

**LET'S TALK ABOUT
mental health.**

JANUARY 2023

LOST & FOUND

About Lost&Found

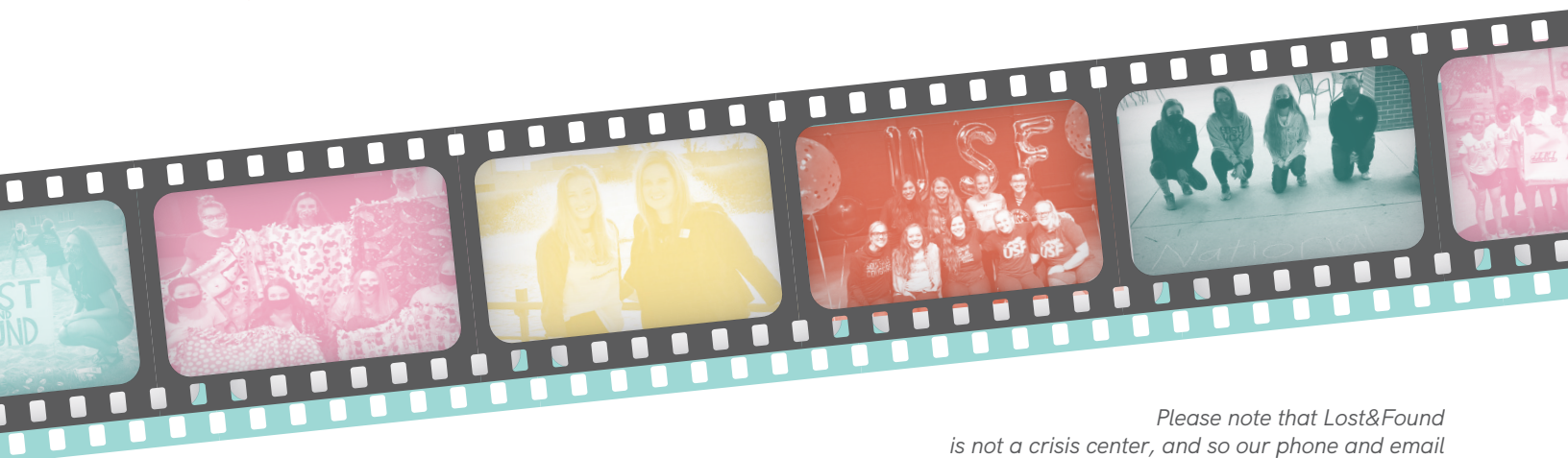
Founded in 2010 by a group of audacious college students, Lost&Found's driving focus is to end suicide for young adults in the United States.

Lost&Found facilitates comprehensive, resilience-focused, data-driven, public mental health programs designed to prevent suicide. Our work has focused on college campuses for the past decade, but as new resources become available, Lost&Found now provides programs for K-12 institutions, employers, and community organizations in our home state of South Dakota and across the country.

Lost&Found's programming focuses on "resilience," a word that invites anyone and everyone—no matter how "lost" they feel or what hope they've "found"—to embark on a journey toward better mental health. Our active team of staff and volunteers works tirelessly to improve mental health systems so more young adults get the care they need, find the community that will keep them healthy, and learn and use the tools that will keep them here. We view suicide risk as we view other health risks: just like disease prevention, screening and suicide prevention should be normalized as a part of our daily lives.

Lost&Found values inclusion, responsiveness, and compassion in our people and in the work we do. We also value collaboration with other organizations working to remove the power of suicide. We aim to equip individuals and entire communities with the tools to live lives of resilience.

Together, we can end suicide. That's what Lost&Found is about.



Please note that Lost&Found is not a crisis center, and so our phone and email are not monitored at all times. If you or someone you know is in crisis, please call 988.

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**WHY DO WE NEED
this guide?**

We need to continue to encourage conversations about mental health.

We don't have to look too far back into U.S. history to see shameful, harmful attitudes toward those with mental health conditions. In previous generations, mental health was talked about with scorn or derision, only whispered about, or often never discussed at all.

We have thankfully largely moved out of that era—especially in the last 10 years, as public understanding of mental health and the acceptability of seeking help for mental health concerns have both increased. For the most part, it is now OK to talk about mental health in a normal speaking voice.

While we are transitioning to a better reality in which mental health is acceptable in conversation, we still don't always know what to say. Some challenges remain from the old attitudes we are trying to leave behind, and new challenges have been uncovered as we move forward.

The Lost&Found *Let's Talk About Mental Health* guide addresses those challenges.

Talking about mental health can fill the gap between seeing there is a problem and working to solve it.

As mental health becomes a more common, acceptable topic of conversation, a growing number of young people or the people around them increasingly recognize that something is not OK. We now know that more than 1 in 5 young adults is currently experiencing a mental health condition.

There is often a gap between knowing there is a problem and getting help, however. Three problems can contribute to that gap:

- **People don't know how to talk about what is happening and what they need.** This can be a challenge of vocabulary: Terminology about mental health and treatment might be unfamiliar, and people don't want to use the wrong word. Or it can be a challenge to know how to start a conversation about something they've never talked about before.
- **People don't know how to seek help.** In contrast to the ways in which we seek help for physical ailments (going from seeing a problem to "I'll call my doctor about this," for example), the path to help for a mental health condition isn't automatic. Many don't know what treatment options are available or where to start the process for finding treatment. The Internet is flooded with information on where to go for help, but it's hard to know what's reliable.
- **People who do seek help aren't able to access it.** As society becomes more accepting of mental health conditions, more people are comfortable admitting they have one—which is definitely progress, but it also means that demand for counseling services and psychiatry is outpacing the number of qualified professionals available to help in nearly every corner of the country. Getting an appointment with a mental

health professional can require a long wait. Getting *to* an appointment can also be a problem if treatment isn't available nearby, or if transportation isn't available (not all young people have access to a car or can drive). Cost can also be a barrier: Some people don't have insurance, and not all health insurance covers mental health treatment. Out-of-pocket costs for some treatments can be high.

This guide provides ways to address all of these challenges: How to talk about mental health, how to seek help for mental health conditions, and how to overcome barriers to access. We don't have solutions to every problem, but hopefully you can find a way to move forward among the options presented.

Talking about mental health can relieve the stigma surrounding it.

