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Award Number: W81XWH-10-2-0150

TITLE: A randomized control trial of a community mental health intervention for military personnel

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CONTRACTING ORGANIZATION: Western Interstate Commission for Higher Education
Boulder, CO, 80301-2204

REPORT DATE: October 2012

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.					
1. REPORT DATE 26 October 2012		2. REPORT TYPE Annual		3. DATES COVERED 01 October 2011- September 30 2012	
4. TITLE AND SUBTITLE A randomized control trial of a community mental health intervention for military personnel				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER W81XWH-10-2-0150	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Dennis Mohatt, M.A., Jay Shore, M.D. E-Mail: DMohatt@wiche.edu				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Western Interstate Commission for Higher Education Boulder, CO 80301-2204				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT This research study will test whether a military adaptation of the Mental Health First Aid (mMHFA) program changes knowledge about and attitudes toward mental health in the military, stigma associated with mental health issues, and accessing care and support resources for mental health problems among military personnel. There are no current research findings for this study for this reporting period.					
15. SUBJECT TERMS- Mental health literacy, Mental Health First Aid (MHFA), curriculum adaptation					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			USAMRMC
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INTRODUCTION:

This research study will test whether a military adaptation of the Mental Health First Aid (mMHFA) program changes knowledge about and attitudes toward mental health in the military, stigma associated with mental health issues, and accessing care and support resources for mental health problems among military personnel. There are two groups of individuals who will participate in this study: Community First Responders (CFRs) and Kansas Army National Guard (KSARNG) service members. CFRs are individuals who interact with Kansas Army National Guard service members on a routine basis. The study will include four armory communities and CFRs in the intervention group will receive training in mMHFA.

There are two phases to the study. The first phase focused on the adaptation of the Mental Health First Aid curriculum. The initial adaptation process is complete. Concurrent to phase one, the protocol was developed and submitted to the Montana State University Institutional Review Board and the Department of Defense Human Research Protection Office (HRPO) for review. Final approval of the protocol is pending. There was a request from HRPO for letters of support from Armory Commanders where the study will take place (draft letter included in appendix), resulting in a delay in HRPO approval. Procurement of these letters is now being coordinated through the Kansas National Guard G-1.

Phase two of the study is implementation of mMHFA within Kansas National Guard communities. Preliminary coordination has taken place with the Kansas National Guard. Dennis Mohatt, Principal Investigator, and Nicola Winkel, Investigator, briefed the leadership of the Kansas National Guard, including The Adjutant General, who expressed support for implementation of the study. Current activities are focused on preparing for final IRB/HRPO approval so that implementation can begin as soon as possible after receipt.

BODY:

Phase 1: Develop military-specific MHFA training module

Finalize mMHFA program – The initial adaptation of the Mental Health First Aid curriculum for use with the military/veteran population is complete. The curriculum includes new content (slides, teaching points, videos) specific to this population. The adaptation has been pilot tested twice with military and civilian participants with positive feedback.

The current version of the mMHFA slide set is attached as an appendix. The curriculum is pending final approval from the National Council Community Behavioral Healthcare, which will take place prior to implementation of phase 2 of the study.

Develop survey tool and data collection procedures with input from Expert Panel – Development of survey tools (a Community First Responder survey and a Quick Poll survey) and data collection procedures is complete. These were submitted with the IRB application and approved for use in the study.

Phase 2: Implement mMHFA in Kansas National Guard communities

IRB approval for this study was received in May 2012 from Montana State University. The protocol was then submitted for ORP HRPO review in June 2012. The initial administrative review resulted in a request for documents. The response, revisions and requested documentation is in process and will be submitted by early November.

The following milestones will be completed once HRPO approval is received and revisions are approved by the IRB. Approximate timeframes are included in parenthesis:

- Recruit training participants with assistance from Expert Panel (Month 1)
- Collect pre-training data (Month 1)
- Organize trainings (Month 1)
- Conduct trainings (Month 2-3)
- Collect post-training data (Month 6-7, Month 10-11)
- Conduct initial analyses (Month 3-4)
- Present initial data to Expert Panel (4-5)
- Obtain feedback from Expert Panel (5-6)
- Final data analyses (Month 11)
- Plan larger military clinical trial (Month 11)
- Write and present final report to DoD (Month 11-12)

KEY RESEARCH ACCOMPLISHMENTS:

- Pilot testing of the adapted Mental Health First Aid curriculum
- IRB approval
- HRPO review (in process)

REPORTABLE OUTCOMES:

None at this time.

CONCLUSION:

The adapted Mental Health First Aid curriculum has the potential to complement existing military programs such as resilience training, Combat & Operational Stress First Aid and suicide prevention gatekeeper training by providing a mental health literacy component that is currently not addressed.

REFERENCES:

None at this time.

APPENDICES:

Sample letter of support
mMHFA (draft copy)

SUPPORTING DATA:

None at this time.

[Sample letter of support from Armory Commander]

MEMORANDUM FOR Mental Health First Aid (MHFA) Study Investigator

SUBJECT: Letter of support for the Western Interstate Commission for Higher Education (WICHE)

1. This is a letter of support for WICHE and the study they are funded to conduct by the Department of Defense (DOD) Telemedicine and Advance Technology Research Center (TATRC).
2. I am the Commander of the [insert name of unit]. I understand that our Armory will participate in this study that will include recruiting both Community First Responders and Guard Members.
3. This study has my support and our units and leaders will work cooperatively with WICHE to execute the study successfully.

Military-Veteran MENTAL HEALTH FIRST AID

Adapted from Mental Health First Aid Australia
© 2007 by Betty Kitchener and Tony Jorm



MENTAL
HEALTH
FIRST AID



Program Overview:

Session 1

- + What is Mental Health First Aid?
- + **Overview of Military/Veteran Culture**
- + Mental Health Problems in the United States
- + Mental Health First Aid Action Plan

- + Understanding Depression
- + Mental Health First Aid Action Plan
 - *Suicidal Behavior*
 - *Depressive Symptoms*

Session 2

- + Mental Health First Aid Action Plan
 - *Nonsuicidal Self-Injury*

- + Understanding Anxiety Disorders

- + Mental Health First Aid Action Plan
 - *Panic Attacks*
 - *Traumatic Events*
 - *Anxiety Symptoms*

Session 3

- + Understanding Psychotic Disorders
- + Mental Health First Aid Action Plan
 - *Acute Psychosis*
 - *Aggressive Behavior*
 - *Psychotic Symptoms*
- + Understanding Substance Use Disorders
- + Mental Health First Aid Action Plan
 - *Overdose*
 - *Withdrawal*
 - *Substance Use Disorders*

Session 4

- + Understanding Eating Disorders
- + Mental Health First Aid Action Plan
 - *Acute Crisis*
 - *Eating Disorder Symptoms*
- + Using Your Mental Health First Aid Training
- + **Military/Veteran Resources**

What Is Mental Health First Aid?

Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.

Why Mental Health First Aid?

- + Mental health problems are common.
- + Stigma is associated with mental health problems.
- + Many people are not well informed about mental health problems.
- + Professional help is not always on hand.
- + People often do not know how to respond.
- + People with mental health problems often do not seek help.

[Video: overview of issues]

Overview of the Military/Veteran Population in the United States

- + Less than 1% of the U.S. Population serves in uniform today:
 - **Active duty** (Air Force, Army, Marines, Navy, Coast Guard)
 - **National Guard** (Army and Air within each state)
 - **Reserves** (Air Force, Army, Marines, Navy, Coast Guard)
- + Each service member has a family, whether that is a spouse/significant other and children, parents, siblings, extended family, friends, etc.

Overview of the Military/Veteran Population in the United States

- + There are an estimated 22.7 million veterans of all eras in the U.S. (US Department of Veterans Affairs, 2010)
- + All eras
 - World War II
 - Korea
 - Vietnam
 - Persian Gulf
 - Iraq/Afghanistan

Unique Aspects of Military/Veteran Culture

- + Different facets of military culture
 - General military culture
 - Different branches have their own culture
- + Structured
- + Hierarchical
- + Blend of self-reliance/team-orientation

The Invisible Wounds of War

“Many are struggling with the ‘invisible wounds’ of this war, including traumatic brain injury, post-traumatic stress, depression and anxiety. Any attempt to characterize these individuals as somehow weaker than others is simply misguided...We remain committed to raising awareness, helping individuals increase their resiliency while ensuring they have access to the right support services and resources.”

-General Peter Chiarelli

Former Vice Chief of Staff

U.S. Army

What Is a Mental Disorder?

A **mental disorder** or **mental illness** is a diagnosable illness that

- + Affects a person's thinking, emotional state, and behavior
- + Disrupts the person's ability to
 - Work
 - Carry out daily activities
 - Engage in satisfying relationships

EXERCISE:

Mental Health Opinions

Quiz

U.S. Adults with a Mental Disorder in Any One Year



Type of Mental Disorder	% Adults
Anxiety disorder	18.1
Major depressive disorder	6.7
Substance use disorder	3.8
Bipolar disorder	2.6
Eating disorders	2.1
Schizophrenia	1.1
Any mental disorder	26.2

The Impact of Mental Illness

- + Mental illnesses can be more disabling than many chronic physical illnesses. For example:
 - The disability from moderate depression is similar to the impact from relapsing multiple sclerosis, severe asthma, or chronic hepatitis B.
 - The disability from severe post-traumatic stress disorder is comparable to the disability from paraplegia.

