

Mental Health First Aid Workbook



Online



Contents

Introduction to the Online Mental Health First Aid course

Course overview

Welcome to the Online Mental Health First Aid course which has been adapted from our Adult Two Day Mental Health First Aid classroom course.

By taking this course, you are joining a community of over half a million people in England and over three million people worldwide who are trained in mental health first aid skills and help others find the support they need. It is this community who will achieve our vision of a society where mental health is accepted as a normal part of life and where everyone has the skills to look after their own and other people's wellbeing.

The Online Mental Health First Aid course is interactive and is delivered through slides, video clips, activities, discussion and case studies, which you will explore through individual learning activities and a series of live sessions.

Individual learning will be based on a combination of videos, reading and activities. These can be done at your own pace in advance of each live session on the MHFA Online Learning Hub.

The live sessions are led by one of our approved MHFA England Instructor Members. You will be joined by up to 16 other participants who will be completing the course with you. Check details of the timings of each live session in your booking confirmation and make a note as these sessions will not be recorded or repeated.

Everyone who completes the course gets a certificate from MHFA England to say they are a Mental Health First Aider.

If you require any clarification or support at any point, then get in touch with your MHFA Instructor via the Online Learning Hub or through contact details you were provided on registration.

Live session topics

Live session 1: Introduction to the course and Mental Health First Aid

Why Mental Health First Aid?
The Mental Health First Aid action plan
What is mental health?
Impact of mental health issues
Stigma and discrimination

Live session 2: First Aid for suicidal crisis and depression

What is depression?
Symptoms of depression
Risk factors for depression
Depression in the workplace
Suicide figures
Alcohol, drugs and mental health
First aid for suicidal crisis
Non-judgemental listening skills
First aid for depression
Treatment and resources for depression
Self-care

Live session 3: Anxiety, personality disorders, eating disorders, and self-harm

What is an anxiety disorder?
First aid for anxiety disorders
Crisis first aid after a traumatic event
Alcohol, drugs and anxiety disorders
Treatment and resources for anxiety disorders
Cognitive distortions and CBT
Personality disorders
Eating disorders
Self-harm

Live session 4: Psychosis, recovery, and Mental Health First Aid action planning

What is psychosis?
Risk factors for psychosis
Alcohol, drugs and psychosis
Schizophrenia
Bipolar disorder
Warning signs of developing psychosis
Crisis first aid for acute psychosis
Treatment and resources for psychosis
Recovery and building resources
Action planning for using Mental Health First Aid

Safety procedure

Looking after yourself on the course

It is important to recognise that this course covers material which you may find emotionally upsetting. Your self-care is important and your safety throughout is our priority.

- Don't do or say anything that makes you feel uncomfortable.
- In the live session, if you feel that you need to step away at any point, please privately message the instructor so that they can provide you support. The instructor will be in touch with you during a break or after the session. You can step out of the session in this way at any time.
- If you need to take more than a 10–15 minute break from the session, or you will not be re-joining the session, please let the instructor know.

We would also like you to identify someone who could potentially support you during or after the course if you need it. If you are attending with people that you know, then you may want to buddy up with them. Please take some time to identify this person before the course starts.

My identified support person is:

The MHFA Online Learning Hub

The Online Learning Hub is where you will be able to:

- Complete the individual learning activities
- Chat with the other course participants
- Join live events
- Contact your course instructor

You should have received an email from 'MHFA England Online Learning Hub'

inviting you to register to the Online Learning Hub. Once you have signed up and logged in, you will see that you have been assigned to the Online Mental Health First Aid course.

The course will direct you through all the individual learning activities. Make sure to complete all the activities you need to in advance of each live session. Once a live session has taken place, the next set of activities you need to complete will be made available.

The activities include reading through pages of your MHFA Course Manual, watching videos and answering some reflective questions. Ensure you allow enough time to complete these activities between sessions.

We estimate that the individual learning activities for each session are as follows:

Session 1: 1 hour

Session 2: 1 hour 30min

Session 3: 2 hours

Session 4: 2 hours

If you require any clarification or support at any point, then get in touch with your MHFA Instructor.

Using this workbook

This workbook is for you to use during the live sessions, so make sure you have it with you. You will find activities, instructions and case studies that will help you to participate in the activities, and will be able to make notes that will help you to remember and reflect on after the live session is over.