Society today is far less likely to view mental health conditions as a reason to be embarrassed or ashamed, but the stigma is not completely gone. In nationwide studies, almost 40% of individuals experiencing a mental health condition didn't seek medical attention or support simply because of real and perceived fear or misunderstanding about how their condition would be viewed by those in their social circles.

We all have access to a tool to reduce this stigma. As the American Foundation for Suicide Prevention puts it plainly: "Talk saves lives."

Our words can have power. By talking about mental health and finding a common language, it is easier for us to overcome the fears, prejudices, and false understandings we have about mental health and its effect on us. Talking about mental health allows us to find better and more effective treatments, find support in our networks of friends and family, and discover the things that fulfill us. It also frees other people in our life who may be suffering silently to raise their hand, share their experience, and open the door to care and improved well-being.

When we learn the language of mental health, talking about mental health becomes easier, stigma is reduced, and well-being is improved. We become empowered to help people in our community at the moments they need it. We simply have to start with a conversation.

This guide provides the language and guidance so you know how to talk about mental health, and having this knowledge can give you the confidence to speak up when it matters.

Normalizing mental health means separating identity from a mental health condition and using language focused on opportunities for growth (e.g., building resilience).

Talking about mental health saves lives.

People sometimes shy away from talking about suicide because they think that raising the topic with someone might make suicide more likely. This is a myth—and in fact, the opposite is true.

Talking about suicide won't "plant the idea." What's more likely is that a person with suicide ideation will be relieved that someone noticed that something is wrong. Since talking about mental health can be a bridge to treatment, it makes suicide less likely.

We know that untreated mental health conditions such as depression, anxiety, and substance use disorders (alcohol, narcotics, etc.) are among the most frequent contributors to suicide. By some estimations, mental health conditions were a factor in 90% or more suicide deaths in the United States. We can't have a conversation with the dead, but we can learn from what has been studied: treating poor mental health and maintaining good mental health saves lives.

You don't have to be a medical professional to help others get the care and support they need. With a listening ear, an open heart, and an understanding of how to talk about mental health, you can help the people in your life talk about mental health more openly and find help when it is needed most. Having conversations about mental health can lead to connections with professionals who can do the work of treating mental health conditions.

Without treatment, the risk for suicide is significantly greater. Having the tools to talk about mental health and carrying the confidence to use them is one of the most effective means we have to reduce suicide in our community. If we can find help, we can find hope.

We hope this guide gives you the knowledge and confidence to have these difficult but life-saving conversations.

Talking about mental health allows people to get help, and when help is found, many suicides are preventable.

Call 988 at any time in the U.S. to be connected to the Suicide & Crisis Lifeline.





WHAT IS mental health?

Mental health is a person's cognitive, behavioral, and emotional state.

Our mental health shows in how we think, feel, and behave. Mental health is related to how we think of ourselves, interact with others, find meaning, make a living, and enjoy life.

Just like physical health, our mental health can be good or bad, and that state can and does change over the course of our lives. And also like physical health, mental health is affected by biological factors, life experiences, and lifestyle choices.

According to the World Health Organization, mental health is a vital part of overall health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

These factors can affect your mental health:

- **Biological factors**, including genetic make-up and brain chemistry
- **Life experiences**, such as bullying, trauma, abuse, neglect, chronic stress, grief and loss, relationship problems, divorce, unemployment, injuries, medical conditions, financial hardships, and/or isolation/loneliness
- **Stages of life**, such as schooling transitions, puberty, leaving home for the first time, understanding your sexuality, pregnancy, becoming a parent, moving to a new location, and/or retirement
- **Lifestyle choices**, such as alcohol or drug use, lack of steady diet and ample nutrition, lack of movement or physical activity, and/or disturbed sleep patterns

Key mental health definitions:

- * **Mental Health** – includes our emotional, psychological, and social well-being; is not just the absence of a mental health condition.
- * **Mental Health Condition** – conditions that affect thinking, mood, and behavior; may be occasional or long-lasting (chronic).
- * **Mental Illness** – refers collectively to all diagnosable mental health conditions.
- * **Serious Mental Illness (SMI)** – results in significant functional impairment and limits one or more major life activities.
- * **Any Mental Illness (AMI)** – ranges from no impairment to mild or moderate.

We always live somewhere along the mental health continuum.

Since mental health is a product of our biology as well as the world we live in and the people we connect with, it isn't in a fixed state—we exist and move along a continuum of mentally healthy to mentally unwell.

Most of us are not clinicians, but we don't need to be to see and recognize disruptions in individuals' mental health. The Mental Health Continuum gives us a simple way to see where someone is with their mental wellbeing and how they are moving along the continuum (toward the healthy zone vs. toward the severe disruption zone).

Healthy Zone	Mild Disruption Zone	Moderate Disruption Zone	Severe Disruption Zone
<p>When a person is in the healthy zone, they are likely to:</p> <ul style="list-style-type: none"> • Have normal mood fluctuations • Take things in stride • Show consistent performance • Have normal sleep patterns • Be physically and socially active • Experience their usual self-confidence • Be comfortable with others 	<p>When a person is in the mild disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Be irritable or impatient • Experience nervousness, sadness, or increased worrying • Show procrastination or forgetfulness • Have trouble sleeping (usually, trouble falling asleep, or sleeping too much) • Have lowered energy • Have difficulty in relaxing • Experience intrusive thoughts • Show decreased social activity 	<p>When a person is in the moderate disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Experience more anger or anxiety • Have lingering sadness, tearfulness, hopelessness, or worthlessness • Be easily distracted and have difficulty concentrating • Show decreased performance in academic work • Have significantly disturbed sleep • Tend to withdraw and avoid social situations 	<p>When a person is in the severe disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Experience significant difficulty with emotions and thinking • Show high levels of anxiety and experience panic attacks • Experience significantly depressed mood and feel overwhelmed • Feel constant fatigue • Have disturbed contact with reality • Experience significant disturbances in thinking • Have suicidal thoughts, intent, or behavior

Queens University

Do you see yourself or someone else moving to the right on the continuum? Go to page 17 for advice on how to help yourself, or to page 23 for how to help others.

Common mental illness diagnoses

If you sense you or someone in your life are moving to the right on the mental health disruption spectrum, there may be a mental health condition to consider. Here's some of the most common conditions. A diagnosis should be made by a mental health professional.

