Mental Health Awareness
What role can you play?

Evolving and broadening understanding of mental health
- Surgeon General Report 1999 – David Satcher
  - Sited the importance of bridging the divide between mental and physical health
  - Neuroscience of MH – recognized that the brain is the integrator of thought emotion behavior and health
  - Importance to educate and confront attitudes fear and misunderstanding that remain barriers.

What is Mental Illness
- Disease that impacts the brain
  - Impacts cognitive functioning
  - Can show up as physical symptoms
  - Impacts behaviors
- Recovery – Can get better with treatment
- May require adjustments and management
**Figure 3A: Suicides in MA, by Age Group, 2012 (N=624)**

- Number of Suicides
- Age Group (years)
- Number of Suicides:
  - 5-14: 4
  - 15-24: 86
  - 25-34: 94
  - 35-44: 110
  - 45-54: 153
  - 55-64: 109
  - 65-74: 35
  - 75-84: 19
  - 85+: 14

**Figure 1: Suicides and Homicides in MA, 2003-2012**

- Number of Deaths
- Year
- Number of Deaths:
  - 2003: 140
  - 2004: 181
  - 2005: 181
  - 2006: 194
  - 2007: 181
  - 2008: 170
  - 2009: 212
  - 2010: 202
  - 2011: 135

**Figure 7a: Circumstances Associated with Suicide in MA, 2012**

- Circumstances
- Percent of Suicides
- Current Mental Health Problem: 47%
- Current Treatment for Mental Illness: 34%
- Alcohol and/or Other Substance Problem: 28%
- Intimate partner problem: 22%
- History of suicide attempts: 16%
- Job and/or Financial Problem: 16%
Figure 7b. Circumstances Associated with Suicide in MA, by Age Group, 2012

- Current Mental Health Problem
- Current Treatment for Mental Illness
- Intimate partner problem
- Alcohol and/or Other Substance Problem
- Job and/or Financial Problem
- History of suicide attempts
- Physical health problem

Figure 9. Suicidal Thinking and Behavior among MA High School Students, YRBS, 2013

- Non-suicidal self-injury
- Seriously considered suicide
- Made a suicide plan
- Attempted suicide
- Attempted suicide with injury

- 2010 "Within Our Reach" ending the mental health crisis written by Roslyn Carter
- Recovery – Vision that all people have the ability to recover –
- Roslyn Carter stated "we have made much progress in understanding the brain, diagnosing problems and even working toward prevention the thing that hasn't changed is stigma"
Mental Health First Aid

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.

Mental Health First Aid

The Action Plan

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies
Program Overview:

- What is Mental Health First Aid?
- Mental Health Problems in the United States
- Understanding Depression
- Understanding Anxiety Disorders
- Understanding Psychotic Disorders
- Substance Use Disorders

Initial Results of Training

- Trained 87+ graduates from various disciplines and ethnic backgrounds
- Increase in confidence level
  - Prior 76% felt not at all or mod. & 24% felt quite a bit or extremely
  - Post – 46% felt moderate & 54% felt quite a bit or extremely

- Increase Skill in Identifying and Responding to mh problem
  - Prior 79% – Post 93%
  - Post training more participants were more likely to discuss referral 87% and provide immediate support 53% in comparison to pre-training referral 79% and support 25%
Reducing Stigma
- Acknowledged personal exp with MH problem
  - Prior 42%  Post 53%
- MH is not a sign of Personal Weakness
  - Prior 72%  Post 87%
- Would not be embarrassed about having MH problem
  - Prior 36%  Post 93%

Spectrum of Mental Health Interventions

Signs and Symptoms of Depression
- Emotions
- Behaviors
- Physical

Thoughts
- Frequent self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see one in a negative light, thoughts of death and suicide
You Are Not Listening When

- You say you understand.
- You say you have an answer to my problem before I finish telling you my problem.
- You cut me off before I have finished speaking.
- You finish my sentences for me.
- You are dying to tell me something.
- You tell me about your experiences, making mine seem unimportant.
- You refuse my thanks, saying you really haven’t done anything.

You Are Listening to Me When

- You really try to understand me, even if I’m not making much sense.
- You grasp my point of view, even when it’s against your own sincere convictions.
- You realize the hour I took from you has left you a bit tired and a bit drained.
- You allow me the dignity of making my own decisions, even though you think they may be wrong.
- You do not take my problem from me but allow me to deal with it in my own way.
- You hold back the desire to give me good advice.
- You do not offer me religious solace when I am not ready for it.
- You give me enough room to discover for myself what is really going on.
- You accept my gratitude by telling me how good it makes you feel to know that you have been helpful.

What Isn’t Supportive

- Do not adopt an overinvolved or overprotective attitude.
- Resist the urge to try to “cure” the person.
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