Mental Health Awareness Workshop- Handout 2016

Resources used:

Brief Encounters; www.brief-encounters.org

"This wise and thoroughly thought through guide provides you with all the advice you are likely to need to ensure your first and possibly 'brief encounter' with an anxious individual, maybe in crisis, is a positive one.

Please use it!"

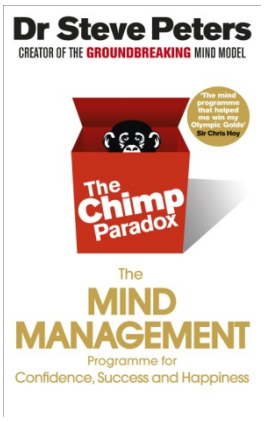
Jo Brand

Mental Health First Aid; www.mhfaengland.org

Being mentally healthy means having *'The emotional and spiritual resilience which allows us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and other's dignity and worth'.* (Health Education Authority 1997).

Anxiety

When anxious the hormone adrenaline is released (flight or fight) it affects the person physically, psychologically, behaviourally and emotionally and can feel overwhelming and frightening. An anxiety disorder is different to normal anxiety. It is more severe and long lasting and If it begins to affect the person's ability to work, sustain relationships and carry out day to day activities including having a social life they may have a diagnosable problem.



Recognising Anxiety, signs and symptoms:

Physical effects can include

- palpitations, rapid heart beat
- chest pain
- flushing
- hyperventilation-rapid breathing
- shortness of breath
- dizziness
- headache
- sweating
- tingling and numbness
- choking
- dry mouth
- vomiting, diarrhoea

- muscle aches and pains especially neck, shoulders and back,
- restlessness, pacing
- tremor and shaking

Psychological effects can include

- mind racing or going blank
- poor/decreased concentration and memory
- difficulty making decisions
- irritability, impatience, anger
- confusion
- restlessness or feeling on edge
- excessive, out of proportion, fear and worry
- sleep disturbance, vivid dreams

Behavioural effects can include

- avoiding situations
- distress in social situations
- repetitive compulsive behaviour such as repeated checking

Self referral to:

Cambridge University Counselling Service
The Psychological Wellbeing Service www.cpft.nhs.uk 0300 300 0055

Self Harm

A survival mechanism, a way for an individual to cope with very distressing emotion. It's a coping behaviour not a diagnosis though the person may have anxiety/depression/psychosis.

Resource: Harmless (www.harmless.org.uk) a user led organisation, offers range of services around self harm including support -for individuals their families and professionals who work with them; information; training etc.

Recognising Depression, signs and symptoms

Effects on emotion

- persistent sadness, no enjoyment in things/activities used to enjoy
- anxiety, anger, mood swings feelings of guilt, hopelessness, worthlessness
- lack of emotional responsiveness

Effects on thinking

- frequent self criticism, self blame, worry
- loss of interest, difficulty in concentrating, negative thinking, indecision
- loss of confidence, low self esteem
- thoughts of death and suicide

Effects on behaviour

- loss of motivation
- withdrawal from others, crying spells
- neglect of responsibilities
- loss of interest in personal appearance
- self harm, includes excessive drinking, over-using prescribed and illegal drugs

Physical effects

- difficulty in sleeping or sleeping too much
- changes in eating, eating more or less
- chronic fatigue, lack of energy
- loss of interest in sexual relations
- agitated unable to settle

How the person may look-sad depressed and anxious. Slow in moving and thinking (the brain and body literally slow down). May speak in a flat monotonous tone. May look unkempt and untidy. May be crying.
What they may say 'I'll never get better'; 'Life is always going to be like this'; 'My family would be better off without me'; 'I'm worthless no good to anyone'; I can't go on like this'; 'I want my old life back. I can't do this'.

Risk factors for depression/suicidality

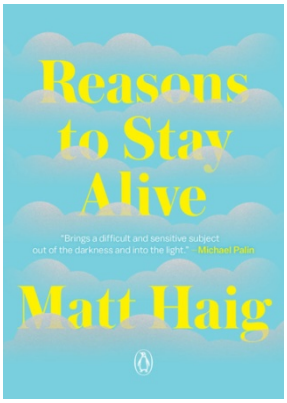
- break up of relationship or living in conflict
- previous episode of depression, other mental health problems
- having a baby, post natal depression 10-15% of women after childbirth
- loss of job and difficulty finding a new one
- family history of depression
- developing a long term physical illness, life threatening, chronic or associated with pain
- unresolved bereavement particularly in childhood
- difficult childhood e.g. physical abuse, sexual abuse, neglect, overstrictness
- experiencing harassment, bullying, discrimination or oppression e.g. sexism, racism

How to help a suicidal person

Ensure your own personal safety, stay calm
Ensure the person is not left alone
If consuming drugs/alcohol try to discourage them from taking more
Encourage the person to talk-LISTEN, (if you're not confident stay with them and phone the Samaritans, Lifeline) listen without judgement, be polite and respectful, don't deny their feelings, don't give advice, give reassurance that help is available and their future has other options.
Seek immediate help, phone GP and ask for emergency home visit, call 999 or take to nearest A and E, take to GP. Do they have relatives/friends they feel safe with and want to call.
If they ask you not to tell anyone confidentiality never applies to suicidality.
http://www.stopsuicidepledge.org/ this website has all the above and more.[1]

