Mental Health First Aid Course

4th EDITION 2017

Welcome to/ Acknowledgement of Country

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- Principal Master Trainer / Mental Health First Aid
- One Life Gatekeeper Suicide Prevention Instructor
- International experience in the professional performing arts, film and television sectors
- Member of the WA Mental Health Commission's Mental Health Bill Development Team and Implementation Reference Group
- Member UWA School of Population Health's Community and Consumer Advisory Council
- Recovery College WA Inaugural Board Member
- Self Management and Recovery Training Facilitator
- WA representative on the National Register of Mental Health Consumers and Carers
- Curtin University 2017 | Guest Lecturer and Guest Tutor for the Valuing Lived Experience Project, School of Occupational Therapy and Social Work

Feel free to contact me with any post-course questions on:
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Before we get started …

- What makes a great learning environment?
- Icebreaker **ACTIVITY**
- Introductions

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Session One overview

Mental illnesses

- Risk factors, prevalence and impact
- Interventions
- Recovery.

Mental Health First Aid

- Why MHFA?
- The MHFA Action Plan.

Depression

- Signs and symptoms
- Interventions.

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Session Two overview

The MHFA Action Plan for depression

- Crisis first aid for suicidal thoughts and behaviours
- (Crisis first aid for non-suicidal self-injury)
- Continue through the MHFA actions when there is no crisis.

Anxiety problems

- Signs and symptoms
- Interventions.

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Session Three overview

The MHFA Action Plan for anxiety problems

- Crisis first aid for panic attacks
- Crisis first aid after a traumatic event
- Continue through the MHFA actions when there is no crisis.

Psychosis

- Signs and symptoms
- Interventions.

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Session Four overview

The MHFA Action Plan for psychosis

- Crisis first aid for severe psychotic states
- Continue through the MHFA actions when there is no crisis.

Substance use problems

- Signs, symptoms and interventions.

The MHFA Action Plan for substance use problems

- Crisis first aid for severe effects of substance use
- Crisis first aid for aggressive behaviour
- Continue through the MHFA actions when there is no crisis.

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How the content of this course is decided

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Standard MHFA course accredited for CPD points

Standard MHFA Course has been endorsed by professional bodies as continuing professional development (CPD) for:

- Nurses, midwives, mental health nurses, and practice nurses
- Chiropractors
- Physiotherapists

Not endorsed but can claim CPD:

- Psychologists, social workers, teachers, dieticians, speech pathologists, audiologists and audiometrists, orthotists and prosthetists, and lawyers in some states and territories.

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Mental health continuum

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What is a mental illness? 11 min 17 sec

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What is a mental illness?

A mental illness is a condition that:

1. causes **major changes** to thoughts, feelings and behaviour,
2. **impairs functioning** and
3. is **persistent** over time. *

*Discussion points:

- Episodic
- Treatable
- Types of recovery

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Percentage of Australians with a common mental illness in one year (aged 16-85)

	% MALE	% FEMALE	% TOTAL
Anxiety disorders	10.8	17.9	14.4
Depressive and bipolar disorders	5.3	7.1	6.2
Substance use disorders	7.0	3.3	5.1
Any common mental illness	17.6	22.3	20.0

Another 0.5% people have a psychotic disorder in any one year.

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Risk factors

- What increases a person's risk of developing a mental illness?
  - Biological factors
  - Psychological factors
  - Social factors

DISCUSSION

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Professional help seeking

- Only 35% of people with a common mental illness receive professional help.
- Of the people with
  - depressive disorders, 59 % received help.
  - anxiety disorders, 38 % received help.
  - substance use disorders, 24 % received help.

DISCUSSION Why do you think some people don't get help?

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The impact of mental illness

- In Australia, mental illness is the cause of the 3rd largest disease burden.
- And it's the biggest cause of disease burden for 15-24 year olds.
- Mental illness often starts in adolescence or early adulthood.
  - 50% of people have their first episode by age …18
  - 75% of people have their first episode by age …25.

