

SUICIDE PREVENTION AND AWARENESS BOOKLET

FOR FAMILY MEMBERS
AND LOVED ONES



nami

National Alliance on Mental Illness

Southwest
Washington



-
- 1** Crisis lines
PAGE 3
-
- 2** Who is this booklet for?
PAGE 5
-
- 3** What is suicide?
PAGE 9
-
- 4** Risk factors and warning signs
PAGE 13
-
- 5** Communication techniques
PAGE 17
-
- 6** Coping skills
PAGE 23
-
- 7** After an attempt
PAGE 29
-
- 8** After a death
PAGE 33
-
- 9** Mental health resources
PAGE 37
-
- 10** NAMI Southwest Washington
PAGE 41

SOUTHWEST WASHINGTON CRISIS LINES

Southwest Washington Crisis Line :
(Clark, Skamania, and Klickitat counties)
988

Washington Crisis Connection Crisis Line:
1-866-427-4747

Cowlitz County Crisis Line:
1-800-803-8833

Wahkiakum County Crisis Line:
1-800-635-5958

CVAB Warmline:
4 PM - midnight everyday
360-903-2853

Washington Listens Line:
9 AM - 9 PM Monday-Friday
9 AM - 6 PM Weekends
1-833-681-0211

Washington Warmline:
24 hours/7 days a week
1-866-427-4747

NATIONAL CRISIS LINES

National Suicide Prevention LifeLine:

1-800-273-TALK (8255)

Veteran's Crisis Line:

1-800-273-8255 (press 1)

Crisis Text Line:

Text "Start" to 741741

NAMI Helpline:

1-800-950-NAMI (6264)

National Youth Crisis Hotline:

1-800-442-HOPE (4673)

YouthLine:

1-877-968-8491

Trevor Lifeline:

LGBTQ+ Crisis Line

1-866-488-7386

National Domestic Violence Hotline

1-800-799-SAFE (7233)

text TELLNOW to 85944

Alcohol & Drug Abuse Hotline:

1-800-729-6686

WHO IS THIS BOOKLET FOR?

This booklet is for family members and loved ones of those dealing with mental health challenges, suicidal thoughts, attempts, or loss. There are many resources for individuals, but not as many for family members and loved ones.

We all hope we never have to be in the situation where we need this booklet, but the truth is that about 40-50% of Americans are directly touched by suicide in one way or another. Prevention and preparation is what this booklet is for.

As a family member or loved one of someone struggling with mental health symptoms, you play an important role in the journey to recovery. You are the support system, the stronghold, a shoulder to lean on, a caretaker, and so much more. It can be exhausting mentally, physically, and emotionally. You may feel like giving up or you may have already.

At this point, take a moment to slow your breathing and release tension in your body. You are only one person, you can only do so much. You are also a wonderful person for picking up this booklet to learn what you can do to support your loved one.

In this booklet, you will learn communication and de-escalation techniques, healthy coping skills for you and your loved one, actions to take after an attempt, and more.

Remember that when you fly on an airplane, you must put your own mask on before you assist others. Just like flying, remember to take care of yourself so you can better care for others. Attend a support group, get your own therapist, or find other ways to keep yourself healthy physically, mentally, and emotionally.

NAMI Southwest Washington offers Family Support Groups. They are open to family members and loved ones of individuals living with mental health challenges, diagnosed or not. Our Family-to-Family educational course includes invaluable information about brain chemistry, mental illnesses, medications, prevention plans, and more.

For more information, visit us at www.namiswwa.org or call 360-695-2823. If you do not live in the southwest Washington region, visit www.nami.org to find a local NAMI affiliate near you for support and education.

NAMI SW WA SUPPORT GROUPS AND EDUCATIONAL COURSES



Support group for family members and loved ones of an adult living with mental health disorders or challenges. Each group is 90-minutes, confidential, free, and led by trained peers with their own lived experience.

Meets weekly or bi-monthly at NAMI SW WA.



An 8-week educational course for family members and loved ones of an adult living with mental health disorders or challenges. All Family-to-Family courses are free, confidential, and led by trained peers with their own lived experience. Learn about mental health disorders, current research, medications, treatments, prevention plans, and more. Each class is 2.5-hours long.



A 6-week educational course for parents and caregivers of children under 18-years-old living with mental health disorders or challenges. All Basics courses are free, confidential, and led by trained peers with their own lived experience. Learn about mental health disorders, current research, medications, treatments, prevention plans, working with schools, and more. Each class is 2.5-hours long.

