



MENTAL
HEALTH
FIRST AID®

MENTAL HEALTH FIRST AID USA

**PARTICIPANT
PROCESSING
GUIDE**

YOUTH | BLENDED

MHFA.ORG | THENATIONALCOUNCIL.ORG

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH



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WELCOME

Dear Participant:

We are delighted that you have chosen to become a Youth Mental Health First Aider. Your dedication to the program will greatly impact the lives of young people living with mental health challenges.

More than 20 million Americans experience a mental health challenge in any given year. In a world that sometimes makes it feel impossible to ask for help, it's up to all of us to know when and how to offer it.

During this course, you will learn how to recognize the signs and symptoms that suggest a potential mental health challenge, how to listen nonjudgmentally and give reassurance to a young person who may be experiencing a mental health challenge, and how to refer a youth to appropriate professional support and services.

By taking this course, you are joining millions of people who have made the commitment to #BeTheDifference in the lives of children and youth living with mental health challenges.

Thank you again for your dedication. Best of luck to you as you begin your journey to becoming a Youth Mental Health First Aider.



**MENTAL
HEALTH
FIRST AID**

**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**



CALL TO ACTION: **YOUTH MHFA**



When you use the skills you learn in Youth Mental Health First Aid (YMHFA), you are the first line of support for a child or youth in need. You are there to help them feel less distressed and you can be a vital resource in helping them seek further assistance.

Your body language, what you say, and how well you listen can have a powerful impact. The quality and type of support you offer through listening can enhance coping and self-esteem. With an accurate view of mental health challenges and using a strengths-based holistic perspective, you can help children and youth help themselves.

You can also be an advocate, empower your community, and improve self-care. As a Youth Mental Health First Aider, you can be the one to make a difference in the life of someone with a mental health challenge. Your actions can be a first step in a youth's recovery journey.

#BeTheDifference



PARTICIPANT RIGHTS AND RESPONSIBILITIES

Mental Health First Aid USA's mission is to provide high quality, evidenced-based education so everyone has the first aid skills to support youth with mental health challenges. This is only possible in training environments that foster nonjudgmental communication and understanding and reduce the stigma around mental health challenges. Participants play critical roles in establishing these environments by adhering to the following Participant Rights and Responsibilities.

PARTICIPANTS HAVE THE RIGHT TO:



A safe learning environment. The learning environment will be conducive to open dialogue and communication and will be free from harassment or discrimination on the basis of race, religion, color, age, sex, gender, sexual orientation, national origin, or culture.



Clear and consistent instruction and evaluation. Course objectives, requirements, and evaluation criteria will be clearly communicated to participants by the Instructor before instruction begins.



Equal access of resources and learning materials. If a participant requires an ADA accommodation for instruction or instructional materials, they must complete an Accommodation Request Form and submit to the Instructor no later than five business days before the course start date.



Have grievances addressed appropriately. If a participant has a grievance that can be addressed by the Instructor, the participant should make the Instructor aware of the grievance as soon as possible. If a participant has a grievance that cannot or has not been addressed by the Instructor, they should contact the central office at:

National Council for Behavioral Health • 1400 K St. NW, #400, Washington, DC 20005
202-684-7457 • ALGEE@TheNationalCouncil.org

PARTICIPANTS HAVE THE RESPONSIBILITY TO:

Participate. Actively participate and remain engaged in the learning process for the duration of the course. Learners are encouraged to participate in every exercise but may opt out of exercises that make them uncomfortable.

Be respectful. Openly respect the viewpoints of others, regardless of whether the participant accepts or agrees with these viewpoints.

Ask for help. Seek help or clarification for any instructional material that is unclear. Request accommodations in advance of the course start date.

Be present. Attend at least 90% of the course and participate in at least 70% of the activities in order to receive a certificate.



