

## Mental Health First Aid: Suicide Prevention

**Mental Health First Aid** is a valuable resource that can make a difference in the lives of the **one in four** Americans struggling with mental illnesses and addictions, including those experiencing suicidal thinking. This eight hour in-person training teaches people how to help people developing a mental illness or experiencing a crisis.

In 2014, Mental Health First Aid partnered with the **American Foundation for Suicide** (AFSP) to expand more Mental Health First Aid training capacity through their local chapters.



Individuals trained in Mental Health First Aid can help to:

- Break down the bias against people living with mental illnesses, addictions and suicidal thinking.
- Reach out to those who suffer in silence, reluctant to seek help.
- Let individuals struggling with mental illnesses and addictions know that support is available in their community.
- Provide community resources.
- Make behavioral health care and treatment accessible to thousands in need.

### THE MENTAL HEALTH FIRST AID ACTION PLAN: ALGEE

Mental Health First Aid trainings teach ALGEE: a five-step action plan to recognize and help people struggling with a mental illness and/or an addiction or experiencing a crisis.

- **A**ssess for risk of suicide or harm
- **L**isten non-judgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

### ASSESSING FOR RISK OF SUICIDE OR HARM

When helping a person going through a behavioral health crisis, it is important to look for signs of suicidal thoughts and behaviors, non-suicidal self-injury or other harm. Some warning signs of suicide include:

- Threatening to hurt or kill oneself
- Seeking access to means to hurt or kill oneself
- Talking or writing about death, dying or suicide
- Feeling hopeless
- Acting recklessly or engaging in risky activities
- Increased use of alcohol or drugs
- Withdrawing from family, friends or society
- Appearing agitated or angry
- Having a dramatic change in mood

## SUICIDE: BY THE NUMBERS

According to the Centers for Disease Control and Prevention (CDC):

- **40,600** suicides were reported in 2012.
- At least **90 percent** of people who died by suicide suffered with a mental illness, most often depression.
- In 2012, someone in the U.S. died by suicide every **12.9 minutes**.
- Suicide is the **10<sup>th</sup>** leading cause of death among Americans.
- Suicide is the **2<sup>nd</sup>** leading cause of death among Americans ages 15-34.

## WHO IS AT RISK FOR SUICIDE?

Suicidal thinking and behavior can affect anyone. The CDC reports suicide rates by four key demographic variables: age, sex, race/ethnicity and geographic region/state.

**Age:** In 2012, the highest suicide rate (19.88 percent) was among people 45 to 59 years. The second highest suicide rate (17 percent) was among those 75 years and older.

**Sex:** For many years, the suicide rate has been about four times higher among men than among women. Of those who died by suicide in 2012, 78.3 percent were male and 21.7 percent were female.

**Race/Ethnicity:** In 2012, the highest suicide rate (14.1 percent) was among Caucasians. The second highest suicide rate (10.8 percent) was among American Indians and Alaska Natives.

**Geographic Region/State:** In 2012, six U.S. states had age-adjusted suicide rates in excess of 18 percent: Wyoming (29.8), Alaska (23), Montana (22.5), New Mexico (21.3), Utah (21), Colorado (19.5), Idaho (19.1) and Nevada (18.2).



Individuals who have taken the Mental Health First Aid course have a positive response to the training:

*"This program is a top-notch service to communities like ours; we are so grateful for the opportunity to have this program in our area."*

*"I've taken regular first aid, and I've used both, but certainly the opportunities to use Mental Health First Aid are much more abundant."*

For more information, visit [www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org).

*Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.*