



A First-Aid Class for Mental Health

Most people know how to help someone with a cut or a scrape. But what about a panic attack?

MEAGAN MORRIS FEB 12, 2016 HEALTH

Here's a thought experiment: You're walking down the street with a friend when your companion falls and gashes her leg on the concrete. It's bleeding; she's in pain. It's clear she's going to need stitches. What do you do?

This one isn't exactly a head-scratcher. You'd probably attempt to offer some sort of first-aid assistance until the bleeding stopped, or until she could get to medical help. Maybe you happen to have a Band-Aid on you, or a tissue to help her clean the wound, or a water bottle she can use to rinse it off. Maybe you pick her up and help her hobble towards transportation, or take her where she needs to go.

Here's a harder one: What if, instead of an injured leg, that same friend has a panic attack?

It's possible that you'd know how to help, but the average person isn't properly trained to assist in those types of situations. It's an alarming gap in our collective knowledge,

given that [roughly 18 percent](#) of U.S. adults have some form of mental illness, according to the National Institute of Mental Health.

And unfamiliarity, as many people with mental illness know all too well, breeds stigma. Since 2001, the National Council for Behavioral Health has attempted to combat that stigma with its [Mental Health First Aid](#) program, which teaches participants how to recognize when someone is going through a mental-health crisis, and how to help them get through it.

"It really gives you the skills you need to identify—and ultimately help—someone in need," First Lady Michelle Obama said in a speech last year after going through the training. "Because you never know when these kinds of skills might be useful."

I recently discovered Mental Health First Aid while paging through the free community events section of a local magazine. The ad, sandwiched between listings for a yoga class and a church bake sale, promised to teach even people who were ignorant about the basics of mental illness how to recognize the signs of a crisis. Intrigued, I signed up.

On a Saturday morning a few weeks later, I found myself with a handful of other people in the basement of a public library, unsure what to expect out of the eight-hour training. I had no background in the subject: It's one thing to lend a sympathetic ear to a friend, something I've done plenty of times, but quite another to know how to handle a more serious situation.

One of the primary goals of Mental Health First Aid, a program created in Australia by the nurse Better Kitchener, is to make people like me less afraid of those situations. This is especially important in rural or poorer areas where professional mental health treatment isn't readily available, according to Betsy Schwartz, the vice president of public education and strategic initiatives for the National Council for Behavioral Health.

"The training is designed to help people realize that it's real and treatment is available—and that people with mental illness can live normal lives," Schwartz says.

The training started off with big-picture overviews on some of the more common mental disorders: depression and mood disorders, anxiety disorders, trauma, psychosis, and substance-use disorders. It also walked us through an action plan for helping someone who's experiencing a panic attack, suicidal thoughts, psychosis, self-injury, or substance abuse. The plan—which uses the acronym ALGEE—outlined the major steps of first-responder aid for a person experiencing a mental-health problem:

Assess for risk of suicide or harm;

Listen non-judgmentally;

Give reassurance and information;

Encourage appropriate professional help;

Encourage self-help and other support strategies

Not every step is applicable to every situation, but ALGEE is meant as a more general tool, a road map to help bystanders assess a problem and determine if professional intervention is needed.

Program organizers stress that mental-health first aid can't prepare someone to diagnose and treat a mental illness, much like someone trained in regular first aid wouldn't be expected to stitch up a gaping wound.

"We're not teaching people to make the diagnosis or tell people what is right," adds Schwartz. "You're there as an immediate help to know what to do and see the signs if someone is experiencing a mental-health crisis."

Dealing with a physical injury is pretty cut-and-dry in terms of what first aid can be provided, but every mental-health situation is different because every person's mind works differently. The trainers in my class gave quite a few personal anecdotes of their own experiences, along with a few example situations we had to assess as a class, but it obviously couldn't cover everything that could possibly occur in everyday life. I learned a lot that day, but I still left the training feeling overwhelmed by all the things I didn't know.

According to Schwartz, that's a common reaction. "Our training emphasizes that it's not necessary to go really in-depth to provide help," she says. Instead, trainees learn enough to manage an acute situation until someone with the proper professional background can step in.