COURSE OBJECTIVES

The Youth Mental Health First Aid course focuses on recognizing the patterns of thoughts, feelings, behaviors, and appearance that show there might be a challenge rather than on a specific disorder. You will learn an action plan for non-crisis and crisis scenarios. By the end of the course, you will be able to:

- Describe the purpose of Youth Mental Health First Aid and the role of the First Aider.
- Recognize the signs and symptoms of mental health challenges that may impact youth.
- Explain the impact of traumatic experiences and the role of resilience on adolescent development.
- Apply the appropriate steps of the YMHFA Action Plan (ALGEE) to non-crisis situations.
- Apply the appropriate steps of the YMHFA Action Plan (ALGEE) to crisis situations.
- Choose appropriate methods for self-care following the application of Youth Mental Health First Aid in a crisis or non-crisis situation.

YMHFA SKILLS APPLICATION AGENDA

SEGMENT	TOPIC
1	Welcome to Youth Mental Health First Aid
2	YMHFA Self-paced Introduction Recap
3	YMHFA in Non-crisis Situations
4	YMHFA in Crisis Situations
5	Self-care for the Youth Mental Health First Aider



OUR VALUES AND HOW WE DEVELOPED THE CURRICULUM

Mental Health First Aid USA developed the curriculum carefully to reflect our commitment to equity and justice.



MHFA affirms that unfair and unjust institutions have prevailed in our communities. These include a lack of proper funding for education and health care services; covert and overt violence, and resulting immediate, historical, and intergenerational trauma; egregious barriers to critical resources; and more. When noting that health inequities are present, Mental Health First Aiders should not draw conclusions about the group or community where health outcomes are not optimal. Health inequities do not result from individual choices. Rather, they stem from systemic forces. Assumptions about a group's values, efforts, abilities, strengths, health behaviors, health choices, resilience, and well-being that are not useful.

HEALTH INEQUITIES SHOULD NOT BE USED TO DRAW CONCLUSIONS ABOUT A GROUP OR COMMUNITY'S



VALUES



HEALTH BEHAVIORS



EFFORTS



HEALTH CHOICES



ABILITIES



RESILIENCE



STRENGTHS



WELL-BEING



Further, MHFA believes that scientific and health research and data collection should include all genders to amplify the experience, rights, and needs of all members of our communities. We note that to date, health and science research often does not use a framework that includes people of all genders but rather the binary of woman/man in data collection.



Mental Health First Aid USA wrote and chose scenarios and videos to elevate the visibility of varying identities, perspectives, challenges, and stories of participants and Instructors in communities across the United States. The stories and characters in the scenarios and videos are not meant to be used for generalizations about communities or for confirmation of stereotypes.



YOUTH MHFA: SELF-PACED INTRODUCTION RECAP



WHAT IS YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid is the help offered to a young person experiencing a mental health challenge, mental disorder, or mental health crisis. The first aid is given until appropriate help is received or the crisis resolves.



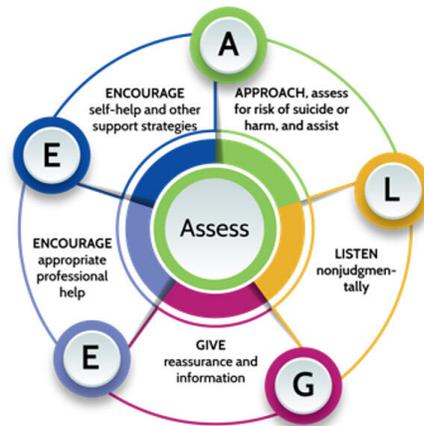
WHAT DO YOUTH MENTAL HEALTH FIRST AIDERS DO?

Mental Health First Aiders...

- » Do not diagnose or treat themselves or others.
- » Observe changes in behaviors.
- » Offer a nonjudgmental listening ear.
- » Respect the privacy of the youth and family.
- » Serve as a vital link to early intervention.
- » Respect and honor the culture of the youth and family.



WHAT IS THE MENTAL HEALTH FIRST AID ACTION PLAN?



WHAT DO YOUTH MENTAL HEALTH FIRST AIDERS NEED TO CONSIDER BEFORE REACHING OUT?

Staying safe is the most important thing for all Mental Health First Aiders to remember.

