



Crisis Intervention in Mental Health

Crises, Coping Strategies

- And How to Inoculate Your Church Community against Crises
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Impact of mental illness on Canadians

- 1 in 5 Canadians will **personally experience** a mental illness in their lifetime.
- 38% of Canadians have a **family member** with a mental health problem.

- Vanier Institute, Oct 2016

Impact of mental illness on families

- 22% Canadians have **more than one family member** with a mental illness.
- 62% Canadians affected by a family member with mental illness say it caused them to become **worried, anxious or depressed**.
- Any given week, 500 000 employed Canadians **cannot work** due to mental health problems

– Mental illness affects us all

- Varier Institute of the Family, Oct 2016

What is mental illness?

- Subjectively – what the sufferer experiences
 - Alterations or changes in a person's **emotional state, thinking and behaviour**, associated with significant **distress** and **impaired functioning**, disrupting their ability to go to school or work, and/or carry out their usual relationships.
 - Public Health Agency of Canada

How mental illness affects an individual

- How we **think and feel about ourselves** and others
- How we **interpret events**
- Capacity to learn, communicate, form and sustain **relationships**
- Ability to **cope** with change, transition and life events
 - All of the above impact the person's **functioning**

What others see in the individual with mental illness

- Objectively – how others (their families – spouses, children, parents, extended family, church family, school friends, work mates, communities in general) experience them
 - Increased negative **emotions**, disproportionate to actual context
 - **Thinking** problems, ranging from negative thinking (pessimism) to distortions in thinking (strange beliefs, and ideas, delusions, hallucinations)
 - **Behavioural** problems, ranging from isolating and pulling away, to interpersonal difficulties, and not carrying out family and work functions and obligations

Mental Health & Mental Illness

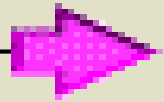


Best mental health



Less severe mental illness
Not debilitating
Milder and episodic

More severe illness
Life-changing
Chronic and lifelong

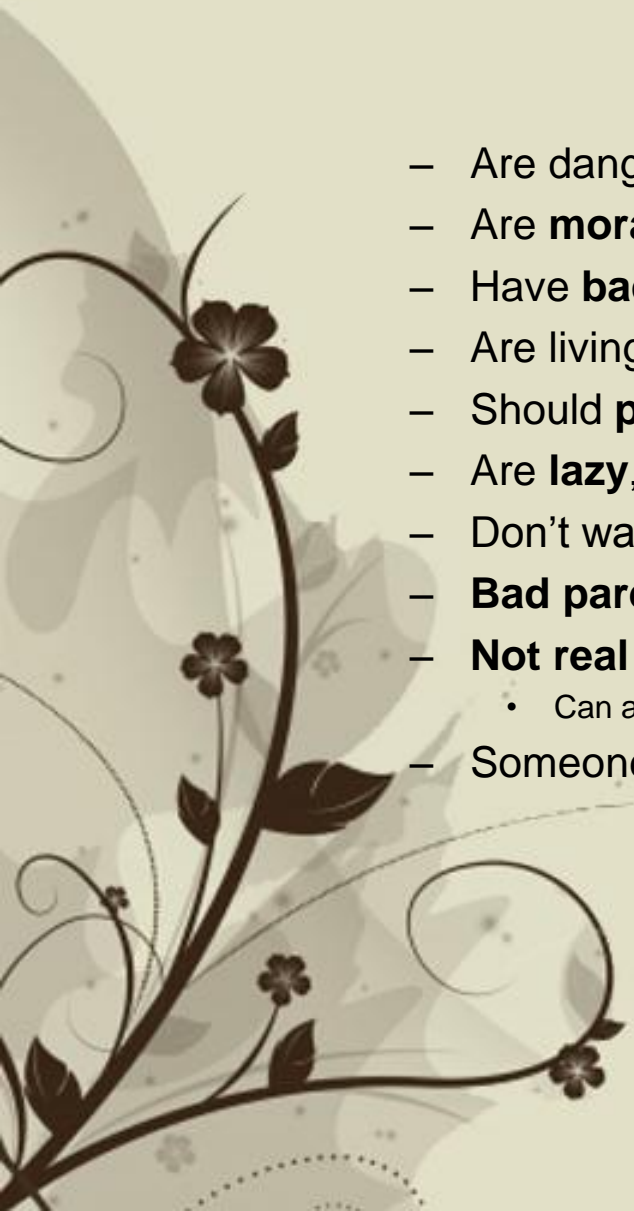


Poor mental health

What is mental health?