ACTIVITY Disability ranking

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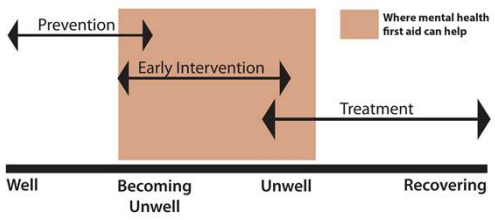
Spectrum of interventions



Early intervention

- Aims to prevent problems becoming more serious and aims to reduce secondary effects.
- The longer the delay - the more difficult recovery can be.
- Support from family, friends and work colleagues is important.
- This is the phase where MHFA can play an important role.

Treatment and supports

- Medical treatments
- Psychological treatments
- Complementary and lifestyle changes
- Support groups
- Rehabilitation programs
- Family and friends.

Mental health services

- Crisis services
- Inpatient services
- Outpatient services
- Community services.

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Professionals who can help

- General practitioners
- Psychologists
- Psychiatrists
- Mental health nurses
- Occupational therapists
- Social workers
- Counsellors
- Case managers.

- What do they do?
- Qualifications?
- How do you access them?
- Cost?

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General Practitioners (GP)

What they do:
- Prescribe medications
- Brief talk therapies
- Referrals.

Qualifications:
- Medical degree – with a specialisation in general practice.

How to access one:
- Make an appointment.

Cost:
- Some or all of the fee covered by Medicare
- From $60 per session.

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Psychologists

What they do:
- Talk therapies

Qualifications:
- Psychology degree
- Clinical psychologists also have clinical training.

How to access one:
- Referral from a GP
- Make an appointment without referral.

Cost:
- With referral and mental health plan, partly covered by Medicare
- Without a referral, from $250 per session.

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Psychiatrists

What they do:
- Prescribe medications
- Talk therapies.

Qualifications:
- Medical degree with additional psychiatric training.

How to access one:
- Referral from a GP
- Make an appointment without referral.

Cost:
- With a referral, partly or fully covered by Medicare.

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Mental health nurses

What they do:
- Assist with medication
- Provide practical support and counselling.

Qualifications:
- Nursing degree.

How to access one:
- Through Hospital or Community Services.

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Occupational therapists & social workers

What they do:
- Depends on professional training
- Some specialise in mental health.

Qualifications:
- Degree.

How to access one:
- Referral from a GP
- Make an appointment without referral.

Cost:
- With a referral and a mental health plan, some are partly covered by Medicare.

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Counsellors

What they do:
- Counselling/talking therapies.

Qualifications:
- No standardised qualifications
- May have training in counselling
- Some have specialised training in different areas.

How to access one:
- Make an appointment.

Cost:
- Usually free if within a health service
- Private fees vary.

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Case Managers

What they do:
- Liaise between members of a mental health team
- Liaise with other services and family.

Qualifications:
- Varied.

How to access one:
- Through a mental health service.

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Recovery (three types)

What is mental health first aid?

Mental health first aid (MHFA) is the help offered to a person:

- Developing a mental health problem,
- Experiencing the worsening of an existing 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.

Why mental health first aid?

- Mental health problems are common
- Many people are not well informed
- Many do not seek help
- High level of stigma and discrimination
- May not realise that they need help or that effective help is available
- Professional help is not always immediately available
- MHFA has resulted in better knowledge, attitudes and help-giving
- The helper's actions may determine how quickly the person gets help or recovers.

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Mental health first aid action plan

A pproach the person, assess and assist with any crisis

L isten and communicate non-judgmentally

G ive support and information

E ncourage the person to get appropriate *professional* help

E ncourage other supports

ACTIVITY Further investigate the Action Plan

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ALGEE
Approach, assess and assist with any crisis

- Approach the person about your concerns.
- If the person is in crisis, this is your first priority.
  - It may be immediately apparent, or may emerge during your conversation with the person.
- Two different crises will be discussed in each section:
  - How to assess for that crisis.
  - How to assist in that crisis situation.

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ALGEE
Crisis situations covered

- Suicidal thoughts and behaviours
- Non-suicidal self-injury (NSSI)
- Panic attacks
- After a traumatic event
- Severe psychotic states
- Severe effects from substance use
- Aggressive behaviours
- Medical emergency – unconsciousness.

ALGEE
Listen and communicate non-judgmentally

- Listen and communicate non-judgmentally at all times when providing MHFA.
- Engage the person in discussing how they are feeling.
  - Ask how long they have been feeling this way.
- Set aside any judgments about the person or their situation.
- Listen empathetically before offering help.
- Use appropriate verbal and non-verbal listening skills.

