

MHF CURRICULUM SAMPLE

Cost-Effective Mental Health Treatment

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
- ◆ Billions of dollars are lost annually due to worker stress

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Impact of Mental Stress, Distress and Disorders on Families

- ◆ Family stress is often ignored
- ◆ Significant impact on family quality of life
- ◆ Pressures of providing on-going caregiving
- ◆ Expenses for treatment are paid by family, not the government
- ◆ Family exposed to stigma and discrimination
- ◆ Families should be involved in treatment

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MHF: Definition



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

Community-based helpers

- ◆ Empower people to become more self-sufficient
- ◆ Decrease burden on community health care system

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Step 2: Learn About the Person



- ◆ Listen, listen, listen!
- ◆ Respond to the person's story and situation
- ◆ Continue to listen and respond as this will lead to learn even more about the person and the situation
- ◆ Listen, listen, listen!

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Make the Emotional Connection

- ◆ This is the ability to understand people from their perspective rather than your own
- ◆ Emotional connection is thinking with the person rather than for or about the person



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Focusing on Feelings

- ◆ A person may be unable to specifically name their feelings
- ◆ Physical symptoms may mask emotions (headaches, stomachaches, fatigue, sore muscles, loss of appetite)
- ◆ Information about the problem can be discovered by exploring feelings
- ◆ Paying attention to feelings can increase a person's desire to change

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Eight Nonverbal Ways to Communicate

1. Eye contact
2. Body position
3. Head nodding
4. Attentive silence
5. Facial expressions
6. Gestures
7. Physical distance
8. Touch

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Explore!

- ◆ When you listen, you look like you are paying attention. You use your tone of voice, your expression, your posture, eyes and gestures.
- ◆ Use Handout #2 to show ways to look like you are listening and ways that do not look like you are listening.

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Demonstration

Watch closely as the instructors demonstrate minimal verbal and nonverbal responses



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Guidelines for Asking Questions

- ◆ Avoid asking multiple questions without allowing time for a response
- ◆ Always listen to the person's response
- ◆ Change questions into statements when you can

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Asking Questions in a Crisis

- ◆ What happened?
- ◆ Do you need help?
- ◆ Do you have food, water and shelter?
- ◆ Do you know where your family and community members are?
- ◆ Do you need additional resources?

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Recommended Actions (if the person is not aware of reality)

- ◆ Check with the person's caretakers to offer support
- ◆ Refer the person to someone who can help
- ◆ Offer to help connect caretakers to other resources

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Reflection of Meaning

MEANING

Meaning is the reason:

- ◆ 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

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Explore!

- ◆ A volunteer will present a story
- ◆ Listen to the volunteer's story and write:
 - ◆ Reflection of content
 - ◆ Reflection of feeling
 - ◆ Reflection of meaning
 - ◆ Summary
- ◆ Also, complete Handout #6 or #7

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Explore!

- ◆ How are we alike?
- ◆ What's it like to be the person sitting next to you?
 - ◆ See what you can discover in the next five minutes about the person next to you
 - ◆ Remember open-ended and closed questions!

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Life Stages

- ◆ Throughout life, people grow and change

Basic human life stages:

- ◆ Infancy
- ◆ Childhood
- ◆ Adolescence
- ◆ Adulthood
- ◆ Older adulthood

Cultural contexts determine expectations at each life stage

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Culture



- ◆ Each person belongs to many different groups, so each individual's culture is unique
- ◆ What we say and do is shaped by our culture
- ◆ The way we understand other people is influenced by our culture

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Diversity Skills




- ◆ Ability to recognize different styles
- ◆ Interest in other cultures
- ◆ Awareness of cultural and language differences
- ◆ Knowledge of cultural myths
- ◆ Concern for the welfare of people from another culture
- ◆ Use culturally sensitive approaches to the helping process

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Coping With Problems



- ◆ Many people will turn to family, friends, neighbors, voluntary associations, religious leaders and school counselors for assistance
 - ◆ But family members may disapprove of seeking mental health care
- ◆ Parents tend to speak with a primary support person before seeking services
- ◆ Informal helping and support networks can be helpful
- ◆ Family focus on problems is important
- ◆ We can teach people to distinguish between ranges of problems

