

Mental Health First Aid

www.mhfaengland.org

MHFA offer training on mental health disorders, symptoms of key mental disorders and what you can do to help someone; the training is provided by accredited trainers and is available through Telos Training (www.telostraining.co.uk)

NHS Direct

0845 4647

A 24hours advice line

Rethink Severe Mental Illness (formerly NSF)

0207 840 3188 / 0845 456 0455 / www.rethink.org

For everyone affected by severe mental illness

Papyrus (Prevention of Young Suicide)

0800 0684 141 / www.papyrus-uk.org

Committed to the prevention of young suicide

Samaritans

0845 790 9090 / jo@samaritans.org / www.samaritans.org

24-hour emotional support

SANeline

0845 767 8000 / www.sane.org.uk

Helpline available every evening 6pm – 11pm. There is also SANemail offering the same services via email

Survivors of Bereavement by Suicide (SOBS)

0844 561 6855 / www.uk-sobs.org.uk

Emotional and practical support and local groups

Welcome Me as I Am

07887 651117 / www.welcomemeasiam.org.uk

Website developed by Telos Training with a toolkit which covers mental health issues in parishes and deaneries as well as ideas for prayer, worship and liturgy.

Young Minds

0808 802 5544 / parents@youngminds.org.uk

Committed to improving the emotional well-being and children and young people.

Young Minds provides a service to parents and carers in the UK who have a concern about their child's emotional problems or behaviour. Opening hours are 9.30am-4pm Monday to Friday

Please note: This guide has been written and compiled on behalf of Telos Training as part of the 'Welcome me as I Am' project by Kate Dawson, who is an accredited Mental Health First Aid Trainer. You will find further information on the project, including pastoral and other resources, on www.welcomemeasiam.org.uk. Please note that it is a guide only and if in doubt you should seek professional advice in dealing with a particular situation. The information on help lines etc is correct as of November 2011 but services offered can be revised from time to time.

While every effort has been made to ensure that the information is correct, Telos Training can accept no liability for any consequences arising from the use of this guide.

As some of the issues discussed in this guide also impact on safeguarding policies and procedures, you are advised to check where you might need to involve your safeguarding lead where appropriate.

unknown future

confusion

WELCOME ME AS I AM

UNDERSTANDING MENTAL HEALTH NEEDS
IN PARISH AND DEANERY COMMUNITIES

trauma

Working With Mental

panic

misery

Distress: anger

A guide for clergy and those involved in pastoral ministry

Kate Dawson BA, MSW, CQSW, MBA, MA

frustration

tears

strain

bewildered

concern

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www.welcomemeasiam.org.uk

heartache

stigma

Working with mental distress

We often come into contact in our ministry with people with mental health needs. Sometimes the person we are with may be experiencing mental distress. This leaflet provides information and guidance for clergy and those involved in ministry who are working with someone in this situation.

Rather than focusing on longer term pastoral relationships, this guide is intended to provide guidance and advice in situations where someone we may not know, is suffering mental distress and wants to see us unexpectedly, possibly without giving prior notice.

Mental ill-health

Mental health issues become problematic when they impact on our lives, and/ or the lives of others, in a negative way. When mental health problems become pervasive they may be clinically classified as mental disorders. There are different kinds of mental disorders; each characterized by different sets of symptoms that affect how we think, feel and behave. Symptoms can include depressed mood, extreme mood swings, disturbances in thought or perception, obsessions or fears, or other overwhelming feelings of anxiety. The common symptoms associated with different disorders are summarised at the end of this guide.

What do I do if someone is mentally distressed?

Someone who is mentally distressed may be feeling frightened, agitated and anxious. The first thing to do is to try and establish rapport. This requires the usual skills that you use in your pastoral role to help the person feel listened to and understood. It may be helpful to ascertain what the person is seeking from you. Is it spiritual guidance, practical help or emotional support during a troubled time?

It is important to assess risks remembering that a distressed person is far more likely to harm themselves than to harm others.

Faith is often a great comfort, but sometimes it may be a cause of distress. It may be helpful to explore and understand the spiritual feelings of the person you are with. For example someone might quite understandably feel unworthy or unloved by God. If someone is very mentally unwell and experiencing religious delusions, simply acknowledge them as real to the person. Do not enter into a debate about the validity, or otherwise, of these often very powerful experiences.

There are a number of approaches that may be of help for anyone who is experiencing mental distress. Below is a summary of things that may help and those to avoid.

Do:

- listen and discern – remember that people are not always ready to talk.
- be empathetic, listen actively – show that you are listening.
- speak in a calm way, keep your voice tone low, speaking clearly and gently try and let the person know that you are there to listen to them and to try and help.
- remain calm yourself by focusing on how you want to support the person.
- engage with the person about how they are feeling.
- ask how you can help - often the person will know what does and doesn't help in a given situation.
- ask if they have experienced these feelings before and if so what does and doesn't help.
- ask what support systems they have - for example family, the parish community, friends.
- ask if there is anything practical you can do? E.g. phone the doctor.
- offer reassurance; there are organisations to help, other people experience these feelings, they are not alone.
- try and break down a problem into 'bite size chunks', what can be done today, tomorrow.
- assess whether the person feels like harming themselves or others. Contact the police if you have any immediate concerns. See the section on suicide.