Anxiety Disorders - a group of conditions that may vary but have excessive fear or worry in situations that are not threatening in common.

Attention Deficit Hyperactivity Disorder (ADHD) - a developmental disorder defined by inattention, disorganization, and hyperactivity-impulsivity.

Bipolar Disorder - a disorder in which an individual may experience extreme high and low moods, known as mania and depression.

Borderline Personality Disorder (BPD) - is characterized by a pattern of instability or dysregulation of emotions, interpersonal relationships, and self-image. Individuals with BPD can also struggle with impulsivity and self-harm.

Depression - a mental health condition in which an individual experiences changes in mood, thought processes, and motivation lasting more than two weeks typically resembling extreme sadness and hopelessness.

Dissociative Disorders - a group of disorders, which are frequently associated with trauma, that disrupt every area of psychological functioning: consciousness, memory, identity, emotion, motor control and behavior.

Eating Disorders - involves the intentional changing of food consumption to the point where physical health or social behaviors are affected.

Obsessive Compulsive Disorder (OCD) - involves persistent, intrusive thoughts (obsessions) and repetitive behaviors that a person feels driven to perform (compulsions) in response to those thoughts.

Posttraumatic Stress Disorder (PTSD) - involves physiological and psychological responses typically after an individual has experienced or witnessed a traumatic event.

Psychosis - involves disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't.

Schizophrenia - interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. It also causes people to lose touch with reality, often in the form of hallucinations and delusions.

Schizoaffective Disorder - disorder that involves symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as depressive or manic episodes.

NAMI

Mental health conditions or mental illness, left untreated, increase the risk of suicide.

Mental health conditions and/or mental illness do not always lead to suicide, and a person considering suicide does not always have an untreated mental health condition. However, a person struggling with poor mental health may feel isolated, alienated, and depressed, and may act on feelings or impulses more frequently compared to those without a mental health condition—putting them at greater risk for suicide.

For example, those with untreated bipolar disorder may have trouble connecting socially, leading to isolation and removing a critical support system. When people lack core needs in their lives such as meaning, financial wellness, physical wellness, family stability, shelter, food, access to proper medical care, or healthy thinking, they may feel there is no way to improve their condition. They may feel that their only option is suicide.

This is what makes suicide preventable: *Conditions can improve with treatment and support.* Thanks to psychotherapy, medication, community interventions, and social programs, we can find the help we need and move out of the darkness. We can also help one another by understanding suicide warning signs and identify behaviors of friends, family, and peers that may need care.

Know the warning signs of suicide.

- Talking about wanting to die or wanting to kill themselves.
- Talking about feeling empty, hopeless, or having no reason to live.
- Planning or looking for a way to kill themselves, such as searching online, stockpiling pills, or newly acquiring potentially lethal items (e.g., firearms, ropes).
- Talking about feeling trapped or feeling that there are no solutions.
- Feeling unbearable pain, both physical and/or emotional.
- Talking about being a burden to others.
- Using alcohol or drugs more often.
- Acting anxious or agitated.
- Withdrawing from family and friends.
- Talking about great guilt or shame.
- Changing eating and/or sleeping habits.
- Showing rage or talking about seeking revenge.
- Taking risks that could lead to death, such as reckless driving.
- Displaying extreme mood swings, quickly changing from very sad to very calm or happy.
- Talking or thinking about death often.
- Giving away important possessions.
- Saying goodbye to friends and family.
- Putting affairs in order, including making a will.

Know the risk and protective factors of suicide.

Suicide is tricky, complicated, and uncertain. There is no definite answer to who is likely to die by suicide. From research, we do know that there are risk factors that may contribute to suicide and protective factors that may prevent it. Knowing the risk and protective factors of suicide can help us better understand how we can prevent suicide—for ourselves and those we love.

RISK FACTORS	PROTECTIVE FACTORS
<ul style="list-style-type: none"> • Previous suicide attempts • Depression and/or other mental health conditions • Substance use disorders • Family history of suicide or mental illness • Access to firearms • Exposure to others' suicidal behavior—such as that of a family member, peer, or public figure • Lack of access to or limited experience seeking mental health resources • Family dysfunction • Endured prolonged stress or a traumatic event • Experienced historical trauma • Perceived and real disconnection from close social circles, community practices, or spiritual/faith practices 	<ul style="list-style-type: none"> • Effective mental health care • Connectedness to others: Friends and family, as well as social and community groups • Life skills (coping skills, problem-solving skills, and ability to adapt to change, for example) • Self-esteem and a sense of purpose or meaning in life • Cultural, religious, or personal beliefs that discourage suicide • Creating a safe environment by locking up firearms and medication bottles (reducing access to lethal means) • Talking about mental health with friends and family • Knowing whom to contact in a crisis

Suicide affects these populations at higher rates:

- Youth ages of 10-34
- American Indians and Alaskan Natives
- Black children under the age of 12
- LGBTQ+ youth and young adults
- Veterans
- Women are more likely to attempt suicide, but men have higher rates of suicide death.

Improve mental health with resilience.

From our perspective, the best way to manage suicide risk is to focus on its opposite: **resilience**. When we focus on building up skills that increase our resilience, we aren't just reducing our risk for suicide. We're living a life filled with connection, meaning, wellness, and healthy thinking. Who doesn't want that?

Lost&Found applies the American Psychological Association's definition of resilience to reduce suicide risk. Learn more about how we can build resilience below.

