

MENTAL HEALTH CHAMPION Training



ZEVO HEALTH



MYTHS



ONLY CERTAIN PEOPLE HAVE MENTAL HEALTH

MYTH

We all have mental health and it can fluctuate between positive and negative states of wellbeing, just as our physical health can.

PEOPLE WITH MENTAL ILLNESS HOLD DOWN SUCCESSFUL JOBS

FACT

Research has shown that 60-70% of people with common mental disorders are in work (Chief Medical Officer's Annual Report, Dame Sally Davies, 2014). The chances are you probably work with someone with a mental health illness.

MENTAL HEALTH PROBLEMS ARE RARE

MYTH

Mental health illness affect one in four people in any one year. So, even if you don't have a mental health illness, it's likely your best friend, a family member or work colleague will be affected.

MENTAL HEALTH ILLNESSES CAN OCCUR AT ANY POINT IN ONE'S LIFE

FACT

Mental health problems are common and dependent on what you are facing, instances of unresolved grief, stress or overwhelm can transition into diagnosable (and treatable!) illnesses.

SIGNS OF STRESS



IDENTIFYING STRESS

PHYSICAL

- Headaches
- Indigestion/heartburn
- Lack of appetite
- Overeating
- Muscular tension aches and pain
- Nausea/Being sick
- Dizziness
- Palpitations
- Fatigue
- Sleepless

BEHAVIOURAL

- Increased smoking
- Increased use of alcohol
- Appetite change
- Restless/fidgeting
- Absence
- Lack of motivation
- Lack of commitment
- Increased aggression
- More prone to accidents
- Loss of sense of humor
- Avoiding contact with others

THINKING

- Poor concentration
- Unable to listen to others
- Memory lapses
- Confusion and disorientation
- Difficulty making decisions
- Poor planning and task execution
- Negative/unhelpful thought patterns

EMOTIONAL

- Irritability
- Becoming angry with others easily
- Tearful
- Frightened
- Worried/Anxious
- Panic Attacks
- Impatient
- Mood swings

SIGNS & SYMPTOMS OF DEPRESSION



SIGNS AND SYMPTOMS ENDURING > TWO WEEKS

INTERFERING WITH WORK,
SOCIAL, EDUCATIONAL
AND/OR FAMILY LIFE



PHYSICAL: Lethargy, change in appetite or weight, constipation, aches and pains, lacking energy, loss of libido, change in menstrual cycle, disturbed sleep.



PSYCHOLOGICAL: Feeling hopeless, lose interest in activities, low mood, sadness, low self-esteem, fearful, feeling guilty, no motivation, difficulty making decisions, irritability, anxiety.



BEHAVIOURAL: Withdrawing from others, neglect of self-care, neglect of responsibilities, crying, slowed responses.



THOUGHTS: Self-criticism, self-doubt, worry, pessimism, loss of concentration and focus, suicidal ideation or thoughts of self-harm.

EMPATHY



The ability to identify with another person, **to understand and feel another person's pain and joy**

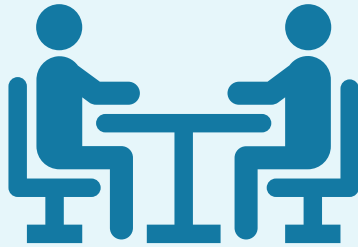
Relating to others' experiences, feelings and reactions

Being empathic towards another is an important part of challenging stigma and starting conversations about mental health

You place yourself in their shoes and feel what they are feeling



STARTING THE CONVERSATION



Before approaching, decide if you are the right person to start the conversation.

Recognise your own skillset and boundaries

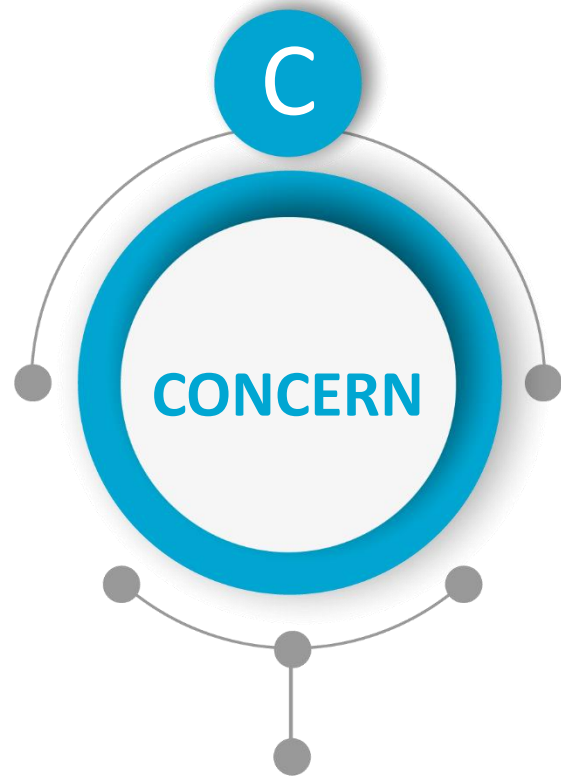
If you notice changes in the person's work/interactions with others – approach the person



Many factors affect a person's mood, it is important not to assume that the problem is mental health related



Show C.A.R.E



Show concern and describe with facts.



Agree on action(s) that is supportive and non-judgmental.



Get additional support so Refer the individual to EAP, HR, Samaritans, GP etc. – ask what is right for the individual.



Empower the individual to seek support and encourage helpful behaviours.