Attending live sessions

The live sessions are focused on advancing your knowledge with the support of an MHFA Instructor Member and are an opportunity for practising your mental health first aid skills with other learners.

The first session will introduce you to your instructor, other learners on the course, and some of the fundamental concepts that underpin Mental Health First Aid. It is also an opportunity to make sure that all your equipment is working and ask any questions about the course.

Accessing the live sessions

- You will need either a laptop or a computer with a webcam and microphone, and a stable internet connection.
- Log onto the Online Learning Hub using your email address and your chosen password and log into the Online Mental Health First Aid course that you have been assigned to. The live session will start 15min before the advertised start time. When the live session is active, you will see a camera icon flashing in your menu options in the top right-hand corner.
- When you join the live session, you will be prompted to join with your camera and microphone. This will be required for you to be able to fully participate in the live session activities.
- Exit other applications and windows on your computer where possible.

Preparing for the live session

- Ensure you have completed all the individual learning activities in advance of the live session as the instructor will be building on the knowledge. Prepare any questions you have about the content that you need clarification on. If you haven't completed any activities it may be difficult to participate in the skills practice in the session.

- Bring this workbook with you as there are some activities that will require you to read from or write in it during the session.
- Find a quiet space – minimise background noise by turning off the television and radio, and consider using headphones for the course audio.
- Try not to sit directly in front of or beside a bright light source, or else all the group will see is your shadow. It will be important for the instructor to be able to see you during the course.
- Try to place yourself away from any distractions and turn mobile phones off or put them on silent once you have successfully joined the online session.

Live session Group Agreement:

- We keep to time
- We respect each other's views
- Confidentiality – personal details shared on this course remain on this course; don't identify anyone you discuss
- Opt-out/personal safety – don't do or say anything that makes you feel uncomfortable
- No such thing as a silly question – ask if you don't understand
- Try to get involved if you feel comfortable
- Enjoy the course – it is a serious subject matter, but we can enjoy learning

A wooden play structure with colorful rings in the background. The structure is made of dark wood and has several horizontal slats. In the background, there are several large, colorful rings in shades of yellow, green, and pink, arranged in a circular pattern. The overall scene is brightly lit, suggesting an outdoor play area.

Live session 1:

Introduction to the course and
Mental Health First Aid

Activity 1: Mental ill health and language

(to be completed in live session)

The purpose of this exercise is to discover acceptable language that can be used to discuss and describe mental ill health and the judgemental and negative phrases to avoid.

Click the sentences below that are neutral, positive and acceptable terms when used to describe mental ill health.

“A mental health problem”

“Suffering from depression”

“She is bipolar, so she is going to need time off work”

“A person who self-harms”

“They are a victim of trauma”

“They are mentally unstable”

“They are a psychiatric survivor”

“They are disturbed”

“A current diagnosis of obsessive-compulsive disorder (OCD)”

“They are experiencing bipolar”

“They are accessing support”

“They are living with general anxiety disorder”

“Completed suicide”

“They are a self-harmer and may need access to support services”

“They are afflicted with schizophrenia”

“Taking happy pills”

“They’ve had a mental breakdown”

“Their relative committed suicide”

“A person with lived experience of trauma”

“Experiencing depression”

Live session 1: Introduction to the course and Mental Health First Aid

Write down some notes to feedback to the group:

Which 3 do your group agree are neutral or positive?

1.

2.

3.

Which 3 do your group agree are judgemental?

1.

2.

3.

