

MENTAL HEALTH FIRST AID

Adapted from Mental Health First Aid Australia
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Expectations for Today's Class

- +Definition of a Mental Disorder
- +Overview of 5 Diagnosis Axis
- +Depression & Substance Use
- +Risk of suicide or non suicidal self harm
- +Psychosis
- +Guest Speaker-Damon Russell
Peer Specialist with Central Counties Services

Expectations (continued)

- + Anxiety
- + Intellectual Disabilities
- + Indigent Defense Mental Health Project
- + Resources

What are your expectations?



What Is Mental Health First Aid?

Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.

What Is a Mental Disorder?

A **mental disorder** or **mental illness** is a diagnosable illness that

- + Affects a person's thinking, emotional state, and behavior
- + Disrupts the person's ability to
 - Work
 - Carry out daily activities
 - Engage in satisfying relationships

U.S. Adults with a Mental Disorder in Any One Year



Type of Mental Disorder	% Adults
Anxiety disorder	18.1
Major depressive disorder	6.7
Substance use disorder	3.8
Bipolar disorder	2.6
Eating disorders	2.1
Schizophrenia	1.1
Any mental disorder	26.2

The Impact of Mental Illness

- + 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 post-traumatic stress disorder is comparable to the disability from paraplegia.

- + “*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

Substance Use & Mental Illness

Substance use disorders include

- Dependence
- Abuse that leads to problems at home or work
- Abuse that causes damage to health
- Substance use disorders can co-occur with almost any mental illness.
- Some people “self-medicate” with alcohol and/or other drugs.
- People with mood or anxiety disorders are two to three times more likely to have a substance use disorder.





Recovery from Mental Illness

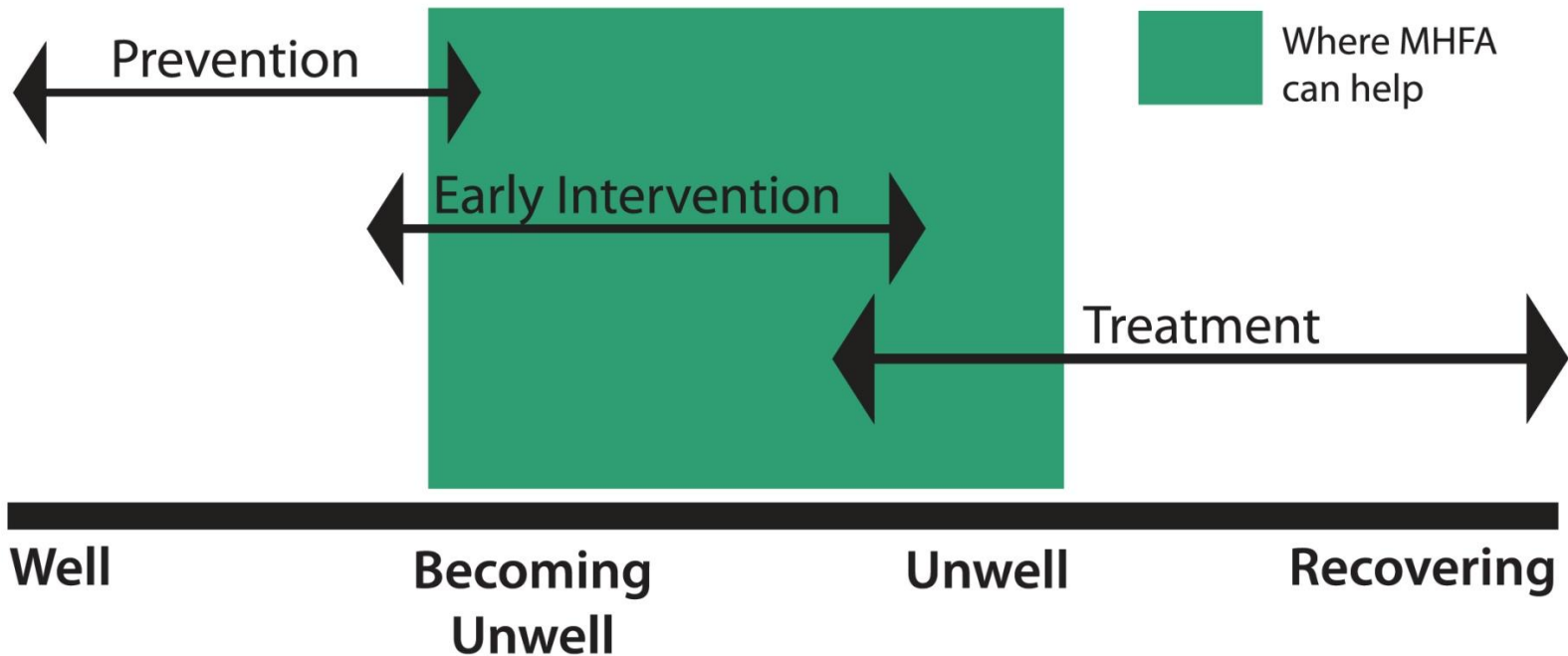
“Recovery is the process in which people are able to live, work, learn, and participate fully in their communities.”

