Adult Mental Health First Aid Class
National Council for Mental Wellbeing
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Cloud and Lisa are the co-instructors for this class. Cloud is a librarian at the Belmont branch. Lisa is a full time mental health instructor who also teaches Youth Mental Health First Aid Class.

The course teaches people how to recognize a mental health emergency and gives information on how to respond. This program originated in Australia.

Mental Health First Aid is to demystify the topic of mental illness and to increase education, decrease stigma.

ALGEE
Approach assess for risk of suicide of harm
Listen non judgmentally
Give assurance and information
Encourage appropriate professional help
Encourage self-help and other support strategies.

Culture impacts our health choices. Some cultures keep mental health within the family. Other cultures consult religious leaders for guidance. Some cultures are more comfortable going outside the family for help.

Mental Health First Aiders are not there to treat others. You are there to observe problematic behaviors, listen non judgmentally, respect privacy, respect the individual's culture.

Need to take care of yourself first so that you can effectively help others.

New Mental Health Hotline is 988. You can call or text.
Chat 988lifeline.org. TTYusers use 800-799-4889

Mental Health First Aiders are not mandated reporters.

Mental health stigma means the negative attitudes toward people with mental health challenges. Stigma makes it hard to talk about their problems and get help.

Examples of less stigmatized language to describe mental health issues: A person living with schizophrenia. A person diagnosed with bipolar disorder.

Mental health is a state of well being. We can cope with normal stresses in life. We can work productively and we can contribute to our community,

A mental health challenge is when there is a major change in a person's thinking, feeling, or acting. The change interferes with the person's ability to live their life. The interference doesn't go away quickly and lasts longer than typical emotions or expected reactions. There's a two week rule that kicks in this possibility of a mental health challenge.

We can help by observing early signs and symptoms or worsening signs or symptoms. We can look for signs of crisis.

A mental disorder affects a person's thinking, emotional state and behavior. It can disrupt the person's ability to work, carry out daily activities, and engage in satisfying relationships.

Substance use disorders do fall into the category of mental health disorders.

We can all work towards optimal mental health, even someone with a mental health diagnosis. Even if you don't have a diagnosis, you can have poor mental health.

One in five adults in the United States are diagnosed with a mental disorder in a single year. About half of all US adults will experience a mental health challenge at some point in their lives.

More than 40% of people with mental disorders sought no treatment in the prior year.

Some barriers to care: expense, stigma, breach of privacy fears, lack of transportation, lack of providers in rural areas,

Mental health is sometimes an invisible disability. The leading cause of disability in the US is neuropsychiatric disorders (mental disorders, behavioral disorders, neurological disorders).

Risk Factors for mental health challenges: family history, chronic medical conditions, childhood abuse or trauma, generational

trauma, family history of substance abuse, stressful life, poverty, isolation, poor peer relationships, etc.

Impact of Trauma: adverse childhood experience, disrupts brain development, impairs social and emotional interactions, adoption of risky behaviors, leads to disease/disability/social problems, and ends in an early death.

Protective factors for Good Mental Health: Good nutrition, physical exercise, healthy habits, close relationships (or at least one person to trust), good social support, economic stability, spiritual or religiosity, ability to control and regulate emotions, cultivate high self esteem, sense of cultural identity and belonging, etc.

You can support a person with a physical ailment by asking directly how they would like to be helped, depending on the severity establish a Go Fund Me, ask if you can provide a ride to medical appointments,

If a person is recently diagnosed with a mental health disorder, you can offer all the same things you would to a person with a physical challenge but you can also invite them out for lunch, show support by not using stigmatizing language with them, and asking how they are feeling, encouraging them to open up about their recent diagnosis.

After a mental health emergency, you want to be an ongoing followup person and continue to offer support.

Recovery is a process of change through which individuals improve their health and wellness. Four major dimensions that support recovery: Health (overcoming or managing one's disease, making healthy choices that support physical and mental well being), Home (stable and safe place to live), Purpose (meaningful daily activities and participating in society in a meaningful way), and Community (cultivating relationships and social networks which are supportive).

"He who has a WHY to live can bear almost any How." Friedrich Nietzsche

Role of the Mental Health First Aider and Self Care: Do not diagnose, Do not Treat, Serve only as a link between the person with a mental health challenge and professional support

Can offer support in whatever is called for in the ALGEE method. Don't have to go in order of the alphabet.