Basics is available on demand.

NAMI SW WA PRESENTATIONS



A free, 90-minute seminar led by trained peers with their own lived experience for family members and loved ones of an adult living with mental health disorders or challenges. Learn about mental health disorders, medications, treatments, and more.



a 50-minute presentation for middle and high-schoolers about mental health symptoms, suicide symptoms, how to get help, and more. Includes a young person telling their personal story of mental health recovery.

WHAT IS SUICIDE?

Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die as a result of their actions.

Many factors can increase the risk for suicide or protect against it. Suicide is connected to other forms of injury and violence. For example, people who have experienced violence, including child abuse, bullying, or sexual violence have a higher suicide risk. Being connected to family and community support and having easy access to health care can decrease suicidal thoughts and behaviors.

Suicide is the 10th leading cause of death for adults in the United States. Suicide affects all ages. It is the second leading cause of death for people ages 10-34, the fourth leading cause among people ages 34-54, and the fifth leading cause among people ages 45-54.

More than 47,500 people died by suicide in 2019. That's 1 death every 11 minutes. Suicidal thoughts and attempts are more common than you think. 12 million adults have seriously thought about suicide. 3.5 million have made a plan for suicide. 1.4 million have attempted.

Suicide and suicide attempts have serious emotional, physical, and economic impacts. People who attempt suicide and survive may experience serious injuries that can have long-term effects on their health. They may also experience depression and other mental health concerns.

Suicide and suicide attempts affect the health and well-being of friends, loved ones, co-workers, and the community. When people die by suicide, surviving family and friends may experience shock, anger, guilt, symptoms of depression or anxiety, and may even experience thoughts of suicide themselves.

The good news is that more than 90% of people who attempt suicide and survive never go on to die by suicide.

IS SUICIDE PREVENTABLE?

Suicide is not inevitable for anyone. By starting the conversation, providing support, and directing help to those who need it, we can prevent suicides and save lives.

Suicide is preventable and everyone has a role to play to save lives and create healthy and strong individuals, families, and communities.

Evidence shows that providing support services, talking about suicide, reducing access to means of self-harm, and following up with loved ones are just some of the actions we can all take to help others.

By offering immediate counseling to everyone that may need it, local crisis centers provide invaluable support at critical times and connect individuals to local services.

As a family member or loved one, you can use these protective factors to help prevent suicide:

- Provide a safe space for practicing coping and problem-solving skills
- Use cultural and religious beliefs that discourage suicide
- Help keep connections to friends, family, and community support
- Assist a supportive relationship with care providers
- Advocate for availability and equal opportunities for physical and mental health care
- Limit the access to lethal means

RISK FACTORS

A combination of situations could lead someone to consider suicide. Risk factors are characteristics that make it more likely that someone will consider, attempt, or die by suicide. They can't cause or predict a suicide attempt, but they're important to be aware of.

Individual:

- Previous suicide attempt
- Mental illness, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Social isolation
- Criminal problems
- Financial problems
- Impulsive or aggressive tendencies
- Job problems or loss
- Legal problems
- Serious physical illness
- Alcohol and other substance use disorders
- Hopelessness

Relationship:

- Adverse childhood experiences such as child abuse and neglect
- Bullying
- Family history of suicide
- Relationship problems such as a break-up, violence, or loss
- Sexual violence

Community:

- Barriers to health care
- Cultural and religious beliefs such as a belief that suicide is noble resolution of a personal problem
- Exposure to others who have died by suicide
- Stigma associated with asking for help due to family culture or personalities

Societal:

- Stigma associated with mental illness or help-seeking
- Easy access to lethal means among people at risk (e.g. firearms, medications)
- Unsafe media portrayals of suicide

WARNING SIGNS

Some warning signs may help you determine if a loved one is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. If you or someone you know exhibits any of these, seek help by calling the National Suicide Prevention Lifeline at 1-800-273-8255.

- Talking about wanting to die or to kill themselves
- Looking for a way or making a plan to kill themselves, like searching online, buying a gun, or stockpiling pills
- Talking about feeling empty, hopeless, or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about feeling that there are no solutions to feel better
- Talking about being a burden to others
- Talking about feeling great guilt or shame
- Increasing the use of alcohol or drugs
- Giving away important possessions
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Eating too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as driving extremely fast

Suicidal thoughts or actions are a sign of extreme distress and an indicator that someone needs help. Talking about wanting to die by suicide is not a typical response to stress. All talk of suicide should be taken seriously and requires immediate attention.

