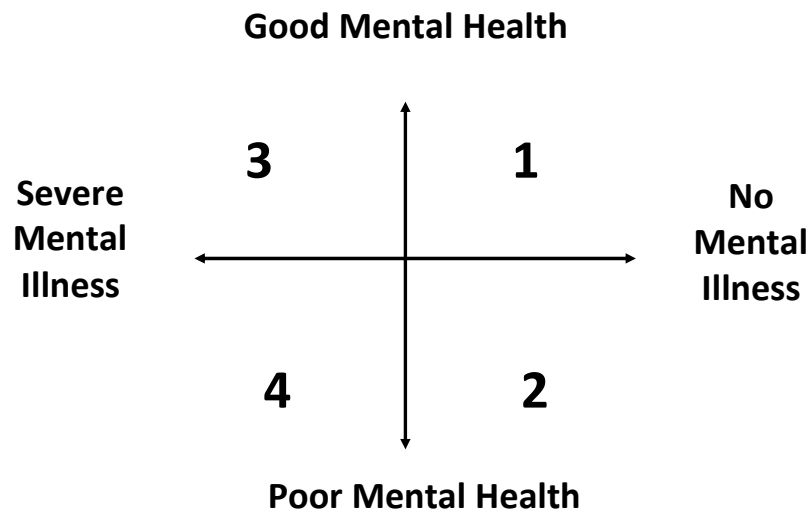


# Continuum of Mental Health



**Responding**  
WITH **Respect**  
DEPRESSION

# ***General Strategies for Communicating with People Experiencing Symptoms of Mental Illness***

## **Communicating with a person who is depressed**

A person who is depressed may be feeling very sad, hopeless and unmotivated. They may also be irritable or restless.

- Use a warm and accepting manner
- Be empathetic
- Ask how you can help
- Allow the person time to respond
- Use open-ended questions
- Be patient and understanding

## **Communicating with a person who is anxious**

A person who is anxious may be feeling tense, restless or agitated, and may be experiencing fear or panic.

- Decrease environmental stimuli – move to a quiet area
- Listen to the person
- Answer questions directly
- Respect their personal space
- Use a calm manner
- Offer acceptance and reassurance of safety

## **Communicating with a person who is manic**

A person who is manic may be feeling very elated and may be irritable and having racing thoughts.

- Remove to a quiet environment
- Speak clearly and concisely
- Be honest and direct – don't patronize
- Set constructive limits on negative behaviour
- Allow choices, but be specific
- Build on their strengths
- Don't confuse the behaviour with the person, focus on the behaviour
- Focus on the present situation – not past or future
- Don't allow yourself to become angry, loud or argue

## **Communicating with a person who is hallucinating or delusional**

The person may be hearing, seeing or sensing something that is not actually present, or may have a false belief about themselves, someone else or a situation.

- Approach person in a calm manner
- Remove to a quiet, private area (if not hostile)
- Decrease stimulation
- Listen carefully
- Avoid arguing
- Avoid reinforcing delusions or hallucinations, but don't challenge them – simply state that you are not experiencing the same stimuli
- Make clear, concise statements
- Limit choices as the individual has difficulty making decisions

## ***Dealing with a Fearful Versus Belligerent Individuals***

### **With an anxious or fearful individual:**

- Address him or her in a 'personal way'
- Show warmth, respect, genuine interest and concern
- Keep the conversation private with as few interruptions as possible
- Be sensitive to the feelings expressed both verbally and nonverbally

### **With a belligerent, challenging, or angry client who is becoming out of control:**

- Communicate your expectations in a clear, concise way
- Use short simple sentences e.g., "Let's walk." "Let's talk." "Sit down."
- Do not respond to challenge or power questions.

# ***Communicating with people experiencing symptoms of mental illness***

## **OBSTACLES TO COMMUNICATION**

- Lack of contact with reality (delusion, hallucination).
- Low tolerance to stress makes communication difficult
- Loss of certain social skills.
- Breakdown of linear thinking, lack of perspective, black and white values...)

## **GENERAL TIPS TO IMPROVE COMMUNICATION**

- See things from the other person's perspective (hallucination, delusion); what would you do, how would you feel?
- Reduce environmental stress.
- Establish a trusting relationship; be honest, be yourself (when reality escapes you, you rely on your instinct).
- Give the person extra personal space.
- Do not touch the person without warning.
- Maintain relaxed easy eye contact (do not stare, do not avoid looking at the person).
- Use a moderate, non-threatening tone and body language.
- Speak at a moderate pace.
- Answer all questions calmly.
- Be patient, wait for an answer, there is often a delay in responding.
- Repeat your answers if asked again.
- Communicate your expectation in a clear and concise manner. Use short simple sentences; one idea per sentence (i.e., Where do you want to go? Do you need some help?).
- Offer a limited amount of (2-3) options when you want the person to make a decision.
- Do not assume anything.