“For some, this is the ability to live a fulfilling and productive life despite a disability.”

“For others, recovery implies the reduction or complete remission of symptoms.”

— *President’s New Freedom Commission on Mental Health, 2003*

Spectrum of Mental Health Interventions



Spectrum of mental health interventions from wellness to mental disorders and through to recovery, showing the contribution of MHFA

Mental Health First Aid

The Action Plan

- + **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

Five Diagnosis Axis

- + **Axis I:** Clinical Disorders (all mental disorders except Personality Disorders and Mental Retardation)
- + **Axis II:** Personality Disorders and Mental Retardation
- + **Axis III:** General Medical Conditions (must be connected to a Mental Disorder)

Five Axis (continued)

- + **Axis IV:** Psychosocial and Environmental Problems (for example limited social support network)
- + **Axis V:** Global Assessment of Functioning (Psychological, social and job-related functions are evaluated on a continuum between mental health and extreme mental disorder)



BREAK

What Is 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.

Signs and Symptoms of Depression

Emotions

- + Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, feelings of helplessness, hopelessness, irritability

Thoughts

- + 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

Signs and Symptoms of Depression

Behaviors

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

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

Types of Mood Disorders

- + Major depressive disorder
- + Bipolar disorder
- + Postpartum depression
- + Seasonal depression

Risk Factors for Depression

- + Distressing and uncontrollable event
- + Exposure to stressful life events
- + Difficult childhood
- + Ongoing stress and anxiety
- + Another mental illness
- + Previous episode of depression
- + Family history
- + More sensitive emotional nature

Risk Factors for Depression

- + 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

Assess for Risk of Suicide or Harm

The most common crises to assess for with depressive symptoms are

- + Suicidal thoughts and behaviors
- + Nonsuicidal self-injury



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A black and white movie poster for 'Psychosis: The Horror'. The poster features a large, stylized illustration of a man with glasses and a mustache, looking intensely at the viewer. In the background, there are smaller illustrations of a man in a suit and glasses, a woman with a distressed expression, and a man in a bow tie. The title 'PSYCHOSIS THE HORROR' is written in large, jagged, white letters at the top. Below the title, there is a list of sensational phrases: 'SPLIT PERSONALITY!', 'DANGEROUS!', 'BAD PARENTS!', 'UNTREATABLE!', and 'SENSATIONAL!'. At the bottom, there is a line of text: 'FILMED AT PREJUDICE STUDIOS STARRING MISS UNDERSTANDING AND IGNO RANCE PRODUCED BY FEAR OF THE UNKNOWN'.

PSYCHOSIS THE HORROR

**SPLIT PERSONALITY!
DANGEROUS!
BAD PARENTS!
UNTREATABLE!
SENSATIONAL!**

FILMED AT PREJUDICE STUDIOS STARRING MISS UNDERSTANDING AND IGNO RANCE PRODUCED BY FEAR OF THE UNKNOWN

What Are Psychotic Disorders?