Components of resilience and how to build them:

CONNECTION	WELLNESS
<ul style="list-style-type: none"> • Regularly connect with people that validate your values and beliefs. • Focus on finding healthy connections and forming relationships with people you can trust and share your triumphs and tribulations with. • Find and nourish healthy connections by meeting a friend for coffee, going to lunch with your significant other, calling your family, or reaching out to a classmate after lecture. • Join a group that interests you or provides you with people who will lift you up, whether it is a faith-based group, exercise group, or a student organization such as Lost&Found. 	<ul style="list-style-type: none"> • Take care of your physical body and mental, emotional, and spiritual self. • Make sure you are getting adequate exercise, sleep, and nutrition. • Practice mindfulness in a consistent way (i.e. meditation, breathing techniques, etc.) • Include ample amounts of fruits, vegetables, and water in your daily diet. • Try to limit activities that are not as beneficial to wellness (i.e., excessive Netflix watching, eating high fat/low nutrition foods, binge drinking, tobacco or hard drug use). • Budget and consider spending/saving practices that contribute to financial wellness.
HEALTHY THINKING	MEANING
<ul style="list-style-type: none"> • Try to reframe negative thoughts to more positive ones; for example, <i>"this is impossible"</i> → <i>"this is going to be really difficult, but I will give it my absolute best shot"</i> • Remember you do not need to focus on every thought that enters your brain; for example, if you tend to think of yourself critically realize that you do not need to entertain those critical thoughts, try to focus on simply letting them slip your mind. • Surround yourself with people who are positive and encouraging. In doing so, you will feel more positive too. • When overwhelmed by a challenge, remind yourself that what happened to you isn't an indicator of how your future will go. • Focus on what you want and visualize how to get there; try not to worry about your fears. • Highly stressful events cannot always be controlled, but you can change how you interpret and respond to these events. • Reflect on your struggles and hardships because most people find that they have grown or learned something valuable after navigating a hardship. 	<ul style="list-style-type: none"> • Focus on finding your purpose and meaning in life. • Help others by volunteering at a homeless shelter or by lending a hand with yard-work, school work, etc. • Reflect on feelings, emotions, and tendencies in your daily work to discover what is meaningful. • Seek to break down difficult situations or projects into manageable pieces that allow for reflection. • Develop realistic (i.e. SMART) goals and take action consistently; for example, if you are struggling with the loss of a loved-one, set your goal of moving forward, and take action by joining and attending a grief support group. • Reach out to new groups and new people if you are struggling to find your purpose or space to belong.

American Psychological Association



**HOW CAN I
seek help?**

Talk to someone you trust.

If you've been wondering about talking to someone about your mental health, here are some suggestions about how to start that conversation.

- **Pick a person you trust.** This may not be the same person you'd talk with about other things in your life; some people are easier to talk to than others. Look for a supportive ally.
- **If the idea of a talk is too intimidating, start with a text.** It could be something as simple as, "I have something on my mind. Can we find a time when we could talk?"
- **Look for a time when you have at least 30 uninterrupted minutes.** Consider having the conversation in a car, or when you are out for a walk. Sometimes it's easier to talk when you and the person you are with are not looking directly at one another.
- **Before this time, find some information that could help to explain what you're going through.** Print it out or otherwise have it ready for your conversation.
- **Another way to start a conversation is to show your trusted person the results of a mental health screening test you've taken.** You can find online screening tests here: <https://screening.mhanational.org/screening-tools>

Can people with mental health conditions help themselves?

We can seek help, but it's much more difficult without support. We do not tell someone with a broken leg to get up and try to walk. We treat the injury. The same must be done for those with a mental health condition.



Here are some things to expect from this conversation:

Things might be a little awkward at first for both people in the conversation.

For a lot of people, talking about anything related to their health or body can be kind of tough at first.

You'll probably feel relieved.

Being able to open up and share something you've been keeping to yourself for a long time can feel like a weight has been lifted. You might learn that the person you're talking to has had some personal experience or knows someone in their family who has gone through something similar, which will help you to feel less alone.

You may encounter someone who doesn't understand.

While it's likely that a person will know someone who has struggled with their mental health, they may not understand what it's like—especially if they haven't struggled themselves.

Expect to be asked questions.

Some questions might include: *How long has this been going on? Did something difficult happen before you started feeling this way? Can you describe what it's like?* You don't have to answer every question that you're asked if you don't want. Remember that the person you're talking to is probably asking questions to help them better understand what you're going through.

It's possible that you might not get the reaction you were hoping for.

It can be discouraging if you work up the nerve to speak up and are then told, "you've just got the blues," "get over it," "stop being silly," or "you worry too much." Sometimes this kind of reaction has to do with culture or expectations.

Try to explain how it is really having an effect on your ability to live a healthy and happy life and you aren't sure how to make things better. If for some reason the person you chose to talk to still isn't "getting it," someone else will. Think about someone else you could talk to that would give you the help you need. Don't stop or go back to ignoring your situation or struggling alone.

The conversation is the first step in a process.

Congratulations for getting the ball rolling.

Your next step might be going to an appointment of some sort.

It may start with someone at school like the guidance counselor or school psychologist, a visit to your regular family doctor or psychiatrist, or with another kind of treatment provider like a therapist or social worker. These professionals can help figure out what exactly is going on and how to start getting you the help you need. You might need to talk to more than one person to find someone who can be the most helpful.

It takes time to get better.

You could be going through something situational, which can improve with time to process feelings (for example, grief after the death of a loved one or a tough break-up) or adjustments to your environment (like switching lockers to get away from someone who is a bully), or you could have a more long term mental health issue. Mental health issues are common and treatable; however, you may have to try a few different things to find right type of treatment or combination of strategies that works best for you.

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Ready to seek professional help? Here's where to start.

When it is time to seek help, know that you have multiple options for getting the treatment you need. Your mental health journey will always begin with the first step—seeking help.

I need help. Where do I go next?

Your path to professional support and treatment can move in a few different directions, depending on your care needs and level of support you feel most comfortable with.

Primary Care Physician (PCP)

For mental health care

Making an appointment with a primary care doctor can be a great start to getting the help you need. PCPs often conduct a depression/suicide ideation screening and ask questions to determine your mental health. PCPs can provide referral to a psychiatrist or inpatient behavioral health if necessary (e.g. brief hospital stay). PCPs can and may prescribe medication and will likely recommend talk-therapy.

Licensed Counselor

For talk-therapy

If you need mental health support, talk-therapy may be your best option. Talk-therapy also known as psycho-therapy can help in addition to medications or after an inpatient stay. Talk-therapy settings range from private offices to community behavioral health centers; these settings may include social workers, mental health and addiction counselors, or psychologists.

Employee Assistance Program (EAP)

For scheduling

If you work and are offered an EAP as part of your benefits (contact your HR department if unsure), know that scheduling therapy through your EAP may help cover the cost of initial sessions. EAPs are confidential and help connect you to mental health professionals in your area. EAP providers can also help ensure your insurance plan covers your mental health care needs.