ALGEE
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Self Care Involves Tending to the Following Areas: Intellectual, Emotional, Environment, Physical, Spiritual, Financial, Community, Occupational.

Self Care is very individual. You have to take care of yourself before you can help others.

Help people with everyday stresses and also recognize your limits on what you can and cannot do.

Develop your own self-care action plan:
Intellectual: Educate with YouTube videos
Emotional: Regulate emotions through perspective taking and have trusted friends to vent
Environment: Clearing one's environment
Physical: Take daily walks, stretch daily
Spiritual: Read spiritual literature everyday, meditate daily, gratitude practice
Financial: Keep to a budget and don't get into debt
Community: Set up more time to connect with friends during the week.
Occupational: Keep busy with UUCC planning

Common Mental Disorders in the United States: Depression, Anxiety, Substance Abuse, PTSD, Bipolar Disorders, Eating Disorders, Psychotic Disorders
(see pages 25-28)

Depressive Disorders: Chapter 4
Depression is a sad or low mood that persists for at least two weeks.
Between 80-90% of people with depression have a positive outcome with treatment.

Risk factors: history of trauma, family history, previous episodes, gender, sensitivity, social circumstances, medical conditions or medications
Crisis: nonsuicidal self-injury, suicidal thoughts and behaviors

Substance Abuse Disorders: Chapter 10
A substance use disorder is a “pattern or using alcohol or another substance that results in impairment in daily life or noticeable distress.

Anxiety Disorders: Chapter 5
Anxiety is a feeling of worry caused by perceived threats in the environment.

PTSD: Chapter 6
Post traumatic stress disorder is a disorder that can occur after a person has experienced a traumatic event.

Bipolar Disorder: Chapter 7
Bipolar disorder is an illness characterized by extreme swings in mood, energy, and activity level.

Eating Disorders: Chapter 9
Eating disorders are serious illnesses in which people have severe disturbances in their eating behaviors and distorted thoughts and emotions about how their body looks or feels.

Psychotic Disorders: Chapter 8
Psychosis is a condition in which a person has lost some contact with reality.

Recognizing Signs and Symptoms of Mental Health Challenge:

Look for signs in appearance, behavior, thoughts, and feelings. Signs are measurable. Symptoms are not observable or measurable.

<u>Group Exercise for Signs of Mental Health Challenges</u>
Agitation
Bulimia
Cutting
Depression
Euphoria
Fatigue
Grumpy
Hallucinations
Isolation
Jealousy
Kinesthetic Abnormalities
Lethargy
Melancholy
Nervous
Obsessive

Pessimistic
Quiet
Risky Behaviors
Sleepless
Trauma
Unmotivated
Vomiting
Withdrawn
Xenophobic
Yelling
Zzzz- Changes in Sleep Patterns

Frequency, Duration, and Impact on others and self are the three big signs of mental health decline.

There are Early Signs of Mental Health Decline, Worsening Signs, and Crisis Signs. (see page 32) which corresponds to Appearance, Behaviors, Feelings, and Thoughts.

Five Steps of MHFA Action Plan:

APPROACH: (Assess for risk of suicide or harm)
Make sure you assess that you are safe before approaching.
Make sure you talk privately. The person may not open up. A person might downplay their symptoms. Don't put pressure on the person to talk to you right away.

Helpful phrases to approach someone you believe to be experiencing a mental health challenge or crisis:

How long have you been feeling this way?
Have you spoken to anyone about this?
Let's go have a cup of tea.
Something seems to be bothering you. Would you like to talk about it?
I'm concerned about you.

Use openers that show care, are nonjudgmental, and are open-ended. Avoid using judgemental and dismissive statements such as "Pull yourself together."

LISTEN NON JUDGMENTALLY:
Keep in mind your body language to show you are listening. Make eye contact, restate a phrase they use, hold space and being silent, have an attentive posture, lean towards them, don't have your arms crossed, nod your head, put hand on their shoulder, don't show any impatience such as tapping one's feet, multi-tasking, or looking at one's watch. Avoid constant interruptions, poor eye contact, or give too much advice. Need to ask first if the person just wants to be listened to or whether they would invite some advice. Part of being a good listener is also to remember what the person has shared with you.

GIVE REASSURANCE AND INFORMATION:
Reassurance is a statement, comment, or action that helps remove a person's fear. (HOPE)
Information helps a person understand a concept, discuss options and next steps, and indicate when a person needs additional help or support. (FACTS)

A few examples of reassuring statements:
I am here for you.
You can get through this.
Provide information.
You're not alone.