I haven't yet been in a situation where I had to use my new knowledge, but on the other side of the training, I do feel more prepared should I ever need to. At the very least, I know I won't be afraid if someone I encounter experiences a mental-health crisis, and I may even have a better understanding of what they're going through—and that alone made the training worth it.

THE BLOG

Deadlier than War: Veterans Remain At-Risk

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Linda Rosenberg President and CEO, National Council for Behavioral Health
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Coming home from deployment should mean returning to family, home-cooked meals, a comfortable bed and, most importantly, safety. But thousands of service men and women returning home from war will find themselves still fighting for their lives despite being far from the battlefield.

The enemy is invisible, but deadly. As of 2012, it has claimed more lives than war. Its name is suicide.

We lose 22 veterans to suicide every day. The number is even higher when you factor in uncounted or unreported suicides, especially of homeless veterans.

Mental Health First Aid for Veterans is an eight-hour course that teaches about the unique challenges faced by members of the military, how to identify common mental health problems and how to direct people to appropriate supports in their communities.

Just a few days after Rick Denton took the course, he saved the life of a veteran in crisis.

“I asked a vet how he was doing,” said Rick. “He replied that he wasn’t doing very well.”

The voices in the young veteran’s head were so loud that he hadn’t slept in five days. At first, they told him to hurt himself. Now they were telling him to kill himself.

Rick remembered the five-step action plan he learned in his Mental Health First Aid for Veterans training and began asking questions.

“I asked him several times, ‘How can I help you?’ He replied that he didn’t think anything could help him. I asked him, ‘Are you thinking about suicide?’ He said he would probably be better off dead,” said Rick. “Then I asked him what he would like to do and what he thought he needed to do.”

After a long pause, the young man responded that one of the voices was telling him to check himself into the psychiatric unit at the VA hospital. He said that he would like to get help and is now receiving treatment at an in-patient treatment facility that specializes in

veterans living with PTSD and traumatic brain injury. If Rick hadn't known how to reach out appropriately, the young vet might have faced a very different fate.

Iraq and Afghanistan Veterans of America (IAVA) partnered with Mental Health First Aid USA in 2014 to offer more Mental Health First Aid for Veterans training. One of those instructors is David Dickerson, a veteran who retired in 2013 after 27 combined years in the Army and Navy.

"The knowledge obtained during Mental Health First Aid instruction is critical information that has the potential to save someone's life," said David. "You can be the person who is able to ask the hard questions before a friend or loved one reaches a crisis stage. I believe it has the potential to positively impact our community in profound ways."

Veterans deserve our gratitude for their service. Those who need it should have easy access to high quality mental health services and a nation that understands and supports their struggle.

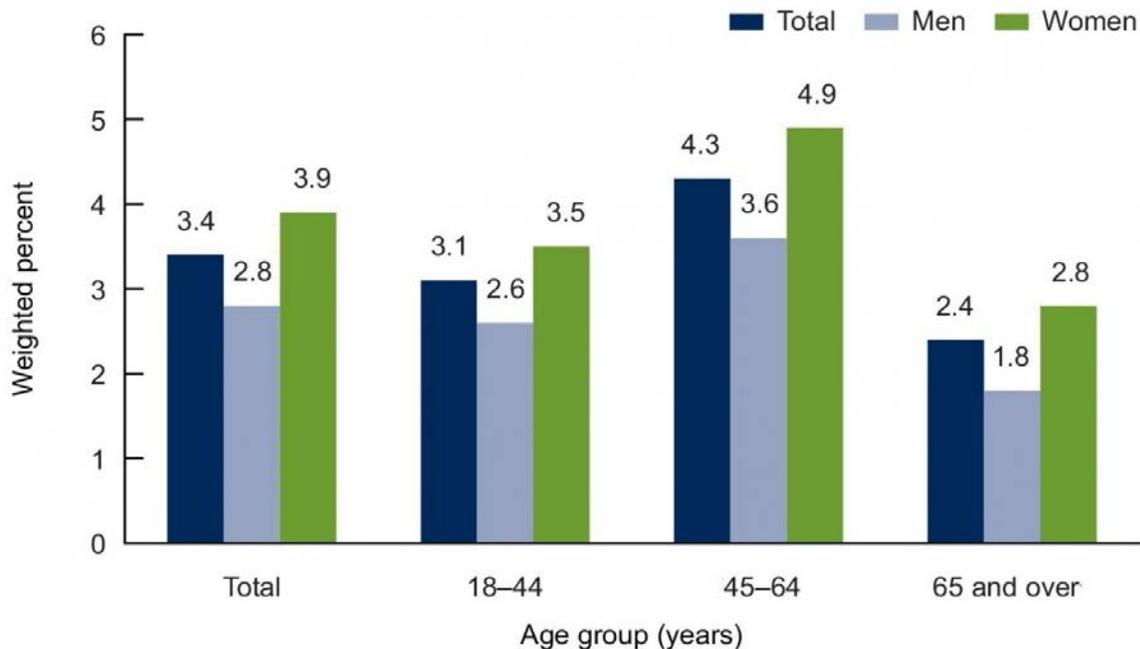
This Veterans Day, do something that can make a tangible difference in the lives of our veterans. Go to www.mentalhealthfirstaid.org and get training in Mental Health First Aid so that the next time you ask a veteran, "Are you okay?" you'll know what to do if they say, "No, I'm not."