YMHA **does not replace** any professional or legal responsibilities a First Aider has or organizational procedures a First Aider must follow as a mandatory reporter, first responder, clinician, or government employee.



YOUTH MHFA: SELF-PACED INTRODUCTION RECAP



WHAT IS MENTAL HEALTH?

Mental Health is a state of well-being in which an individual:

- » Realizes their own capabilities.
- » Can cope with the normal stresses of life.
- » Can work productively.
- » Can contribute to their community.



WHAT IS THE IMPACT OF CULTURE ON HEALTH?

The Impact of Culture on Health

- » Cultural beliefs influence our health decisions every day.
- » Different cultures have different norms about health that impact what people think about mental health and how they treat it.
- » As First Aiders, the more we keep this in mind, the better we can support others.



WHAT IS A MENTAL HEALTH CHALLENGE?

A Mental Health Challenge is When:

- » There is a major change in a person's thinking, feeling, or behavior.
- » The change interferes with the person's ability to live their life.
- » The interference does not go away quickly and lasts longer than typical emotions or reactions would be expected to.



HOW MANY YOUTH WILL EXPERIENCE A MENTAL DISORDER IN THEIR LIFETIME?

1 in 5 youth in the United States in any given year.

Many mental disorders begin to show up in childhood or adolescence.



WHY IS EARLY INTERVENTION IMPORTANT?

Early intervention refers to **recognizing** the warning signs of a mental health challenge and **acting** before it becomes worse.

Early intervention helps to **prevent** symptoms from becoming more serious and lessens the overall **impact** on the young person's life.



YOUTH MHFA: SELF-PACED INTRODUCTION RECAP



WHAT IS STIGMA?

Stigma includes **negative attitudes** toward people with mental health challenges and can lead to **discrimination**.

Stigma makes it hard for young people to talk about their challenges and reach out for help.



WHAT IS PERSON-FIRST LANGUAGE?

Person-first language is language that honors a person's individuality and humanity first and recognizes that a diagnosis is not who a person is but rather a part of them.

"A young person living with a diagnosis of..."



HOW DO GAPS IN TREATMENT IMPACT YOUNG PEOPLE?

Half of all mental disorders begin by age 14 and three-quarters by age 24, yet only 7.4% of all youth receive any type of mental health visits or screening each year.

First Aiders can help to remove barriers to care, such as cost, stigma, logistics, and lack of awareness.



WHAT IS TYPICAL ADOLESCENT DEVELOPMENT?

Adolescence refers to the period when a young person develops from a youth into an adult.

This period varies across cultures.

Adolescent development involves changes in these broad areas: physical, cognitive, social, and emotional.



WHAT ARE RISK AND PROTECTIVE FACTORS?

Risk factors increase the likelihood of developing a mental illness or addiction.

Protective factors counteract risk factors.

Protective factors are environments, supports, and behaviors that act opposite to risk factors. The more protective factors that are present, the more likely a youth will be **resilient in the face of adversity**.





YOUTH MHFA: SELF-PACED INTRODUCTION RECAP

QUICK FACTS: DEPRESSIVE DISORDERS

DEPRESSIVE DISORDERS

Depression can be defined as a sad or low mood that persists for at least 2 weeks.

Fewer than half of young people experiencing depression will receive treatment.

Depression can lead to physical problems and additional emotional problems. It can interfere with functioning in school, at home, and in social settings.

QUICK FACTS:

- **Approximately 8.7% of youth** will be diagnosed with a depressive disorder during their lifetime.
- **Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed.**

QUICK FACTS: ANXIETY DISORDERS

ANXIETY DISORDERS

Anxiety is a feeling of a threat or worry caused by perceived threats in the environment.

Each young person with anxiety can have a different **range of worries and responses to anxiety**.

An anxiety disorder differs from everyday anxiety in the following ways:

- It is more severe.
- It is persistent.
- It interferes with the person's studies, other activities, and family and social relationships.

QUICK FACTS:

- **Approximately 8.3% of youth** will be diagnosed with an anxiety disorder during their lifetime.
- **Anxiety is one of the most common mental disorders that occurs in children and youth.** Many of the adults who currently live with an anxiety disorder began to show symptoms of anxiety in their childhood.