- + “*Disability*” refers to the amount of disruption a health problem causes to a person’s ability to
 - Work
 - Carry out daily activities
 - Engage in satisfying relationships



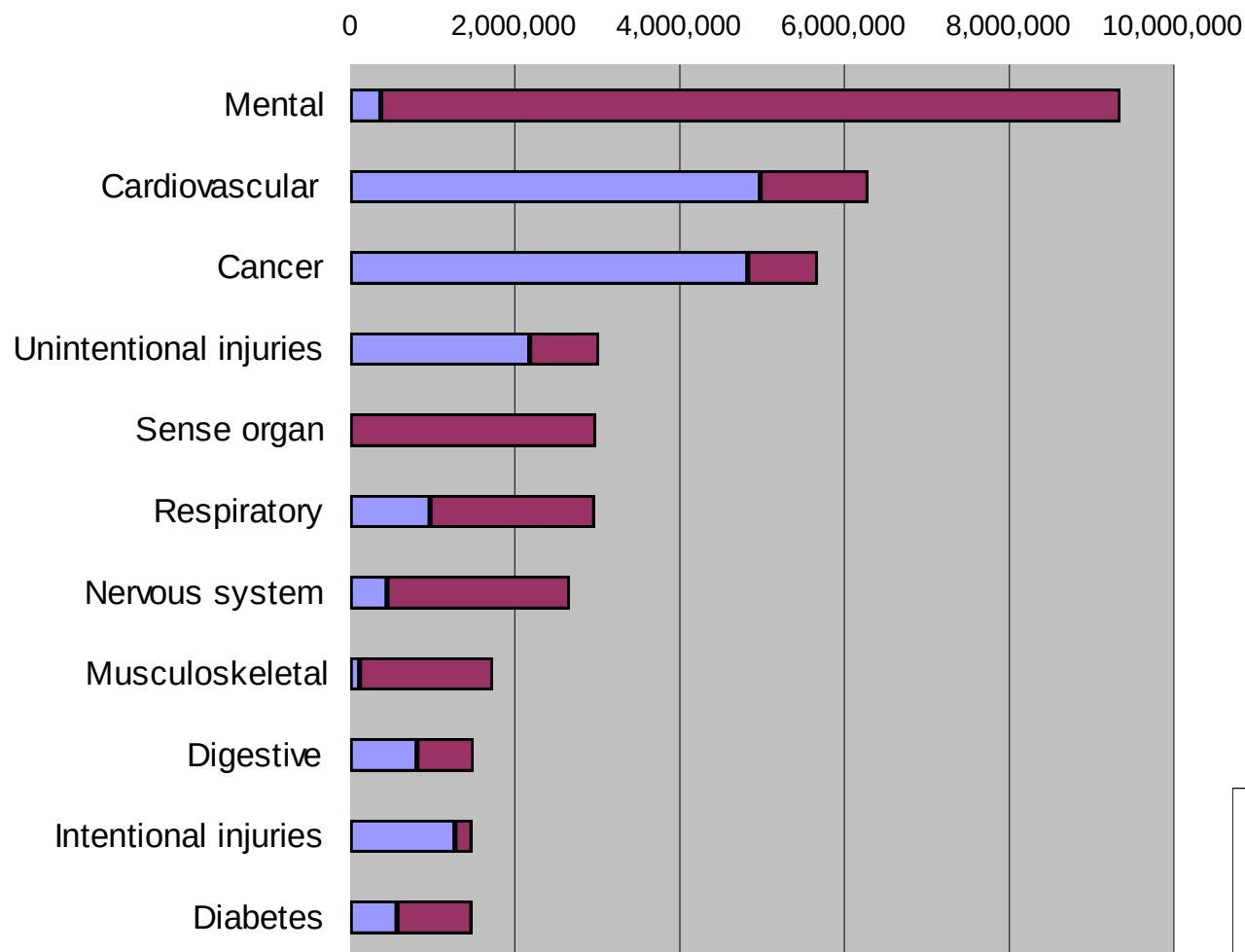
[Video: Real Warriors Families]

EXERCISE:

Disability Weights

Disease Burden in North America, 2004

Disability-adjusted life years lost



Recovery from Mental Illness

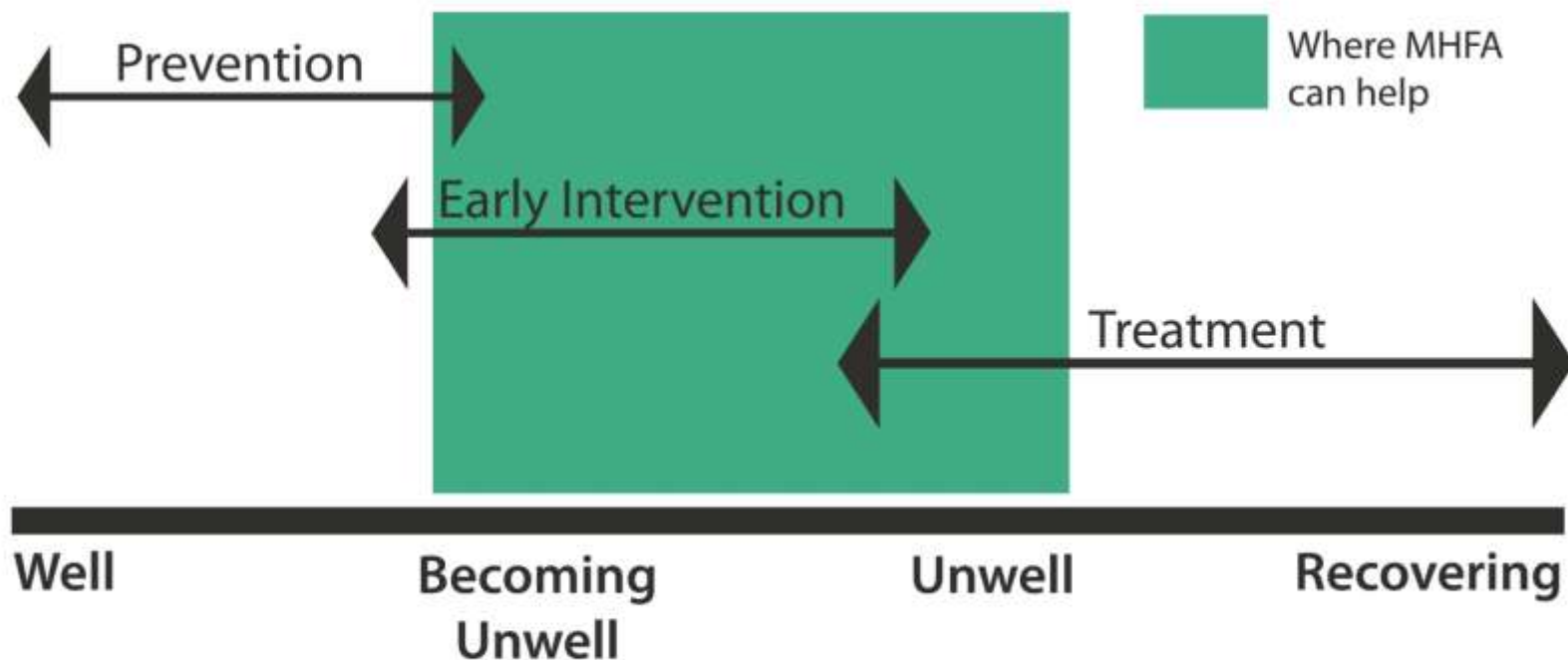
“Recovery is the process in which people are able to live, work, learn, and participate fully in their communities.”

“For some, this is the ability to live a fulfilling and productive life despite a disability.”

“For others, recovery implies the reduction or complete remission of symptoms.”

— *President's New Freedom Commission on Mental Health, 2003*

Spectrum of Mental Health Interventions



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

Mental Health First Aid

The 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

EXERCISE: ALGEE

Building Rapport

- + Respect the individual and their experience
- + Don't make assumptions
- + Maintain neutrality
- + Be mindful of terminology
- + Recognize potential barriers to accepting help

Brainstorm some questions that might help build rapport with a service member, veteran and/or family member.

Examples of Questions

- + Have you or a family member served in the military?
- + Tell me about your experience in the military.
- + Do you think your military service is related to what you are experiencing now? In what ways?

Keep in mind why you are asking the questions. Is it because you are concerned about them or because you are curious?

Caring for All Who Serve

The military and veteran population is resilient by nature. Most service members, veterans and families will successfully cope with service, deployment and reintegration. As a community we can support those who are doing well, and also those who are struggling.

BREAK

What Is Depression?



- ✚ Major depressive disorder lasts for at least 2 weeks and affects a person's
 - Emotions, thinking, behavior, and physical well-being
 - Ability to work and have satisfying relationships.

EXERCISE:

Introduction to Depression

The Pain of Depression

VIDEO

Signs and Symptoms of Depression

Emotions

- + Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, feelings of helplessness, hopelessness, irritability

Thoughts

- + Frequent self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see one in a negative light, thoughts of death and suicide

Signs and Symptoms of Depression

Behaviors

- + Crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, slow movement, use of drugs and alcohol

Physical

- + Fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, headaches, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains

Depression in the Workplace

The office & the battlefield

- + Decreased productivity
- + Morale problems
- + Lack of cooperation
- + Safety problems, accidents
- + Absenteeism or presenteeism
- + Being tired all the time
- + Complaints of unexplained aches and pains
- + Alcohol or other drug misuse

Types of Mood Disorders

- + Major depressive disorder
- + Bipolar disorder
- + Postpartum depression
- + Seasonal depression

EXERCISE:

