



MENTAL
HEALTH
FIRST AID



Mental Health First Aid USA

Governor Malloy's Sandy Hook Advisory Commission

Friday, March 22, 2013

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National Council for Community Behavioral Healthcare

THE MENTAL HEALTH FIRST AID ACTION PLAN

- A**ssess for risk of suicide or harm
- L**isten nonjudgmentally
- G**ive reassurance and information
- E**ncourage appropriate professional help
- E**ncourage self-help and other support strategies



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 received or until the crisis resolves*
- + *Not a substitute for counseling, medical care, peer support or treatment*

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What You Learn

- + Overview of mental health problems
 - Depressive/Mood disorders
 - Anxiety disorders
 - Disorders in which psychosis occurs
 - Substance use disorders
 - Eating disorders
- + Mental Health First Aid for crisis situations
- + Mental Health First Aid for non-crisis situations

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Program Milestones

- + Created in Australia in 2001
(University of Melbourne)
- + Currently in 18 countries
- + Piloted in the U.S. in 2008
- + Youth program Pilot in 2012



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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

- + Study on 33 US college campuses 2009-2011
 - Increased mental health literacy
 - Reduction in social distance (decreased stigma)

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Evidenced Effectiveness

- + Kitchener BA, et al. Mental health first aid training in a workplace setting: A randomized and controlled trial [ISRCTNI3249129]. *BMC Psychiatry*. 2004;4(23):1-8.
- + Jorm AF, Kitchener BA, Fischer JA, Cvetkovski S. (2010). Mental health first aid training by e-learning: a randomized controlled trial. *Australian and New Zealand Journal of Psychiatry* 44(12):1072-81.
- + Speer, N., Eisenberg, D., Hahn, E., Brunwasser, S., & Xu, S. Effects of a peer-based gatekeeper training program on college mental health outcomes. [Manuscript in Preparation]. 2011. --

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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

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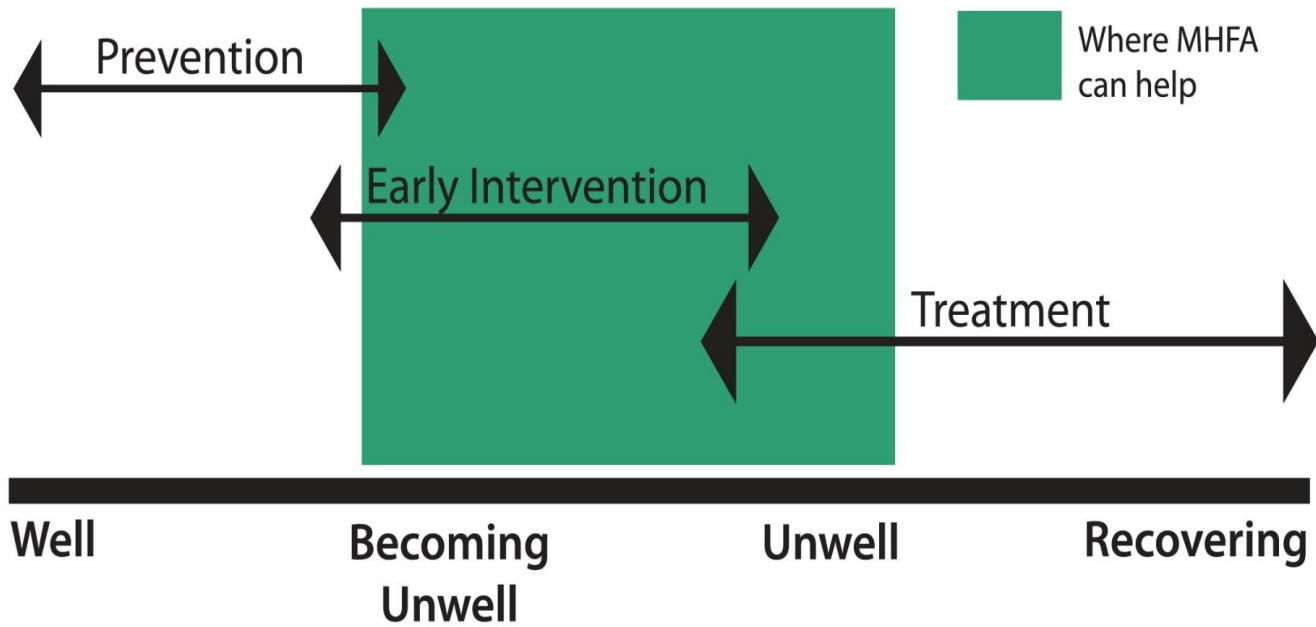
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Spectrum of Mental Health Interventions