TREATMENT PLAN *(short-term and/or long-term)*

Remember—no matter what your needs are, you are never alone. Share your feelings with a trusted friend, colleague, or family member. You can also call or text 988 (Suicide & Crisis Lifeline), or text 'HELP' to 741741 (Crisis Text Line).

No matter where you begin, know that there are options for you to get professional help; options listed on the previous page may be used together and should guide you to the same concept: a clear treatment plan.

Whether or not you have health insurance coverage for these options, know that you may be able to access mental health support through community behavioral health centers offered by your state and local government or nonprofit agencies.

Here's how to find a mental health or behavioral health therapist.

There are a few options to find a mental health or behavioral health therapist that is right for you. PsychologyToday.com provides a search engine to find therapists, psychiatrists, and support groups by location and insurance coverage.

Additionally, most healthcare organizations within your area will also have mental health or behavioral health therapists available if you search their website or contact them by phone or email.

Third, and perhaps more convenient for those without mental health insurance coverage, are community behavioral health centers. Community behavioral health centers along with some private therapists provide the option for payment based on a sliding-scale fee.

Whomever you choose to see or wherever you choose to go, make sure to ask about the locations' fees. Many initial intake appointments will cost a bit more than subsequent appointments.

Although therapy may seem expensive, mental health is as important as physical health. Attending therapy when your mental health is poor is like seeing your physician or provider when you are feeling ill; going when your mental health is good is like getting an annual physical.

If the provider you initially find isn't a good fit for you, know that other options may be available to you. It is OK to change therapists/mental health providers.

Do not let the cost of therapy turn you away; as mentioned, ask about a therapist's sliding scale fees or financial assistance if seeking therapy through a large healthcare organization. Most individuals that may have a difficult time paying can get assistance from the location offering therapy.

Consider these tips for finding a mental health provider that meets your needs.

How do I find someone I'd feel comfortable talking to?

Decide whom you would feel most comfortable talking with prior to making an appointment. Perhaps a male or female, younger or older, or credentials matter to you. Depending on the organization where you make a therapy appointment, they may only have a few clinicians taking new clients. Know it is okay and is helpful to mention to the organization's scheduler what you are looking for in a therapist and why you are seeking therapy.

What if I don't have access to a provider in my immediate area?

Access to mental health and behavioral health therapy may be limited in rural areas. There is always the option to drive to a larger town to seek care. However, if you would rather avoid transportation, telehealth may be an option. To receive services via telehealth, you will need a working phone or another electronic device such as tablet or computer with Internet access. Check with the organization you are interested in or check with your insurance to learn about telehealth options near you.

If the provider I see doesn't work out or doesn't seem like the best fit for me, can I find someone else?

If you schedule a therapy appointment with a clinician that seems to not meet your needs, know it is absolutely okay to change clinicians. It is best practice to see a clinician a few times to know for certain, but clinicians want you to get the care you need. Changing clinicians happens, and your clinician will understand. Note what you liked and didn't like about your current clinician to help you schedule with someone different.



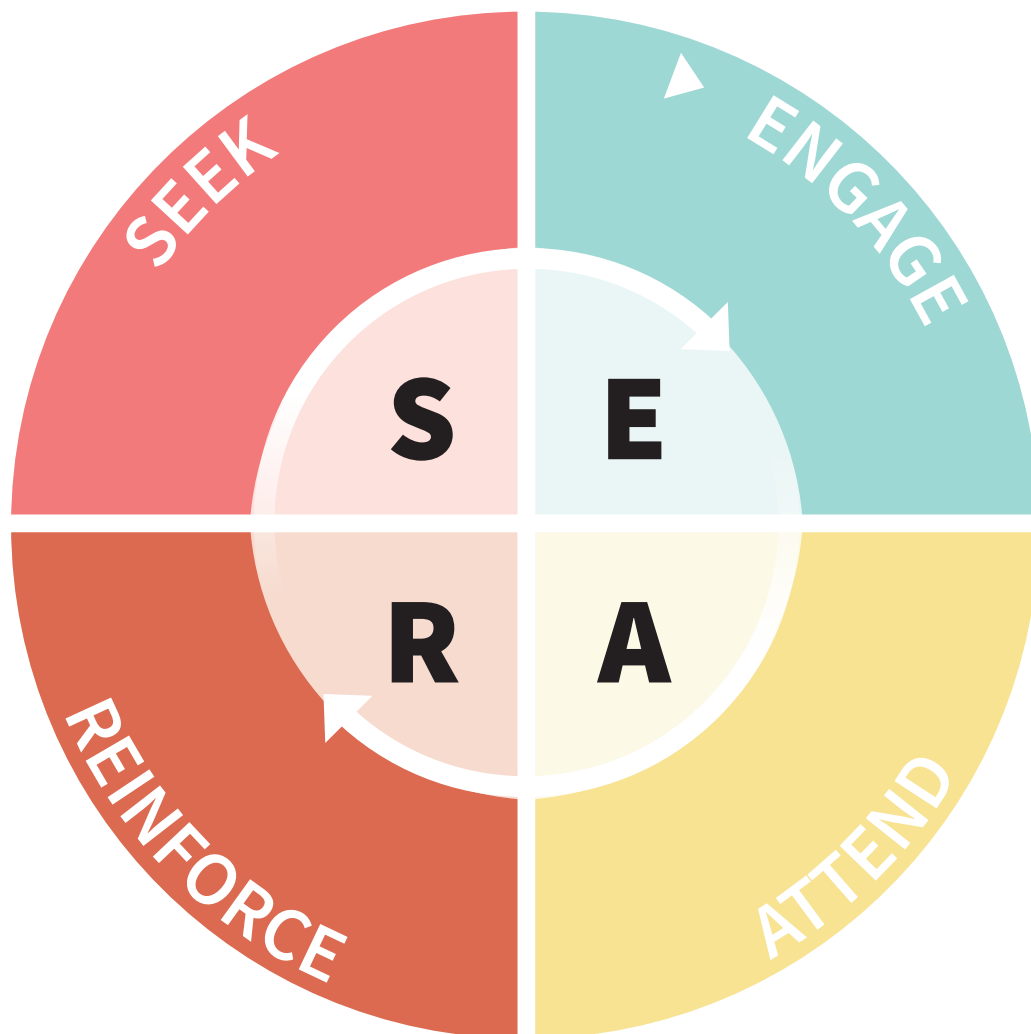
HOW CAN I help others?