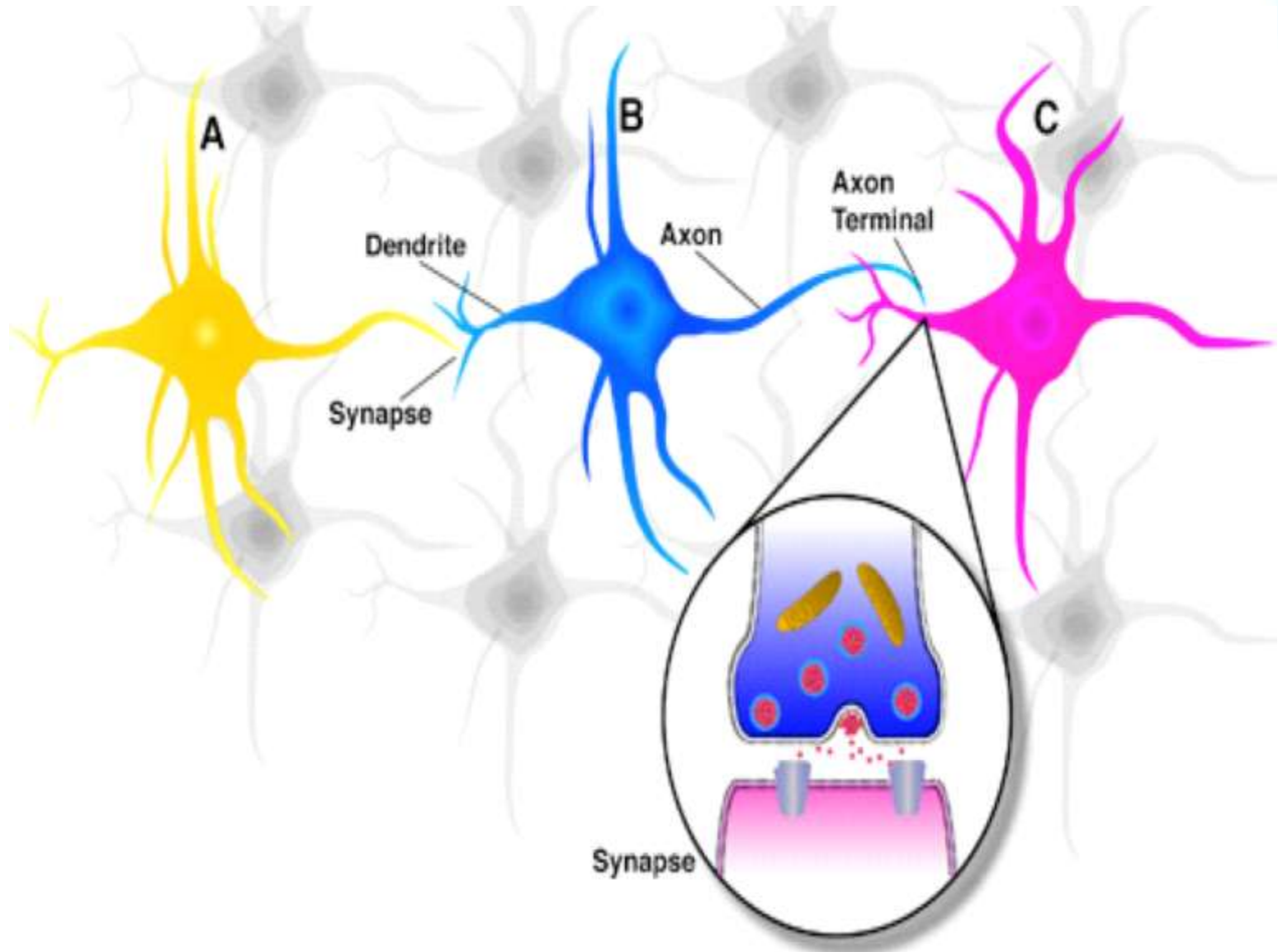
Possible Causes of Depression

Risk Factors for Depression

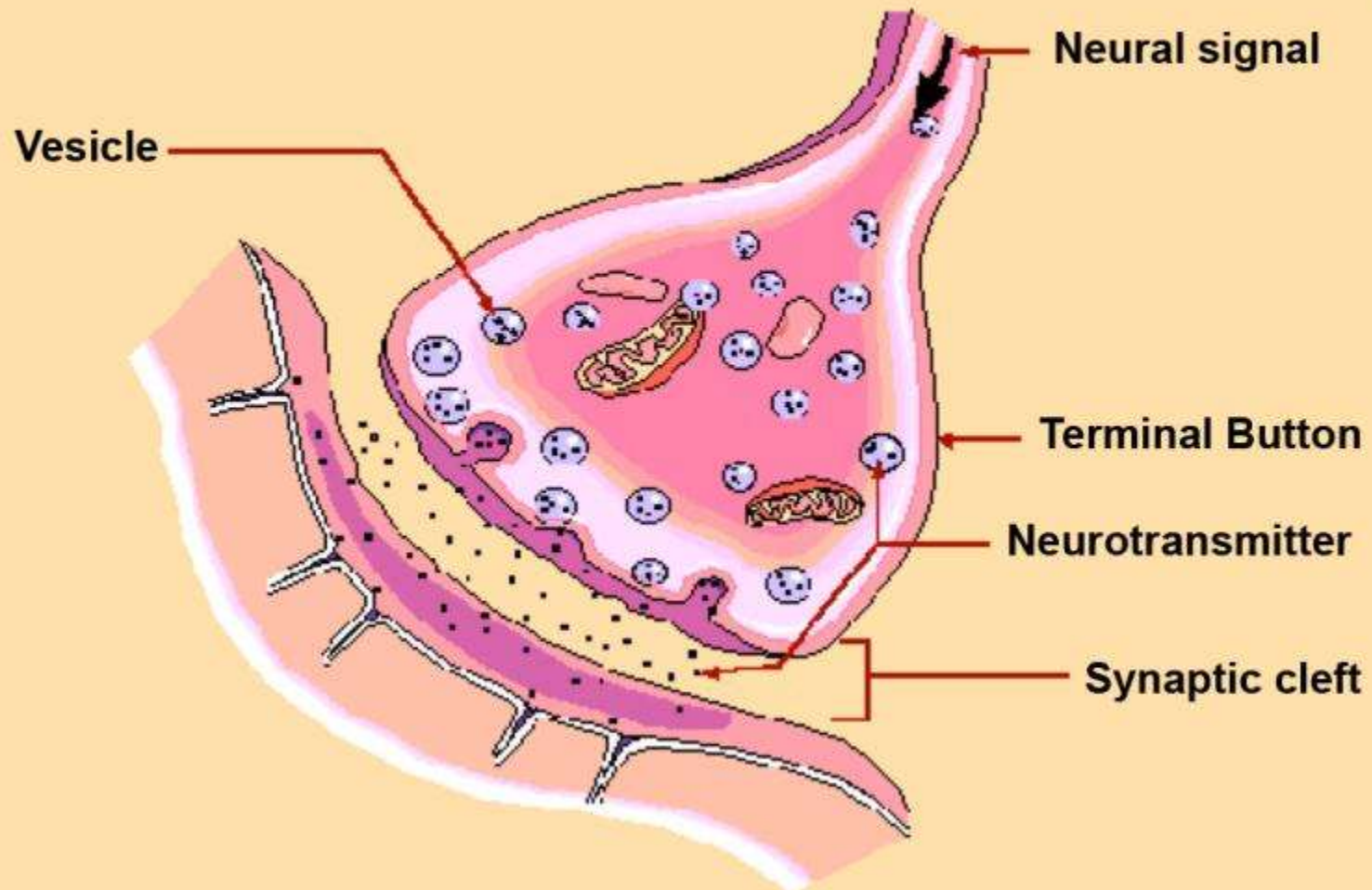
- + Distressing and uncontrollable event
- + Exposure to stressful life events
- + Difficult childhood
- + Ongoing stress and anxiety
- + Another mental illness
- + Previous episode of depression
- + Family history
- + More sensitive emotional nature
- + Family & relationship stressors

Risk Factors for Depression

- + Illness that is life threatening, chronic, or associated with pain
- + Medical conditions
- + Side effects of medication
- + Recent childbirth
- + Premenstrual changes in hormone levels
- + Lack of exposure to bright light in winter
- + Chemical (neurotransmitter) imbalance
- + Substance misuse



SYNAPSE



EXERCISE:

How Antidepressants Work

Mental Health First Aid

The Action Plan

- + **Assess** for risk of suicide or harm
- + **Listen** nonjudgmentally
- + **Give** reassurance and information
- + **Encourage** appropriate professional help
- + **Encourage** self-help and other support strategies

EXERCISE: ALGEE

Assess for Risk of Suicide or Harm

The most common crises to assess for with depressive symptoms are

- + Suicidal thoughts and behaviors
- + Nonsuicidal self-injury

EXERCISE:

Helpful Things to Say

DISCUSSION:

What Factors Make a Person More at Risk of Suicide?

Suicide Risk Assessment

- + Gender
- + Age
- + Chronic physical illness
- + Mental illness
- + Use of alcohol or other substances
- + Less social support
- + Previous attempt
- + Organized plan

Suicide in the U.S. Army



21% of the suicides in 2009 were by soldiers with multiple deployments, while 36% had never deployed and 43% had deployed only once.

Army Health Promotion, Risk Reduction,
Suicide Prevention Report, Page 102

“Over 50% of the people that committed suicide in the Army National Guard in 2010 had never deployed.”

Major General Raymond W. Carpenter
Acting Director, Army National Guard

EXERCISE:

Myths & Facts about Suicide

DISCUSSION:

Warning Signs of Suicide

Warning Signs of Suicide

- + Threatening to hurt or kill oneself
- + Seeking access to means (**having access to means**)
- + Talking or writing about death, dying, or suicide
- + Feeling hopeless
- + **Feeling worthless or a lack of purpose**
- + **Acting recklessly or engaging in risky activities**
- + **Feeling trapped**
- + Increasing alcohol or drug use
- + **Withdrawing from family, friends, or society**
- + Demonstrating rage and **anger** or seeking revenge
- + Appearing agitated
- + Having a dramatic change in mood

Questions to Ask

Ask the person directly whether he or she is suicidal:

- + “Are you having thoughts of suicide?”
- + “Are you thinking about killing yourself?”

Ask the person whether he or she has a plan:

- + “Have you decided how you are going to kill yourself?”
- + “Have you decided when you would do it?”
- + “Have you collected the things you need to carry out your plan?”

How to Talk with a Person Who Is Suicidal

- + Discuss your observations with the person
- + Ask the question without dread
- + Do not express a negative judgment
- + Appear confident, as this can be reassuring

Check For Two Other Risks

- + Has the person been using alcohol or other drugs?
- + Has he or she made a suicide attempt in the past?

How to Help

- + Let the person know you are concerned and are willing to help.
- + Express empathy for what the person is going through.
- + Encourage the person to do most of the talking.
- + State that thoughts of suicide are often associated with a treatable mental disorder.
- + Tell the person that thoughts of suicide are common and do not have to be acted on.

Keeping the Person Safe

- + Provide a safety contact number that is available at all times
- + Help the person think about people or things that have been supportive in the past
- + Find out whether those supports are still available

Do Not

- + Leave an actively suicidal person alone
- + Use guilt and threats to try to prevent suicide
 - *You will go to hell.*
 - *You will ruin other people's lives if you die by suicide.*
- + Agree to keep their plan a secret

National Veterans Crisis Line



- Anyone who is concerned about themselves or a service member, veteran or family member can call the national crisis line and press 1.
- Calls answered by individuals trained in working with the military/veteran population.
- Also available via chat on the website and by text.

Keeping the Person Safe

- + Mental health professionals always advocate seeking professional help for someone who has suicidal thoughts.
- + The person may be very reluctant to involve a professional helper.
- + Try to involve the person in the decision making about what should be done, who should be told, and how to seek professional help.
- + If the person has a weapon or is behaving aggressively, call law enforcement.

Mental Health First Aid

The 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

EXERCISE:

Session 1 Wrap-Up

LUNCH

Session 2 Overview

- + Mental Health First Aid Action Plan
 - *Nonsuicidal Self-Injury*

- + Understanding Anxiety Disorders

- + Mental Health First Aid Action Plan
 - *Panic Attacks*
 - *Traumatic Events*
 - *Anxiety Symptoms*

Assess for Risk of Suicide or Harm

The most common crises to assess for with depressive symptoms are

- + Suicidal thoughts and behaviors
- + Nonsuicidal self-injury

EXERCISE:

Nonsuicidal Self Injury – Fact, Fiction, or Somewhere in Between

Assess for Risk of Suicide or Harm

- + Approach the person about your concerns.
- + Choose a suitable time and place.
- + Ask how the person is feeling.
- + Do not put pressure on the person to talk.
- + Let the person know that you are available to talk when he or she is ready.
- + Respect the person's privacy and confidentiality.

