Emotional Freedom Technique

The EFT Setup: Bringing awareness and acknowledgment to an uncomfortable experience is the first step to using EFT (Emotional Freedom Technique).

What is upsetting you right now? Notice any tension, pain, memory or craving you experience and give it a name.

Be specific and get as detailed as you can. For example: “I’m angry about _____”, or “I’m stressed about _____”. What is the intensity of this issue on a scale of 0 (lowest) to 10 (highest)?

Speak three times out loud as you tap the Side of the Hand (SoH) or rub the Tender Spot: Even though I am angry about ______”, or “Even though I am stressed about _____”… this is where I’m at right now...

The Sequence: Next, repeat the same word or phrase, also called a “Reminder Phrase”, while tapping each point in the 9-Point EFT Sequence:

1 - TOH [this anger about ______] 6 - Chin “
2 - EB “
3 - SE “
4 - UE “
5 - UN “
6 - Chin “
7 - CB “
8 - UA “
9 - Gamut Point “

Repeat: Take a deep breath and close your eyes for a moment. What feels better? Measure again and repeat the Setup and Sequence on the remainder of the problem: “Even though I still have some of this [anger]” or on another aspect that emerges.

www.mindshiftwithlauren.com
Tranquil Solutions For A Centered Mind

All are Welcome!

Tranquilly centering the mind with the body.

We give individuals and families an open and non-judgmental space to reconnect with their purpose, their passion and most importantly, each other. Our services focus on trauma-informed care. Seeking help is the best way to put things into perspective.

As a committed, professional psychotherapist practice in Delaware, your well-being and mental strength is our number one priority. We are happy to guide you through all of life’s challenges with the attention and care you deserve.

To learn more, click here.
Want more health, peace & joy thru Tai Chi Chih® movement?

We all know the value of working out & eating right but unaddressed stress or trauma can literally unravel your life.

Hard science now points directly to meditation as the key to reducing stresses with the potential to mimic or even cause physical or mental disease. If you’re like most health-minded people, however, the idea of meditating sounds great (but actually sitting still long enough to get it done is another thing entirely.) The good news is T’ai Chi Chih is not only fun, it’s also the only T’ai Chi style endorsed by the Arthritis Foundation, the American Medical Association, and Mayo as nothing other than an evidence-based moving MINDFULNESS practice. And there’s never been a better time to learn and practice these twenty simple, instantly analgesic, immune-boosting, and mood-lifting movements suitable for any age, physical condition, or agility level. Still doubt the interconnectedness of body, mind, and spirit? Next time you feel scared or tense just take a moment to notice your breathing and posture ...for more information visit

www.SculptUrLife/tai-chi-chih

THEN SIGN UP FOR CLASSES TODAY!

Jessica Lewis, CPT, CNC is an Accredited T’ai Chi Chih & TAI CHI FOR VETERANS Instructor. To learn more about the transformative power of T’ai Chi and all aspects of her Lifestyle Coaching private practice Sculpt YOUR LIFE®, click www.SculptUrLife.com, follow/like/subscribe to her on Facebook, LinkedIn, Instagram, Twitter and YouTube, or click www.SculptUrLife.com/press-coverage to catch Jessica in print and digital media.
Tai Chi

Do you suffer from:
• Balance issues
• Pain
• Parkinson’s Disease
• Reduced flexibility
• PTSD
• A mental health diagnosis
• Arthritis
• COPD
• Osteoarthritis
• High blood pressure
• Or other issues?

Ask your doctor or VA caregiver today about your consult for 30 virtual Tai Chi classes! All you need is access to the internet, and a phone, tablet, or computer.

Or contact Jessica Lewis, Accredited Tai Chi for Veterans Instructor, for more info:
www.SculptUrLife.com/tai-chi-for-veterans • 302-593-5005
Come join our
MHA's Wellness Groups

To view more information

MHA offers a variety of peer-led wellness groups for adults, including Depression & Anxiety, Survivors of Suicide for Grief and Healing, COVID Wellness, People of Color, LGBTQ+, Disability Haven, Friday Fun Night, Men's and Women's Wellness Groups

<table>
<thead>
<tr>
<th></th>
<th>Virtual (via Zoom) or In-Person (Newark, Pike Creek and Lewes)</th>
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<td>Free</td>
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<td></td>
<td>Offered Mondays - Fridays</td>
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<td></td>
<td>All groups are closed- registration is required</td>
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<tr>
<td></td>
<td>To register, contact Jennifer Wendell at <a href="mailto:jwendell@mhainde.org">jwendell@mhainde.org</a></td>
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</tbody>
</table>
MHA offers a variety of virtual and in-person events, including wellness groups, suicide prevention trainings, peer recovery specialist trainings and CEUs, fundraising events, stress workshops, conferences and more!
If you or someone you know needs support now,
CALL OR TEXT: 988
CHAT: 988lifeline.org
Talk with us.
Text HELLO to 741-741

A free, 24/7 text line for people in crisis.
Are you a young person of color? Feeling down, stressed or overwhelmed?

Text STEVE to 741741
LGBTQ

Suicide Prevention Resources

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

Text TALK to 741741
Text with a trained counselor from the Crisis Text Line for free, 24/7

The Trevor Project
TrevorLifeline: Available 24/7 at 1-866-488-7386
TrevorText: Text TREVOR to 1-202-304-1200
TrevorChat: Via thetrevorproject.org

Trans Lifeline
Support for transgender people, by transgender people
1-877-565-8860

SAGE LGBT Elder Hotline
Peer-support and local resources for older adults
1-877-360-LGBT (5428)

The LGBT National Hotline
Peer-support and local resources for all ages
1-888-843-4564

afsp.org/lgbtq
Delaware Crisis Intervention Services

24-Hour Emergency Services for Mental Health and/or Substance Abuse Crises

Crisis Intervention Services
New Castle County:
1-800-652-2929
1901 N. Dupont Highway, New Castle, DE 19720

Kent/Sussex Counties:
1-800-345-6785
700 Main Street, Ellendale, DE 19941

Recovery Response Centers
New Castle County:
302-318-6070
659 E. Chestnut Hill Road, Newark, DE 19713

Kent/Sussex Counties:
302-424-5660
700 Main Street, Ellendale, DE 19720

Child Priority Response Line
1-800-969-HELP (4357)

Crisis Text Line
Text DE to 741741
### Delaware Psychiatric Hospitals and Intensive Outpatient Programs

<table>
<thead>
<tr>
<th>Hospital/Services</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware Psychiatric Center</td>
<td>(302) 255-2700</td>
</tr>
<tr>
<td>Dover Behavioral Health</td>
<td>(302) 741-0140</td>
</tr>
<tr>
<td>MeadowWood Behavioral Health</td>
<td>(888) 465-0230</td>
</tr>
<tr>
<td>Rockford Center</td>
<td>(302) 996-5480</td>
</tr>
<tr>
<td>Sun Behavioral</td>
<td>(302) 205-0361</td>
</tr>
<tr>
<td>Suburban Psychiatric Services (IOP)</td>
<td>(302) 999-9834</td>
</tr>
<tr>
<td>Charlie Health (Online IOP for teens and young adults)</td>
<td>(302) 503-6035</td>
</tr>
</tbody>
</table>

### Crisis and Reporting Lines

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone/Line Details</th>
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</thead>
<tbody>
<tr>
<td>Crisis Intervention Services</td>
<td>Northern Delaware – (800) 652-2929</td>
</tr>
<tr>
<td>(Mobile Crisis for Adults)</td>
<td>Southern Delaware – (800) 345-6785</td>
</tr>
<tr>
<td>Delaware Guidance Services</td>
<td>Direct Services – (302) 652-3948</td>
</tr>
<tr>
<td>(Mobile Crisis for Youth)</td>
<td>Crisis Line – (800) 969-4357</td>
</tr>
<tr>
<td>The Trevor Project</td>
<td>Phone: 866-488-7386</td>
</tr>
<tr>
<td>(Crisis Services for LGBTQ+ Youth)</td>
<td>Text ’START’ to 678-678</td>
</tr>
<tr>
<td>988 Suicide &amp; Crisis Lifeline</td>
<td>988</td>
</tr>
<tr>
<td></td>
<td>*Press 1 to reach the Veterans Crisis Line</td>
</tr>
<tr>
<td>Crisis Text Line</td>
<td>Text ’DE’ to 741741</td>
</tr>
<tr>
<td>Child Abuse/Neglect Reporting</td>
<td>(800) 292-9582</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>New Castle County – (302) 762-6110</td>
</tr>
<tr>
<td></td>
<td>Kent &amp; Sussex Counties – (302) 422-8058</td>
</tr>
<tr>
<td>Rape Crisis Hotline</td>
<td>(800) 773-8570</td>
</tr>
</tbody>
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### Counseling Centers

<table>
<thead>
<tr>
<th>Counseling Center</th>
<th>Phone/Location Details</th>
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<tbody>
<tr>
<td>Brandywine Counseling</td>
<td>New Castle County – (302) 472-0381</td>
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<tr>
<td></td>
<td>Kent &amp; Sussex Counties – (302) 856-4700</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>New Castle County – (302) 655-9624</td>
</tr>
<tr>
<td></td>
<td>Kent County – (302) 674-1600</td>
</tr>
<tr>
<td></td>
<td>Sussex County – (302) 856-9578</td>
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<tr>
<td>Conexio Care</td>
<td>(833) 866-2277</td>
</tr>
<tr>
<td>Amanecer Counseling &amp; Resource</td>
<td>(302) 576-4136</td>
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<tr>
<td>Jewish Family Services</td>
<td>(302) 478-9411</td>
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### Community Resources