Be aware of your tone of voice while you are talking to someone. Try to express hope in your tone and voice.

ENCOURAGE APPROPRIATE PROFESSIONAL HELP:

CARES Team
School counselors
ALAS for mental health
Medical doctor
Behavioral therapists
Psychologists
Psychiatrists
Social workers
Crisis call centers (988)
Substance abuse professionals
Certified Peer Specialists
StarVista for children in San Mateo County: 24/7 Crisis Hotline
650-579-0350 or (800) 273-8255
Spanish Crisis Line: 888-628-9454
Peer Support crisis line for San Mateo County

Types of treatment: Individual therapy, Family therapy, Group therapy, Medication, Rehabilitation Programs.

ENCOURAGE SELF-HELP AND OTHER SUPPORT STRATEGIES:

Not everyone wants help. Not everyone thinks they need help. Unless there's a crisis, you can't force anyone to get help. Encourage the person to talk with someone they trust. Never threaten the person with hospitalization. Remain patient. Remain friendly and open. The person may want your help in the future.

Self help is when an adult uses their own efforts and resources to cope with challenges and achieve mental wellbeing:

Self help can come in the form of Relaxation Training, Exercise, and Proper nutrition and sleep

PEOPLE:
Faith communities
Trusted family member
Neighbors
Friends
Co-workers
Library Staff

FREE PROGRAMS:
12 Step Programs
Groups, Clubs
Senior Coastsiders
CoastPride
Coastside Hope

ALAS
Hospital Grief Support Groups
Groups on Social Media such as hiking groups

ACTIVITIES:
Exercise
Hiking groups
Yoga classes
Choirs
Volunteerism
Group Fitness
Massage
Self Help Books
Meditation
Art
Calm App

<u>Early Signs of Mental Health Challenges in Non-Crisis Situations</u>

- Showing up late or canceling appointments
- Tired looking
- Disheveled clothing
- Appearing more unkempt than usual
- No longer enjoying work, activities, hobbies
- Worry
- Sadness
- Difficulty concentrating or focusing at home, school, work
- Indecisiveness

Worsening Signs of Mental Health Challenges

- Declining personal hygiene
- Cuts or bruises in various stages of healing
- Withdrawing from family and friends
- Absenteeism or “presenteeism”
- Odd or erratic behavior
- Increasing self-blame or self-criticism
- Distorted body image
- Thoughts ar racing or mind going blank
- Increasing sadness
- Hopelessness or despair
- Increasing worry
- Anger or rage

Crisis Signs of Serious Mental Health Challenges

- Excessive vomiting
- Difficulty breathing
- Overdosing on drugs or alcohol
- Threatening to hurt or kill themselves or others
- Acting recklessly or engaging in risky behavior
- Drug or alcohol misuse
- Dramatic changes in mood
- Feeling trapped, like there is no way out.
- Thoughts of self-harm
- Hopelessness
- Delusional thinking
- Hallucinations

Safety of everyone is paramount.
Try to keep the person and others safe.

Try to de-escalate the situation. Speak slowly and confidently. Don't argue. Don't threaten. Don't raise your voice or talk too fast. Use positive words instead of negative words. Do not restrict the person's movement.

Signs that may become a crisis: panic attacks, aggressive behaviors, substance misuse, following a traumatic event, non suicidal self-injury.

Signs of immediate crisis: medical emergency, suicidal thoughts and behavior, severe effects of alcohol or drug use, severe psychotic states.

<u>Panic Attacks</u>

- Introduce yourself
- State that you are trained in Mental Health First Aid.
- Ask them if they need help.
- If possible, provide it.

<u>Aggressive Behaviors</u>

- Ensure your own safety.
- Attempt to de-escalate the situation.
- Aggression and violence are not the same thing.
- Speak slowly and carefully with a calming voice.
- Stay calm and avoid nervous behavior
- Consider taking a break from the conversation.
- Try to be aware of what may increase the person's fear and aggression.
- Do not argue, threaten, challenge, fidget.

Crisis after a Traumatic Event

- Determine if they are currently safe
- Check for potential dangers
- Attend to the person's injuries and person's basic needs
- Don't make promises you cannot keep.
- Don't force the person to share their story.