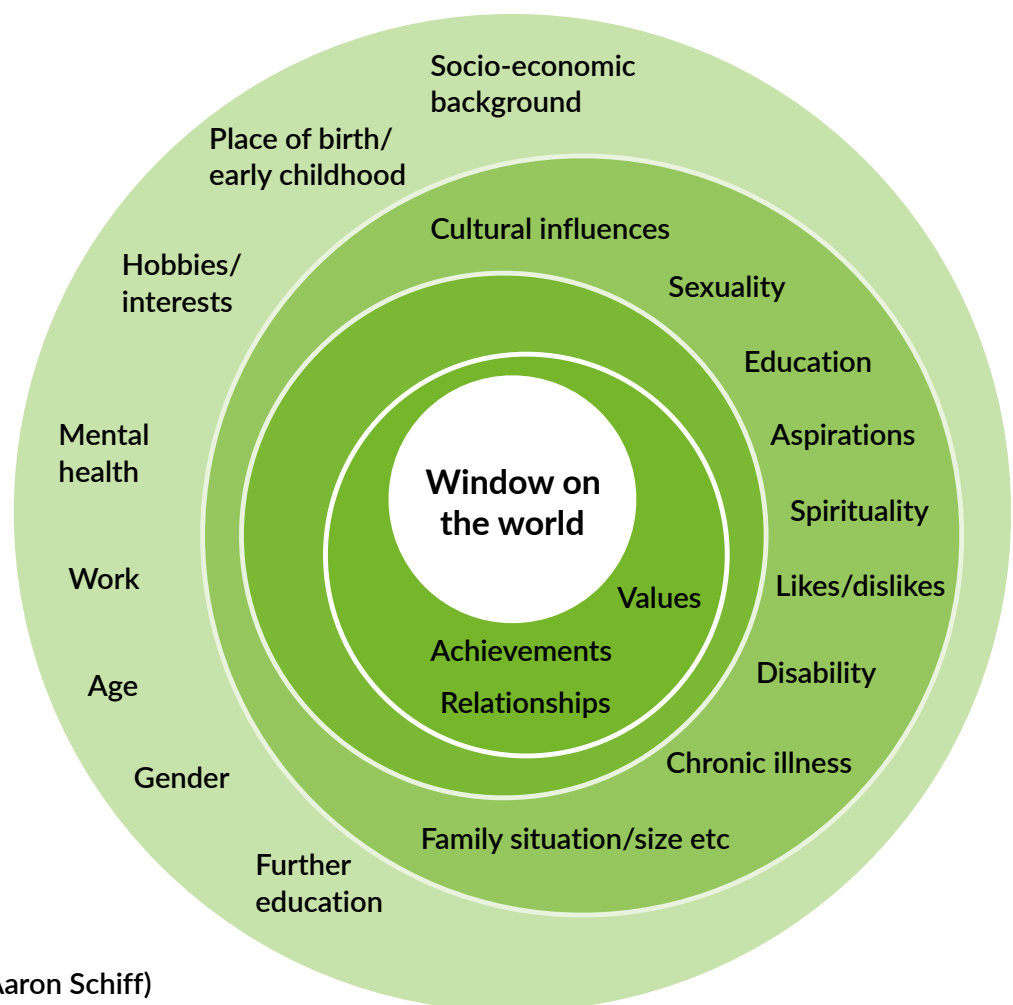
Which were your group unsure about?

Activity 2: Frame of Reference

The Frame of Reference is the term used by Jacqui and Aaron Schiff to refer to our individual filter on reality. They defined it as “The structure of associated responses which provide the individual with an overall perceptual, conceptual, affective and action set which is used to define the self, other people and the world.” What this means is that the ways we all make sense of the world, of other people and ourselves, including our feelings, beliefs and behaviours, are unique to each and every one of us, and shaped by our past experiences and beliefs. We all see things slightly differently, and so we treat ourselves and other people differently, too.

Our individual Frame of Reference is influenced by a range of factors from our upbringing and experience. These include our family situation, education, culture and life experiences. This can be shown by our ‘window on the world’ by taking a flipchart and drawing a square in the middle surrounded by factors that have moulded our beliefs.

The example here shows the kind of factors that can be included.



(Source: Jacqui and Aaron Schiff)

Live session 1: Introduction to the course and Mental Health First Aid

Think about your own Frame of Reference using the list of factors here and reflect on the questions below:

Place of birth/childhood

Hobbies/interests

Mental health

Work

Values

Achievements

Age

Disability

Relationships

Gender

Education

Like/dislikes

Family situation/size

Chronic illness

Aspirations

Nationality

Citizenship status

Cultural influences

Sexuality

Socio-economic background

Other

1. How do you feel your Frame of Reference may impact your attitudes and beliefs?

.....

2. How might your Frame of Reference limit you in non-judgemental listening?

.....

3. How might your Frame of Reference help you with non-judgemental listening?

.....

Activity 3: The Mental Health Continuum

(to be completed in live session)

Reflect on and clarify how mental health changes over time and in relation to different situations and life stages.

