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.
U.S. Adults with a Mental Disorder in Any One Year

<table>
<thead>
<tr>
<th>Type of Mental Disorder</th>
<th>% Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorder</td>
<td>18.1</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>6.8</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>8.1</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2.8</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>5-10</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.3 – 0.7</td>
</tr>
<tr>
<td>Any mental disorder</td>
<td>18.5</td>
</tr>
</tbody>
</table>

Only 41% of people with a mental illness use mental health services in any given year. Behavioral Health Council, 2016

U.S. Youth with a Mental Disorder During Adolescence (Age 13-18)

<table>
<thead>
<tr>
<th></th>
<th>Prevalence (%)</th>
<th>With severe impact (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorders</td>
<td>31.9</td>
<td>8.3</td>
</tr>
<tr>
<td>Behavior disorders</td>
<td>19.1</td>
<td>9.6</td>
</tr>
<tr>
<td>Mood disorders</td>
<td>14.3</td>
<td>11.2</td>
</tr>
<tr>
<td>Substance use disorders</td>
<td>11.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Overall prevalence (with severe impact)</td>
<td>22.2</td>
<td></td>
</tr>
</tbody>
</table>

Behavioral Health Council, 2016

Utah Student Mental Health & Suicide Trends

- Overall, number of students who need mental health treatment increased from 11.2% in 2011 to 15.0% in 2015
- Significant increase in mental health treatment need in 10th grade from 12.7% in 2011, to 20.0% in 2015
- Percentage of students considering suicide increased from 7.4% in 2011 to 14.4% in 2015, with significant increases in all grades surveyed, 6, 8, 10 and 12
- Largest increase for considering suicide was in 10th grade with rates of 7.2% in 2011 increasing to 20.0% in 2015
- Significant increase in % of students who reported they had “attempted suicide in the past 12 months” from 6.2% in 2013 to 7.6% in 2015

SHARP Survey, 2015
Utah Youth Suicide

Rate of suicide deaths among Utah youth ages 10-17 has nearly tripled since 2007. In 2014, suicide was the leading cause of death for youth in this age group.

Utah Suicide & Homicide Rates

Rates are the number of deaths for every 100,000 people in Utah. The graph includes suicides and homicides by all methods. In 2014, 60% of suicides and 59% of homicides in UT were by firearms.

Utah Firearm Deaths, 2010-2014

86% of firearm deaths in Utah are suicides.

Source: CDC WONDER website (official mortality data)
People admitted to a hospital after an attempt were asked how long they’d been thinking about suicide before the attempt. 48% said 10 min or less. Most people who become suicidal have struggled with ongoing underlying problems. But the movement from suicidal ideas to action is sometimes rapid.

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 10 min</td>
<td>50%</td>
</tr>
<tr>
<td>11-30 min</td>
<td>20%</td>
</tr>
<tr>
<td>31-60 min</td>
<td>10%</td>
</tr>
<tr>
<td>1-6 hrs</td>
<td>10%</td>
</tr>
<tr>
<td>6-24 hrs</td>
<td>5%</td>
</tr>
</tbody>
</table>

Seven or More Days of Poor Mental Health in the Past 30 Days, Utah, 2014

Seven or More Days of Poor Mental Health in the Past 30 Days by Local Health District, Utah, 2014
Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present.

According to the Institute of Medicine, 1/2 of all people with mental and/or substance use disorders are diagnosed by age 14.

3/4 are diagnosed by age 24.

Intervening during windows of opportunity—time between when the symptoms are first detected and when the disorder is diagnosed—can prevent, or mitigate, the disorder from developing.

Serious Mental Illness (SMI)

Serious mental illness among people ages 18 and older is defined as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment.
Serious Emotional Disturbance

The term serious emotional disturbance (SED) is used to refer to children and youth who have had a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

Engagement

• 70% who seek MH care drop out after second visit  
  (Psychiatric Services, Jul 2009; Psychological Science in the Public Interest, Oct 2014)
• “It takes a village to raise a child”
• Engagement as new standard of care
  • Beyond traditional medical goals of symptom reduction and functioning to include wellness and connection to family, friends, community, faith, school and work; accounts for personal goals
• Trusting and respectful relationships: key to recovery
• Quality of relationships and interactions affect outcomes for people with mental illness and their families

Survey of Female Physicians on Mental Health

• Methods:
  • Convenience sample of female physician-parents
  • Closed Facebook group; anonymous 24-question survey
  • Mental health history and treatment, perceptions of stigma, opinions about state licensing questions on mental health, and personal experiences with reporting
• Results:
  • 2106 responded, representing all 50 states and D.C.
  • Most aged 30–59
  • Almost 50% of women believed met criteria for mental illness but not sought treatment. Key reasons included belief could manage independently, limited time, fear of reporting to a medical licensing board, and diagnosis was embarrassing/shameful. Only 6% of physicians with formal diagnosis/treatment reported to state
• Conclusions:
  • Substantial and persistent fear regarding stigma which inhibits both treatment and disclosure. Licensing questions, particularly those asking about a diagnosis/treatment rather than functional impairment may contribute to treatment reluctance

K. Gold, MD et.al., published in General Hospital Psychiatry, 2016
“Statistics are merely aggregate numbers with the tears wiped away.”