YOUTH MHFA: SELF-PACED INTRODUCTION RECAP

QUICK FACTS: EATING DISORDERS

EATING DISORDERS

Eating disorders are illnesses in which people experience severe disturbances in their eating behaviors and related thoughts and emotions.

Young people with eating disorders typically become **preoccupied with food and their body weight**.

Eating disorders are serious and potentially life-threatening illnesses.

Young people with eating disorders may also have another mental disorder, particularly anxiety, depression, and substance use disorders.

QUICK FACTS:

- **Approximately 2.3% of youth** will be diagnosed with an eating disorder during their lifetime.
- **Eating disorders are associated with a higher lifetime risk for suicide.**

QUICK FACTS: PSYCHOTIC DISORDER

PSYCHOTIC DISORDERS

Illnesses where **psychosis** is a feature include a loss of some contact with reality, resulting in hallucinations, delusions, and severe disruptions in thinking, emotion, and behavior.

Psychosis is a syndrome, or a collection of symptoms, rather than a diagnosis.

Acting quickly to connect a young person with the right treatment during early or first episode psychosis can be life-changing and radically alter that person's future.

QUICK FACTS:

- **About 100,000 adolescents and young adults** in the United States experience first episode psychosis each year.
- The age at which psychosis happens can vary but is most often **between the ages of 15 and 25**.



YOUTH MHFA: SELF-PACED INTRODUCTION RECAP

QUICK FACTS: SUBSTANCE USE DISORDERS

SUBSTANCE USE DISORDERS

A **substance use disorder** is a diagnosable pattern of using a substance that disrupts a young person's ability to work or go to school, engage in satisfying relationships, or participate in their usual daily activities.

Alcohol, cannabis, and tobacco are the substances most commonly used by adolescents.

Young people can be diagnosed with a specific type of disorder based on the substance that they misuse, such as alcohol use disorder.

QUICK FACTS:

- **Approximately 10.2% of youth** will be diagnosed with a substance use disorder during their lifetime.
- **Mental disorders can co-occur** with substance use disorders. Youth who are struggling with mental health challenges may turn to alcohol or other drugs to help them manage painful or difficult feelings.

QUICK FACTS: ATTENTION-DEFICIT HYPERACTIVE DISORDER

ATTENTION-DEFICIT HYPERACTIVE DISORDER

Attention-deficit hyperactive disorder is a disorder in which hyperactivity, inattention, impulsivity, or a combination is noticeably greater than expected for their age.

Children and youth with ADHD frequently struggle to do what is important rather than what is unimportant. They have difficulty planning the order in which things need to happen.

Disruptive behaviors are frequently found in children and youth who have ADHD.

QUICK FACTS:

- **Approximately 4.2% of youth** will be diagnosed with ADHD during their lifetime.
- For a diagnosis to be made, **ADHD must cause distress and problems functioning** at home, at school, or with friends.



YOUTH MHFA: SELF-PACED INTRODUCTION RECAP

QUICK FACTS: CONDUCT, DISRUPTIVE, AND IMPULSE-CONTROL DISORDERS

CONDUCT, DISRUPTIVE, AND IMPULSE-CONTROL DISORDERS

Disruptive, impulse-control, and conduct disorders can cause children and youth to behave angrily or aggressively toward people or property.

Children and youth may have **difficulty controlling their emotions and behavior** and may break rules or laws.

All children and adolescents exhibit challenging or disruptive behavior at times. However, **disruptive, impulse-control, and conduct disorders are more severe** and last for longer than typical “acting out” behaviors.

QUICK FACTS:

- **Approximately 6.5% of youth** will be diagnosed with one of these disorders during their lifetime.
- Children and youth who exhibit **more extreme forms of these behaviors** may be diagnosed with oppositional defiant disorder (ODD), intermittent explosive disorder, or conduct disorder.