- One can be living with a diagnosed serious mental illness and have good mental health, and,
- One can **not** have a diagnosed mental illness and have **poor** mental health

Examples of myths and false beliefs about mental illness

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- Are dangerous or **violent**
 - Are **morally weak** characters
 - Have **bad habits**
 - Are living **sinful** lives
 - Should **pray** more
 - Are **lazy**, don't want to work
 - Don't want to **deal with reality**
 - **Bad parenting**
 - **Not real** illnesses
 - Can accept our bodies are fallen, but not the minds
 - Someone is to **blame**

What causes mental illness?

- **Complex combination** of internal and external factors

Biological/internal/constitutional

Genetics/family history

Hormonal

Chemical imbalances in the brain

Psychological factors

Personality factors

Prenatal/postnatal factors

External/environmental/social

Geography

Family dynamics/interpersonal

Socioeconomic status

Trauma and victimization

Prolonged stress

Systemic factors

Major mental illness categories

- Substance Use Disorders
- Gambling Disorder
- Mood Disorders
 - Major Depressive Disorder
 - Seasonal Affective Disorder (SAD)
 - Postpartum Disorder
- Bipolar Disorder
- Anxiety Disorders
 - Generalized Anxiety Disorder
 - Phobias
 - Panic Disorder (with or without Agoraphobia)
 - PTSD (Post Traumatic Stress Disorder)
- Obsessive Compulsive Disorder
- Hoarding Disorder

Major mental illness categories, contd.

- Psychotic (Thought) Disorders
 - Schizophrenia
 - Delusional Disorder
 - Schizoaffective Disorder
- Eating Disorders
 - Anorexia Nervosa
 - Bulimia
 - Binge Eating Disorder
- Autism Spectrum Disorder
- Personality Disorders

Mental health emergencies

- Where one has to intervene immediately, either:
 - Life or death situations, or “rapidly changing situations”,
 - Suicidal behaviour
 - High risk with all mental illnesses
 - 9th leading cause of all deaths in Canada (more than accidents and homicide)
 - 2nd leading cause of death in youth ages 15 – 24
 - Drug overdose
- Or, “rapidly changing situation”
 - Panic attacks
 - Acute stress reaction / emotionally flooding / loss of control
 - Acute psychosis

Suicide

- Believe there are no other options
 - Think family and friends will be better off without them
 - Think they've done something so dreadful that suicide is the only option (overwhelming feelings of shame and guilt)
 - Want to put an end to the unbearable pain and misery
 - Want to escape suffering
 - Want to let loved ones know how much they hurt
 - Want to hurt loved ones
- “Suicide is a permanent solution to a temporary problem.”

Language of suicide

- Do not say
 - “Completed” suicide
 - “Successful” suicide
 - “Failed suicide”
 - “Committed” suicide
- Do say
 - “Died by suicide
 - Suicided
 - Killed themselves
 - Ended their lives

High risk / warning signs of suicide

- People communicate their intent to die by suicide in different ways
 - Overtly expressing intent to die by suicide
 - Tell final wishes to someone close
 - Giving away prized belongings
 - Putting personal affairs in order
 - Withdrawing from friends, hobbies, previously enjoyed activities
 - Loss of energy, loss of appetite, insomnia
 - Expressions of hopelessness, helplessness, desperation
 - Increased use of alcohol, drugs or other reckless or risky behaviour
 - Severe anxiety, agitation, rage or anger
 - Previous attempts
 - Someone in their circle has died by suicide
 - Lack of support
- It is a myth that raising the topic of suicide will plant the idea in a person's mind

Suicide: what to do

- Individuals at high risk of acting on their suicidal thoughts
 - Impulsive
- Are they suicidal?
 - Ask about suicidal thoughts, plans, behaviour and intent
- Assess whether they are low, medium or high risk?
 - Assess how intense and intrusive the thoughts are?
 - How often do they have them?
 - Are the thoughts continuous?
 - Do they have difficulty thinking about anything else?
 - Are they likely to act on the thoughts?
 - Do they have a plan, lethality of the means, access to means, and steps they have taken to enact the plan
 - Do you have a specific plan to end your life?
 - Tell me about your plan?