## **IF THE PERSON EXPERIENCES HALLUCINATIONS**

- Put yourself in their shoes.
- Focus and address feelings associated with hallucination (i.e., you are going to be safe here...).
- Do not agree with hallucination.
- Do not argue with hallucination.
- Interrupt hallucination and refocus on another topic, and/or tangible reality.
- Remove stimuli that could trigger hallucination (i.e., stop car's wiper, remove plant next to TV).
- Reduce environmental stress.

## **IF THE PERSON EXPERIENCES DELUSIONS (especially paranoia)**

- Establish a trusting relationship; be honest, be yourself (when reality escapes you, you rely on your instinct).
- Do not argue with delusion (it never works).
- Do not agree with delusion. If asked what you think; briefly state that their point of view might be a remote possibility, but very unlikely, and you don't think that it is happening in this situation.
- Focus and address feelings associated with delusion (i.e., you are going to be safe here...).
- Interrupt delusion and refocus on another topic, and/or tangible reality, and/or the next step.
- Maintain relaxed easy eye contact (do not stare, do not avoid looking at the person). Avoid touching the person. Give the person extra space. Be aware of the words you use (idea of reference). Do not use humor if the person is very delusional. Focus as much on what the person does (and did in the recent past) than what the person says.

## **IN A TENSE SITUATION**

- Do not overreact to sarcasm... it is the illness talking.
- Do not respond to challenges; divert conversation.
- Take threats (to self and other) seriously; call for help, and/or leave the room if needed
- Set limits.
- Take control of the situation (i.e., we're going to sit down now, we're going to be quiet for 5 minutes...).

# Objectives

- ▶ **Develop an understanding of two concepts: mental illness and mental health**
- ▶ **Recognize the effects of mental illness on communication**
- ▶ **Identify ways of adapting to situations to increase effective communication**

