

Voices of Hope: Teen Suicide in Utah is a joint project by KUED 7, National Alliance on Mental Illness (NAMI Utah), and Spy Hop Productions.



Special Thanks

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Introduction

“As a child psychiatrist, I feel strongly about supporting programs that are inclusive of all concerned parents, teachers and students. Basic mental health education is the key component to breaking down stigmas.”
Dr. Richard C. Ferre, Medical Director of Child and Adolescent Psychiatry, Primary Children’s Medical Center

Utah’s overall suicide rate is the 10th highest in the nation. Unfortunately, it is the leading cause of death for Utah males ages 15 to 19, who die at a rate nearly double the national average. Primary risk factors for suicide often include some form of mental illness, yet stigma and lack of understanding about mental illness are major barriers to intervention and treatment. KUED, in partnership with NAMI Utah, Spy Hop Productions and community partners the Utah PTA, The HOPE Taskforce in Provo, Utah, seek to address these barriers through television programs, community workshops, resource packets, workshop toolkits and web resources.

These project activities target teens, the general public and specific groups of professionals who either work with teens or are uniquely positioned to disseminate information and educate the community about teen suicide, its risk factors and prevention. KUED’s community partner, the Utah Chapter of the National Alliance on Mental Illness (NAMI), is the state’s voice on mental illness. It’s *Hope for Tomorrow* school-based mental health education program already presented in Utah middle and high schools, in partnership with the Utah PTA, offers an avenue to distribute these timely materials.

Throughout this guide you will find a means to start a conversation with a friend, parent or child.

Through the documentary, public screenings, web and print resources, we hope to provide additional resources to parents, educators and community professionals alike, to help eliminate stigma and create awareness about suicide prevention and support for youth.

National Suicide Prevention Lifeline: 1-800- 273 –TALK (8255)

The information contained within this document was condensed from or provided in whole by: Dr Douglas Gray, Associate Professor and Training Director, co-investigator Utah Youth Suicide Study, Michelle Moskos, MPH, Ph.D, Intermountain Injury Control Research Center, co-investigator Utah Youth Suicide Study; American Association of Suicidology, www.suicidology.org NAMI Utah, Suicide Prevention Resource Center, www.sprc.org and The American Foundation for Suicide Prevention(AFSP) www.afsp.org, HOPE Task Force, Provo City School District.

What We Know

Suicide is a major public-health issue nationwide and is the leading cause of death for adolescent males in Utah.

In 2003:

- 31,438 people died by suicide in the United States.
- Suicide is the 11th leading cause of death in the United States.
- More people in the United States die by suicide each year than of HIV or homicide.

There are gender, ethnic, and age differences in suicide.

- Males are four times more likely to die by suicide than females are - although females attempt suicide three times as often as males.
- White Americans are more likely to die by suicide than Americans of other racial backgrounds.
- Suicide is the 3rd leading cause of death among Americans between the ages of 15-24 and the second leading cause of death among those between the ages of 25-34.

There is a strong association between suicide and mental illness.

- Ninety percent of suicides in the United States are associated with mental illness, including disorders involving the abuse of alcohol and other drugs.
- Fifty percent of those who die by suicide were afflicted with major depression. The suicide rate of people with major depression is eight times that of the general population.

Suicide is a preventable public-health problem.

National Suicide Prevention Lifeline: 1-800- 273 –TALK (8255)

Other Factors

Research has shown that most adolescent suicides occur after school hours and at home. Although rates vary somewhat by geographic location, within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year. The typical profile of a teenage non-fatal suicide is a female who swallows pills, while the profile of the typical completer suicide is a male who dies from a gunshot wound. Not all teenagers will admit their intent to die by suicide. Therefore, any deliberate self-harming behaviors should be considered serious and in need of further evaluation.

Repeat attempters (those making more than one non-lethal attempt) generally use their behavior as a means of coping with stress and tend to exhibit more chronic symptoms such as poorer coping histories, and a family history of suicidal and substance abuse behaviors in their families.