Use the EARS framework as a guide for mental health conversations.

In our day-to-day interactions, we are likely to interact with a friend, family member, or acquaintance who may be struggling. Often, in these situations, we don't know how to help. This is where the "EARS" Method comes into play; it provides a framework for meaningful interactions with those around us, no matter where they are in the state of crisis.

What does EARS stand for?

EARS is an acronym for **Engage**, **Attend**, **Reinforce**, and **Seek**. It refers to a cycle of communication designed to support someone in need, regardless of how big or small the need is.



How to use EARS

Engage: How to start the conversation and begin the cycle of help and care.

- Talk about things you can see.
- Focus on their behavior/actions, not on your underlying perceptions.
- Avoid labeling, “diagnosing” behaviors, or other types of assumptions.
- When you engage, do so in a private and quiet environment.

Attend: Deepen communication by focusing on the individual and their experience.

- Use active listening techniques to summarize and clarify statements.
- Let the person share; don’t talk until they are finished.
- Hear the person and refrain from offering personal judgments on the person’s experience.
- Be present in the conversation; minimize distractions and focus on the present moment.

Reinforce: Build on the positive aspects and offer hope that things will get better.

- Offer hope and encourage them that things will improve; reinforce the decision to talk.
- Let them know you are there and that you truly want to help — reassurance and comfort can create a tight bond that leads to more openness and honesty.
- Give them the gift of perspective and empathy; empathy ≠ sympathy.
- Provide feedback only when asked; doing so without being asked degrades the relationship.

Seek: Enter into the next steps of change alongside them, getting them the help they need.

- Let them know help is available and provide options.
- Affirm their choice to open up and seek help as a sign of strength, not weakness.
- Help them make a plan for getting help.
- Offer to help them get connected directly and stay with them if you are comfortable doing so.

If the person refuses to accept the referral, please respect that decision — we can’t force people to seek help unless the situation is dire and self-harm is imminent.

EARS in Practice

The EARS Method is not a one-and-done method. It ebbs and flows with the needs of the individual. At times, someone may just need someone to acknowledge that they don’t seem to be themselves. Other times, you may need to work through a full cycle and get them connected to professional help. Once you get to the “Seek” stage, the relationship should not end; you have the opportunity to Re-Engage with them and continue to have a positive relationship of mutual support.

Here's advice on how to talk about mental health.

WHAT TO SAY	WHAT NOT TO SAY
<p>DO separate the person from the mental health term. e.g. <i>John has schizophrenia.</i></p>	<p>DO NOT identify the person as the mental health term. e.g. <i>John is schizophrenic.</i></p>
<p>DO refer to individuals as a person with a mental illness. e.g. <i>Rose is diagnosed with bipolar disorder.</i></p>	<p>DO NOT refer to individuals as a mental illness. e.g. <i>Rose is bipolar.</i></p>
<p>DO use the terms "mental illness" or "mental health condition". Some individuals may not have a formal diagnosis or full-fledged illness where condition becomes appropriate.</p>	<p>DO NOT use "mentally ill," "mentally disabled," or "mentally handicapped". This helps to honor individuals outside of their mental illness as individuals are more than "mentally ill".</p>
<p>DO use terms such as "lives with a mental illness," "is being treated for," or "has history of". Living with a mental illness is not automatically a negative thing.</p>	<p>DO NOT use terms that suggest pity like "suffers from," "victim of," or "afflicted with". Not all individuals with a mental illness suffer from their condition.</p>
<p>DO use "discharged from the hospital". This sounds more similar to discharging a patient from appropriate medical care.</p>	<p>DO NOT use "released from the hospital". This may sound as if the patient was released from prison.</p>
<p>DO use terms such as "substance use disorder" or "alcohol or drug problem". Substance use disorder is more appropriate as many factors may lead to an individual's alcohol or drug problem.</p>	<p>DO NOT use terms such as "substance abuse," "addict," or "junkie". Those with a substance use disorder are not simply choosing to abuse a substance - many neurological links may exist.</p>
<p>DO state an individual "died by suicide" or "completed suicide".</p>	<p>DO NOT use "committed suicide". This refers to the outdated notion that suicide was a crime.</p>
<p>DO refer to people who have attempted suicide as "suicide attempt survivors". This helps to separate the confusion from suicide loss survivors.</p>	<p>DO NOT refer to a suicide as a "failed attempt". Individuals that have attempted to die by suicide should not be associated with the word "failed" or "failure" in any way.</p>
<p>DO refer to those who have lost loved ones to suicide as "suicide loss survivors". This helps to separate the confusion from suicide attempt survivors.</p>	<p>DO NOT refer to a suicide as "successful" or as "unsuccessful". Suicide should not be associated with terms such as "successful" or "unsuccessful".</p>
<p>DO ask "are you considering suicide?" or "are you considering hurting yourself?". Asking an individual directly about suicide is not harmful and is helpful.</p>	<p>DO NOT ask "you're not thinking about killing yourself, are you?". Asking an individual about suicide is helpful but should be done without shame.</p>
<p>DO understand that individuals may discuss their mental health in their own way. Any conversation about mental health is key.</p>	<p>DO NOT use mental health terms to explain common behaviors without diagnosis. e.g. <i>"That's my OCD," or "I'm so ADHD".</i></p>

Here's how to speak with someone considering suicide.

Ask directly if suicide has been a consideration.

Asking does not encourage the idea and may come as a relief to the person you're talking to—a relief that someone has noticed a change in behavior and cares about how they're feeling.

Share what you've noticed.

Placing thought and focus on noticeable behaviors may be a good way to begin a conversation and uncover any suicidal thoughts.

An example: "I've noticed that you've been joking about dying a lot recently, and it seems like you're not around as much. I'm worried about you and how you've been feeling lately."

Listen more than you speak.

A person contemplating suicide will need support to speak about the pain, challenges, and overwhelming circumstances they are facing.

What does support look like? Focusing attention on the needs of the person you are speaking to. By training yourself to actively listen and avoiding leading questions (e.g., "Are you feeling sad?"), you can ensure that the person you are speaking with feels heard and able to express their feelings without judgment.

Acknowledge the person's courage and offer support.