- + Psychosis is a mental disorder in which a person has lost some contact with reality.
- + The person may have severe disturbances in thinking, emotion, and behavior.
- + Psychotic disorders 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

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 in behavior

- + Sleep disturbances
- + Social isolation or withdrawal
- + Reduced ability to carry out work and social roles

Types of Disorders in Which Psychosis Occurs

- + 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

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

Risk Factors for Psychotic Disorders

- + Genetic factors
- + Biochemistry
- + Stress
- + Other factors

Without Early Intervention

- + Poorer long-term functioning
- + Increased risk of depression and suicide
- + Slower psychological maturation and slower uptake of adult responsibilities
- + Strain on relationships and subsequent loss of social supports
- + Disruption of education and employment
- + Increased use of alcohol and drugs
- + Loss of self-esteem and confidence
- + Greater chance of problems with the law

Assess for Risk of Suicide or Harm

The most common crises to assess for in persons with psychotic symptoms are

- + Suicidal thoughts and behaviors
- + Disruptive or aggressive behavior directed to other people

How to Help

- + 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 Deescalate 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.

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.

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.**



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

What If the Person Doesn't Want Help?

- + Encourage the person to talk with someone he or she trusts.
- + Never threaten the person with hospitalization.
- + Remain patient.
- + Remain friendly and open.
- + The person may want your help in the future.



LUNCH

Guest Speaker-Damon Russell
Peer Specialist
Central Counties Services

What Are Anxiety Disorders?