ALGEE
Give support and information

- **Support**
  - Emotional support
  - Hope for recovery
  - Practical help.
- **Information**
  - Mental illnesses are real medical conditions.
  - Effective help is available.
  - Getting help early means recovery will be faster.

ALGEE

Encourage appropriate professional help

- Various professional options available include:
  - Medication
  - Counselling or psychological therapy
  - Help with vocational and educational goals
  - Help with income and accommodation.

ALGEE

What if the person doesn't want help?

- Are there some specific reasons why?
- Offer reliable information which may help them to see that seeking help is a good idea.
- Continue to encourage them to seek or accept professional help.
- Do not threaten, lecture, nag or use guilt to change their mind.
- Let them know you are prepared to talk when they are ready.
- If their symptoms become severe, you may need to seek assistance for them against their wishes.

ALGEE

Encourage other supports

- Friends and family
- Community
- Others who have experienced mental illness
- Self-help strategies
- Avoidance of alcohol and other drugs.

Remember: first aiders also need to take care of *themselves.*

ACTIVITY Let's revise ALGEE

Providing MHFA to someone of a different culture

- **Be culturally competent:**
  - Culture shapes how one perceives health and ill-health.
  - Learn about specific cultural beliefs and language about mental illness.
  - Be aware of what is taboo or may cause shame.
- **Practice cultural safety:**
  - Show respect by using appropriate language and behaviour.
  - Never do anything to cause a person to feel shame.

Talking about mental illness with Aboriginal and Torres Strait Islander people

- Be aware of the impacts of culture and history on mental health.
- Be aware of additional risk factors for Aboriginal people.
- People view mental illness in different ways. Learn more by:
  - Asking people about their beliefs
  - Talking to a consultant or respected Elder
- Be aware of local services that are culturally appropriate, but let the person choose.
- Always practice cultural safety
- If you are not an Aboriginal person, ask if they would like to speak to someone else, but don't assume that you can't help.

Talking about mental illness with Aboriginal and Torres Strait Islander people

- Ask about involving family in discussions
- Try to keep your approach informal and don't push the young person to talk
- Allow extra time to build trust
- Try to use neutral language, such as 'not feeling right' rather than 'mental illness'
- Allow time for the young person to tell their story
- Allow time for silence.

Providing mental health first aid to a LGBTIQ person

- LGBTIQ = lesbian, gay, bisexual, transgender, intersex, and queer or questioning
- Learn what you can, while understanding that everyone's experience will be different
- Even if you are part of the LGBTIQ community, don't assume you know everything about the person's experience
- Be aware that LGBTIQ people are at higher risk of mental illness and suicide
- Be aware of, but do not push, LGBTIQ-specific services
- Try to avoid gendered language at all times, e.g. rather than ask if someone has a boyfriend, ask if they are seeing someone.

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Providing mental health first aid to a LGBTIQ person

- Don't assume anything about the person's gender or sexuality based on their appearance
- Don't assume that the person is distressed about their LGBTIQ experience
- Don't ask or say things that are invasive or imply a negative attitude:
  - "Do you think it might be a phase?"
  - "So what do you have down there?"
- Do ask what pronouns the person would prefer you to use
- Do seek permission to ask questions, e.g.
  - "I'd like to ask you about your experience, is that okay? You don't have to answer anything you don't want to."

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What is depression?

Depression is a type of mood disorder. The medical term is 'major depressive disorder'.

- Lasts for at least 2 weeks.
- Affects emotions, thinking, behaviour, physical wellbeing, ability to study, work and to have satisfying relationships.
- In any one year, mood disorders affect around 6.2% of Australians aged 16-85 years - more females than males.
- 50% of people who experience depression will have had their first episode by age 25.
- Often co-occurs with anxiety and substance use disorders.

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Signs and symptoms of depression

1. **A depressed mood that does not go away**
2. **Loss of interest or pleasure in activities**
3. Lack of energy and tiredness
4. Feeling worthless or guilty when not really at fault
5. Thinking about death a lot or wishing they were dead
6. Difficulty concentrating or making decisions
7. Moving slowly or, sometimes, becoming agitated and unable to settle
8. Having sleeping difficulties or, sometimes, sleeping too much
9. Loss of interest in food, or, sometimes, eating too much.