Symptoms:

The following list describes some potential risk factors for suicide among youth. If observed, a professional evaluation is **strongly recommended**. Many teenagers may display one or more of the problems or “signs” detailed below.

- Presence of a psychiatric disorder (e.g., depression, drug or alcohol, behavioral disorders, conduct disorder [e.g., runs away or has been incarcerated]).
- The expression/communication of thoughts of suicide, death, dying or the afterlife (in a context of sadness, boredom, hopelessness or negative feelings). Impulsive and aggressive behavior; frequent expressions of rage.
- Increasing use/abuse of alcohol or drugs.
- Exposure to another’s suicidal behavior.
- Recent severe stressor (e.g., difficulties in dealing with sexual orientation; unplanned pregnancy, significant loss, real or anticipated)
- Family instability; significant family conflict.
- Academic and social pressures.
- Feelings of failure or decreased performance;
- Alienation.
- Family history of mental illness.
- Lack adequate coping skills.
- Difficulties adjusting to new demands and different work loads.

The vast majority of young adults who are at risk for suicidal behaviors and depression often do not receive any treatment.

National Suicide Prevention Lifeline: 1-800- 273 –TALK (8255)

Normal Teenager or Disorder?

Parents sometimes wonder if their teenager is just being a normal teen, or whether they are struggling enough that they may need help.

Normal teenagers may be moody at times, and may be short tempered, especially when the parents are setting appropriate limits. The teenager's friends become the focus of their life, and family activities become less important. Sometimes they seem embarrassed to be with their parents and siblings. Many teens use angry responses to get some distance from their parents, when mom or dad ask too many questions, or want to know too many details about their friends. However, normal teenagers should still enjoy a number of activities, and they should have fun when they are with their friends, smiling and laughing. While they may be fickle with their own family, they should have good relationships with other adults, including some teachers. Even rebellious teenagers will enjoy a few activities with a parent or a sibling. Most teenagers will talk with their parents about their feelings intermittently. School is the "workplace" for teenagers, and they should be able to function in school at the level they have in the past. Teens may be distraught when they are having difficulty with girlfriend/boyfriend problems, or when they are fighting with a friend, but they should not be chronically depressed, anxious, or overwhelmed.

Teenagers who withdraw socially from peers, have a decline in grades, and appear irritable with adults, may be in trouble. Unfortunately many teenagers experiment with alcohol or drugs, but when their use continues despite negative consequences, parents must intervene. A quick question for a teenager "What percentage of the time are you happy?" Another question "What are you enjoying about your life?" If the teen is not happy most of the time, or if joy is missing from their life, they need professional help. If they are having suicidal or aggressive thoughts, they may need immediate attention.

Treatment

How Can Teenagers Figure Out If They Have Depression?

Everyone has normal ups and downs, and sadness when relationships aren't going as expected. Some people are at risk for a medical illness called depression.

There are **two main symptoms of depression**:

Sad or Irritable mood, most of the day, nearly every day and/or **loss of enjoyment** in most or all activities. These symptoms are concerning if they last more than two weeks.

When teenagers are depressed, they view themselves and the world in a negative way. Some examples of thinking problems:

- Feelings of worthlessness and guilt.
- Difficulty making decisions, and poor concentration.
- Suicidal feelings.

Teenagers with depression can also experience physical changes. Here are some examples:

- Sleep changes: Sleeping too much or too little.
- Feeling agitated, and physically slowed down.
- Fatigue "I am tired all the time."
- Appetite changes: Eating all the time, or decreased eating.

A mental-health professional can make the diagnosis, and help the family and teenager to decide on the best treatment. Biology and stressful events can both worsen depression, so taking a good history from the teen and his/her parents can help the professional design a treatment plan—so he/she can feel better again. The two most common treatments are talk therapy, and/or medication. There are people out there who want to help! To access help, the teenager or someone else will have to talk with the parents. Only a parent can schedule an appointment for a depressed teenager.

If a teenager has a friend who has depression, especially if the friend is having suicidal feelings, attempts should be made to get the friend to tell his/her parents. If not, a teenager may have to risk a friendship by getting help for a friend. Hopefully, teenagers will choose to break a secret and risk the friendship, if needed, to save a life.