Reasons for Nonsuicidal Self-Injury

- + To escape unbearable anguish
- + To change the behavior of others
- + To escape a situation
- + To show desperation to others
- + To “get back at” other people
- + To gain relief from tension
- + To seek help

How to Help

- + Assist the person by letting him or her know you are concerned and are willing to help.
- + Recognize that self-injury is usually a symptom of serious psychological distress.
- + Let the person know that treatment is available for this distress.
- + Ensure that the person knows where professional mental health care is available.
- + Encourage, but **do not** force, the person to seek professional treatment.

How to Talk with a Person Who Self-Injures

- + Avoid any negative reactions to the self-injury
- + Discuss the situation calmly
- + Focus on ways to stop the distress

Do Not

- + Focus on stopping self-injury
- + Trivialize the feelings or situations that have led to self-injury
- + Punish the person
- + Threaten to withdraw care

Medical Emergencies

Seek emergency medical help when someone has

- + Taken an overdose of medication
- + Consumed poison
- + A life-threatening injury
- + Confusion, disorientation, or unconsciousness
- + Rapid or pulsing bleeding

What Are Anxiety Disorders?



- + An anxiety disorder differs from normal stress and anxiety.
- + An anxiety disorder is more severe, lasts longer and interferes with work and relationships.

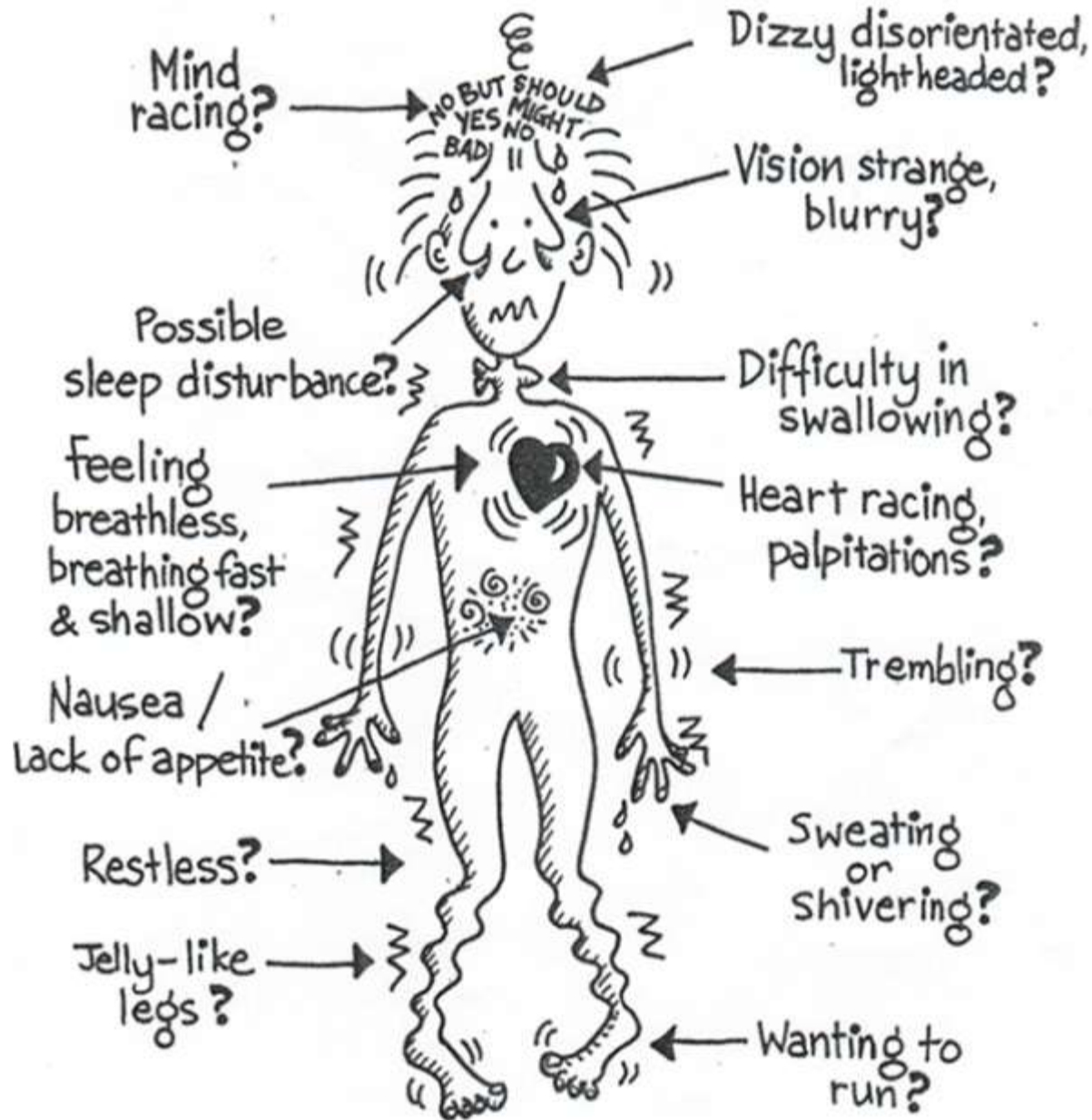
EXERCISE:

Normal Signs and Symptoms of Anxiety



MENTAL
HEALTH
FIRST AID





Signs and Symptoms of Anxiety

Physical

- + **Cardiovascular:** pounding heart, chest pain, rapid heartbeat, blushing
- + **Respiratory:** fast breathing, shortness of breath
- + **Neurological:** dizziness, headache, sweating, tingling, numbness
- + **Gastrointestinal:** choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
- + **Musculoskeletal:** muscle aches and pains (especially neck, shoulders and back), restlessness, tremors and shaking, inability to relax

Signs and Symptoms of Anxiety

Psychological

- + Unrealistic or excessive fear and worry (about past and future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervous, fatigue, sleep disturbance, vivid dreams

Behavioral

- + Avoidance of situations, obsessive or compulsive behavior, distress in social situations, phobic behavior

U.S. Adults with an Anxiety Disorder in Any One Year



Type of Anxiety Disorder	% Adults
Specific phobia	8.7
Social phobia	6.8
Post-traumatic stress disorder	3.5
Generalized anxiety disorder	3.1
Panic disorder	2.7
Obsessive-compulsive disorder	1.0
Agoraphobia (without panic)	0.8
Any anxiety disorder	18.1

Stories of Hope & Courage

VIDEO

Risk Factors for Anxiety Disorders

- + Anxiety is mostly caused by perceived threats.
- + People who are more likely to react with anxiety when they feel threatened are those who
 - Have a more sensitive emotional nature
 - Have a history of anxiety in childhood or adolescence
 - Are female
 - Abuse alcohol
 - Experience a traumatic event

Risk Factors for Anxiety Disorders

Anxiety symptoms can also result from

- + Some medical conditions
- + Side effects of some prescription medications
- + Intoxication with alcohol and drugs
- + Withdrawal from alcohol, cocaine, sedatives, and anti-anxiety medications

BREAK

Mental Health First Aid

The Action Plan

- + **Assess** for risk of suicide or harm
- + **Listen** nonjudgmentally
- + **Give** reassurance and information
- + **Encourage** appropriate professional help
- + **Encourage** self-help and other support strategies

EXERCISE: ALGEE

Assess for Risk of Suicide or Harm

The most common crisis to assess for with anxiety symptoms is an extreme level of anxiety:

- Panic attack
- Reaction to a traumatic event

Symptoms of a Panic Attack

- + Palpitations, pounding heart, or rapid heart rate
- + Sweating
- + Trembling and shaking
- + Shortness of breath, sensations of choking or smothering
- + Chest pain or discomfort
- + Abdominal distress or nausea
- + Dizziness, light-headedness, feeling faint, unsteady
- + Feelings of unreality
- + Feelings of being detached from oneself
- + Fear of losing control or going crazy
- + Fear of dying
- + Numbness or tingling
- + Chills or hot flashes

How to Help

- + Let the person know you are concerned and willing to help.
- + Ask the person whether he or she knows what has happened.

If **you don't know** it is a panic attack or other medical problem

- Check for a medical alert bracelet and follow the instructions
- Seek medical assistance

If **the person believes** it is a panic attack

- Reassure the person that it is a panic attack
- Ask the person if you can help

How to Help

- + Remain calm and speak in a reassuring but firm manner.
- + Speak clearly and slowly, and use short sentences.
- + Be patient.
- + Avoid any negative reactions.
- + Acknowledge that the terror feels very real.
- + Remind the person that while a panic attack is frightening, it is not life threatening.
- + Reassure the person that he or she is safe and that the symptoms will pass.

After the Panic Attack Ends

- + Offer the person help in getting information about panic attacks.
- + Tell the person that if the panic attack recurs, he or she should speak with an appropriate health professional.
- + Reassure the person that effective treatments are available for panic attacks.

DEMONSTRATION: Helping a Person Having a Suspected Panic Attack

Assess for Risk of Suicide or Harm

The most common crisis to assess for with anxiety symptoms is an extreme level of anxiety:

- Panic attack
- Reaction to a traumatic event

Traumatic Events

- + A “traumatic event” is any incident experienced or witnessed by a person that is perceived to be traumatic.
- + Examples include accidents, assault, mass traumatic events, recurring trauma, and memories of past trauma.
- + People differ in how they react to traumatic events.
- + People with mental illnesses — especially those who have been traumatized in the past — are at increased risk for serious reaction to trauma.

Military-Related Trauma

- + Service members may encounter traumatic events on a regular and recurring basis.
- + Trauma in combat can stem from both being attacked and engaging the enemy.
- + Responses to traumatic situations are very individual – two service members may experience the exact same situation and walk away affected in very different ways.
- + Military-related trauma can occur outside of combat situations (military sexual trauma, casualty recovery, training accidents, motor vehicle accidents).

Traumatic Brain Injury (TBI)

- + Blasts are a leading cause of TBI for active duty military personnel in war zones.
- + Over 85% of people with a concussion/mild TBI recover completely within weeks to months with minimal intervention.
- + Symptoms of mild TBI can include: headaches, dizziness, excessive fatigue, concentration problems, forgetting things, irritability, balance problems, vision change and sleep disturbance.
- + Mild TBIs can go undiagnosed and may look like a mental health issue.
- + If a person is experiencing the above symptoms and may have been exposed to a blast, they should be screened by a medical professional experienced in working with TBI.
- + Defense and Veterans Brain Injury Center Information & Referral 1-866-966-1020.