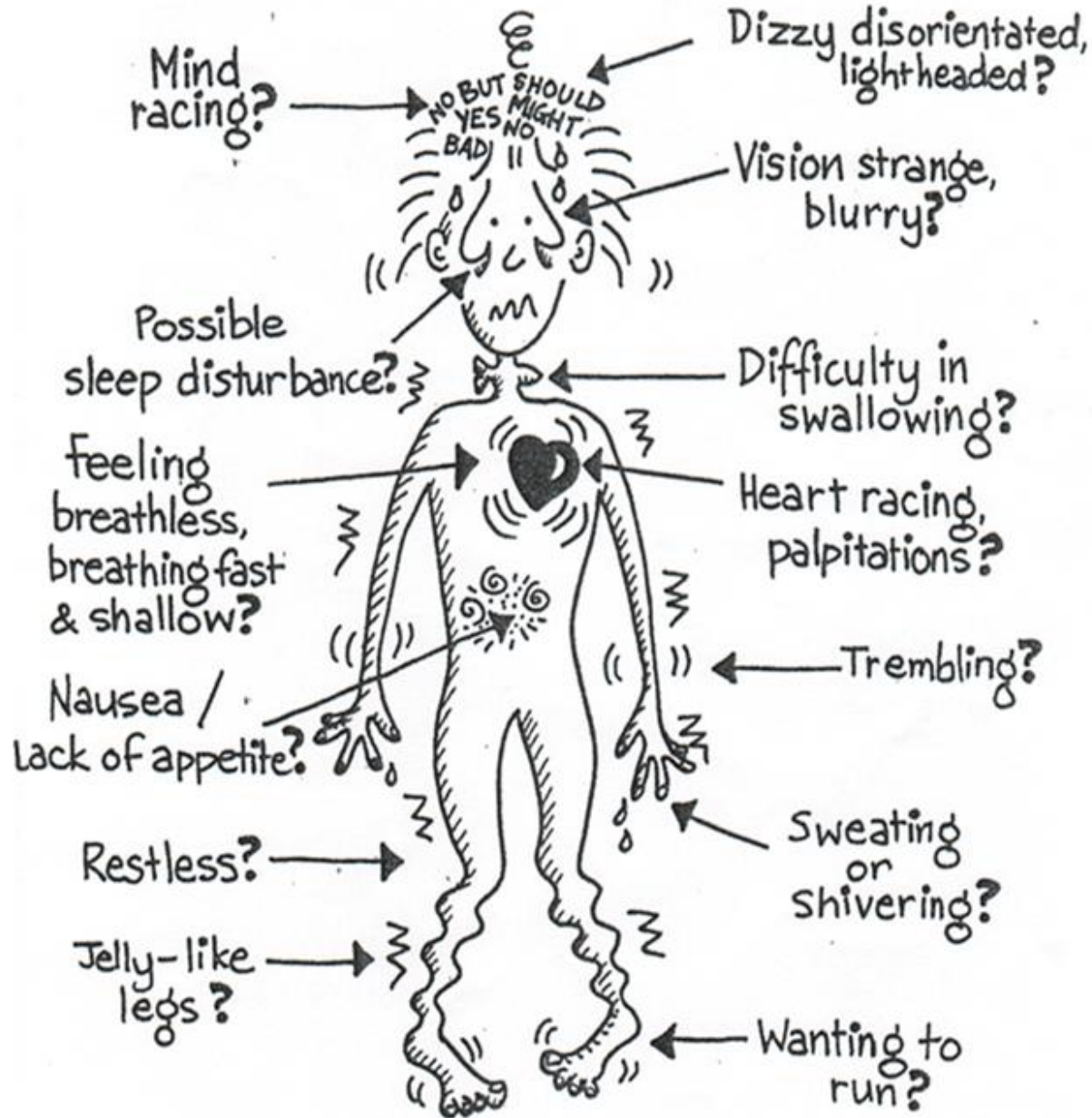


- + An anxiety disorder differs from normal stress and anxiety.
- + An anxiety disorder is more severe, lasts longer and interferes with work and relationships.



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Signs and Symptoms of Anxiety

Physical

- + **Cardiovascular:** pounding heart, chest pain, rapid heartbeat, blushing
- + **Respiratory:** fast breathing, shortness of breath
- + **Neurological:** dizziness, headache, sweating, tingling, numbness
- + **Gastrointestinal:** choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
- + **Musculoskeletal:** muscle aches and pains (especially neck, shoulders and back), restlessness, tremors and shaking, inability to relax

Signs and Symptoms of Anxiety

Psychological

- + Unrealistic or excessive fear and worry (about past and future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervous, fatigue, sleep disturbance, vivid dreams

Behavioral

- + Avoidance of situations, obsessive or compulsive behavior, distress in social situations, phobic behavior

U.S. Adults with an Anxiety Disorder in Any One Year



Type of Anxiety Disorder	% Adults
Specific phobia	8.7
Social phobia	6.8
Post-traumatic stress disorder	3.5
Generalized anxiety disorder	3.1
Panic disorder	2.7
Obsessive-compulsive disorder	1.0
Agoraphobia (without panic)	0.8
Any anxiety disorder	18.1

Risk Factors for Anxiety Disorders

- + Anxiety is mostly caused by perceived threats.
- + People who are more likely to react with anxiety when they feel threatened are those who
 - Have a more sensitive emotional nature
 - Have a history of anxiety in childhood or adolescence
 - Are female
 - Abuse alcohol
 - Experience a traumatic event

Risk Factors for Anxiety Disorders

Anxiety symptoms can also result from

- + Some medical conditions
- + Side effects of some prescription medications
- + Intoxication with alcohol and drugs
- + Withdrawal from alcohol, cocaine, sedatives, and anti-anxiety medications

Assess for Risk of Suicide or Harm

The most common crisis to assess for with anxiety symptoms is an extreme level of anxiety:

- Panic attack
- Reaction to a traumatic event

Symptoms of a Panic Attack

- + Palpitations, pounding heart, or rapid heart rate
- + Sweating
- + Trembling and shaking
- + Shortness of breath, sensations of choking or smothering
- + Chest pain or discomfort
- + Abdominal distress or nausea
- + Dizziness, light-headedness, feeling faint, unsteady
- + Feelings of unreality
- + Feelings of being detached from oneself
- + Fear of losing control or going crazy
- + Fear of dying
- + Numbness or tingling
- + Chills or hot flashes

How to Help

- + Let the person know you are concerned and willing to help.
- + Ask the person whether he or she knows what has happened.