A good website on teen depression—
<http://www.nimh.nih.gov/publicat/friend.cfm>

Bipolar Disorder in Teenagers

Technically, a person has Bipolar Disorder if he/she has a manic episode. The definition of mania is listed below. How does a teenager experience Bipolar Disorder? Many teenagers with Bipolar Disorder experience mood swings and temper outbursts, which are out of character for that person. The swings include highs (mania) and lows (depression). Some people with Bipolar have a week or two of manic symptoms, and later a depression of several months. However, with “mixed episodes” a person can jump from highs to lows several times per day. This is very confusing for the teenager with Bipolar Disorder who does not know what is happening. Family and friends of a teenager notice the Jekyll and Hyde personality shifts, and may suspect drugs or relationship problems, but, in most cases, these mood swings happen for no reason.

Definitions

Depression:

See Depression, Bipolar Depression, however, tends to be rapid, and often severe.

Mania:

The mood in mania may be Grandiose (confident, talking big, fearless), or Irritable (short tempered, quick to anger). Mania is a high-energy state, and often the teenager will talk more, talk faster, and talk louder than normal. When teenagers are manic, they sleep less, and sometimes are highly creative with their energy (up all night writing poetry). Teenagers with mania may be easily distracted at school, yet at home they can throw themselves intensely into an activity that they choose. Thoughts are speeded-up, and some people describe “racing thoughts.” Some teenagers with mania have an increased libido (sex drive), and are more likely to act out their feelings. Risk-taking can be a problem, with little regard for consequences, even if the person is normally cautious. If mania gets severe, teenagers can become temporarily psychotic. A psychotic state means losing touch with reality, such as hearing or seeing things that are not there, or having paranoid ideas

What happens during a psychiatric evaluation?

This is a biological illness, just like diabetes or asthma. It is due to an imbalance of neurotransmitters, which requires medications to decrease the mood swings and return moods to normal. Regular antidepressants and some other medications can worsen Bipolar mood swings. The appropriate treatment includes either mood stabilizers, or new medications called “Atypicals.” While therapy itself will not stabilize the mood problem, therapy can be used to understand the illness and how it affects the individual, as well as to help cope with having a significant illness at such a young age.

Basically the job of the psychiatrist is to make patient feel comfortable and safe, so they can tell their stories and describe their symptoms. The doctor also talks to the parents to get their perspective. The evaluation looks at **Biologic**, **Psychologic**, and **Social** factors.

Biology: Just like asthma and diabetes, mental-health problems like depression or anxiety disorders run in families. The doctor takes a family history, looking at what kinds of problems run in the family. Biology also comes into play if medical problems are complicating the picture. Some medical problems and some medications are more likely to affect mood, so a good medical history is important. Sometimes a physical exam, blood work, and other tests are ordered to evaluate medical problems.

Psychology: Each teenager has his/her own personality which is unique. Some teenagers are optimists, some pessimists, some are confident, while others have poor self esteem. Teenagers may be outgoing or shy. They may need lots of down time, or they may thrive on activities. It is vital to understand how a teenager views the world, and how he/she communicate with others. It is also important to understand his/her hopes and their dreams.

Social: While some teenagers enjoy a great social support system, others deal with a lot of stress in their lives. Stress can come from so many directions. Some teens have learning disabilities, others have to deal with family problems, such as divorce, or a parent who is struggling. One of the worst types of stress is emotional, physical, or sexual harassment or abuse. It is important to understand how specific problems are overwhelming the teenager, and what can be done to reduce his/her stress to a manageable level.

After evaluation, some problems appear to be primarily biologic, such as a teenager who has been functioning well for years, then falls into a serious depression for no reason, and has relatives who also suffer from depression. This teenager primarily needs a biologic approach, and medication will be the primary treatment. Other teenagers are doing well until they experience an unexpected stress, such as divorce. For these teens, therapy is the primary focus of treatment. In most cases, there is a mix of biologic, psychologic, and social factors. An example would be a teenager who has a family history of depression, yet functions fine until he/she experiences a death in the family. They start with grief, but unlike others, they do not recover, and instead become more depressed and even suicidal. This type of situation may require both grief work and antidepressants, and either treatment alone would be inadequate.