DISCUSSION:

Assisting a Person Affected by a Traumatic Event

After a Trauma

- + Ensure your own safety.
- + Do what you can to create a safe environment.
- + Be responsive to the comfort and dignity of the person.
- + Try to determine the person's immediate needs: water, shelter, food, clothing.
- + Do not take over the role of any professionals (e.g., law enforcement, paramedics).
- + If the person is injured, seek medical assistance.
- + If the person does not appear injured, observe the person for any changes in physical or mental state.

After a Trauma: How to Help

- + If you do not know the person, introduce yourself, find out the person's name and use it while talking.
- + Ask how the person would like to be helped.
- + Try not to appear rushed, anxious, or impatient.
- + Give truthful information.
- + Do not make any promises you may not be able to keep.
- + Speak clearly, as an equal and not as an expert.
- + If the person does not understand, you may need to repeat yourself several times.

After a Trauma

- + Be friendly, even if the person is being difficult.
- + It is more important to be genuinely caring than to say all the “right things.”
- + Providing support is often the little things: spending time with the person, having a cup of coffee, chatting about everyday things, or giving a hug.

How to Help

Encourage the person to

- + Tell others what he or she needs
- + Identify sources of support
- + Take care of himself or herself
- + Use coping strategies that have helped in the past
- + Spend time somewhere in a safe and comfortable place
- + Seek professional help if needed

Discourage the person from using negative coping strategies.

How to Help

Encourage seeking professional help if, **for 4 weeks or more** after the trauma, the person

- + Still feels upset or fearful
- + Is unable to escape intense, ongoing, distressing feelings
- + Finds important relationships are suffering
- + Feels jumpy or has nightmares because of or about the trauma
- + Can't stop thinking about the trauma
- + Is unable to enjoy life as a result of the trauma
- + Has symptoms that are interfering with usual activities

The Stress Continuum in the Military & Veteran Population



- + Coping and survival skills from the military setting may create stress in the civilian world.
- + Stress occurs on a continuum (most service members will experience stress, most will not develop PTSD).
- + Stress may be military-related, but can also stem from general life issues and challenges (finances, relationships, employment, etc).



[Video: Real Warriors Profile]

Mental Health First Aid

The 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

EXERCISE:

How Good of a Listener Are You?

Listening Nonjudgmentally

Key **attitudes** to make the person feel respected, accepted, and understood:

- + Acceptance
- + Genuineness
- + Empathy

Key **nonverbal skills** to show you are listening:

- + Attentiveness
- + Comfortable eye contact
- + Open body posture
- + Being seated
- + Sitting next to the person rather than directly opposite
- + Not fidgeting

You Are Not Listening to Me When

- + You say you understand.
- + You say you have an answer to my problem before I finish telling you my problem.
- + You cut me off before I have finished speaking.
- + You finish my sentences for me.
- + You are dying to tell me something.
- + You tell me about your experiences, making mine seem unimportant.
- + You refuse my thanks, saying you really haven't done anything.

EXERCISE:

Effective Verbal Communication Skills

You Are Listening to Me When

- + You really try to understand me, even if I'm not making much sense.
- + You grasp my point of view, even when it's against your own sincere convictions.
- + You realize the hour I took from you has left you a bit tired and a bit drained.
- + You allow me the dignity of making my own decisions, even though you think they may be wrong.
- + You do not take my problem from me but allow me to deal with it in my own way.
- + You hold back the desire to give me good advice.
- + You do not offer me religious solace when I am not ready for it.
- + You give me enough room to discover for myself what is really going on.
- + You accept my gratitude by telling me how good it makes you feel to know that you have been helpful.

—(Author Unknown)

Give Reassurance and Information

- + Treat the person with respect and dignity.
- + Do not blame the person for his or her symptoms.
- + Have realistic expectations.
- + Offer consistent emotional support and understanding.
- + Give the person hope for recovery.
- + Provide practical help.
- + Offer information.

What Isn't Supportive

- + Do not just tell the person to “snap out of it.”
- + Do not be hostile or sarcastic.
- + Do not adopt an overinvolved or overprotective attitude.
- + Do not nag the person to do what he or she normally would do.
- + Do not trivialize the person's experiences.
- + Do not belittle or dismiss the person's feelings.
- + Avoid speaking with a patronizing tone.
- + Resist the urge to try to “cure” the person.

Encourage Appropriate Professional Help

+ Types of Professionals

- Doctors (primary care physicians)
- Psychiatrists
- Social workers, counselors, and other mental health professionals
- Certified peer specialists

+ Types of Professional Help

- “Talk” therapies
- Medication
- Other professional supports

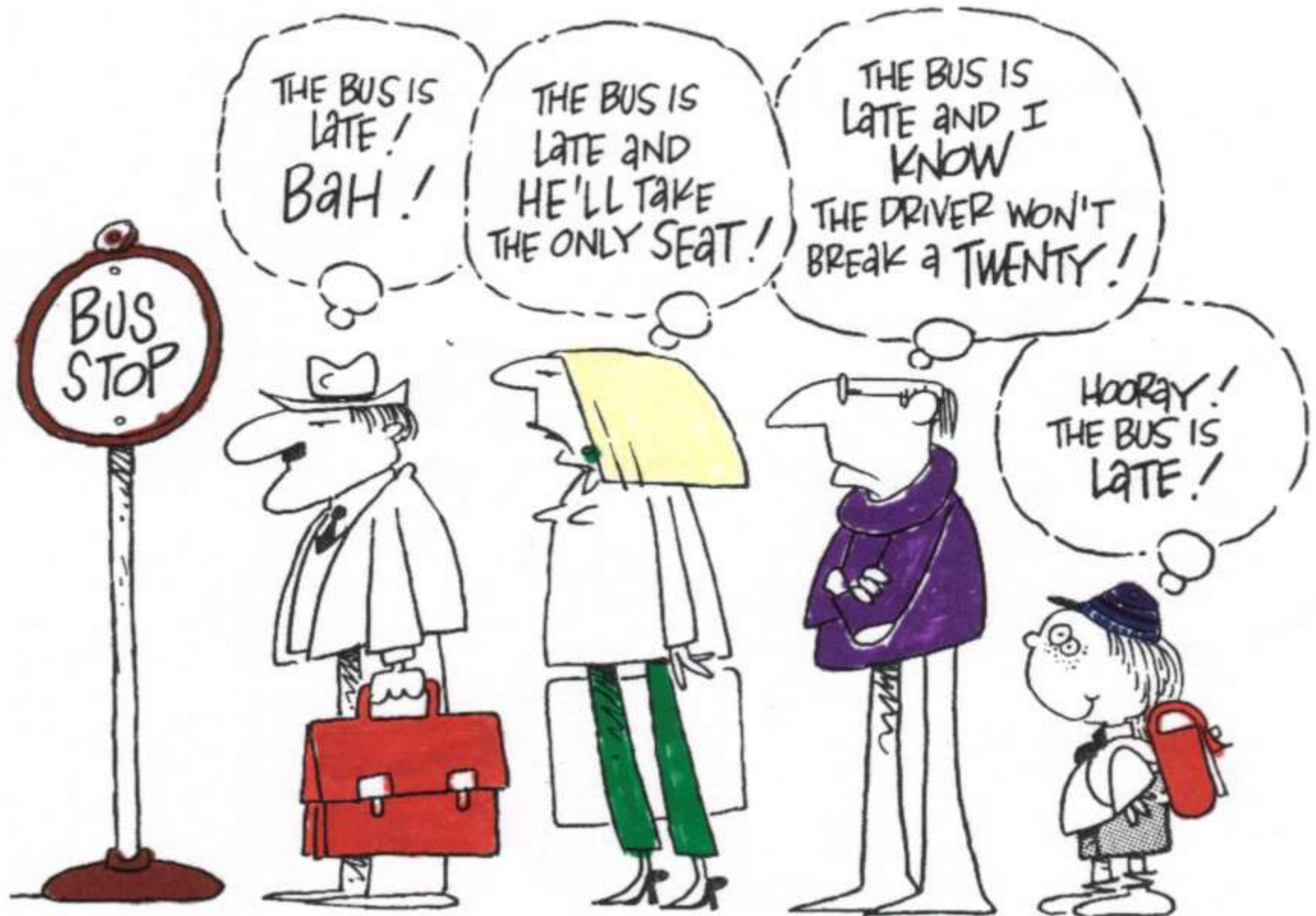


Encourage Appropriate Professional Help

There are resources and facilities specifically for the military and veteran population. These may include:

- + Military installations
 - + Medical Command
 - + Chaplains
 - + Other support programs
- + VA Health Care Systems – Every state has VA facilities that include:
 - + Hospitals
 - + Community-Based Outpatient Clinics (CBOCs)
 - + Vet Centers (readjustment counseling)

The way we think can influence how we feel



Encourage Self-Help and Other Support Strategies

- + Exercise
- + Relaxation and Meditation
- + Peer support/groups
- + Self-help books based on cognitive behavioral therapy
- + Family, friends, faith, and other social networks

EXERCISE:

Other Useful Supports for People with Depressive and Anxiety Symptoms

Resources

- DOD/VA Suicide Outreach
www.SuicideOutreach.org/
- National Child Traumatic Stress Network
www.NCTSN.net.org/
- Defense Centers of Excellence
www.DCoE.Health.mil/
- National Resource Directory
www.NationalResourceDirectory.gov/

END OF DAY 1

Feedback

What did you like?

What would you change?

