

Mental Health First Aid, An Overview

Welcome. I am the moderator today. We are on standby mode. We are gathering right now and we expect a large crowd today. We ask to make sure that you are logged into the platform. Sometimes I know folks may have more than one login. We are expecting a large crowd. Please login one time. You can download the handouts. They are in the handout pot on the lower left-hand side of your screen. Click on the document highlighted and go to the bottom of the pot and click download files. This might open up a new browser. Follow the instructions. There are two handouts but they are the same. A couple of different virgins. Pick the one that is most appropriate for you. We will get started in about four minutes. Please stand by.

Welcome to today's webinar. Mental Health First Aid, An Overview.

. I am your moderator along with my colleagues. I will turn it over to our speaker. Before I do that I will review a few things about our platform. With most of us working from home at this time, this is taxing a lot of technology and Internet capabilities. We will do our best to help you work through any technical issues. We ask for patience and understanding as we all try to adapt to this new normal. You can download the handouts in case you lose video and unable to see the slides. Also this presentation is

being recorded. We have a handout pod with today's presentation. You can download those anytime. There are a couple of formats. You can decide which version is most appropriate for you. A certificate of completion will be available at the end of the webinar. Click on the document, highlight and download the file. This will generate a new window in your Internet browser.

Open the window and follow the directions to download the document. We have the Q&A pod on the left side for questions or comments. You can type into the text box. It will send a question or comment. We will answer the questions at the end of today's presentation as time Lowndes. Below we have captioning for hearing impairment. It will be available throughout the presentation. You can view presentation and full screen mode by clicking onto the 4 arrow icon on the upper right-hand corner of your screen. However while you are in full screen, you will not be able to participate in the Q&A or poll questions. Click it again to minimize the screen. This recording will be on the website in 2 to 3 weeks. Standby and I will start the recording. And then I will reintroduce myself for the benefit of the recording and then I will turn it over to our speaker.

Welcome to Mental Health First Aid, An Overview . I am your moderator today along with my colleagues. I would like now to turn it over to our speaker, welcome Seth.

Hello everyone I am so excited to be here with you today. My name is Seth, I have been with Magellan Health Care since

2018 and I am a corporate clinical trainer. I have been in the clinical field for over 6 years. A licensed clinical social worker and hold a Masters degree in social work as well as healthcare administration.

Prior to coming to Magellan Health Care I come to the behavioral health response otherwise known as EHR.

Locally in Missouri. The company providing regional crisis for small services. While working at BHR I provide a crisis response intervention coordinated follow-up services, and became certified in mental health first aid instruction. In this is what I am looking forward to speaking with you about today.

Although I am no longer a certified instructor, I am well versed in this training as well as community outreach, and crisis intervention services. To get started, I would like to discuss mental health first day. Specifically, what is it? Mental health first aid is a course that teaches you how to identify, understand and respond to mental illnesses, as well as substance use disorders.

Just how regular first aid courses teach you to provide the initial health and help to an injured person before professional help can arrive. Mental health first day provides guidance on how to provide initial help to someone experiencing a mental health problem before the appropriate treatment and support are obtained.

This training was developed in Australia by Betty Kitchener in Australia in 2001. It

is a daylong, interactive training provided by instructors all over the world. However I want to be very clear. This is not a training provided by your employee assistance program. Rather this is a community-based service, something you would need to find locally. We will talk about that later on. If you were to take this class, you would learn how to recognize the symptoms of a mental health problem, how to offer and provide initial support, and to her to guide professional help needed. As COVID-19 is changing our daily reality, there is an important need for mental health first date to become available virtually. I have good news, the national Council for behavioral health has announced that mental health first date is preparing to release a virtual mental health first aid class.

In fact this will include a two hour, self-paced class, and then it will come along with a four hour instructor led class video conferencing technology. This virtual training will be based on new curriculum that has been in development for over one year. Included expanded content on trauma, addiction and self-care. It will include new content applicable for adults working as with elementary age children, including content on the impact of social media. The content is gender-neutral, and you can find out more information and how to get signed up, at the mental health first aid.org.

To learn more. But for the

purposes of today's webinar, I would like to provide you an overview of what is involved in mental health first aid. I will not be providing you with a comprehensive training. My hope though is that after this course, after this webinar, you will be motivated to pursue the full training sometime in your community.

Let me just one through the objectives and my agenda. I plan to discuss and review what mental health disorder is spirit along with a few examples of mental health diagnoses. I will then review common signs and symptoms of mental health disorder, risk and protective factors in why these are so important. And then we will break down the mental health first aid action plan, and discuss each step. I will wrap up today's meeting by reviewing additional resources, and I will talk about personal self care strategies. Self-help strategies absolutely critical for all of us, especially now given that we are in the midst of a global pandemic.

To get started let's break down what is a mental health disorder. According to the American psychiatric association, a mental illness is a health condition involving a change in motion, thinking or behavior, or a combination of these. They result in either distress, and/or problems functioning in social, work or family activities. The key components are emotion, thought and behavior. And a change in that which results in impaired

functioning. With this in mind, here are some common mental health conditions. Things like anxiety, obsessive compulsive disorder, depression, but I want to be clear.

A mental health diagnosis helps mental health

professionals better able to understand what that person is experiencing, so we can provide the appropriate help. These diagnoses do not have to define you. They are simply a combination of signs and symptoms.

And talking about that, let's review what are some common signs and symptoms of a mental health disorder.

Essentially mental health symptoms can show up in a variety of ways. It can affect us physically, emotionally, behaviorally, and can impact our thoughts. Physical symptoms can include a pounding heart, feeling like your heart is pounding out of your chest, shortness of breath, having difficulty catching your breath, numbness, feeling lack of sensation, restlessness, being unable to hold still, and maybe changes in pattern. Like changes in appetite, increase or decrease. Maybe changes in hygiene, looking at over obsession or lack thereof.