Suicide : what to do

- Personal safety in mind
- Create a plan for the person's safety
 - Dismantle the plan
 - May have to call 911 if the risk is high
- Instill hope
 - Suicide is a permanent solution to a temporary problem
- Do not leave the person alone
- Increase support network
 - Crisis lines
 - ER
 - GP, Psychiatrist, Psychotherapist, SW, Guidance Counsellor, Psychologist, Counsellor
 - Clergy
 - Family, friends

Substance (alcohol, drug) overdose

- If unconscious,
 - Medical emergency
 - Ensure personal safety
 - Ensure they are breathing,
 - Recovery position (on their sides)
 - Call 911
 - Keep them warm
- If conscious,
 - Call for and wait for, help
 - Don't drive them to ER
 - No food or drink
 - Keep them warm
- It is not advisable to let an intoxicated person “sleep it off” as they may have a toxic level of alcohol in their blood.

Panic and acute stress attacks

- Signs and symptoms of a panic attack are similar to a heart attack (can't tell the difference)
 - Call for help
 - Slow breathing to help ground the individual
 - Use of senses to re-direct and re-orient individual to surroundings and here and now
 - 5, 4, 3, 2, 1 exercise
- Acute stress reaction
 - Helping the individual re-orient to time and place
 - Use of senses
 - 5, 4, 3, 2, 1 exercise

Acute psychotic episodes

- Ensure personal safety
- Call emergency services and let them know it's an emotionally disturbed person
- Calm, non-threatening atmosphere, to not escalate the situation
 - Ensure neither you nor the person experiencing the episode is trapped or restricted and both have access to exits
 - Don't make any sudden or frightening moves
 - Speak slowly, simply, calmly
 - Don't be aggressive and threatening
 - Reduce or remove stimuli and distractions (TV, radios)
 - Try and have them sit down if possible
 - Comply with reasonable requests
 - Don't make promises you can't keep
 - Don't lie
 - Don't pretend you can see or hear their hallucinations or delusions
 - Don't argue or tell them to pull themselves together
 - Empathize and validate their feelings

Recovery and Self-care

- Improve your lifestyle, mental health, wellness and resilience
- Strive to achieve your full potential
- Four dimensions of health and wellness
 - Health: make healthy choices that support emotional and physical well-being
 - Family doctor, exercise, sleep, diet
 - Have goals, track changes in mental health,
 - Identify triggers, stressors and learn how to manage them
 - Home: have a safe, stable place to live
 - Improve family connections, dynamics and communication
 - Purpose: engage in meaningful daily activities
 - School, work, volunteer, care for family, be creative
 - Community: Build relationships and social networks that provide support
 - Church, friends, support groups

Family, friends and significant others

- Research shows that family involvement in treatment of individuals with mental illness leads to better outcomes
 - Enhanced treatment adherence
 - Increased rates of recovery
 - Decreased rates of hospitalization and relapse
 - Decreased involvement with the criminal justice system
 - Financial savings to the health care system
- In the long run, it can lead to fatigue and stress in family members
 - Vanier Institute, Oct 2016

Role of families

- Provide moral support
- Provide the clinician with valuable information, advocating on their loved one's behalf
- Help navigate the mental health and addiction systems and access services
- Monitoring symptoms and treatment adherence, preventing relapse
- Keeping records of hospitalizations, medications,
- Reminding loved ones of appointments
- Providing transportation
- Crisis intervention
- Acting as informal case managers

Supporting families

- Families are not always equipped emotionally, physically, psychologically, financially to support the increased needs of a family member with a serious mental illness
- Families need
 - Information
 - Education
 - Counselling
 - Professional support
 - Peer support
 - Respite care

How to help and support families

- Be a friend
- Listen non-judgmentally
 - Instill hope and optimism
 - Giving factual information instead of advice
- Give practical help and assistance

NAMI Principles of Support

- We will see the individual first, not the illness.
- We recognize mental illnesses are brain disorders.
- We aim for better coping skills.
- We find strength in sharing experiences.
- We reject stigma in ourselves and in others.
- We won't judge anyone's pain as less than our own.
- We forgive ourselves and reject guilt.
- We embrace humor as healthy.
- We accept we cannot resolve all problems.
- We expect a better future in a realistic way.
- We will never give up hope!

National Alliance on Mental Illness

Next Steps

- Family Doctor
- Mental Health First Aid
 - www.mentalhealthfirstaid.ca
- Kid's Help Line (ages 5-20) 1-866-668-6868
 - www.kidshelpphone.ca
- Canadian Mental Health Association CMHA
- Centre for Addiction and Mental Health CAMH
 - www.camh.net
- Mood Disorders Association of Ontario
- Schizophrenia Society of Ontario
- Family groups
 - www.sashbear.org
- Drug & Alcohol Registry of Treatment
 - www.dart.on.ca
- Working group for the promotion of mental health awareness in faith communities at Tyndale Seminary