If you see these signs in someone, ask. Studies have shown that asking people about suicidal thoughts and behaviors does not cause or increase such thoughts. Asking someone directly, “Are you thinking of killing yourself?” can be the best way to identify someone at risk for suicide.

COMMUNICATION TECHNIQUES

Many times, suicide attempts end in hospitalization or sadly, death. The best thing to do is talk directly about suicide. It's okay to ask the question outright. "Are you having suicidal thoughts? Do you have a plan?" Studies have shown that talking about suicide does not plant the idea in someone's head, but instead encourages them to find support. If you talk to someone about suicide, it shows you care about their life.

People who have experienced suicidal thoughts say that people telling them, "You have so much to live for!" or "Everything is okay" doesn't really help. Instead, show understanding, be non-judgmental, and stay calm. Open ended questions help instead of telling the person how they should feel. For example, you can say, "I can see that things are hard right now for you. What can I do to help?"

Simply sitting and being quiet with them can help, too. Your loved one may feel like no one cares anymore. Many times, people need someone to listen, not tell them they're wrong, or how they should act or feel. Special call centers are available just for this reason. They're called Warm Lines. They are run by real people with lived experience who will not tell you what to do or that you shouldn't feel a certain way. They are just there to listen.

Depression with suicidal thoughts is a hard disorder to live with. Letting your loved one know you're available any time to listen, talk, or just sit with them helps tremendously.

Try new things with them if they're willing, take a quick walk or even just stand outside with them. Staying inside and ruminating on depressive thoughts only makes it worse. Of course, exercising regularly, eating healthy, and staying social helps, too.

But never take it personally. Depression and suicidal thoughts blocks the ability to be happy or find pleasure in things. You do not make them depressed; it really is their brain.

During an emotional moment, your loved one may need you to just sit and listen to them. They may need to be held or hugged. It can be hard to reason with them. What does help is to not hover or yell, it only makes the situation worse. Be patient and stay calm.

If they do harm themselves or attempt suicide, call an ambulance, especially if the harm is life-threatening. They need medical care immediately.

Here are some conversation starters from American Foundation for Suicide Prevention:

- "How do you feel about the future, even if it's just tomorrow? What is one thing you are looking forward to?"
- "What is a time you were filled with love? What do you think made you feel that way?"
- "Tell me about a time in your life that was difficult. What coping strategies helped you?"
- "What are some things that make you feel stressed? How do you ground yourself and decompress?"

COMMUNICATION TECHNIQUES

You are not responsible for preventing someone from taking their own life - but your intervention may help the person see that other options are available to stay safe and get treatment.

Have an honest conversation

- Talk to them in private
- Listen to their story
- Tell them you care about them
- Encourage them to seek treatment or contact their doctor or therapist
- Avoid debating the value of life, minimizing their problems, or giving life advice

Ask the person directly if they

- Have thoughts or ideas - "Are you thinking about killing yourself?"
- Have a plan to attempt suicide - "Have you thought of ways to kill yourself? Do you have a plan?"
- Have access to lethal means - "Do you have pills or weapons you can get to?"

When talking to a suicidal person, do:

- Be yourself - let the person know you care and they are not alone.
- Listen - let the person unload despair, vent anger, etc. The fact they are talking and someone is listening is a positive sign.
- Be empathetic - be non-judgmental, patient, calm, and accepting.
- Offer hope - reassure the person that help is available and they are important to you.
- Take the person seriously - you are not putting ideas in their head, you are showing concern, that you take them seriously, and that it's okay for them to share their pain with you.

Don't:

- Argue - avoid saying things like "you have so much to live for," "your suicide will hurt your family," or "look on the bright side."
- Act shocked - remain calm, don't lecture or say suicide is wrong.
- Promise confidentiality - never swear to secrecy, a life is at stake and if you promise to keep it secret, you may have to break your word.
- Offer to fix their problems - it's not about the problems, it's about how badly it's hurting them. Pain can last long after the issues are fixed.
- Blame yourself - you cannot "fix" someone's depression; others' happiness is not your responsibility.

