Children’s Mental Health Awareness Week
Using Youth Mental Health First Aid to Foster GRIT

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What role best describes you?
POLL

What are you most interested in learning today?
A year ago, five cafeteria workers at the North Brandywine Middle School wouldn’t have known what to do when they noticed a student becoming withdrawn and isolated. However, after taking an 8-hour course through the Brandywine Health Foundation-supported Youth Mental Health First Aid training program, they knew exactly how to respond. They promptly referred the young man to the foundation’s coordinator of the Coatesville Area Youth Mental Health First program, who then notified school administrators to ensure that the youth got the help he needed.

--North Brandywine Middle School
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.
What Youth MHFA Participants Learn

- Role of the First Aider?
- Prevalence of mental illness and substance use disorders among youth
- Typical adolescent behavior
- Signs and Symptoms of possible disorders
- Risk Factors
- Resilience
- Protective Factors
- Applying the 5-step ALGEE action plan to various scenarios
- And a host of additional interactive exercises…
Further Rationale

- Mental Illness is common – For example, between the ages of 13-18, 31.9% of youth will experience an anxiety disorder, and 14.3% a mood disorder.

- Half of all lifetime cases of mental illness begin by age 14.

- 75% of mental illnesses appear by the age of 24, yet less than half of children with diagnosable mental illness receive treatment.

- Treatment works, but there are long delays between onset and treatment.

- Untreated mental disorder can lead to a more severe, more difficult to treat illness and additional co-occurring mental disorders.
Mental Health First Aid

- Origins in Australia and currently in 20 countries
- Adult MHFA course for individuals 18 years of age and older; available in both Spanish and English
- Youth MHFA is designed to teach caring adults how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis
- Included in SAMHSA’s National Registry of Evidence-based Programs and Practices
- Partnership with Maryland and Missouri State Governments
MHFA 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
Where Mental Health First Aid Can Help

Where Mental Health First Aid can help on the spectrum of mental health interventions
Why Mental Health First Aid for those who work with youth?

- Mental health problems are common
- Mental health problems often develop during adolescence
- Youth and young adults may experience mental health problems differently than adults
- Youth may not be well informed
- The sooner an individual gets help, the more likely they are to have a positive outcome
- Misunderstanding and discrimination are often associated with mental health problems
- Professional help is not always on hand
What Participants Learn

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First Aider Growth By the Numbers

MORE THAN
60,000
YOUTH MENTAL
HEALTH FIRST AIDERS

# FIRST AIDERS

1,305  4,854  16,531  20,307  40,700  66,481  156,203  + 70,000

2015 GOAL:
600,000
MENTAL HEALTH FIRST AIDERS TRAINED
Instructor Growth by the Numbers

MORE THAN 7,500 CERTIFIED INSTRUCTORS

4,300+ YOUTH INSTRUCTORS

In 2013, nearly 2,500 unduplicated instructors were certified in Mental Health First Aid.

In 2014, we trained more than 3,000 additional instructors.
ALGEE-OMETER

More than 375,000 First Aiders in the US Trained by more than 7,500 Instructors

PERCENTAGE OF POPULATION TRAINED

- 0.15% or more
- 0.075%-0.149%
- 0.04%-0.074%
- 0.025%-0.039%
- Less than 0.025%
Audiences

- 31.4% General Community/Not Specified
- 24.7% Behavioral Health
- 15.9% Higher Education
- 7.0% Social Services
- 6.9% Primary Care
- 6.7% Law Enforcement/Public Safety
- 5.6% Faith Communities
- 4.5% Youth-focused entities
- 0.6% Business/Corporations
- 2.2% Other
Mental Health First Aid: Adult Curriculum Supplements
"I attended the [Youth MHFA] training, and the next morning, we had a child... that was suicidal...It was a bizarre coincidence. But because of the training, it was very easy for me to address the issues, and I was able to connect [the youth] with a therapist in an hour and a half."

"I saw this child every day and didn't necessarily interact with her, and I think I'm pretty good at reading the body language, but I didn't get it," Fireman said. "I didn't even know, but then the day after the training, I recognized it."

--Elisa Fireman, Hatch Elementary School
Benefits of Mental Health First Aid for Schools

- Early Intervention
- Reduction in Absenteeism
- Stigma Reduction
- Workforce Wellness
- Improved Learning Environment
- Threat Assessment / Safety
Most youth pass through adolescence with relatively little difficulty despite all of these challenges.

