

Benalla HEALTH

Brief Mental Health Awareness Program

Counselling and Social Work Team

August 2015



The program consists of 4 modules:

- Introduction to Mental Health and Mental Illness
- Depression and Its Treatment
- Anxiety Disorders
- Suicide

Module 1

Mental Health and Illness

Depression

- The most common cause of suicide
- Needs to be understood to address suicide risk

Mental Illness

A mental disorder:

- Is a diagnosable illness
- Causes major changes in a person's thinking, emotional state and behaviour
- Can disrupt a person's ability to work and carry on their usual relationships

Depression and Anxiety

- are the “common mental disorders”
- are called “high prevalence disorders” as they occur more frequently in the population than other mental illnesses

National Survey of Mental Health and Well-being (ABS, 2007)

- Most rigorous, statistical study available
- Found nearly 18% of the Australian population met the criteria for a high prevalence mental disorder
- Almost 10% suffered from anxiety disorders
- Substantial numbers suffered from more than one disorder, particularly a substance abuse problem

The term “Comorbidity” or “Dual Diagnosis”

- Used to describe the occurrence of more than one illness or disorder in the one individual
- People with comorbid conditions are more vulnerable to alcohol/drug issues and relapse of mental health problems
- Comorbidity is associated with greater impairment, higher risk of suicidal behaviour and greater use of health services

(National Health and Well-being Survey, ABS, 2007)

Prevalence of Mental Disorders

- Mental health problems are the third biggest health problem in Australia after heart disease and cancer.
- Mental health problems are the largest cause of premature death in Australia.
- Of the 16 million Australians aged 16-85 years, almost half (45% or 7.3 million) had a lifetime mental disorder i.e. at some point in their life.
- One in five (20% or 3.2 million) had a mental disorder sometime in the past 12 months
- There were 4.1 million who had experienced a lifetime mental disorder but did not have symptoms in the 12 months prior to the survey interview

(ABS: National Survey of Mental Health and Wellbeing, 2007)

Stigma of Mental Illness:

- Can stop people from admitting to a mental illness - believing it is a weakness in their personality
- It is one of the biggest hurdles that people with mental illness have to overcome
- Sometimes it can be seen as something to be ashamed of
- It can stop people from accessing appropriate help

Stigma can have a severe impact:

- Can reduce access to opportunities and resources e.g. medications and counselling
- Can lead to low self-esteem
- Can increase isolation and feelings of hopelessness
- Discrimination and abuse can occur

Myths about Mental Illness - What can they be?

- Mental illness only affects a few people
- Mentally ill people are generally violent
- Mental illness is a form of brain injury
- Mentally ill people should be kept in a hospital or facility
- People with a mental illness never get better
- People with a mental illness can never work

Module 2

Depression

DEPRESSION

Symptoms of clinical depression:

If someone has, for more than 2 weeks, felt:

1. Sad, down or miserable most of the time
 2. Lost interest or pleasure in most of their usual activities
- OR** **COMBINED WITH**

At least four (4) of these symptoms:

3. Weight loss or weight gain or changes in appetite
4. Sleep disturbance
5. Lethargy, restlessness or agitation
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day
8. Poor concentration, indecisiveness or muddled thinking
9. Recurrent thoughts of death or dying

DSM V Criteria

- Need to be present for at least 2 weeks or longer
- No known association with loss - not part of a normal grief process
- Not due to a general medical condition (e.g. hypothyroidism)
- Not due to the effects of a substance (illicit drug, alcohol or medication)

Difference between Grief and Depression:

Generally, grief does not:

- Significantly interfere with the ability to carry out tasks of daily living and/or
- Significantly impair family or social activities where a person has been previously purposively engaged

Referral Pathways

- The aim of a referral is to reduce and treat the symptoms of a condition

Referral pathways:

- Refer person to a specialist and that is the end of your involvement
- With person's permission you can consult with a specialist who provides you with advice

Referral to General Practitioners:

- If you are in a position to refer a person to a GP
 - Never give a diagnosis
 - Use a thoughtful introduction e.g. "I am worried about Mary. I noted she was crying, her mood has been low, her appetite is poor and she has complained of very poor sleep for the last three weeks"

Supportive Counselling

Can include:

- Clarifying myths about depression
- Psycho-education
- Support with anxiety about medication
- A range of therapeutic techniques including:
 - Cognitive Behavioural Therapy (CBT)
 - Narrative Therapy
 - Solution-Focussed Therapy
 - Relaxation Training
 - Mindfulness

Medication Myths

- Depression is natural and nothing can be done about it, therefore people think medication won't be able to help them.
- Fears that medications are addictive or will be needed for life.