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<tr>
<th>Resource</th>
<th>Phone/Location Details</th>
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<tbody>
<tr>
<td>Recovery Innovations</td>
<td>Newark – (302) 318-6070</td>
</tr>
<tr>
<td></td>
<td>Ellendale – (302) 424-5660</td>
</tr>
<tr>
<td>Mental Health Association in Delaware</td>
<td>(302) 654-6833</td>
</tr>
<tr>
<td>National Alliance on Mental Illness (NAMI)</td>
<td>(888) 427-2643</td>
</tr>
<tr>
<td>Military One Source</td>
<td>(800) 342-9647</td>
</tr>
<tr>
<td>AIDS Delaware</td>
<td>Wilmington – (302) 652-6776</td>
</tr>
<tr>
<td>Sean’s House</td>
<td>136 W. Main Street, Newark</td>
</tr>
<tr>
<td>(Open 24/7 for High School and College students)</td>
<td>(302) 294-6134</td>
</tr>
<tr>
<td>Delaware 211</td>
<td>Dial 211 or (800) 560-3372</td>
</tr>
<tr>
<td>Delaware Hope Line</td>
<td>(833) 9-HOPEDE or (833) 946-7333</td>
</tr>
<tr>
<td>(Help for those dealing with stress and behavioral health issues)</td>
<td>Text DEHOPE to 55753 for tips and reminders</td>
</tr>
<tr>
<td>The PROMISE Program</td>
<td>Call the EEU (Eligibility &amp; Enrollment Unit) to see if you qualify</td>
</tr>
<tr>
<td></td>
<td>EEU – (302) 255-9458</td>
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### Substance Use Disorders

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Phone/Website Address</th>
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</thead>
<tbody>
<tr>
<td>Recovery Center of America</td>
<td>(484) 393-2001</td>
</tr>
<tr>
<td>Gaudenzia</td>
<td>(302) 737-4100</td>
</tr>
<tr>
<td>Help Is Here</td>
<td><a href="http://www.helpisherede.com">www.helpisherede.com</a></td>
</tr>
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charlie health

Personalized mental health treatment for teens, young adults, and their families
OUR IOP IS DIFFERENT

evidence-based therapies
Our trauma informed, masters level clinicians will use evidence based therapy techniques including CBT, DBT skills, and EMDR.

experiential therapies
Our expert experiential therapists will guide clients through music, art, dance, movement, and mediation therapies.

specialized tracks
We offer specialized tracks for our clients including but not limited to DBT specific track, LGBTQ, Trauma, and Substance Use.

we can help with:
- depression
- trauma
- mood disorders
- anxiety disorders
- self harm
- addiction
- gender dysphoria
- and more!
ABOUT CHARLIE HEALTH

We believe everyone deserves to be empowered and loved. Our team of licensed clinicians employ engaging and effective virtual therapeutic groups to build connections among peers, show support, role model productive communication, and ultimately heal together.

INTENSIVE OUTPATIENT THERAPY

Our IOP is designed for teens and young adults in need of more support than one-time-per-week therapy. Our comprehensive treatment solution includes group, family, and individual therapy, with 9-11 hours of treatment services each week for an average of 6-10 weeks, all from the comfort and safety of home.

For Teens, Young Adults, or Loved Ones Seeking Enrollment

Step 1: Call Admissions 866-491-5196 directly to learn more about our program.

Step 2: Have insurance card and demographic information ready to share with the Charlie Health team.

Step 3: Insurance and financial obligations are reviewed, and an initial psychological evaluation will be completed.

Step 4: Based on the initial psych eval. and clinical presentation, Charlie Health will customize a treatment plan.

Step 5: Charlie Health’s clinical team will meet with the client and their family (if involved) to finalize an appropriate treatment plan. The client will be carefully matched into a group and begin treatment!

For Providers, Counselors, or Other Resources

Step 1: Provide family / client with Charlie Health admissions direct lines- Admissions 866-491-5196

Step 2: Share client contact info with Charlie Health, or provide Charlie Health contact info for the client/ families to reach out themselves.

Step 3: Charlie Health will take it from here, keeping you in the loop as needed or as appropriate. Yes—that’s right—no paperwork is required for you to make a referral!
WE ARE HERE FOR YOU.

no waitlist
We are committed to never having a waitlist. Ever.

insurance
We work with major health plans, including medicaid, to ensure that treatment is accessible and affordable.

contact us
Call us at 866-491-5196
visit charliehealth.com
Whether you need same-day access to psychiatric care or want to schedule an appointment to be seen by a mental health professional in the next few days, you can turn to Sheppard Pratt. We serve children, adolescents, adults, and older adults.

**Psychiatric Urgent Care**

**Locations:**
- **Sheppard Pratt – Towson Campus**
  6501 N. Charles Street, Baltimore, MD 21204
- **Sheppard Pratt - Baltimore/Washington Campus**
  7220 Discovery Drive, Elkridge, MD 21075

**Walk-In Hours:**
- **Monday – Friday,** 10:00 a.m. – 9:00 p.m., **Saturday,** 11:00 a.m. – 3:00 p.m.
- **Monday – Friday,** 10:00 a.m. – 9:00 p.m., **Saturday,** 10:00 a.m. – 6:00 p.m

**Phone:**
- 410-938-5302
- 240-915-5555

Psychiatric Urgent Care is specially designed for people who need an immediate psychiatric triage. All individuals are evaluated by a licensed clinician, then referred to an appropriate level of psychiatric care. Those receiving services from the Psychiatric Urgent Care must do so voluntarily, be medically stable, be free from drugs or alcohol, and be able to safely wait for evaluation in an outpatient clinic setting.

**Insurance and Paying for Your Visit**

Sheppard Pratt’s Psychiatric Urgent care participate with Maryland Medicaid and Medicare, as well as many major insurance companies (including CareFirst, CIGNA, Aetna, and United Healthcare).

*Please note: Clinicians at the Psychiatric Urgent Care do not write or refill prescriptions.*
It can be hard to talk about your mental health, particularly if you’re struggling. But reaching out for help by having a #RealConvo with someone in your life is a necessary step to take in feeling better. It’s also a strong thing to do.

Here is some straightforward guidance for having a conversation that can make all the difference.

1. **Get the conversation started**

   The best way to broach the subject of your mental health with someone is to treat it as something important. (Because it is!) You might say:

   “Hey, there’s something I’d like to talk with you about. It’s kind of important to me and I’m wondering if we can make some time.”

2. **Schedule a time**

   If that moment isn’t convenient for both of you, lock in a time.

   “I’m wondering if you have a few minutes at lunchtime for us to talk today.”

   “Is there a good time I might call you this evening?”

3. **Don’t give up**

   Just because you’re ready to have a conversation, it doesn’t mean it will be convenient at that moment for the other person. This doesn’t mean they don’t care about you. Keep in mind that just as others may not realize everything that’s going on with you, you also don’t know what may be on their minds at the moment.

#RealConvo Guide

Reaching Out for Help

afsp.org/realconvo
If the person you first reach out to isn’t available, for whatever reason, try someone else. And keep in mind – especially if you’re really struggling – that help is always available, even if you’re not facing a serious or suicidal crisis. Resources like the National Suicide Prevention Lifeline (1-800-273-TALK), or the Crisis Text Line (text TALK to 741-741) are available for anyone, and can connect you to help.

4. **Face to face (or ear to ear)**

Explain what it is you’ve been experiencing - changes in your thoughts, feelings, behaviors, sleep, energy and mood. You might tell them you’ve been feeling overwhelmed, anxious, or depressed, or like your usual coping strategies are barely working any more. You might also tell them that you’ve been “not feeling like your usual self,” or that you’re “having thoughts that are troubling to you.” (Keep in mind that it works both ways: just as situational stress can impact our mental health, sometimes our mental health can affect the way we are coping with a situation.)

So as you’re explaining what’s been going on in your life, be sure to identify any changes in your mental health that you’re aware of, so your friend can understand the full picture. Talk about not only the things affecting you, but how they are affecting you. For example, instead of saying, “Work has been really stressful because my boss does x, y, z...” try to identify how the stress at work has been impacting your mood, anxiety, sleep, temper or frustration tolerance, substance use, and so on.

It’s also helpful if you can look back and try to figure out how long the changes you’ve been experiencing have been going on. Did they happen gradually (over weeks to months), or more rapidly (hours to days)?

Bonus Round! You get extra credit if you can think about what’s tended to either help or worsen your mental health symptoms. This information will help your friend understand and support you, and together you might even be able to brainstorm some positive next steps to consider.

5. **After the Convo**

Now that you’ve opened yourself up in such a brave, strong way about what you’re experiencing, you might be feeling a little nervous.

“What does this person think of me now?” “What if I’ve scared them away?” “Are they going to avoid me for now on?” Some folks call this a Vulnerability Hangover.

What you might do, after the conversation has taken place, is to reach back out to them, thanking them for taking the time to speak, and letting them know, once again, how important the conversation was to you.

“Thank you for taking the time to speak with me the other day. It really was important to me to let you know how I was feeling.”

