



nami

National Alliance on Mental Illness

Oklahoma

Oklahoma's Voice on Mental Illness

Who We Are



NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

What started as a small group of families gathered around a kitchen table in 1979 has blossomed into **the nation's leading voice on mental health**.

NAMI is a nationally recognized non-profit organization.

Understanding Our Structure

NAMI

(National Organization)

NAMI Oklahoma

(State Organization)

NAMI
Chisholm
Trail

NAMI
Cleveland
County

NAMI
Edmond -
North OKC

NAMI
OKC
Metro

NAMI
Southwest
Oklahoma

NAMI
North
Central

NAMI
Tulsa

NAMI
Washington
County

(Local Affiliates)



What We Do

- ***We educate.***
 - Offered in thousands of communities across America through our NAMI State Organizations and NAMI Affiliates, our education programs ensure hundreds of thousands of families, individuals and educators get the support and information they need.
- ***We advocate.***
 - NAMI shapes the national public policy landscape for people with mental illness and their families and provides grassroots volunteer leaders with the tools, resources and skills necessary to save mental health in all states.
- ***We listen.***
 - Our 54 state chapters and their respectful affiliates respond personally to hundreds of thousands of requests each year, providing free referral, information and support—a much-needed lifeline for many.
- ***We lead.***
 - Public awareness events and activities, including Mental Illness Awareness Week (MIAW), NAMIWalks and other efforts, successfully combat stigma and encourage understanding. NAMI works with reporters on a daily basis to make sure our country understands how important mental health is.

OVER 30 YEARS IN OKLAHOMA

MISSION

NAMI Oklahoma, in partnership with its affiliates improve the quality of life for individuals and families affected by mental illness through support, education, and advocacy.

UNDERSTANDING MENTAL ILLNESS

Mental illnesses are **medical** conditions that disrupt a person's thinking, feeling, mood, daily functioning and ability to relate to others.

Just as diabetes is a disorder of the pancreas, a mental illness is a disorder of the brain that can make it difficult to cope with the ordinary demands of life.

UNDERSTANDING MENTAL ILLNESS

- ▶ Mental illnesses are **not the result** of personal weakness, lack of character or poor upbringing.
- ▶ Mental illnesses can affect persons of **any** age, race, religion or income.
- ▶ **No one** is to blame – not the person and not the family.

The good news about mental illness is that **recovery is possible.**

UNDERSTANDING MENTAL ILLNESS

- ▶ Currently there are no blood tests or tissue samples that can definitively diagnose mental illnesses.
- ▶ Diagnoses are based on clinical observations of behavior in the person and reports from those close to the person.
- ▶ Symptoms vary from one person to another, and each person responds differently, which complicates getting an accurate diagnosis.

NAMI WANTS YOU TO KNOW

- ▶ Families and individuals affected by mental illness are not alone
- ▶ Mental illness is no one's fault
- ▶ Affected families and individuals deserve help and support
- ▶ There is support available

PREVALENCE OF MENTAL ILLNESS

- ▶ **1 in 5 adults** (43.8 million) experience mental illness in a given year
- ▶ Among the **20.2 million adults** who experienced a substance use condition, **50.5%** had a co-occurring mental illness
- ▶ **46% of homeless adults** staying in homeless shelters have a mental illness/or substance use disorder
- ▶ **70% of youth in juvenile justice systems** have at least one mental health condition

PREVALENCE OF MENTAL ILLNESS

- ▶ **60% of all adults** with a mental illness received no mental health services in the previous year. **(50% of all youth ages 8-15)**
- ▶ **African-Americans and Hispanic-Americans** used mental health services at about half the rate of Caucasian-Americans in the past year.
- ▶ **75% of adults with mental illness** report experiencing symptoms prior to the age of 24

CO-OCCURRING CONDITIONS

- ▶ Often mental illness is not the only thing going on in a person's life. Other conditions may also be present that further complicate the difficulties created by mental illness.
- ▶ This is referred to as co-occurring, co-morbid conditions or dual diagnosis; meaning that there is more than one condition causing the difficulties.
- ▶ Substance use/abuse and alcohol is most common in a mental health crisis causing co-occurring conditions.



DE-ESCALATION AND COMMUNICATION STRATEGIES

STRATEGIES TO DE-ESCALATE

You don't know what you don't know!

If it is not working, try something different!

COMMUNICATION

IT IS NOT **WHAT** YOU COMMUNICATE,
BUT **HOW** YOU COMMUNICATE.