Mental-health professionals understand the need for a relationship in which the teenager feels safe sharing everything, and trusts the therapist to help him/her, and to maintain confidentiality. It is normal to feel scared about starting therapy, but over time it should become a positive experience.

Mental-Health Professionals & Levels of Treatment

All mental-health professionals, after an initial diagnosis, should develop a comprehensive treatment plan which will address biology, individual psychology, and social issues. For example, a treatment plan might include accommodations for school, a social skills group, medication for depression, regular exercise, and a behavioral plan to reduce sibling fighting.

The following list of medical, health and therapy professionals treat patients at varying levels:

Medical

- Pediatricians and Family Practice Doctors
 - They are the front line and are qualified to treat ADHD, uncomplicated anxiety or depression.
- APRN's, or Advanced Practice Registered Nurses.
 - Nurse Practitioners who specialize in mental-health treatment, and many are specialists in child and adolescent mental health.
- Child and Adolescent Psychiatrists.
 - These are the doctors who have the highest degree of training to treat children or teenagers with biologic (medical) mental-health problems.

Therapists

- Psychologists (most have a Ph.D.)
 - These are the most highly trained therapists, and they are the only professionals qualified to perform psychological testing. Most have training in research
- Social Workers, LCSW or Licensed Clinical Social Workers
 - Most are well trained in one or more psychotherapy disciplines
- Others
 - Child and Adolescent Psychiatrists are trained in psychotherapy, and some make it a focus in their careers.
 - APRN's have training in psychotherapy, and some focus on this area
 - Marriage and Family Therapists, MFT, focus on marital and parenting issues

How do parents and teenagers know they are getting good treatment? The professional who is providing treatment should be someone who allows them to be open and honest, a good listener, who asks the right questions. They should answer any questions from either the teenager or the parent, and their treatment plan should make sense. The treatment is either successful, or the plan should be adapted. Trust should develop early in the process.

Modern mental-health treatment is not mysterious; it is about trust, working together as a team, and treating the mood disorder until the teenager is happy and functioning well again.

Starting the conversation

It is never easy to talk to a family member or friend about mental illness or suicide, but the following communication tips offer a way to lessen the tension during the discussion.

- Speak in a calm voice.
- Say what you mean and be prepared to listen.
- Try not to interrupt the other person.
- Avoid sarcasm, whining, threats or yelling.
- Don't make personal attacks or be demeaning.
- Don't think your answer is the only answer.
- Try not to use words such as "always" or "never."
- Deal with the "now," not the past.
- Don't try to get the last word.
- If things get too heated, take a break and come back to the discussion later.
- Make allowances for the other person.
- Parents: remember what it was like to be a teen.
- Teen: remember that parents frequently react strongly because they know the stakes are high.
- Acknowledge that you are in this together.
- Build on your communication successes to address other subjects.

Questions:

Why won't anyone talk about suicide?

It's a very uncomfortable subject. We, as adults, are afraid that if we do discuss suicide, it will give kids ideas to hurt themselves. In reality, the research shows that most kids who are suicidal have already considered it as an option. Keeping in touch with your kids, knowing who their friends are and in frequent communication with the parents of friends will help a parent identify any significant changes in a teenager's day-to-day behavior and activity.

Why would anyone want to take his or her life?

We don't really understand why, but we do know that those kids who feel hopeless or helpless just want the pain to go away. They have not had the life experiences that adults have, so the pain is real and appears to last forever. Talking about the pressures that teens experience today, and providing an open means of communication, could provide an avenue for youth to express their frustrations, rather than resorting to drastic forms of behavior.

Many survivors struggle to understand the reasons for the suicide, asking themselves over and over again: "**Why?**" Many replay their loved ones' last days, searching for clues, particularly if they didn't see any signs that suicide was imminent.

