

Mental Health First Aiders- Guidance

Role

The Role of a Mental Health First Aider in the workplace is to be a point of contact for any individual who may be experiencing a mental health issues or emotional distress, or for someone else who is seeking advice



It is...

- Listening
- Pointing in the right direction
- Doing what you are comfortable with
- Making a judgement on the next step based on what's in front of you
- Escalating based on the situation



It isn't...

- Counselling or therapy
- Diagnosing
- Trying to fix things
- Putting yourself in a vulnerable or uncomfortable position
- Being a mental health 'warden' for the office



Ensure that if you do not feel able to help at that time for whatever reason, that alternative support is sought (e.g. another MH First Aider, People Manager, HRBP, etc)

The skills and knowledge you have can also be applied outwith the office- the 'Good Samaritan' principle.



If you recognise that individuals are struggling or maybe need some help, then this can be offered up - just make sure you do not put yourself in an uncomfortable/vulnerable position.

Immediate Mental Health First Aid

Someone just wants a general chat/more information on mental health



Meet with them/Skype in a quiet area

- Refer to guidance on the Wellbeing Portal
- Provide suggestions based on training

Individual is showing signs/symptoms of stress



Meet with them/Skype in a quiet area

- Refer to guidance on the Wellbeing Portal
- Provide suggestions based on training
- Stress risk assessments are available

Someone is showing signs of needing care at the early stages.



Consider recommendation to get a GP appointment

- other forms of self-help are available through the wellbeing portal
- individuals to discuss with People Manager/HR BP if comfortable

Someone needs urgent care, but it's not life threatening.



Call the NHS on 111 or 999 if the situation develops

Someone is experiencing an acute life-threatening or mental health emergency



Call 999

Useful Numbers



The Samaritans

116 123 (24hrs)

Employee Assist

SE HR Team



Recording the event

It is important that we know how many interventions we are making within the organisation to give us an idea of the scale of any issues we are experiencing.

However we want this initial first contact to be dealt with as sensitively and as confidentially as possible, to give individuals the confidence to come to us to talk.

As a Mental Health First Aider, we will only ask during the Quarterly MHFA Catch Up meetings

- how many interventions you have made during that period
- if there are any learning outcomes we need to consider

What if more formal intervention is needed?

Through your discussion, it might become clear that a more formal intervention is needed.

In these cases:

- **this should only be done through discussion/agreement with the individual** (e.g. "I'd like to help get some further support for you so are you OK with me contacting HR/other to discuss this")
- **it should only be discussed in general terms with the agreed person** (e.g. if they are OK with going to HR, don't have a discussion with the People Manager about it)

What about support for me?

Dealing with a mental health first aid emergency can be difficult. The adrenaline is going, you're dealing with what's in front of you and it can be upsetting.

Take Time- take time after the intervention. A walk, a cup of tea, time to clear your head. If you need to take some time off to deal with it, we will support that.

Talk- speak to someone- as a debrief, an offload, a rant or just to get your thoughts in order. It can be anyone. If we don't know about it then we can't help support you.

Don't dwell- you will have done enough just talking to someone without thinking about 'what did I miss', or 'why didn't I do that'. You're dealing with a situation as it presents itself and you will have made the best judgement at the time.

Consider other support- all the support we have in place to offer to colleagues applies to us as well. If you're struggling, and you need it, use it.



What to do if an individual does not show up for work

There may be occasions where individuals unexpectedly do not turn up for work and there is concern for their wellbeing.

The process below is in place to support any queries received about what action to take.

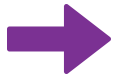
1) Notify the People Manager

- provide any information received and that there are concerns for the persons wellbeing



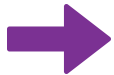
2) People Manager to then:

- Review Outlook calendar to determine if individual has meetings others are not aware of
- Contact other colleagues close to the individual to check if contact had been made recently
- Attempt to make contact with the individual



Contact made?

- Confirm with the individual that they are OK and if there are any issues that require further support



No contact made?

Contact the HR Business Partner with details of:

- Date of last contact
- How long they have been absent
- What measures have been taken to make contact



3) HR Business Partner to then:

- Attempt to make contact with the individual using alternative contact numbers (e.g. house phone, personal mobile)
- Contact the designated next of kin highlighting concerns and request they attempt to make contact. Ensure that if they do make contact that this information is provided
- If Next of Kin cannot check or details are not current/not appropriate to call them, the HR Business Partner should contact the emergency services on 111 to highlight concerns
- Provide details of attempts made to contact, individuals address, when contact was last made, and any other information requested



Mental Health First Aiders- Guidance



The information below is a summary of some of the areas discussed during the Mental Health First Aider Courses which can be used as a reminder when dealing with issues



The basics of the role

- Provide initial help
- Try and prevent it getting worse
- Promote mental health recovery
- Provide comfort
- Don't diagnose- just observe
- Don't make assumptions
- Consider that everyone has different needs



Active Listening

A
G
E

Acceptance
Genuineness
Empathy

S
O
L
E
R

Sit
Open
Lean in
Eye Contact
Relax

Methods to show active listening include

- maintaining eye contact
- positive body language
- nodding
- reflecting back/paraphrasing what the individual said
- mirroring actions/phrasing
- summarising
- leaning in



Questions should only be used for the individuals benefit and not curiosity



Depression

Care for depression takes a stepped approach based on the individual seeing a trained professional who can then help determine the best approach.

