information

Community-Wide Crisis Line
(520) 622-6000 or 1-866-495-6735

Call 911
When calling 911 - state it is a mental health crisis for either yourself or family/ friend and ask that a Crisis Intervention Team (CIT) officer be provided.

National Crisis Information

National Crisis Line
(800) 273-TALK (8255)

American Foundation for Suicide Prevention
(888) 333-AFSP (2377)
(not a crisis line)
www.afsp.org

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. **RECOVERY IS POSSIBLE!**

How to Get Help

If you have suicidal thoughts:

- Seek medical care through a psychiatrist and/or your primary care physician.
- Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc.

  **Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- Take NAMI's Peer-to-Peer course and/ or join the NAMI Connection support group.
- No insurance? Call the NAMI Southern Arizona office to talk to an advocate who can provide guidance and help you access mental health services.
- LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

If you are a family member with a loved one who has mental illness:

- Take care of yourself.
- Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- Learn about your loved one's illness.

SUICIDE

SHOW YOU CARE.
WEAR A SILVER RIBBON.

- **Help break down the barriers to treatment and support.**
- **Help reduce stigma —talk about it!**

FIND HELP.
FIND HOPE.

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

NAMI SOUTHERN ARIZONA DEPENDS ON YOU.
THERE ARE MANY WAYS TO HELP.
BECOME A MEMBER, VOLUNTEER OR DONATE.

NAMI Southern Arizona
6122 E. 22nd St.
Tucson, AZ 85711
520-622-5582
NAMIsa@NAMIsa.org

COMMUNITY-WIDE CRISIS LINE:
520-622-6000 or 1-866-495-6735

NAMIsa.org

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Educational information and local support provided by:

NAMI SOUTHERN ARIZONA
National Alliance on Mental Illness

Suicide is one of the greatest tragedies imaginable for a victim and his or her loved ones. Each year suicide claims approximately 30,000 lives in America which makes it responsible for slightly more than 1 percent of deaths in the United States. Suicidal thoughts and behaviors are a psychiatric emergency requiring immediate intervention to prevent this disastrous event. It is the most common psychiatric emergency with close to 1 million Americans receiving treatment for suicidal thoughts, behaviors or attempts on a yearly basis.

Who is at risk for suicide?

- The single biggest risk factor for suicide is a prior history of suicidal attempts.
- Over 90 percent of people who commit suicide have been diagnosed with mental illness.
- Some of the mental illnesses most commonly associated with suicide include depression, bipolar disorder, schizophrenia, personality disorders (including borderline personality disorder), anxiety disorders (including posttraumatic stress disorder and panic attacks) and eating disorders (including bulimia nervosa and anorexia nervosa).
- Substance abuse and addiction are associated with an increased risk of suicide.
- More than 1 in 3 people who die from suicide are intoxicated, most commonly with alcohol or opiates (e.g., Heroin, Percocet [oxycodone]).
- The majority of completed suicides in America involve firearms, and access to firearms is associated with a significantly increased risk of suicide.
- Older age is associated with increased risk of suicide.
- While women are more likely to attempt suicide, men are 4 times more likely to die by suicide.
- People of all races and ethnicities are at risk for suicide.
- People who feel socially-isolated (e.g., divorced, widowed) are at increased risk of suicide compared with people who have responsibility for family members (e.g., people who are married or people with children).
- While scientists have not discovered one specific gene that causes suicide, it is known that people with a family history of suicide are at increased risk.
- People with a history of trauma (e.g., childhood abuse or combat experience) are at increased risk of suicide.
- Involvement in community or religious organizations may decrease the risk of suicide.

How can suicide be prevented?

As suicidal thoughts or behaviors are a psychiatric emergency, the involvement of properly-trained mental health professionals is necessary. For some people, this means making an appointment to see a therapist or a psychiatrist; for other people, it may mean calling 911 or going to the nearest emergency room. After they are evaluated by a mental health professional, some people may be able to continue outpatient treatment; others may require inpatient psychiatric hospitalization to manage their symptoms. Ongoing psychiatric treatment is helpful for most people with suicidal thoughts and behaviors. Some forms of psychotherapy—including cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT)—are useful in treatment of suicidal thoughts and behaviors.

