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IN SIGHT for Oregon Lawyers and Judges

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

MENTAL HEALTH FIRST AID

The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we give each other is our attention. . . A loving silence often has far more power to heal and to connect than the most well-intentioned words.

Rachel Naomi Remen

When we think of “first aid,” we think of helping a person who has a physical injury – and having the knowledge to do so. First aid is a well-known process that has a wide range – from how to stop a small cut from bleeding to how to use a tourniquet. Most people have some knowledge about aiding people who have a physical injury. In fact, the term “first aid” has in some ways become a household name, and many people have first-aid kits in their homes and/or cars.

Recently, two Australians, Betty Kitchener and Anthony Jorm, took the concept of helping people with physical injury and applied it to helping people with mental health issues. They developed the concept of Mental Health First Aid. This is the natural next step for first aid, since mental health conditions are more common than heart disease, lung disease, and cancer combined. In the United States, more than half of adults will experience a mental health disorder in their lifetime.

Many people with mental health conditions either never seek help or delay seeking help. Individuals with mental health challenges frequently do not seek assistance for a variety of reasons, including the stigma still associated with mental conditions, lack of awareness that effective help is available, or lack of access to professional mental health services. Just as we might learn how to offer basic first aid for someone who is physically injured, we can learn the basic tools of Mental Health First Aid to help someone who is

experiencing a mental health condition.

The Mental Health First Aid Action Plan for assisting someone who is experiencing mental health challenges consists of five steps:

1. Assess for the risk of suicide or harm (see box for general warning signs and recommendations for how to respond).
2. Listen nonjudgmentally.
3. Give reassurance and information.
4. Encourage appropriate professional help.
5. Encourage self-help and other support strategies.

Listen nonjudgmentally. People have a fundamental need to be understood – not agreed with, but understood.

- Listen respectfully and be supportive. Refrain from expressing any negative reactions you are having to the person’s impairment or what they have done.

- Be patient, even if the person is not communicating well, is repetitive, or is speaking slowly or unclearly.

- Express genuine empathy whenever possible.

- Focus on listening and not directing, unless it is to prevent self-harm.

Show that you are listening attentively:

- Paraphrase or repeat back what was said to you.

OREGON ATTORNEY ASSISTANCE PROGRAM

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- Ask questions to clarify.
- Summarize facts and feelings.

Give reassurance and information. Once a person with a mental health problem feels that he or she has been heard, it becomes easier to offer encouragement and information. Reassurance includes emotional support, such as empathizing with how the person feels, and voicing hope. If you know of resources or have experiences that can help, discuss them with the person.

Encourage appropriate professional help and other support strategies. If the person who is experiencing a mental health crisis is not receiving professional help, encourage him or her to do so. Call the OAAP for resources and assistance. Also, encourage the person to seek the support of family, friends, and others. Peer supporters – others who have experienced mental health problems – can provide valuable help.

The OAAP is available for free and confidential assistance. If you know someone who is experiencing a mental health crisis, call 503-226-1057 or 1-800-321-OAAP and ask to speak with an attorney counselor. They are here to help and provide resources.

Adapted from Mental Health First Aid USA, Revised First Edition, Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013).

Assessing the Risk of Suicide

General warning signs:

- Thinking or talking about things that express feeling hopeless or a desire to die
- Behaviors suggestive of suicidal intent, such as looking for access to pills, weapons, or other means of killing oneself; increased use of alcohol or drugs; withdrawing or displaying dramatic mood changes

Warning signs that demand immediate attention:

- Threats to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Mentioning writing about suicide or death, especially when these actions are out of character for the person
- Obtaining or looking for ways to kill oneself
- Giving away prized possessions and other personal belongings, or putting affairs in order

Recommended response:

- Ask the person if he or she is having thoughts of suicide or is thinking about killing himself or herself. If he or she answers yes, you need to ask these three questions:
 1. Have you decided how you would kill yourself?
 2. Have you decided when you would do it?
 3. Have you taken any steps to secure the things you would need to carry out your plan?
- Ask if he or she has been using alcohol or other drugs. Alcohol or drug use can make a person more susceptible to acting on impulse.
- Ask if he or she has made a suicide attempt in the past. A previous attempt increases the risk that a person will try again or will complete suicide.
- If possible, do not leave the person alone if he or she has a plan and a means to carry out the plan. If he or she has a plan, urge the individual to seek help by calling:
 1. A doctor or therapist;
 2. Emergency room or 911;
 3. Someone from the person's support system, if possible;
 4. The OAAP for resources; and/or
 5. National Hotline: 1-800-273-TALK (8255) (available 24 hours a day, every day).

Adapted from Mental Health First Aid USA, Revised First Edition, Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013).