If **you don't know** it is a panic attack or other medical problem

- Check for a medical alert bracelet and follow the instructions
- Seek medical assistance

If **the person believes** it is a panic attack

- Reassure the person that it is a panic attack
- Ask the person if you can help

How to Help

- + Remain calm and speak in a reassuring but firm manner.
- + Speak clearly and slowly, and use short sentences.
- + Be patient.
- + Avoid any negative reactions.
- + Acknowledge that the terror feels very real.
- + Remind the person that while a panic attack is frightening, it is not life threatening.
- + Reassure the person that he or she is safe and that the symptoms will pass.

After the Panic Attack Ends

- + Offer the person help in getting information about panic attacks.
- + Tell the person that if the panic attack recurs, he or she should speak with an appropriate health professional.
- + Reassure the person that effective treatments are available for panic attacks.

Assess for Risk of Suicide or Harm

The most common crisis to assess for with anxiety symptoms is an extreme level of anxiety:

- Panic attack
- Reaction to a traumatic event

Traumatic Events

- + A “traumatic event” is any incident experienced or witnessed by a person that is perceived to be traumatic.
- + Examples include accidents, assault, mass traumatic events, recurring trauma, and memories of past trauma.
- + People differ in how they react to traumatic events.
- + People with mental illnesses — especially those who have been traumatized in the past — are at increased risk for serious reaction to trauma.

How to Help

Encourage seeking professional help if, **for 4 weeks or more** after the trauma, the person

- + Still feels upset or fearful
- + Is unable to escape intense, ongoing, distressing feelings
- + Finds important relationships are suffering
- + Feels jumpy or has nightmares because of or about the trauma
- + Can't stop thinking about the trauma
- + Is unable to enjoy life as a result of the trauma
- + Has symptoms that are interfering with usual activities

Listening 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

You Are Not Listening to Me When

- + You say you understand.
- + You say you have an answer to my problem before I finish telling you my problem.
- + You cut me off before I have finished speaking.
- + You finish my sentences for me.
- + You are dying to tell me something.
- + You tell me about your experiences, making mine seem unimportant.
- + You refuse my thanks, saying you really haven't done anything.