1. Read the case studies below.
2. Decide where Sanjit, Carla, Steve and Louise fit on the continuum above and write each name in one of the four quadrants.
3. Each one has shifted from another quadrant in the last year or two. Draw an arrow to show the movement from the quadrant where they started from to where they end up.

Sanjit is a second-year university student. He has settled well into university life, and after feeling homesick for the first two weeks, he is now enjoying the independence of living in a shared flat. He works hard at his studies but plays hard too. He enjoys sports, social evenings with his friends and playing computer games. When he first arrived at university, he tended to drink too much and sleep too little. However, experience showed him that this made him less motivated and more anxious than usual, so he made some small changes to his social life so that it did not interfere too much with his studies.

Carla has two small children. When her first baby arrived, she was very happy and enjoyed caring for the baby and meeting other mothers. When the second baby arrived less than a year later, Carla was diagnosed with postnatal depression. Recently her partner left her, telling her that her moods were impossible to live with. Carla is struggling to manage motherhood and all the responsibility for their home. Her parents have tried to help but she becomes angry and moody because she fears they are interfering.

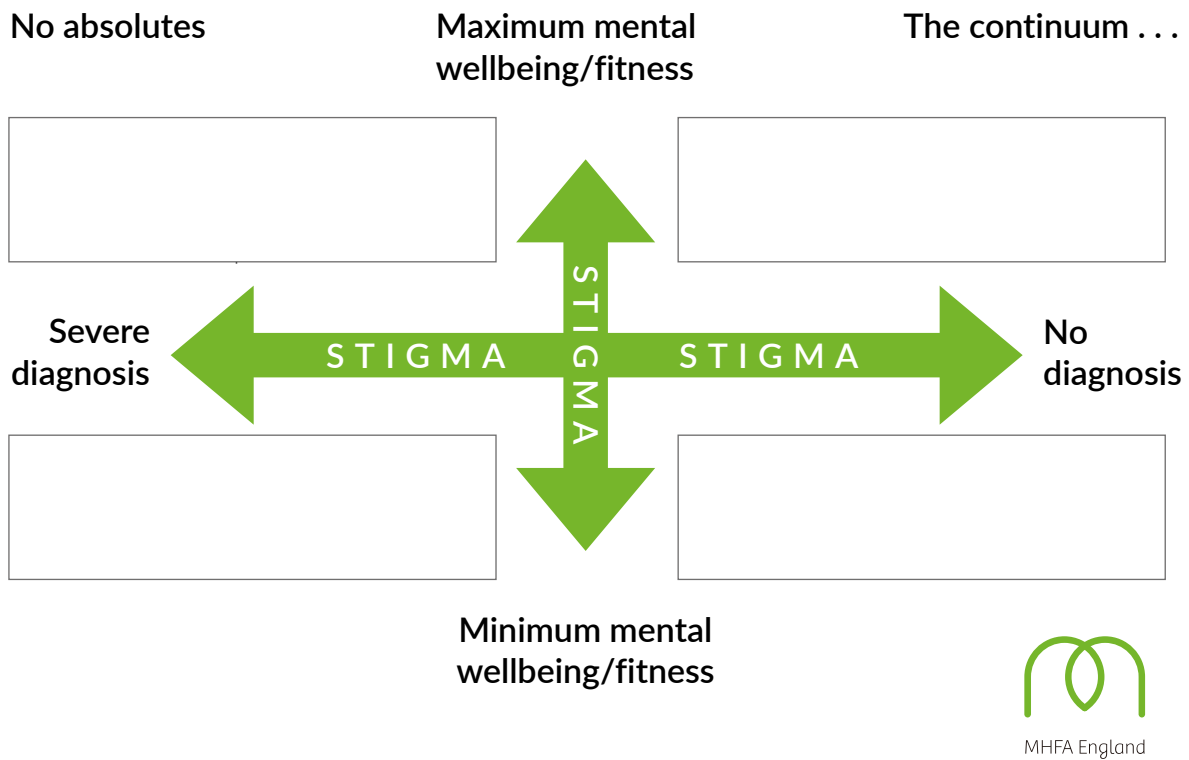
Carla's self-esteem is low and she is afraid that if she goes back to the doctor to say that the antidepressants she is taking don't seem to be working, the social workers might take her children into care. Recently she has started to believe that they might be better off without her and imagining what it would be like to simply stop living.