“I appreciate your friendship, and that you were willing to have such a personal conversation.”
Sometimes, no matter how willing a person is to have this kind of conversation, and no matter how much they care about you, they may be scared to reach back out, nervous about handling it in the right way. (For practical guidance on how anyone can have a #RealConvo with someone they’re concerned about, click here.) Reaching back out like this gives the other person an opportunity to continue the dialogue with you going forward, and lets them know you’re not avoiding the topic, yourself!

**Congratulations! You’ve had a #RealConvo about your mental health!**

In the same way you speak up about your physical health, reaching out and talking about your mental health is a very necessary, and strong, thing to do. It’s hard to experience mental health issues such as depression or anxiety. The good thing is, you never have to face anything alone.
You don’t need special training to have an open, authentic conversation about mental health – and often, just talking about it can be the first important step in understanding where someone is with their mental health, and helping them get support or treatment if needed.

Here are some quick pointers you can use for having a #RealConvo with the people in your life.

1. **Let people know you’re willing to talk about #MentalHealth**

The easiest way to let people know you’re willing to talk about mental health is to be open about your own. Try to think of it in the same way you think about your physical health. Allow it to come up naturally in conversation in the same way.

If you’ve seen a mental health professional in the past, when the subject comes up, you might say, in your own words:

“I’ve had times in my life when I’ve struggled. I went to talk to someone, and it really helped me.”

A casual reference like the one above can have a powerful effect, letting others know you’re a safe person to talk to if they ever need to reach out.

2. **What can you say to someone you think may be struggling?**

Trust your gut if you think someone’s having a hard time, and speak to them privately. Start with an expression of care, followed by an observation.

“I care about you and I’ve noticed you haven’t been yourself lately. You seem more frustrated than you’ve been in a while, and I’m wondering how you’re doing.”
Normalize mental health by talking about it directly.

"I wonder if what's happening at work these days is stressing you out."

"With everything that's going on in your family, I wonder if you're feeling overwhelmed."

Let them know you get it, and that it’s okay - and normal - to struggle in response to life’s challenges.

"I've been through things in my life, too, and what I've often found is that talking about it helps. Whatever it is, I'm here to listen and support you."

3. The timing doesn’t have to be perfect

You may not always be able to speak with someone the moment you notice they might be struggling. It’s fine to circle back some other time soon.

"The other day I noticed you seemed upset. I made a note that I wanted to talk with you. I’m really concerned about how you’re doing. So let’s talk."

Sometimes creating some space is the perfect thing to do. Let them know you can have the conversation at a time that’s right for them.

"Can we grab some coffee and talk about it?"

"Would you like to go for a walk?"

4. What if they hesitate?

The other person might worry that sharing how they feel will be a burden to others. They might say something like, "You must be sick of hearing about all of this," or, "I don’t want to saddle you with my problems."

In your own words, tell them:

"Not only am I not sick of it, but I care about you, so I want to be there for you. I get that life is complex - so I'm here to listen and support you."

5. Would they be more comfortable talking to someone else?

If you suspect the other person might be more comfortable talking with someone else, you can offer to help connect them.

"Is talking to me about this helping you right now? Or is there someone else you’d feel more comfortable with, who we can bring in to help support you?"
6. What if they tell you they really are having a hard time?

Reassure them that it’s okay to talk about.

“You know what? Everyone goes through periods in their life when they’re struggling. But just because you’re struggling now doesn’t mean you’ll always feel this way.”

Then ask for more detail, and let them know they can go to that dark place with you.

“What's the worst thing about what you're going through right now?”

And make sure to include that getting help from a mental health professional can truly make a big difference in their situation.

7. When the convo’s winding down...

End the conversation by reiterating that you are so glad for the chance to connect on this deeper level about such meaningful things in life. Remind them that we all have challenges at times, and that you’ll continue to be there for them.

Nicely done! You’ve had a #RealConvo about mental health! How do you follow up?

Give yourself a pat on the back for having a #RealConvo with someone!

But don’t just leave it at that. Follow up to let them know it was okay to open up, that you care, and that you’re still a “safe” person to talk to about mental health.

“You know, you've been on my mind since we had that conversation the other day.”

“I've really been thinking about what we talked about, and I want to circle back. How’re you feeling since we spoke?”

Being available to have a #RealConvo about mental health is an important way we can all be there for the people in our lives, whether it’s a friend, family member, or someone in your community. All it takes is a willingness to be open, honest and present with the people you care about.

We all have mental health. Reach out and have a #RealConvo with someone in your life today.
#RealConvo Guide

If Someone Tells You They’re Thinking About Suicide

Let’s say you’re having an open, honest conversation with someone about mental health - you can find tips on how to do that here - and they feel comfortable enough with you to reveal that they’re having thoughts of suicide. You probably feel an immense amount of pressure. How should you respond? What can you do to connect them to help?

First of all, realize that someone opening up in this way is a positive thing, because it’s an opportunity to help. Here are some ways you can respond.

1. **Let them know you’re listening**

   First of all, reassure them you hear what they’re saying, and that you’re taking them seriously.

   “I’m so glad you’re telling me about how much has been going on, and how you’re feeling. Thank you for sharing this with me.”

2. **Show your support**

   In your own way, make sure they know you’re there with them, and that you care.

   “I’m right here with you.”

   “Nothing you’re going through changes how I feel about you, and how awesome I think you are.”

   “I love you no matter what, and we’re going to get through this together.”

afsp.org/realconvo
3. **Encourage them to keep talking - and really listen**

Let them know you want to hear more about how they’re feeling, and what they’re going through. Listen actively by expressing curiosity and interest in the details.

“Wow - that situation sounds really difficult.”

“How did that make you feel when that happened?”

4. **Ask them about changes in their life and how they are coping**

Find out how long it’s been that the person has been feeling this way, and any changes it’s caused in their life.

“How long have you felt this way? When did these feelings start?”

“Have these thoughts led to any specific changes in your life, like trouble sleeping, or keeping up with work?”

“Have you been getting out as much as before? Are you isolating yourself?”

5. **Be direct if you suspect they’re thinking about suicide**

If you think someone’s thinking about suicide, trust your gut and ask them directly. Research shows it will not put the idea in their head, or push them into action. Often, they’ll be relieved someone cares enough to hear about their experience with suicidal thoughts.

“Are you thinking about killing yourself?”

“Does it ever get so tough that you think about ending your life?”

Make sure not to sound like you’re passing judgment (DON’T say: “You’re not thinking of doing something stupid, are you?”) or guilt-trip them (DON’T say: “Think of what it would do to your parents.”)

Instead, reassure them that you understand and care.

“I really care about you, and I want you to know you can tell me anything.”

6. **What can you say if they tell you they’re thinking about killing themselves?**

Stay calm - just because someone is having thoughts of suicide, it doesn’t mean they’re in immediate danger. Take the time to calmly listen to what they have to say, and ask some follow-up questions.
“How often are you having these thoughts?”

“When it gets really bad, what do you do?”

“What scares you about these thoughts?”

“What do you need to do to feel safe?”

Reassure them that help is available, and that these feelings are a signal that it’s time to talk to a mental health professional.

“The fact that you’re having these thoughts tells me something significant is going on for you right now. The good news is, help is out there. I want to help you get connected to resources that can help.”

7. Follow their lead, and know when to take a break

This is a tough conversation to have, so make sure the other person knows they can stop if it feels like talking about it is too hard for them at the moment.

“Are you okay with continuing to talk about this?”

“I want to support you, and I’ll be here if you want to talk more later.”

8. How to suggest they could benefit from professional help

You are being a great person in having this supportive conversation – but you’re not a mental health professional. If the person you care about has told you they’re thinking of suicide, it’s a warning sign that they should speak with a mental health professional. Here’s how you can broach the subject.

“I hear you that you’re struggling, and I think it would really be helpful for you to talk to someone who can help you get through this.”

“You know, therapy isn’t just for serious, “clinical” problems. It can help any of us process any challenges we’re facing – and we all face serious stuff sometimes.”

“I really think talking to someone can help you gain some perspective, and keep things from getting worse.”

“You’re in good company: the highest-performing executives and elite athletes lean on mental health professionals to hone their performance. Reaching out for professional guidance and therapy is a strong thing to do, and it can make all the difference.”
9. **Help them connect**

Sometimes making that first moment of contact to professional help can be the hardest. Offer to help them connect in whatever way you’re comfortable with.

“I could call your insurance with you, or go online to find a mental health professional or substance use program. Or I could sit with you while you do it. We can figure it out together.”

“I could drive or walk you to your appointment. Then we could have coffee afterwards.”

10. **If they’re concerned about privacy**

If the person is worried about others finding out that they’re getting treatment, let them know their worries are mostly unfounded.

“Mental health treatment actually has even greater confidentiality safeguards than physical health treatment.”

“Most people realize that mental health is an extremely important, valid part of health in general - and we all have various kinds of health issues. People who get support for their mental health are seen as strong, smart and proactive.”

If they ask you not to tell anyone, tell them you want to help them get the support they need - and that that may involve enlisting the help of others. Encourage them to be part of the conversation that happens in reaching out for help, and reassure them you’ll be as discreet as possible in your effort to keep them safe.

11. **What if they refuse?**

Not everyone is ready right away. If someone you know is struggling refuses your suggestion of professional help (and if they aren’t in immediate danger, i.e. that they are not presently self-harming or about to), be patient and don’t push too hard.

