

More about that when we get to the end.

For this particular topic, we're very pleased to have Lorene Lacey presenting. This is definitely something within her wheelhouse and area of expertise, and we're very pleased to have her here. She actually serves as the Director of Global Crisis Response for Workplace Options, overseeing global crisis support services. She's got more than 20 years of experience working with employee assistance programs, family services, wellness education—she's certainly a qualified expert in the areas of trauma counselling and critical incident support.

She frequently travels, most recently in Europe and Russia, to train on proper crisis response methodology and execution, and recently presented on EAP's response to global terrorism and political unrest at the ICISF World Congress of Stress, Trauma, and Coping.

Lorene, we're very pleased to have you presenting this topic of mental health first aid to us as lay people today. I'm going to go ahead and pass it to you now to get us started.

All right, thank you, Katie.

Welcome, everybody, to discuss this important topic of mental health first aid. If we look at our learning objectives for today, we're going to define what mental health and mental illness is; we're going to discuss the four steps to mental wellbeing, including building resistance and being mindful of self-care; we'll understand how to provide in-the-moment mental health "first aid;" and how and when to access professional help; and to identify how to respond to someone at risk for self-harm.

Let's start off with "what is mental health?"

Well, mental health, according to the World Health Organization, is "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." So let's look at what is mental illness.

Although the terms "mental illness" and "mental health" may be interchangeable, they're not the same thing. A fundamental difference

between mental health and mental illness is that everyone has some level of mental health all the time, just like physical health, whereas it is possible to be without mental illness.

There are three components that we usually describe with mental illness. It can be biological. It could be genetic, psychological, and environmental factors which can contribute to mental illness. Biological factors include an interaction of multiple genes, stress, abuse, or a traumatic event; psychological factors, such as severe trauma, emotional/physical/sexual abuse or neglect can also contribute to mental ill health; and environmental factors, such as stress that can be caused by loss, divorce, relationship issues, and other events may also trigger an illness.

Let's go to a survey, and I'll turn it back to Katie to explain how it works.

Thanks, Lorene.

I'm going to go ahead and send out this survey on some statistics to get everyone's perspective. Even though the session is not live, you can still participate and click on that survey that's popped up on your screen. Once you submit that, you'll be able to see in a moment where others who have listened to this session, kind of what their thoughts are.

The question is: "What percentage of adults in the United States deal with either some form of mental illness or a substance abuse disorder?"

We've got four different options: 9%, 17%, 22%, or 31%. You can take a moment to go ahead and select what you think it is.

I'm going to go ahead and pass it back to you now, Lorene, to share with us the correct answer.

Okay, I will give everyone a minute to complete the survey.

[Pause]

And now look at the results. For adults in the United States, almost 1 in 5, which is 19%, experience some form of mental illness; 1 in 12, 8.5%, have a diagnosed substance use disorder; and 1 in 24, 4.1%, have a serious

mental illness. So if you chose 31.6%, that is correct, which accounts to nearly one-third of U.S. adults.

Let's look about common myths regarding mental illness.

**Myth #1: People with mental health problems are violent and unpredictable.**

The fact is, the vast majority with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are *not* violent, and only 3% to 5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be a victim of a violent crime than the general population. You probably know someone with a mental health issue and don't even realize it because many people with mental health problems are highly active and productive members of our communities.

**Myth #2: Personality weakness or character flaws cause mental health problems.** People with mental health problems can snap out of it if they just try hard enough.

Well, the fact is mental health problems have nothing to do with being lazy or weak, and many people do need help to get better. Many factors contribute to mental health problems, including biological factors, as I mentioned before: genes, physical illness, injuries, brain chemistry, life experiences such as trauma or a history of abuse, a family history of mental health problems. But it's important to know that people with mental health problems can get better, and many recover completely.

The next myth: **There's no hope for people with mental health problems.** Once a friend or family member develops mental health problems, he or she will never recover.

Well, the facts show that studies present people with mental health problems get better; and many recover completely. "Recover" refers to the process in which people are able to live, work, learn, and participate fully in their communities. There are more treatments, services, and community support systems than ever before, and they work.

The myth: **I can't do anything for a person with a mental health problem.**

The fact: Friends and loved ones can make a big difference. Only 44% of adults with diagnosed mental health problems, and less than 20% of

children and adolescents receive needed treatment. So, friends and family can be important influences to help someone get the treatment and service they need by reaching out; letting them know you're available to help; helping them access mental health services; learning and sharing the facts about mental health, especially if you hear something that isn't true; treating them with respect, just as you would anyone else; and refusing to define them by their diagnosis or using labels such as "crazy."