*NB Medication can and does help. It is often necessary to restore chemical imbalances in the brain and allow alternative therapies to be more effective.

Module 3

Anxiety

Anxiety

- Is a normal healthy reaction
- Happens to everyone when confronted with certain life events/situations
- Occurs when there is perception of threat/danger to physical and/or psychological well-being
- Moderate anxiety can be useful and energising

Stress

- Everybody feels stress and most of the time we respond automatically to the stress cues our body and mind sends us.

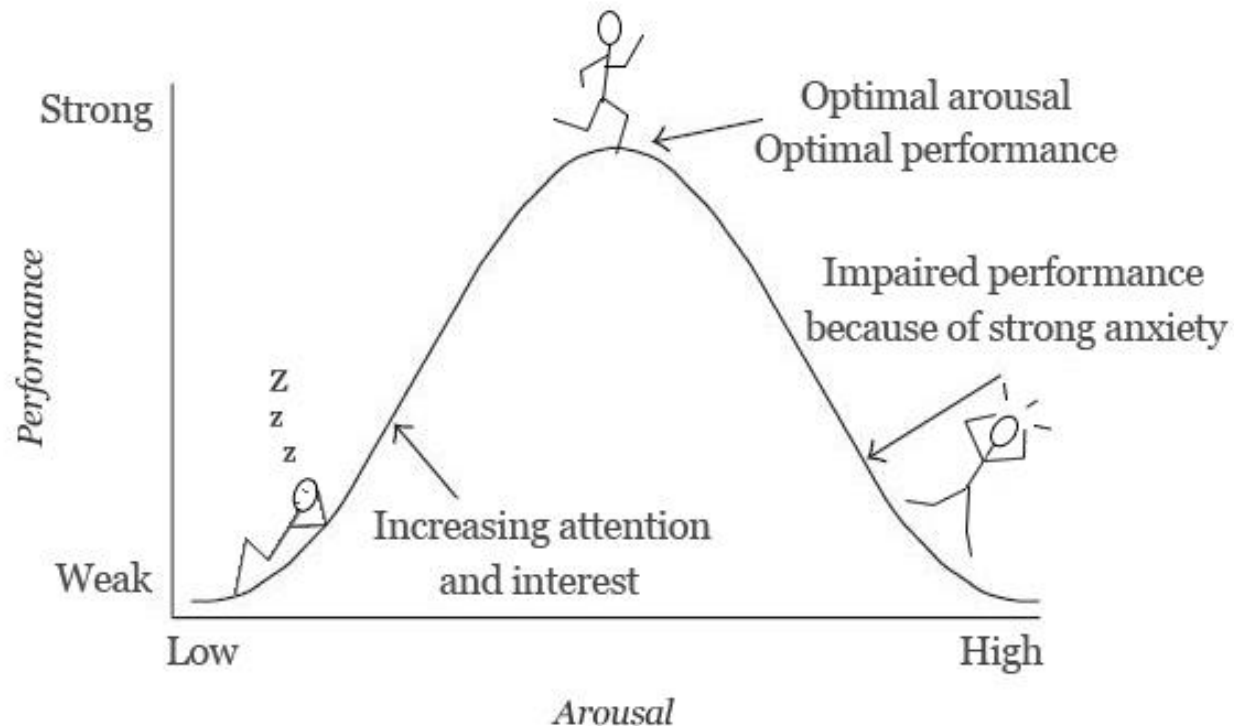
GOOD STRESS:

- makes us alert and allows us to perform optimally, for example when working towards a deadline or playing sport.

BAD STRESS:

- can sap energy and cause inertia.
- arises when we work beyond our individual limit or ideal level.

Stress Curve



Anxiety as a More Serious Problem

- More intensive
- Lasts longer
- Leads to development of fearful behaviours that limit ability to relate to environment
- At least one major area of a person's social functioning is affected

How Common is Anxiety?