When difficulties are encountered, youth tend to be quite resilient:

> Thrive
> Mature
> Increase their competence
Assess for Risk of Suicide or Harm

Youth may be at risk for a variety of crisis situations:

- Suicide or suicidal thoughts
- Non-suicidal self-injury/other personal safety issues
- Medical emergencies
- Extreme distress
- Aggression
Assess for Risk of Suicide or Harm

Factors that can increase risk for youth:

- Impulsivity
- Lack of awareness of risk involved
- Lack of awareness of time
- Use of alcohol or other drugs
- Influence of peer groups
Listen Nonjudgmentally

- Using “I” statements, state nonjudgmentally what you have noticed
- Ask questions, but don’t push
- Realize it may be a relief for the young person to talk about how they feel
- Remember it’s about *them* not *us*
  > Their experiences are not the same as ours
  > Their perspective is not the same as ours or necessarily of other youth in the family or peer group
  > Their culture may not be the same as ours
  > They need our empathy
  > They may use language that makes us uncomfortable
Listen Nonjudgmentally

How to Effectively Communicate with Youth:

- Be genuine and respectful
- Be careful about using slang
- Be comfortable with silence
- Be in the present with them without comparing to your own youth
- Be aware that the young person’s feelings are very real
- Be accepting even though you may not agree
- Be aware of your body language and facial expressions
- Be positive with your feedback
- Be helpful with language without telling them how they feel or “should” feel
Give Reassurance and Information

**Do**

- Have realistic expectations
- Offer consistent emotional support
- Give the young person hope
- Provide practical help
- Provide information
- Acknowledge the limits of what you can do
Give Reassurance and Information

**Do Not**
- Make promises you cannot keep
- Give Advice
- Dismiss the problem or emotions
- Focus on “right” vs. “wrong”
- Focus solely on weight, food, drugs, alcohol, injury or specific external factors unless there is an emergency
- Try to “fix” the problem yourself
- Engage in communication that is:
  - Belittling
  - Sarcastic
  - Hostile
  - Patronizing
# Information vs. Advice

<table>
<thead>
<tr>
<th>Reassuring Information</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakups can be tough. It’s natural for you to be hurt and upset.</td>
<td>I remember my first breakup, here’s what you need to do...</td>
</tr>
<tr>
<td>I’m here for you if you want to talk. There are also people who are trained to help</td>
<td>You really need to talk to a counselor about that.</td>
</tr>
<tr>
<td>you work through these feelings.</td>
<td></td>
</tr>
<tr>
<td>You are not alone.</td>
<td>You’ll get over it. Just don’t worry about it so much.</td>
</tr>
<tr>
<td>What would you say?</td>
<td>You’ll get over it soon.</td>
</tr>
</tbody>
</table>

*You are not alone.*
Encourage Appropriate Professional Help

- Up to 90% of individuals with mental disorders are treatable with a variety of therapies and supports

- Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve individual outcomes
Encourage Appropriate Professional Help

Types of professionals

- Doctors (pediatricians/primary care physicians/Psychiatrists)
- Nurse practitioners/physician assistants
- Mental health professionals (e.g. Social Workers, licensed counselors)
- Drug and alcohol specialists
- School counselors
- Nutrition experts
- Certified peer specialists
- Other professionals
Encourage Appropriate Professional Help

Types of professional help:

- Individual, family and/or group therapy
- Alcohol/drug treatment, withdrawal management
- Brief intervention or therapy
- Problem-solving, decision making, or social skills training
- Academic counseling
- Dietary management
- Medication
What if the Person or Family Doesn’t Want Help

**Find out why**
- Address fear of embarrassment or shame
- Help find solutions to concerns about paying for care or finding a provider

**Identify resources where they might find help when they are ready**
- Hotlines
- Providers
- School Services
- Faith Leaders
- Peer/Parent Support Groups
- Organizations and Websites

**Engage professional intervention if an emergency**
- 911
- School Personnel
- Social Services
Encourage Self-Help and Other Support Strategies

- Identify others who may be helpful
- Explore activities that might help manage symptoms
- Find strategies that interest the young person
- Discuss self-help strategies with a health professional
- Engage the family as well as the young person
Profile: YMHFA In Action
National and Local Youth Mental Health First Aid Initiative Highlights
Programs implementing Youth Mental Health First Aid

Youth Mental Health First Aid Corps
> AmeriCorps

SAMHSA Project AWARE and Project AWARE-C
Northwestern Connecticut AHEC: Youth Mental Health First Aid Corps

- 15 AmeriCorps national service members trained as YMHFA instructors
- Serve full-time at community based agencies across the nation
- Service year focuses on implementing YMHFA certification classes
- Lead mental health related projects (e.g. stigma reduction campaigns)

www.nwctahec.org
2014 Program Year Success

Youth Mental Health First Aid Corps

2014 Program Year

14 National Partner Agencies
15 AmeriCorps Members

Stigma Reduction

Youth Mental Health First Aid® participants show a reduction in stigmatizing attitudes toward individuals facing mental health challenges

1748

Individuals certified as Youth Mental Health First Aiders

2172

Number of youth identified and supported by certified Youth Mental Health First Aiders

Diverse Professions Trained

- Addiction Counselors
- Adoption Case Workers
- After School Professionals
- AmeriCorps State
- AmeriCorps VISTA
- Border Control Agents
- Bus Drivers
- Camp Directors
- Coaches
- College Professors
- Foster Parents & Grandparents
- Group Home Directors
- Juvenile Correctional Officers
- Librarians
- Ministers
- Nurses

