

Mental Health First Aid Overview

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What we will cover today

- Mental Health First Aid Approach and History
- Structure of the MHFA Course
- Examples of the Training and Exercises
- Importance to School Districts
- Training Information

Mental Health First Aid

- The MHFA Approach

- Teaches a five-step action plan to help others with mental health or substance abuse problems
- Like traditional first aid, mental health first is help provided to a person until professional treatment is obtained
- Empirically proven public education and prevention tool that has shown to reduce stigma of mental illness and substance abuse

- History

- Began in Australia in 2001
- Came to America in 2008

Action Plan: ALGEE

- A: Assess for risk of suicide or harm
- L: Listen nonjudgmentally
- G: Give reassurance and information
- E: Encourage appropriate professional help
- E: Encourage self-help and other support strategies

Goals of Mental Health First Aid

- Increase the participants knowledge of potential risks factors and warning signs for a range of mental health disorders
- Increase knowledge of the prevalence of various mental health issues
- Increase knowledge of appropriate resources available to help someone in their community
- Reduce stigma

Structure of the MHFA Course

- Session I (First 4 hours)
 - What is MHFA
 - Mental Health Problems in the United States
 - Mental Health Aid Action Plan (ALGEE)
 - Understanding Depression and Anxiety
 - Utilizing ALGEE for Depression and Anxiety
 - Suicidal Behavior
 - Depressive Symptoms
 - Nonsuicidal Self-Injury

Structure of the MHFA Course cont.

- Session II (Last 4 hours)
 - Panic Attacks
 - Traumatic Events
 - Anxiety Symptoms
 - Understanding Psychosis
 - MFHA Action Plan
 - Acute Psychosis
 - Disruptive or Aggressive Behavior
 - Understanding Substance Use Disorders
 - MHFA Action Plan
 - Substance Use Disorders, and Overdose

Examples of MHFA Training

- Disability Exercise
- Depression
- Suicide
- Psychosis

MFHA Disability Weight Exercise

- The Impact of Mental Illness
- Disability Weight Interactive Exercise
 - Mental illnesses can be more disabling than many chronic physical illnesses. For example:
 - The disability from moderate depression is similar to the impact from relapsing multiple sclerosis, severe asthma, or chronic hepatitis B.
 - The disability from severe depression is comparable to the disability from quadriplegia.
 - “*Disability*” refers to the amount of disruption a health problem causes to a person’s ability to:
 - Work
 - Carry out daily activities
 - Engage in satisfying relationships

Depression

- Major depressive disorder lasts for at least 2 weeks and affects a person's
 - Emotions, thinking, behavior, and physical well-being
 - Ability to work and have satisfying relationships
- Types of Mood Disorders
 - Major depressive disorder
 - Bipolar disorder
 - Postpartum depression
 - Seasonal depression

Depression Video

- Look for signs and symptoms of depression
 - Physical
 - Behavioral
 - Psychological

Signs and Symptoms of Depression

- Physical

- Fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, headaches, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains

- Behavioral

- Crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, slow movement, use of drugs and alcohol

Signs and Symptoms of Depression cont.

- Psychological

- Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, feelings of helplessness, hopelessness, irritability
- Frequent self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see one in a negative light, thoughts of death and suicide

Risk Factors for Depression

- Stressful or traumatic events
- Difficult childhood; history of childhood anxiety
- Ongoing stress and anxiety
- Another mental illness
- Previous episode of depression or anxiety
- Family history
- More sensitive emotional nature

Risk Factors for Depression cont.

- Illness that is life threatening, chronic, or associated with pain
- Medical conditions
- Side effects of medication
- Recent childbirth
- Premenstrual changes in hormone levels
- Lack of exposure to bright light in winter
- Chemical (neurotransmitter) imbalance
- Substance misuse; intoxication, withdrawal

Action Plan: ALGEE for Depression

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Assess for Risk of Suicide or Harm

The most common crises to assess for with depressive and anxiety symptoms are

- Suicidal thoughts and behaviors
- Nonsuicidal self-injury

Suicide Risk Assessment

- Sex
- Age
- Chronic physical illness
- Mental illness
- Use of alcohol or other substances
- Less social support
- Previous attempt
- Organized plan