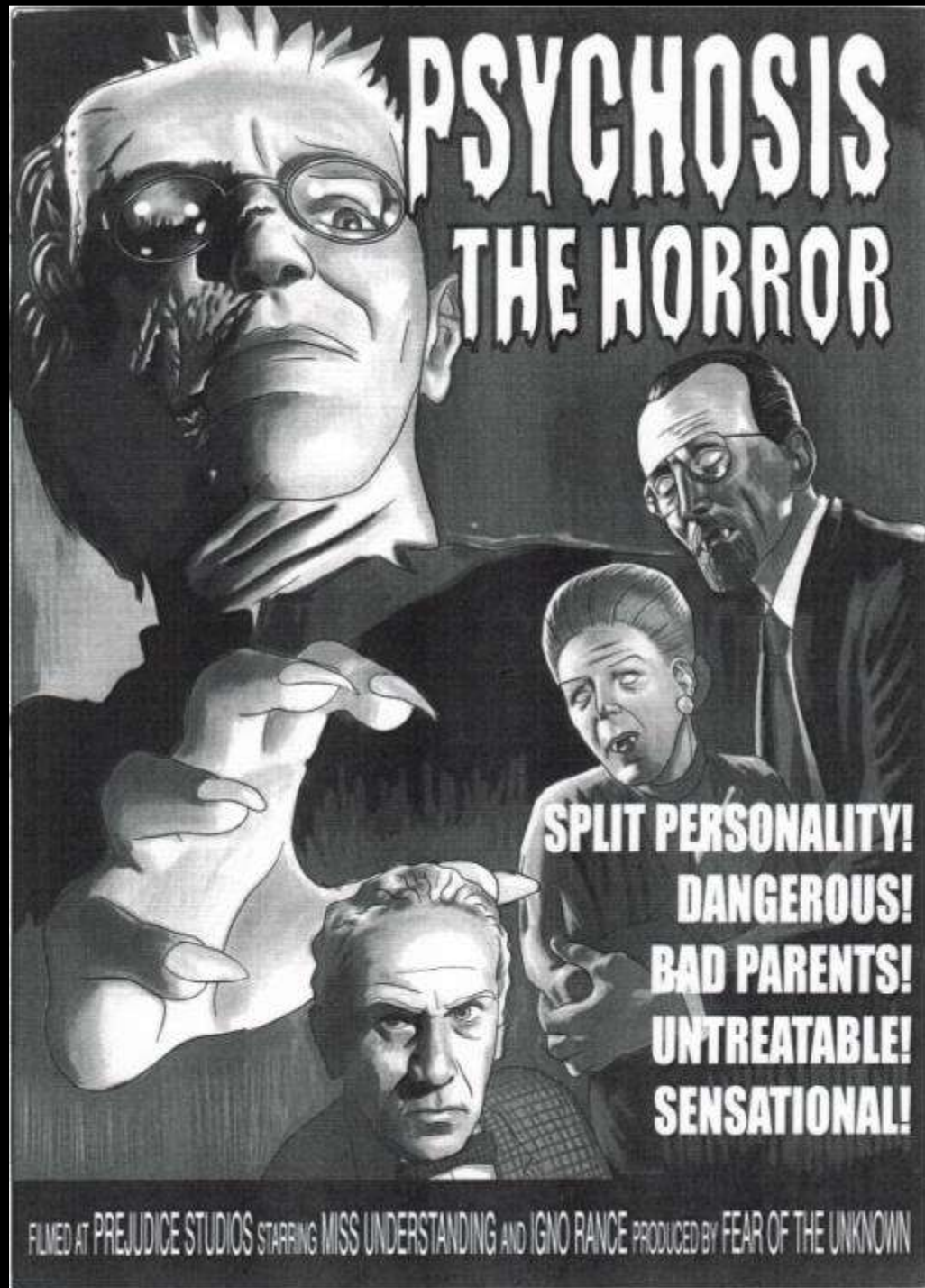
Other comments or feedback?

Session 3 Overview

- + Understanding Psychotic Disorders
- + Mental Health First Aid Action Plan
 - *Psychotic Disorders*
 - *Acute Psychosis*
 - *Aggressive Behavior*
- + Understanding Substance Use Disorders
- + Mental Health First Aid Action Plan
 - *Substance Use Disorders*
 - *Overdose*
 - *Withdrawal*



MENTAL
HEALTH
FIRST AID



Discussion: Myths and Misunderstandings about Psychosis

What Are Psychotic Disorders?

- + Psychosis is a mental disorder in which a person has lost some contact with reality.
- + The person may have severe disturbances in thinking, emotion, and behavior.
- + Psychotic disorders are not as common as depression and anxiety disorders.
- + Psychosis usually occurs in episodes and is not a constant or static condition.

Common Symptoms When Psychosis Is Developing

Changes in emotion and motivation

- + Depression
- + Anxiety
- + Irritability
- + Suspiciousness
- + Blunted, flat, or inappropriate emotion
- + Change in appetite
- + Reduced energy and motivation

Common Symptoms When Psychosis Is Developing

Changes in thinking and perception

- + Difficulties with concentration or attention
- + Sense of alteration of self, others, or the outside world (e.g., feeling that self or others have changed or are acting different in some way)
- + Odd ideas
- + Unusual perceptual experiences (e.g., a reduction in or greater intensity of smell, sound, or color)

Changes in behavior

- + Sleep disturbances
- + Social isolation or withdrawal
- + Reduced ability to carry out work and social roles

Types of Disorders in Which Psychosis Occurs

- + Schizophrenia
- + Bipolar disorder
- + Psychotic depression
- + Schizoaffective disorder
- + Drug-induced psychosis

Characteristics of Schizophrenia

- + Delusions
- + Hallucinations
- + Thinking difficulties
- + Loss of drive
- + Blunted emotions
- + Social withdrawal

EXERCISE:

Auditory Hallucinations

Characteristics of Mania

- + Increased energy and over activity
- + Elated mood
- + Need less sleep than usual
- + Irritability
- + Rapid thinking and speech
- + Lack of inhibitions
- + Grandiose delusions
- + Lack of insight

Risk Factors for Psychotic Disorders

- + Genetic factors
- + Biochemistry
- + Stress
- + Other factors

Without Early Intervention

- + Poorer long-term functioning
- + Increased risk of depression and suicide
- + Slower psychological maturation and slower uptake of adult responsibilities
- + Strain on relationships and subsequent loss of social supports
- + Disruption of education and employment
- + Increased use of alcohol and drugs
- + Loss of self-esteem and confidence
- + Greater chance of problems with the law

DISCUSSION:

Why do People go Undiagnosed for so Long?

Mental Health First Aid

The 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

EXERCISE: ALGEE

Assess for Risk of Suicide or Harm

The most common crises to assess for in persons with psychotic symptoms are

- + Suicidal thoughts and behaviors
- + Disruptive or aggressive behavior directed to other people

How to Help

- + Approach the person in a caring and nonjudgmental way.
- + Choose a private time and place, free from distractions.
- + Let the person know you are concerned and want to help; state the specific behaviors that concern you.
- + Be sensitive to the way the person is behaving.
- + Let the person set the pace and style of interaction.
- + Do not touch the person without permission.
- + Allow the person to talk about their experiences and beliefs if they want to, but do not force them.
- + Let the person know you are available to talk in the future.
- + Respect the person's privacy and confidentiality.

DISCUSSION:

**How Would You
Recognize that a Person
with Psychotic
Symptoms May be in
Crisis?**

How to Help

- + Assist the person by remaining calm.
- + Talk in a clear, concise way.
- + Use short, simple sentences.
- + Speak quietly in a nonthreatening tone at a moderate pace.
- + Answer questions calmly.
- + Comply with reasonable requests.
- + Maintain your safety and access to an exit.
- + Do not do anything to further agitate the person.

Try to Deescalate the Situation

- + Speak slowly and confidently with a gentle, caring tone of voice.
- + Do not argue or challenge the person.
- + Do not threaten.
- + Do not raise your voice or talk too fast.
- + Use positive words instead of negative words.
- + Stay calm and avoid nervous behavior.
- + Do not restrict the person's movement.
- + Try to be aware of what may exacerbate the person's fear and aggression.
- + Take a break from the conversation.

DEMONSTRATION: Neutral/Protective Stance

MHFA for Psychosis

VIDEO

Listen Nonjudgmentally

Try to

- + Understand the symptoms for what they are.
- + Empathize with how the person is feeling about his or her beliefs and experiences.

Try not to

- + Confront the person.
- + Criticize or blame.
- + Take delusional comments personally.
- + Use sarcasm.
- + Use patronizing statements.
- + State any judgments about the content of the beliefs and experiences.

When Communication Is Difficult

- + Respond to disorganized speech by talking in an uncomplicated and succinct manner.
- + Repeat things if needed.
- + Be patient and allow plenty of time for responses.
- + Be aware that just because the person may be showing a limited range of emotions, it does not mean that he or she is not feeling anything.
- + Do not assume the person cannot understand you, even if the response is limited.

Give Reassurance and Information

- + Treat the person with respect and dignity.
- + Offer consistent emotional support and understanding.
- + Give the person hope for recovery.
- + Provide practical help.
- + Offer information.
- + **Do not make any promises that you cannot keep.**

Encourage Appropriate Professional Help

- + Types of professionals
 - Doctors (primary care physicians)
 - Psychiatrists
 - Social workers, counselors, and other mental health professionals
 - Certified peer specialists

- + Types of Professional Help
 - “Talk” therapies
 - Medication
 - Psychoeducation
 - Other professional supports

Encourage Self-Help and Other Support Strategies

- + Peer support groups
- + Family, friends, and faith and other social networks
- + Family support groups
- + Discontinuation of alcohol and other drugs

What If the Person Doesn't Want Help?

- + Encourage the person to talk with someone he or she trusts.
- + Never threaten the person with hospitalization.
- + Remain patient.
- + Remain friendly and open.
- + The person may want your help in the future.

Resources



- + VA Coaching into Care – 1-888-823-7458 – The Coaching into Care program is available to help family members, friends, etc. who are concerned about a service member or veteran connect to services and resources.

BREAK

What Are Substance Use Disorders?



Substance use disorders include

- Dependence
- Abuse that leads to problems at home or work
- Abuse that causes damage to health

Understanding Substance Use Disorders

- + 3.8% of U.S. adults have a substance use disorder in any given year.
- + The use of alcohol or drugs does not mean a person has a substance use disorder.
- + 75% of people who develop substance use disorders do so by age 27.
- + Alcohol use disorders are three times as common as drug use disorders.

Substance Use in the Military and Veteran Population

- + Alcohol use is very common among military personnel.
- + Service members are subject to drug testing at any time and there may be legal and disciplinary consequences for substance use.
- + Some service members and veterans may use substances to self-medicate mental health symptoms.
- + Service members and veterans may be prescribed medication for issues such as chronic pain and insomnia. This can sometimes lead to substance abuse of prescription meds.

Co-Occurrence

- + Substance use disorders can co-occur with almost any mental illness.
- + Some people “self-medicate” with alcohol and/or other drugs.
- + People with mood or anxiety disorders are two to three times more likely to have a substance use disorder.