ACTIVITY What does depression really feel like?

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Bipolar Disorder

- Must have an episode of mania for diagnosis.
- Usually has episodes of depression and mania.
- Can experience psychosis during depressive or manic episodes.

DISCUSSION What does mania look like or feel like?

pp. 23-25

Bipolar Disorder 16 min 36 sec

Effective interventions for depression

Psychological therapies
- Cognitive Behaviour Therapy (CBT)
- Mindfulness
- Interpersonal Therapy (IPT)
- Computerised therapy, self-help books.

Lifestyle and complementary therapies
- Exercise
- SAMe
- Light therapy.

Medical treatment - appropriate for more severe depression
- Antidepressant and other medications
- Electroconvulsive therapy (ECT)
- Trans cranial magnetic stimulation (TMS).

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Changing knowledge about how antidepressants work

It used to be thought that:
- There was a neurotransmitter (brain chemical) deficit, and
- Antidepressants enhanced the activity of certain neurotransmitters, e.g. serotonin, at the neural synapse (gap between nerve cells).

Now known that the neurotransmitter (e.g. serotonin) deficit theory was too simple, i.e. depression is not due to a simple deficit of serotonin or other brain chemical.

Changing knowledge about how antidepressants work

- It is still believed that in a depressed state, there is a loss of connections between nerve cells in certain parts of the brain.
- Antidepressants do effect neurotransmitters, but they have other complex effects.
- They help the production of new nerve cells and connections.
- This occurs in certain areas of the brain – hippocampus and prefrontal cortex.

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Importance of early intervention for depression

- Waiting to get help tends to result in a worse outcome
- Once a person has had one episode of depression, they are prone to further episodes
- It is important to intervene early with a first episode to make sure it is treated quickly and effectively.

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Recap of Session One

DISCUSSION Can you remember:

- The names & prevalence over a year of common mental illnesses?
- The signs, symptoms and effective interventions for depression?
- Any other questions?

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Session Two (3 hours)

The MHFA Action Plan for depression

- Crisis first aid for suicidal thoughts and behaviours
- Crisis first aid for non-suicidal self-injury
- Continue through the MHFA actions when there is no crisis.

Anxiety

- Signs, symptoms and interventions.

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MHFA Action Plan for depression

A pproach the person, assess and assist with any crisis

L isten and communicate non-judgmentally

G ive support and information

E ncourage the person to get appropriate professional help

E ncourage other supports

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ALGEE
Approach the person

If you are concerned - take some time to think and plan the best way to approach and talk to them about it.

DISCUSSION What are some of the things you need to consider?

- Time - when you won't be distracted.
- Place - both comfortable and unlikely to be interrupted.
- Respect the person's privacy and confidentiality.
- Don't pressure to talk right away.
- Be prepared to talk to them again.

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ALGEE
Approach the person, assess and assist with any crisis

Always watch for signs of crisis which may emerge while you are talking with them.

- When talking to a person, it may be clear that they are in crisis.
- Other times, you may need some time talking with the person before you realise they are in crisis.

If in crisis, offer some assistance.

The two crises most commonly associated with depression are:

- Thoughts of suicide, and
- Non-suicidal self-injury.

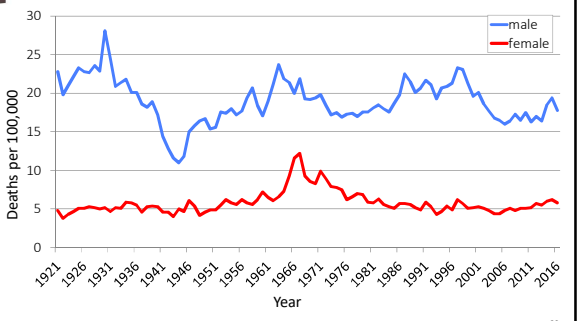
📖 p. 30

Facts about suicide

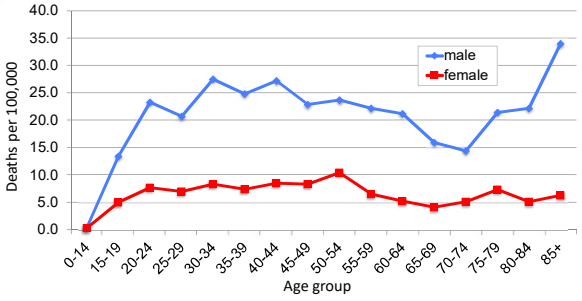
- A large majority of people (87%) who die by suicide have a mental illness.
- In Australia in 2007:
  - 0.4% people aged 16 – 85 years attempted suicide in the past year.
  - 4% of Australians aged 16-85 who had a depressive disorder in the past year, attempted suicide.
- In Australia in 2016, 2,866 people died by suicide:
  - 75% males, 25% females.