Warning Signs of Suicide

- Threatening to hurt or kill oneself
- Seeking access to means
- Talking or writing about death, dying, or suicide
- Feeling hopeless
- Feeling worthless or a lack of purpose
- Acting recklessly or engaging in risky activities
- Feeling trapped
- Increasing alcohol or drug use
- Withdrawing from family, friends, or society
- Demonstrating rage and anger or seeking revenge
- Appearing agitated
- Having a dramatic change in mood

Questions to Ask

Ask the person directly whether he or she is suicidal:

- “Are you having thoughts of suicide?”
- “Are you thinking about killing yourself?”

Ask the person whether he or she has a plan:

- “Have you decided how you are going to kill yourself?”
- “Have you decided when you would do it?”
- “Have you collected the things you need to carry out your plan?”

How to Talk with a Person Who is Suicidal

- Let the person know you are concerned and are willing to help
- Discuss your observations with the person
- Ask the question without dread
- Do not express a negative judgment
- Appear confident, as this can be reassuring

Check For Two Other Risks

- Has the person been using alcohol or other drugs?
- Has he or she made a suicide attempt in the past?

Keeping the Person Safe

- Provide a safety contact number
- Help the person identify past supports
- Involve them in decision making
- Call law enforcement if the person has a weapon or is behaving aggressively

Do Not

- Leave an actively suicidal person alone
- Use guilt and threats to try to prevent suicide
 - *You will go to hell*
 - *You will ruin other people's lives if you die by suicide*
- Agree to keep their plan a secret

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Listen Nonjudgmentally

Key **attitudes** to make the person feel respected, accepted, and understood:

- Acceptance
- Genuineness
- Empathy

Key **nonverbal skills** to show you are listening:

- Attentiveness
- Comfortable eye contact
- Open body posture
- Being seated
- Sitting next to the person rather than directly opposite
- Not fidgeting

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Give Reassurance and Information

- Treat the person with respect and dignity
- Do not blame the person for his or her symptoms
- Have realistic expectations
- Offer consistent emotional support and understanding
- Give the person hope for recovery
- Provide practical help
- Offer information

What Isn't Supportive

- Do not just tell the person to “snap out of it”
- Do not be hostile or sarcastic
- Do not adopt an overinvolved or overprotective attitude
- Do not nag the person to do what he or she normally would do
- Do not trivialize the person's experiences
- Do not belittle or dismiss the person's feelings
- Avoid speaking with a patronizing tone
- Resist the urge to try to “cure” the person

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Encourage Appropriate Professional Help

- Types of Professionals
 - Doctors (primary care physicians)
 - Psychiatrists
 - Social workers, counselors, and other mental health professionals
- Certified peer specialists
- Types of Professional Help
 - “Talk” therapies
 - Medication
 - Other professional supports

