Overview of Youth Mental Health First Aid

We Could All Save Lives

Presenter:

August Irving, MS, LPC, NCC Director of Children and Youth Services Hinds Behavioral Health Services Region 9

Learning Objectives

During this session participants will learn:

- The fundamentals of the Youth Mental Health First Aid Certification Training curriculum.
- Prevalence of mental health problems in the US and the recovery model
- Why Youth Mental Health First Aid should be promoted in our communities

What is MHFA?

- What is Physical First Aid?
 - Help provided to a person in physical crisis
 - Who is certified?
 - Most people, even those not certified, know the basics
- What is Mental Health First Aid?
 - Mental Health First Aid is help provided to a person developing a mental health problem or in a mental health crisis.
 - The first aid is given until appropriate professional treatment is received or until the crisis resolves.
 - Who is certified?
 - GOAL: Everyone will know the basics!

Goals of MHFA

- 1. Preserve life when a person may be a danger to themselves or others
- 2. Provide help to prevent the mental health problem from developing into a serious state.
- 3. Promote recovery of good mental health
- 4. Provide comfort to a person with a mental health problem.

Outline of the Course

- Overview of mental health problems in the United States and Mississippi
- The MHFA Action Plan-
 - Assess for risk of harm or self/harm
 - Listen Non Judgmentally
 - Give reassurance and information
 - Encourage self-help strategies
 - Encourage professional help
- Interactive Units on Depression, Anxiety, Psychosis, Substance Abuse, Eating Disorders-risk factors, symptoms, treatment, and an action plan for each area.

Why Youth MHFA?

- 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

Why MHFA?

- 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

U.S. Youth with a Mental Disorder During Adolescence (Age 13-18)

| | Prevalence (%) | With severe impact (%) |
|-----------------------------------------|----------------|------------------------|
| Anxiety disorders | 31.9 | 8.3 |
| Behavior disorders | 19.1 | 9.6 |
| Mood disorders | 14.3 | 11.2 |
| Substance use disorders | 11.4 | n/a |
| Overall prevalence (with severe impact) | | 22.2 |

Why MHFA.... Think about the individuals you serve...

- "Disability" refers to the amount of disruption a health problem causes to a person's ability to
 - Work/School
 - Carry out daily activities
 - Engage in satisfying relationships

Program Explores the Participant's Role

- Parent
- Volunteer or Professional "in the place of the parent"
 - Mandatory reporting laws
 - Privacy rights of young people
 - Involving parents and other care-givers
- Clergy
- Friend or Neighbor
- Peer



Considerations When Reaching Out

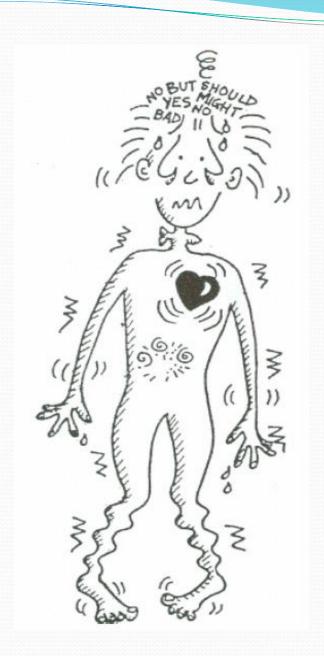
- Role/relationship you have to youth
 - Ethical Guidelines
 - Legal Requirements
 - Professional Restrictions
- Role of family
- Young person's right to privacy
- Your ability to help

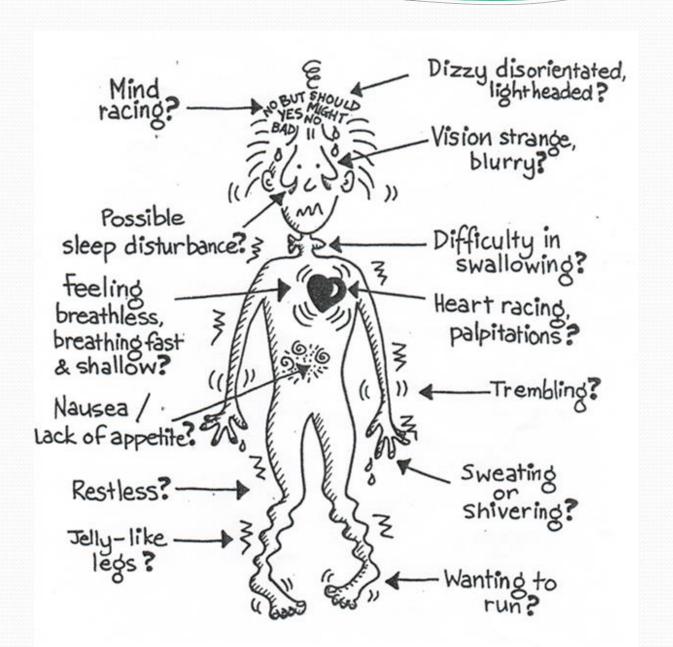


Key Ingredients of MHFA

 Combines the knowledge of the signs and symptoms of a mental health concern with the ability to help someone who experiences those signs and symptoms.

• How well can you recognize signs/symptoms?





Recovery

"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

Melanie's Story



Brief Bio

- Diagnosed with MI in 2015
- Three suicide attempts and acute hospitalizations. 2 residential treatment facility stay (12 months the longest).
- Two months very mild symptoms, no treatment.
- Three fights at school, 1 verbal threat of suicide, and crying spells.
- Home with parents, participating in outpatient therapy (individual and family therapy 1x/week) for six months happier.

What Recovery Looks Like

- Spiral
- A little up, a little down, but more up than down

Life in Recovery

- Less defined by the illness
- Accept self and feel appreciated by others
- Believe in a better future in a realistic way
- Needs center around giving back

Questions? Open Discussion