

Mental Health First Aid Awareness



(Presented by Simon Hogg

Opt Out

Session Aim

- To preserve life where a person may be a risk to themselves or others
- To prevent the mental health issue from becoming more serious before professional help arrives
- To Promote the recovery of good mental health
- To provide comfort to the person with the mental health issue
- To promote awareness of mental health issues to the wider community
- To reduce **STIGMA** and **DISCRIMINATION**
- To improve our own health and wellbeing

Session Outcomes

At the end of the session you will be able to:

- Recognise the symptoms of mental ill health
- Develop a person centred approach
- Provide initial help
- Guide the person towards appropriate professional health
- Be mindful of our own wellbeing

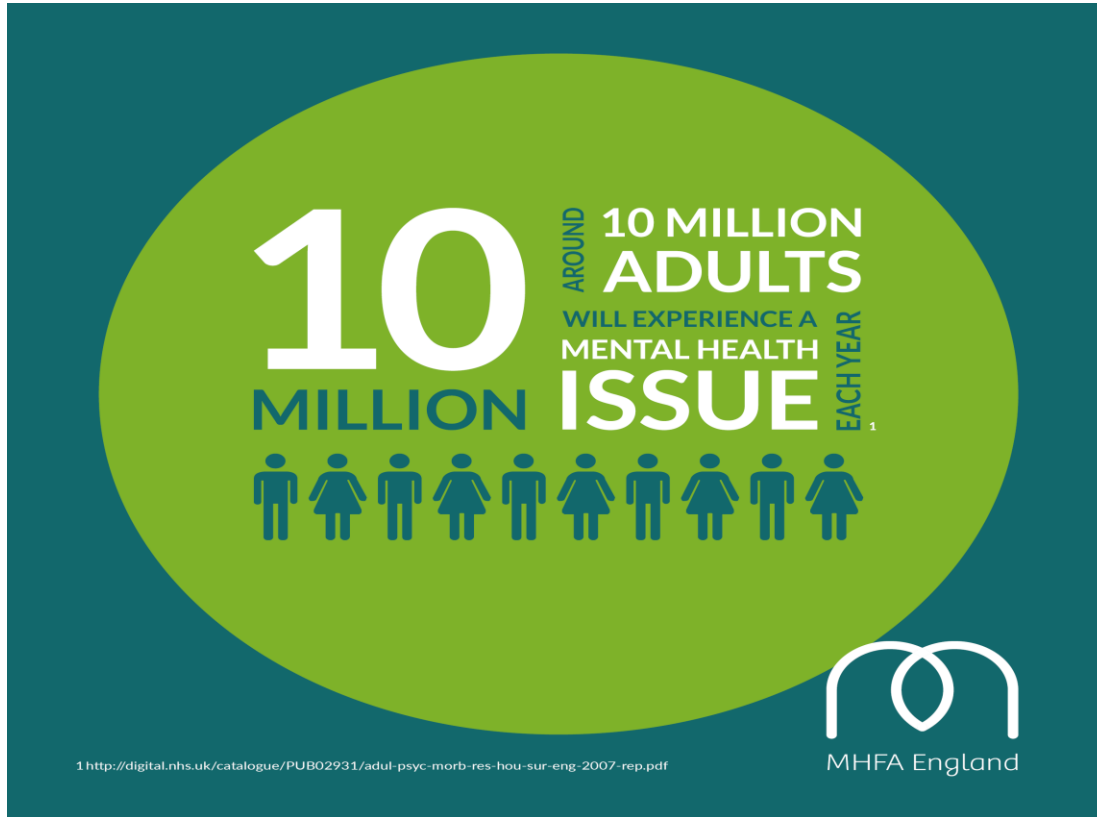
Why bother ?

Health and safety at work: **Vital statistics 2018**



Source – HSE Summary Statistics for GB 2018

Why bother ?