“It’s okay that it doesn’t sound like you’re ready yet. I really hope you’ll think about it. Just let me know if you change your mind, and I can help you connect with someone.”

“I know you’re going through a lot, and I really believe it can make a big difference for your life, and your health. Just consider it for later, and know I’m here to help.”

“If you’re not ready to go in and meet with someone in person, you could call the National Suicide Prevention Lifeline at 1-800-273-8255, or if you don’t feel like speaking, just text TALK to the Crisis Text Line at 741741. They can tell you more about what it might be like to work with a doctor, counselor or therapist.”

You can also offer to speak with their primary care provider as a gentle next step - family and friends can provide information to health care providers without expecting a call back or for the HCP to provide any confidential health information back.
When the convo’s winding down...

End the conversation by reiterating that you are so glad for the chance to connect on this deeper level about such meaningful things in life. Remind them that we all have challenges at times, and that you’ll continue to be there for them.

If they’re in immediate danger

- Stay with them
- Help them remove lethal means
- Call the National Suicide Prevention Lifeline: 1-800-273-8255
- Text TALK to 741741 to text with a trained crisis counselor from the Crisis Text Line for free, 24/7
- Encourage them to seek help or to contact their doctor or therapist
Most of Us Will Need Help Sometime in Our Life

Can you believe that any given time, 1 in 5 of us are living with a mental health challenge? Take time to learn the facts about mental health, how to courageously overcome a mental health issue, and how to be a better friend and community member.

What to Know

Teens are more likely to develop mental health conditions because of the many brain and body changes in adolescence. The signs of mental illness can be caught early and serious consequences can be avoided. The first step to wellness is finding the courage to ask for help!

Mental health conditions happen when we ignore troubling feelings, behaviors, and thoughts for too long. The consequences can be failure in school, loss of friendships, or trouble with our parents. If we learn what early signs look like, we can stop ourselves from having serious problems. Even if you have missed early signs, it’s never too late to begin your journey of healing.

What to Look for

Know the early signs of mental health challenges. You may feel moody or afraid for no reason. You may isolate yourself from others or try to escape dealing with stress through drug and alcohol use. Gaining or losing weight, several weeks of feeling sad or withdrawn, failing in school, and difficulty concentrating are important warning signs, too.

What to Do for You

Talk to an adult you trust, such as a parent or counselor at school. If talking is difficult send a text or email. Ask to see a therapist. If you are 14 years or older in Delaware, you can see a therapist without a parent signature. Before your appointment, make a list of the challenging thoughts, feelings, and behaviors that you are experiencing. If you are thinking of harming yourself, call 1-800-969-HELP

What to Do for Others

You don’t need to fix what’s wrong. Instead, ask how they are doing and listen. Share what you have observed about them that concerns you and keep listening. If you are still worried, recommend talking to a responsible adult or counselor. Reserve judgments about other people, as you may not be fully in the know about their circumstances. See the other side of this flyer about putting an end to stigma.

In a Mental Health Crisis

For Police or Medical Emergency
Call 911

For in-person evaluation at your home:
If under 18, call: 1-800-969 HELP (4357)
If over 18, call: 1-800-652-2929 in New Castle
1-800-345-6785 in Kent/Sussex

For anonymous conversation:
Text: DE to 741741 Crisis Text Line
Call: 1-800-273-TALK (8255)
to National Suicide Prevention Lifeline

There are many paths to mental health and wellness. And there are many Delaware mental health services that can help people. Learn more about mental health at every age by visiting:

mentalhealthde.com
My Mental Health: Do I Need Help?

First, determine how much your symptoms interfere with your daily life.

Do I have mild symptoms that have lasted for less than 2 weeks?

- Feeling a little down
- Feeling down, but still able to do job, schoolwork, or housework
- Some trouble sleeping
- Feeling down, but still able to take care of yourself or take care of others

If so, here are some self-care activities that can help:

- Exercising (e.g., aerobics, yoga)
- Engaging in social contact (virtual or in person)
- Getting adequate sleep on a regular schedule
- Eating healthy
- Talking to a trusted friend or family member
- Practicing meditation, relaxation, and mindfulness

If the symptoms above do not improve or seem to be worsening despite self-care efforts, talk to your health care provider.

Do I have severe symptoms that have lasted 2 weeks or more?

- Difficulty sleeping
- Appetite changes that result in unwanted weight changes
- Struggling to get out of bed in the morning because of mood
- Difficulty concentrating
- Loss of interest in things you usually find enjoyable
- Unable to perform usual daily functions and responsibilities
- Thoughts of death or self-harm

Seek professional help:

- Psychotherapy (talk therapy)—virtual or in person; individual, group, or family
- Medications
- Brain stimulation therapies

For help finding treatment, visit www.nimh.nih.gov/findhelp.

If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or text the Crisis Text Line (text HELLO to 741741).
Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.

1 in 5 U.S. adults experience mental illness

1 in 20 U.S. adults experience serious mental illness

17% of youth (6-17 years) experience a mental health disorder

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)

- Schizophrenia: 1%
- Borderline Personality Disorder: 1%
- Dual Diagnosis: 4%
- Bipolar Disorder: 3%
- Depression: 8%
- Obsessive Compulsive Disorder: 1%
- Post-traumatic Stress Disorder: 4%
- Anxiety Disorders: 19%

12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)

- of all adults: 21%
- Asian adults: 14%
- Black adults: 17%
- Native Hawaiian or Other Pacific Islander adults: 17%
- Hispanic or Latinx adults: 18%
- American Indian or Alaska Native adults: 19%
- White adults: 22%
- Adults who report mixed/multiracial: 32%
- Lesbian, gay and bisexual adults: 44%

WAYS TO REACH OUT AND GET HELP

- Talk with a health care professional
- Call the NAMI HelpLine at 800-950-NAMI (6264)
- Connect with friends and family
- Join a support group

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats
2020 Mental Health By the Numbers

Youth and young adults experienced a unique set of challenges during the COVID-19 pandemic - isolation from peers, adapting to virtual learning, and changes to sleep habits and other routines.

We must recognize the significant impact of these experiences on young people's mental health - and the importance of providing the education, care and support they need.

Among U.S. ADOLESCENTS (aged 12-17):
- 1 in 6 experienced a major depressive episode (MDE)
- 3 MILLION had serious thoughts of suicide
- 31% increase in mental health-related emergency department visits

Among U.S. YOUNG ADULTS (aged 18-25):
- 1 in 3 experienced a mental illness
- 1 in 10 experienced a serious mental illness
- 3.8 MILLION had serious thoughts of suicide

1 in 5 young people report that the pandemic had a significant negative impact on their mental health.

NEARLY 1/2 of young people with mental health concerns report a significant negative impact.

1 in 10 people under age 18 experience a mental health condition following a COVID-19 diagnosis.

Many increasingly used alcohol or drugs to cope with stress or self-medicate.

Increased use of alcohol among those who drink:
- 15% of adolescents
- 18% of young adults

Increased use of drugs among those who use:
- 15% of adolescents
- 19% of young adults

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats
College students can easily feel anxious trying to balance school, work, friends and family while also trying to figure out the rest of their lives. Anxiety disorders are one of the most common mental health problems on college campuses.

FORTY MILLION

U.S. adults suffer from an anxiety disorder and 75 percent of them experience their first episode of anxiety by the age of 22.

30% of college students reported that stress had negatively affected their academic performance.¹

85% of college students reported they had felt overwhelmed by everything they had to do at some point within the past year.¹

41.6% stated anxiety as the top presenting concern among college students.²

24.5% of college students reported they were taking psychotropic medication.²

FIND HELP

On-Campus

• Visit your campus health or counseling center and ask about their counseling services.
• Call the psychology or behavioral health department and ask about counseling sessions with graduate students.
• Visit your school’s chaplain, religious or spiritual leader.
• Confide in a friend, RA, professor or mentor. Ask him or her to go with you to seek professional help.

Off-Campus

• Visit your family physician, who may be able to treat you or refer you to a professional who specializes in the specific disorder.
• Confide in a parent or relative. Ask him or her to support your efforts in finding help.
• Search the ADAA “Find a Therapist” database for a mental health professional in your area.
• Find a local support group. Many counseling centers, hospitals, community centers, and places of worship run or host support groups.

Learn more about mental health and college students at: www.adaa.org

¹ 2015 National College Health Assessment
² 2013 Association for University and College Counseling Center Directors Survey
Active Minds surveyed 2,086 college students regarding the impact of COVID-19 on their mental health in April 2020. Here is what we learned:

**The Numbers Behind the Impact of COVID-19**

- 1 in 5 of college students say their mental health has significantly worsened under COVID-19.
- 80% of college students report that COVID-19 has negatively impacted their mental health.

**The Most Common Ways That COVID-19 Has Impacted Students’ Lives**

- **Self-care has been challenging for college students:**
  - 91% have trouble maintaining a routine
  - 73% struggle to get enough physical activity
  - 63% find it challenging to stay connected with others
  - 76% say that focusing on school and work despite distractions has been the most difficult thing about the stay-at-home orders.

- **Spending time together**
  - 85% say that focusing on school and work despite distractions has been the most difficult thing about the stay-at-home orders.
  - More than talking - especially about COVID-19 - students say the #1 way parents can support them is simply spending time with them.

- **Resource needs**
  - More than half of students (55%) say that they would not know where to go if they or someone they knew needed professional mental health services right away.
  - Despite COVID-19, 79% of college students feel hopeful about achieving their school-related goals and their future job prospects.

