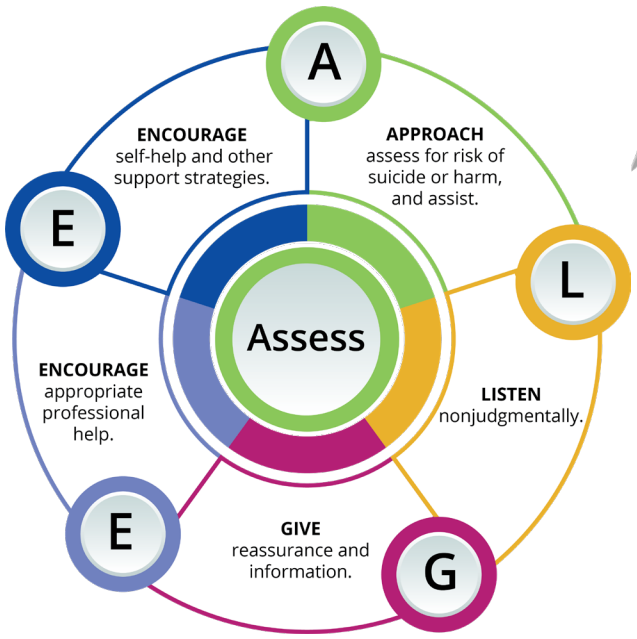

The MHFA Action Plan has five steps, which can be used in any order.

1. **A** – **Approach, assess for risk of suicide or harm**. Try to find a suitable time or place to start the conversation with the person, keeping their privacy and confidentiality in mind. If the person does not want to confide in you, encourage them to talk to someone they trust.
2. **L** – **Listen nonjudgmentally**. Many people experiencing a challenge or distress want to be heard first, so let the person share without interrupting them. Try to have empathy for their situation. You can get the conversation started by saying something like, "I noticed that …" Try to be accepting, even if you don't agree with what they are saying.
3. **G** – **Give reassurance and information**. After someone has shared their experiences and emotions with you, be ready to provide hope and useful facts.
4. **E** – **Encourage appropriate professional help**. The earlier someone gets help, the better their chances of recovery. So, it's important to offer to help this person learn more about the options available to them.
5. **E** – **Encourage self-help and other support strategies**. This includes helping them identify their support network, programs within the community, and creating a personalized emotional and physical self-care plan.

Mental Health FIRST AID
from NATIONAL COUNCIL FOR MENTAL WELLBEING

988 SUICIDE & CRISIS LIFELINE

What is 988?

988 is the new, easy to remember three-digit dialing code connecting people to the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline), where support from trained crisis counselors is available 24/7 nationwide for anyone experiencing a mental health or substance use crisis or any other emotional distress.

The 988 Suicide & Crisis Lifeline, administered by Vibrant Emotional Health and the Substance Abuse and Mental Health Services Administration (SAMHSA), is active across the United States as of July 16, 2022.

THREE WAYS TO ACCESS SUPPORT:

- Call **988**
- Text **988**
- Chat **988lifeline.org/chat**

The pre-existing Lifeline number, 800-273-8255 (TALK), will continue to function indefinitely. If a life-threatening crisis is underway (such as a suicide attempt in progress), call 911.

Numerous studies have shown that most **988 SUICIDE & CRISIS LIFELINE** callers feel significantly less depressed, less suicidal, less overwhelmed and more hopeful after speaking to a Lifeline crisis counselor.

More than **98%** of Lifeline interactions are resolved without involving 911.

What do I need to know about 988?

- When you call 988, your call gets routed to a local Lifeline network crisis center based on your area code. If the local crisis center is unable to take the call, you'll be automatically routed to a national backup crisis center.
- Trained crisis counselors help you through the crisis, and if appropriate, connect you with resources in their community.
- Veterans, active military and their families can call 988 and press option 1. This process is the same as it has been in the past for Veterans; however, it's now simpler with the shortened 988 number.
- When you reach out to 988, the Lifeline crisis counselor who responds to you will know your phone number if you call/text, or your IP address if you use chat. Beyond that, they will not know who you are or where you are located. You are not required to provide any personal information to receive support from the 988 Suicide & Crisis Lifeline.
- Currently, text and chat functionality are only available in English. Phone service is available in English and Spanish, with translation services available in 250 additional languages.
- The long-term vision of 988 is to expand access to comprehensive crisis care services, offering people someone to talk to, someone to come to them and somewhere to go, as needed.
- Similar to how the 911 infrastructure developed over many years, the capacity of 988 to deploy mobile mental health crisis teams in the near term will be based on each community's current crisis care infrastructure.
- Establishment of the 988 number was an important first step, and although much work remains, 988 is already expanding access to services. The Suicide & Crisis Lifeline saw a 45% increase in overall Lifeline volume (calls, texts, chats) in August 2022 compared to August 2021.

How does 988 compare to 911?

- 988 was established to improve access to crisis services in a way that specifically meets our country's growing needs related suicide and mental health crises.
- 988 provides easy access to the Lifeline, a network of over 200 local, independent and state-funded crisis centers and related resources equipped to help people in emotional distress. This objective is distinct from the public safety purposes of 911, where the focus is on dispatching emergency medical services, fire and police as needed.