You Are Listening to Me When

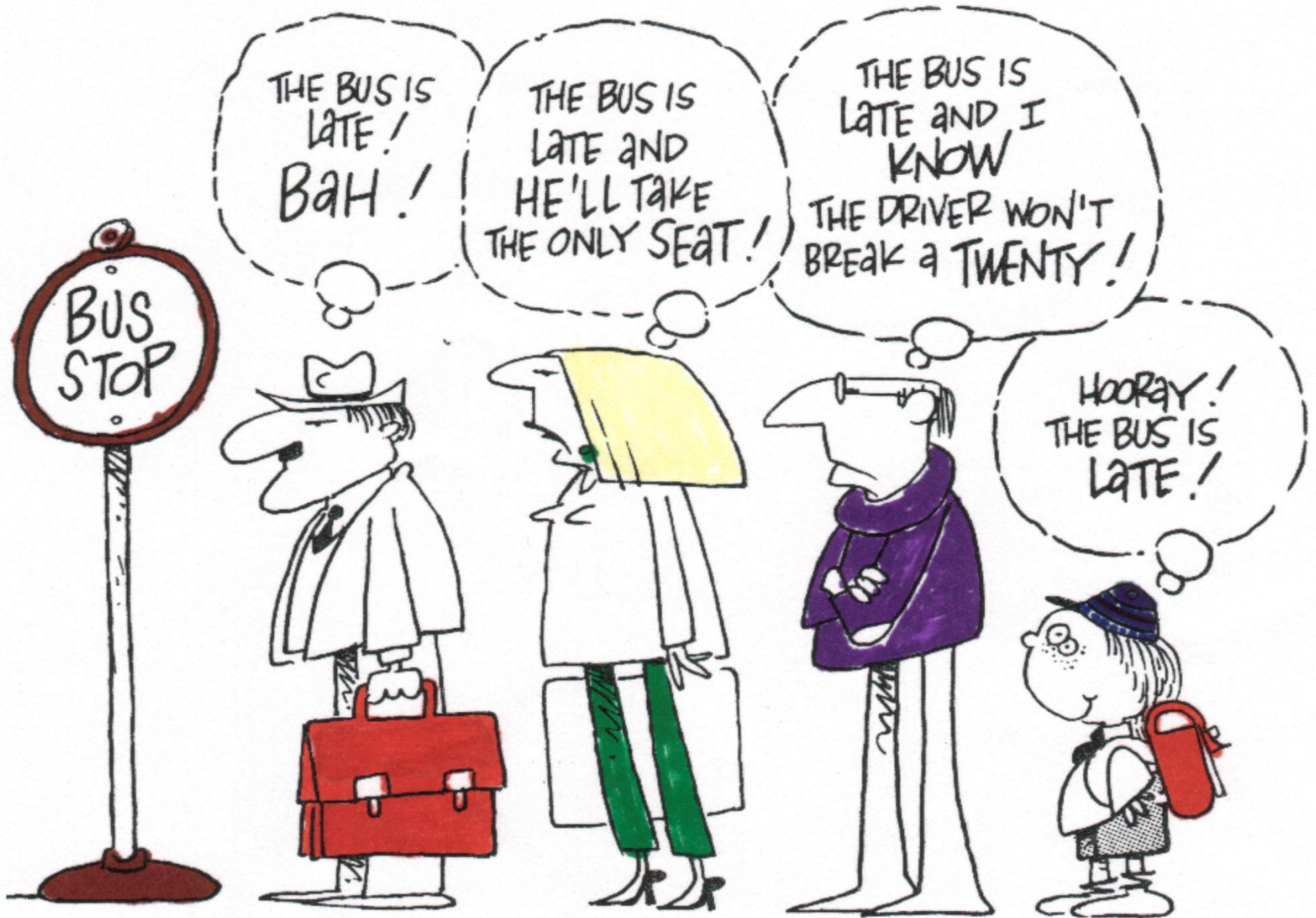
- + You really try to understand me, even if I'm not making much sense.
- + You grasp my point of view, even when it's against your own sincere convictions.
- + You realize the hour I took from you has left you a bit tired and a bit drained.
- + You allow me the dignity of making my own decisions, even though you think they may be wrong.
- + You do not take my problem from me but allow me to deal with it in my own way.
- + You hold back the desire to give me good advice.
- + You do not offer me religious solace when I am not ready for it.
- + You give me enough room to discover for myself what is really going on.
- + You accept my gratitude by telling me how good it makes you feel to know that you have been helpful.

—(Author Unknown)

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.

The way we think can influence how we feel



Suicide & Non Suicide Self Injury

Suicide Risk Assessment

- + Gender
- + 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

- + 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 that is available at all times
- + Help the person think about people or things that have been supportive in the past
- + Find out whether those supports are still available

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

Keeping the Person Safe

- + Mental health professionals always advocate seeking professional help for someone who has suicidal thoughts.
- + The person may be very reluctant to involve a professional helper.
- + Try to involve the person in the decision making about what should be done, who should be told, and how to seek professional help.
- + If the person has a weapon or is behaving aggressively, call law enforcement.

Reasons for Nonsuicidal Self-Injury

- + To escape unbearable anguish
- + To change the behavior of others
- + To escape a situation
- + To show desperation to others
- + To “get back at” other people
- + To gain relief from tension
- + To seek help

How to Help

- + Assist the person by letting him or her know you are concerned and are willing to help.
- + Recognize that self-injury is usually a symptom of serious psychological distress.
- + Let the person know that treatment is available for this distress.
- + Ensure that the person knows where professional mental health care is available.
- + Encourage, but **do not** force, the person to seek professional treatment.