- Anxiety disorders are the most common form of mental illness found in the population
- Known as a 'high prevalence' mental illness
- At least 10% of the population suffer from anxiety disorders
- Half of these experience the other 'high prevalence' disorders - depression and/or substance abuse disorders

*NB referred to as co-morbidity

Types of Anxiety Disorders

- Generalised Anxiety Disorder
- Panic Disorder
- Phobic Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive-Compulsive Disorder (OCD)

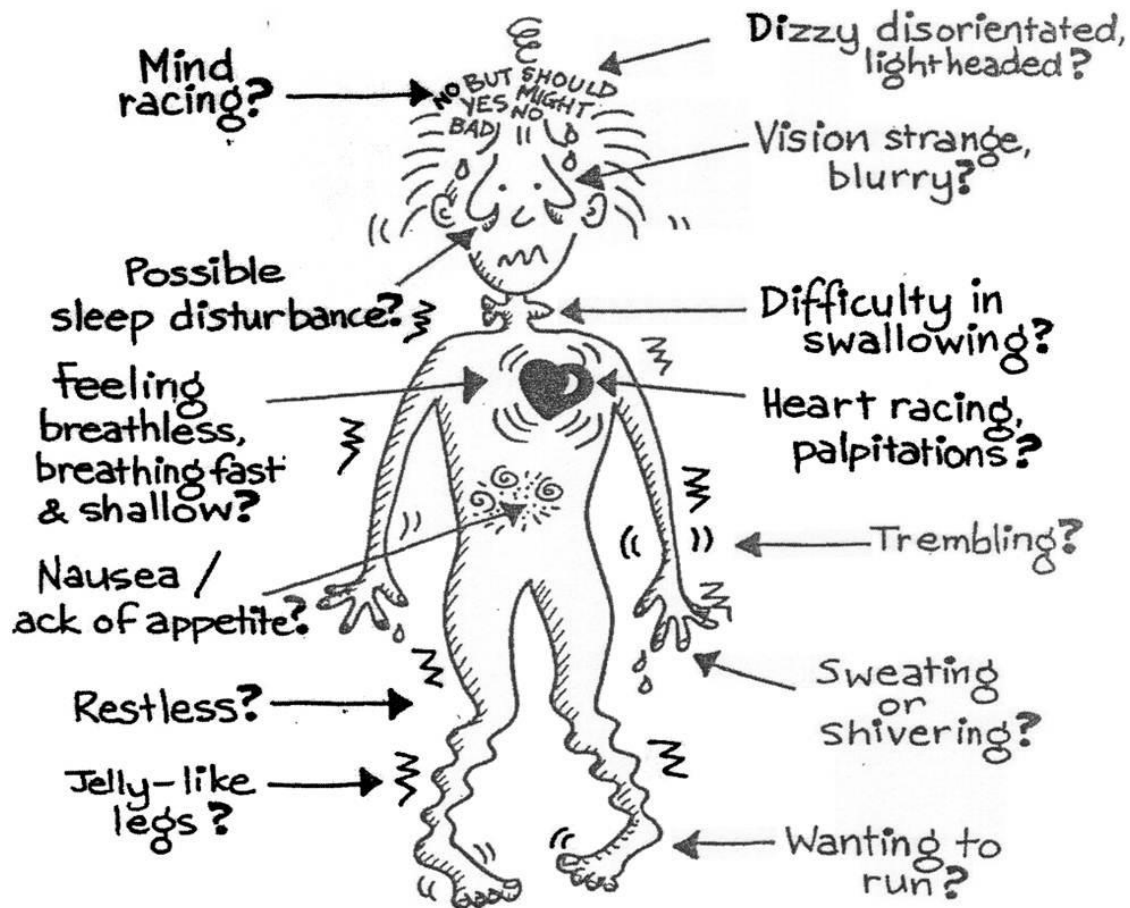
Acute Stress Reaction

- Occurs when symptoms develop due to a particularly stressful event, usually a very severe traumatic event
- Considered to be a fairly normal response to a traumatic event
- Symptoms usually develop quickly over minutes or hours but usually settle fairly quickly within several days or weeks.
- If symptoms last for more than 4 weeks it is important to discuss with GP as it may have developed into PTSD

Acute Stress Reaction...cont'd

- Symptoms may include:
 - anxiety, low mood, irritability, emotional ups and downs
 - poor sleep, poor concentration, wanting to be alone.
 - recurrent dreams or flashbacks, which can be intrusive and unpleasant.
 - avoidance of anything that will trigger memories (e.g. people, conversations or other situations)
 - reckless or aggressive behaviour that may be self-destructive.
 - feeling emotionally numb and detached from others.
 - physical symptoms such as heart palpitations, nausea, chest pain, headaches, abdominal pains, breathing difficulties

How Does My Body React When Anxious?