Steve was diagnosed with bipolar disorder ten years ago. At first, he struggled with the diagnosis and felt angry with everyone. He would often stop taking his medication because he hated the thought he might need to take it for life. As he has come to terms with his diagnosis, experience has shown Steve that he can work with his psychiatrist and community psychiatric nurse to manage his medication and make the best use of support when he needs it. At the moment he is very well and enjoying the challenge of his work and being part of a local football team. He has developed a Crisis Card so that those close to him know what to do if he is unwell again.

For instance, if he becomes unwell, his best friend knows to take his car keys away, and because this is written on his card, he can point this out to Steve if necessary. Steve's family and friends love his quirky humour and his creativity. He has come to realise that bipolar disorder makes him unique and gives him a view of the world that other people may not have. It has also given him a great deal of empathy with others who are struggling with difficult life events.

Live session 1: Introduction to the course and Mental Health First Aid

Louise has always thought of herself as an easy-going kind of person who doesn't experience many mood swings. Until recently, her friends thought of her as someone who was easy to get along with. A few months ago, a new manager was recruited in her department. The new manager is bad-tempered and looks for people to blame whenever a problem occurs. He has been particularly hard on Louise because she had to take a few days off work with a nasty virus. He has made it clear in team meetings that he thinks people who stay off sick with viruses are a waste of space. Louise is becoming increasingly unhappy at work and feels very stressed. She isn't sleeping well and has become irritable and anxious. On Sunday evenings she feels depressed at the thought of the week ahead. She has started working from home as much as possible and often joins meetings without her camera or microphone on, saying she has WiFi issues.



Notes



Live session 2:

First Aid for suicidal crisis and depression

Activity 4: Analyse the impact of suicidal feelings

The following is an extract from a book by Virginia Ironside, “Janey and Me: Growing up with My Mother”, published in 2003 in the UK by Fourth Estate. It has been reproduced here by kind permission of the author.

The book was written by Virginia Ironside at a particular point in her life. Virginia has suffered from depression since childhood and had thoughts about suicide on a number of occasions. She has found benefit from different prescribed medications and cognitive behavioural therapy. She is a journalist, author and agony aunt and has her own website, www.virginiaironside.org, which offers advice on a number of health and relationship matters.

“Soon I’ll be 30 and able to commit suicide. I’m so withdrawn, I can’t feel or see or hear or understand even the simplest things. I am very unhappy and confused. I spent this afternoon asleep in bed. A typical day... I’ve never known reality. Never in my life. I’ve had feelings but they have been cockeyed feelings. I don’t think I’ll ever be able to jump into life...I don’t think I’ll ever get better...I sometimes look at people and they look as if they’re at the end of a long telescope they’re so far away. As if we are blocked by sheets of thick glass between us. As if I’m invulnerable. And horrible. I am...I’m so alone. I’m even alone from myself...I am not well at all...I just feel clobbered. I can’t even cry at films now or songs or anything. I just sit and stare at my watch to count the hours away or just sleep.”

Your instructor will ask you to either work in small groups or as a whole group to discuss the following questions:

What is the impact of this excerpt on you?

How can you tell if someone is having suicidal thoughts?

What would you do if someone told you they were thinking about suicide?

Activity 5: Case studies 1–4

(to be completed in live session)

Demonstrate methods used to talk to someone who may have suicidal thoughts.

In your groups read the case study and consider the questions.

Case study 1

You meet an elderly neighbour whose wife died suddenly a few months ago. He was an active person you would see out in the garden in all weathers, but you have not seen him for a while.

You ask him how he is doing since his wife died. He tells you that he is not doing so well. He keeps waking up early in the morning after a disturbed night. He has lost his appetite and isn't much of a cook; his wife did all that. They had been married for 50 years. His only son lives in Australia. He says that he would be better off dead as he has nothing to live for. He had thought he might go to his GP but he doesn't think there is anything she will be able to do for him.

How would you apply ALGEE to assist your neighbour?

Case study 2

You have a video call with your friend and hear that she has just learned that she is 8 weeks pregnant. She has been in a relationship for the past 3 years and has two school-age children from a previous relationship. Her current partner also has two children. She has not told him that she is pregnant yet.