# Continuum of Mental Illness

**Severe  
Mental  
Illness**



**No  
Mental  
Illness**

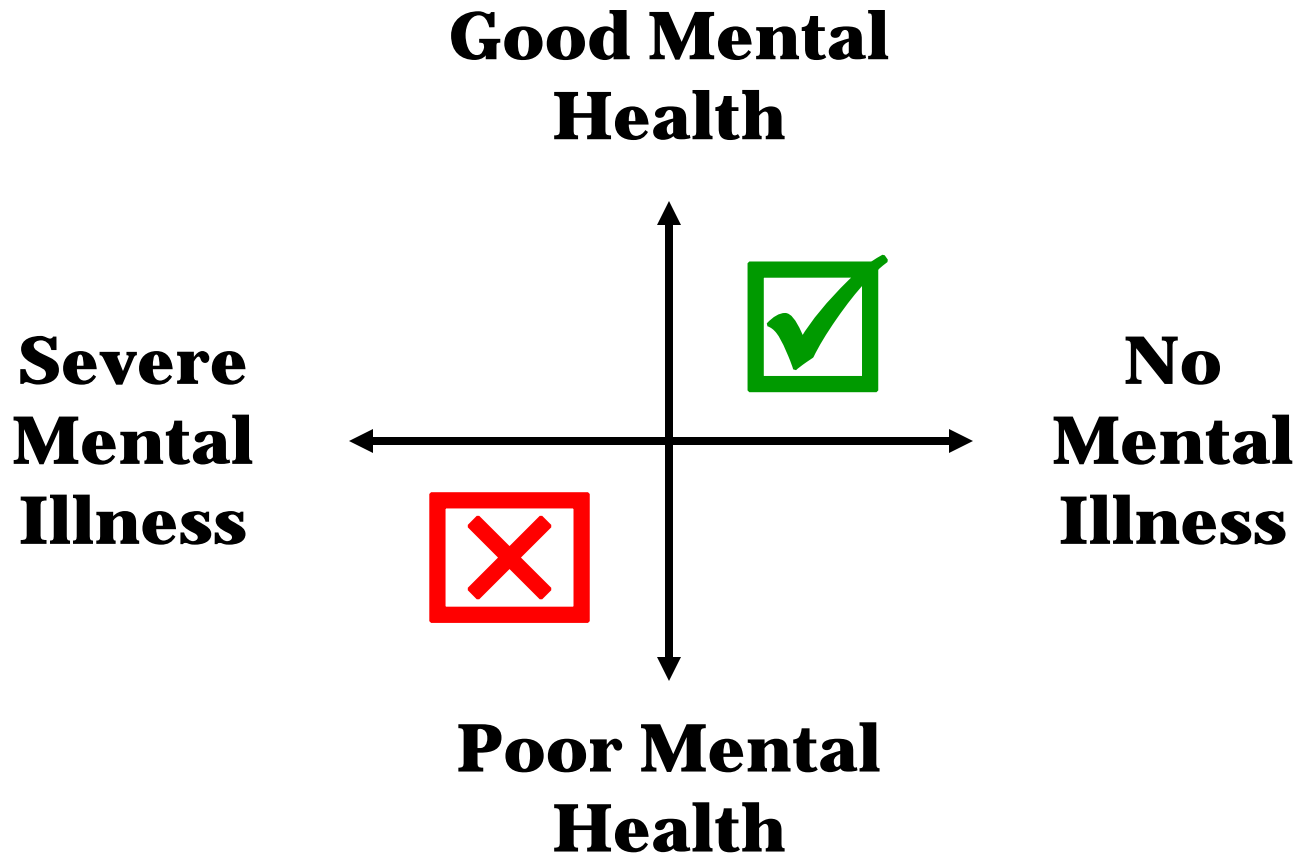
# Continuum of Mental Health

**Good  
Mental  
Health**



**Poor  
Mental  
Health**

# Continuum Overlap



# Definition of Mental Illness

A disorder that results in disruption of a person's:

- ▶ Thinking
- ▶ Feelings
- ▶ Moods
- ▶ Ability to relate to others
- ▶ Ability to attend school/work

# Responding with Respect

## **Recognise**

the challenges to communication

## **Respond**

by adapting to the situation

## **Refer**

the client when appropriate

# Effect on Communication

The individual may be:

- ▶ Withdrawn or detached
- ▶ Agitated
- ▶ Afraid
- ▶ Experiencing extreme emotions
- ▶ Confused

# General tips for Communication

- ▶ Separate the behaviour from the person
- ▶ Avoid words like *should, never, why*
- ▶ Ask one question at a time
- ▶ Acknowledge distress
- ▶ Active Listening

# Active Listening

- ▶ Minimal encouragements
- ▶ Paraphrasing
- ▶ Mirroring
- ▶ Emotional labeling
- ▶ Open-ended questions
- ▶ “I” messages
- ▶ Effective pauses

# Anxiety

- ▶ Use a calm manner
- ▶ Decrease environmental stimuli
- ▶ Answer questions directly
- ▶ Respect their personal space
- ▶ Offer acceptance and reassurance

# Depression

- ▶ Use a warm and accepting manner
- ▶ Be empathetic
- ▶ Ask how you can help
- ▶ Allow the person time to respond
- ▶ Use open-ended questions
- ▶ Be patient and understanding

# Psychosis

- ▶ Approach person in a calm manner
- ▶ Remove to a quiet area/decrease stimulation
- ▶ Listen carefully
- ▶ Don't argue
- ▶ Avoid reinforcing delusions/hallucinations
- ▶ Make clear concise statements - limit choices

# Mania

- ▶ Decrease stimuli
- ▶ Speak clearly and concisely
- ▶ Be honest and direct - don't patronize
- ▶ Set constructive limits
- ▶ Allow choices but be specific
- ▶ Don't argue
- ▶ Focus on the present situation

# Belligerence

- ▶ Communicate expectations
- ▶ Be calm
- ▶ Use simple short sentences
- ▶ Don't respond to power questions
- ▶ Don't block exits
- ▶ Acknowledge emotions
- ▶ Know your limits

# Self-Care

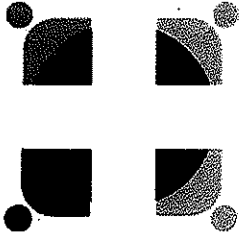
- ▶ **Breath**
- ▶ **Take a break!**
- ▶ **Make decisions when you are calm**
- ▶ **Practice work-life balance**
- ▶ **Set realistic goals**
- ▶ **Take care of your mind and body**

*Thank you*

[www.cmha.bc.ca](http://www.cmha.bc.ca)

[www.cmha.ca](http://www.cmha.ca)

[www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)



# Mental Health First Aid

Mental Health First Aid (MHFA) Canada is a ground-breaking program that equips Canadians with the knowledge needed to comfortably and proactively respond to those who may require mental health assistance.

## A New Kind of First Aid

From ergonomically correct office chairs to protective safety goggles, physical safety in the workplace has become a primary concern across all industries and occupations. If an incident does occur, many organizations have first aid attendants who can help until the paramedics arrive. And now they can train someone as a mental health first aider for mental health problems.

Employers and members of the community are taking note of the impact mental health problems have on society and are doing something about it. Human resource officers, teachers, front-line mental health professionals, the general public and people from many other disciplines are training in Mental Health First Aid (MHFA) Canada, a program spearheaded by the Alberta Mental Health Board.

