



MENTAL  
HEALTH  
FIRST AID

# MENTAL HEALTH FIRST AID-USA

## Webinar



## Addressing Trauma Through Mental Health First Aid

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**FEBRUARY 22, 2012**



Webcast presented by the National Council for Community Behavioral Healthcare





# 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



# 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.



## What You Learn

- + Overview of mental health problems
  - Depressive/Mood disorders
  - Anxiety disorders
  - Disorders in which psychosis occurs
  - Substance use disorders
  - Eating disorders
  
- + Mental Health First Aid for crisis situations
- + Mental Health First Aid for non-crisis situations



# The Mental Health First Aid 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



# 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*



## Potential Audiences

- + Colleges & Universities
- + Hospitals and health centers
- + Employers / HR / EAP
- + Faith communities
- + Law enforcement/first responders/Criminal Justice
- + Nursing home staff
- + Consumers, families and caring citizens
- + Mental health authorities
- + Policymakers



## By the Numbers

- + 48,000+ Mental Health First Aiders
- + 1800+ instructors certified
- + 46 states, DC and Puerto Rico



# Mental Health First Aid in the News



*National Public Radio, Morning Edition,*

October 10, 2011

[Mental First Aid: How To Help In An Emotional Crisis](#)

by KELLEY WEISS



*National Public Radio, "Talk of the Nation"*

October 18, 2011

[Mental Health First Aid in the Workplace](#)

by NEAL CONAN

*The New York Times*

*NEW YORK TIMES, January 23, 2011*

[Positives With Roots In Tragedy On Campus](#)

By MICHAEL WINERIP



*ABC TV News "For your Health" segment,*

October 18, 2011

*THE WASHINGTON POST,*

JAN 18, 2011

[Shooting in Tucson sparks interest in](#)

['mental health first aid' courses](#)

By RACHEL SASLOW

*The Washington Post*



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# 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
<b>Any mental disorder</b>	<b>26.2</b>

**WHAT IS THE CORRELATION TO TRAUMA OR ADVERSE EXPERIENCES?**



# What is Trauma?

- + Definition (*NASMHPD, 2006*)
  - The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters
  
- + DSM IV-TR (*APA, 2000*)
  - Person's response involves intense fear, horror and helplessness
  - Extreme stress that overwhelms the person's capacity to cope



## What does trauma do?

- + Trauma shapes a child's basic beliefs about identity, world view, and spirituality.
- + Using a trauma informed framework, the effects of trauma can be addressed and a person can go on to lead a "normal" life.
- + Symptoms are ADAPTATIONS

# Prevalence of Trauma Mental Health Population – United States



- + 90% of public mental health clients have been exposed to trauma  
*(Mueser et al., 2004, Mueser et al., 1998)*
- + 51-98% of public mental health clients have been exposed to trauma  
*(Goodman et al., 1997, Mueser et al., 1998)*
- + Most have multiple experiences of trauma  
*(Mueser et al., 2004, Mueser et al., 1998)*
- + 97% of homeless women with SMI have experienced severe physical & sexual abuse – 87% experience this abuse both in childhood and adulthood  
*(Goodman et al., 1997)*



# Prevalence of Trauma Substance Abuse Population – U.S.

- + Up to two-thirds of men and women in SA treatment report childhood abuse & neglect  
*(SAMHSA CSAT, 2000)*
- + Study of male veterans in SA inpatient unit
  - 77% exposed to severe childhood trauma
  - 58% history of lifetime PTSD *(Triffleman et al., 1995)*
- + 50% of women in SA treatment have history of rape or incest  
*(Governor's Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)*

# Prevalence of Trauma - Child Mental Health/Youth Detention Population - U.S.



- + One Canadian study reported of 187 adolescents reported 42% had PTSD
- + An American study of 100 adolescent inpatients; 93% had trauma histories and 32% had PTSD
- + 70-90% incarcerated girls – sexual, physical, emotional abuse (*DOC, 1998, Chesney & Sheldon, 1991*)



# Sexual Trauma and Addiction

- + Of 208 African-American Women with histories of crack cocaine use had significant histories of trauma
- + Women with history of sexual trauma (n=134) reported being addicted to more substances than those who had not been sexually traumatized (n=74)
- + Women with trauma histories reported more prior treatment failures than those without. (*Young & Boyd, 2000*)

# What Does the Prevalence Data Tell Us?



- + Growing body of research on the relationship between victimization and later offending
- + Many people with trauma histories have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime
- + **Survivors of trauma are found across all systems of care**

*(Hodas, 2004, Cusack et al., Muesar et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)*