General Symptoms

There are 3 main types of symptoms:

- Behavioural symptoms
- Physical symptoms
- Psychological symptoms

Behavioural Symptoms

These will exhibit themselves in the following ways:

- Refusal to go outside or leave the home
- Distress in social situations
- Avoidance of some situations or things
- Increased substance use

Physical Symptoms

These will be observed as distress, such as:

- Cardiovascular - flushing, palpitations, complaints of chest pain, cold hands and feet
- Respiratory - unable to catch breath, hyperventilation
- Gastrointestinal - complaints of butterflies in stomach, complaints of feeling nauseous, gagging, complaints of dry mouth
- Muscular - reports of aches and pains, tremors, shaking
- Neurological - sweating and reports of tingling, light-headedness, dizziness or numbness

Psychological Symptoms

The person will talk about experiences such as:

- Worrying all the time, ruminating, wanting to discuss worries
- Feeling that their mind is racing
- Anger, irritability, impatience, being on edge, decreased attention span or confusion, going blank, feeling guilty, or a variety of other “nervous” types of worries and behaviours

Anxiety and Confidence

- Anxiety reduces confidence because it makes it hard to do the things that were once easy
- It is easy to get into a vicious circle when, because we feel less confident we avoid a situation, and because we avoid, we feel less confident
- Confidence can be regained by learning how to cope better and gradually building up to bigger tasks

Goldberg Anxiety Scale

For the past month for most of the time:

1. Have you felt keyed up or on edge?
2. Have you been worrying a lot?
3. Have you been irritable?
4. Have you had difficulty relaxing?
5. Have you been sleeping poorly?
6. Have you had headaches or neck aches?
7. Have you had any of the following: trembling, tingling, dizzy spells, sweating, urinary frequency, diarrhoea?
8. Have you been worried about your health?
9. Have you had difficulty falling asleep?

Goldberg Anxiety Scale - Interpretation

- Score one point for each 'Yes'.
- Most people have some of these symptoms.
- The average number experienced by Australian adults is 4.
- The higher the score, the more likely a person will experience disruption in their daily life.
- About 12% of adults get a score of 8 or more. A person with a high score may have an anxiety disorder

Contributing Factors

- Anxiety disorders develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events
- Anything that sparks off our flight, fight or freeze response to threat may cause anxiety symptoms:
 - Cumulative stress
 - Learned reactions/social models
 - Insecurity, low self-esteem
 - Alcohol or Drug reactions
 - Significant personal loss or other change
 - Trauma
 - Biological
 - Medical conditions (e.g. thyroid malfunction)

What You Can Do

There are many things you can do to assist a person with anxiety. A systematic way of doing this is:

- Assess frequency of problem anxiety, time period, level of suffering, etc.
- Respond to immediate crisis e.g. panic attacks, suicidal crisis
- Show respect to the person always
- Investigate further
- Engage and talk
- Encourage the person to seek help or use self-help strategies

Things that Interfere With Recovery

- Comfort - the behaviour is comfortable and provides a feeling of safety or security for the person
- Thinking distortions (e.g. catastrophizing, generalising), negative self talk
- Lack of awareness that anything is wrong (lack of insight)
- Lack of assertiveness or ability to confront; lack of self-esteem
- Avoidance of specific situations leads to increased anxiety in the long term (vicious cycle)
- Continuous stress (work, marriage, social)
- Drug stimulation (e.g. caffeine, amphetamines)
- Lack of purpose/meaning (no reason to tackle issue)
- Reassurance seeking

Treatments and Interventions

- Anxiety disorders are very treatable, yet only about one-third of those suffering access treatment
- Most anxiety disorders respond well to two main types of treatment:
 - Cognitive Behavioural Therapy (CBT) which is based on recognising and challenging thinking distortions
 - Medication

Thinking Distortions Typical of Anxiety

- All or nothing thinking- very black and white
- Over-generalising
- Mental filtering or selective thinking
- Converting positives into negatives
- Jumping to conclusions – mind-reading and fortune telling
- Magnifying and Catastrophising
- Mistaking feelings for facts
- Setting unrealistic expectations - “Should”, “ought”, and “must” statements
- Labelling
- Personalisation

*NB Often these distortions co-occur

Challenging Thinking Distortions

In assisting a person with anxiety, counsellors/therapists can gently challenge some of these assumptions.

In general, we challenge these by asking questions such as:

- What is the evidence for that?
- Is that true?
- What are the chances of that happening?

Following through in a logical fashion, we can then model a more helpful way of thinking.