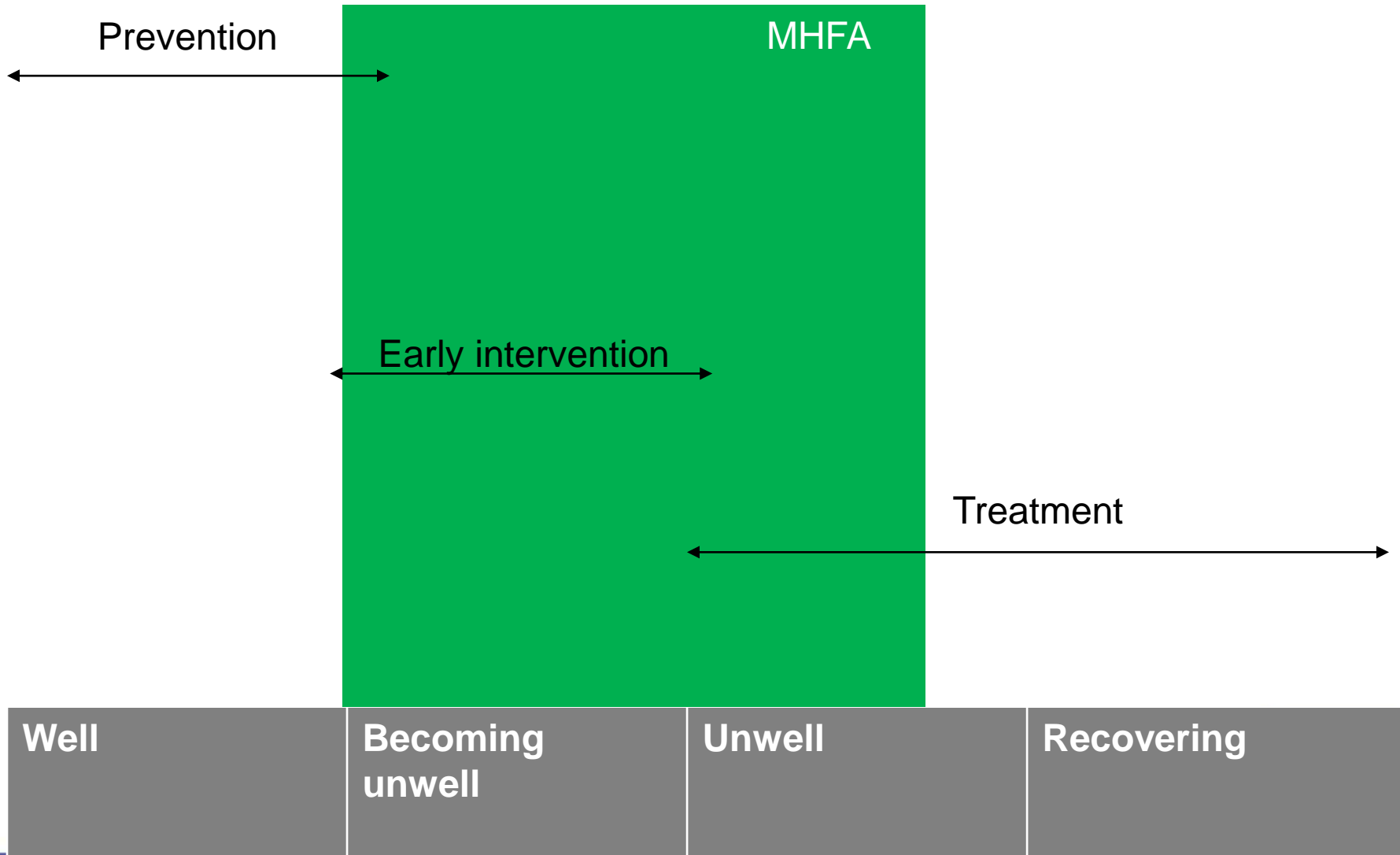


- 72 million working days lost each year
- £34.9 billion each year

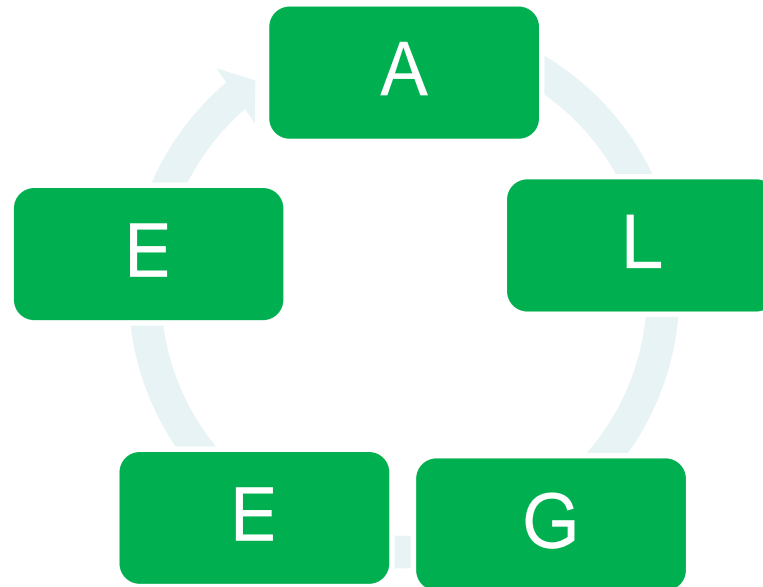
Mental health issues are common

- 1 in 4 will experience some form of mental health issue in any year
- At any given time 1 in 6 working age adults exhibit symptoms associated with mental ill health (eg sleep problems, fatigue, loss of appetite etc) which don't meet the criteria for a medical diagnosis
- 676 million people are affected worldwide
- Largest single source of burden of disease in the UK ie no other health condition has the same combined prevalence, persistence and breadth of impact

When and how can we help?



The mental health first aid action plan



- Approach the person, assess and assist with any crisis
- Listen and communicate non Judgementally
- Give support and information (not advice)
- Encourage the person to get appropriate professional help
- Encourage other supports

What does the term mental health mean to you?

Mental Health is part of our overall health – a good barometer for the quality of our mental health is shown by:

- How we feel, think and behave
 - How we cope with the ups and downs of everyday life
 - How we feel about ourselves and our life
 - How we see ourselves and our future
 - How we deal with negative things that happen in our lives
 - Our self esteem or confidence
 - How stress affects us.
-
- We all have mental health
 - There is no health without mental health

The Continuum

Maximum mental wellbeing/ fitness

A person with no mental health issues and positive mental health.

A person with a diagnosis who copes well and has positive mental health.

STIGMA

STIGMA

STIGMA

No Diagnosis

Severe Diagnosis

STIGMA

A person with no diagnosis but has poor mental health.

A person with a diagnosis who does not cope well and has poor mental health.

Minimum mental wellbeing/ fitness

Mental health and Perceptions

- Over a third of the public think people with a mental health issue are likely to be violent
- You are as likely to be struck by lightning as to be killed by a stranger with a mental health issue (Odds 1 in 10 million)
- More dangerous to themselves than to others. 90% of people who die through suicide are experiencing mental distress
- Impacts such as lost income, lower educational attainment, quality of life and shorter lifespan.

Perceptions (Graffiti Wall)