📖 pp. 29 & 120

Suicide rates in Australia
1921 – 2016



2016
Suicide rates in Australia by age



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ALGEE
Assess for suicidal thoughts

DISCUSSION Warning signs someone may be considering suicide?

- Threatening to hurt or kill themselves
- Seeking access to things they can kill themselves with
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities
- Feeling trapped, like there's no way out
- Withdrawing from friends, family or society
- Dramatic changes in mood
- No reason for living, no sense of purpose in life.

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You have gone over to Miriam's house - she lives across the road from you and your kids go to school together. You decided to pop round because you imagine she must be having a tough time, having separated from her husband 2 or 3 months ago. Since her relationship break-up you haven't seen her around the place as much as you usually do and you've heard from another neighbour that she's stopped volunteering at the local soup kitchen. Her son Theo has told you that he hears her crying in her bedroom regularly and she has told him that he would be better off without her.

You feel like something isn't right as soon as she opens the door – her usual "zing" is missing and her clothes and the house are a mess, despite the fact that Miriam usually takes great pride in these things. You decide to be a bit forward and ask yourself in for a coffee.

DISCUSSION What, if anything has you concerned that Miriam may be considering suicide?

Direct questioning

Ask the person *directly* about their suicidal thoughts.

The question must be direct and unambiguous:

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

Appear confident – this can be reassuring.

ALGEE
Assess the urgency of the risk

- Do you have a specific suicide plan?
  - Have you decided how you would kill yourself?
  - Have you decided when you would do it?
  - Have you taken any steps to get the things you need to carry out your plan?

  The lack of a plan for suicide does not guarantee safety. Take ALL thoughts of suicide seriously.

- Have you ever tried to kill yourself before?
- Have you been using alcohol or other drugs?

ALGEE
Assist with suicidal thoughts and behaviours

Talking with a suicidal person

- You care and want to help.
- Express empathy.
- Help is available.
- Thoughts of suicide are common.
- Encourage the person to do most of the talking, e.g. about their feelings and thoughts.
- Do not use threats or guilt.
- Never keep suicide a secret.
- Ways to address the specific problems.
- Involve the person in deciding who will be told.

ALGEE
Assist with suicidal thoughts and behaviours

Immediate safety concerns

- Keep yourself and others safe
- Encourage avoidance of alcohol and other drugs
- Reduce access to means
- Create a safety plan
- Do not keep their plan for suicide a secret.

ALGEE
Assist with suicidal thoughts and behaviours

Connecting the person with others

- Do not leave the person alone.
- Seek immediate help, for example:
  - Mental Health Crisis team
  - Emergency 000
  - Hospital Emergency Department
  - GP
  - Supports used in the past.
- Ensure the person has safety contacts available.

ALGEE
Assist with suicidal thoughts and behaviours

3 key actions

1. If you think someone may be suicidal, ask them directly.
2. Work together to keep them safe for now.
3. Connect them to professional help.

Debrief role-play

- What was helpful?
- What was unhelpful?
- What would you do differently?
- What else did you notice?
- Other questions or comments?

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Facts about non-suicidal self-injury

- NSSI is a behaviour and not an illness.
- NSSI is a maladaptive coping strategy used to relieve distress.
- People who self-injure are 5 times more likely to have depression.
- Injuries can vary in severity.
- Around 2-3% of people aged 16-74 injure themselves each year (4% of adolescents).
- NSSI typically begins during adolescence.

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Why do people self-injure?

Emotional pain

↓

Strong negative emotions + limited coping strategies

↓

Urge to injure

↓

Injury

↓

Relief

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Why do people injure themselves?

- To manage emotions 57%
- To punish themselves 25%
- To communicate to others 6%
- A reminder that they are still alive 5%
- To influence others 4%

3% or less said they engaged in self-injury to 'get a high', for scarification, or to avoid acting on thoughts of suicide.