Other Interventions

When to refer to GP or a counsellor and/or primary mental health team:

If person is:

- Suicidal
- Depressed
- Showing signs of severe neglect
- Not coping or completely stuck by their fears (e.g. cannot go outside, cannot go to parties, loses control and weeps from fear)
- Would like to see a counsellor

Module 4

Suicide

Suicide

- A death is classified as a suicide by a Coroner based on evidence that a person died as a result of a deliberate act to cause his/her own death
- Suicide statistics may be higher than reported as lack of evidence may lead to a death being classified as accidental (e.g. single vehicle accidents)

Suicidal Ideation

- Refers to thoughts that life isn't worth living
- Ranges in intensity from fleeting thoughts to concrete, well thought-out plans
- Can be a complete preoccupation with self-destruction
- Is associated with clinically significant symptoms of depression
- If severe, can increase risk of attempting suicide
- Evidence suggests that the relationship between suicidal ideation and suicide attempts is mediated by the burden of psychosocial risk factors

Groups at Risk of Suicide

- People experiencing mental illness
- Men
- Young people
- Aboriginal and Torres Strait Islander people
- Lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people
- People in rural and remote communities
- People who have previously attempted suicide or who engage in self-harm
- People bereaved by suicide
- People exposed to violence, either within the home or community
- People from culturally or linguistically diverse backgrounds
- Emergency Services Personnel

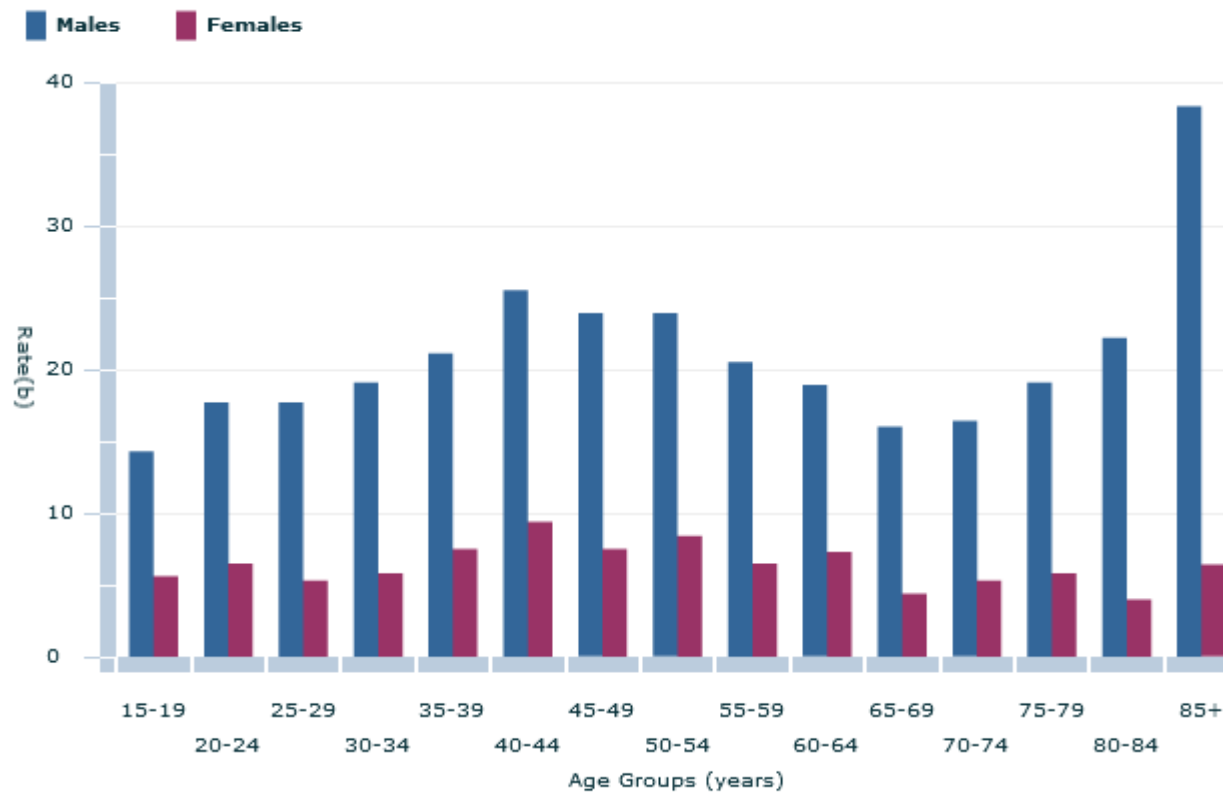
Suicide Statistics

- In 2013, **2522** deaths by suicide were registered in Australia
 - This compares with **1,193** deaths by motor vehicle accident in the same period
- Males accounted for 74.7% of deaths by suicide in 2013
- Suicide accounted for 34.8% of all deaths amongst young men aged 15 to 19 and 31.0% amongst men aged 20 to 24