QUICK FACTS: TRAUMA- AND STRESSOR-RELATED DISORDERS

TRAUMA- AND STRESSOR-RELATED DISORDERS

Trauma- and stressor-related disorders are a group of emotional and behavioral problems that may result from childhood traumatic and stressful experiences.

Children and adolescents with PTSD have symptoms such as **persistent, frightening thoughts and memories or flashbacks of a traumatic event** or events. Other symptoms may include jumpiness, sleep problems, problems in school, avoidance of certain places or situations, depression, headaches or stomach pains.

PTSD — Post-traumatic stress disorder (PTSD) is one specific disorder that can result.

QUICK FACTS:

- Many children are exposed to trauma and adverse experiences, but only **about 1.5% of youth report experiencing PTSD** that severely impairs their ability to function in their lifetime.

YMHFA IN **NON-CRISIS SITUATIONS**

LEARNING OBJECTIVES

In this segment, you will learn to:

- Apply the appropriate steps of the YMHFA Action Plan (ALGEE) in non-crisis situations.

IMPORTANT CONCEPTS

- YMHFA Action Plan (ALGEE)



» By Althea Pos

Title:

SKIN DEEP



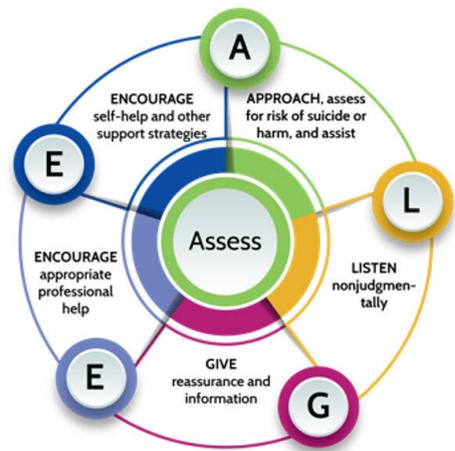
IMPORTANT CONCEPTS

WHAT DO YOU THINK THAT THE ARTIST IS TRYING TO CONVEY ABOUT MENTAL HEALTH OR MENTAL ILLNESS?



MENTAL HEALTH FIRST AID ACTION PLAN

- A**ssess for risk of suicide or harm
- L**isten nonjudgmentally
- G**ive reassurance and information
- E**ncourage appropriate professional help
- E**ncourage self-help and other support strategies



WHAT ARE HELPFUL AND UNHELPFUL APPROACHES?

- 1.** I understand and know exactly what you are going through. That happened to me when I was your age.
- 2.** I am concerned about you.
- 3.** You'll get over it, you've just got to ignore it and get on with life.
- 4.** You' ll feel differently tomorrow.
- 5.** It's such a beautiful day outside. How can you feel so sad?
- 6.** How long have you been feeling like this?
- 7.** Have you spoken to anyone about this before?
- 8.** Pull yourself together.
- 9.** Is something bothering you?
- 10.** You haven't been joining your friends at lunch — are you doing okay?
- 11.** It is hard for me to understand exactly what you are going through, but I can see that it's distressing for you.
- 12.** Something seems to be bothering you. Do you want to talk about it?
- 13.** You've got schoolwork to get done. It is time to get on with it.



IMPORTANT CONCEPTS

SCENARIO 1

ASSESS: Is the person in crisis? How would you **approach** the person?

A _____

LISTEN: What would you do to show **nonjudgmental listening**?

L _____

GIVE: What **reassurance** and **information** would you give in this scenario?

G _____

ENCOURAGE: How would you encourage **appropriate professional help**?

E _____

ENCOURAGE: How would you encourage **self-help** and **other support strategies**?

E _____



IMPORTANT CONCEPTS

"TALKING ABOUT IT, PART 2"

Keep your focus on the same youth you focused on for Part 1 and answer the following questions.

I'm focusing on: _____

HOW DID THE YOUTH KNOW THEY NEEDED TO SEEK TREATMENT?



WHO DID THEY REACH OUT TO FOR HELP?



WHAT WERE SOME BARRIERS TO ASKING FOR HELP THAT THE YOUTH DESCRIBED?