Because suicide is often poorly understood, some survivors feel unfairly victimized by **stigma**. They may feel the suicide is somehow shameful, or that they or their family are somehow to blame for this tragedy.

But you should know that **90 percent of all people who die by suicide have a diagnosable psychiatric disorder** at the time of their death (most often depression or bipolar disorder). Just as people can die of heart disease or cancer, people can die as a consequence of mental illness. Try to bear in mind that suicide is almost always complicated, resulting from a combination of painful suffering, desperate hopelessness and underlying psychiatric illness.

What do I say to someone who has attempted suicide?

Let them know that you are there to help and that people do care for them. Whatever painful experiences they are currently dealing with will pass or change. No issue they may currently be facing is worth taking their life over. There is help.

What do I say to parents and loved ones of someone who has died by suicide?

Be a good listener and do not judge. “Words cannot replace the loss that someone is feeling.” “I know that I will never experience the pain you’re going through, but I can be there to help you through it.” “I can listen and I can grieve with you.”

Are there support groups for those whose lives have been affected by suicide?

There are mental-health organizations, support groups statewide who can help you. Or you may be more comfortable first talking to a member of your clergy. The National Alliance on Mental Illness, Utah Chapter (NAMI Utah), offers free educational classes and support groups and can direct you to other services in your area. See Resources and web links for additional information.

How do I help someone who is suicidal?

Listen to what he/she is saying. Find out how serious he/she is by asking if they have a plan. If they have a plan and the means to complete, talk to a trusted adult as soon as you can. Do not dismiss their words. Many young men and women who have completed suicide told someone about their intent to harm themselves.

What do I say to someone who is suicidal?

Tell them that you care about them and want to find ways to get them help. Do not promise not to tell someone or not to get help. Do not judge them or their reasons for feeling suicidal. Reassure them that you will do all you can to help them.

How Do You Get Help?

The first step when any teenager is suffering is to tell a responsible adult. This could be a parent, a teacher, a counselor, a member of the clergy or another trusted adult.

Parents should be involved early in the process. Besides parents needing to support their son or daughter when they are having problems, teenagers cannot access mental health-treatment themselves. They need the help of their parents.

How do parents locate a well-trained mental-health provider? In most cases parents can contact their insurance company for a list of providers. Once this list is obtained, parents can network with the teenager’s pediatrician or primary-care provider to find out who they recommend. The best situation is to see someone who specializes in children and teenagers.

In Emergency Situations?

Call 911. The teenager will be transported to a local emergency room. Emergency Rooms have staff trained to evaluate crises, and to refer for hospitalization if needed.

National Suicide Prevention Lifeline: 1-800- 273 –TALK (8255)

University Neuropsychiatric Institute

Sometimes a teenager is in a crisis situation, but wants help, and is willing to go for an evaluation. In the Salt Lake City area, the University Neuropsychiatric Institute has staff available for free crisis evaluations 24 hours-a-day, 7 days-per-week.

For less urgent cases, best options are:

- A Child and Adolescent Psychiatrist: This is a physician who specializes in the diagnosis and treatment of mental-health problems in teenagers.
- If the mood problems seem situational, and not biological, consider starting with a therapist first. Types of therapists include psychologists or licensed clinical social workers.
- If a trained therapist is seeing a teenager who is not responding to therapy, the pediatrician may be willing to prescribe medication for a mood disorder.

The **Utah 211** Information line can refer you to a mental-health agency or support professional if you need assistance outside the Salt Lake Valley. 211 Info Bank, a program of Community Services Council, is a free information and referral line for health, human and community services. 211 provides information and referral on topics such as emergency food pantries, rental assistance, public health clinics, child care resources, support groups, legal aid, and a variety of non-profit and governmental agencies.

www.informationandreferral.org

Resources

The following is a list of both national and local resources on mental health, depression and information on suicide prevention. This list is in no way intended to be exhaustive; inclusion or exclusion is not to be interpreted as an endorsement or lack thereof.