- **Students are finding tools that promote social connection most helpful for caring for their mental health.** These include video calls, digital social gatherings (i.e. games or Netflix watch parties), phone calls, and in-person conversations.

- **According to students, the most important things for school leaders to be thinking about in the short term and long term for student mental health during and after the pandemic include:**
  - Increased academic support Learing, accommodation, and flexibility
  - More mental health resources: Increased investment in counseling and coping resources
  - Focus on soft skills: empathy, compassion, communication, understanding, and validation for the burdens students are experiencing
  - More opportunities for social connection: Physical on-campus events, services, and classes with virtual options
  - Engaging in long-term planning: College needs to be prepared to help students feel more secure when they return and adapt to future improved practices and protocols to more readily use telehealth services in one-on-one counseling situations.

**Spending Time Together**

- More than half of students (55%) say that they would not know where to go if they or someone they knew needed professional mental health services right away.

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**More than talking - especially about COVID-19 - students say the #1 way parents can support them is simply spending time with them.**

**Resource needs**

- More than half of students (55%) say that they would not know where to go if they or someone they knew needed professional mental health services right away.
How long will it take for me to feel better, a few days, weeks or months? If I have thoughts that scare me what should I do? Do I have to take medication? What does it help with? What are the side effects? How often should we meet? What can I do between appointments if I need help?

FIND THE RIGHT SPECIALIST

Ask your doctor or nurse to help you find a specialist and make your first appointment.
There may be a long wait for your first visit, so speak up if you need to see someone right away.
If the first mental health specialist you see isn’t a good fit, keep looking for one who works for you.

DON’T FORGET!
> Surround yourself with family and friends
> Talk to a counselor, social worker, nurse or trusted adult
> Continue doing what you love: reading, sports, writing, nature walks, creating art

MAKE YOUR FIRST APPOINTMENT COUNT

Be ready to talk about your health history and what you’re experiencing.
Be clear about what you want and need to get better.
You may be asked to fill out a questionnaire describing your mental health experience.
Ask the mental health specialist to explain treatment options so you understand the plan and what you need to do.

NAVIGATING YOUR INSURANCE

Involve someone with experience to help you.
Call your insurance company to ask what mental health benefits are covered.
To find a provider, visit your insurer’s website or call the number on your insurance card.

ASK QUESTIONS

If I have thoughts that scare me what should I do?
How often should we meet? What can I do between appointments if I need help?
Do I have to take medication? What does it help with? What are the side effects?
How long will it take for me to feel better, a few days, weeks or months?

STAY INVOLVED

Keep a wellness log and monitor your progress.
Ask for changes if your treatment plan is not working for you.
Stick with it; most therapies and medications take time to work.
Your treatment plan may change, so be an active partner in this process.

LIVE WELL

Remember that you have control over living well.
Find a routine that works for you that includes a healthy diet, exercise and regular sleep patterns.
Stay close to your support network. Engage family, friends, teammates and your faith community. Think about joining an online community.
Be realistic and mindful of your needs and know your limits.

GETTING THROUGH IT

Try staying away from drugs and alcohol. This is not always easy, so find strategies that work. Using drugs or alcohol to feel better is harmful to you.
If you use alcohol or drugs, be honest and tell your therapist or doctor because it affects your care plan.
Stay positive. Surround yourself with positive messages, people and activities. This will help you to feel better.
Mental Health Care MATTERS

Mental health treatment — therapy, medication, self-care — have made recovery a reality for most people experiencing mental illness. Although taking the first steps can be confusing or difficult, it’s important to start exploring options.

The average delay between symptom onset and treatment is 11 YEARS

PEOPLE WHO GET TREATMENT IN A GIVEN YEAR

45% of adults with mental illness
66% of adults with serious mental illness
51% of youth (6-17) with a mental health condition

Adults with a mental health diagnosis who received treatment or counseling in the past year

23% of Asian adults
33% of Black adults
34% of Hispanic or Latinx adults
43% of adults who report mixed/multiracial
49% of lesbian, gay and bisexual adults
50% of white adults

For therapy to work, you have to be open to change. I’m proud to say that I changed. Therapy saved my life.

– NAMI Program Leader
4 Tip to Manage Anxiety and Depression On Campus

When the pressure begins to feel too overwhelming, find an outlet for stress.
Anxiety can be caused by various stressors on campus. From the academic pressure to succeed to social pressure to “fit in,” there will be times that stress and pressure can feel overwhelming. When that happens, try to find hobbies like exercise or meditation that can become a healthy outlet to release stress.

Don't be afraid to make new connections.
Typical signs of depression can include isolation and a lack of energy to socialize. Finding ways to make connections with others on and off campus can be helpful. Don’t be afraid to unplug from technology and try out different campus organizations and activities to find connections among like-minded people. If you feel overwhelmed with anxious or depressive thoughts/feelings, reach out to a campus counselor or mental health clinic for professional help.

Make time to add self-care techniques to your routine.
When you are feeling overwhelmed with personal or academic responsibilities, it can be easy to experience burnout. If not addressed, burnout can lead to extreme anxiety or depression. If you are beginning to feel early signs of burnout, now would be a good time to begin to practice and include self-care activities to your routine.

Set realistic expectations.
The main sign of anxiety is feeling an extreme amount of stress or pressure. Stress can often be relieved by being more honest and realistic with yourself and others about certain expectations. It is ok to say no, or I need more time or I need help. Don’t be scared to be realistic with yourself and advocate for what you need.

Check out these helpful resources to learn more about anxiety and depression in Teens & College Students. For more information, visit www.adaa.org
7 Ways Professors Can Prioritize Student Wellness

Because of their frequent interactions in class, faculty members can play a big role in ensuring students’ well-being and connecting them to help when needed. Informed by data from a Student Voice survey of 2,000 college undergraduates, the following actions and approaches can foster a better understanding of the challenges students are facing and ensure professors are equipped to assist when an individual needs help.
1. Get to know your students’ top stressors.

4 of the top 7 stressors identified by students who could select up to 1 of 17 options that are related to coursework or student success:

Other Top Stressors

- Pressure to do well at college: 47%
- Balancing school and work obligations: 52% of two-year college students
- Balancing school and family obligations: 27%

57% of students who don’t feel “keeping up with my coursework” is a top stressor from the prior month.

ONE STUDENT’S VOICE:

“I feel like school is an overwhelming. I have found very little time for much else at all.”
2. Take an active role in student well-being.

33% of students who say COVID has made them more focused on taking care of their mental health
17% are less focused on mental health

A PROFESSIONAL’S PERSPECTIVE:
“The responsibility of campuswide mental health cannot fall solely to the counseling center or wellness center. We need academic chairs bringing this to all faculty members. Right now the approach is to seek help in a really proactive way. But there are ways we can put mental health more into students’ daily lives and into the curriculum. We can reach students where they’re at.”
—Sarah Atkinson, senior principal investigator, Healthy Minds Network, and director of projects, Brown University

ONE STUDENT’S VOICE:
“Teachers need more training and understanding of how different mental illnesses affect students. I have had many teachers be patient with me but also a handful who have completely blown me off and wouldn’t help me in any way.”

IDEA TO MODEL:
The Well-being for Life and Learning Initiative, run by the University of Washington Resilience Lab, aims to boost learning environments that promote well-being. In 2018, the Resilience Lab published an 87-page guidebook on classroom practices that promote emotional and social learning for the whole student. Administrators, classroom teachers, and school staff received the guidebook, and staff representing all three campuses meet monthly to exchange ideas and teaching strategies.
3. Show empathy by being flexible and mindful about deadlines.

56% Students (full survey sample) who say their overall mental health is fair or poor

70% LGBTQ+ students whose mental health is fair or poor

71% Students who identify as being part of the lower class socioeconomic whose mental health is fair or poor

A PROFESSIONAL’S PERSPECTIVE:
Assignments due at 9 a.m. encourage students to pull an all-nighter. Midnight deadlines often result in skipping dinner.

“I think 9 a.m. is the healthiest time to have an assignment due. I tell students, ‘It’s because I want you to have dinner, because I want you to sleep.’”
—Dean Kaimina Price, Broken University

ONE STUDENT’S VOICE:
“Schoolwork shouldn’t just load us down, we try to find help. It’s not like we can focus on our mental health because we have work to do.”
4. Include wellness resources in syllabi and course sessions.

75% Students who say they’re struggling with anxiety during college
17% Students who have struggled with mental health

24% Students who don’t know where to seek help or support if they’re struggling with mental health

ONE STUDENT’S VOICE:
I know that many of us pursue wellness and mental health to improve our overall well-being. However, it is not easy to find the right place to start. Often, we feel lost and don’t know who to turn to for help. For example, a friend of mine shared that they were struggling with anxiety but didn’t know where to find resources. It’s important to reach out to campus resources like counseling centers and wellness programs for guidance and support.

IDEAS TO MODEL:
- Design Wellness Coaches: Wellness Coaches are trained mentors who can provide support and guidance to students struggling with mental health. They can offer personalized advice, help navigate resources on campus, and advocate for students when needed.
- Host Mental Health Workshops: Organize workshops and presentations on mental health topics to educate students on how to manage stress, cope with anxiety, and build resilience.
- Encourage Faculty and Staff to Share Their Experiences: Encourage faculty and staff to share their personal experiences with mental health challenges. This can help reduce stigma and normalize the conversation around mental health.
- Implement a Wellness Curriculum: Develop a wellness curriculum that is integrated into the course syllabus. This can include modules on stress management, mindfulness, and self-care practices.
- Collaborate with Student Organizations: Work with student organizations to offer mental health resources and support. This can include guest speakers, workshops, and peer support groups.
5. Strive for equity and access in the classroom environment.