Dr. Irving Selikoff

Adverse Childhood Experiences (ACE)

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

A 2001 study found that ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person’s lifespan

ACEs Background

- 10 year study
- 17,000 participants
- Correlated, not causal, ACES score to health and behaviors occurring over participants’ lifespans
- Largest study of its kind
ACEs Background

The higher the ACE score, the greater the likelihood of:

• Severe and persistent emotional problems
• Health risk behaviors
• Serious social problems
• Adult disease and disability
• High health and mental health care costs
• Poor life expectancy

Power of the ACE Study

Simplicity

The data tell a simple story

• ACEs are common
• ACEs are highly interrelated
• ACEs pile up and have a cumulative impact
• ACEs account for a large percentage of health and social problems
• Biologic Plausibility

ACEs Take Away

• Big Finding!
  • Childhood experiences are POWERFUL determinants of adult health outcomes
Crisis Resources

- Call 911 if life threatening emergency
- CIT officer (Crisis Intervention Team; special MH training)
- Suicide Prevention Lifeline: 800-273-TALK (8255)
- UNI Lifeline: 801-587-3000
- Warm Line: 801-587-1055 (UNI recovery support line in Salt Lake County; 3 pm to 11 pm)
- MCOT (Mobile Crisis Outreach Team)
  - Interdisciplinary team of licensed professionals and certified peer specialists
  - Veterans Crisis Line: 800-273-8255, press 1 (text 838255)
  - Trevor Lifeline (LGBT): 866-488-7386

Family Resource Facilitators (FRF)

- Utah Family Coalition (http://dsamh.utah.gov/provider-information/family-resource-facilitators)
- Peer support to parents
- “Family-driven, Child-centered” mental health care
- Team member
- High Fidelity Wraparound
- Family Engagement
- “What are your concerns, goals and how get there”
- FRF’s not crisis workers but help create safety plan
- No fee; not restricted to public mental health system
- Widely available; 2000 families served

NAMI Utah Mentoring

- Empathetic listening ear for an person with lived experience
- Education on signs and symptoms of mental illness
- Engagement in problem solving and strategizing critical issues that individuals with mental illness and families are facing
- Information on NAMI classes and support groups
- Referrals to resources in the community
- Empathy and reassurance that people with mental illness can and do recover
- HOPE

- NAMI Mentor at Weber Human Services
- Leslie Richards; phone: (801) 625-3714
**NAMI Peer-to-Peer**

- 10-session course for adults living with mental health challenges in an educational setting focused on recovery that offers respect, understanding, encouragement and hope. NAMI Peer-to-Peer education is:
  - Free and confidential
  - Held once a week for two hours
  - Taught by trained Peer Mentors living in recovery themselves
  - A great resource for information on mental health and recovery

  “This course has literally been a life saver. It has opened my eyes to better understanding my illness and methods of recovery I did not know about before taking NAMI Peer-to-Peer.”

**NAMI Connection**

- A recovery support group program that offers respect, understanding, encouragement and hope. NAMI Connection groups are:
  - Free and confidential
  - Held weekly for 90 minutes
  - Designed to connect, encourage, and support participants using a structured support group model
  - Led by trained facilitators living in recovery themselves

  “NAMI Connection is the promise of what is and what can be in our lives.”

**NAMI Family-to-Family**

- Free, 12-session education program for family, partners, friends and significant others of adults living with mental illness.
  - Designed to help all family members understand and support their loved one living with mental illness, while maintaining their own well-being.
  - Includes information on illnesses such as schizophrenia, bipolar disorder, major depression and other mental health conditions.
  - Taught by trained teachers who are also family members and know what it is like to have a loved one living with mental illness.

  “The course has helped me to realize that my son is still inside the body that is often times hidden by the mental illness and that I am not alone in this.” (Mother of son with schizophrenia)
• Free, confidential and safe groups of families helping other families who live with mental health challenges.
• A caring group of individuals helping one another by utilizing their collective lived experiences and learned wisdom. Family members achieve a renewed sense of hope for their loved one living with mental health conditions.

“I just attended my first NAMI Family Support Group and the facilitators and the group experience was just the kind of support I was seeking at this time.”

• In school curriculum for 6-12 graders
  • Mood disorders
  • Substance use
  • Eating disorders
  • Suicide prevention
• Lunch time activity
• Assemblies
• Parent and Teacher nights

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
Q & A

Thank you for all you are doing!!

Help, Hope, Healing: You are not alone

Kimball Gardner, J.D.
(kimg@namiut.org; (801) 869.2877)
www.namiut.org