	911	988
Nationwide network to route calls	☒ **No**, calls to 911 only go to the single public safety answering point in any specified area. There is no backup network or other routing to ensure calls are answered.	☑ **Yes**, calls to 988 are routed through a central administrator to regional crisis centers and, if needed, a national backup network to ensure calls are answered quickly.
Assistance available via text	☒ **No national backup network**	☑ **Yes**
Assistance available via chat	☒ **No**	☑ **Yes**
Call centers with trained professionals	☑ **Yes**	☑ **Yes**
Provide de-escalating emotional support via phone, text or chat	☑ **Yes**, via dispatch until EMS personnel arrive	☑ **Yes, the contact is the intervention**
Provide referrals to community-based resources	☑ **Yes**	☑ **Yes**
Capacity to dispatch mobile emergency response personnel	☑ **Yes**	☒ **Not in all locations**
Capacity to provide emergency care	☑ **Yes**, throughout the dispatch and transport process	☒ **Not in all locations**
Capacity to connect to ongoing treatment	☒ **No**	☑ **Yes**, by providing referrals to local treatment providers, although the capacity of that local system may be limited.
Funding through fees assessed on phone bills	☑ **Yes**, well established	☒ **No**, not yet well established

References

- Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *988 Suicide & Crisis Lifeline*. https://www.samhsa.gov/sites/default/files/988-factsheet.pdf.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2022, Sept. 2). *988 Frequently Asked Questions*. https://www.samhsa.gov/find-help/988/faqs#about-988.
- The National Council for Mental Wellbeing. (2022, July 13). *988 Implementation and Future Priorities*. https://www.thenationalcouncilorg/resources/988-implementation-and-future-priorities.

Mental Health FIRST AID
from NATIONAL COUNCIL FOR MENTAL WELLBEING

MENTAL HEALTH FIRST AID

WHY MENTAL HEALTH FIRST AID?

Mental Health First Aid (MHFA) teaches you how to identify, understand and respond to signs of mental health and substance use challenges among adults.

On average,
130
people die by suicide every day.
Source: American Foundation for Suicide Prevention

From 1999 to 2019,
841,000
people died from drug overdoses.
Source: Centers for Disease Control and Prevention

Nearly
1 IN 5
in the U.S. lives with a mental illness.
Source: National Institute of Mental Health

WHO NEEDS TO KNOW MENTAL HEALTH FIRST AID

- Employers.
- Police officers.
- Hospital staff.
- First responders.
- Caring individuals.

WHAT IT COVERS

- Common signs and symptoms of mental health challenges.
- Common signs and symptoms of substance use challenges.
- How to interact with a person in crisis.
- How to connect a person with help.
- Expanded content on trauma, substance use and self-care.

THREE WAYS TO LEARN

- **In-person (2nd Edition)** – Learners receive their training during a 7.5-hour, Instructor-led, in-person session.
- **Blended** – Learners complete a 2-hour, self-paced online course, and participate in a 4.5- to 5.5-hour, Instructor-led training. This Instructor-led Training can be:
  - » A video conference.
  - » An in-person class.

Learn how to respond with the Mental Health First Aid Action Plan (ALGEE):

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

Sources

American Foundation for Suicide Prevention. (n.d.). *Suicide statistics.* https://afsp.org/suicide-statistics/

Centers for Disease Control and Prevention. (n.d.) *Drug overdose deaths.* https://www.cdc.gov/drugoverdose/deaths/index.html

National Institute of Mental Health (NIMH). (n.d.). *Mental illness.* https://www.nimh.nih.gov/health/statistics/mental-illness

To find a course or contact a Mental Health First Aid Instructor in your area, visit **MHFA.org** or email **Hello@MentalHealthFirstAid.org**.

Mental Health FIRST AID
from NATIONAL COUNCIL FOR MENTAL WELLBEING

YOUTH MENTAL HEALTH FIRST AID

WHY YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18.

10.2%
of youth will be diagnosed with a substance use disorder in their lifetime.
*Source: Youth Mental Health First Aid***

1 IN 5
teens and young adults lives with a mental health condition.
*Source: National Alliance for Mental Illness**

50%
of all mental illnesses begin by age 14, and 75% by the mid-20s.
*Source: Archives of General Psychiatry****

WHO SHOULD KNOW MENTAL HEALTH FIRST AID?

- Teachers.
- School Staff.
- Coaches.
- Camp Counselors.
- Youth Group Leaders.
- Parents.
- Adults who Work with Youth.

WHAT MENTAL HEALTH FIRST AID COVERS

- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Common signs and symptoms of substance use challenges.
- How to interact with a child or adolescent in crisis.
- How to connect the youth with help.
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying.

Learn how to respond with the Mental Health First Aid Action Plan (ALGEE):

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

THREE WAYS TO LEARN

- **In-person (2nd Edition)** – Learners receive their training during a 6.5-hour, Instructor-led, in-person session.
- **Blended** – Learners complete a 2-hour, self-paced online course, and participate in a 4.5- to 5.5-hour, Instructor-led training. This Instructor-led Training can be:
  - » A video conference.
  - » An in-person class.

Sources

* National Alliance on Mental Illness. (n.d.). *Kids.* https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids

** Mental Health First Aid. (2020). *Mental Health First Aid USA* for adults assisting children and youth. National Council for Mental Wellbeing.

*** Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 62(6); 593-602. doi: 10.1001/archpsyc.62.6.593

To find a course or contact a Mental Health First Aid Instructor in your area, visit **MHFA.org** or email **Hello@MentalHealthFirstAid.org**.