# Adverse Childhood Experiences

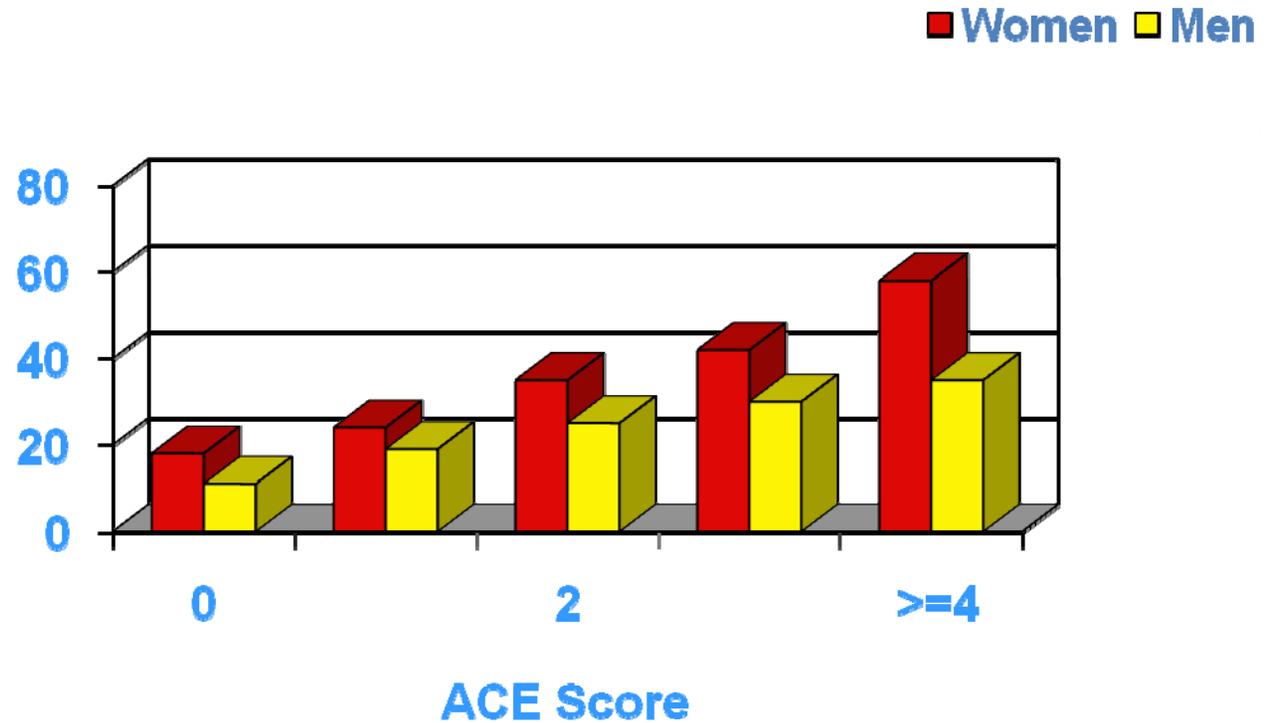
- + Recurrent and severe physical abuse
- + Recurrent and severe emotional abuse
- + Sexual abuse
- + Growing up in a household with:
  - Alcohol or drug user
  - Member being imprisoned
  - Mentally ill, chronically depressed, or institutionalized member
  - Mother being treated violently
  - Both biological parents absent
  - Emotional or physical abuse