Spectrum of mental health interventions from wellness to mental disorders and through to recovery, showing the contribution of MHFA

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MHFA ACTION PLAN

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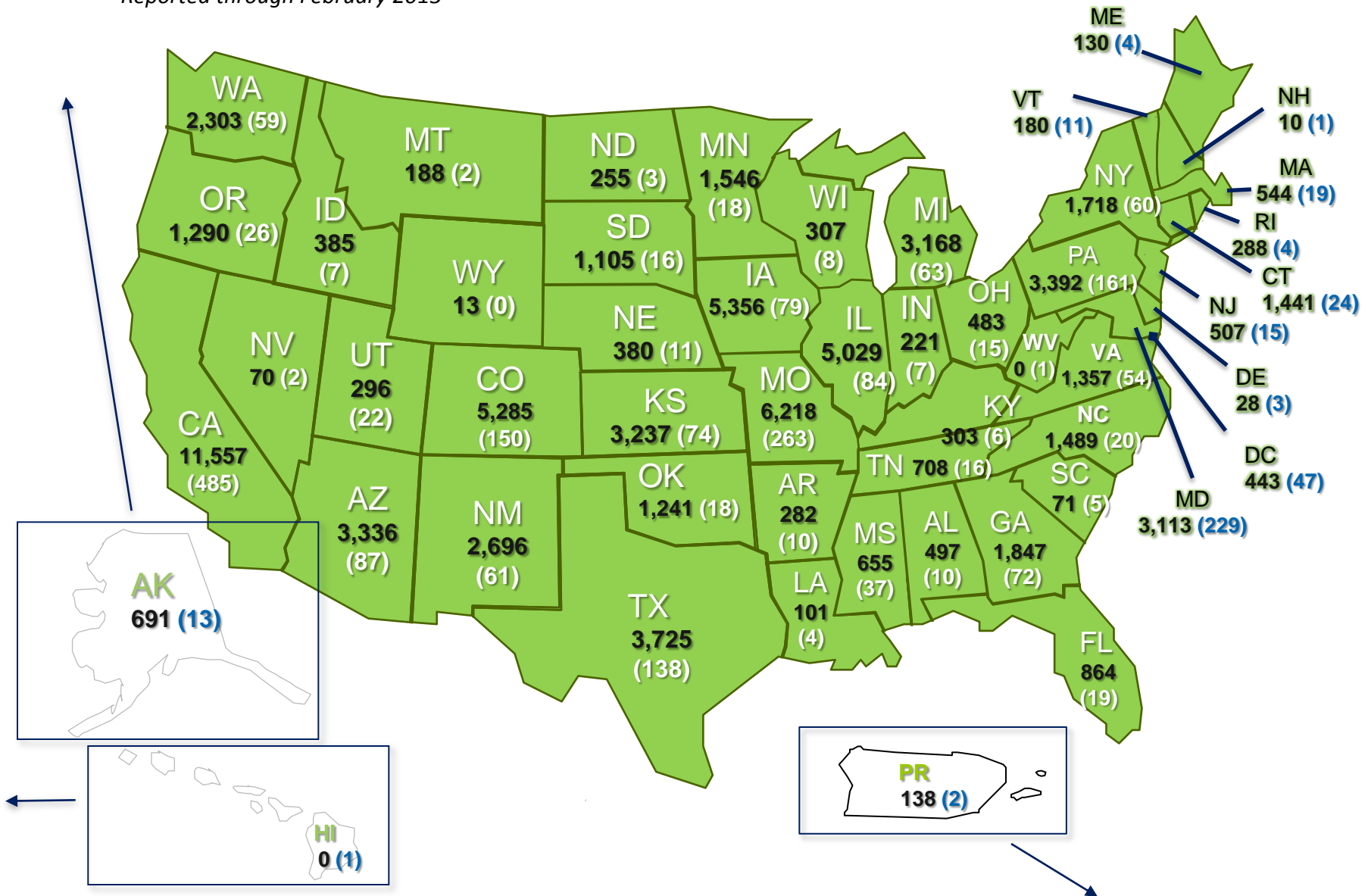
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Nearly 100,000 First Aiders in the US trained by 2,500 Instructors