She has broken all ties with her own family, from whom she has had little support over the years, particularly when she was a single parent. This increases her sense of isolation.

She works part-time but needs to be home when the children return from school. She is worried that another baby will mean that she will have to give up work and this will be an additional strain on her relationship. She does not know what to do and feels that she is in a corner. She breaks down in tears while she is telling you this, and says she feels like she can't go on.

How would you apply ALGEE to assist your friend?

Live session 2: First Aid for suicidal crisis and depression

Case study 3

You are concerned about your friend. He is 28 years old and you have known him since you were at high school. You play five-a-side football together every week and usually go for a pint afterwards. You have noticed a change in him over the last few months. He was made redundant and has had a couple of temporary posts but nothing has worked out long term. He tells you he feels useless. He says he cannot go on and that life is not worth living.

Things have deteriorated between him and his wife; she is sleeping in the spare bedroom. He loves her but thinks she doesn't want him anymore.

He thinks that she and the kids would be better off without him; they could make a new start. As he tells you this he becomes tearful.

How would you apply ALGEE to assist your friend?

Case study 4

Nineteen-year-old Ella is a student of yours who has been on a downward swing since her first year at university. When Ella first started she was a hard worker, consistently getting good grades, but they have been steadily dropping.

You are concerned about her performance, so decide to organise a meeting to find out more. Ella arrives late and seems very tired, anxious and dishevelled, struggling to make eye contact. You start the conversation highlighting your concerns about her drop in performance and ask her what might be going on. Ella seems on the verge of tears and quietly whispers that she is finding everything very hard at the moment. When you gently enquire what she is finding hard she goes on to explain that she finds it difficult to remember things and to concentrate in her lectures. She says she often feels isolated, homesick and worries a lot about her increasing levels of debt.

Ella says she has lost interest in most of her daily activities and 'cries at everything'. She says her flatmates tell her she 'moans a lot', is antisocial, and does not like 'normal' student interests. She says that she has made hardly any friends and spends most of her time in her room because she thinks no one likes her. As Ella is telling you this, she breaks down in tears and says she 'can't go on like this anymore, what's the point.'

How would you apply ALGEE to assist Ella?



Live session 3:

Anxiety, personality disorders,
eating disorders, and self-harm

Activity 6: Active listening skills

(to be completed in live session)

Perform action two of MHFA (Talker, Listener and Observer exercise)

Aims:

Talker's role

- To talk about difficult experiences and feed back to the listener on the listening skills used

Listener's role

- To practise listening skills when a person is describing a difficult experience
- To practise asking open questions, reflecting and summarising back what you hear the talker say
- To practise using responses that encourage the others to talk

Observer's role

- To manage the timing of the active listening exercise
- To observe and feedback on the listening skills used
- To facilitate the feedback from the talker and listener on how they experienced the roles

Method:

Work in threes where possible: one person will be the listener, one person will be the talker, and one person will be the observer.

Talker role

Talk for 5 minutes about a time when you have felt anxious, sad or worried. To help the listener develop his or her role, please make sure there is at least one occasion when you run out of things to say or become speechless!

Listener role

Your task is to practise using active listening skills appropriately: eye contact, body language, silences, verbal minimal encouragers, asking questions, reflecting, and, at the end, summarising what you have heard. Listen empathetically and use some of the helpful responses, where appropriate.

Observer role

Your task is to manage the 5 minute timings (your facilitator will give you the exact timings) and observe the listener's verbal and non-verbal skills. Switch you microphone and video off. Observe and count as many behaviours (eye contact, body posture, verbal minimal encouragers, topic jumps) as you can manage and still be relatively accurate. Keep track of the listener's responses. Be aware of body language and tone of voice. Did the listener appear to be empathetic? Include the number of open and closed questions used by the listener and the focus of each question; note the use of feeling and factual reflection, and the effectiveness of the listener's summary.

At the end of the 5 minutes exercise:

The observer will then facilitate a discussion with the listener and talker.

1. The observer will ask the listener: What was comfortable? Difficult? Did you stay with the speaker? Then the talker will share his or her feelings about the listener's listening.
2. The observer will ask the talker: Did you feel listened to? Was it helpful? Did the listener have any habits you found distracting?
3. The observer will then share their observations. This sharing feedback process should take about three or four minutes.