Warning Signs

- + Increased use over time
- + Increased tolerance for the substance
- + Difficulty controlling use
- + Symptoms of withdrawal
- + Preoccupation with the substance
- + Giving up important activities
(work, social, family, etc.)
- + Continued use even after recognizing problem with
substance use

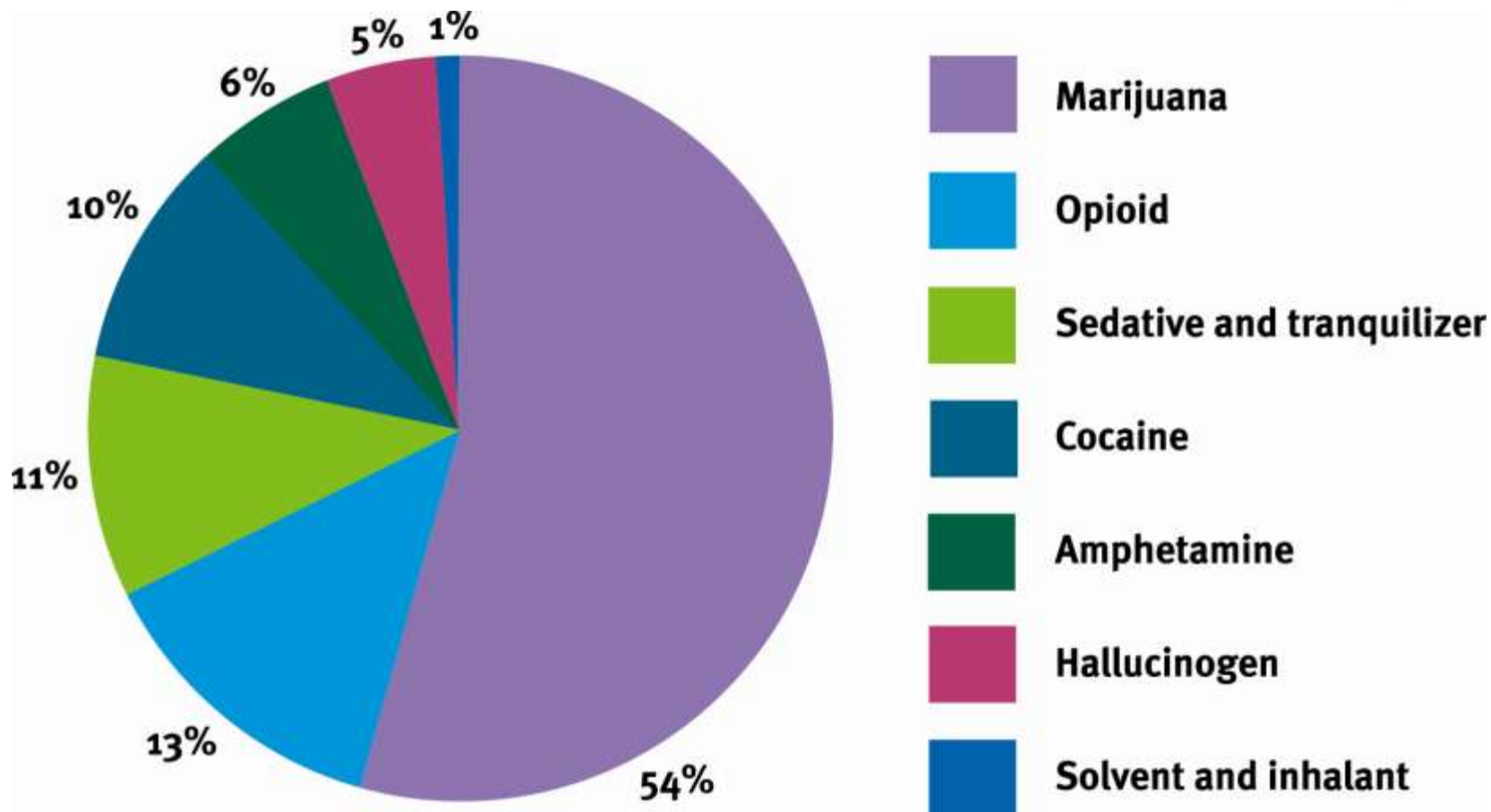
EXERCISE:

Standard Drinks in Different Alcoholic Drinks

Common Substances

- + Marijuana
- + Heroin (and other opioids)
- + Sedatives and tranquilizers
- + Cocaine
- + Amphetamines
- + Methamphetamines
- + Ecstasy, LSD and other hallucinogens
- + Inhalants
- + Tobacco
- + Alcohol

Drug Use Disorders in the United States, 2001-2003



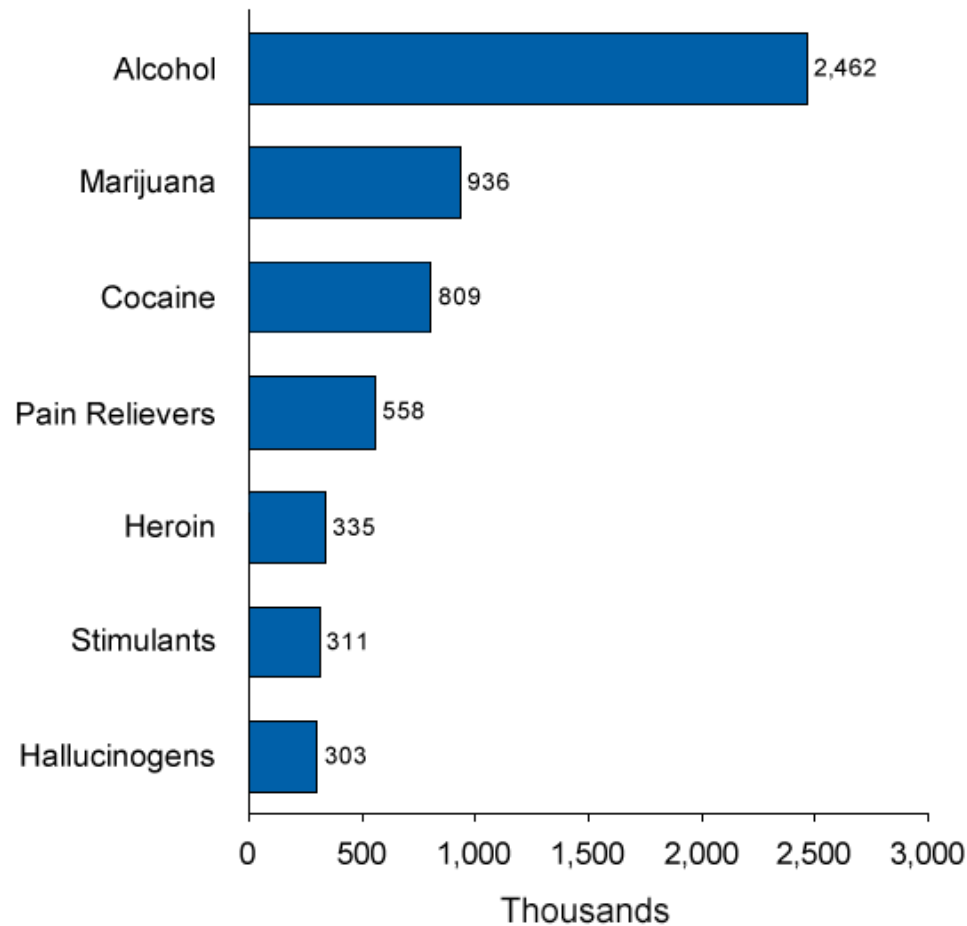
EXERCISE:

Who Am I?

Risk Factors for Substance Use Disorders

- + Availability and tolerance of the substance in society
- + Social factors
- + Genetic predisposition
- + Sensitivity to the substance
- + Learning
- + Other mental health problems
- + **Visible and invisible wounds of war**

Number of People Receiving Substance Use Treatment in the Past Year by Substance



2007 National Survey on Drug Use and Health,
Substance Abuse and Mental Health Services Administration

Mental Health First Aid

The 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

Assess for Risk of Suicide or Harm

- + Talk with the person about his or her drinking openly and honestly.
- + Talk with the person in a quiet, private environment.
- + Talk when both of you are sober and in a calm frame of mind.

Keep in mind

- + The person's own perceptions of his or her drinking
- + The person's readiness to talk
- + Use of "I" statements
- + The person's recall of events

Assess for Risk of Suicide or Harm

Four main crises are associated with problem drinking:

1. Intoxication with alcohol poisoning or severe withdrawal
2. Aggression
3. Suicidal thoughts and behaviors
4. Nonsuicidal self-injury

When to Call an Ambulance

Call 911 when the person

- + Cannot be awakened or is unconscious
- + Has irregular, shallow, or slow breathing
- + Has irregular, weak, or slow pulse
- + Has cold, clammy, pale, or bluish skin
- + Is continually vomiting
- + Shows signs of a possible head injury (e.g., talking incoherently)
- + Has seizures
- + Has delirium tremens — a state of confusion and visual hallucinations

DEMONSTRATION: The Recovery Position

If the Person Is Intoxicated (No Medical Emergency):

- + Stay calm
- + Communicate appropriately
- + Monitor for danger
- + Ensure the person's safety

Listen Nonjudgmentally

Try to

- + Listen to the person without judging him or her as bad or immoral
- + Avoid expressing moral judgments about his or her drinking
- + Show you are concerned for his or her well-being