How to Talk with a Person Who Self-Injures

- + Avoid any negative reactions to the self-injury
- + Discuss the situation calmly
- + Focus on ways to stop the distress

Do Not

- + Focus on stopping self-injury
- + Trivialize the feelings or situations that have led to self-injury
- + Punish the person
- + Threaten to withdraw care

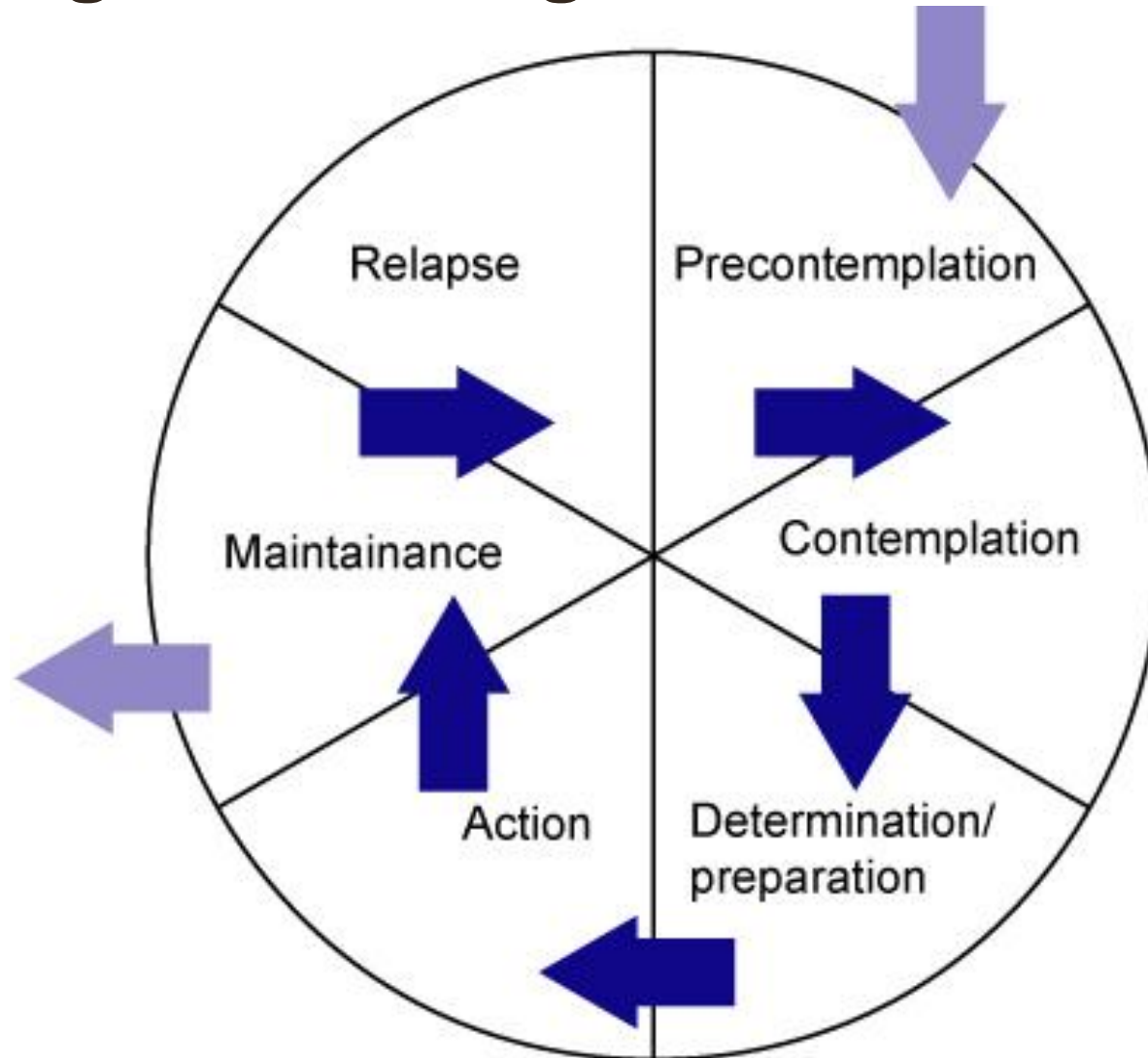


BREAK

Intellectual Developmental Disabilities & Mental Illness

Bell County Indigent Defense Mental Illness Project

The Stages of Change



Resources