Partnering Organizations

- Department of Education - CT
- Foundation for Community Health - CT
- Creative Teen Center - FL
- Detroit Wayne Mental Health Authority - MI
- Johnston County Schools - NC
- Fatik Regional Health Services - NE
- The Harris Institute - NY
- Lines for Life - OR
- St. Joe’s Hospital - PA
- Warwick Police Department - RI

Northwestern Connecticut AHEC • 83 Prospect Street • Waterbury CT 06702
www.mwctahec.org
State Educational Agencies Grant (SEA)
- $34.1 Million for Project Aware
- $4.7 Million for Mental Health First Aid
- Up to 20 awards of $1.9 million (up to $236,000 per year for MHFA Component 2)
- Up to 5 years

Local Educational Agencies Grant (LEA)
- $9.4 million for Mental Health First Aid
- Up to 100 awards (up to $50,000 per year for MHFA)
- Up to 2 years
Project Purpose and Expectations-SEA

- Build SEA capacity to increase awareness of mental health issues among school-aged youth
- Provide training for school personnel and other adults
- Develop a comprehensive, coordinated, and integrated program for advancing wellness and resilience in educational settings for school-aged youth.
- Build statewide systems of support and provide TA to LEAs and schools
- Build cross system capacity to effectively utilize the growing body of knowledge learned from prevention and implementation science for the purpose of supporting expanded adoption of similar approaches in states.
Project Purpose and Expectations-LEA

- Increase awareness of mental health issues among school-aged youth
- Conduct outreach and engagement strategies with school-aged youth and their families to increase awareness of and promote positive mental health
- Increase the mental health literacy of school personnel and other adults who interact with school-aged youth via MHFA or YMHFA training, and
- Increase the capacity of communities to respond to the behavioral health issues of school-aged youth
Grant Highlights

- **AWARE Community Grants**
  
  The Substance Abuse and Mental Health Services Administration (SAMHSA) has released its Request for Applications (RFA) related to $8 million in new funding for communities to offer Mental Health First Aid. The target audience of the training continues to focus on youth, however it expands the grantee eligibility to a broader group of organizations and individuals: foster parents, child welfare workers, juvenile justice workers and judges, sports/ recreational workers, homeless shelter staff, Catholic Charities, YWCA and YMCA, Boy Scout and Girl Scout leaders, community colleges and universities and more
Role of Youth-Serving Organizations

- Partner with community mental health organizations
- Gain an understanding of the scope and function of Mental Health First Aid
- Create a strategy for application and implementation (in tandem with grantees)
Opportunities for Involvement of MHFA Instructors and CBHC’s

- Leverage existing relationships
  - Coalitions of community behavioral health organizations
- Outreach to school districts
  - Marketing presentation providing overview of MHFA to appropriate audiences
- Assess resources and identify concrete roles for all organizations and individuals involved
- Convene coalition of key youth-serving stakeholders
- Meet with local school board members and other elected officers as needed
- Generate media interest in MHFA
- Collect relevant data to support need
Legislative Developments

**Mental Health First Aid Act**: Two bipartisan bills that would expand mental health first aid training were introduced and would authorize $20 million in grants for trainings across the country.

- *Introduced in the Senate by* Senators Kelly Ayotte (R-NH) and Richard Blumenthal (D-CT)
- *Introduced in the House by* Reps. Lynn Jenkins (R-Kan.) and Doris Matsui (D-Calif.)

**$15 million in SAMHSA Funding for MHFA (FY 2015)**

**30 bills introduced in 21 states**

**15 States with Legislative Action or Appropriations**

- Arizona
- Colorado
- Connecticut
- Illinois
- Indiana
- Maryland
- Michigan
- Minnesota
- Nebraska
- New York
- Oklahoma
- Texas
- Virginia
- Washington
- California
State Policy Toolkit

-The National Council published a state legislative toolkit in 2013 to help mental health advocates, state policymakers, and stakeholder organizations develop and advance Mental Health First Aid policy initiatives.

-The 2014 toolkit updates stakeholders on state legislative proposals and enactments, provides enhanced policy materials and strategies, and reviews organizational experience to guide future Mental Health First Aid advocacy efforts.

-Available at www.mentalhealthfirstaid.org/cs/about/legislation-policy
On the Horizon

- MHFA Statewide Plan Guide
- Webinars
- Additional Curriculum Supplements
  - Faith Based (2015)
  - Older Adults (2015)
We were in the middle of a Mental Health First Aid class, and during the training, one of our participants left the class because of a phone call that needed his attention. He returned to the training room 45 minutes later a little pale and sat in class appearing to recollect himself. About an hour later, when we were going over ALGEE (the five step action plan), the man raised his hand and said, “ALGEE really works.” He proceeded to tell us that he had to step out of the training and talk to his daughter who is away at college. His daughter was distraught and in a “very dark place” in her mental state. He continued that he was caught off guard and for a moment did not know how to respond until he thought about what we were just discussing in class.

His demeanor was serious and astonished on how well the ALGEE Action Plan worked and he then went through each letter and explained how he used it to help his daughter through a difficult time. It was truly a teaching moment and the class was in awe of what took place.

--Linden Oaks at Edward Course Participant