MHFA Canada is an evidence-based training program that is designed, just like traditional first aid, to enable people to recognize symptoms and provide support until professional help can step in. It is an educational course for the public. No experience in mental health is necessary.

The goal of the course is threefold.

1. Educate participants and help them identify signs of mental health problems in co-workers, friends, family, strangers and even themselves.
2. Teach participants how to support the individual and to help seek appropriate treatment for them.
3. Reduce the stigma of mental illness. More than half of people with mental health problems will be too ashamed to seek treatment.

*Excerpt from an article of the same title in "Minding the Workplace", an insert in the May 2007 edition of Venture Magazine.*

## Mental Health & the Canadian Workplace

- "In 2003, mental illness accounted for **30% of disability claims and 70% of the total costs** [of disability claims].\*\*
- **Only 34%** of employees report having ready access to services and tools at work to help with mental health issues\*\*
- **35 million days** are lost each year due to mental health\*\*\*
- **\$33 billion** is lost in productivity each year due to mental illness in the Canadian labour force\*\*\*
- Mental health problems are common but many employees are not well informed about how to recognize the symptoms and provide appropriate assistance to their colleagues.
- The stigma associated with mental health problems often hinders employees from seeking appropriate help for themselves or others.

Sources:

\*Government of Canada: (2006) The human face of mental health and mental illness in Canada: Minister of Public Works and Government Services Canada: Page 41

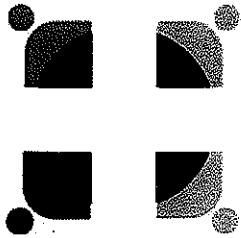
\*\*Desjardins Financial Security Survey, 2007

\*\*\*Global Business and Economic Roundtable on Addiction and Mental Health

## Contact us

Visit [www.mentalhealthfirstaid.ca](http://www.mentalhealthfirstaid.ca),  
e-mail [mhfacanada@amhb.ab.ca](mailto:mhfacanada@amhb.ab.ca), or  
call **1-866-989-3985** for more information on  
how MHFA Canada can benefit your  
organization.

**See back for more...**



# Mental Health First Aid

## With Mental Health First Aid, Anyone Can Help

MHFA Canada shares the same overall purpose as traditional First Aid – to **save lives**. You don't have to be a trained professional to offer initial help. With MHFA Canada trained employees, equip your organization to:

- Preserve life where an employee may be at risk of hurting themselves and/ or contributing to an unsafe work environment
- Recognize and understand the symptoms of mental health problems, including those related to substance abuse
- Provide help to prevent the mental health problem from developing into a more serious state
- Promote the recovery of good mental health by accommodating employees in distress or recovering from a crisis
- Increase productivity and reduce absenteeism and overall pressure on benefits

## MHFA Canada Courses

Mental health problems will affect **one in three Canadians** at some point in their life. Chances are you know someone who needs help. Your employees' actions may determine how quickly a colleague with a mental health problem gets help and/ or recovers. Here's how your employees can get MHFA Canada trained:

### MHFA Canada Training Course

This 12-hour training course teaches staff how to identify the signs and provide initial help to colleagues facing mental health problems or crises. Topics include what is meant by mental health, symptoms of common mental health problems, a step-by-step model on providing MHFA, information about effective interventions and treatments, and how to access professional help in your area. Mental health problems covered include depression, some mood disorders, anxiety disorders and disorders associated with psychosis and substance abuse.

### Become a Certified MHFA Canada Instructor

MHFA Canada is also accepting applications from qualified individuals who would like to become certified MHFA Canada Instructors for their organization. Contact us or visit [www.mentalhealthfirstaid.ca](http://www.mentalhealthfirstaid.ca) for more information about qualifications and the application process.

## Proven Outcomes

Courses are taught by certified MHFA Canada Instructors with extensive experience in mental health.

MHFA was developed by the Centre for Mental Health Research at the Australian National University and has been adapted internationally in Australia, Europe and Asia.

Governments in Australia and Scotland have now made MHFA part of their national mental health strategy.

Research indicates that MHFA in Australia improved participants' knowledge of mental disorders, reduced stigma, increased the amount of help provided to others and enhanced participant awareness of their own mental health.



*"When First Aid came into existence, the concept of teaching the average citizen to apply pressure to a wound saved people's lives. MHFA will do something similar, by assisting people in making the right kind of decisions."*

*- Former Supervisor of the  
Edmonton Police Service,  
Police & Crisis Team*

## Contact us

Visit [www.mentalhealthfirstaid.ca](http://www.mentalhealthfirstaid.ca),  
e-mail [mhfacanada@amhb.ab.ca](mailto:mhfacanada@amhb.ab.ca), or  
call 1-866-989-3985 for more information on  
how MHFA Canada can benefit your  
organization.