Psychotherapy can also be a helpful part in the ongoing treatment of people with mental illness.

Alcohol and drugs are very dangerous for people at risk of suicide. Addiction puts people at increased risk of suicide and can also worsen other mental illnesses which further increase this risk. Additionally, people who are intoxicated or withdrawing from drugs and alcohol are more impulsive. This impulsiveness can make people more likely to attempt suicide and perhaps less likely to ask for help with their troubling symptoms.

Some medications may be helpful in reducing the risk of suicide in certain patients with mental illness. While antidepressants carry a “Black Box Warning” from the US-FDA regarding the risk of increased suicide, most people with depression or anxiety will be less likely to hurt themselves if they are taking an antidepressant medication. Most scientific studies of people with depression suggest that antidepressants save lives by preventing suicide because untreated depression is such a significant risk factor for suicide. Other medications may also be useful; for some people with symptoms of depression, lithium can be helpful in decreasing the risk of suicide.

What can friends and family members do?

If they have concerns that someone close to them is suicidal, family and friends can be most helpful in encouraging their loved one to seek treatment. Some people may be afraid that they could worsen the situation if they bring up the topic of suicide with their loved one. While this is a common concern, scientific studies show that asking about suicide—and encouraging their loved one to get help—does not increase the risk of suicide. Rather, addressing concerns about suicide is helpful in preventing suicide.

National Alliance on Mental Illness

Suicide

If you or someone you know is in an emergency, call The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or call 911 immediately.

Each year more than 34,000 individuals take their own life, leaving behind thousands of friends and family members to navigate the tragedy of their loss. Suicide is the 10th leading cause of death among adults in the U.S. and the 3rd leading cause of death among adolescents.

Suicidal thoughts or behaviors are both damaging and dangerous and are therefore considered a psychiatric emergency. Someone experiencing these thoughts should seek immediate assistance from a health or mental health care provider.

Know the Warning Signs

Identifying the suicide warning signs is the first step towards protecting your loved one.

- Threats or comments about killing themselves, also known as suicidal ideation, can begin with seemingly harmless thoughts like “I wish I wasn’t here” but can become more overt and dangerous
- Increased alcohol and drug use
- Aggressive behavior. A person who’s feeling suicidal may experience higher levels of aggression and rage than they are used to.
- Social withdrawal from friends, family and the community.
- Dramatic mood swings indicate that your loved one is not feeling stable and may feel suicidal.
- Preoccupation with talking, writing or thinking about death.
- Impulsive or reckless behavior.

Is There Imminent Danger?

Any person exhibiting these behaviors should get care immediately: They are putting their affairs in order and giving away their possessions They are saying goodbye to friends and family Their mood shifts from despair to calm They start planning, possibly by looking around to buy, steal or borrow the tools they need to commit suicide such as a firearm or prescription medication A licensed mental health professional can help assess risk.

Who is at Risk for Suicide?

Research has found that about 90% of individuals who die by suicide experience mental illness. Oftentimes it is undiagnosed or untreated. Experiencing a mental illness is the number one risk factor for suicide.

A number of things may put a person at risk of suicide:

- **Substance abuse,** which can cause mental highs and lows that exacerbate suicidal thoughts
- **Intoxication** (more than one in three people who die from suicide are found to be intoxicated)
- **Access to firearms** (the majority of completed suicides involve the use of a firearm)
- **Chronic medical illness**
- **Gender** (though more women than men attempt suicide, men are 4 times more likely to die by suicide)
- **History of trauma**
- **Isolation**
- **Age** (people under age 24 or above age 65 are at a higher risk for suicide)
- **Recent tragedy or loss**
- **Agitation and sleep deprivation**

Can Thoughts of Suicide Be Prevented?

Psychotherapy such as cognitive behavioral therapy and dialectical behavior therapy, can help a person with thoughts of suicide recognize unhealthy patterns of thinking and behavior, validate troubling feelings, and learn coping skills.

Medication can be used if necessary to treat underlying depression and anxiety and can lower a person's risk of hurting themselves. Depending on the person's mental health diagnosis, other medications can be used to alleviate symptoms.

See more at: https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Risk-of-Suicide

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