

# Mental Health First Aid: Helping Someone Who is Suffering

Whenever people face mental health issues resulting from loss of a loved one, trauma, or any other reason, they need to talk about it in order to heal. To talk, they need willing listeners. Unfortunately, many of us try to avoid listening to people in pain. We may feel like we have enough troubles of our own or be afraid of making matters worse by saying the wrong thing.

## What Typically Happens

Sometimes we excuse ourselves by assuming that listening to people who are hurting is strictly a matter for professionals, such as psychotherapists or members of the clergy. Professionals can help in special ways and provide the suffering individual with insights that most of us are not able to offer. But to get that help, individuals in crisis often need guidance. It is natural to feel reluctant or even afraid of facing another person's painful feelings. But it is important not to let this fear prevent us from doing what we can to help someone who is suffering.

## Mental Health First Aid

Just as CPR guides someone with no medical experience in assisting a friend, family member, co-worker or even strangers with a physical crisis, Mental Health First Aid helps you assist someone experiencing a mental health crisis, such as suicidal ideation or substance use issues. In both situations, the goal is to help support the victim until appropriate professional help is identified.

Mental Health First Aid follows three basic steps:

- Recognise the signs and symptoms of mental health problems
- Intervene to provide initial help
- Guide the person to appropriate professional help

## What to Do

Although each situation is unique, the most important thing to do is simply be there and listen and show you care.

- **Find a private setting where you will not be overheard or interrupted.** Arrange things so there are no large objects, such as a desk, between you and the person.
- **Keep your comments brief and simple so you do not get the person off track.**
- **Ask questions which show your interest and encourage the person to keep talking.** For example, "What happened next?" or "What was that like?"
- **Give verbal and non-verbal messages of caring and support.** Facial expressions and body posture go a long way toward showing your interest. Do not hesitate to interject your own feelings as appropriate.
- **Let people know that it is OK to cry.** Some people are embarrassed if they cry in front of others. Handing over a box of tissues in a matter-of-fact way can help show that tears are normal and appropriate. It is also OK if you get a bit teary yourself.

## What Not to Do

Do not be distressed by differences in the way people respond. One person may react very calmly, while another expresses strong feelings. One person may have an immediate emotional response while another may be "numb" at first and respond emotionally later.

Emotions are rarely simple. People who are suffering loss often feel anger along with grief. Unless you see signs of actual danger, simply accept the feelings as that person's natural response at the moment. If a person is usually rational and sensible, those qualities will return once their painful feelings are expressed.

It is natural to worry about saying the wrong thing. People will understand if you say something awkward in a difficult situation. Use this to guide you:

- Do not offer unsolicited advice. People usually will ask for advice later if they need it; initially it just gets in the way of talking things out.
- Do not turn the conversation into a forum for your own experiences. If you have had a similar experience, you may want to mention that briefly when the moment seems right. But do not say, "I know exactly how you feel," because everybody is different.
- Do not say anything which tries to minimize the person's pain such as, "You shouldn't take it so hard" or "It could be a lot worse."
- Do not say anything which asks the person to disguise or reject his or her feelings such as, "You have to pull yourself together."

## The 5 A's Model of Intervention

This model was developed to help people quit smoking, but it is often used as a model for intervention in the hopes of bringing about behaviour change. The 5 A's stand for:

### Ask

Are you ready to do something to change?

Can I help?

### Assess

How bad is the problem and how can we help?

### Advise

Make clear, specific, personalized recommendations

### Assist

Help where and when you can

### Arrange

Refer to them to supports at work, such as your EAP, or in the community

## Afterward

Once you have finished talking, it may be appropriate to offer simple forms of help such as:

- Checking about basic things like eating and sleeping
- Sharing a meal may help the person find an appetite
- Giving a ride to someone too upset to drive may mean a lot

**Ask what else you can do to be of assistance.**