Encourage the person to:

- Tell others what they need
- Take care of themselves
- NOT use negative coping strategies (drugs, alcohol, overeating).
- Consider appropriate professional help if they feel like this for four or more weeks.
- Let the person know you are available to talk.

Non-Suicidal Self Injury

- It is a deliberate self-inflicted damage to the body without the intent to die by suicide.
- Signs: bruises, cuts, scars
- Potential Crisis Medical Emergencies:
- Overdose
- Consumed poison
- Serious wounds
- Bleeding that is rapid or pulsing
- Feeling no reason for living
- Feeling trapped, no way out
- Feeling rage or anger, seeking revenge
- Disoriented thoughts.

Medical Emergencies

- Unintentionally throwing up several times a day
- Fainting
- Collapsing or being too weak to walk
- Painful muscle spasms
- Chest pain or difficulty breathing
- Blood in bowel movements, urine, or vomit
- An irregular or very low (less than 50 beats per minute) heartbeat
- Cold or clammy skin indicating a low body temperature (less than 95 degrees Fahrenheit).

Crisis Suicide

- Suicide feels that is the only way out of their situation which is why this is a crisis.
- Need to connect them with a professional immediately.
- It's ok to ask someone directly if a person is suicidal.
- Suicide appears in all socio economic groups.
- A person who is suicidal will give clues and warnings.

Warning Signs for Suicide

- Giving away prized possessions
- Long Term depression
- Withdrawal
- Talking or writing about death, dying, or suicide
- Threatening to kill themselves
- Looking for ways to kill themselves
- Showing anxiety or agitation
- Feeling no reason for living, no sense of purpose in life
- Feeling trapped, now ay out.

- Thinking there is no safe way out of a bad situation.
- Thinking there is no reason for living.

<u>How to approach someone who is suicidal:</u>

- Speak in a calm, non-accusatory manner.
- Appear confident, like a duck on a pond: Calm on the surface but “paddling hard” internally to determine next actions.
- Try to understand how they feel and their point of view.
- Encourage them to express their feelings.
- Be empathetic and focus on concern for their well being.
- Instill hope by asking about long-term plans or goals and letting them know that the feeling doesn’t last forever.
- Connect them with a professional.
- If you don’t feel as though you can keep the individual or yourself safe, get help immediately.

Risk Assessment

- Ask directly “Are you thinking about killing yourself?”
- Ask if they have thought out a plan to kill themself
- Connect the suicidal person to a professional immediately.

Substance Abuse Crisis

An overdose means having more of a drug than the body can cope with. It is a very serious situation and call 911 immediately. Naloxone can reverse an opioid overdose, such as heroin or prescription medications. If someone is unconscious, put them in the recovery position, turn them over on the left side with right arm up and tilt the head up a little.

Psychosis: Signs and Symptoms

- Social isolation or withdrawal.
- Confused or disorganized manner of speech.
- Changes in appetite.
- Decreased work or school performance.
- Decline in self-care or personal hygiene.
- Unusual sleep disturbances.
- Showing limited, flat or inappropriate facial expressions.
- Dressing inappropriately for the weather.
- Depression, anxiety, irritability, suspicion, having limited, flat, or inappropriate emotions or expressions.
- Difficulty concentrating or paying attention.
- Expressing unusual, intense, new or odd ideas.
- Voicing strange feelings.
- Delusions or hallucinations.

How to Approach Someone in a Psychotic State

- Assess is the person is at risk for suicide or self harm.
- Try to de-escalate the situation.
- Remain as calm as possible.
- Talk to them about how they feel not what they hear or believe
- State specific behaviors that you are concerned about.
- Avoid confronting the person or criticizing or blaming them.
- Empathize with how the person feels about their beliefs or experiences.
- Do not act alarmed, horrified, embarrassed or amused.
- Respond in an uncomplicated manner and in short sentences.
- Repeat things if necessary.

- Give the person plenty of time to process the information and respond to what you have said.
- Do not assume the person cannot understand what you are saying even if their response is limited.
- Ask what help they might need.

Privacy for those assisted by a Mental Health First Aider

- Respect the privacy of the individual
- Do not share personally identifiable information when engaging with self-care activities: name, address, phone numbers, email, address, place of employment, or specific job title.

Self Care for the Mental Health First Aider

- Engage in self-care on a regular basis.
- Create a Self-Care Action Plan to debrief with a trusted friend or family member

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