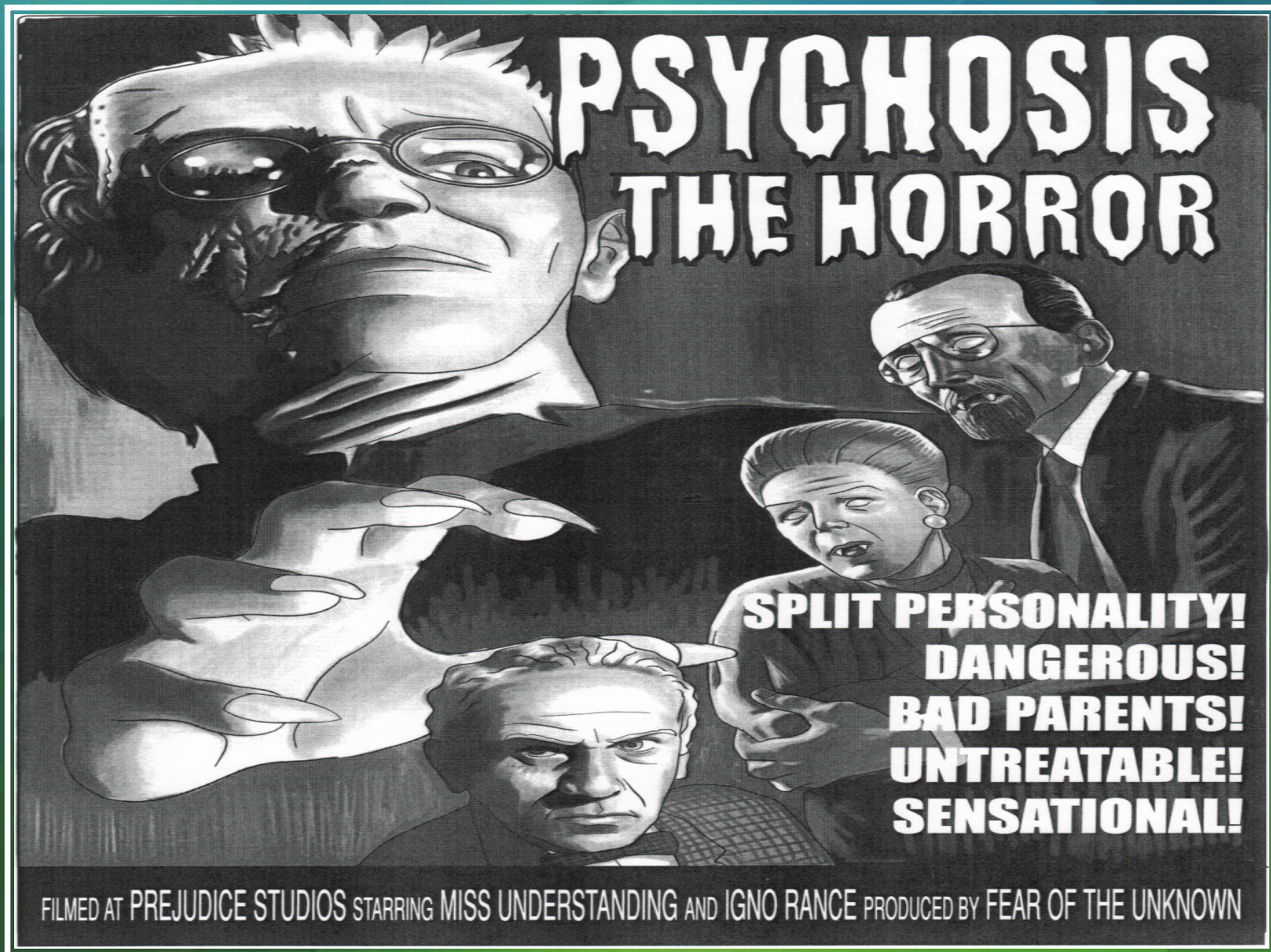
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Encourage Self-Help and Other Support Strategies

- Exercise
- Relaxation and Meditation
- Peer support groups
- Self-help books
- Family, friends, faith, and other social networks

Psychosis



What is Psychosis?

- Psychosis is a condition in which a person has lost some contact with reality
- The person may have severe disturbances in thinking, emotion, and behavior
- Disorders in which psychosis can occur are not as common as depression and anxiety disorders
- Psychosis usually occurs in episodes and is not a constant or static condition

Common Symptoms When Psychosis is Developing

- Changes in emotion and motivation
 - Depression
 - Anxiety
 - Irritability
 - Suspiciousness
 - Blunted, flat, or inappropriate emotion
 - Change in appetite
 - Reduced energy and motivation

Common Symptoms When Psychosis is Developing cont.

- Changes in thinking and perception
 - Difficulties with concentration or attention
 - Sense of alteration of self, others, or the outside world (e.g., feeling that self or others have changed or are acting different in some way)
 - Odd ideas
 - Unusual perceptual experiences (e.g., a reduction in or greater intensity of smell, sound, or color)
- Changes behavior
 - Sleep disturbances
 - Social isolation or withdrawal
 - Reduced ability to carry out work and social roles

Types of Disorders in Which Psychosis is Developing

- Schizophrenia
- Bipolar disorder
- Psychotic depression
- Schizoaffective disorder
- Drug-induced psychosis

Characteristics of Schizophrenia

- Delusions
- Hallucinations
- Thinking difficulties
- Loss of drive
- Blunted emotions
- Social withdrawal

Characteristics of Mania (Bipolar)

- Increased energy and overactivity
- Elated mood
- Need less sleep than usual
- Irritability
- Rapid thinking and speech
- Lack of inhibitions
- Grandiose delusions
- Lack of insight

Video

- What was helpful?
- What was not helpful?

