What Is Mental Health First Aid?

Help offered to a person developing a mental health problem or experiencing a mental health crisis

Given until appropriate treatment and support are available or until the crisis resolves

Not a substitute for counseling, medical care, peer support or treatment
Spectrum of Mental Health Interventions

Prevention

Early Intervention

Treatment

Well  Becoming Unwell  Unwell  Recovering

Where Psych First Aid can help
Why Mental Health First Aid?

• Mental health problems are common
• Stigma is associated with mental health problems
• Professional help is not always on hand
• Individuals with mental health problems often do not seek help
• Many people...
  - are not well informed about mental health problems
  - do not know how to respond
What You Learn

Overview of mental health problems
- Depressive/Mood disorders
- Anxiety disorders
- Psychotic disorders
- Substance use disorders

Mental Health First Aid for crisis situations
Psych First Aid - ACTION PLAN

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
What is a Mental Health Problem?

A mental health problem causes major changes in a person’s thinking, emotional state and/or behavior, and disrupts the person’s ability to function at home, work/school, and in interpersonal relationships.
Did you know?

1 in 4

U.S. adults struggle with a mental health problem

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Imagine if we treated everyone like we do the mentally ill.
ACTIVITY: SIGNS & SYMPTOMS OF DEPRESSION

Think of words about depression beginning with each letter of the alphabet
Signs and Symptoms of Depression

Behaviors
• Crying spells, social withdrawal, 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

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Signs and Symptoms of Depression

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
ACTIVITY: SUICIDE MYTHS AND FACTS

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Warning Signs of Suicide

• Threatening to hurt or kill oneself
• Seeking access to means
• Talking or writing about death, dying, or suicide
• Feeling hopeless, 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
• Having a dramatic change in mood
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
• Express empathy for what the person is going through
• Encourage the person to do most of the talking
ALGEE for Suicide Intervention - ASSESS

Ask the person directly whether he or she is suicidal:
• “Are you thinking about hurting or 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?”
ALGEE for Suicide Intervention - ASSESS

Check For Other Risks

• Has the person been using alcohol or other drugs?
• Has he or she made a suicide attempt in the past?
• Has someone in their life made an attempt?
ALGEE for Suicide Intervention - LISTEN

- Listen to the person without judging
- Do not be critical of the person
- Do not express frustration with the person for having these symptoms
- Avoid confrontation unless necessary to prevent harmful acts
ALGEE for Suicide Intervention - GIVE REASSURANCE

- Let the person know you are concerned and are willing to help
- Depression is a real medical condition
- Depression is a common illness
- Depression is not a weakness or laziness
- State that thoughts of suicide are associated with a treatable illness
- Tell the person that thoughts of suicide are common and do not have to be acted on
ALGEE for Suicide Intervention - ENCOURAGE PROFESSIONAL HELP

Recommend person get professional help:

- On Site: EMS
- Community-based: See Listing
- Encourage them to contact their therapist

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ALGEE for Suicide Intervention - ENCOURAGE SELF-HELP

- Self-help strategies have proven therapeutic effects
  - Ask what has helped the person feel better in the past
  - Temporary distraction can be helpful in alleviating the urgency of the depressive feelings
What is Non-Suicidal Self-Injury?

- Cutting
- Scratching
- Hitting body on a hard surface
- Punching, hitting, or slapping self
- Biting
- Burning
- Swallowing foreign objects
Why Do People Injure Themselves?

- To manage painful feelings
- To punish themselves
- To communicate with others

Rarely is self-injury used to:
- Deliberately scar
- Seek attention
- Get a rush or a high

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ALGEE for Self-Injury - ASSESS/ASK

● If you suspect that someone you care about is deliberately injuring themselves, you need to discuss it with them.

● Ask about self-injury in a way that makes it clear to the person that you understand a bit about self-injury, e.g. “Sometimes, when people are in a lot of emotional pain, they injure themselves on purpose. Is that how your injury happened?”