*(Fellitti et al, 1998)*

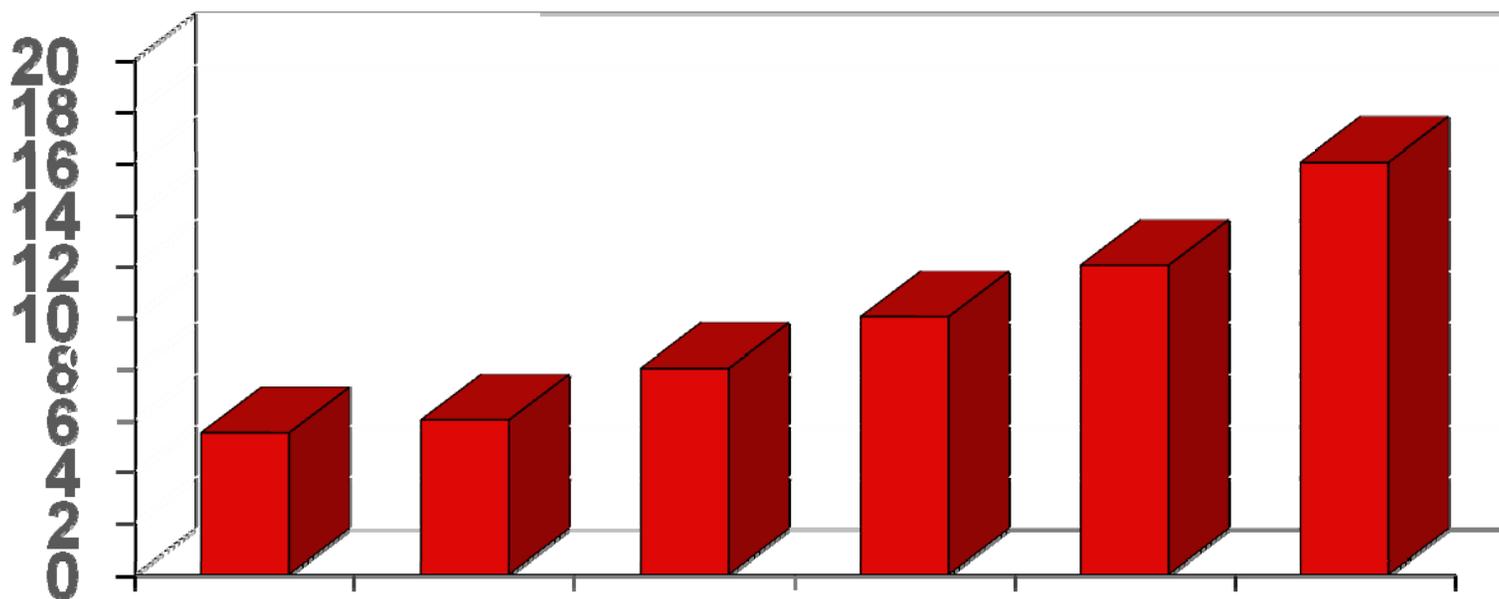
# Childhood Experiences Underlie Chronic Depression



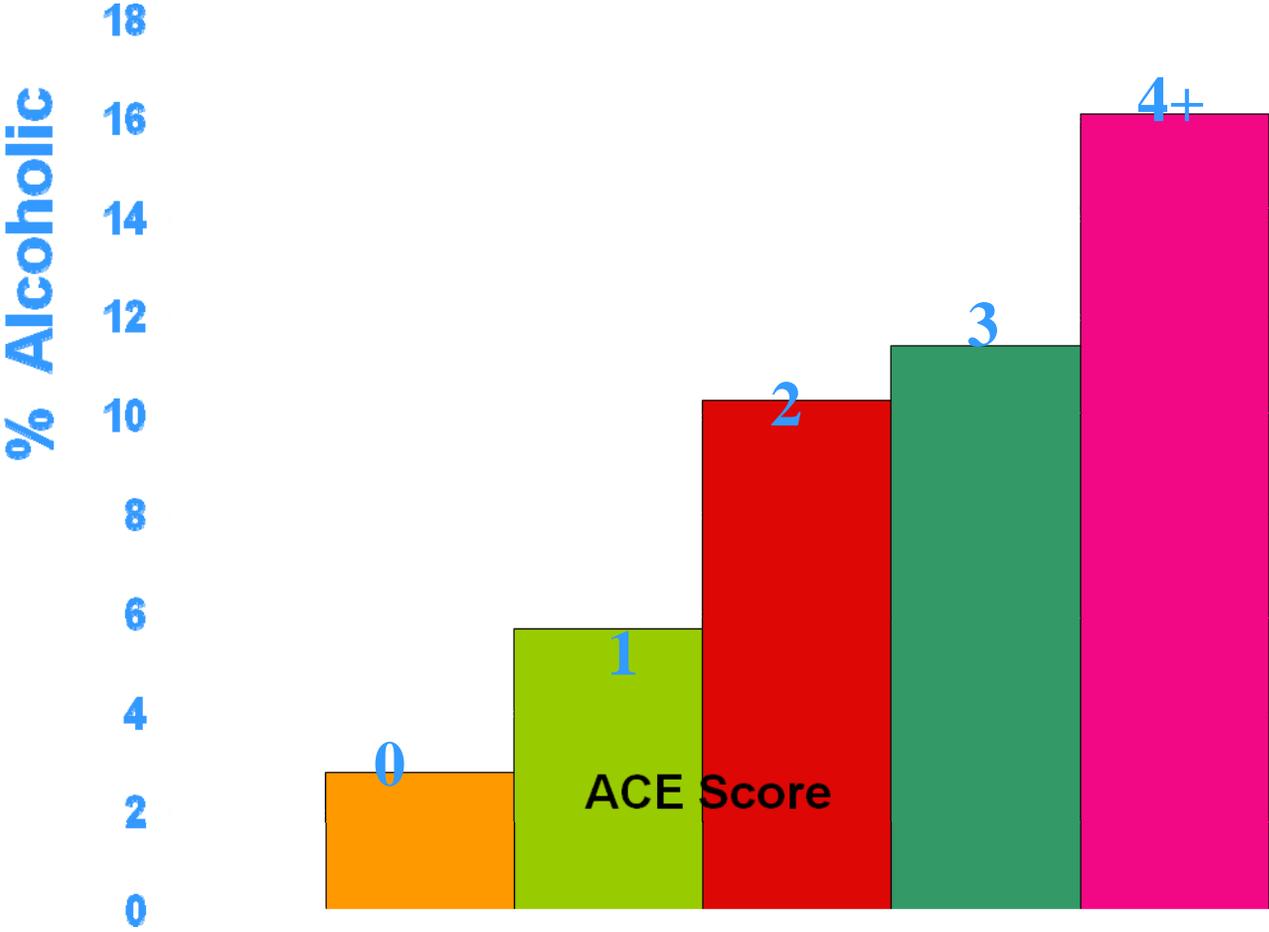
**% With a Lifetime History of Depression**