- 62% of Black students who say their mental health is fair or poor, compared to 39% of Hispanic students, 19% of white students, and 4% of Asian students.

- 9% of Black students who say social tension or discrimination was one of their top five obstacles from the past month.

- 2% of students in the fall sample feeling overwhelmed by communication issues.

PROFESSIONAL PERSPECTIVE:

- "We have heard from students that when there is a major trauma in the world, and often targeted specifically to students of color, when you start a class and don't address the event, it can create a situation where students feel like they're left out." - Rachel Galloway, University of Washington Medicine

- "If stress is based on social context, traditional notions of stress relief aren't taking into account how to get through the environment. Rather than asking students to breathe through oppression that exists, we should rather ask the system to rethink the ways it treats students and staff." - Hyacinth Melody, University of Washington Medicine
6. Participate in training to pick up on signs a student is in crisis.

30% Students who have used on-campus counseling or telecounseling offered by their colleges to support them during the pandemic.

30% Students who, when asked to grade their college or university’s mental health services, did not know how to rate them to assign a grade.

IDEA TO MODEL
Gatekeeper training programs, which train laypeople to recognize signs and symptoms of distress so they can approach the person and suggest how to get help, are often delivered to specific groups on campus. “We would call that a targeted approach. Because the risk is so ubiquitous, we need a saturation approach, where every single person on campus—faculty, staff and students—has training. There needs to be a no-wrong-door culture,” says Sarah Ketchen Liberman of the Healthy Minds Network.
7. Make time for self-care, since constantly supporting students can be draining.

90%

Students who have personally struggled with one or more mental health challenges during college, such as anxiety, depression, disordered eating, significant mood swings, obsessive-compulsive behaviors or suicidal ideation.

IDEA TO MODEL:

Faculty and student-serving staff at the University of Washington who are enrolled in the Resilience Lab’s six-week REEL (Resilient Attitudes and Living) program are taught skills and mind sets to learn to be more resilient so they can support students. Participants are also reminded that they aren’t being asked to become students’ therapists.

A PROFESSIONAL’S PERSPECTIVE:

When professors receive training on how to focus on student well-being and connect students to services on campus that might ease their stressors, they’ll express concern that they don’t know how to be counselors. “I say, you don’t need to be. You don’t need to be the clinician. You don’t need to be giving prescriptive things. But you can, for example, ease students’ perfectionist tendencies.”

— Jenny Datz, associate director of wellness and health promotion, St. Olaf College
The words you use matter. You can break down negative stereotypes and give people hope by choosing words that are more relatable and promote understanding. This simple but caring approach may help people feel more comfortable and willing to talk openly about mental health and to reach out for support early.

**Tips for Talking About Mental Health**

**SAYING**
- Mental health condition
- The weather is unpredictable
- My daughter has schizophrenia
- Person with a mental health condition
- Lives with, has or experiences

**INSTEAD OF**
- Brain disorder or brain disease
- The weather is bipolar
- My daughter is schizophrenic
- Consumer, client or patient
- Suffers from, afflicted with or mentally ill

**Tips for Talking About Suicide**

**SAYING**
- Suicide attempt/attempted suicide
- Died by suicide/suicide death
- Took their own life
- Died as the result of self-inflicted injury
- Disclosed

**INSTEAD OF**
- Failed suicide or unsuccessful attempt
- Successful or completed suicide
- Committed suicide
- Chose to kill him/herself
- Threatened

When talking about suicide, consider other meanings your words may have. For example, “committed suicide” implies that suicide is a crime. You can help eliminate the misunderstanding and stigma that prevent people from speaking up and getting support by choosing words that are clearer and more neutral.
WARNING SIGNS OF SUICIDE:
The behaviors listed below may be some of the signs that someone is thinking about suicide.

TALKING ABOUT:
- Wanting to die
- Great guilt or shame
- Being a burden to others

FEELING:
- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, more anxious, agitated, or full of rage
- Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:
- Making a plan or researching ways to die
- Withdrawing from friends, saying good bye, giving away important items, or making a will
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

National Suicide Prevention Lifeline
1-800-273-TALK

Crisis Text Line
Text “HELLO” to 741741

www.nimh.nih.gov/suicideprevention

NIMH Identifier No. OM 19-4316
Thoughts of giving up and suicide can be frightening. Not taking these kinds of thoughts seriously can have devastating outcomes.

Suicide is the 2nd leading cause of death for people ages 10-34. The overall suicide rate has increased 35% since 1999. Suicide is the 10th leading cause of death in the U.S.

46% of people who die by suicide have a diagnosed mental health condition. 90% of people who die by suicide have experienced symptoms of a mental health condition.

HIGH RISK POPULATIONS

78% of all people who die by suicide are male. Lesbian, gay and bisexual youth are four times more likely to attempt suicide than straight youth. Transgender people are 12 times more likely to attempt suicide than the general population.

If you are concerned about suicide and don’t know what to do, call the National Suicide Prevention Lifeline at 1-800-273-8255.

Suicidal thoughts are a symptom, just like any other — they can be treated, and they can improve over time.

Make an appointment with a health care professional to talk about what you're thinking or how you're feeling.

If you start thinking about suicide, seek help. Call or text a crisis line or a trusted friend.

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats.
Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented — more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (February 2022).

45,979 Americans died by suicide making it the 12th leading cause of death.

- 3rd leading cause of death for ages 10-19
- 2nd leading cause of death for ages 20-34
- 4th leading cause of death for ages 35-44
- Over one third of people who died by suicide were 55 or older

Men died by suicide 3.9x more often than females.

Females were 1.8x more likely to attempt suicide.

54% of firearm deaths were suicides.

53% of all suicides were by firearms.

In 2019, the suicide rate was 1.5x higher for Veterans than for non-Veteran adults over the age of 18.

90% of those who died by suicide had a diagnosable mental health condition at the time of their death.

46% of Americans ages 18+ living with a mental health condition received treatment in the past year.

72% of communities in the United States did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

10% of adult Americans have thought about suicide.

1.2 million Americans attempted suicide.

54% of Americans have been affected by suicide in some way.

See full list of citations at afsp.org/statistics.
Suicide Data: United States

- States in the top third of suicide rates in the U.S.
- States in the middle third of suicide rates in the U.S.
- States in the lower third of suicide rates in the U.S.

See full list of citations at afsp.org/statistics.
Action Steps for Helping Someone in Emotional Pain

In 2018, suicide claimed the lives of more than 48,000 people in the United States, according to the Centers for Disease Control and Prevention (CDC). Suicide affects people of all ages, genders, races, and ethnicities.

Suicide is complicated and tragic, but it can be preventable. Knowing the warning signs for suicide and how to get help can help save lives.

Here are 5 steps you can take to #BeThe1To help someone in emotional pain:

1. **ASK:**
   “Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

2. **KEEP THEM SAFE:**
   Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

3. **BE THERE:**
   Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.

4. **HELP THEM CONNECT:**
   Save the National Suicide Prevention Lifeline number (1-800-273-TALK) and the Crisis Text Line (741741) in your phone so they’re there if you need them. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

5. **STAY CONNECTED:**
   Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

For more information on suicide prevention:
www.nimh.nih.gov/suicideprevention
www.bethe1to.com
Everyone feels stressed from time to time, but what is stress? How does it affect your overall health? And what can you do to manage your stress?

Stress is how the brain and body respond to any demand. Any type of challenge—such as performance at work or school, a significant life change, or a traumatic event—can be stressful.

Stress can affect your health. It is important to pay attention to how you deal with minor and major stressors, so you know when to seek help.

Here are five things you should know about stress.

1. Stress affects everyone.

Everyone experiences stress from time to time. There are different types of stress—all of which carry physical and mental health risks. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time. Some people may cope with stress more effectively and recover from stressful events more quickly than others.

Examples of stress include:

- Routine stress related to the pressures of school, work, family, and other daily responsibilities.
- Stress brought about by a sudden negative change, such as losing a job, divorce, or illness.
- Traumatic stress experienced during an event such as a major accident, war, assault, or natural disaster where people may be in danger of being seriously hurt or killed. People who experience traumatic stress may have very distressing temporary emotional and physical symptoms, but most recover naturally soon after. Read more about Coping With Traumatic Events (www.nimh.nih.gov/copingwithtrauma).

2. Not all stress is bad.

In a dangerous situation, stress signals the body to prepare to face a threat or flee to safety. In these situations, your pulse quickens, you breathe faster, your muscles tense, and your brain uses more oxygen and increases activity—all functions aimed at survival and in response to stress. In non-life-threatening situations, stress can motivate people, such as when they need to take a test or interview for a new job.

3. Long-term stress can harm your health.

Coping with the impact of chronic stress can be challenging. Because the source of long-term stress is more constant than acute stress, the body never receives a clear signal to return to normal functioning. With chronic stress, those same lifesaving reactions in the body can disturb the immune, digestive, cardiovascular, sleep, and reproductive systems. Some people may experience mainly digestive symptoms, while others may have headaches, sleeplessness, sadness, anger, or irritability.