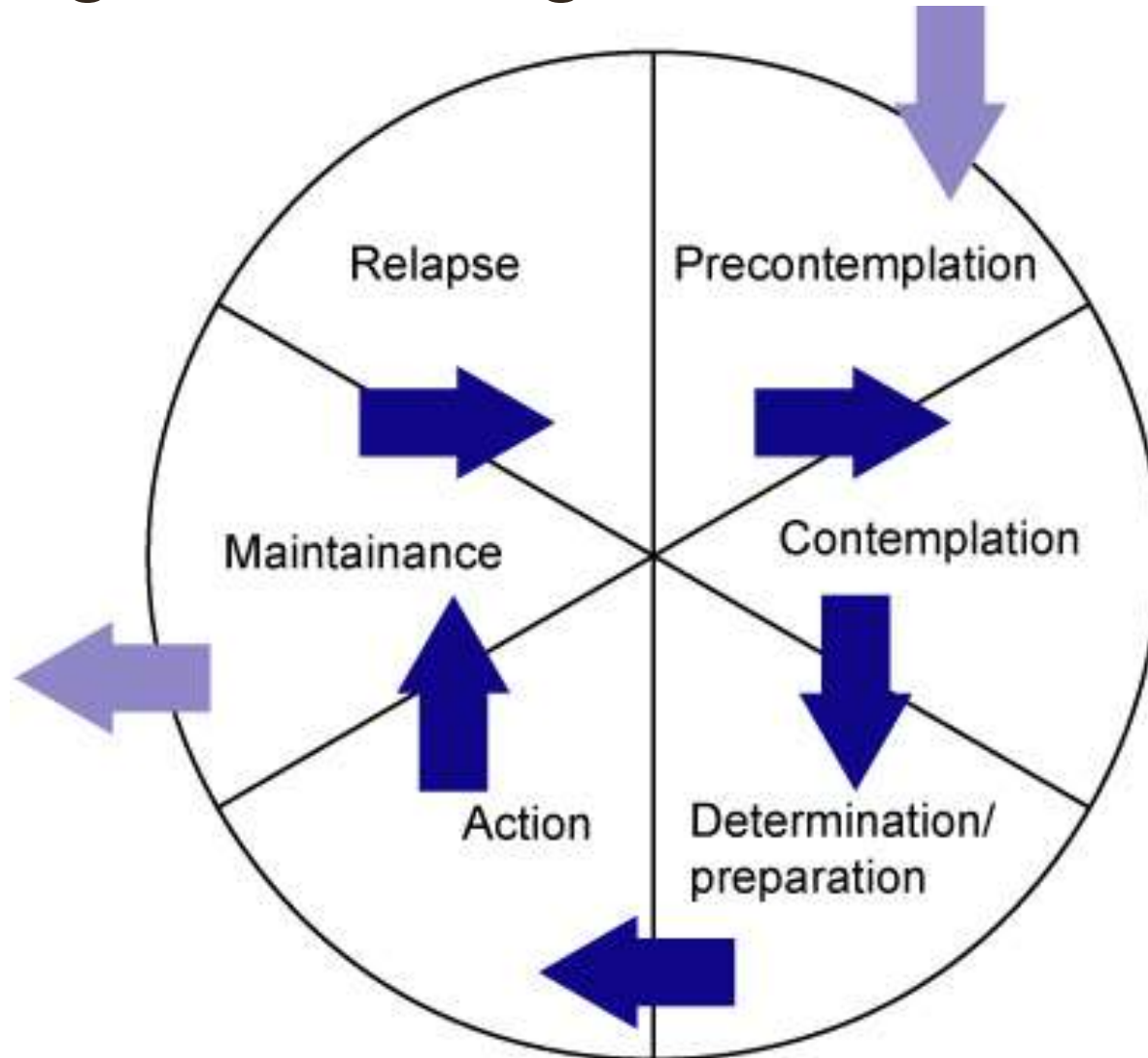
Try not to

- + Be critical of the person
- + Label the person or accuse him or her of being “an addict” or “an alcoholic”
- + Express your frustration at the person for having these problems

Give Reassurance and Information

- + Changing drinking and drug habits is not easy.
- + Willpower and self-resolve are not always enough to stop the problem.
- + Giving advice may not help the person change substance use habits.
- + Not everyone wants abstinence as a goal — reducing the quantity of use can be worthwhile.
- + A person may stop or try to stop substance use more than once before being successful.

The Stages of Change



Do Not

- + Join in drinking with the person
- + Bribe, nag, or threaten
- + Make excuses for the person's behavior
- + Take on the person's responsibilities
- + Feel guilty or responsible

Encourage Appropriate Professional Help

- + Types of professionals
 - Doctors (primary care physicians)
 - Psychiatrists and other mental health professionals
 - Drug and alcohol specialists
 - Certified peer specialists

- + Types of professional help
 - “Talk” therapy
 - Brief intervention or therapy
 - Withdrawal management
 - Medication

Encourage Self-Help and Other Support Strategies

- + Support groups
- + Family, friends, and faith networks
- + Avoiding friends and social settings involving alcohol and other drugs

Self-Help Groups

- + Self-help groups are best viewed as a form of continuing care rather than as a substitute for acute treatment services.
- + Twelve-step self-help groups significantly reduce health care utilization and costs.
- + Alcoholic Anonymous (AA) combined with professional treatment is more effective than AA alone.

EXERCISE: ALGEE ROLE PLAY

Resources

- + National Institute on Drug Abuse
www.NIDA.NIH.gov/tib/vet.html
- + Substance Abuse and Mental Health Services Administration (SAMHSA)
www.SAMHSA.gov/militaryfamilies/

End of Session 3

LUNCH

Session 4 Overview



- + Understanding Eating Disorders
- + Mental Health First Aid Action Plan
 - *Acute Crisis*
 - *Eating Disorder Symptoms*
- + Using Your Mental Health First Aid Training

What Are Eating Disorders?

- + Involve overevaluation of body shape and weight
- + Are about more than food
- + Involve disturbance of eating habits or weight control behavior
- + Result in impairments to physical health, psychological, and social functioning
- + Frequently co-occur with depression and anxiety disorders
- + Affect men and women of all ages
- + Can result in weight gain or weight loss

EXERCISE:

Eating Disorders – Where do you Stand?

Warning Signs

Behavioral

- + Binge eating
- + Avoiding meals with others
- + Evidence of vomiting or laxative use
- + Excessive, obsessive, or ritualistic exercise patterns
- + Changes in food preferences
- + Extreme analysis of foods and food labels
- + Rigid patterns around food selection, preparation, and eating

Warning Signs

Behavioral

- + Avoiding questions or lying about eating and weight
- + Behaviors focused on food
- + Behaviors focused on body weight and shape
- + Social withdrawal or avoidance of previously enjoyed activities

Warning Signs

Physical

- + Weight loss or weight fluctuations
- + Sensitivity to cold or feeling cold most of the time
- + Changes in or loss of menstrual periods
- + Swelling around the cheeks or jaw
- + Calluses on knuckles
- + Dental deterioration from vomiting
- + Fainting

Warning Signs

Psychological

- + Preoccupation with food, body shape, and weight
- + Extreme body dissatisfaction
- + Distorted body image
- + Sensitivity to comments or criticism about exercise, food, body shape, or weight
- + Heightened anxiety around meals
- + Depression, anxiety, or irritability
- + Low self-esteem
- + Rigid thinking

Main Characteristics of Eating Disorders

Anorexia Nervosa

- + Maintaining a very low body weight
- + Intense fear of gaining weight
- + Loss of at least three consecutive menstrual periods

Bulimia Nervosa

- + Repeated episodes of uncontrolled overeating combined with purging behaviors



Main Characteristics of Eating Disorders

Binge-Eating Disorder

- + Repeated episodes of uncontrolled overeating
- + No compensatory behavior for overeating
- + Significant distress regarding overeating
- + Occurs at least twice a week over a period of 6 months or more



DISCUSSION:

At What Point Does Behavior Cross the Line?

Risk Factors for Eating Disorders

Life Experiences

- + Conflict in the home, high expectations, low contact
- + Sexual abuse
- + Family dieting
- + Critical comments from others about eating, weight, or body shape
- + Pressure to be slim because of occupation or activity (e.g., model, jockey, gymnast)

Risk Factors

Personal Characteristics

- + Low self-esteem
- + Perfectionism
- + Anxiety or depression
- + Obesity (increases risk for bulimia nervosa)
- + Early start of menstrual periods (increases risk for bulimia nervosa)

Mental Disorders in Family Members

- + Family members with an eating disorder
- + Family members with other mental disorders, such as depression, anxiety, or alcohol or drug misuse

Mental Health First Aid

The 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.

Assess for Risk of Suicide or Harm

- + Is the person at risk of harm to self or others?
- + Suicide — MHFA for suicidal thoughts and behavior
- + Harm to self — MHFA for nonsuicidal self injury
- + Serious health consequences — call for emergency help

EXERCISE:

Approaching the Person

Physical Health Crisis

- + Eating disorders can pose serious health risks, including heart failure and death.
- + Long-term physical health problems can include
 - Slowing of growth and puberty
 - Loss of tooth enamel
 - Brain changes that can lead to cognitive problems
 - Loss of bone density

Physical Health Crisis

- + Disordered thinking — not making sense
- + Disorientation
- + Repeated vomiting throughout the day
- + Fainting spells
- + Too weak to walk (or collapsing)
- + Painful muscle spasms
- + Chest pain or trouble breathing
- + Blood in vomit, urine, or bowel movement
- + Body Mass Index is less than 16
- + Irregular or slow heartbeat
- + Cold, clammy skin indicating low body temperature or a temperature less than 95 degrees Fahrenheit

Listen Nonjudgmentally

- + Listen to the person's concerns.
- + You may find it difficult to listen to what the person has have to say.
- + Remember to view the person's behavior as illness related rather than self-indulgent or willful.
- + Stay calm.

Give Reassurance and Information

- + Offer consistent emotional support and understanding.
- + Give hope for recovery.
- + Offer information.
- + Support the person who reacts negatively.

Encourage Appropriate Professional Help

- + People who have an eating disorder, particularly anorexia, may not want to change.
- + Unless the person is ready for change, it is unlikely that any treatment will work.

Encourage Appropriate Professional Help

+ Types of Professionals

- Physicians
- Psychiatrists, clinical psychologists, and other mental health professionals
- Nutrition counselor

+ Types of Professional Help

- Medical assistance
- Anorexia nervosa: family therapy
- Bulimia nervosa: cognitive behavioral therapy
- Binge Eating: cognitive behavioral therapy
- Medications such as antidepressants

Encourage Self-Help and Other Support Strategies

- + Support groups (facilitated)
- + Family, friends, and faith networks
- + Self-help books based on cognitive behavioral therapy

EXERCISE: ALGEE ROLE PLAY

BREAK

Military/Veteran Resources

+ Real Warriors – information for military members, veterans, family members and others in support roles:

www.RealWarriors.net

- Video profiles
- Podcasts
- Live chat
- Video and radio PSAs

Military/Veteran Resources



+ US Department of Veterans Affairs

- Health Care Systems in every state (hospitals, CBOCs - Community Based Outpatient Clinics, Vet Centers)
- Regional benefits offices

+ State Departments of Veterans Services

+ Military Resources

- Service member & family support programs (on every active duty installation and at the National Guard)
- TRICARE (active duty families, some Guard members and reservists, retirees with 20+ years served)

Wrap Up

- + War changes people.
- + Military service can have both negative and positive effects on an individual and family, but by nature this is a resilient population with significant strengths.
- + There are more resources now than ever before to help and support service members, veterans and their families.
- + You have the potential to connect people in need to the resources that can help them.
- + Our service members, veterans and their families serve and sacrifice. As a community, we can work together to ensure they receive the care and support they need.

Mental Health First Aid

Mental Health First Aid (MHFA) is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.

Mental Health First Aid USA



Feedback

What did you like?

What would you change?

Other comments or feedback?