As much as this conversation isn't easy for you, it is certainly not going to be easy for them. In fact, this might be the first time the other person has talked about their feelings in this way or has admitted they're struggling. Let them know that you appreciate their honesty and validate their feelings.

Continue the conversation.

People are different and will respond differently to being asked difficult and personal questions. In any case, the purpose of the conversation is to check in with the person you're concerned about. It's important that you respect their boundaries if they're not in immediate danger.

Assess immediate risk by asking direct questions.

If the person does respond that they have thought about suicide, you can assess their immediate risk by asking:

- Have you attempted suicide in the past?
- Do you have a plan to harm yourself?
- Do you have the means to carry out your plan? (e.g., access to pills or firearms)

Does asking about suicide increase a person's risk?

There is a common myth that asking someone about suicide can put the idea into their head — this is not true.

Several studies examining this concern have demonstrated that asking people about suicidal thoughts and behavior does not induce or increase such thoughts and experiences.

In fact, asking someone directly, "Are you thinking of killing yourself," can be the best way to identify someone at risk for suicide.

If someone you know is considering suicide or talking about suicide:

Seek to connect them with professional resources in your community.

- This can mean counseling, crisis lines, or behavioral health services.
- The Suicide & Crisis Lifeline can be reached 24/7 by calling or texting 988.
- The Crisis Text Line can be reached by texting “HELP” to 741741 anytime in the US.
- If you suspect the person is in imminent danger—that they have specific plans to harm themselves—you can offer to drive them to a hospital or crisis center.
- You can also call 911 to get help. **Do not leave them alone**, but do not try to fend for yourself.
- Regardless of what you do, be respectful of their concerns and make it easier for them to access mental health support.
- A person considering suicide is in a vulnerable position and should not be left alone.

Ensure you take care of yourself outside of this experience.

- Providing such intense, emotional support can take a toll on you. Know that you do not need to carry the burden of helping alone.
- Make sure you take time for yourself outside of conversations and giving support.
- Connect with someone you can trust to talk about your experience, whether a family member or friend or a professional.

Having a conversation about mental health and suicide isn't easy.

It can be messy, non-linear, and very uncomfortable. No matter how difficult it is, the most important thing we can do to help someone is have a conversation.

The best way to prevent suicide is by talking about it, and by having a difficult conversation, you're communicating that you care, that you are present, and that no one is alone. If you are struggling or know someone who might be struggling, consider having a conversation today.



ADDITIONAL RESOURCES

HELPLINES

SUICIDE & CRISIS LIFELINE

Call or text 988

- Free 24/7 support for anyone in suicidal crisis
- Call from anywhere in the United States. You will be routed to the closest crisis center in your area. Call for yourself or someone you care about. Your call is free and confidential.
- Never ignore or underestimate remarks about suicide. If you think your friend is in immediate danger, do not leave them alone—stay there and call 911 or the lifeline.

CRISIS TEXT LINE

Text “Brave” to 741-741

- Free 24/7 support for anyone in crisis
- Text from anywhere in the United States, anytime, about any type of crisis. A real-life human being will receive the text and respond, all from a secure online platform. This trained, volunteer crisis counselor will help you move from a hot moment to a cool moment.

DISASTER DISTRESS HELPLINE

Call 1-800-985-5990

Text “TalkWithUs” to 66746

- Free 24/7 crisis counseling and support for anyone experiencing emotional distress related to natural or human-caused disasters
- Call for yourself or on behalf of someone else from anywhere in the United States to be connected to a trained counselor. Support is available in Spanish and more than 100 other languages. The service is free and confidential and provided by the Substance Abuse and Mental Health Services Administration.
- The helpline is for anyone experiencing emotional distress related to disasters such as hurricanes, wildfires, earthquakes, incidents of mass violence, infectious disease outbreaks, incidents of community unrest, and other traumatic events.

TREVOR PROJECT

Call 1-866-488-7386

- Free, confidential, 24/7. Crisis intervention and suicide prevention services for lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people. To view other services info (like text and chat options) and times of availability, visit thetrevorproject.org.

NATIONAL SEXUAL ASSAULT HOTLINE

1-800-656-HOPE (4673)

- Free, confidential, 24/7. Chat option available at rainn.org.

NATIONAL EATING DISORDERS ASSOCIATION HELPLINE

1-800-931-2237

- Free, confidential. Chat option available at nedawareness.org.

FARM AND RURAL STRESS HOTLINE

1-800-691-4336

- It’s free, confidential and available 24/7.

NATIONAL TEEN DATING ABUSE HELPLINE

Text: START to 741-741

Call: 1-800-273-TALK (8255)

- It’s free, confidential and available 24/7.

VETERANS’ SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255), press 1.

- It’s free, confidential and available 24/7.

TREATMENT REFERRAL HOTLINE (SUBSTANCE ABUSE)

1-800-662-HELP (4357)

- It’s free, confidential and available 24/7.

MENTAL HEALTH RESOURCES

American Psychiatric Association (APA): <https://www.psychiatry.org>

American Psychological Association (APA): <https://www.apa.org>

Mental Health America (MHA): <https://www.mhanational.org>

MentalHealth.gov: <https://www.mentalhealth.gov>

National Alliance on Mental Illness (NAMI): <https://www.nami.org>

National Institute of Mental Health (NIMH): <https://www.nimh.nih.gov>

Substance Abuse and Mental Health Services Administration (SAMHSA):
<https://www.samhsa.gov>

SUICIDE PREVENTION RESOURCES

American Foundation for Suicide Prevention (AFSP): <https://afsp.org>

Crisis Text Line: <https://www.crisistextline.org>

Helpline Center South Dakota - 211: <https://www.helplinecenter.org>

South Dakota Suicide Prevention (SDSP): <https://sdsuicideprevention.org>

Suicide & Crisis Lifeline: <https://988lifeline.org>

Suicide Prevention Resource Center (SPRC): <https://www.sprc.org>

The Trevor Project: <https://www.thetrevorproject.org>

MENTAL HEALTH STATISTICS

- **1 in 5** U.S. adults experience mental illness each year.
- **1 in 25** U.S. adults experience serious mental illness each year.
- **1 in 6** U.S. youth aged 6-17 experience a mental health disorder each year.
- **50%** of all lifetime mental illness begins by age 14, and **75%** by age 24.

