

HEALTH

A First-Aid Class for Mental Health



Most people know how to help someone with a cut or a scrape. But what about a panic attack?

By Meagan Morris



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Here's a thought experiment: You're walking down the street with a friend when your companion falls and gashes her leg on the concrete. It's bleeding; she's in pain. It's clear she's going to need stitches. What do you do?

This one isn't exactly a head-scratcher. You'd probably attempt to offer some sort of first-aid assistance until the bleeding stopped, or until she could get to medical help. Maybe you happen to have a Band-Aid on you, or a tissue to help her clean the wound, or a water bottle she can use to rinse it off. Maybe you pick her up and help her hobble towards transportation, or take her where she needs to go.

Here's a harder one: What if, instead of an injured leg, that same friend has a panic attack?

It's possible that you'd know how to help, but the average person isn't properly trained to assist in those types of situations. It's an alarming gap in our collective knowledge, given that roughly 18 percent of U.S. adults have some form of mental illness, according to the National Institute of Mental Health.

And unfamiliarity, as many people with mental illness know all too well, breeds stigma. Since 2001, the National Council for Behavioral Health has attempted to combat that stigma with its Mental Health First Aid program, which teaches participants how to recognize when someone is going through a mental-health crisis, and how to help them get through it.

"It really gives you the skills you need to identify—and ultimately help—someone in need," First Lady Michelle Obama said in a speech last year after going through the training. "Because you never know when these kinds of skills might be useful."

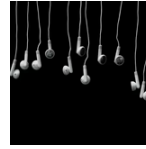
I recently discovered Mental Health First Aid while paging through the free community events section of a local magazine. The ad, sandwiched between listings for a yoga class and a church bake sale, promised to teach even people who were ignorant about the basics of mental illness how to recognize the signs of a crisis. Intrigued, I signed up.

On a Saturday morning a few weeks later, I found myself with a handful of other people in the basement of a public library, unsure what to expect out of the eight-hour training. I had no background in the subject: It's one thing to lend a sympathetic ear to a friend, something I've done plenty of times, but quite another to know how to handle a more serious situation.

One of the primary goals of Mental Health First Aid, a program created in Australia by the nurse Better Kitchener, is to make people like me less afraid of those situations. This is especially important in rural or poorer areas where professional mental health treatment isn't readily available, according to Betsy Schwartz, the vice president of public education and strategic initiatives for the National Council for Behavioral Health.

"The training is designed to help people realize that it's real and treatment is available—and that people with mental illness can live normal lives," Schwartz says.

RECOMMENDED READING



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The training started off with big-picture overviews on some of the more common mental disorders: depression and mood disorders, anxiety disorders, trauma, psychosis, and substance-use disorders. It also walked us through an action plan for helping someone who's experiencing a panic attack, suicidal thoughts, psychosis, self-injury, or substance abuse. The plan—which uses the acronym ALGEE—outlined the major steps of first-responder aid for a person experiencing a mental-health problem:

Assess for risk of suicide or harm;

Listen non-judgmentally;

Give reassurance and information;

Encourage appropriate professional help;

Encourage self-help and other support strategies

Not every step is applicable to every situation, but ALGEE is meant as a more general tool, a road map to help bystanders assess a problem and determine if professional intervention is needed.

Program organizers stress that mental-health first aid can't prepare someone to diagnose and treat a mental illness, much like someone trained in regular first aid wouldn't be expected to stitch up a gaping wound.

"We're not teaching people to make the diagnosis or tell people what is right," adds Schwartz. "You're there as an immediate help to know what to do and see the signs if someone is experiencing a mental-health crisis."

Dealing with a physical injury is pretty cut-and-dry in terms of what first aid can be provided, but every mental-health situation is different because every person's mind works differently. The trainers in my class gave quite a few personal anecdotes of their own experiences, along with a few example situations we had to assess as a class, but it obviously couldn't cover everything that could possibly occur in everyday life. I learned a lot that day, but I still left the training feeling overwhelmed by all the things I didn't know.

According to Schwartz, that's a common reaction. "Our training emphasizes that it's not necessary to go really in-depth to provide help," she says. Instead, trainees learn enough to manage an acute situation until someone with the proper professional background can step in.

I haven't yet been in a situation where I had to use my new knowledge, but on the other side of the training, I do feel more prepared should I ever need to. At the very least, I know I won't be afraid if someone I encounter experiences a mental-health crisis, and I may even have a better understanding of what they're going through—and that alone made the training worth it.

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