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Assess for Risk of Suicide or Harm

- The most common crises to assess for in persons with symptoms of psychosis are:
 - Suicidal thoughts and behaviors
 - Disruptive or aggressive behavior

How to Help

- Approach the person in a caring and nonjudgmental way
- Choose a private time and place, free from distractions
- Let the person know you are concerned and want to help; state the specific behaviors that concern you
- Be sensitive to the way the person is behaving
- Let the person set the pace and style of interaction
- Do not touch the person without permission
- Allow the person to talk about their experiences and beliefs if they want to, but do not force them
- Let the person know you are available to talk in the future
- Respect the person's privacy and confidentiality

How to Help cont.

- Assist the person by remaining calm
- Talk in a clear, concise way
- Use short, simple sentences
- Speak quietly in a nonthreatening tone at a moderate pace
- Answer questions calmly
- Comply with reasonable requests
- Maintain your safety and access to an exit
- Do not do anything to further agitate the person

Try to De-escalate the Situation

- Speak slowly and confidently with a gentle, caring tone of voice
- Do not argue or challenge the person
- Do not threaten
- Do not raise your voice or talk too fast
- Use positive words instead of negative words
- Stay calm and avoid nervous behavior
- Do not restrict the person's movement
- Try to be aware of what may exacerbate the person's fear and aggression
- Take a break from the conversation

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Listen Nonjudgmentally

Try to

- Understand the symptoms for what they are
- Empathize with how the person is feeling about his or her beliefs and experiences

Try not to

- Confront the person
- Criticize or blame
- Take delusional comments personally
- Use sarcasm
- Use patronizing statements
- State any judgments about the content of the beliefs and experiences

When Communication is Difficult

- Respond to disorganized speech by talking in an uncomplicated and succinct manner
- Repeat things if needed
- Be patient and allow plenty of time for responses
- Be aware that just because the person may be showing a limited range of emotions, it does not mean that he or she is not feeling anything
- Do not assume the person cannot understand you, even if the response is limited

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Give Reassurance and Information

- Treat the person with respect and dignity
- Offer consistent emotional support and understanding
- Give the person hope for recovery
- Provide practical help
- Offer information
- Do not make any promises that you cannot keep

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Encourage Appropriate Professional Help

- Types of professionals

- Doctors (primary care physicians)
- Psychiatrists
- Social workers, counselors, and other mental health professionals
- Certified peer specialists

- Types of Professional Help

- “Talk” therapies
- Medication
- Psychoeducation
- Other professional supports

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Encourage Self-Help and Other Support Strategies

- Peer support groups
- Family, friends, and faith and other social networks
- Family support groups
- Discontinuation of alcohol and other drugs

Auditory Hallucination Exercise

- Groups of three
- Two people will be friends who have not seen each other in a long time. One of the friends is experiencing auditory hallucinations
- Third person is the “voices in the head” of the distressed person. You will read the script provided in the ear of the person experiencing auditory hallucinations.

How Can This Training Benefit Your Districts?

- Better prepared teachers and staff
 - Having difficult conversations
 - Recognizing potential mental illness and substance abuse issues earlier
 - Greater connection to help for students
- Reduction of stigma in school districts can mean a greater number of students seeking help

More Information on MHFA

- www.mentalhealthfirstaid.org
- Wendi Shackelford (UAA Center for Human Development)
 - Phone: (907) 264-6224
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- My contact information
 - Phone: (907) 983-2255 extension 8
 - Email: j.hischer@skagway.org

Where to Find Trainers

- Anchorage
- Juneau
- Sitka
- Skagway
- Metlakatla
- Wasilla
- Kenai
- Sutton
- Palmer
- Talkeetna
- McGrath
- Aniak
- Maniilaq
- Homer
- Soldotna