PANIC ATTACK

THOUGHTS

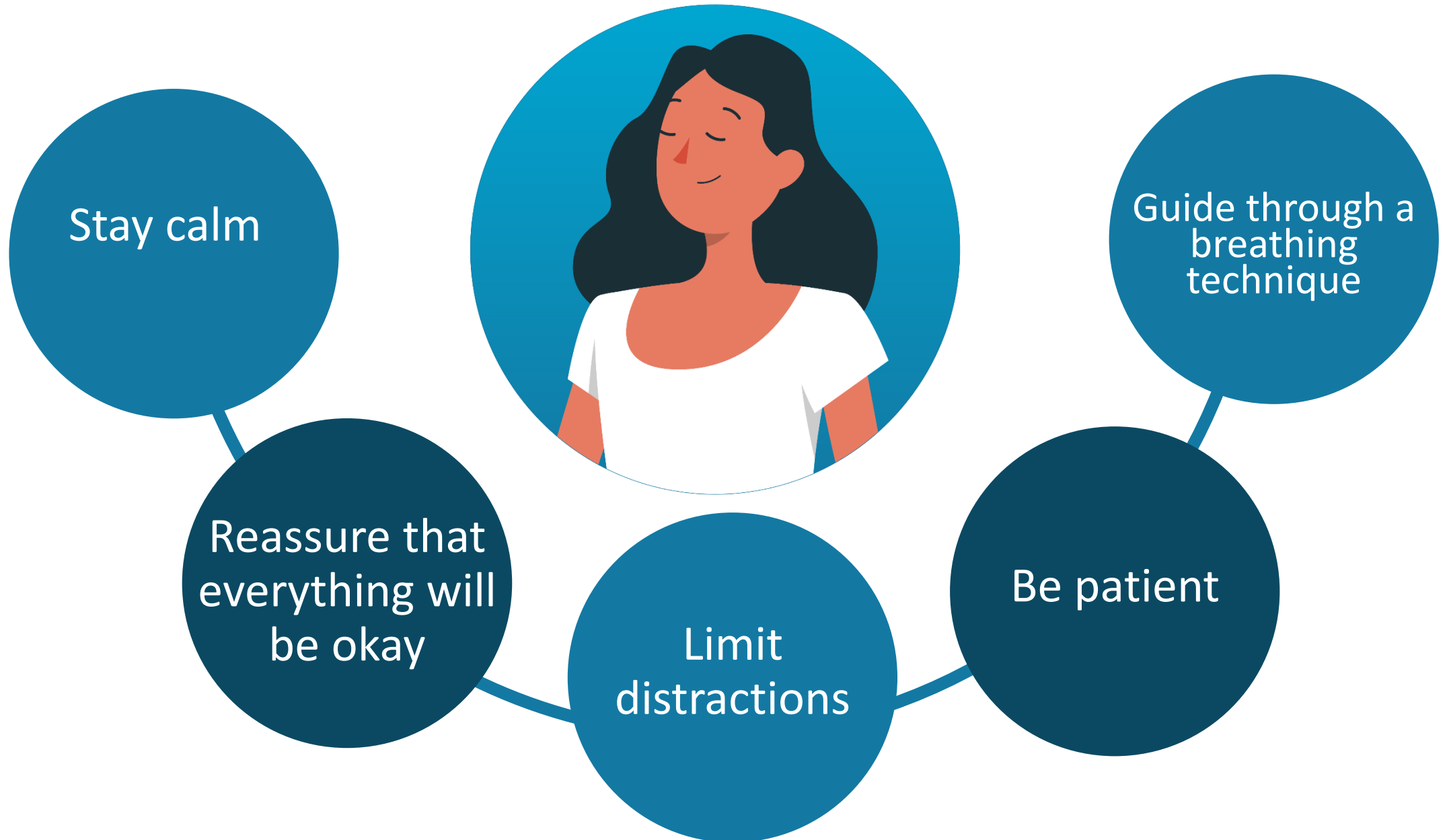
'I am dying'
'I am having a
heart attack'
'I can't breathe'

- Difficulty breathing
- Increased heart rate.
- Sweating
- Shakiness or trembling
- Numbness in extremities
- Tunnel vision

FEELINGS

Fear
Anxiety
Stress
Confusion

PANIC ATTACK: HOW TO HELP



SUICIDAL IDEATION: SIGNS



- Social withdrawal.
- Giving things away.
- Talking about death or dying.
- Expressing strong feelings of hopelessness or being trapped.
- Significant changes in normal routine e.g. sleep, hygiene, eating.
- Sudden mood swings from extreme low mood to calm & happy.

2. DE-ESCALATION TECHNIQUES



NON-JUDGMENTAL
ATTITUDE

RESPECT & DIGNITY

REMAIN CALM

REDUCE
DISTRACTIONS

USE GENTLE,
SOOTHING TONE
OF VOICE

PARAPHRASE
LANGUAGE

EMPATHIC
LISTENING

CLEAR AND CONCISE
SHORT SENTENCES

FREEDOM OF
DISCLOSURE

REASSURE THAT YOU
ARE THERE TO
SUPPORT

ASK IF THERE ARE
NEEDS THAT CAN BE
MET

COMPLY WITH
REASONABLE
REQUESTS

3. KEEP THE PERSON SAFE



Do not leave the person alone.

Identify a trusted other (e.g. housemate, family member).

If possible, contact the trusted person together to disclose & ask for support.



4. REFER



Refer to other helpful resources such as:

- Samaritans
- EAP
- Helplines
- etc.

Ask what would be most helpful

Make accommodations to work where necessary
e.g. shorter shifts, more break time
lessen workload

Agree upon a post-crisis intervention check-in if necessary

HOW TO SEEK PROFESSIONAL SUPPORT



Seek emotional support from a **professional** counsellor/psychologist.

Access work health supports, such as EAP.

Reach out to your GP over the phone.

Access support from national helplines e.g. Pieta house, Aware, Samaritans.