The observer will be responsible for keeping to timing.

Notes

Activity 7: Case studies 5–9

(to be completed in live session)

Case study 5

You are at work when a colleague comes into your room. He describes a feeling of panic and asks what he should do. He seems agitated and unable to sit down or calm down. He says he feels very frightened but does not understand why he feels like this.

He says something bad is going to happen, but he does not know what. You have all been under a great deal of pressure lately, several people off sick and a deadline to meet, adding to everyone's stress.

How would you apply ALGEE in this situation?

Case study 6

Your sister says she is worried about her husband and wants you to speak with him, as he will not talk to her. He is waking up in the night from nightmares and finding it difficult to get back to sleep. From being an easy-going type of person he has become very short-tempered and snaps at her and the kids over nothing. He has increased his drinking and she is worried that he may be drinking too much. She has been trying to organise a holiday – they usually go abroad – but he says that he does not want to go.

He works as a traffic policeman. A few months ago he was first on the scene after a private light aircraft crash-landed on a dual carriageway, killing the pilot and two passengers and seriously injuring a car driver.

How would you apply ALGEE in this situation?

Case study 7

You are going on holiday with your family. You arrive at the airport and check your luggage in; you go through passport control and are getting ready to board the plane.

Suddenly, your 17-year-old daughter says she has to go to the toilet – again.

She does not return and when you go to look for her you find her shaking, crying and agitated. She says that she can't go on the plane because it will crash and that she is very frightened.

How would you apply ALGEE in this situation?

Case Study 8

Ranjana is a 19-year-old student from Portsmouth who is studying at Leeds University. She is a likeable young woman, a bit quiet and reserved but friendly enough. You volunteer with her in a food bank.

One day she is helping you to stack tins into the cupboards and you notice that she has a lot of scars on her arms, like little cuts. She seems embarrassed that you have noticed them and covers her arms up quickly. The next time you are due to volunteer together she does not show up or call in. This is unusual, as she is usually very reliable.

You decide to give her a call to see if she is okay.

How would you apply ALGEE in this situation?

Case Study 9

Your friend Jay is worried about his 15-year-old daughter Simone. He says that Simone has been dieting for over a year with no signs of stopping, which he struggles to understand since she has never been overweight. Nor does she seem to feel happier as a result of her weight loss – instead she frequently complains of headaches, and is becoming withdrawn, spending most of her time alone in her bedroom.

Jay explains that Simone seems depressed and anxious, and every time he and his wife express concern for her she bursts into tears or shouts at them.

He tells you that Simone no longer eats with the family. She is still getting very high marks for her exams at school, but her friends have also expressed concern. Jay tells you that Simone has refused offers to visit the doctor, insisting that she is fine and wants to be left alone.

Jay and his wife no longer know how to deal with the situation and often argue about the different ways in which they think they should approach their daughter.

Finally, Jay says that yesterday he received a phone call from school to say that Simone had fainted in class.

How would you apply ALGEE in this situation?

The background of the slide is a dense field of small, multi-colored rectangular pieces of paper or confetti, scattered across the entire frame. The colors include shades of red, blue, green, yellow, and grey, creating a vibrant and textured appearance.

Live session 4:

Psychosis, recovery, and
Mental Health First Aid action
planning

Activity 8: Helpful and unhelpful responses

(To be completed in advance of live session)

While watching the video, analyse how the characters applied the Mental Health First Aid action plan for psychosis. Note down any actions that you see that are helpful and unhelpful in the table below.

Helpful	Unhelpful

Notes

Activity 9: Case studies 10–16

(to be completed in live session)

Case study 10

Mrs Campbell mentions when she speaks to you that she is worried and concerned about her youngest son, Alex, who is 17 years old. Alex is supposed to be studying for his exams but she and her husband do not think he is doing very much. Over the past couple of months he has started to act a bit strangely. They didn't worry about it too much at first – he is a teenage boy, after all – but his behaviour has become very odd and he no longer seems like the boy they knew.