HOW COULD YOU, AS A FIRST AIDER, ASSIST IN THIS PROCESS?





IMPORTANT CONCEPTS

WHAT SHOULD A YOUTH MENTAL HEALTH FIRST AIDER DO IF SOMEONE DOES NOT WANT TO CONNECT WITH PROFESSIONAL HELP?



WHAT PEOPLE, PROGRAMS, AND ACTIVITIES MAY BE HELPFUL FOR A YOUNG PERSON WITH A MENTAL HEALTH CHALLENGE?

PEOPLE	PROGRAMS	ACTIVITIES



IMPORTANT CONCEPTS

SCENARIO 2

ASSESS: Is the person in crisis? How would you **approach** the person?

A _____

LISTEN: What would you do to show **nonjudgmental listening**?

L _____

GIVE: What **reassurance** and **information** would you give in this scenario?

G _____

ENCOURAGE: How would you encourage **appropriate professional help**?

E _____

ENCOURAGE: How would you encourage **self-help** and **other support strategies**?

E _____



NOTES



EMERGENCY CONTACT INFORMATION

National Suicide Prevention Lifeline

1-800-273-TALK (8255) [24/7 Hotline]

1-888-628-9454 (Spanish)

1-800-799-4889 (TTY)

This hotline is available 24 hours a day.

Crisis Text Line

Text “MHFA” to 74141 to speak with a compassionate, trained crisis counselor, a volunteer who has been trained to help with problem-solving and will address the caller’s situation.

KEY TAKEAWAYS

- The YMHFA Action Plan (ALGEE) is a **non-linear plan**.
- If the person is not in crisis, you may move to other parts of the action plan.
- Use verbal and non-verbal cues to convey nonjudgmental listening.
- Giving reassurance and information is not the same as giving advice.
- Reassurance is a statement or action taken to help remove a person’s fear.
- Information is a set of facts given about a specific topic.
- There are many types of professionals who can help and a wide variety of treatments available to help a youth recover from a mental health challenge.
- There is a wide range of self-help and coping strategies that are effective in youth. Coping strategies for youth should be safe, interesting, and satisfying; should build a new skill, and should help build social and familial ties.

YMHFA IN CRISIS SITUATIONS

LEARNING OBJECTIVES

In this segment, you will learn to:

- Apply the appropriate steps of the YMHFA Action Plan (ALGEE) in crisis situations.

IMPORTANT CONCEPTS

- YMHFA Action Plan (ALGEE).
- Crisis.
- Suicide.
- Overdose.
- Recovery Position.
- De-escalation Strategies.



» By Sasha Mosquera

Title:

NARCISSISTIC PERSONALITY DISORDER



IMPORTANT CONCEPTS

WHAT DO YOU THINK THAT THE ARTIST IS TRYING TO CONVEY ABOUT MENTAL HEALTH OR MENTAL ILLNESS?



WHAT IS A CRISIS?



WHAT DO FIRST AIDERS NEED TO CONSIDER BEFORE REACHING OUT IN CRISIS SITUATIONS?



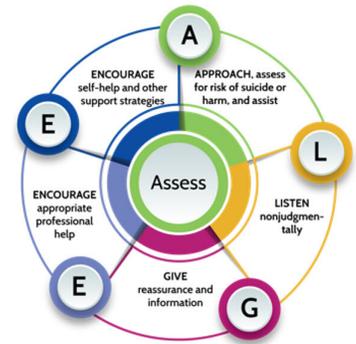
WHAT ARE SOME DE-ESCALATION STRATEGIES?





IMPORTANT CONCEPTS

"BOXING"



WHAT ALGEE STEPS WERE DEMONSTRATED? BY WHOM?

HELPFUL

A _____

L _____

G _____

E _____

E _____

UNHELPFUL

A _____

L _____

G _____

E _____

E _____

AFTER THE CRISIS: HOW DID THE COACH CONTINUE TO HELP AFTER THE CRISIS SITUATION RESOLVED?