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Trying to make mental health first aid as familiar as CPR

By [Lenny Bernstein](#) January 4



2009-2013: Percentage of adults aged 18 and over with serious psychological distress. (CDC/NCHS/National Health Interview Survey)

If someone suddenly collapsed and appeared to be having a heart attack, you wouldn't just walk on by, right? You'd at least call 911. You'd likely stay with the person while the ambulance was coming. And if you were trained, you might even start CPR. Chances are that human decency would motivate you to do *something*.

So why is it that when we see obvious signs of mental or emotional crisis in a friend, colleague or even a casual acquaintance, our first reaction is to withdraw? We typically consider behavioral health issues too personal for our intervention, out of bounds for anyone but a family member or a very close friend.

That pretty much defines the challenge facing the National Council for Behavioral Health, which is scheduled to announce Monday that it will train another 500,000 people in its [Mental Health First Aid](#) course. The goal of the eight-hour session is to help people recognize when someone is suffering from a mental health or substance abuse disorder and to encourage intervention.

"The truth of the matter is that you are more likely to encounter someone who is experiencing a behavioral health condition or crisis" than someone facing a physical emergency, said Laura Roth, the council's project manager for the first aid course. Every

year, the organization notes, one in four Americans will suffer from a mental illness or addiction.

Half a million people across the country already have taken the training, including First Lady Michelle Obama. I'm partially trained, having attended several hours of a session last month. It was enough for me to get the gist of the course.

"The biggest message...is that an individual has the capacity to help," said America Paredes, the instructor that day. Are you going to avert a mass shooting? Unlikely. Could you stop or postpone a suicide attempt? Definitely.

But how? By making a connection with someone who may have no one else to talk to. By suggesting that he or she seek professional help, right now. By offering some ideas about how that could be done, maybe even helping to place the call. In other words, by responding -- the same way you'd grab an automatic defibrillator and try to use it on someone who had collapsed, even if you weren't entirely sure how.

According to the Centers for Disease Control and Prevention, there were 41,149 suicides in 2013, making suicide the 10th-leading cause of death in the United States.

As uncomfortable or difficult as some questions can be, they can save a life. Imagine asking someone you don't know all that well: "Are you thinking of killing yourself?" The course helps people overcome their reluctance, even fear, of getting involved. It makes clear that you can't plant the idea of suicide in someone's head, which is why many people hold off. It teaches you how, and when, to try to help. "If you don't know the right question to ask, you're not going to ask it because you're afraid of saying something stupid," Paredes said.

Two people in my group role-played in an effort to break through an older relative's depression. That's not easy. There are no quick solutions, especially if a mental health issue is longstanding.

The best approach boils down to a five-letter acronym, ALGEE. It's worth remembering, the same way I remember that I'm supposed to do chest compressions to the beat of the Bee Gees' hit "Staying Alive" should I ever need to assist someone who's in cardiac arrest. You may never have to use this information, but here it is (I've updated the post because the council says I used outdated language for a couple of them):

A: Assess for risk of suicide or harm.

L: Listen non-judgmentally.

G: Give reassurance and information.

E: Encourage appropriate professional help.

E: Encourage self-help and other support strategies.