● Assess for suicidal thinking/plans
ALGEE for Self-Injury - LISTEN

- Do not demand to talk about things the person is not ready to discuss.
- You should avoid expressing a strong emotional response of anger, fear, revulsion or frustration.
- Keep in mind that ‘stopping self-injury’ should not be the focus of the conversation. Instead, look at what can be done to make the person’s life more manageable, or their environment less distressing.
- Be comfortable with silence, allowing the person time to process what has been talked about.
- Be prepared for the expression of intense emotions.
ALGEE for Self-Injury - GIVE REASSURANCE

- Express empathy for how the person is feeling
- Validate the person’s emotions by explaining that these emotions are appropriate and valid
- Tell the person that you want to help, and let them know the ways in which you are willing to help them
- Don’t promise the person that you will keep their self-injury a secret
ALGEE for Self-Injury -
ENCOURAGE PROFESSIONAL HELP

● Self-injury is often a symptom of a mental health problem that can be treated
● Let them remain in control over seeking help as much as possible.
● Suggest and discuss options for getting help rather than directing the person what to do.
● Help the person map out a plan of action for seeking help.
● Talk about how you can help them to seek treatment and who they can talk to, i.e. Dialectical Behavior Therapy.

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ALGEE for Self-Injury - ENCOURAGE SELF-HELP

- Encourage the person to share their feelings with other people, such as a close friend, when they are feeling distressed or have the urge to self-injure.
- Help the person think of ways to reduce their distress, for example, having a hot bath, listening to loud music, or doing something kind for themselves.
- If the need for intense sensation persists, snapping an elastic band on the wrist to snap or holding something cold might help until the urges pass.
DON’T...

- minimise the person’s feelings or problems
- try to solve the person’s problems for them
- touch the person without their permission
- accuse the person of attention seeking
- make the person feel guilty about the effect their self-injuring is having on others
- set goals or pacts - unless the person asks you to do this
- try to make the person stop self-injuring (e.g. by removing self-injury tools) or giving them ultimatums
Understanding Anxiety

• Differs from normal stress and anxiety

• More severe, lasts longer and interferes with work and relationships

ACTIVITY: HEART/brains/BODY OF ANXIETY
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
Types of Anxiety Disorders

- Generalized anxiety disorder (GAD)
- Panic disorder (with or without agoraphobia)
- Agoraphobia
- Social anxiety disorder (social phobia)
- Phobic disorders
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Acute stress disorder
People with anxiety disorders are at greater risk of dying by suicide, particularly if they also have depression.

If you determine the person is at risk, follow the steps for Crisis First Aid for Suicidal Behaviour.

If the person is not at risk, move on to Listen Non-Judgmentally.
ALGEE for Anxiety - LISTEN

YOU ARE NOT LISTENING TO ME WHEN...

• You say you understand
• You say you have an answer to my problem, before I’ve finished telling you my problem
• You cut me off before I’ve finished speaking
• You finish my sentences for me
• You tell me about your experiences, making mine seem unimportant
• You refuse my thanks by saying you really haven’t done anything
ALGEE for Anxiety - LISTEN

YOU ARE LISTENING TO ME WHEN:

• You 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 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 accept my gratitude by telling me how good it makes you feel to know that you have been helpful

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ALGEE for Anxiety -
GIVE REASSURANCE

• Anxiety is a real medical condition
• An anxiety disorder is a common illness
• An anxiety disorder is not a weakness or character defect
• Effective help and treatments are available
• Anxiety can be unpleasant but is rarely harmful
ALGEE for Anxiety - ENCOURAGE PROFESSIONAL HELP

Recommend person get professional help:

• On Site: EMS
• Community-based: See Listing
• Encourage them to contact their therapist
ALGEE for Anxiety - ENCOURAGE SELF-HELP

• Anxiety is best overcome by confronting fear rather than avoiding it
• Use evidence-based self help books, i.e. CBT
• Practice daily relaxation methods to reduce physical symptoms of tension, i.e. Mindfulness-based Stress Reduction
• Exercise regularly and get enough sleep
• Reduce caffeine intake
• Engage in leisure time
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 being detached from oneself
- Fear of losing control, going crazy or dying
- Numbness or tingling
- Chills or hot flashes
How to Help with a Panic Attack

• 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... Continued

- 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
Understanding Impact of Trauma

A ‘traumatic event’ is any incident experienced by the person that is perceived to be traumatic, i.e. motor vehicle accident, assault, witnessing violence, a mass shooting.