Do not:

- jump to conclusions about what the problems might be or how they might be feeling.
- put words in their mouth.
- use words like 'should'.
- get caught up with universal statements e.g. 'it's all a disaster', 'my life is such a mess', try and break these down and find out what the person really means.
- say anything you cannot follow through.
- use clichés such as 'don't worry it will pass', 'I know how you feel', 'look on the bright side'.
- be sworn to secrecy, explain if you feel there is a risk to themselves or others you may have to tell another agency,
- pass judgement on what the person says or feels.

A quick guide to helping someone in distress

There are five stages which are helpful when dealing with someone in acute mental distress:

Assess the risk of suicide or self-harm

Listen non-judgementally

Give reassurance and information

Encourage the person to get appropriate professional help

Encourage self-help strategies

These five steps are taken from Mental Health First Aid Tool Kit www.mhfaengland.org

Suicidal Feelings

If you think someone is considering suicide you need to be concerned about their immediate safety. Attempt to assess risks by asking the following questions:

Is the person having thoughts of suicide?

Have they made any plans to kill themselves?

Have they attempted suicide before?

Yes to any of these questions places them at higher immediate risk.

Those who have attempted suicide before have a higher chance of eventually dying by suicide, although many people have suicidal feelings without acting on them. Remember also that older people, particularly men, are at higher risk of committing suicide after they have made an attempt.

Talk openly about the possibility of suicide, this will not make it more likely to happen. Just being there for the person and listening in an accepting way can help the person feel less isolated and frightened.

- Talk with the person about how they are feeling. Ask them if they have felt like this before and how long they have been feeling like this.
- Listen to the person and take them seriously.
- Don't dismiss expressions of hopelessness as a 'cry for help' or try to 'jolly' them out of it.
- It is important to encourage the person to get some help.
- What support do they have? If the person has anyone else involved in their care, ask them if they have let them know how they are feeling.
- Does the person have someone to talk to or helpline number to call if they feel desperate (eg Samaritans).
- If the person says they do not want anyone else to know how they are feeling, explain that if you are concerned about their immediate safety and you feel they may harm themselves (or others) you will have to contact someone to inform them (e.g. the mental health team, the GP or the police).
- Is there anything, or anybody, that can help when the person feels like this? Perhaps prayer might be a comfort - prayers of hope can be important in the journey through mental distress.

If you are concerned that someone is at immediate risk of harming themselves and/or attempting to take their own life, tell a professional who will be able to follow up your concerns. Consult where appropriate with your safeguarding lead. This needs to happen promptly and may be the local mental health team, the person's GP, social services or the police. Let them know what your concerns are and why you are concerned about the person's immediate safety.

Overdose

If you think someone has taken an overdose call an ambulance or take them to accident and emergency immediately. Ask them what they have taken, how much, when did they take it, have they also taken alcohol, or any other substances?

What do I do if someone is very tearful and anxious?

- Try and give the person options to look at their situation in a different way, to help them take control, without minimising their experience.
- If the person becomes very anxious and appears to be having a panic attack, be sure it is a

panic attack and not a physical condition, e.g. heart attack or asthma attack. If in doubt call the ambulance. Otherwise try and calm the person, encouraging slow relaxed breathing. Talk to them firmly, calmly and positively, invite the person to breath slowly with you.

What do I do if someone is withdrawn and uncommunicative?

- Use open ended questions, what, how, in what way...?
- Be aware that although the person may appear withdrawn, they maybe taking in everything you say; check their understanding of what you say.
- Give them time to think and answer, not everyone communicates at the same speed.
- Is English their first language? Does the person understand what you are saying?
- Ask if they would like someone else with them (friend, family member).

What do I do if someone's behaviour is strange and/or may be experiencing psychosis?

- Is the person highly agitated? Ensure your own personal safety; do not try to physically engage with the person or try to restrain them. Give them physical space. If you are at risk leave the room and call the police.
- Create a calm, non-threatening environment, talk slowly and quietly. Turn off any radio or television, which may be distracting.
- Pay particular attention to speaking calmly, clearly and slowly. If someone is very distracted it may be difficult for him/her to understand you.
- Ask the person if they have taken any recreational drugs and if so what and how do they feel this is affecting them.
- If the person is expressing strange ideas and seems to be experiencing delusions or hallucinations, do not enter into these, but acknowledge that you believe them to be real to the person.
- Try and find out what support networks the person has and if there is anyone you can contact.
- If the person is unable or unwilling to give you details of anyone to contact inform the local mental health team or social services (informing them if you think there are any immediate risks as above)

What do I do if someone is agitated or expressing aggressive behaviour ?