Over time, continued strain on your body from stress may contribute to serious health problems, such as heart disease, high blood pressure, diabetes, and other illnesses, including mental disorders such as depression (www.nimh.nih.gov/depression) or anxiety (www.nimh.nih.gov/anxietydisorders).
There are ways to manage stress.

If you take practical steps to manage your stress, you may reduce the risk of negative health effects. Here are some tips that may help you cope with stress:

- **Be observant.** Recognize the signs of your body’s response to stress, such as difficulty sleeping, increased alcohol and other substance use, being easily angered, feeling depressed, and having low energy.

- **Talk to your health care provider or a health professional.** Don’t wait for your health care provider to ask about your stress. Start the conversation and get proper health care for existing or new health problems. Effective treatments can help if your stress is affecting your relationships or ability to work. Don’t know where to start? Read our Tips for Talking With Your Health Care Provider (www.nimh.nih.gov/talkingtips).

- **Get regular exercise.** Just 30 minutes per day of walking can help boost your mood and improve your health.

- **Try a relaxing activity.** Explore relaxation or wellness programs, which may incorporate meditation, muscle relaxation, or breathing exercises. Schedule regular times for these and other healthy and relaxing activities.

- **Set goals and priorities.** Decide what must get done now and what can wait. Learn to say “no” to new tasks if you start to feel like you’re taking on too much. Try to be mindful of what you have accomplished at the end of the day, not what you have been unable to do.

- **Stay connected.** You are not alone. Keep in touch with people who can provide emotional support and practical help. To reduce stress, ask for help from friends, family, and community or religious organizations.

- **Consider a clinical trial.** Researchers at the National Institute of Mental Health (NIMH) and other research facilities across the country are studying the causes and effects of psychological stress as well as stress management techniques. You can learn more about studies that are recruiting by visiting www.nimh.nih.gov/joinastudy or www.clinicaltrials.gov (keyword: stress).

If you feel overwhelmed by stress, ask for help from a health professional.

You should seek help right away if you have suicidal thoughts, are overwhelmed, feel you cannot cope, or are using drugs or alcohol more frequently as a result of stress. Your doctor may be able to provide a recommendation. You can find resources to help you find a mental health provider by visiting www.nimh.nih.gov/findhelp.

Call the National Suicide Prevention Lifeline

Anyone can become overwhelmed. If you or a loved one is having thoughts of suicide, call the confidential toll-free National Suicide Prevention Lifeline at 1-800-273-TALK (8255), available 24 hours a day, 7 days a week. Lifeline chat is available at https://suicidepreventionlifeline.org.

The service is available to everyone.
I’M SO STRESSED OUT!

From the NATIONAL INSTITUTE of MENTAL HEALTH

Feeling overwhelmed? Read this fact sheet to learn whether it’s stress or anxiety, and what you can do to cope.

Is it stress or anxiety?

Life can be stressful—you may feel stressed about performance at school, traumatic events (such as a pandemic, natural disaster, or act of violence), or a life change. Everyone feels stress from time to time.

What is stress? Stress is the physical or mental response to an external cause, such as having a lot of homework or having an illness. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time.

What is anxiety? Anxiety is your body’s reaction to stress and can occur even if there is no current threat. If that anxiety doesn’t go away and begins to interfere with your life, it could affect your health. You could experience problems with sleeping, or with your immune, digestive, cardiovascular, and reproductive systems. You also may be at higher risk for developing a mental illness such as an anxiety disorder or depression. More information about anxiety disorders is available at www.nimh.nih.gov/anxietydisorders.

So, how do you know when to seek help?

Stress vs. Anxiety

Stress

- Generally is a response to an external cause, such as taking a big test or arguing with a friend.
- Goes away once the situation is resolved.
- Can be positive or negative. For example, it may inspire you to meet a deadline, or it may cause you to lose sleep.

Both Stress and Anxiety

Both stress and anxiety can affect your mind and body. You may experience symptoms such as:

- Excessive worry
- Uneasiness
- Tension
- Headaches or body pain
- High blood pressure
- Loss of sleep

Anxiety

- Generally is internal, meaning it’s your reaction to stress.
- Usually involves a persistent feeling of apprehension or dread that doesn’t go away, and that interferes with how you live your life.
- Is constant, even if there is no immediate threat.
It’s important to manage your stress.

Everyone experiences stress, and sometimes that stress can feel overwhelming. You may be at risk for an anxiety disorder if it feels like you can’t manage the stress and if the symptoms of your stress:

- Interfere with your everyday life.
- Cause you to avoid doing things.
- Seem to be always present.

Coping With Stress and Anxiety

Learning what causes or triggers your stress and what coping techniques work for you can help reduce your anxiety and improve your daily life. It may take trial and error to discover what works best for you. Here are some activities you can try when you start to feel overwhelmed:

- Keep a journal.
- Download an app that provides relaxation exercises (such as deep breathing or visualization) or tips for practicing mindfulness, which is a psychological process of actively paying attention to the present moment.
- Exercise, and make sure you are eating healthy, regular meals.
- Stick to a sleep routine, and make sure you are getting enough sleep.
- Avoid drinking excess caffeine such as soft drinks or coffee.
- Identify and challenge your negative and unhelpful thoughts.
- Reach out to your friends or family members who help you cope in a positive way.

For more information about stress, visit www.nimh.nih.gov/stress.

Recognize When You Need More Help

If you are struggling to cope, or the symptoms of your stress or anxiety won’t go away, it may be time to talk to a professional. Psychotherapy (also called “talk therapy”) and medication are the two main treatments for anxiety, and many people benefit from a combination of the two.

If you or someone you know has a mental illness, is struggling emotionally, or has concerns about their mental health, there are ways to get help. Find more information on the National Institute of Mental Health (NIMH) website at www.nimh.nih.gov/findhelp.

If you are in immediate distress or are thinking about hurting yourself, call the National Suicide Prevention Lifeline toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the Crisis Text Line (HELLO to 741741) or go to the National Suicide Prevention Lifeline website at https://suicidepreventionlifeline.org.

More Resources

- NIMH: Child and Adolescent Mental Health (www.nimh.nih.gov/children)
- NIMH: Anxiety Disorders (www.nimh.nih.gov/anxietydisorders)
- NIMH: Taking Control of Your Mental Health: Tips for Talking With Your Health Care Provider (www.nimh.nih.gov/talkingtips)
- NIMH: 5 Things You Should Know About Stress (www.nimh.nih.gov/stress)
- Centers for Disease Control and Prevention: Anxiety and Depression in Children (www.cdc.gov/childrensmentalhealth/depression.html)
MINORITY MENTAL HEALTH

Mental health conditions can be experienced by anyone - any age, race or gender.

About 46.6 MILLION U.S. adults suffer

About 19.8 MILLION received care

About 49.5% of adolescents suffer

Minority and multicultural groups on average report worse mental health when compared to White people.

Depression rate in Black youth is 30% more than average.

Non-Hispanic Whites received care 2X more often than Hispanics.

Suicide rates are 50% higher in Hispanic youth than White youth, in grades 9-12.

BARRIERS MINORITIES FACE:

CULTURAL BELIEFS
LANGUAGE BARRIERS
INSURANCE COVERAGE
STIGMA

BREAK THE STIGMA

SOURCES:
Mental Health America
USA Mental Health First Aid
National Alliance on Mental Illness
National Institute of Mental Health

Spread awareness about minority mental health. July is Minority Mental Health Awareness Month.

#minoritymentalhealth #minoritymentalhealthmonth #breakthestigma #hereforyeveryone
Disability and HEALTH

Adults living with disabilities are more likely to:

- Have obesity: 38.2% (Without Disabilities: 26.2%)
- Smoke: 28.2% (Without Disabilities: 13.4%)
- Have heart disease: 11.5% (Without Disabilities: 3.8%)
- Have diabetes: 16.3% (Without Disabilities: 7.2%)

Disability and Healthcare ACCESS

Healthcare access barriers for working-age adults include:

- 1 in 3 adults with disabilities do not have a usual healthcare provider.
- 1 in 3 adults with disabilities have an unmet healthcare need because of cost in the past year.
- 1 in 4 adults with disabilities did not have a routine check-up in the past year.