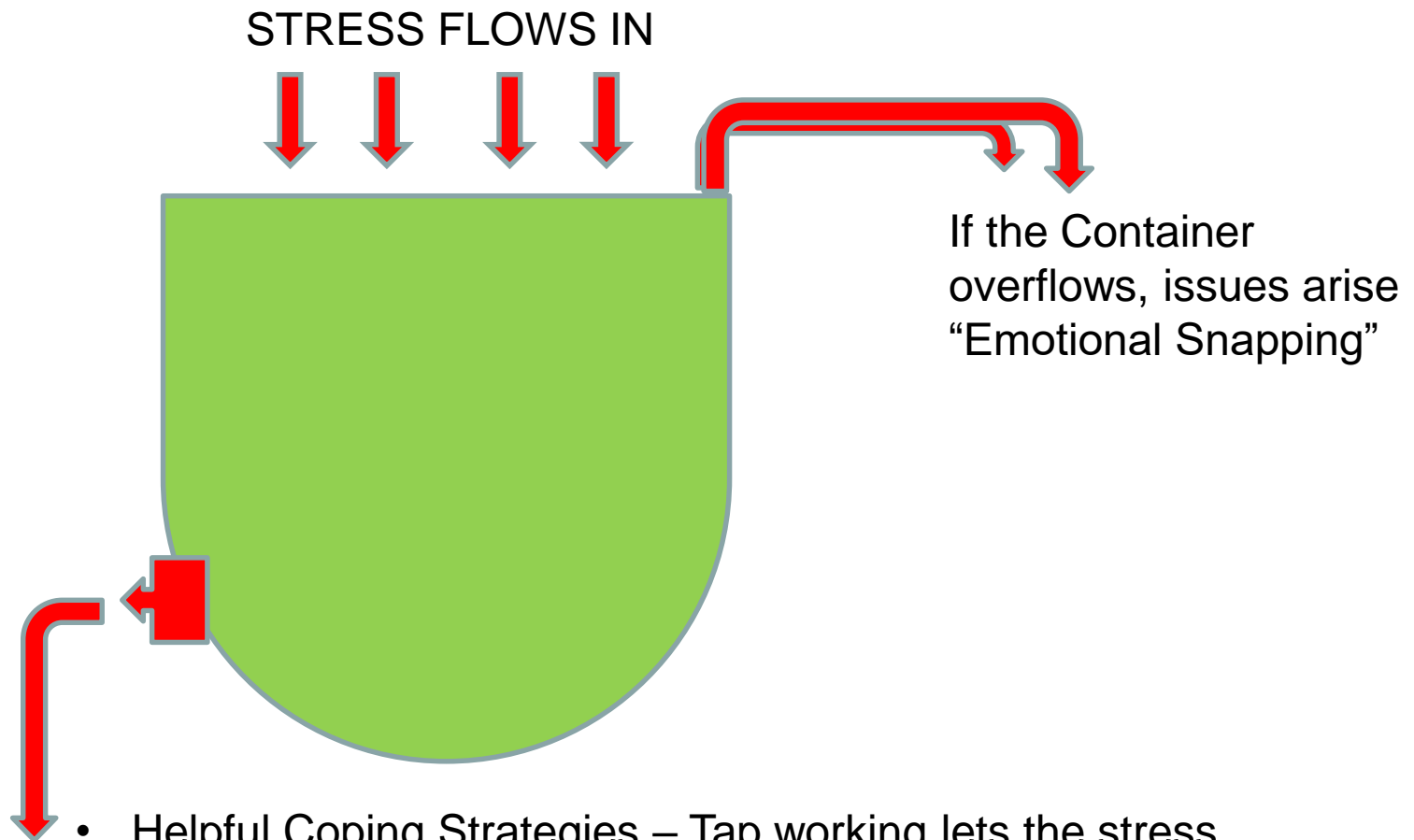
Negatives

- Weirdo
- Freak
- Nutter
- Loser
- Lazy
- Scruffy
- Fruitcake
- Barmpot
- Pyscho

Positives

- Strong
- Unwell
- Not feeling themselves
- In need of some support

Stress Container



- Helpful Coping Strategies – Tap working lets the stress out
- Unhelpful Strategies – Tap blocked so container fills and overflows.

What influence Mental health?

Risk Factors:

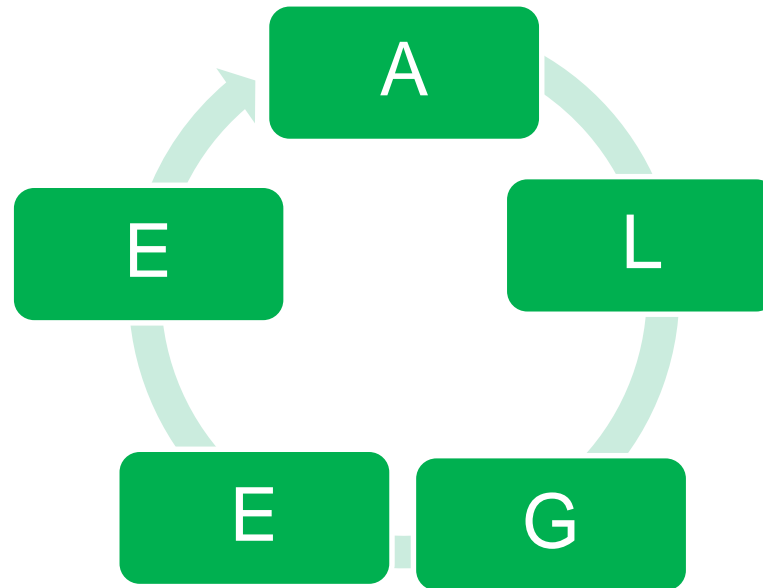
Individual

- Alcohol
- Drugs
- Smoking
- Abuse
- Traumatic life events
- Prison
- Poor parenting
- Lack of support
- Long term illness
- Disability
- Genetics

Societal

- Poverty
- Unemployment
- Poor housing
- Poor education
- Community violence
- Disempowering services
- Strands of inequality
- Stigma and discrimination

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Approach assess and assist

- How do we approach?
- Plan our approach
- Focus on the person in front of us
- Be culturally competent in our approach
- Respect the individual
- As we talk to the person be on the look out for any signs of crisis
- If you have concerns that the person is in crisis then give the appropriate assistance

Listen and communicate no- judgementally

- Is it possible to be non judgemental?
- How are our brains designed?
- We must set our judgements aside and make sure the person in front of us doesn't feel judged
- Engagement is the key
- Listening and communicating can be both verbal and non verbal
- We need to listen to listen, not to answer
- Don't be scared of the silence

Give support and information

- Treat the person with respect and dignity
- Have realistic expectations for them
- Once the person has been listened to it will be easier to offer support

Support

- Emotional support
- Hope for recovery
- Practical help

Information

- Mental health issues are common and mental health illnesses are real
- Effective help is available
- Early intervention is essential

Encourage appropriate professional help

- Various professional options are available:
- Medication
- Counselling
- Help with work and educational goals
- Help with income and accommodation

Help may be needed to decrease the impact of stressors the person is experiencing. Stressors may affect recovery

Encourage other supports

- Friends and family
- Community activity
- Others who have had lived experience
- Self help groups
- Bibliotherapy
- Reduction or avoidance with alcohol or drugs

Depression

- A persistent low mood with a range of associated emotional, cognitive, physical and behavioural symptoms
- Duration of at least two weeks usually required for diagnosis
- Can affect all aspects of a person's life and if severe can increase the risk of self harm, substance misuse and even suicide.
- 4 – 10% of people in England experience depression in their lifetime
- Often co-occurs with other mental health issues.

Warning signs for depression

- Low mood
- Absenteeism
- Presenteeism
- Frequent complaints of tiredness
- Frequent complaints of unexplained aches or pains
- Alcohol or substance misuse

Suicide

- Suicidal thoughts are relatively common, more common than attempts, Completion less common again
- 20.6% Have thoughts, 6.7% attempt, 7.3% engage in self harm (general population)

Warning signs for Suicide

- Shame, anger, guilt, hopelessness, helplessness
- Feeling like there is no way out
- Dramatic changes – P.A.M
- Changes to eating or sleeping habits
- Serious drop in performance
- No sense of purpose or reason for living
- Talking or writing about death, dying or suicide
- Putting affairs in order
- Sudden unexplained recovery
- Chat rooms

Anxiety disorders

- More severe and lasts longer than normal anxiety
- Affects work, relationships or social life
- Often unrecognised and untreated
- Women twice as likely to be affected

Types of disorder

- GAD
- Panic Disorder
- Phobias
- ASD/PTSD
- OCD

Warning signs for Eating Disorders

- Dramatic weight loss or gain
- Preoccupation with food, calories, weight, dieting
- Anxiety about weight gain, feeling fat despite weight loss
- Excessive exercise or rigid dieting
- Withdrawal from usual friends, activities and social settings
- Frequent episodes of consuming large amounts
- Evidence of purging behaviour
- Suicidal feelings? EDs increase a persons risk

Self Harm?