Reported through February 2013





MHFA in Connecticut



Connecticut

24 Instructors
1,441 MHFAiders

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Organizations with MHFA in Connecticut

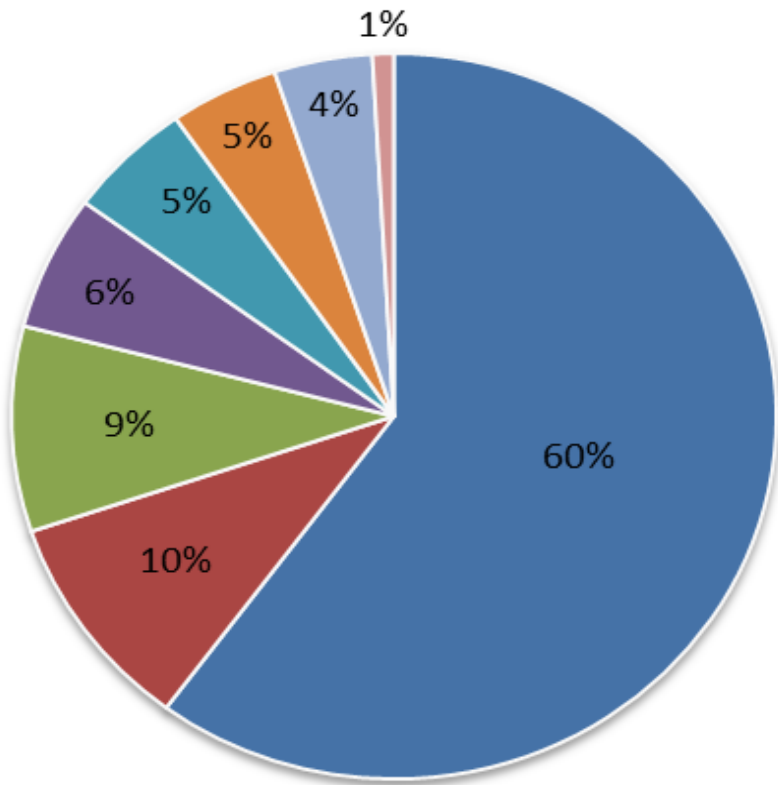
- + Birmingham Group Health Services, Inc., Branford, Ansonia
- + Ability Beyond Disability, Bethel
- + Rushford Center, Inc, Newington
- + Community Mental Health Affiliates (CMHA), New Britain
- + Wheeler Clinic, Plainville
- + Southeastern Regional Action Council, Ucasville
- + APT Foundation, New Haven
- + Cornell Scott Hill Health Center, New Haven
- + Bureau of Youth Services, Derby
- + United Services, Inc., Dayville
- + CUNY-Kingsborough Community College
- + Bridges , Milford
- + CT Renaissance, Fairfield
- + And more individual instructors in private practice

MHFA in Connecticut

- + Courses have primarily been held for the general community out of National Council member facilities. Some focus has been on training front line staff of behavioral health entities in particular.
- + In the wake of the Newtown tragedy, there has been renewed interest in increasing the presence of the program throughout the state (with support from the state Dept of Mental Health Services), and at least two instructor trainings have been planned for the late spring/early summer. Particular focus will be on getting individuals trained in the youth curriculum.
- + Commissioner Reimer and SAMHSA have been very supportive



Audiences Trained



- General Community/Not Specified
- Higher Education
- Behavioral Health
- Faith-Based
- Primary Care
- Law Enforcement/Criminal Justice
- Youth-focused entities
- Indian/NA Reservations

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MHFA Public Policy

+ MHFA in President Obama’s Report:

Recommendations from the Gun Violence Prevention Task Force

- ***Make Sure Students and Young Adults Get Treatment for Mental Health Issues:*** *Three quarters of mental illnesses appear by the age of 24, yet less than half of children with diagnosable mental health problems receive treatment. To increase access to mental health services for young people, we should:*
 - *Provide “**Mental Health First Aid**” training to help teachers and staff recognize signs of mental illness in young people and refer them to treatment.*
 - *Support young adults ages 16 to 25, who have the highest rates of mental illness but are the least likely to seek help, by giving **incentives to help states develop innovative approaches.***
 - *Help **break the cycle of violence in schools** facing pervasive violence with a new, targeted initiative to provide their students with needed services like counseling.*
 - ***Train 5,000 more social workers, counselors, and psychologists,** with a focus on those serving students and young adults.*

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MHFA Public Policy

- + Mental Health First Aid Act 2013
(H.R. 274) (S.153)
- + 112th Congress: Mental Health First Aid
Higher Education Act
- + Toolkit for State Legislative Options

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Toolkit Contents

- + Purpose & Goals
- + History and Rationale for MHFA
- + Building A Case for Mental Health First Aid
 - Assessment
 - Choosing a Mechanism for Change
 - Sample/Model Language
 - Building & Sustaining Support
- + Tools for Building Your Case

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Our Goals

- + Elevate the profile of and access to Mental Health First Aid (MHFA) training;
- + Create broad access to community-focused training;
- + Maintain fidelity to the MHFA USA trademarked program provided by nationally certified instructors;
- + Mandate MHFA training for certain certified professionals (e.g., law enforcement personnel, social workers, child welfare personnel, foster parents);
- + Establish dedicated funding for this program;
- + Explore methods for including peer facilitators in leading MHFA training programs.

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Resources in the Toolkit

- + Model Legislative Language
- + Template Communication and Media Tools
- + Talking Points
- + Policymaker quotes
- + Resource Links

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Mental Health First Aid in the News



October 10, 2011 | *Morning Edition* | by Kelly Weiss

[Mental First Aid: How To Help In An Emotional Crisis](#)

The New York Times

October 18, 2011 | *Talk of the Nation* | by Neal Conan

[Mental Health First Aid in the Workplace](#)



January 23, 2011 | by Michael Winerip

[Positives With Roots In Tragedy On Campus](#)

The Washington Post

October 18, 2011 | [For Your Health](#)

January 18, 2011 | by Rachel Saslow

[Shooting in Tucson Sparks Interest in 'Mental Health First Aid' Courses](#)



March 12, 2012 | by Kim Painter

[Classes Teach 'First Aid' for Mental Health Crises](#)

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Vision



By 2020, Mental Health First Aid in the USA will be as common as CPR and First Aid

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SAMPLE SCENARIO

+ Jandell's Story Scene 1

- + Jandell is a 15-year-old boy that you've known for years. He seems typical in every way: He has a normal amount of friends, has decent grades and is involved in a few activities after school. He seems to get along well with his friends, teachers and parents. You heard that over the summer, he was involved in a pretty serious car accident with his older brother and another friend. The friend was driving and everyone healed well from their injuries. Jandell doesn't seem like himself this year. He seems less interested in things, although he still manages to keep solid grades. You notice, however, that he seems a bit more emotional than he used to and that he doesn't hang out much with friends. Instead, he seems to only want to be with his brother.
- + ***Group Discussion: You are Jandell's teacher. How do you approach him?***

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SAMPLE SCENARIO

- + **Jandell's Story Scene 2**
- + Jandell blows off your initial outreach, telling you that everything is fine and nothing has changed. As you gently probe a bit deeper, you can see that he's stressed and upset, but he makes it clear that he doesn't want to talk.

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SAMPLE SCENARIO

- + **Jandell's Story** **Scene 3**
- + Nothing seems to change much for Jandell as the semester continues. He still doesn't really seem like himself. He's stopped all of his afterschool activities, and spends most afternoons watching his older brother's basketball practice. He seems really jumpy and over-reacts to almost any loud noise. He looks tired, as if he's not getting much sleep.

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SAMPLE SCENARIO

+ Jandell's Story Scene 4

- + A student stops you in the hall to tell you that Jandell is “freaking out” in the bathroom. You rush in to see a group of students just staring at Jandell, who is in the corner of the bathroom, rocking back and forth, sweating profusely, with his hands over his ears. You ask another student what happened and he said that Jandell just started screaming right after the bell rang. He said two other guys were goofing around and slamming doors, but that nothing unusual was happening.

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