He is insisting that no-one goes into his room and he keeps the door locked, refusing to let her in to tidy up and change the sheets, which haven't been changed for weeks. She snuck in when Alex went to the loo and was shocked by the state of it. There are dirty plates and cups everywhere, books and CDs scattered about. The room is dark, he's pinned a blanket up over the curtains. And, stranger still, he has covered the mirror on the wardrobe door with a sheet.

How would you apply ALGEE in this situation?

Case study 11

Your neighbour has been living in his flat for several months. He is in his mid-forties and lives on his own, although there seem to be people who come in and out on a regular basis. You think he might be getting support.

You have spoken with him a few times in passing and he seems friendly enough, but you do not know him very well.

Recently, you have noticed that when you meet in the street he crosses the road as if to avoid talking to you. His curtains are always drawn and his TV is turned up very loud.

It is the middle of the night and you are wakened by loud music. You get dressed and go and knock on your neighbour's door to ask if he would turn the music down. He comes to the door and opens it slightly. He seems agitated. When you ask him if he is okay, he wants to know if 'they' sent you and what you want. You explain that you have been woken up by the loud music and want him to turn it down. He says he can't, if he does 'they' will find him and abduct him. That he is not safe. What he says does not make sense to you. He opens the door wider to see if anyone else is with you.

How would you apply ALGEE in this situation?

Case study 12

You are supposed to meet a friend, Jason, for coffee one afternoon, and he doesn't show up. When you stop by his house on the way home to find out what went wrong he says he has been feeling weird, and doesn't want to leave his house. He seems a little distracted and less tidy than usual.

When you ask him what's going on, he gets embarrassed. He admits that he has been having some strange thoughts, but says he can't snap out of them.

For example, he was going to call you to cancel but became suddenly certain that his phone was being tapped.

He admits that strange thoughts have been occurring over the last two months, and they are getting harder to ignore.

How can you apply ALGEE to help Jason?

Case study 13

Your niece Jacinta, who is 20 years old, has been increasingly secretive and at times is very difficult to talk to. She is very withdrawn from family, and her parents say she is no longer spending time with her friends, either.

When you talk to her, she says she is avoiding people because she feels as if they know there is something strange about her.

One day, for several hours, she heard strange voices talking to her. She is pretty sure they weren't real, in retrospect, but at the time she was quite certain they were. It has only happened once, but she finds herself having strange thoughts and can't make them go away.

How can you apply ALGEE to help Jacinta?

Live session 4: Psychosis, recovery, and Mental Health First Aid action planning

Case study 14

Your neighbour Matilda has always seemed calm and easy-going and you've never had cause to complain about her before. But the last several nights, she has been staying up very late, playing loud music. When you knock on her door to ask her to turn it down she is excited to see you, and wants to tell you about some exciting plans she has.

You tell her you need to go home and get some sleep and perhaps she should sleep too. She says she doesn't need to – she has never felt so good, and she only needs to sleep four to five hours a night.

Which is great, because she needs all the time she has to achieve her goals. You are concerned, and when you enquire further, she admits this is very out of character and she thinks something strange might be happening – but she doesn't want to question it, because she's enjoying herself so much.

How can you apply ALGEE to help Matilda?

Case study 15

One of the junior staff in your office, Joel, received a diagnosis of schizophrenia six months ago after an episode of psychosis.

He chose to tell key people at work about the diagnosis because he displayed some symptoms in the workplace which confused and upset some people. He has been doing well on medication since then.

The last week or so he has appeared to be somewhat withdrawn and depressed. When you ask him if he's all right, he says he has been feeling a little down and as if people are scrutinising him – and he can't tell if it's realistic, because his family are watching out for any sign of relapse, or if it's a symptom like paranoia. He is still struggling with the side-effects of the medication, as well, and it all feels pretty hopeless.

How can you apply ALGEE in this situation?

Case study 16

Your friend Meredith has disappeared from your social circle for about the last six weeks, and hasn't returned your calls. You decide you need to see if she is okay, and drop by her home one Saturday afternoon.

When you go to visit her, she tells you that she was diagnosed with bipolar disorder a month ago after a manic episode.

While medication has kept her moods stable during that time, she is sad about the diagnosis and very anxious about what she needs to do to keep well. She has some grief related to her diagnosis, and is struggling to distinguish between changes in mood and actual symptoms of mood disorder.

How can you apply ALGEE in this situation?

Notes

Notes

Notes

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