DE-ESCALATION TECHNIQUES

If you do find yourself in an emotionally charged situation, try these de-escalation techniques. Everyone is different, but there can be ways to de-escalate the situation so you can have a calm conversation and/or get the person medical care.

Communicating during a crisis can be confusing for everyone. Use the communication techniques and trust your own instincts. Safety is the most important rule. If your instincts say to back away or call for someone else to help, listen and act upon them.

Next, assess the situation. What is the person doing or saying - are they destroying property or hurting themselves? How is the person speaking - are they yelling, are they not talking at all, or are they not making sense when they talk to you? Assess others around, too. They may be making the situation worse and need to be removed, or you may find someone else who can help or knows the person.

Remember to always be patient, with a calm, low, welcoming voice. Talking about intimate, personal struggles is hard. Many mental health conditions cause confusion already so use short, clear, direct sentences.

Here are some tips to create a safe space:

- Respect the person's personal space.
- Don't hover or block them from going somewhere unless it's dangerous.
- Help them take deep, slow breaths. Do it with them – they will probably mimic you.
- Remind them you're on their side to help find a solution. You can do this by listening to what they are saying, not accusing them or criticizing them.
- Make eye contact, unless that is triggering and stressful for them. It helps ground the person and gives them something to focus on.

If you can't help your loved one at that time, call a crisis line or the mobile crisis unit near you. If someone else can relate, ask them to help. Using physical means should be your last resort.

COPING SKILLS - ANXIETY

Anxiety can be reduced through either self-help methods or with the aid of professional help.

Ask your loved one, "is your worry or anxiety based on reality or is it coming from irrational thoughts?" Do this exercise with them. This keeps the conversation from feeling like an interrogation.

Here are some questions to help challenge anxious thoughts or negative self-talk:

- What evidence do you have that this thought is true?
- What evidence supports the thought?
- Is the thought being confused with a fact?
- What would you tell someone else, such as a friend, if they had the same thought?
- What would someone else, a friend, say about the thought?
- Are you 100% sure that this will happen?
- How many times has this happened in the past?
- Does your future depend on this thought or situation?
- What is the worst that can happen?
- If the worst did happen, what can you do to help cope with that situation?
- Is your judgment or the thought based on emotions instead of facts?
- Are you confusing the possibility of something happen with the certainty of it happening?
- Is the thought a hassle or horror?

COPING SKILLS - DEPRESSION

Help your loved one change negative thoughts into positive thoughts. Look at the thought from an outside perspective.

Ask, "What's the evidence that this thought is true? Not true?" or "What would you tell a friend who had this thought?"

Cross-examine negative thoughts. You both might be surprised how quickly they crumble. In the process, your loved one can develop a more balanced perspective and help relieve the depression.

Writing down worries can help them not be constantly on the mind and in thoughts. Once you write them down together, let them go.

Try this now. Write down three worries on a piece of paper. Throw the piece of paper out and let it go.

COPING SKILLS

Relaxation techniques

Mindfulness, muscle relaxation and deep breathing can help reduce anxiety and increase well-being.

Healthy eating habits

Low blood sugar can increase anxiety levels, so eating regular healthy choices may help keep blood sugar levels more even.

Reduce alcohol and nicotine

Both alcohol and nicotine increase the amount of anxiety.

Exercise

Exercising is a natural stress and anxiety reducer. Try yoga, taking a walk, running, or even just going up and down some steps once day.

Get enough sleep

7 to 9 hours of sleep is recommended since a lack of sleep can increase worry and anxiety.

TYPES OF THERAPY

Cognitive Behavioral Therapy(CBT)

CBT is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind difficulties.

This helps change the way people feel. It helps change a person's attitude and behavior by focusing on the thoughts, images, beliefs and attitudes that are held, called the cognitive processes, and how these processes relate to the way a person behaves.

It is a short treatment, about 5 – 10 months for most emotional problems. This is a good choice after traumatic events that cause depression.

Dialectical Behavior Therapy(DBT)

DBT is a comprehensive cognitive-behavioral treatment that was originally developed to treat chronically suicidal individuals living with borderline personality disorder (BPD).

DBT has been found especially effective for those with suicidal and other severely dysfunctional behaviors. Research has shown DBT to be effective in reducing suicidal behavior, psychiatric hospitalization, treatment dropout, substance abuse, anger, and interpersonal difficulties.