- Take control by remaining as calm as you can. Do not mirror their aggression or show your agitation.
- Ensure you are positioned closest to the door, do not let the person be between you and the doorway as it will be more difficult to get out if the situation becomes unsafe
- If you feel unsafe remove yourself. Call the police if necessary.
- Be aware of your voice and tone, ensure your voice tone is low, talk quietly but firmly and try to calm the person down.
- Try to create a relaxing/low stress environment; ask them if they would like to sit down, have a drink.
- Maintain soft eye contact, without staring, break eye contact now and again.
- Gently explain how their behaviour is making you feel.
- Make it clear that you are there to try and help them. Be clear that you cannot do that if the person remains angry/ abusive/ aggressive.
- Seek assistance if you need, it is important that you do not feel violated.
- If they continue to be aggressive explain that you will be unable to continue the discussion.

What do I do if I think someone is under the influence of drugs or alcohol?

- Assess whether you are able to still communicate rationally with the person or whether you need to explain you cannot see them now and why. Tell them you are happy to see them when they are sober.
- Find out what they are going to do and where they are going to go when they leave. If you have any concerns inform the police.
- If you are going to continue to talk to them, and if appropriate, ask if drinking/ drug use is a regular pattern. How much, how often? Ask if they are seeking help if it appears there is problematic use. Give them support line numbers.
- If there does not appear to be a pattern of problematic use ask why they have been drinking/ using drugs on this occasion.
- Do not pass any judgement about their alcohol or drug misuse, other than, if appropriate, concern for their health and or safety.
- Help is often available through specialist Drug and Alcohol Services – this is usually accessed through the GP.

Look after yourself

Working with people experiencing mental distress is often draining and stressful. Make sure you have someone to talk to especially if you have been working with someone who is thinking of suicide. Make sure you take breaks and have time to do things that you enjoy and that keep you mentally healthy. Your first responsibility is to make sure you are looking after yourself, which equips you to better look after others.

Common symptoms for mental disorders

Depression: lasts for a period of time; symptoms may include a loss of interest, or inability, to enjoy and accomplish usual activities. Loss of interest in work, relationships, self-care; irritability, weight gain or weight loss, disturbed sleep patterns; anxiety and agitation; negative thought patterns in relation to themselves, the world and the future 'the world would be better off without me', 'I am a failure', 'I have let everyone down', 'things will always be this bad'. Remember that it is natural to feel low following loss or bereavement but if these feelings continue for a considerable time, it is possible that the person is suffering from a clinical depression. Early referral for help to the GP can be important because there are a range of drug treatments as well as talking therapies which can be of assistance.

Bipolar Disorder: (previously called manic depression) emotional extremes. In the manic phase symptoms can include: hyperactivity, poor judgment, distorted beliefs and perceptions, risky behaviours. In the depressive phase the symptoms are similar to those described above under depression.

While the depressive phase is extremely painful, some people with bipolar disorder describe the manic phase as euphoric and exciting.

Schizophrenia: symptoms can include disturbance in thought patterns and perceptions; auditory and/or visual hallucination, distorted beliefs, paranoia; social withdrawal, impaired communication. The symptoms most commonly emerge when people are in their late teens or early adulthood.

Anxiety disorders: symptoms can include excessive worry, fear, panic attacks, avoidance. Symptoms of a panic attack may include racing heart, rapid breathing, chest pain, increased perspiration.

Obsessive compulsive disorder: type of anxiety disorder; symptoms include performing certain acts repetitively (e.g. hand washing, repeating a certain string of numbers, touching a certain) in the belief that doing so will prevent some feared event or consequence; Post-traumatic stress disorder (PTSD) can emerge after a person has witnessed or experienced a traumatic event. Symptoms can include intrusive memories (flashbacks) of the event; avoidance of anything that reminds the person of the event), emotional numbing, lack of concentration, sleep disturbances and nightmares, explosive anger and jumpiness (easily startled).

Eating disorders: starvation; obsessive focus on food, extreme weight loss (**anorexia nervosa**); excessive eating (binging) and purging (vomiting, laxative misuse) – **bulimia nervosa**.

Personality disorders: patterns or ways of thinking, feeling and behaving, in relation to oneself and others, longstanding, not easily changed, can lead to distress for the individual and problems across a wide range of life circumstances and situations. Often have their roots in childhood experiences and events.

Original content developed by Barbara Everett, Ph. D., revised by CAMIMH in 2009

Useful Organisations

British Association for Counselling and Psychotherapy

01455 883 316 / www.bacp.co.uk

For details of local practitioners

Carers UK

0808 808 7777 / www.carersuk.org

Information and advice on all aspects of caring. 9.30 -5.00 working day and till 7.00 on Monday and Wednesdays

Childline

0800 1111

Provides emotional support for children and young people.

Cruse Bereavement Care

0844 477 4900 / www.crusebereavementcare.org.uk

Helpline and advice for those affected by a death

Depression Alliance

0845 123 2320 / www.depressionalliance.org

For anyone affected by depression

Hearing Voices Network

0114 271 8210 / www.hearing-voices.org

Network and local support groups for people who hear voices

MDF The Bipolar Organisation

0845 434 9970 / 01270 230 260 / www.mdf.org.uk / www.mdfwales.org.uk

For people affected by bipolar disorder (manic depression). Information, self-help groups and self-management training

Mental Health Matters Helpline

0800 107 0160 / www.mentalhealthmatters.com

A 24 hour helpline provides ongoing support and information on local and national mental health services