There are many famous people with mental health issues. Albert Einstein, Abraham Lincoln, Beethoven, Winston Churchill, are just some of the few.

Let's look at mental health wellbeing. We're going to cover four steps to mental health wellbeing, and we'll discuss them a bit more in detail next.

One, pay attention to your emotions.

Two, challenge your beliefs and assumptions.

Three, build your resilience.

Four, be mindful of self-care.

Let's start with Step 1—pay attention to your emotions. For those of you who have watched the movie "Inside Out," you know the role feelings play in determining our thoughts and behaviors. So the first step is to pay attention to your feelings and use your feelings as a gauge of what is happening to you—what are you experiencing. Feelings just are. There are no right or wrong feelings, and no one has the right to say, "Why are you feeling that way?" or, "You should not, or you must not, feel a particular way."

Feelings can be complicated. You can feel like this, and everything's scrambled up, but the more we are able to work through the jumbled mass of emotions and sort them out and label them clearly, the better we are able to understand ourselves and what we are experiencing and the easier it is for us.

Here are some examples of the feeling wheel by Dr. Gloria Wilcox. There are 6 basic feelings, but these can be subdivided into 96 finer nuances of the basic feelings. For example, mad can be hurt, hostile, angry, selfish, hateful, critical, distant, sarcastic, frustrated, jealous, irritated, skeptical. When working with clients, especially when they identify their feelings and use common terms like "sad" or "mad," we often call it like peeling back the layer of an onion because behind the feeling of being mad oftentimes can

be feelings of really hurt or frustration. So it's really looking closer what's behind feelings.

Why is that important?

Because the more we understand our feelings, then the more we're going to understand what we're thinking, the more we'll understand our behavior, the more we can choose our response, and the more resilient we can become.

Let's take an example— let's say, making a mistake at work. So the belief process can be that I have to be perfect. Everything I do has to be perfect; I cannot make a mistake. I can't afford to make a mistake.

And then the thought process is, "Oh, I made a mistake. That's the worst thing I could do. I can't believe it! I'm a failure; I'm useless; I do this all the time," which can lead to behavior. "I panic. I can't focus. I'm distracted. I'm isolating myself. I'm not coming into work today."

But we want to change this into understanding that "I have a choice. I can choose my response to the situation. But first, I have to understand the situation from my perspective." How do we do this?

Well, if we go to the next slide, we're going to start with sort of that moment of self-reflection. Oftentimes, when I'm working with clients, I will have them, especially if they're feeling a lot of stress, just take a pause, take a moment of self-reflection, and I'll ask them to just focus and reflect on what they're feeling right now. I'll also ask them where are they feeling the stress right now. Where do they feel it—in their shoulders, in their head, in their arms? So that's another part of just that moment of reflection.

All right, let's go to Step 2: challenging our beliefs and our assumptions. There was a person who would wake up each morning and look out of his window and see the neighbor's laundry drying on the clothesline. Every day it was dirty, and he would wonder, "Why don't they wash their clothes properly," until one day when he cleaned the glass of his window and realized it was the window that he was looking through that was dirty, not the laundry.

What this means is that we are often colored by our perceptions of the world based on our experiences, our upbringing, our values, added to the belief; and every once in a while, we need to clean our own windows to let the light come in and give us a fresh perspective.

If we go to common irrational thoughts, some of the main ones are catastrophizing, grandiosity, paranoia, all or nothing, personalization. I oftentimes will give an example of what if, especially the catastrophizing, and that's one where you're like. "Oh, I made a mistake at work! Oh, no, they're going to fire me! Oh my gosh, if I lose my job, I'm not going to be able to pay my rent! If I can't pay my rent, I'm going to be out on the street! I'm not going to have a home! I'm going to be broke!"

So it goes from sort of one thought process—"I made a mistake"—to you're out on the street because you've lost your job, you've lost your home, you have no money. So it's that kind of going from, I call it, A to Z very, very quickly without proof of all those things happening.