Utah Statewide Resources

NAMI, Utah's mission is to ensure dignity and improve the lives of those who have mental illness and their families through education, support, advocacy and research. NAMI (National Alliance on Mental Illness) is a non-profit organization that offers free educational programs and support for families and individuals affected by mental illness. NAMI Utah is focused on educating the public about the issues surrounding mental illness. NAMI Utah also offers referrals to other organizations and services.

www.namiut.org

450 S. 900 E, Suite 160
Salt Lake City, Utah 84102
Phone:801-323-9900
Toll Free: 877-230-6264

UNI - The University Neuropsychiatric Institute, located in the University's Research Park, is a full-service 90-bed psychiatric hospital providing mental health and substance abuse treatment. Our services include inpatient, day treatment, intensive outpatient, and outpatient services for children, adolescents and adults. Confidential assessments, referrals, and intervention education are available. For e-mail inquiries about referrals, admissions or hospital services, please contact:

uni.cac@hsc.utah.edu

<http://uuhsc.utah.edu/uni>

501 Chipeta Way

Salt Lake City, Utah 84108

Phone: 801-583-2500

Provo's HOPE Task Force (Hold On, Persuade, Escape) consists of 25 local groups that present lessons and community workshops to both educate and prevent suicide through intervention and

www.provo.edu

Gregory Hudnall

Provo City School District

280 West 940 North

Provo, Utah 84604

Phone: 801-374-4802

The Intermountain Injury Control Research Center seeks to reduce the national burden of injury and illness through scientific research, leadership, education, mentorship, service and innovation in a productive, academic environment.

<http://www.intermountaininjury.org/>

295 Chipeta Way, PO Box 581289,

SLC, UT 84158-0289

Phone: 801-581-6410

Utah Department of Human Services Various programs at the Utah Department of Human Services offer assistance and indirect suicide prevention resources. The link below is targeted specifically at support for young adults.

<http://www.justforyouth.utah.gov/samh.htm>

120 North 200 West

Salt Lake City, Utah 84103

801-538-4001

Valley Mental Health is a private, not-for-profit agency, contracting with Salt Lake, Summit and Tooele Counties, as well as with the State of Utah, to provide mental-health services. Valley Mental Health's philosophy is to deliver services in the least restrictive environment possible.

www.vmh.com

5965 South 900 East

Salt Lake City, Utah 84121

(801)263-7100

Crisis Hotline

24 hours a day

(801)261-1442

Youth Services diverts youth from the juvenile justice system. It provides immediate intervention by engaging and motivating youth and families to access resources and resolve conflict. Youth Services is appropriate for youth who have a minor or non-existent delinquent history and have not been adjudicated. <http://www.hsdyc.utah.gov/youth-services.htm>

State Administrative Office

Contact: Dan Maldonado, Director
120 North 200 West, Rm 419
Salt Lake City, UT 84103
801- 538- 4330

Office of Correctional Facilities

Contact: Julie Shaheen
61 West 3900 South
Salt Lake City, UT 84107
801-284-0200

Office of Early Intervention Services

Contact: Gaby Anderson
3570 S. West Temple
Salt Lake City, UT 84115
801-685-5713

Office of Rural Programs

Contact: Malcolm Evans
205 West 900 North
Springville, UT 84663
801-489-5641

Office of Community Programs

Contact: Cecil Robinson
145 North Monroe Blvd.
Ogden, UT 84404
801-627-0322

The Utah PTA helps every child realize his/her full potential, supports and speaks on behalf of children and youth, encourages positive involvement in all facets of a child's life, and assists in developing skills to raise and protect children and youth.

<http://www.utahpta.org/>

5192 South Greenpine Drive
Salt Lake City, Utah 84123
Phone: (801) 261-3100

211 Information and Referral

211 Info Bank, a program of Community Services Council, is a free information and referral line for health, human and community services. 211 provides information and referral on topics such as emergency food pantries, rental assistance, public-health clinics, childcare resources, support groups, legal aid, and a variety of non-profit and governmental agencies.

www.informationandreferral.org

The Utah Federation for Youth promotes positive youth development and drug prevention through education, community involvement, and outdoor recreation.

