

# MHF-ASAP! CURRICULUM SAMPLE

## 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

1

Module 1: Investing in Mental Health

1

## 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

2

Module 1: Investing in Mental Health

2

## 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

3

Module 2: Communication in Mental Health Facilitation

3

## Demonstration

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



4

Module 2: Communication in Mental Health Facilitation

4

## 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

5

Module 3: Communication: Using Questions in Mental Health Facilitation

5

## 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?*

6

Module 3: Communication: Using Questions in Mental Health Facilitation

6

# MHF-ASAP! CURRICULUM SAMPLE

## 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

7

Module 4: Communication: Reflecting in Mental Health Facilitation



7

## 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*

8

Module 4: Communication: Reflecting in Mental Health Facilitation



8

## 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*)

9

Module 5: Understanding Human Development and Diversity



9

## 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



10

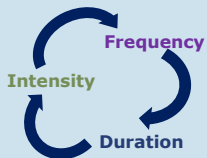
Module 5: Understanding Human Development and Diversity



10

## Intensity of the Problem

- ◆ Mental health problems range from seemingly minor to life-threatening
- ◆ Even small problems can seem unbearable
- ◆ 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



11

Module 6: Understanding Problems



11

## Mental Distress (Assessment Level 3-4)

- ◆ More intense, more frequent and may last longer than mental stress; harder to ignore
- ◆ Support and resources are needed and a referral may be necessary
- ◆ May interfere with life activities
- ◆ Help or assistance is needed to deal with distress before it becomes a disorder

12

Module 6: Understanding Problems



12

# MHF-ASAP! CURRICULUM SAMPLE

## 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



13

Module 6: Understanding Problems

13

## 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

14

Module 7: Recognizing and Helping With Stress, Distress and Disorder

14

## Depression Signs and Symptoms

- ◆ Thoughts and emotions
  - Hopelessness, helplessness, 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



15

Module 7: Recognizing and Helping With Stress, Distress and Disorder

15

## 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)

16

Module 8: Solving Problems and Setting Goals

16

## 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



17

Module 8: Solving Problems and Setting Goals

17

## 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

Stress Response → Crisis Response → Trauma Response

18

Module 9: Mental Health Facilitation in Crises, Disasters, Trauma and Violence

18

# MHF-ASAP! CURRICULUM SAMPLE

## 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 problem-solve
  - Do something NOW
- ◆ Use **AISR** and **STPC**

19

Module 9: Mental Health Facilitation in Crises, Disasters, Trauma and Violence

## 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



20

Module 10: Child Maltreatment

## “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**



21

Module 10: Child Maltreatment

## Suicide Myths

### Myth 1

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

**FALSE**

- ✓ 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

**FALSE**

- ✓ 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

22

Module 11 - Suicide: Recognition and Prevention

## 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

23

Module 11 - Suicide: Recognition and Prevention

## 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**

24

Module 12: Making Referrals

19

20

21

22

23

24

# MHF-ASAP! CURRICULUM SAMPLE

## 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

25

Module 12: Making Referrals



## 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



26

Module 13: Benefits of Contextualizing the MHF Program