The other one that's sometimes very common is the all or nothing. "Unless I do this the right way, unless I act this way *all* the time, unless I *never* do this, unless I *always* do that, it won't be worthwhile. I won't be valued. I won't be seen as competent." So it's really putting these impossible false expectations on us and saying, "Unless I live up to this impossible high standard, I'm a failure; I'll never be good enough." When we work with clients, we really work to challenge these types of thoughts.

Let's go to the next slide to talk about an important Step 3, which is building your resilience. So what does that mean?

Well, Stein and Book are the authors of "The EQ Edge: Emotional Intelligence and Your Success," and resilience is "the ability to withstand adverse events and stressful situations without falling apart by actively and positively coping with stress." It sounds a little bit easier maybe said than done, but that's what we're working towards. Let's start off with a survey, and I'm going to turn this back to Katie.

Thanks, Lorene. I'm going to go ahead and send this survey out.

So just based on that brief definition that Lorene shared, take a moment and select how would you rate your resilience at this time; kind of a

moment of self-reflection here. You should see it on your screen. You can choose not resilient, somewhat resilient, neutral, resilient, or very resilient. So you can go ahead and take a moment now and select that. Then when we end the survey and submit that, you'll be able to see where others who have listened in, kind of where the group is at as far as their level of resiliency.

All right, so I'll pass that back to you now, Lorene.

Thank you.

So let's go back to talking more about resilience and what it's about. Resilience is knowing that just like all things eventually come to an end, like a vacation or things like that; all bad things and trying times and challenges also eventually come to an end. This too shall pass: recognizing that *everyone* has ups and downs. And just like the ups may not last forever, the downs don't last forever either.

So let's take an example and look at a job loss. One of the things about resilience can be as once you process that emotional impact and are in touch sort of with the emotional feelings and able to kind of get in touch with that, resilience then is being able to look at it with problem-focused coping skills: defining the problem, identifying what needs to be done, making a plan, executing that plan, looking ahead, and taking stock and being reflective of the lessons learned.

Resilience involves more. It involves adjusting, which is overcoming adversity: realigning with this is my new reality. I'm going to be able to cope with this change. I'm going to look at this as a challenge, an opportunity. Rebounding: using that energy in a productive way, re-establishing the good health practices—the diet, the exercise, the sleep, taking care of yourself. It's sort of that recovering your footing. Being buoyant: using humor, anticipating what's next, watching, planning, using your support system, taking charge. Those are all factors of what resilience can involve.

But what about situations farther from our control, when we're dealing with someone we love or our self with a chronic medical or mental health issue or somebody who's been a victim of abuse, or if there's system dysfunction, whether that's in your family or your workplace? It's important to remember

these exceptions and not to beat ourselves up when either personal or systemic issues have an impact on us. If we're struggling, no matter how many resilient factors we're drawing on it's important to find support so we don't wind up losing confidence and isolating ourselves.

So, even in these conditions, going back to the idea of looking at problems and challenges and remembering what we can do to take an active role, it's important to focus on what *is* in our control and not to internalize blame for situations that are not of our making.

If we go to the next slide, we're going to talk about Step 4, which is being mindful of self-care. Taking care of yourself, especially in moments of stress, can be very, very critical. So doing something physical, doing exercises, a walk, cleaning out your closet, weeding your garden, raking your leaves, washing your windows—when you do something physical, it does reduce that stress.

Eating well, adding a nutritious diet, getting plenty of sleep, scheduling some down time, scheduling something that's fun. Fun is how we recharge our batteries. If stress has drained us from our energy, it's really important to schedule activities that are fun for you so that you can recharge.

Knowing your limits— maybe saying "No" to things where you're overwhelmed with time commitments.

Get support. Call a friend. Sometimes just getting things off your chest can relieve your anxiety. Or join a support group for people with similar issues or concerns.

Using relaxation techniques—we're going to talk a little bit more about this next, which is relaxing, breathing, meditation.

So let's try a very critical breathing technique that I have used many, many times with clients, and it's diaphragm breathing. So breathing deeply is a relaxation technique that's mentioned in most literature. Breathing from your diaphragm is a special breathing technique that teaches us to expand the diaphragm fully when inhaling in order to allow the lungs to expand and relax the diaphragm fully when we exhale. So it's breathing from your belly, not your chest or nose. This process slows your respiration and promotes relaxation.