(Causes of Death, Australia 2013, ABS 2015)

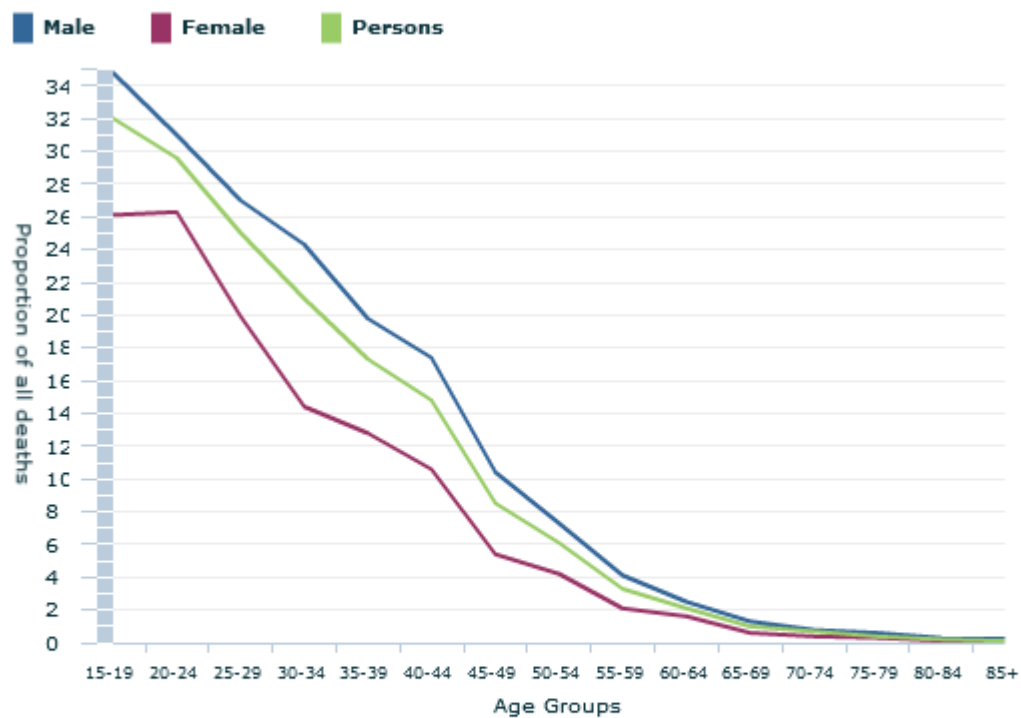
SUICIDE RATES BY AGE GROUP 2013

AGE-SPECIFIC SUICIDE(a) RATES(b), 2013(c)



PROPORTION OF SUICIDES BY AGE GROUP 2013

PROPORTION OF SUICIDES(a) BY SELECTED AGE GROUPS, 2013(b)



Warning Signs of Suicide

- Direct comments (“I’m going to kill myself”)
- A suicide plan of how, what, where they intend to do it
- Collecting drugs, weapons
- Availability of means to kill him/her self
- Writing/drawing about death and dying
- Giving away possessions and finalising affairs
- Dramatic changes in mood
- Depression, withdrawal from friends and family

Warning Signs of Suicide...cont'd

- Isolation from all types of support
- Family problems
- Behaviour changes
- Major life changes (loss of a friend, relative, relationship)
- Rage, anger, seeking revenge
- Carelessness, more risk-taking behaviour
- No reason for living, no sense of purpose in life.

Protective Factors

- Connectedness to family, school, community
- Responsibility for children, family
- Presence of a significant other, an adult for a young person, a spouse or partner
- Personal resilience and problem-solving skills
- Good physical and mental health
- Economic security in older age
- Strong spiritual or religious faith

Protective Factors...cont'd

- A sense of meaning and purpose to life
- Community and social integration
- Early identification and appropriate treatment of mental illness
- Belief that suicide is wrong
- Lack of access to weapons

Social and Economic Factors that Influence Suicide Rates

- Economic depression
- Sudden economic change
- Unemployment and the percentage of the population that is economically dependent
- Availability of particularly lethal methods of suicide
- Cultural background and religion of the country
- Modernisation and changes to family organisation
- War
- Media presentations of suicide
- Social and moral beliefs about suicide
- Rates of marital breakdown
- Changes to the culture of society that influence the rates of psychosocial disorders in young people

Suicide Risk Assessment

If you are concerned about a person undertake a suicide risk assessment:

- Assess if they are having suicidal thoughts -
 - **ask direct and unambiguous questions (you won't put ideas in their head)**
 - Are you thinking of killing yourself?
 - Are you having thoughts of suicide?
 - Have you been thinking about suicide?