RELATIONSHIP

RELATIONSHIP

RELATIONSHIP

NONVERBAL MESSAGES

- ▶ Be aware of your physical spacing
- ▶ Be aware of your body language
- ▶ Be aware of the expression on your face
- ▶ Be aware of how intently you look at them
- ▶ Be aware of the tone of your voice

PHYSICAL NEEDS

- ▶ Offer them a choice of where you talk
- ▶ Give a large space between you and the person that is upset
- ▶ Don't get between the upset person and the exit
- ▶ Remove yourself if needed for a short time

TIMING

- ▶ When a person is very upset, they can not hear what you are saying
- ▶ Coming back to the upset person after they have found calm is more effective
- ▶ Give time to process
- ▶ I am taking a time out right now – remove yourself
- ▶ When you are calmer, I will discuss this with you

DISTRACTIONS

- ▶ Would you like some water?
- ▶ Have you seen the Myriad Gardens?
- ▶ I wonder if dogs can sense feelings of their owners?
- ▶ I am really thirsty, would you be willing to come with me to get some water?
- ▶ Reading is really relaxing to me, what do you do that is relaxing?

COMMUNICATION

- ▶ LISTEN !!! They are not always looking for a response, but want to be heard
- ▶ Ask questions without giving feedback
- ▶ Ask the person what they need right now
- ▶ Give reflective responses (so you're frustrated because...)

COMMUNICATION

- ▶ The louder they become, the softer your voice gets
- ▶ The more they escalate, the calmer you become
- ▶ Hold your tongue, let it roll. You don't have to address everything they say
- ▶ We're not going to talk about this right now (can revisit when calmer)

WHAT TO DO IN A MENTAL HEALTH CRISIS

Assess the immediacy of the situation to determine where to start or who to call.

- ▶ Is the person in danger of hurting themselves, others or property?
- ▶ Do you need emergency assistance?
- ▶ Do you have time to start with a phone call for guidance and support from the crisis line? (1-800-273-8255)

WHAT TO DO IN A MENTAL HEALTH CRISIS

- ▶ A person experiencing a mental health crisis can't always clearly communicate their thoughts, feelings, needs or emotions.
- ▶ They may also find it difficult to understand what others are saying.
- ▶ It's important to empathize and connect with the person's feelings, stay calm and try to de-escalate the crisis.

WHAT TO DO IN A MENTAL HEALTH CRISIS

- ▶ If the situation is life-threatening or if serious property damage is occurring, call 911 and ask for immediate assistance.
- ▶ When calling 911, ask for a Crisis Intervention Training officer (CIT)
- ▶ If calling 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency and if weapons are involved.
- ▶ CIT officers are specifically trained to recognize and de-escalate situations involving people who have a mental illness.

WHAT TO DO IN A MENTAL HEALTH CRISIS

- ▶ When providing information about a person in a mental health crisis, be very specific about the behaviors you are observing. Brief and to the point.
- ▶ Describe any active psychotic behavior, significant changes in behavior (such as not leaving the house, not taking showers, threats to other people and increases in manic behaviors or agitation such as pacing or irritability).

TECHNIQUES THAT MAY HELP DE-ESCALATE A CRISIS

- ▶ Keep your voice calm
- ▶ Avoid overreacting
- ▶ Listen to the person
- ▶ Express support and concern
- ▶ Avoid continuous eye contact
- ▶ Ask how you can help
- ▶ Keep stimulation level low
- ▶ Move slowly

TECHNIQUES THAT MAY HELP DE-ESCALATE A CRISIS

- ▶ Offer options instead of trying to take control
- ▶ Avoid touching the person unless you ask permission
- ▶ Be patient
- ▶ Gently announce actions before initiating them
- ▶ Give them space, don't make them feel trapped
- ▶ Don't make judgmental comments
- ▶ Don't argue or try to reason with the person

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the left and right sides of the frame, creating a modern, dynamic feel. The central area is a plain white space where the text is located.

I AM NOT SICK I DON'T NEED HELP

How to Help Someone with Mental Illness Accept Treatment

Dr. Amador

<https://www.youtube.com/watch?v=NXxytf6kfPM>

WEB SITE RESOURCES

- ▶ www.leapinstitute.org
- ▶ www.livesinthebalance.org
- ▶ www.nami.org

RESOURCES

- ▶ **CRISIS LINE:** 1-800-273-8255
- ▶ **CRISIS TEXT LINE:** text “NAMI” to 741741
- ▶ **REACH-OUT HOTLINE:** 1-800-522-9054
- ▶ www.ok2talk.org

CONTACT INFORMATION

Paula Stafford, M. Ed.

Director of Affiliate Relations

NAMI Oklahoma, Inc.

3812 N. Santa Fe, Suite 305

Oklahoma City, OK 73118

405-601-8283

1-800-583-1264

Fax: 405-602-8539

www.namioklahoma.org

Wendy Nix

Director of Programs

NAMI Oklahoma, Inc.

3812 N. Santa Fe, Suite 305

Oklahoma City, OK 73118

405-601-8283

1-800-583-1264

FAX 405-602-8539

www.namioklahoma.org



1-800-583-1264