Oftentimes, as I said, when I work with clients, if I tell them, "Take a deep breath," probably four out of five times I see their chest rise; and that's kind of the opposite of what we're looking at when we're thinking of diaphragm

breathing. What we don't realize is if we're under stress, when we're upset or angry, it's very common for us to almost hold our breath or shallow breathe or chest breathe. So learning how to do the breathing through your diaphragm can really help you during moments of stress. If you can kind of control your breathing, you'll have an easier time controlling your thoughts and vice versa.

I want to show you an easy technique on how you can practice this. What you will do is sit back in your chair, close your eyes—and I like to put both my hands kind of on my lower belly but you can put a hand on your belly and one on your chest, or you can put your hands on your knees or folded in your lap. I like to kind of put both hands lightly on the bottom of my belly. To me, that kind of helps me focus on the breathing techniques.

So what you're going to do is I like to tell people, "Pretend you have a balloon in that lower part of your belly that you're going to blow up. What you're going to do is you're going to breathe in, inhale through your nose, and blow up that balloon in your belly. Then you're going to exhale through your mouth and slowly count to ten in your mind." So once again, it would be breathing in through your nose, feeling that balloon rise in your belly, and then exhaling through your mouth to a count of five. Now that balloon should be deflated.

The other way is sometimes I'll have someone lie down and put a book on their belly, a light book, and see if they can make that book rise by rising their belly—in through their nose, and then the book will fall when they exhale through their mouth. This exercise can be practiced anytime when you feel the need to destress. It really does help clear your mind and leave you feeling more refreshed and ready to face your challenges.

Even if you're not feeling particularly stressed, taking a moment to sort of breathe will help you shed the stress you didn't even know you were holding in your body, and the more you practice this, the easier it becomes. So in moments of stress, it becomes a lot easier to almost automatically remember to breathe. All right, so good practice on a daily basis for everyone, and it really can take less than a couple of minutes.

All right, let's go to the next slide. We're going to now focus a little bit on providing mental health first aid. We're going to talk about what we can do to support people that we are concerned about if they're in emotional

distress or even potentially self-harming behavior. We know that the risk is greatest when an individual has the means, the opportunity, a plan, and a lack of a deterrent. If you can be that deterrent, you can get them help.

I like the next way of looking at this, which is "I see you". We all kind of know when we think of a hospital ICU, but now we're kind of spelling that out—I-C-U. It's being able to identify the signs, connecting with the person, and understanding the way forward. Just as people with a physical injury or illness may require help through an intensive care unit, ICU, so people with a psychological or an emotional injury or distress may require help from one another. So remember, "I see you" is I-C-U.

So, identify the signs of distress. Notice if anything has changed in a person's behavior. Are they now suddenly quiet, withdrawing? They're angry all the time or they're not taking care of themselves—their hygiene—those types of changes in behavior.

Connecting with the person experiencing distress—finding a quiet place to talk and being non-intrusive, non-judgmental, "Is there anything upsetting you? I notice that you're not being yourself. You're not joining us with lunch at all, and you're not joining us with any of the other activities. Is there anything I can do to help?" And just listening can be a great way to help. The other one is understanding the way forward together. This could include having a simple conversation and reminding people of the support systems available to them and who they can go to for further assistance. We'll talk about this a little bit more further in this presentation, about the mental health benefits and the programs that you may have available through your organization. It's important to remember as you assist others, there are services also available to assist you.

Let's talk about active listening. How can you be a good listener, an active listener?

Here are some of the tips for active listening. First one we oftentimes hear is asking open-ended questions instead of questions that can be answered with a "Yes" or "No."

"Are you okay?"

"Yes."

"How are you feeling? I notice that...how are things going for you?"

Summarizing what they say and say back to them: So it sounds like it's been really stressful since your mother has been hospitalized, and you're having to take care of your father who suffers from a form of dementia.

Reflecting: repeating back a word or phrase that can help a person know that you understand, and expand those thoughts further and help the person open up. "So, who is in your support system? What has been the hardest part for you during all of this? What are you doing to take care of yourself?"

Clarifying any points for you or for them—you know, asking questions.

Giving words of encouragement without sort of saying, "The sun will come up tomorrow," or, "You shouldn't feel that way." It's really just sort of saying, "It sounds like you're in a *really* difficult situation. It must take a lot of energy. I'm glad you talked to me. I really hope things get better for you. What can I do?" Those types of encouragement.

And just sort of those moments of letting them know you've understood. "It really does sound like this is a difficult time. I'm so sorry to hear you're going through this. Can I help? Can I bring a meal over? Can I babysit? Can I drive you to work?" I mean, just different things like that as well.