History: Founded in 1980, the Utah Federation for Youth has worked as a grassroots, community non-profit organization in Salt Lake City to provide initiatives that improve young people's lives, the environment, and our community.

www.ufyi.org

641 W North Temple, Suite 40
Salt Lake City, UT 84116
801- 468-0699

Utah Youth Village changes the lives of troubled children and families. The Village offers residential care in Treatment Foster Homes and in Group Homes. The Village also offers in-home help through Families First, an intensive program that teaches parents valuable skills. Other programs include Parenting For Success classes, therapy, and privately funded higher education grants for Village graduates.

www.youthvillage.org

5800 South Highland Drive
Salt Lake City, Utah 84121
Phone: (801) 272-9980

Heart and Soul Survivors- Suicide Survivors Support Group is for anyone who has been affected by the loss from suicide, including immediate and extended family, friends, neighbors. No fees or forms, just love and understanding.

<http://groups.msn.com/heartandsoulsurvivors>

Phone: (801) 223-9954

Four Corners Community Behavioral Health, Inc

Four Corners Community Behavioral Health provides complete out-patient mental-health and substance abuse services. These services include assessment and diagnosis, individual, family, and group therapy, evaluation for medication, medication management, skills development, case management, intensive substance abuse outpatient services, psychological testing, short-term treatment for children, youth, and adults suffering life crisis situations, ongoing treatment for people with biological or severe mental illness.

<http://www.fourcorners.ws>

198 East Center Street
Moab, Utah 84532
435-259-6131

Mental Health Association in Utah

The Mental Health Association in Utah promotes and supports mental health and seeks to improve the care and treatment of persons with mental illness by affecting improvement in public policy and through public education.

<http://www.xmission.com/~mhaut/>

1800 South West Temple Suite, 501
Salt Lake City, UT 84115
(801)596-3705

Mental Health Resource Foundation is a private non-profit foundation incorporated in 1991. The Foundation's interests are to identify, develop, and promote resources for those persons with mental-health concerns, including depression, bipolar, schizophrenia, anxiety, and eating disorders; and social/emotional concerns including alcohol and drug abuse, same-sex attraction, pornography, divorce, and physical and sexual abuse.

www.MentalHealthLibrary.info

2550 Washington Blvd., #103; PO Box 3074
Ogden, Utah 84409-1704
Phone: 1-800-723-1760

(CCS) Catholic Community Services has evolved to reflect the changing dynamics of the entire Utah community. The original spirit and intention to make a difference in the lives of people remains undiluted. Over six decades, Catholic Community Services of Utah has become a community service leader in Utah and has gained a national reputation for reaching out to families and individuals in the most desperate of circumstances. In response to expanding community needs, the types of programs have increased from four to 14 throughout the state.

<http://www.ccsutah.org/>

250 East 300 South, Suite 300
Salt Lake City, Utah 84111
Phone: (801) 977-9119

Our Savior's Lutheran Church is a moderately-sized family-oriented organization that is active in the community. Our Savior's youth program is recognized throughout the Salt Lake Valley and the Rocky Mountain Area.

www.oslclslc.org

2500 East 3900 South
Salt Lake City, Utah 84124
Phone: (801) 278-1412

National Resources

American Association of Suicidology: The goal of the American Association of Suicidology (AAS) is to understand and prevent suicide. AAS promotes research, public awareness programs, education, and training for professionals, survivors, and all interested persons. AAS serves as a national clearinghouse for information on suicide. AAS has many resources and publications, which are available to its membership and the general public.

www.suicidology.org

4201 Connecticut Avenue, NW. Suite 408
Washington, DC 20008
Phone: 202-237-2280

Child and Adolescent Bipolar Foundation (CABF) is a parent-led, not-for-profit, Web based membership organization of families raising children diagnosed with, or at risk for, pediatric bipolar disorder.

www.bpkids.org

820 Davis Street
Suite 520
Evanston, IL 60201
Phone: 847-492-8519
Fax: 847-492-8520

NAMI (National Alliance on Mental Illness) is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness, a national organization including NAMI organizations in every state and in over 1100 local communities across the country who join together to meet the NAMI mission through advocacy, research, support, and education.