CREATE A WELLNESS TOOLBOX

There are ways to deal with depression. Help your loved one take proactive steps and stay connected with others.

Find activities they like, people they enjoy talking to, eating a good meal, and challenging negative thoughts.

List three enjoyable activities.

- 1.
- 2.
- 3.

List three people to talk to and their phone numbers.

- 1.
- 2.
- 3.

List three small responsibilities that need to be taken care of.

- 1.
- 2.
- 3.

Use the 9 things written down and create a plan for the next week or even just the next few days.

Rate the feeling of depression before and after the activity on a scale from 1 – 10, 1 being very depressed, 10 being not feeling depressed at all.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activity	Take a walk for 15 minutes	Call Susie	Clean the bathroom	Call Mom	Bake cookies	Watch a funny movie	Journal
Before	3	4	4	3	4	6	3
After	7	8	4	5	6	9	7
This worked	Yes	Yes	No	Kind of	Yes	Yes!	Yes

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activity							
Before							
After							
This worked							

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activity							
Before							
After							
This worked							

AFTER AN ATTEMPT

Hospitalization:

The goal of an emergency department is to get the best outcome for the person at a time of crisis - resolve the crisis, stabilize the person medically and emotionally, and make recommendations and referrals for follow-up care or treatment. ED staff will also look for underlying physical problems, effects from medications, untreated medical conditions, or the presence of street drugs that can cause emotional distress.

Family members are a source of history and are often key to the discharge plan. Provide as much information as possible to the ED staff. Even if confidentiality laws prevent medical staff from giving you information, you can always give them information that may influence decisions made.

Remember to bring all medications, especially those suspected of overdose, and names and phone numbers of providers. If your loved one has an advance directive, review this with the ED treatment team. If you have guardianship, let them know.

Ask your loved one:

- Do you feel safe to leave and are you comfortable with the discharge plan?
- How is your relationship with your counselor/doctor and when is your next appointment? Let's make one before we leave.
- What has changed since your suicide feelings or actions began?
- What else can I/we do to support you after you leave the hospital?
- Will you agree to talk with me/us if your suicidal feelings return? If not, is there someone else you can talk to?

Ask the treatment team:

- Do you believe my loved one is ready to leave?
- What factors into decisions you made about my loved one's care and/or treatment?
- Who should my loved one followup with?
- What is my role as a family member in the safety plan?
- What should I/we look for and when should I/we seek more help, such as returning to the ED or finding local resources?

AFTER AN ATTEMPT

Coming Home:

When a loved one attempts suicide, it is a traumatic event that affects everybody. A variety of emotions may emerge, all of which are completely normal.

These can include, but are not limited to:

- Anger at the person who made the attempt
- Guilt that you did something wrong
- Anxiety and a sense of insecurity
- Shame for yourself, your loved one, family, etc.
- Powerlessness, helplessness, a lack of control
- Betrayal from your loved one

Perhaps there are images you can't get out of your mind. All these feelings are normal. It is a traumatic event for everyone.

You may think you should have known, or should have done something or more. Keep in mind, you are not responsible for the actions of other people. Frequently, those closest are the last people to know about an individual's distress or true emotional state. Your loved one may be suffering from depression or another mental illness. There is a medical explanation for your loved one's behavior.

After a Repeat Attempt:

Frustration, disappointment, and fear are all normal feelings to have. You might ask yourself "What am I doing wrong?" "What am I not getting?" "How is this happening again?" Mental illness is just that though - illness. You are not to blame. You cannot give someone a mental illness. It is a medical condition that effects thinking and behavior. While it is tempting to give up on the person, remember they are in pain.

Some people are more prone to repeat attempts, and others won't be. There are successful treatments available for people who struggle with chronic suicidal thoughts. Remember, just because one type of therapy or medication didn't work, doesn't mean another type won't work.

Only 10% of people who attempt suicide will go on to complete and die by suicide. But 80% of people who die by suicide have made a previous attempt. While chances are your loved one won't attempt again, they are still at an increased risk. The first six months after a hospitalization are especially critical.

AFTER A DEATH

If you have lost a loved one to suicide, you are not alone. There are resources available to help survivors of suicide loss cope. A loved one's suicide is a challenging, confusing, and painful experience. If you're struggling, the National Suicide Prevention Lifeline is always here to help. 1-800-273-8255

Find a support group: You don't have to cope alone. There are support groups specifically for those who have lost a loved one to suicide.