Now, what happens if the person you're talking to kind of gives you signs where you almost have this red flag going through your mind? I do want to talk about behavioral warning signs that could indicate something more serious could happen and this person might be at risk.

There are some behavior signs, especially regarding thoughts of harm to self or suicide, to watch for. If somebody is talking or writing or sharing about sort of death or suicide, especially if this is unusual for them or related to a personal crisis or loss.

If they're making plans and you hear about that, collecting pills or doing other type of ways to harm themselves, direct threats like, "I'm going to kill myself. Nobody cares anymore. I'll be better off without it. I'm just going to go home and drive off a bridge," things like that. Or indirect thoughts, which is probably much more common, "I can't do this anymore. It's just not worth it. You know what? No one will even care if I'm gone. You've meant a lot to me, so forgive me; please don't forget me."

Anything of direct or indirect thoughts to suicide, watch these things. These are all warning signs that we need to get more information about someone's suicide risk behavior. If they're displaying signs of hopelessness, that they're seeing no reason for living, there's no purpose in

life, or they're acting recklessly or engaging in risky behaviors even without thinking. They're withdrawing from friends, family, society. They start giving away belongings or you're seeing dramatic mood changes or uncontrolled anger or wanting to seek revenge. "People will be sorry now when I'm gone that they weren't nice" or "they didn't do this."

Feeling trapped as if there's no way out or you're seeing an increase in alcohol or drug use, or somebody who's agitated or they're saying they're just unable to sleep; they're unable to stop their mind from going.

Even people who know a lot about suicide can miss warning signs, so it's really important to be able to recognize signs, know how to help, having the right places to get help because you can save a life. So what *can* you do?

Well, if you see any warning signs, it's important to gauge the risk. Show you care. Asking, "Are you having thoughts of hurting yourself? Are you having thoughts of suicide?" You can also ask, "Have those thoughts developed into a plan?" And do they have access to the plan...pills, automobile, guns? Providing suicide support is being proactive. What can you do to be a deterrent? It's important to get help, to ensure they are safe, that they are not alone, and they are receiving immediate support from whether it's family or friends or if they need medical support or emergency care and services.

And you don't have to do this alone. There are important resources that can help you. There's the National Suicide Prevention Lifeline or the Veterans Crisis Lines. There are counsellors there that can speak to the person you're concerned about. You can stay with them while they call. You can call for them and hand the phone over to them. Or if you're concerned about a loved one and you want to talk to what you can do, what services are available, how can you continue to support them, you can call as well.

For additional assistance, you can contact your Employee Assistance Program, your EAP. It's available. They can speak to you about your concerns. They can provide counselling services. They can provide – you may have work life services. Besides clinical services, remember oftentimes many EAPs offer work life services, child care resources, elder care resources, community daily life resources near you. But they can also give you or your loved ones clinical guidance. If you're worried about

yourself in terms of thoughts or how you're feeling or your stress level or someone you love, your Employee Assistance Program is there to support you and provide you guidance and resources.

So let's kind of give a final wrap-up. Mental health and mental health problems are common and they can be treated. And remember, there are steps we can take to improve our own mental wellbeing. And you *can* make a difference—taking time to notice those who might be in mental distress and helping them get assistance and knowing that there are many resources to help those in crisis.

Thank you very much, and I will turn this over to Katie now.

Thank you so much, Lorene, for a lot of great information and walking everyone through that and providing the additional resources.

Just by way of wrapping up, I do want to remind everybody you do have, on the left-hand side of your screen, an Event Resources section. We've got a copy of Lorene's slide deck here. I would encourage you to download that. As Lorene mentioned, your EAP is here for you 24 hours a day, 7 days a week. So that's just another resource any time of day or night you can contact.

If you have a question on this topic and it's not urgent in nature, we do have an Ask a Question section that you can type that in and send. We receive that via e-mail; and, depending on the nature of your question, we will get back to you within a couple of days or less usually, depending on the nature of your question. But we will acknowledge it usually within a day that you've sent it, so just wanted to highlight that.

There will also be a brief survey when you log off. It might take you 20 seconds, and we'd appreciate your feedback if you have a moment to do that and would like to.

Thank you, everyone. We trust that this has been helpful and that you've been able to pick up some good tips and strategies. I want to thank Lorene as well for her expertise and her time in sharing this with us as well. Take care, everyone.