# Adverse Childhood Experiences and Current Smoking



# Childhood Experiences and Adult Alcoholism





## ACE Study

- + “ Addiction is best viewed as an understandable, unconscious, compulsive use of psychoactive materials in response to abnormal, prior life experiences, most of which are concealed by shame, secrecy, and social taboo.”

*(Felitti et al, 1998)*



# Therefore.....

We need to presume those in the system have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*

*(Hodas, 2005)*

# PTSD – POST TRAUMATIC STRESS DISORDER



- + Falls under Anxiety Disorders
- + Diagnostic criteria for PTSD include a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning – DSM IV-TR (*APA, 2000*)
- + Many diagnoses can be misdiagnoses when a person has a trauma history and may actually have a diagnosis of PTSD rather than one of the more severe diagnoses

# MENTAL HEALTH FIRST AIDERS – COULD OR...



- + Often have their own traumatic histories, including historical or cultural trauma
- + Seek to avoid re-experiencing their own emotions
- + Respond personally to others' emotional states
- + Perceive behavior as personal threat or provocation rather than as re-enactment
- + Perceive others' simultaneous need for and fear of closeness as a trigger of their own loss, rejection, and anger



# The Mental Health First Aid Action Plan

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## Having The Conversations

- + It's o.k. to ask – “What happened to you?” rather than “what’s wrong with you?” The ACE Study shows that people are often relieved at finally being asked.
- + You can also ask, “Has something like this happened to you in the past?” or “Does this remind you of something that has happened in the past?”
- + Listening nonjudgmentally requires that we suspend judgment regarding what we may hear. A person may disclose things that make you uncomfortable. Take care of yourself.



## What You Can Do

- + If a person discloses a trauma history and you have encouraged them to get professional help; encourage them to seek support from a therapist or doctor who knows how to work with trauma survivors or offers trauma-focused or trauma-specific therapies.
- + Peer support is especially helpful for those with a trauma history. Peers are being trained to work with trauma survivors. It is often more comfortable sharing your story with others having similar experiences.



# How to Help Adults Affected by Traumatic Events

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 in a safe and comfortable place
- + Seek professional help if needed
- + More information in the Mental Health First Aid USA Manual, p. 111-117



## Resources

- + National Council for Community Behavioral Healthcare [www.thenationalcouncil.org/](http://www.thenationalcouncil.org/)
- + National Council Magazine “Breaking the Silence” [www.thenationalcouncil.org/galleries/NCMagazine-gallery/NC%20Mag%20Trauma%20Web-Email.pdf](http://www.thenationalcouncil.org/galleries/NCMagazine-gallery/NC%20Mag%20Trauma%20Web-Email.pdf)
- + National Center for Trauma-Informed Care [www.samhsa.gov/nctic/](http://www.samhsa.gov/nctic/)
- + The Anna Institute [www.annafoundation.org/](http://www.annafoundation.org/)
- + The ACE Survey [www.cdc.gov/ace/about.htm](http://www.cdc.gov/ace/about.htm)
- + Trauma Stewardship - Laura van Dernoot Lipsky
- + Healing Invisible Wounds – Richard Mollica, MD
- + Healing Neen – DVD [www.healingneen.com/](http://www.healingneen.com/)



Questions?

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# Mental Health First Aid in your Community



- + A recording of this webinar & the power point will be available on the National Council website 48 hours after it has ended.
- + Visit [www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org) for further information on the course and to find an instructor near you.
- + Become a fan of Mental Health First Aid USA on Facebook & get updates and information on a variety of mental health topics.
- + For any further questions, contact Bryan Gibb at [bryang@thenationalcouncil.org](mailto:bryang@thenationalcouncil.org) or Susan Partain at [susanp@thenationalcouncil.org](mailto:susanp@thenationalcouncil.org) or 202.684.3732.