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Stress, Distress and Disorder

- ◆ **Stress:**
Heightened reaction to something
(pot on the stove with the burner on)
- ◆ **Distress:**
Stronger reaction
(pot boiling over)
- ◆ **Disorder:**
Reaction interferes a lot with being able to function
(pot that has boiled for so long it catches fire)

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Demonstration

Now the instructors will demonstrate learning about someone's situation or problem

They will use helping skills to help the person define the problem

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Goal Setting

- ◆ Helps focus attention, action and problem-solving efforts
- ◆ Helps stimulate energy and effort
- ◆ Provides incentives for accomplishing the goal
- ◆ Clear and specific goals help increase persistence

Goals give direction!

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MHF Skills for Action

Skill	Intention	Timing
Providing facts, data or other relevant material	Give information	When person needs specific information
Using open questions Reflecting feelings	Identify feelings to promote change	When person needs to identify feelings about change

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Demonstration



Let's watch closely as the instructors demonstrate how to use the **STPC** model for problem-solving and goal setting

As you watch, notice each part of the **STPC** model

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Stress, Distress and Disorders in Adults



- ◆ Child and adolescent emotional difficulties can contribute to adult mental health problems
- ◆ Untreated, mental health problems lead to a loss in productivity, unsuccessful relationships, and significant personal and social difficulty
- ◆ Certain common events in life (divorce, job loss) can cause mental stress and distress, which, unchecked over time, can lead to mental disorders

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Substance Abuse and Dependence Signs and Symptoms



- ◆ *Tolerance* means that a person increases the amount of a substance to get the desired effect
 - ◆ The body becomes accustomed to the substance
- ◆ People who can easily consume high amounts of drugs or alcohol are more likely to develop a problem with substances

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Social Reactions to Stress and Crisis

- ◆ Social disorganization
- ◆ Loss of a sense of place
- ◆ Lack of trust in community
- ◆ Dealing with violence
- ◆ Lack of social support
- ◆ Community inability to promote self-healing
- ◆ Spiritual struggles

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Extreme Reactions to Crisis and Disasters

Associated with both short- and long-term distress

- ◆ Can develop into mental disorders

When someone has a history of crisis or a possible mental disorder, he or she may have a more extreme reaction to crisis

When this happens you need to:

- ◆ Make a rapid assessment of the situation and identify the problem
- ◆ Determine the best referral for the person, such as a hospital or doctor/psychiatrist, and follow up
- ◆ [AISR](#)

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Cycle of Domestic Violence

Calm or reconciliation phase:

- ◆ Apologies
- ◆ Making up
- ◆ Apparent end to violence

Rising tension phase:

- ◆ Poor communication
- ◆ Criticisms
- ◆ Threats

Acting-out phase:

- ◆ Anger
- ◆ Abuse
- ◆ Violence

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Self-Care When Working in a Crisis: Understand Your Role

When doing MHF work, you should clearly:

- ◆ Understand the scope of your role in the crisis or disaster relief effort
- ◆ Recognize that helping survivors is different from doing things for them

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Personal Stress Management



- ◆ Pay attention to your own functioning and stress level
- ◆ Eat nutritious meals
- ◆ Get enough sleep
- ◆ Be aware of work stress and learn coping strategies
- ◆ Have a plan for relaxation
- ◆ Stay in contact with family, friends and support systems
- ◆ Have a personal exit plan
- ◆ Be prepared to experience feeling "down" when the crisis is over

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Recognizing Maltreatment and Abuse



Requires special skills and training:

- ◆ Children, elders and the disabled may be more vulnerable
- ◆ Sexual abuse is an international concern
- ◆ The most common age for sexual abuse is 8 to 12 years of age
- ◆ Individual, short-term and family facilitation
- ◆ Work with guilt, stigma and fear
- ◆ Consider helping create a safety plan
 - ◆ Contact person?
 - ◆ Place to go?
 - ◆ Telephone numbers?