Suicide Risk Assessment...cont'd

- Assess urgency of risk -
 - **Do they have a specific suicide plan?**
 - Have you decided how you would kill yourself?
 - Have you decided when you would do it?
 - Have you taken any steps to get the things you need to carry out your plan?

Suicide Risk Assessment...cont'd

- Risk can be increased if the person has been drinking or using drugs and if they have a history of suicide attempt, so ask:
 - Have you ever tried to kill yourself before?
 - Have you been using alcohol or other drugs?

How To Respond

Take ALL talk of suicide seriously, even if they do not have a specific plan.

- Do not put yourself in danger.
- If the person is consuming alcohol or drugs, try to stop them from using any more
- Try to ensure person does not have ready access to some means to take their life
- If the person has a weapon which could be used to injure someone else, and is becoming aggressive, call the police.

How To Respond...cont'd

- Do not leave the person alone.
- If you can't stay with them, find someone responsible who can.
- Seek immediate help, for example:
 - Phone the local Mental Health Crisis team
 - Phone Emergency 000
 - Take the person to a Hospital Emergency Department
 - Take the person to see a GP
 - Supports used in the past.
- Ensure the person has safety contacts available.

Talking with a Suicidal Person

- Listen with empathy and don't be judgemental.
- Do not interrupt with stories of your own.
- Explain that there is help available.
- Do not use threats or guilt to prevent suicide.
- Try to obtain a verbal agreement that they will not harm themselves within a certain timeframe (e.g an hour, 24 hours, etc.)
- **Never keep a person's plans for suicide a secret.**

Myths About Suicide

- Suicide is a spontaneous act
- Nothing can be done about suicide
- Suicide attempts are seldom repeated
- There is a certain 'type' of person who commits suicide
- Suicidal persons avoid medical help
- Suicide is a disease
- Chances of suicide can be reduced by not talking about it
- Improvement of suicidal person means the danger is over
- People who talk about suicide don't take their own lives

Suicide and Stigma

- People with suicidal ideation can be considered weak, shameful, sinful and selfish, which prevents these individuals from seeking treatment early
- Family of victims of suicide can be stigmatised, which makes recovery from this type of loss particularly difficult
- Stigmatising language should be avoided (e.g. “died by suicide” not “committed suicide”, “completed suicide not successful suicide”)
- A goal of suicide prevention should be to reduce the stigma attached to suicide.

The screenshot shows a web browser window displaying the beyondblue website. The URL is <https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning>. The page features the beyondblue logo (a butterfly) and the text "beyondblue Depression. Anxiety." with the phone number 1300 22 4636. A navigation menu includes "Get support", "The facts", "Who does it affect?", "Supporting someone", "Get involved", "Our stories", "Healthy places", "Media", and "Make a donation". A search bar and "Chat online" options are also visible.

The main content area features a video player showing a hand holding a smartphone displaying the "BeyondNow" app interface. The app screen shows the text "Things I can do by myself" and "Mental thoughts can be overwhelming. It's important to have a plan in place to help you get through these tough moments." Below the video, there is a quote: "To put the part of you that wants to live in charge, it's helpful to plan how you'll get through these tough moments." and a link to "Read transcript".