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How do people injure themselves?

Cutting 41%	Scratching 40%	Hitting walls 37%
Hitting self 34%	Biting 15%	Burning 15%

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ALGEE
Assess for non-suicidal self injury

Signs that a person may be injuring themselves

- Unexplained, frequent or suspicious injuries
- Blood on clothing or bed sheets
- Wearing clothing with long sleeves or legs in hot weather
- First aid supplies being used more quickly than expected.

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ALGEE
Assess for non-suicidal self injury

If you suspect that someone has been injuring themselves:

- Do not ignore your suspicions; ask directly.
- Ask the person if they have been injuring themselves.
- Do not express shock or disgust, or trivialise their feelings.
- Ask about suicidal thoughts.
- Do not punish the person, or threaten to withdraw care.

ALGEE
Assist after non-suicidal self injury

Immediate safety concerns

- Accidental death
- Call an ambulance for:
  - Self-poisoning and overdose
  - Severe bleeding and arterial bleeding
- Permanent disability
  - Offer physical first aid for injuries
  - Ask the person if they require medical attention
  - If in doubt, seek medical advice.

ALGEE
Assist after non-suicidal self injury

Connecting the person with others

- While NSSI is not an illness in itself, it is often associated with mental illness or severe psychological distress.
- A clinical assessment from a mental health professional is required.
- If the person is seen in hospital for their injuries, ask for a mental health assessment.

ALGEE
Assist after non-suicidal self injury

Talking with a person about self-injury

- Do not punish or threaten to withdraw care.
  - Tell them you care, and want to help.
  - Express empathy.
- Do not focus on stopping the self-injury;
  - focus on other ways to alleviate the distress.
- Encourage the person to call someone they trust next time they feel the urge to injure themselves.
- Encourage professional help.

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ALGEE
Approach the person, assess and assist with any crisis

If the person is not in crisis, apply the rest of the **MHFA** Action Plan.

A pproach, assess and assist with any crisis
L isten and communicate non-judgmentally
G ive support and information
E ncourage appropriate professional help
E ncourage other supports

You are concerned about your nephew Mark, who is a university student. His parents (your brother and sister-in-law) and Mark are visiting you over the long weekend. From what your brother tells you and how Mark looks and behaves, you think Mark may be depressed. You take the opportunity to approach Mark about your concerns. He agrees he has been feeling really low lately, to the point where on the weekends he barely gets out of bed. Getting to classes is as much as he can manage.

However, he is quite insistent that he doesn't want or need any kind of professional help. He has never liked talking about his feelings, especially to someone he does not know. He says he just really needs to pull his socks up and get on with things and he'll feel better.

ALGEE
Listen and communicate non-judgmentally

- Engage the person in discussing how they are feeling.
- Focus on their feelings, thoughts and experiences.
- Express your concerns respectfully without being judgmental.
- Do not
  - express negative judgments or reactions.
  - tell them they have 'nothing to be depressed about'.

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ALGEE
Listen and communicate non-judgmentally

DISCUSSION

What kind of attitudes, verbal skills and non-verbal skills are relevant?

ACTIVITY

How can we apply this action with Mark?

pp. 31 - 33

ALGEE
Give support and information

- Respect and dignity
- Do not blame
- Realistic expectations
- Offer:
  - Consistent emotional support and understanding.
  - Accurate and appropriate information.
  - Hope for recovery.
  - Practical help.

ACTIVITY How can we apply this action with Mark?

pp. 31 - 35

ALGEE
Encourage appropriate professional help

Professional help is warranted when depression lasts for weeks and affects the person's daily life.

- Ask if they need/want help.
- Discuss options.
- Offer to assist.
- Do not 'take over'.
- Encourage them not to give up.

People with depression are more likely to seek help if someone close to them suggests it.

ACTIVITY How can we apply this action with Mark?

ALGEE
Encourage other supports

Recovery is quicker for people who feel supported.

Other people who can help:

- Friends and family
- Support groups.

Self-help strategies:

- Do not be too forceful
- In conjunction with other treatments
- Discuss with an appropriate health professional.

ACTIVITY How can we apply this action with Mark?

ALGEE review 10 min 18 sec

ACTIVITY Does Ron follow the MHFA action plan?

End of Day One

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