 _____



IMPORTANT CONCEPTS

AUDITORY HALLUCINATION EXERCISE: THE SETUP

THE PURPOSE

- To simulate the experience of auditory hallucinations.
- To practice noticing skills.

THE ROLES



Youth Mental
Health
First Aider



Adult



Script Reader



Observer
(optional)

THE RULES

- Challenge by choice.
- Only read from the script.
- Maintain your typical speaking voice.
- Respect the activity and lived experience.

THE DIRECTIONS

- Roll a paper into a paper cone.
- Use the paper cone to speak into the adult's ear.
- Do not deviate from or alter this script.
- Read through the script two times and switch roles.



IMPORTANT CONCEPTS

AUDITORY HALLUCINATION EXERCISE: THE SETUP

THE SCRIPT

- Why are you talking to them?
- Don't trust them.
- Why are you talking to them?
- Don't trust them.
- Are they looking at you?
- Why would they want to talk with you?
- Do you think you can trust them?
- You can't trust them. You can't trust anyone.





IMPORTANT CONCEPTS

AUDITORY HALLUCINATION EXERCISE: THE DEBRIEF



APPEARANCE: HOW DID THE ADULT APPEAR?





BEHAVIOR: HOW DID THE ADULT BEHAVE?





FEELINGS: WHAT FEELINGS DID YOU NOTICE OR DID THE ADULT EXPRESS?





THOUGHTS: WHAT DID YOU NOTICE ABOUT THE ADULT'S THOUGHTS?





IMPORTANT CONCEPTS

"TALKING ABOUT IT, PART 3"

Keep your focus on the same youth you chose to focus on for Parts 1 and 2 and answer the following questions.

I'm focusing on: _____

DO YOU THINK THIS YOUTH WOULD HAVE GOTTEN PROFESSIONAL HELP WITHOUT THE ASSISTANCE OF THEIR FAMILY AND FRIENDS?



DO YOU THINK THIS YOUTH WOULD HAVE GOTTEN BETTER WITHOUT PROFESSIONAL HELP?



DO YOU THINK DOROTHY, COLBY, OR NOVAK FEEL TRAPPED OR LIMITED BY THEIR EXPERIENCES? WHY OR WHY NOT?



DO THE STORIES OF THESE YOUTH HELP YOU FEEL CONFIDENT THAT YOU CAN HELP A YOUTH IN NEED OF SUPPORT OR IN CRISIS?





IMPORTANT CONCEPTS

SCENARIO 3

ASSESS: Is the person in crisis? How would you **approach** the person?

A

LISTEN: What would you do to show **nonjudgmental listening**?

L

GIVE: What **reassurance** and **information** would you give in this scenario?

G

ENCOURAGE: How would you encourage **appropriate professional help**?

E

ENCOURAGE: How would you encourage **self-help** and **other support strategies**?

E

SELF-CARE FOR THE YOUTH MENTAL HEALTH FIRST AIDER

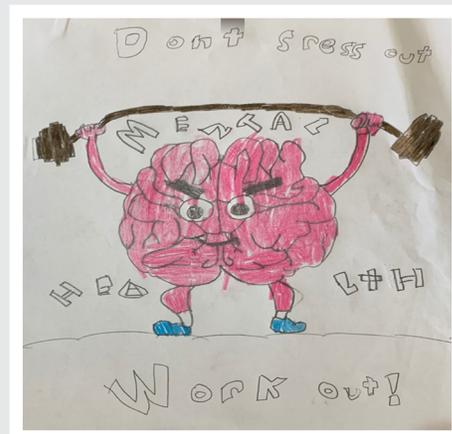
LEARNING OBJECTIVES

In this segment, you will learn:

- How to choose appropriate methods for self-care following the application of Youth Mental Health First Aid in a crisis or non-crisis situation.

IMPORTANT CONCEPTS

- Self-care.



» By Joseph Dimataris

Title:

**DON'T STRESS OUT,
WORK OUT**



REFLECTION



**RESOURCES
TO REMEMBER**



**THINGS
I LEARNED**



**ACTION
I WILL TAKE**



RESOURCE ALERT