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Types of Maltreatment: Physical Abuse



- ◆ *The infliction of physical injury as a result of:*
 - ◆ punching
 - ◆ beating
 - ◆ kicking
 - ◆ burning
 - ◆ shaking or
 - ◆ otherwise harming a child
- ◆ May not be intentional (could result from excessive discipline or physical punishment)

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“Single Meeting” Crisis Intervention



- ◆ Focuses on safety and short-term stabilization
- ◆ This strategy DOES NOT solve the problem
- ◆ Focus on child, not fact-finding
- ◆ *Emphasize* child is not to blame for child maltreatment
- ◆ Vulnerable to retraumatization during this time
- ◆ Provide safety for child
 - ◆ Sometimes sending child back home can be unsafe
- ◆ Use **AISR**

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Step II: Create Safe Environment

- ◆ Create a safe environment
 - ◆ Ensure there is no immediate risk of harm
 - ◆ Contact resources or authorities who can help
 - ◆ Respect legal boundaries
- ◆ De-escalate and stabilize
 - ◆ Child will often feel overwhelmed, afraid and in considerable emotional distress
 - ◆ Keep a calm, positive and caring manner
 - ◆ Validate the child's pain and fear
 - ◆ Offer reassurance

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Challenges in Migrant Mental Health

- ◆ Communication difficulties
- ◆ Cultural differences
- ◆ Differences in family structures
- ◆ Difficulty meeting basic needs of food and shelter
- ◆ Problems with adaptability and integration
- ◆ Loss of social status
- ◆ Unemployment

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Recovery Processes for Victims of Torture

- ◆ Stabilizing and reducing symptoms
- ◆ Mourning losses (family, friends, country, culture)
- ◆ Coming to terms with torture and integrating it into one's life story
- ◆ Repairing relationships, including the victims' relationship to themselves, family, community and all humanity

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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

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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

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MHF Role in Suicide Prevention

- ◆ Make referrals to more intensive mental health and alcohol and drug treatment centers or to the hospital
- ◆ Consider prevention planning, especially for those who have already attempted suicide
- ◆ Help build social support for all people who struggle

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Making Referrals



- ◆ Become familiar with referral resources available within the community
- ◆ Have a list of resources, especially when information is needed quickly
- ◆ Recognize what situations you can and cannot work with
- ◆ Learn who in your area can handle what kinds of situations
- ◆ Reduce the barriers to referral sources

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When to Refer

The person appears to be:

- ◆ Experiencing a **mental disorder**
- ◆ **Not connected with reality (psychosis)**
- ◆ Experiencing **hallucination/dissociation**
- ◆ Experiencing **high anxiety**
- ◆ Experiencing **depression**
- ◆ **Unable to care for self**
- ◆ Having **suicidal or homicidal thoughts or plans**
- ◆ Suffering from **alcohol or drug abuse**
- ◆ A **victim of abuse**

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Peer Support in Mental Health Facilitation



When you need to understand your MHF work better, you may decide to focus on one of these:

- ◆ The skills you use (listening, using questions)
- ◆ The way you are thinking and feeling about your work
- ◆ A specific person with whom you are working

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Good Beginning – Good Ending



- ◆ Just as helping has a clear beginning, it should have a clear ending
- ◆ If closing or ending is not recognized and handled appropriately, people may end up with more distress and unresolved issues than when they entered the helping relationship

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Signs That the End of the Helping Relationship Is Near



The person:

- ◆ Can see that some things are better, or can accept things as they are
- ◆ Is able to decide on the best available choices or responsibilities
- ◆ Recognizes that the problem has decreased or is gone
- ◆ Feels more capable and better about self
- ◆ Has found helpful resources

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Important Questions for Contextualizing



- ◆ What are the mental health needs in your community?
- ◆ What resources are available?
- ◆ What are stakeholders doing about mental health concerns?
- ◆ How can you involve already existing decision-makers and resources?

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