www.nami.org

National Institute of Mental Health (NIMH)

www.nimh.nih.gov

6001 Executive Boulevard, Rm 8184, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513

Suicide Prevention Resource Center SPRC promotes the implementation of the National Strategy for Suicide Prevention and enhances the nation's mental-health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide.

www.sprc.org

The American Foundation for Suicide Prevention (AFSP) is the only national not-for-profit organization exclusively dedicated to funding research, developing prevention initiatives and offering educational programs and conferences for survivors, mental-health professionals, physicians and the public.

www.afsp.org and <http://www.afsp.org/education/teen/index1.htm>

120 Wall Street, 22nd Floor
New York, New York
Phone: 888-333-2377

Suicide Awareness Voices of Education (SAVE)

SAVE's Mission is to prevent suicide through public awareness and education, eliminate stigma and serve as a resource to those touched by suicide.

www.save.org

9001 E. Bloomington Fwy
Suite #150
Bloomington, MN 55420
Phone: (952) 946-7998

Educators

Hope for Tomorrow is a Mental Health Education Program offered for middle schools and high schools. It brings together the combined efforts and insights of mental health professionals, educators, and other experts to help parents, teachers, students, and communities understand mental illness—a crucial step to improving the lives of those affected by it.

www.namiut.org

450 South 900 East #160
Salt Lake City, Utah 84102
Phone: 801-323-9900

The Youth Suicide Prevention School-Based Guide is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program.

<http://theguide.fmhi.usf.edu/>

Health Education I (7-8) [1999] –

Utah State Office of Education: Mental Health Curriculum

Health Education offers students an opportunity to acquire knowledge, practice skills, and develop attitudes that can benefit them throughout life. Building a solid foundation of good literacy and decision-making skills can contribute to a variety of healthy choices for self and others. Although the knowledge components are addressed through the seven different content sections, the development of process and life skills and attitudes has been incorporated throughout the entire curriculum.

<http://www.uen.org/core/core.do?courseNum=7100>

Suggested Reading

Care For Them: Doreen Cammarata, Grief Guidance, In.,

An illustrated book that explains depression and suicide in child friendly language.

Understanding Depression: What We Know and What You Can Do About It

J. Raymond DePaulo Jr., M.D. John Wiley & Sons, Inc., 2002. The Psychiatrist-in-Chief of the John Hopkins Hospital presents a comprehensive, user-friendly guide to depression, including the latest research in brain chemistry, psychology and pharmacology.

An Unquiet Mind: A Memoir of Moods and Madness

Kay Redfield Jamison, Ph.D., Alfred A. Knopf, 1995. In this memoir, the author, an international authority on bipolar disorder, describes her own struggle since adolescence with the disorder, and how it has shaped her life.

Night Falls Fast: Understanding Suicide

Kay Redfield Jamison, Ph.D., Alfred A. Knopf, 1999. Weaving together an in-depth psychological and scientific exploration of the subject, this book traces the network of reasons underlying suicide, including the factors that interact to cause suicide, and the evolving treatments available from modern medicine. Includes a particular focus on suicide by adolescents and young adults.

Darkness Visible

William Styron, Random House, 1990. A powerful and moving first-hand account of what depression feels like to the sufferer.

No One Saw My Pain: Why Teens Kill Themselves

Andrew Slaby and Lili Frank Garfinkle, W.W. Norton and Company, 1995. Written by an expert on suicide in young adults, this book looks at many examples of adolescent suicide and explores the complex factors that may contribute to it.

Helping Your Angry Child

Nemeth, Ray, & Schexnayder. The title proposes a way to help an angry child, but the main emphasis of this thorough workbook is healthy parenting. It describes the communication and interaction that produce healthy children and families from infancy, identifying risk and patterns that determine behavior. There are exercises for children at risk, worksheets for parents to assess their own ability to work through a difficult situation, and follow-up activities to judge progress. This is an intensive program designed for ongoing use, and an excellent tool for committed parents.