Mental health first aid might not always occur immediately after the traumatic event. There are other sorts of traumas that are not single discrete incidents.

- Examples of recurring trauma include sexual, physical or emotional abuse, torture, and bullying.

Sometimes the memories of a traumatic event suddenly or unexpectedly return, weeks, months or even years afterwards.
Crisis First Aid for Acute Stress Reaction

- Let the person tell their story but do not push them to do so
- Be a patient and sympathetic listener
- Reassure the person that stress reactions are normal responses to abnormal events
- Encourage the person to share feelings with others
- Advise the person not to use alcohol or drugs to cope
- If the stress reaction persists for more than a month, encourage the person to seek professional help

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Crisis First Aid for Traumatic events

- You need to ensure your own safety before offering help
- If you are helping someone who you do not know, introduce yourself and explain what your role is
- Find out the person’s name and use it when talking to them
- Remain calm and do what you can to create a safe environment
- If the person is injured, it is important that their injuries are attended to
- If they seem uninjured, you need to watch for signs that their health is declining, and seek EMS if needed
Crisis First Aid for Traumatic events

- Try to determine what the person’s immediate needs are for food, water, shelter or clothing.
- If the person has been a victim of assault, you need to consider the possibility that forensic evidence may need to be collected.
- Do not make any promises you may not be able to keep.
- Give the person truthful information and admit that you lack information when this is the case.
- Do not try to give the person any information they do not want to hear, as this can be traumatic in itself.
Crisis First Aid for Traumatic events

- It is more important to be genuinely caring than to say all the “right things”
- Don’t tell the person how they should be feeling. Tell them that everyone deals with trauma at their own pace
- Behaviour such as irritability and bad temper may be a response to the trauma
- It is very important that you do not force the person to tell their story. You are not their therapist
- The person may need to talk repetitively about the trauma, so you may need to be willing to listen on more than one occasion
Frequent Needs of People After Crisis Event

- Basic needs: shelter, food, water, sanitation
- Health services for injuries or help with chronic medical conditions, i.e. medications, devices
- Understandable and correct information about event, loved ones and available services
- Being able to contact loved ones
- Access to specific support related to one’s culture or religion
- Being consulted and involved in important decisions
When to Seek Professional Help....

You should encourage the person to seek professional help if, for 4 weeks or more, after the trauma:

- They still feel very upset or fearful
- They are unable to escape ongoing distressing feelings
- Their relationships are suffering as a result of the trauma
- They feel jumpy or have nightmares because of the trauma
- They can’t stop thinking about the trauma
- They are unable to enjoy life at all as a result of the trauma
- Their post-trauma symptoms are interfering with their usual activities
Understanding Psychotic Disorders

ACTIVITY: Psychosis Word Jumble

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Understanding Psychotic Disorders

- Psychosis is a mental health problem in which a person has lost some contact with reality.
- Severe disturbances in thinking, emotion, and behavior.
- Psychotic illnesses are not common compared to other mental health problems.
Understanding Psychotic Disorders

Psychosis may appear as a symptom in a number of mental health problems including:

- Schizophrenia
- Schizoaffective disorder
- Brief psychotic disorder
- Psychotic disorder due to a general medical condition, i.e. Dementia
- Substance induced psychotic Disorder, i.e. Cocaine intoxication
Symptoms of Psychosis

Changes in emotion and motivation

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

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Symptoms of Psychosis

Changes in thinking and perception

• Difficulties concentrating
• Sense of alteration of self or others – feeling that self or others have changed or are acting differently
• Odd ideas
• Unusual perceptual experiences – reduced or greater intensity of smell, sound, colour
Symptoms of Psychosis

Changes in behavior
- Sleep disturbance
- Social isolation or withdrawal
- Reduced ability to work or carry out social roles
- Odd or strange behaviour

Changes in speech
- Disorganized speech
- Speech becomes rapid
Understanding Psychotic Disorders

ACTIVITY: What if...
ALGEE for Psychosis - ASSESS

- People with anxiety disorders are at greater risk of dying by suicide, particularly if they also have depression.