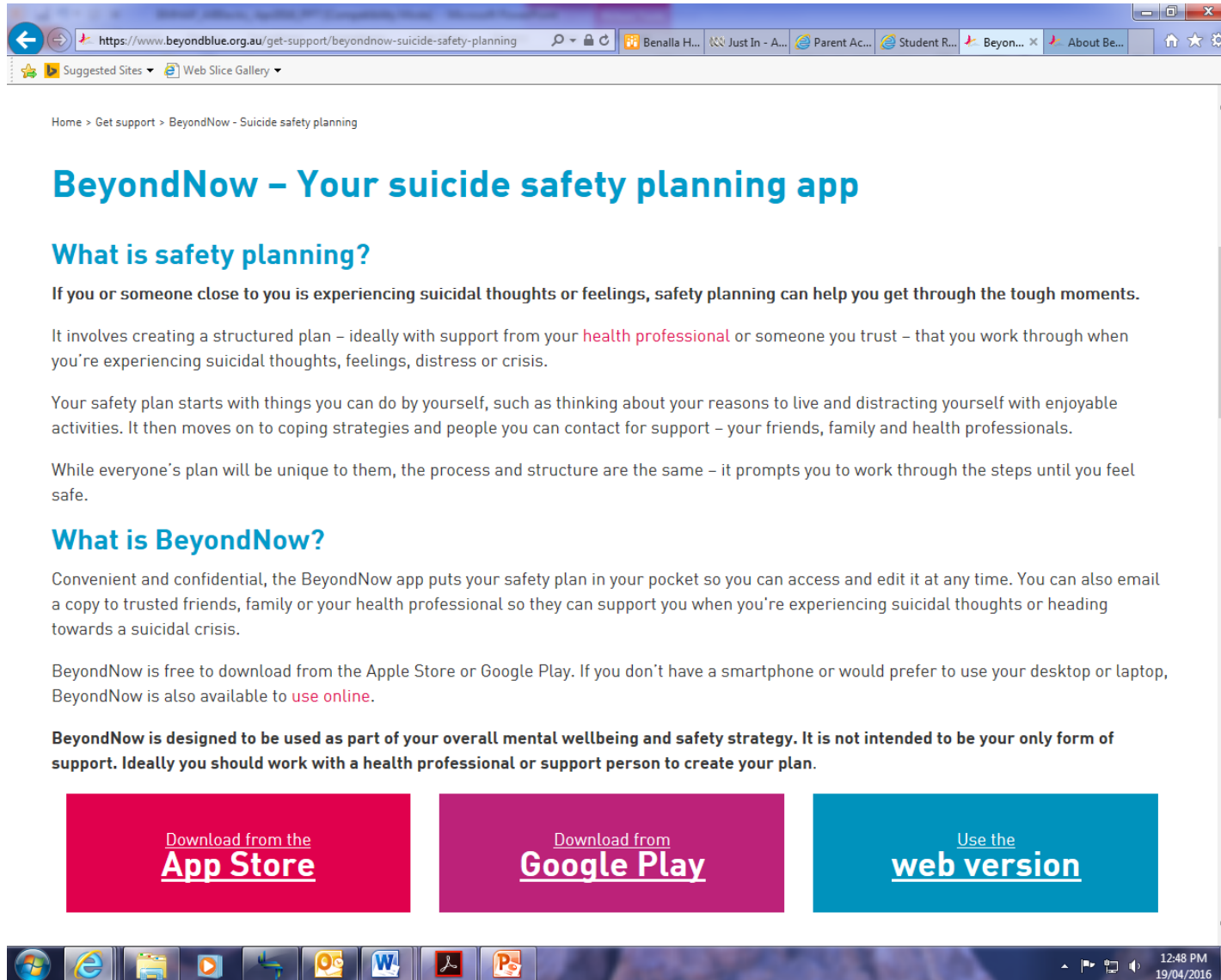
Home > Get support > BeyondNow - Suicide safety planning

BeyondNow – Your suicide safety planning app

What is safety planning?

If you or someone close to you is experiencing suicidal thoughts or feelings, safety planning can help you get through the tough moments.

12:47 PM
19/04/2016



Home > Get support > BeyondNow - Suicide safety planning

BeyondNow – Your suicide safety planning app

What is safety planning?

If you or someone close to you is experiencing suicidal thoughts or feelings, safety planning can help you get through the tough moments.

It involves creating a structured plan – ideally with support from your **health professional** or someone you trust – that you work through when you're experiencing suicidal thoughts, feelings, distress or crisis.

Your safety plan starts with things you can do by yourself, such as thinking about your reasons to live and distracting yourself with enjoyable activities. It then moves on to coping strategies and people you can contact for support – your friends, family and health professionals.

While everyone's plan will be unique to them, the process and structure are the same – it prompts you to work through the steps until you feel safe.

What is BeyondNow?

Convenient and confidential, the BeyondNow app puts your safety plan in your pocket so you can access and edit it at any time. You can also email a copy to trusted friends, family or your health professional so they can support you when you're experiencing suicidal thoughts or heading towards a suicidal crisis.

BeyondNow is free to download from the Apple Store or Google Play. If you don't have a smartphone or would prefer to use your desktop or laptop, BeyondNow is also available to **use online**.

BeyondNow is designed to be used as part of your overall mental wellbeing and safety strategy. It is not intended to be your only form of support. Ideally you should work with a health professional or support person to create your plan.

Download from the
App Store

Download from
Google Play

Use the
web version

12:48 PM
19/04/2016

Summary

- If concerned and risk factors are present, ask if the person is suicidal.
- If yes, assess whether they have a plan, the means, and/or decided on a time.
- You need to act. Refer the person immediately to a mental health service, emergency medical service or ring the police.