### Cost-Effective Mental Health Treatment for Workers

Investing in mental health has economic benefits in terms of business and work productivity:

- Preserving and improving worker mental health is cost-effective
- Gainful employment is associated with good mental health

The cost of mental health treatment is often completely offset by:

- Reducing the number of missed work days and increasing productivity while at work
- In the U.S., billions of dollars are lost annually due to worker stress, distress and mental disorders

### Mental Health Facilitation

- A process in which a facilitator cares for individuals with emotional and behavioral needs
- MHF assists with the achievement of self-determined goals

**Local, community-based helpers:**

- Reduce stigma and discrimination
- Empower people to become more self-sufficient
- Decrease burden on formal health care system
- Refer people to community resources

### Empathy: An MHF Feeling

- A deep connection to the emotional state of another person
- The ability to recognize what is important to the person
- Helps build a relationship
- Shows you are connected and understand
- Conveys that the helper (MHF) and person are working from the same point of view
- Not necessarily agreeing with the person

Empathy is not sympathy or feeling sorry for the person; it is being connected

### Demonstration

Watch the instructors closely for a demonstration of gestures, and minimal verbal and nonverbal responses.

### Guidelines for Asking Questions

- Ask questions only if you need the information to understand
- Phrase questions gently
- Avoid questions that imply the person should have behaved in a certain manner
- Avoid asking multiple questions without allowing time for a response
- Always listen to the person’s response when you ask a question

### Signs that the MHF Process is Working

- You are using your listening skills
- The person is talking more than you are
- You are gently directing the conversation at the right times to keep things focused
- The person is considering possibilities and problem-solving
- You feel as though you and the person are painting a picture together about the change process

**What are some signs that the MHF process is not working?**
Reflection of Feeling

Remember—feelings are the emotional part of a person’s story. For example, the person may be:
- discouraged about not doing well in school or at work
- scared about the upcoming birth of an unplanned child

Why is reflecting feelings important?
- Encourages the person to talk more
- Communicates empathy
- Allows the person to confirm or correct our impressions

Reflection of Meaning

Meaning is the reason behind the communication:
- The person feels a certain way about the story
- The story is important to the person

Reflecting meaning:
- May offer clarity to the person about actions and feelings
- Shows you have understood the deeper meaning to the story

Meaning is what lies beneath a person’s story

Consider the Life Span

Knowledge of human growth and development helps to:
- Understand the person more fully
- Recognize age-related challenges
- Acknowledge age-appropriate knowledge and skills
- Determine impact of peers, family, work, gender and other influences

Life stages range from birth to death (cradle to grave)

Intensity of the Problem

Mental health problems range from seemingly minor to life-threatening
- Important not to minimize the impact of the problem on the person
- The intensity of the problem comes from the person’s distress and lack of control
- In addition to the intensity of the problem, frequency and duration of the problem have an impact
- Personality changes may be evident

Diversity Skills

- Interest in other cultures
- Knowledge of cultural myths
- Concern for the welfare of people from another culture
- Use of culturally sensitive approaches to the helping process
- Ability to recognize different styles
- Knowledge of the relationships between cultural groups
- Understanding what a person from another culture thinks is “good” and what is “bad”
- Knowledge of culture impacts people seeking mental health services
**EXPLORE #3**

- In groups of three, with one person role-playing someone with a problem, one person as the MHF, and one person observing the MHF using helping skills (reflections, questions, gestures and minimal verbal responses) to learn more about the problem.
- After 10 minutes, the observer offers brief feedback.