Making A DIFFERENCE

PUBLIC HEALTH IS FOR ALL OF US
<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of disclosing sexual orientation</td>
<td>24%</td>
</tr>
<tr>
<td>Concern about the provider’s ability to keep information confidential</td>
<td>17%</td>
</tr>
<tr>
<td>Fear of not being taken seriously</td>
<td>14%</td>
</tr>
<tr>
<td>Cost of care</td>
<td>4%</td>
</tr>
<tr>
<td>Fear of discrimination</td>
<td>4%</td>
</tr>
<tr>
<td>Fear of being judged</td>
<td>3%</td>
</tr>
<tr>
<td>Fear of being labeled</td>
<td>2%</td>
</tr>
<tr>
<td>Fear of being hit</td>
<td>2%</td>
</tr>
<tr>
<td>Fear of getting hurt</td>
<td>2%</td>
</tr>
<tr>
<td>Fear of being asked to perform a sexual act</td>
<td>2%</td>
</tr>
<tr>
<td>Fear of being denied access</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of transportation options</td>
<td>1%</td>
</tr>
<tr>
<td>Fear of being asked to perform more than one act</td>
<td>1%</td>
</tr>
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</table>
Anxiety & depression symptoms reported among LGBTQ+ youth by race/ethnicity

<table>
<thead>
<tr>
<th>Experiences of anxiety</th>
<th>Experiences of depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>Asian</td>
</tr>
<tr>
<td>60%</td>
<td>55%</td>
</tr>
<tr>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>48%</td>
<td>40%</td>
</tr>
<tr>
<td>42%</td>
<td>38%</td>
</tr>
<tr>
<td>36%</td>
<td>32%</td>
</tr>
</tbody>
</table>

www.thelementproject.org | Summer 2013
Rates of considered and attempted suicide among LGBTQ youth by gender identity

<table>
<thead>
<tr>
<th>Considered suicide last 12 months</th>
<th>Attempted suicide last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5%</td>
</tr>
<tr>
<td>Female</td>
<td>3%</td>
</tr>
<tr>
<td>Non-binary</td>
<td>10%</td>
</tr>
<tr>
<td>Transgender</td>
<td>15%</td>
</tr>
</tbody>
</table>

www.inferentialinc.com/project 2015
Rates of considered and attempted suicide among LGBTQ youth by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Considered Suicide in the past year</th>
<th>Attempted Suicide in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>Black</td>
<td>27%</td>
<td>16%</td>
</tr>
<tr>
<td>Latina</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>Native American</td>
<td>26%</td>
<td>11%</td>
</tr>
<tr>
<td>Asian</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
<td>5%</td>
</tr>
</tbody>
</table>

www.thesilenceproject.org/summary-2013
At least 8.4 million Americans provide care to an adult with an emotional or mental illness. Depression is a leading cause of disability worldwide. Depression and anxiety disorders cost the global economy $1 trillion each year in lost productivity.

Person
- 18% of U.S. adults with mental illness also have a substance use disorder.
- Rates of cardiometabolic disease are twice as high in adults with serious mental illness.

Family
- Caregivers spend an average of 32 hours per week providing unpaid care.
- At least 8.4 million Americans provide care to an adult with an emotional or mental illness.

Community
- 21% of people experiencing homelessness also have a serious mental illness.
- 37% of people incarcerated in state and federal prison have a diagnosed mental condition.
- 70% of youth in the juvenile justice system have at least one mental health condition.

World
- Depression is a leading cause of disability worldwide.

RIPPLE EFFECT of Mental Illness

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats
People with mental illness deserve help, not handcuffs. Yet people with mental illness are overrepresented in our nation’s jails and prisons. We need to reduce criminal justice system involvement and increase investments in mental health care.

**COMMUNITIES**

- **YOUTH**
  - 70% of youth in the juvenile justice system have a diagnosable mental health condition.
  - Youth in detention are 10x more likely to suffer from psychosis than youth in the community.

- **VETERANS**
  - About 50,000 veterans are held in local jails — 55% report experiencing mental illness.
  - Among incarcerated people with a mental health condition, non-white individuals are more likely to be held in solitary confinement, be injured and stay longer in jail.

- **PEOPLE OF COLOR**

**ACCESS TO CARE**

- **3 in 5 people** (63%) with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons.
- **45%** of people with a history of mental illness receive mental health treatment upon release from incarceration and are more likely to engage in services that reduce recidivism.

- **5.5”**

- **4.5”**

- **3.5”**

Data from the U.S. Department of Justice and other select sources. Find citations for this resource at nami.org/mhstats
SHOW UP
YOUR GUIDE TO BYSTANDER INTERVENTION
WE ALL PLAY A ROLE
in creating safe public space by supporting each other when we’re harassed. That’s what bystander intervention is all about.

A LOT OF DIFFERENT THINGS COUNT AS HARASSMENT...

- Intimidating looks and staring
- Comments about appearance
- Vulgar gestures, whistling, and making kissing noises
- Following someone
- Racist, xenophobic, homophobic, sexist, and transphobic slurs

HARASSMENT CAN ESCALATE INTO VIOLENCE

- Public exposure and masturbation
- Grabbing, touching, and groping
- Defacing public spaces

WE ALL HAVE THE RIGHT TO BE SAFE IN PUBLIC SPACE. But that’s not how everyone experiences it.

- Near schools, playgrounds, and campuses*
- On buses, trains, and planes
- In stores and other places of business
- On sidewalks and streets, and in parks

HARASSMENT CAN HAPPEN ANYWHERE...

- At sports events, festivals, and concerts
- Online
- Near workplaces*

*Special laws cover harassment at school and work, but they aren’t addressed here.

We all play a role in creating safe public space by supporting each other when we’re harassed. That’s what bystander intervention is all about. A lot of different things count as harassment...
People experience public space differently

Our identities—who we are and how others see us—impact our safety in public space and how we experience harassment.

What are your identities?

How do they affect how you move through public space?

Have you experienced harassment before?

Do you identify as female or gender nonconforming?

Do you identify as LGBTQ+?

Are you a person of color?

Are you from an immigrant family?

Do you have a visual or hearing impairment? Do you have a disability?

What is privilege?

Privilege is a set of unearned benefits and power maintained by a group in society. It extends to all parts of identity—race and ethnicity, gender identity and expression, class, language, ability, religion, and many others. Your privilege—and your vulnerability—can change depending on the situation you’re in. In some spaces, your privilege gives you more power than others. That means you might be able to help in a way others can’t.

But remember: Bystander intervention isn’t about being a hero!
**COMMON REASONS PEOPLE DON’T TAKE ACTION**

“IT’S HARMLESS, RIGHT?”
Verbal harassment makes targets feel uncomfortable and threatened, and can escalate to physical violence.

“It’s a cultural thing.”
Harassment is a product of racism, sexism, homophobia, and xenophobia—not the product of any one culture or identity.

“IT’S NOT MY PROBLEM.”
Even if you’ve never been a target, a friend or loved one probably has been. Harassment hurts everyone.

“I CAN’T MAKE A DIFFERENCE.”
Your actions can discourage the harasser, support the target, and help prevent future harassment.

“I’M AFRAID I’LL MAKE THINGS WORSE.”
You can pick a less direct action, like asking someone else to help.

“NOBODY ELSE IS DOING ANYTHING.”
This kind of thinking is called the “bystander effect” and it allows a whole crowd to wait for someone else to act. It takes courage to be the first to do something.

**TIPS FOR MOVING TO ACTION**
The first step to being helpful is paying attention to what’s going on around you. If it’s hard to tell what’s happening, focus on the person targeted. Do they look uncomfortable? Are they trying to move away? Look up from your phone and take out your earbuds to be a good observer.

Turn the page for tips on becoming a good bystander.
THE 5 Ds OF BYSTANDER INTERVENTION

DISTRIBUTE

Take an indirect approach to de-escalate the situation.

SAY:

Excuse me, do you know what the next stop is?

Start a conversation with the target or find another way to draw attention away from them. Ask them for directions or the time, or drop something.
Find someone in a position of authority—like a bus driver, flight attendant, security guard, teacher, or store manager—and ask them for help. Check in with the person being harassed. You can ask them if they want you to call the police.

**THE 5 Ds OF BYSTANDER INTERVENTION**

**DELEGATE**

Get help from someone else.

**SAY:**

Excuse me! This person is being harassed. Can you help?
After the incident is over, check in with the person who was harassed.

You can also say: “Can I sit with you? Can I accompany you somewhere? What do you need?”

**THE 5 Ds OF BYSTANDER INTERVENTION**

**DELAY**

**SAY:**
Are you okay?
THE 5 Ds OF Bystander Intervention

Direct

Assess your safety first. Speak up about the harassment. Be firm and clear.

You can also talk to the person being harassed about what’s going on. Ask: “Are you okay? Should I get help? Should we get out of here?”

Say:
That’s inappropriate.
Leave them alone.
THE 5 Ds OF BYSTANDER INTERVENTION

DOCUMENT

It can be helpful for the target to have a video of the incident. Laws about recording in public vary, so check local laws first.

TIPS FOR DOCUMENTING PUBLIC HARASSMENT

• Keep a safe distance.
• Film street signs or other landmarks that help identify the location.
• Say the day and time.

Is anyone helping the person being harassed? If no, use one of the other 4 Ds to help them.

Always ask the person targeted what they want to do with the footage. Never post it online or use it without their permission.

Keep your attention on the person being harassed—make sure anything you do is focused on supporting them.
This project was produced through Public Access Design, a program of the Center for Urban Pedagogy (CUP). Public Access Design projects use design to make complex urban issues accessible to the people most affected by them. publicaccessdesign.org

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CUP
Ingrid Haftel

Hollaback!
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Designer
Leah Garlock

The Center for Urban Pedagogy (CUP) is a nonprofit that uses the power of design and art to increase meaningful civic engagement. welcometoCUP.org

Hollaback! is a global, people-powered movement to end harassment. We work together to understand the problem, ignite public conversations, and develop innovative strategies that ensure equal access to public spaces. ihollaback.org

Leah Garlock is a visual and interactive designer, with an insatiable curiosity for cultures, people, and big ideas. leahgarlock.com

BIG THANKS TO: Christine Gaspar, Nick Johnson, Oscar Nuñez, Deja Holden, Frampton Tolbert, Christy Batta, and Sabrina Hightower

Special thanks to WITNESS for their guidance on documenting harassment.
WE ALL PLAY A ROLE IN MAKING PUBLIC SPACE SAFE.
Together, we can end hate and harassment!