- This is a behaviour not an illness
- Term covers non suicidal behaviour that inflicts physical harm on the body or risk taking behaviour
- Unable to communicate feelings of distress, to self punish and regain control
- This is not attention seeking
- Typically begins in adolescence
- Most common in veterans, women, prisoners, LGBT, young persons, asylum seekers and those who have been abused

Warning Signs for self harm

- Signs of depression
- Alcohol and substance misuse
- Unexplained or frequent injuries
- Blood on clothing, bed sheets
- Keeping fully covered and avoiding situations where less clothing is expected

Psychosis?

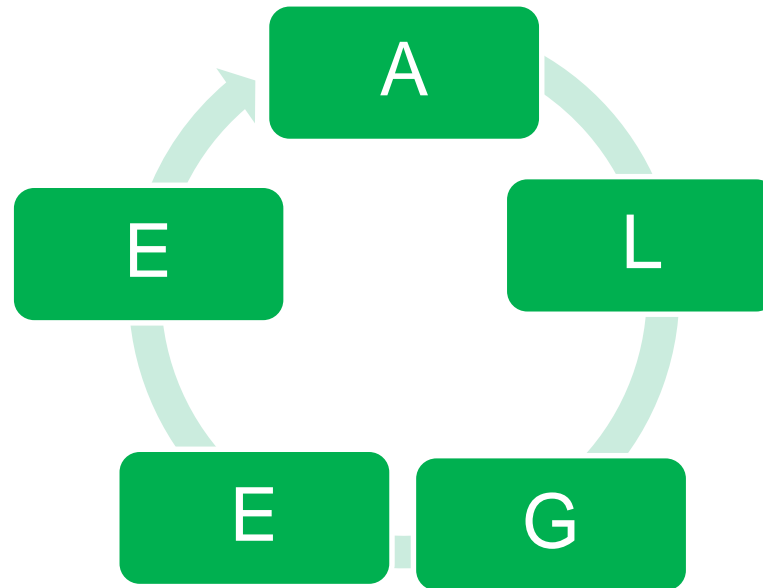
- Umbrella term used to describe terms that affect the mind, where there have been distortions of reality, involving hallucinations, delusions or thought disorders.
- 6% of the population state they have experienced one symptom of psychosis
- This is a psychotic episode
- Early intervention is key, can be treated

Schizophrenia (18 men, 25 in women)/ 1 in 100

Bipolar (15 to 19) rarely starts after 40/ 2 in 100

Remember as First Aiders we focus on
Symptoms not Diagnosis!!!!

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Useful sources of Information

- www.nhs.uk
- <https://mhfaengland.org/>
- www.anxietyuk.org.uk
- www.bipolaruk.org
- www.depressionuk.org
- www.mind.org.uk

Don't Forget

We have to look after ourselves!!

Self Management

We all use unhelpful coping strategies sometimes, but as with any skill we can learn new, helpful coping strategies.

Here's some **self-care tips** to help **protect against stress**:

#ADDRESS YOUR STRESS

Try

Get moving! Physical and mental health are connected — so eat well and exercise to release endorphins. Find a fun activity that suits you and your schedule.



Setting aside time to have fun or indulge yourself — positive emotions can help build a buffer against stress.

Learning a new skill — whether painting, playing guitar or a new language.



Sharing how you're feeling — it's OK to ask for help and support.



Switching off from distractions — make time for yourself as a regular part of your routine. Schedule a reminder if you need to.



Avoid

Overdoing it on sugar, caffeine or alcohol — they're a quick fix which can increase stress in the long term.



Overworking and checking your emails out of hours — we all need time to unwind.



Spending **too much of your free time** in front of a screen — phone included. Don't feel pressured to always be 'doing' something.

Chasing perfection — it can create unrealistic expectations. Accept that mistakes will happen.



Bottling up your feelings and assuming they will go away — this can make things worse in the long run.



There are simple steps you can take to **#AddressYourStress**. Check out our resources at mhfaengland.org



ANY QUESTIONS?