Resources for working with depression and suicidality

1. Samaritans 08457 90 90 90 www.samaritans.org available 24 hrs a day for confidential help.
2. Lifeline, Cambridgeshire 0808 808 2121, available daily 19.00 to 23.00hrs
3. PAPYRUS charity campaigns to prevent young suicide, advice for young people at risk 0800 068 4141 www.papyrus-uk.org
4. CALM Campaign Against Living Miserably, for men, 0800 585858 (17.00 to 24.00hrs every day). Many resources on the websitewww.thecalmzone.net
5. CBT (cognitive behaviour therapy) online
   www.moodgym.anu.edu.au
   www.livinglifetothefull.co.uk
6. STOP SUICIDE PLEDGE, www.stopsuicidepledge.org aims to enroll as many of the public as possible to end the secrecy and stigma of depression, aim for zero suicide rate (in Detroit in four years suicide rate dropped 75%).



[1] "Within four years, the suicide rate among [Henry Ford Medical Group in Detroit]'s patient population had fallen by 75%; by 2008, they had stopped all suicides among patients of the medical group. Inspired by what happened in Detroit, Merseycare NHS Trust in Liverpool is now embarking on a similar strategy. It is going to: create a Safe from Suicide Team, a 24/7 group of experts which rapidly and thoroughly assesses patients who are having suicidal thoughts; improve the care of people who present with self-harm injuries at accident and emergency units, offering them therapies on the spot and following up with them when they go home; improve data collection on patients to get a better understanding of how and where patients are most at risk of suicide and then targeting resources at them." (Michael Buchanan. New Strategy to cut suicides 'achievable', says Clegg. BBC.co.uk (published 19 January 2015, accessed 14 September 2016, http://www.bbc.co.uk/news/health-30857546).

Best book ever about anxiety and depression and weirdly very cheerful and easy to read **Reasons to Stay Alive by Matt Haig,** highly recommended even for people in crisis**.**

Recognising Psychosis

The term psychosis and psychotic experience is a term that covers both schizophrenia and bi-polar illness. The person can have a one off episode and never again or these can occur more often.

Possible causative factors:

We can't point to one cause which fits all but there are a number of risk factors the more of these you experience the more at risk you are, stress and genetics are implicated but not the whole story.

- childhood adversity and trauma, sexual abuse and bullying also cyberbullying
- abuse of drugs (not prescribed) amphetamines, cannabis, 'legal highs' etc
- migration and discrimination
- bereavement or separation in families
- dysfunctional parenting
- rape or physical attack as an adult
- poverty and urban living
- war trauma
- physical illness

There are four areas of symptoms

1. Psychotic symptoms, these include hallucinations (can be any of the five senses but usually auditory/hearing). Delusions where a person has a strongly held belief, they are so convinced of these beliefs that a logical explanation won't dissuade them from the belief.
2. Difficulties with mood including depression, mania and anxiety.
3. A lack of motivation, inability to get themselves to carry out basic things such as showering, and social withdrawal (called negative symptoms).
4. Difficulty with learning new things, concentrating and retaining information (cognitive difficulties).

How to help

- Stay calm and be very polite, do not looked shocked at what the person says and do not laugh. Reassure them you want to help in any way you can. Be respectful.
- Try to create a calm non threatening atmosphere, talk slowly, quietly and simply. Keep the environment free from distractions.
- Don't get too close (may make the person feel hemmed in) avoid direct continuous eye contact.
- Don't try and reason with someone experiencing acute psychosis, if the person says 'Do you believe me?' respond 'I have no reason not to' however bizarre their statements may seen there is usually some factual material underlying them and it's important we treat these ideas with respect.
- If they feel unsafe ask what would make them feel safe and try and provide it.
- Express empathy for their distress but don't pretend that the delusions or voices are real for you whilst recognising they are to them.
- Comply with reasonable requests e.g. to make a phone call, have a cigarette.
- If you feel the person may be at risk of hurting themselves or being aggressive get help, 999 if urgent otherwise GP.

Resources for working with and understanding psychosis

The Schizophrenia Commission (2012) *The Abandoned Illness a report from the Schizophrenia Commission.* London: Rethink Mental Illness

Tamasin Knight (2009) *Beyond Belief. Alternative Ways of Working with Delusions, Obsessions and Unusual Experiences.* Exeter: Joan of Arc Project. Available online as free downloadable from www.peter-lehmann-publishing.com/beyond-belief.htm

Susannah Cahalan *Brain on fire: my month of madness.* A book about a journalist who is eventually diagnosed with Anti-NMDA receptor antibody encephalitis, a physical illness with severe psychotic symptoms.

Read J, Fosse R, Moskowitz A & Perry B (2014) The traumatic neurodevelopmental model of psychosis revisited. *Neuropsychiatry* 4(1), 65-79

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