Do what feels right to you: Don't feel pressured to talk immediately. If you choose to discuss your loss, speaking up can give your friends and family the opportunity to support you in an appropriate way.

Write: You may find it helpful to write your feelings or to write a letter to your lost loved one. This can be a safe place for you to express some of the things you were not able to say before their death.

Ask for help: Don't be afraid to let your friends provide support to you, or to look for resources in your community such as therapists, co-workers, or family members.

If your friend or other family member has lost someone to suicide, supporting them can feel overwhelming and complex. There are ways to help.

Accept their feelings: Loss survivors grapple with complex feelings after the death of a loved one by suicide, such as fear, grief, shame, and anger. Accept their feelings and be compassionate and patient, and provide support without criticism.

Use sensitivity during holidays and anniversaries: Events may bring forth memories of the lost loved one, and emphasize this loved one's absence.

Use the lost love one's name: Use the name of the person who has died when talking to survivors. This shows that you have not forgotten this important person, and can make it easier to discuss a subject that is often stigmatized.

AFTER A DEATH: TALKING TO CHILDREN

Children deserve the truth. Lying or hiding the truth from children often backfires. What's more, it can ruin the relationship between child and parent.

Mental illness can run in the family and affects almost every family. Sharing accurate information about mental health and suicide gives children accurate information about it.

Even if it doesn't happen in your family, hearing about it provides parents a good starting point for having a candid talk about suicide and its impact on others.

Preschool - Kindergarten: Stick to the basics. Keep it simple. Follow the lead of the child. "They had a bad disease and it just took over."

Ages 7 - 10: Give short, true answers. Emphasize the death is sad and that the person died from a disease.

Ages 11 - 14: Be more concrete. Talk about the warning signs. By middle school, 1 in 3 children have experienced mood dysregulation that scares them. Ask what they have heard about the person and suicide in order to correct any misinformation.

High school: Not if. When.

Instead of asking if they or their friends have experienced mental health conditions, ask when. "What will you do when you are worried about yourself or your friends?" It's nearly impossible to get through high school without knowing someone with a mental health condition.

Teens want to be addressed like an adult. It's also important that parents reassure teens that having a mental health condition is common and they should ask for help.

College: Check-in.

Parents need to touch base, especially if they experienced suicidal ideation or know someone who has died by apparent suicide. It's okay to press them if they respond that they are fine. A friend or loved one dying by suicide can be a trigger. Reach out again even if they say they're fine. Let them know you support them.

MENTAL HEALTH RESOURCES

Crisis Line 988

NAMI Helpline: 1-800-950-NAMI (6264)

Monday through Friday from 10 AM - 6 PM for resources all over the US.

Washington Recovery Helpline: 1-866-789-1511

24/7 hours for substance use, problem gambling, and mental health challenges.

YWCA Helpline, Clark County: 1-800-695-0167

24/7 for domestic violence, rape, or sexual assault; includes a safe shelter.

CVAB Warm Line, Clark County: 360-903-2853

Monday through Sunday from 4 PM - midnight

TeenTalk, Clark County: 360-397-2428

Monday through Thursday from 4 PM - 9 PM

Friday from 4 PM - 7 PM

For non-judgmental peer to peer support for youth (under age 18) around topics such as depression, anxiety, sexuality, health, family, and friends.

211 Information and Referral

Dial 211 or visit www.211info.org for information on a broad range of social services and community resources.

Psychology Today: www.psychologytoday.com/us

Online search for any type of therapist with filters to find specific types of treatments, providers, and insurance.

Therapy Den: <https://www.therapyden.com/>

Online search for any type of therapist, psychologist, or counselor with filters to find specific ethnicities, languages, gender, cost, and more.

Office of Behavioral Health Advocacy: 1-800-366-3103

info@obhadvocacy.org

obhadvocacy.org

Helps people resolve complaints and grievances, appeals, and get administrative, fair hearings.

Community Services NW/SeaMar: 360-546-1722

Mental health counseling and medication management for Medicaid and Medicare recipients.

Columbia River Mental Health: 360-993-3000

Mental health counseling and medication management for Medicaid recipients.

Lifeline Connections: 360-397-8246

Mental health and substance abuse counseling for Medicaid recipients.

Crisis Wellness Center: 360-205-1222

Short-term crisis stabilization for acute behavioral health crisis. Admission is available 24/7.