- 1) Watchful waiting
- through guided self-help, exercise, etc
- 2) Medication and psychological therapies
- e.g. CBT, talking therapy
- 3) Psychiatric intervention

IT IS NOT FOR MENTAL HEALTH FIRST AIDERS TO RECOMMEND THESE TO INDIVIDUALS- NAMELY THAT THEY SPEAK TO A PROFESSIONAL: HEALTHCARE PRACTITIONER



Anxiety

1 in 10

The number of people
in Scotland with an
anxiety disorder

It is normal

It is caused by the 'fight or flight' response

Physiological signs include:

- paling quickly
- palpitations
- feeling sick
- urge to empty the bowels
- dry mouth
- being tearful/angry

It can take up to 20 minutes from somebody having an episode/being emotional for the brain to get back to how it was

It can then cause the individual to say things that they regret

WAIT.....

Allow time for the person to calm down first



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Panic Attacks

If dealing with a panic attack try the following

- Ask the person if it is a panic attack
- Ask the person to concentrate on something to help regulate breathing
- Keep calm and relate - "It will pass"
- Ask them to concentrate on their arm
raise it for a count of three whilst breathing in and out slowly
- Ask them to describe something in detail



Post Traumatic Stress Disorder (PTSD)

It is not a remembering of events but a **re-living** of them.

Professional help is always needed in these cases



Self Harm

Self Harm is a behaviour rather than an illness

- It is used as a coping strategy.
- By removing the means of self harm, you remove the means of coping/control from the individual and so may not be the best approach

Self Harm can include:

- cutting
- hair pulling/removing eye lashes
- burning
- head banging
- hitting/punching walls
- risk taking
- poisons (e.g. drinking bleach)

When approaching a possible case of self harm, remember:

1) Show concern, e.g.

'Do you know how to stay safe?'

'Do you know when the wounds are infected?'

'Do you need antiseptic wipes?'

2) Remember that it is not 'attention seeking' and that the person is in 'need of attention'.

3) Don't ask 'Why are you doing this to yourself?'. Consider instead:

'What do you think may be causing it?'

'When was the first time you did this?'

'What was happening at the time you started doing this?'

4). NO BLAME. NO GUILT



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Psychosis

Is described as 'losing touch with reality'.

- individuals ideas appear odd they experience perceptual issues

Symptoms can include:

- hearing voices (can be many voices)
- experiencing smells
- experiencing differing feelings

Causes can include:

- head injuries
- infections
- physical illness
- high temperatures
- psychotic illness such as bi-polar or schizophrenia

If dealing with a potential case of psychosis:

- 1) Refer to the individual by name
- 2) Sit
- 3) Stay calm
- 4) Ensure the person is responsive
- 5) Provide personal space
- 6) Provide reassurance
- 7) Allow the individual a choice in what they are doing
- 8) **DO NOT JOIN THE DELUSION**
- 9) **DO NOT ARGUE WITH THE INDIVIDUAL**
- 10) Don't be shocked
- 11) Ask if there is someone to contact on their behalf



Suicide

SUICIDE IS MOST COMMON BETWEEN THE AGES OF 40-60

IT IS THE BIGGEST KILLER OF MEN IN THE UK

IT ISN'T THAT THE PERSON WANTS TO DIE...

They just don't want to live and cannot see another option

WHEN IN THE CONVERSATION TO ASK ABOUT SUICIDE:

- when it feels appropriate based on what is being said
- when the individual says they are feeling suicidal
- when there may be other indicators (depressive feelings, sudden happiness, individual is not themselves)

BE CLEAR

Don't use euphemisms

Don't say 'commit suicide' when talking about it. Try 'attempted' or 'completed'

IF AN INDIVIDUAL DOES EXPRESS SUICIDAL THOUGHTS/ATTEMPTS

- 1) Don't leave them alone
- 2) Remove any potential means of harm from the area
- 3) Get help from others
- 4) Encourage the person to talk
- 5) Listen without judgement

- A** Ask about suicide
- L** Listen actively
- G** Give reassurance and information
- E** Encourage to get appropriate professional help
- E** Encourage self-help