Mental Health First Aid: Ensuring a Compassionate and Effective Response for Those in Crisis

Lea Ann Browning- McNee
Deputy Director
Mental Health Association of Maryland
Notice

- Much of the content of this presentation is adapted from the copyrighted 12-hour Mental Health First Aid USA curriculum.
- No part of this presentation may be reproduced, stored in a retrieval system, transmitted in any form or by any means — electronic, mechanical, photocopy, recording or otherwise — without prior permission.
- This presentation highlights some of the information learned in the full Mental Health First Aid training; however, completion of this webinar does not provide certification in Mental Health First Aid.
Mental Health First Aid

The help provided to a person developing a mental health problem or experiencing a crisis until professional or other assistance, including peer or family support, is engaged or the crisis resolves.
Why Mental Health First Aid?

- Mental health problems are common.
- Stigma is associated with mental health problems.
- Many people are not well informed about mental health problems.
- Professional help is not always on hand.
- People often do not know how to respond.
- People with mental health problems often do not seek help.
Rural Statistics

- 20% of our nation’s population lives in rural areas.
- Many health disparities exist for people who live in rural communities.
- The most substantial barriers to an individual’s ability to obtain mental health and substance abuse services are
  - Availability – limited number of providers;
  - Accessibility – distance, transportation, financing of services; and
  - Acceptability – willingness to seek services given stigma surrounding mental health and substance abuse.
Rural communities have a chronic shortage of behavioral health providers. Approximately 57% of the federally designated mental health professional shortage areas are in non-metropolitan counties.
Suicide in Rural Communities

- Rural men, across all ages, have twice the suicide rate as their urban counterparts
- Suicide rates among working class women in rural communities is 22% higher than those in urban communities
- Native Americans and Alaska Natives have the highest suicide rates of all races and ethnicities
MHFA Training

- 12-hour course prepares people to give first aid to people with MH problem or in crisis

- Participants learn:
  - Signs and symptoms of MH problems
  - Where and when to get help
  - What type of evidence-based professional treatments and self-help strategies are most effective
Mental Health First Aid USA

Management, operation and dissemination is a collaboration between three national authorities:

- Maryland Transformation Office and Department of Health and Mental Hygiene
- Missouri Office of Transformation and Department of Mental Health
- National Council for Community Behavioral Healthcare
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

<table>
<thead>
<tr>
<th>Type of Mental Disorder</th>
<th>% Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorder</td>
<td>18.1</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>6.7</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>3.8</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2.6</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>2.1</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Any mental disorder</strong></td>
<td><strong>26.2</strong></td>
</tr>
</tbody>
</table>
The Impact of Mental Illness

Mental illnesses can be more impactful 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.

"Impact" 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
Signs and Symptoms of Mental Health & Substance Use Problems

Emotions
- Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, feelings of helplessness, hopelessness, irritability, fear, blunted or flat affect, feeling “on edge”

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, worry, racing thoughts
Signs and Symptoms

Behaviors

- Crying, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, slow movement, use of drugs and alcohol, hiding/secretive behavior, increased use or need for alcohol/drugs

Physical

- Fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, weight loss or gain, headaches, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains, fast heartbeat, shortness of breath, increased tolerance of alcohol/drugs, withdrawal
Co-Occurrence

- 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.
- 75% of people who develop substance use disorders do so by age 27.
- Alcohol use disorders are three times as common as drug use disorders.
Risk Factors for Mental Illness & Substance Use Disorders

- Distressing and uncontrollable event(s) / Trauma
- Perceived threats / Fear
- Exposure to stressful life events
- Difficult childhood
- Ongoing stress and anxiety
- Another mental illness
- Previous episode of depression
- Family history / Genetics
- More sensitive emotional nature
Risk Factors

- 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
Mental Health First Aid

The Action Plan

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

- 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
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
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.
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
Encourage Self-Help and Other Support Strategies

+ Exercise
+ Relaxation and Meditation
+ Peer support groups
+ Self-help books based on cognitive behavioural therapy
+ Family, friends, faith, and other social networks
National Helpline

**National Suicide Prevention Lifeline**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

800-273-TALK (8255)
Screening Resources

- Depression Screening
  www.depression-screening.org

- Drug Screening
  www.drugscreening.org

- Freedom From Fear (Anxiety Screenings)
  www.freedomfromfear.org
General Resources

- **Mental Health America**
  
  [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)
  
  800-964-6642

- **National Alliance on Mental Illness (NAMI)**
  
  [www.nami.org](http://www.nami.org)
  
  800-950-NAMI (6264)

- **National Association For Rural Mental Health**
  
  [www.narmh.org](http://www.narmh.org)

- **National Clearinghouse for Alcohol and Drug Information**
  
  [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)
  
  [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

- **National Institute of Mental Health (NIMH)**
  
  [www.nimh.nih.gov](http://www.nimh.nih.gov)
  
  866-615-6464
Spectrum of mental health interventions from wellness to mental disorders and through to recovery, showing the contribution of MHFA.
Evidenced Effectiveness

- Four published randomized control trials and a qualitative study (in Australia)
  - Increases mental health literacy
  - Expands individuals’ knowledge of how to help someone in crisis
  - Connects individuals to needed services
  - Reduces stigma
By the Numbers

• More than **50,000** Americans certified in Mental Health First Aid

• **Nearly 2000** instructors nationwide
People are Saying . . .

+ “Just weeks after attending the training, I’ve already used the skills I learned in Mental Health First Aid…” -- Hospital employee

+ “I think any professionals who deal with people should take this course, especially emergency personnel, teachers, . . .”
  – Employment Services Professional

+ “I now feel better prepared for what might happen.”
  – Homeless Shelter volunteer

+ “This info can help a person to become more understanding, rather than judgmental, of someone with a mental illness”
  – Community Member
On the Horizon

+ Youth module
+ Hispanic Culture version
+ Curriculum Modules for specific venues
  - Emergency Response
  - Faith Communities
  - Higher Education
  - Older Adults
  - Veterans
  - Workplace
Key Audiences

- Hospitals and Health Centers
- Employers
- Faith communities
- Schools / Universities
- Law Enforcement / Justice
- Nursing home staff
- Shelters and other social service agencies
- Families and caring citizens
- Key Professions
- Mental Health Authorities
- Policymakers
Our Vision

Mental Health First Aid will be as commonplace in 10 years as CPR and First-Aid are today.
People are Saying…

“Mental Health First Aid – with its emphasis on recovery – has the power to transform communities, the power to change beliefs and the ability to connect people in ways they never would have connected otherwise.”

Larry Fricks
National Consumer Leader
Mental Health First Aid USA

For more information:

Lea Ann Browning-McNee
Mental Health Association of Maryland
410.235.1178 x209
Lbmcnee@mhamd.org

Susan Partain
Susanp@thenationalcouncil.org

www.MentalHealthFirstAid.org