- If you determine the person is at risk, follow the steps for Crisis First Aid for Suicidal Behaviour.

- If the person is not at risk, move on to Listen Non-Judgmentally.
ALGEE for Psychosis - ASSESS

What if a Psychotic Person is Threatening Violence?

1. Do not get involved physically
2. Call the police
3. Try to create a calm, non-threatening atmosphere
4. Try to get the person to sit down
5. Do not try to reason with acute psychosis
6. Express empathy for the person’s emotional distress
7. Comply with reasonable requests
ALGEE for Psychosis - LISTEN

- Listen to the person without judging
- Speak calmly, clearly and in short sentences
- Use reflective statements to assure the person they are being heard
- Do not be critical of the person and do not express frustration with them
- Avoid confrontation unless necessary to prevent harmful acts
- Do not argue with the person about their delusions and hallucinations but do not pretend they are real to you
ALGEE for Psychosis - GIVE REASSURANCE

• When a person is in a psychotic state it is difficult and inappropriate to give them information about psychosis – wait until they are in touch with reality

• Do not make promises you cannot keep and do not lie

• When the person is thinking more clearly explain:
  – You want to help them
  – They have a real medical condition
  – Their condition is not a common illness but is well known
  – Psychosis is not a weakness or character defect
  – Effective medications are available
ALGEE for Psychosis - ENCOURAGE PROFESSIONAL HELP

Recommend person get professional help:

• On Site: EMS
• Community-based: See Listing
• Encourage them to contact their therapist
ALGEE for Psychosis - ENCOURAGE SELF-HELP

- Have an agreement with family/friends
- Many people with a psychotic disorder also have depression and/or anxiety
- The self-help strategies for these conditions may help but should not be the main source of treatment
A substance can be anything that is ingested in order to produce a high, alter one's senses, or otherwise affect mood, perception and consciousness.

Substances can include: Alcohol, cannabis, hallucinogens, inhalants, opioids, sedatives/hypnotics, anxiolytics, stimulants, cocaine, tobacco; and other designer drugs.

Substance use can be common in young people, and individuals have different patterns of use (bingeing, occasional or continual) and reasons for use.

When use is prolonged, heavy, or creating social or personal problems, it may meet a diagnosis for a substance use disorder.
Symptoms of Alcohol Poisoning

- Confusion
- Vomiting
- Seizures
- Slow breathing (less than eight breaths a minute)
- Irregular breathing (a gap of more than 10 seconds)
- Blue-tinged skin or pale skin
- Low body temperature (hypothermia)
- Passing out (unconsciousness) and can't be awakened

Alcohol poisoning is an emergency!
Symptoms of an Opiate Overdose

An overdose is an emergency that requires medical attention.

Due to their effect on the part of the brain which regulates breathing, opioids in high doses can cause respiratory depression and death.

An opioid overdose can be identified by the “opioid overdose triad”
- pinpoint pupils
- unconsciousness
- respiratory depression
Crisis First Aid for Overdose/Acute Intoxication

If you think someone has taken an overdose:

- Stay calm
- Call an ambulance/EMS
- If the person is unconscious but breathing, place them on their side in the recovery position. Make sure that the airway remains open by tilting the head back and lifting the chin.
- Check breathing and monitor their condition until help arrives
- Do not try to make the person vomit
- Do not give them anything to eat or drink
- Try to find the substance/containers the person was using
Emergency Crisis Resources in Butler County
24-Hour Response: 911 (24/7)
Butler Hospital Emergency Room: 724-284-4545 (24/7)
Crisis Line (CCR): 800-292-3866 (24/7)

National Emergency Crisis Resources
National Suicide Hotline 800-273-8255 (24/7)
Crisis Text Line: Text “GO” to 741741 (24/7)
Red Cross: 724-283-2810 (24/7)
National Drug Info Treatment Hotline: 800-662-HELP (24/7)
National Mental Health Association: 800-969-6642
National Domestic Violence Hotline: 800-799-SAFE (24/7)