5197 NW Lower River Rd. Vancouver, WA 98660

Rainier Springs: 360-558-3842

Mental health and substance abuse treatment in an inpatient and outpatient setting.

2805 NE 192nd St. Vancouver, WA 98686

SUICIDE PREVENTION APPS

A Friend Asks: App by the suicide prevention group Jason Foundation. It teaches users how to recognize signs of suicidal thoughts and how to reach out to them proactively.

Suicide Safety Plan: This app is designed to support those dealing with suicidal thoughts and help prevent suicide. Create a custom safety plan and access a list of emergency resources.

Better Stop Suicide: Simple app designed to help you stop your suicidal thoughts. Literally press a stop button and slow your brain and racing thoughts down. Includes calming audio, important contacts list, and gratitude checklist.

Friend2Friend: Simulation app for teens to practice having a conversation with a friend they are concerned about. Learn about mental wellness, how to recognize signs of distress and suicidal thoughts.

Stay Alive: UK-based charity Grassroots Suicide Prevention app for people who may think of attempting suicide, as well as friends and family. Includes a customizable "My Safety Plan," a "Lifebox" that you can fill with personal inspirational photos and access to breathing and grounding exercises and techniques. UK-based phone numbers.

Operation Reach Out: Aimed at veterans and military families. Intended to provide support for those having suicidal thoughts, as well as friends, family, or other concerned service members. Offers suicide counseling, dos and don'ts, and a help center with hotline numbers.

Suicide Prevention - Ways to Help a Suicidal Friend: Teaches how to talk to a suicidal friend, sibling, or other person. Lists warning signs, how to recognize them, and how to get a person help. Android only.

NAMI SOUTHWEST WASHINGTON

NAMI, the National Alliance on Mental Illness, of Southwest Washington (NAMI SW WA) is dedicated to helping all people affected by mental illness through education, support, awareness, and advocacy.

Through our mission, we provide unique mental health services that are unavailable or inaccessible elsewhere for individuals and families affected by mental health issues through education, support, and advocacy.

What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health. Today, we are an alliance of more than 600 local Affiliates and 48 State Organizations who work in your community to raise awareness and provide support and education that was not previously available to those in need.

NAMI Southwest Washington, or NAMI SW WA is an affiliate of NAMI. We currently serve Clark, Cowlitz, Skamania, and Wahkiakum counties. As an independent 501(c)3 non-profit organization, NAMI SW WA has access to the excellent educational resources of the national organization and the independent status to create and implement our own innovative programs to serve our local community.

NAMI SW WA advocates for access to services, treatment, and support for individuals and families struggling with mental health challenges; we offer our services at no charge. We are steadfast in our commitment to raising awareness and building our community of hope for all those in need through education, support, and advocacy. We provide unique mental health services that otherwise are unavailable or inaccessible to many individuals and families.

NAMI SW WA SERVICES

All our services are led by trained peers with their own experience and offered at no cost to those accessing them.

NAMI Education services:

- Basics – for parents and caregivers of children with mental/behavioral challenges
- Family-to-Family – for adults who have an adult family member living with a mental health condition
- Family and Friends – a short seminar for family members and friends of those adults living with a mental health condition

NAMI Support services:

- Family Support Group – for adults who have an adult loved one living with a mental health disorder
- Connection Recovery Support Group – for adults living with a mental health disorder
- Dual Diagnosis Connection Support Group – for adults living with a mental health disorder and substance use disorder
- Women’s Support Group – for adult women living with a mental health disorder

NAMI Socialization services:

- Creative Writing for Wellness – time to socialize while working on writing skills
- Adult Autism Social Group – for adults living with autism spectrum disorder

NAMI SW WA Anti-Stigma Education and other services:

- SEE ME – for first responders and students in medical fields
- StigmaFree Company – for company management positions
- Ending the Silence – for middle and high schoolers, their parents, and teachers
- FaithNet – for faith communities

Contact us at 360-695-2823 or info@namiswwa.org

Find us online at www.namiswwa.org

Find us in person at 2500 Main St, Suite 120

Vancouver, WA 98660

Has this booklet been helpful to you? Consider sending us a donation at www.namiswwa.org/donate



nami

National Alliance on Mental Illness

Southwest
Washington

EDUCATION SUPPORT ADVOCACY AWARENESS

September 2021