**Some Helping Goals**

- Decrease risk factors (prevention)
- Increase protective factors
- Stop the recurrence of the problem
- Reduce frequency, duration and intensity of stress, distress or disorder
- Lengthen the time between episodes of the problem
  - Reduce treatment gap

**Depression Signs and Symptoms**

- **Thoughts and emotions**
  - Helplessness, hopelessness, low self-esteem
  - Thinking about killing self
  - Sad or desperate
  - Lack of pleasure
  - Lack of emotion or interest
  - Poor motivation

- **Behaviors**
  - Sleeping too little or too much
  - Appetite changes
  - Weight gain or loss
  - Loss of interest in typical activities

- **Social**
  - Withdrawal
  - Relationship stress
  - Economic hardship
  - Unemployment

**Problem-Solving and Readiness to Change**

- What is causing the stress, distress or disorder?
- What is most important to the person?
- What is the person willing to change?
- How open is the person to making changes?
- What changes have the best chance for success?
- What is the easiest change to make?
- How much confidence does the person have to make the change?
- What is needed to make the change? (resources)

**Important Elements of Goals**

- Realistic – possible to do
- Concrete – something that can be seen and measured
- Specific description of:
  - What is to be changed
  - Amount of change
  - Places in which change will occur
  - Ways others will know the positive change has happened

**Stress, Crisis and Trauma Continuum**

- Impact or intensity of the event ranges from stress to crisis to trauma
- Prior exposure to trauma increases level of distress
- Ongoing threat of trauma increases distress
- Identify the person’s degree of impairment so that appropriate facilitation or treatment may be considered
MHF Helping Skills in Crises

- Assess immediate needs
- Provide a sense of safety
- Assist with
  - Calming
  - Enhancing sense of self and community
  - Connecting with others
  - Possible PTSD
  - Hope!
- Time limitations
  - As a mental health first responder, you will often not have the luxury of building a long-term helping relationship before attempting to problemsolve
  - Do something NOW
- Use AISR and STPC

“Single Meeting”
Crisis Intervention

- Focuses on safety and short-term stabilization
- This strategy DOES NOT solve the problem, but provides safety and support
- Focus on child, not fact-finding
- Emphasize that child is not to blame for child maltreatment
- Child is vulnerable to re-traumatization during this time
- Provide safety for child
  - Sometimes sending child back home can be unsafe
- Contact authorities and make a referral
- Use AISR

Emotional Abuse and Neglect

- Acts or omissions by caregivers that cause serious behavioral, cognitive, emotional or mental distress
- Habitual blaming
- Belittling
- Rejecting
- Unusual forms of punishment
  - Confinement in a dark space
- Possible PTSD
- Hope!

Suicide Myths

Myth 1
People who talk about suicide will not harm themselves since they just want attention

- You must be very cautious when confronted with a person talking about suicide
- All threats of self-harm should be taken seriously

Myth 2
Suicide is always impulsive and happens without warning

- Suicide appears to be impulsive, but it might be planned for some time
- Many suicidal persons give some type of verbal or behavioral message about their ideas or plans to hurt themselves

Suicide in
Children and Adolescents

Suicidal behavior among children and adolescents often involves:

- A mix of emotional, behavioral and social problems
- Depressive mood
- Substance abuse
- Academic challenges and other life stressors
- Poor problem-solving skills, low self-esteem and struggles with sexual identity
- Loss of romantic relationships or friends
- Impulsivity

Actions to Take in a Mental Health Emergency

Always refer when the person appears to be:

- Experiencing a mental disorder
- Not connected with reality (psychosis)
- Experiencing hallucinations or delusions
- Experiencing high anxiety
- Experiencing depression
- Unable to care for self
- Having suicidal or homicidal thoughts
- Suffering from alcohol or drug abuse
- Suffering from abuse
Ending the Helping Relationship: A Good Beginning – A Good Ending

- Just as helping has a clear beginning, it should have a clear ending
- Closing the helping relationship is an important part of the process

The person:
- Recognizes that the problem has decreased or is gone
- Is able to decide on the best available choices or responsibilities
- Has found helpful resources

Contextualizing the MHF Program is Critical

- Places the MHF program within the community context where the program will be implemented
- Identifies community helpers
- Explores where the MHF program will work most effectively in your community
- Encourages participants to become actively involved in learning about mental health
- Helps identify and address potential challenges