SUICIDE STATISTICS

- **Suicide is the second leading cause of death in the United States for youth and young adults ages 10-14 and 25-34 and the third leading cause of death for ages 15-24.**
- **Eight out of ten people considering suicide give some warning signs of their intentions.**
- According to the CDC, in 2018 in the United States:
 - * 10.7 million individuals seriously contemplated suicide
 - * 3.3 million individuals made a suicide plan
 - * 1.4 million individuals attempted suicide
 - * 48,000 individuals died by suicide – averaging one death by suicide every 11 minutes

CREDENTIALS OF MENTAL HEALTH PROFESSIONALS

- **Addiction and Prevention Professionals** - Work with people to overcome an addiction to drugs or alcohol in individual or group settings. They may also assist families of people with addictions to better understand addiction and how to help their loved one.
 - **ACT** - Addiction Counselor Trainee(s) must have a minimum of a high school diploma or general education diploma (GED) and be working in the addictions field under the supervision of a CAC or LAC.
 - **PST** - Prevention Specialist Trainee has a minimum of a bachelor's degree and is working in the prevention field under the supervision of a CPS, CAC, or a LAC.
 - **CAC** - Certified Addiction Counselor(s) must have a minimum of a high school diploma or GED; complete all academic and work experience requirements for CAC; apply for certification; and have passed the International Certification & Reciprocity Consortium (IC&RC) examination.
 - **CPS** - Certified Prevention Specialist must have a minimum of a bachelor's degree; complete all academic and work experience requirements for CPS; apply for certification; and have passed the IC&RC examination.
 - **LAC** - Licensed Addiction Counselor(s) must have a minimum of a master's degree in a behavioral science field; complete all academic and work experience requirements for LAC; apply for licensure; and have passed the IC&RC examination.
- **Counselor** - Counselors are trained in therapeutic technique and theory. They provide "talk therapy" as opposed to medication to help people with their concerns. Some counselors have extra focus on a specific topic such as marriage and family. In the behavioral health setting, counselors can be found providing therapy or case management services.
 - **LPC** - Licensed Professional Counselors must have at least a master's degree, 2,000 hours post-graduate supervised experience, and passed the National Counselor Examination (NCE).
 - **LPC-MH** - Licensed Professional Counselor - Mental Health must have an LPC, required coursework, 2,000 hours post-graduate supervised experience and passed the National Clinical Mental Health Counselor Examination (NCMHCE). Insurance or Medicaid reimbursement may require an LPC-MH certification.
 - **LMFT** - Licensed Marriage and Family Therapists must have at least a master's degree in marriage and family therapy, completed 1,700 hours post-graduate supervised experience, and pass the Marital and Family Therapy Examination.

- **Psychiatrist** - A psychiatrist is a physician with additional specialized training in psychiatry. In the behavioral health setting, psychiatrists prescribe medications and engage patients in therapy.
- **Psychologist** - Licensed psychologists complete a standardized training program at the doctoral level. Training involves understanding the development of personality, learning, and interpersonal relationships. Using tests to evaluate individuals is usually a major emphasis, but they also conduct individual, family and group therapy.
- **School Psychologist** - Works in the school setting to help individual students resolve learning and behavioral challenges that are affecting academic performance and to help teachers improve the learning process. School psychologists are trained in both psychology and education.
- **Social Worker** - Social workers are trained to complete a variety of tasks and are found in many areas outside of behavioral health services. In the behavioral health setting, social workers might provide talk therapy, case management, or connect people to resources.
 - **SWA** - A Social Work Associate has a baccalaureate degree in a nonsocial work field or discipline or an associate of arts degree in a human services program from a junior college, college, or university approved by the Board and have passed a Board examination.
 - **SW** - A Social Worker has a baccalaureate degree in a social work field or discipline and have passed a Board examination. Some social workers indicate this licensure as LSW to match the paper license they received when they became licensed.
 - **CSW** - A Certified Social Worker has either a Doctorate or master's social work degree and passed a Board examination.
 - **CSW-PIP** - A Clinical Social Worker - Practitioner in Private Practice has met the requirements of a CSW (for a minimum of two years), have had 2 additional years of specialized supervision, and passed a Board examination.

List compiled by Helpline Center

Treatment Options For Mental Health Conditions and Mental Illness

- Encouraging and implementing healthy lifestyles
- Ongoing family and friend support
- Counseling
- Support groups
- Self-management strategies such as relaxation techniques
- Eye movement desensitization and reprocessing (EMDR)
- Service animals
- Case Management
- Medications
- Psychotherapies –
 - Cognitive behavioral therapy (CBT)
 - Dialectical behavioral therapy (DBT)
 - Exposure and response therapy (ERT)
 - Psychodynamic therapy
 - Interpersonal therapy (IPT)
 - Supportive psychotherapy
 - Family-focused therapy
 - Mentalization-based therapy (MBT)
 - Cognitive enhancement therapy (CET)
 - Group therapy
- Brain stimulation therapies –
 - Electroconvulsive therapy (ECT)
 - Repetitive Transcranial Magnetic Stimulation (rTMS)
 - Vagus Nerve Stimulation (VNS)

What types of medications are available to treat mental health conditions?

Medications act on chemical pathways of the brain related to mood.

Medications include -

- Antidepressants
- Anti-Anxiety Meds
- Stimulants
- Antipsychotics
- Mood Stabilizers

The two most common types of antidepressants are selective serotonin reuptake inhibitors (SSRIs) and selective norepinephrine reuptake inhibitors (SNRIs).

The most common anti-anxiety medications are called benzodiazepines.

Stimulant medications are often prescribed to treat children, adolescents, or adults diagnosed with ADHD.

Antipsychotic medicines are primarily used to manage psychosis.

Mood stabilizers are used primarily to treat bipolar disorder and mood swings associated with other mental disorders.

How long are people typically on medications?

Although some side effects such as insomnia may occur immediately and improve within a week or two, it may take three or four weeks before you feel better.

The full benefit of medication may require six to eight weeks of treatment.

Sometimes changes need to be made in dosage or medication type before improvements are noticed.

It is usually recommended that medications be taken for at least four to nine months after the depressive symptoms have improved.

People with chronic mental health conditions may need to stay on medication to prevent or lessen further episodes.

Do not discontinue medication without discussing the decision with your doctor.

Although medications are common, psychotherapy is the first-line treatment for many mental health conditions.