Not only looking at emotions, it can result in depressed mood, mood swings, unrealistic or excessive anxiety and guilt, lack of emotion or emotional response, feelings of hopelessness or helplessness. Even decreased self-esteem. As we can see mental health impacts a lot of areas in our lives. Let's talk about behavior. What changes might we

see him behavior as a result of mental health concerns? Things like crying spells, withdrawing from people in our lives, having the inability to manage our responsibilities, and changes in energy and maybe loss of motivation. Something else we see commonly with mental health disorders and changes in behavior, includes an increase in substance use. And let's talk about common symptoms involving one's life can include things like frequent self criticism or blame, difficulty making decisions, concentrating, or even remembering things. Racing thoughts and an altered sense of self. And on a more serious note, things like delusions or hallucinations. And even thoughts of death or suicide. Essentially mental health can impact almost every area of our lives.

Let's talk about this. Because because you experience symptoms of mental health disorder, that does not mean that you are mentally ill. But let's look at some of the risk factors. What are those things that increase the risk that has a mental health concern. Essentially risk factors are characteristics of the biological, psychological, communal, or cultural rebel that proceed and associated with the higher likelihood of a negative outcome. And in layman's terms, it is the things that increase the likeliness of having a mental health concern. And looking at this list you can see there are a lot of things that plagues us at a higher

risk. Some things are kind of obvious.

Things like family history, looking at one's genetic makeup. Or childhood history of abuse or neglect. As we know the experience of trauma, whether physical or emotional, or psychological, it can have all kinds of impact on those different areas of our lives.

In addition to risk factors, there are also things called protective factors. Essentially they are the exact opposite of a risk factor.

They are the characteristics of association with likelihood of a negative outcome. Positive encountering. On this slide something I want to point out. Notice that things around support or mentioned at least three times. The parental and familial support, the good social support, and community bonding. One support system plays a huge role, in fact, a strong support system is the number 1 protective factor against suicide.

Let's start to break down the actual plan mental health first aid action plan. Otherwise known as ALGEE. The first step in this plan is to assess for risk of suicide or harm. And discussing this, I am going to unpacked steps to follow when interacting in the situation. We will review how to talk with someone who is suicidal. And we will offer suggestions on actual things you can do to be a support. We will discuss listening nonjudgmentally. Giving reassurance and information. And encouraging appropriate

professional help. And in reviewing this I'm going to unpack different levels of professionals and treatment. And then we will talk about encouraging self-help and other support strategies. And we will discuss review self-help strategies and unpack the importance of taking care of yourself.

While this is a game plan, things for us to do when interacting with someone, this plan is not linear. What that means is that we might not start with Action A . Depending on the situation we want to shape the way that we are interacting with a person based upon what is going on. One of the questions asked earlier is about acrophobia. It is a side effect of a mental health concern.

Let's unpack the plan. The first thing is assessing for risk of suicide or harm. First and foremost, talk of suicide should always be taken seriously and viewed as a cry for help, rather than dismissed as a attention-getting tactic. Further nonsuicidal self industry as self-harm can lead to serious medical emergencies or of being in a dangerous situation where a person can be at risk, of attack or accident.

Such as falling or a fifth particular accident therefore when someone expresses suicidal thoughts we have to take this seriously. And in this light I identified risk factors that increase one's likelihood of having suicidal thoughts.

It is important

to be in mind about the list. Factors that jump out to me as a clinician immediately or prior suicide attempts, family history of suicide, and being exposed to other suicidal behaviors. Things to keep in mind, extreme distress, it can lead to impulsive or irrational behavior that can ultimately lead to medical emergencies, or greater mental health problems. Aggression is not necessarily being violent, but it can often be interpreted as a threat or escalate if no one intervenes. It is very important that we take thoughts seriously. And we do what we can to keep the person safe.

Now that we talked about risk factors, what do you do if someone you know, or you care about has expressed suicidal thoughts? I want to encourage you to have a conversation. Discuss your observations. Things that you have been noticing, the things that are different or alike the person the normal. Express your concern and root the concern in your actual observation. You are always here 15 minutes earlier from work, but subtly over the last week you have coming in 30 minutes late. Can you tell me a little bit about what is going on X are you okay? Have a conversation.

While talking about suicide can be scary and nerve-racking, it is important that we appear confident. In fact being confident in this situation often communicates trust to the

person in crisis. We want to validate them by sharing that suicidal thoughts are common, and while this person may be experiencing them, they do not have to be acted upon. We want to instill hope and an alternative.

Understand that there is often feelings of guilt, shame and embarrassment for people who were experiencing suicidal thoughts. As a result the person may be reluctant to involve friends, family or professional help right away.

We want to be sensitive around that. We need to let them come to that

realization, in the situation, once they start to feel more comfortable.

Building that rapport with the individual can make a world of difference in helping that person feel safe, and being willing to open up and talk about what is actually happening.

If the person is aggressive or has a weapon, I want to encourage you to contact 911. When there are threats of violence to self or others, we do not want to wait on that.

Because people can get hurt when we take that seriously.

What do you do in this situation? I want to encourage you to take action if there is immediate threat to safety. Do not leave the person alone or by themselves until you and that person have discussed a plan of what is going to happen next. Ensure that that person has a safety contract at all times. What I mean by that is a contingency plan. What the person can do to remain safe now. And if they feel like they cannot

remain safe, what can they do, what will they do? Try to involve the support system. As I mentioned earlier, the number 1 protective factor against suicide is a strong support system. Discuss past supporters. And see if they are still available. Help the individual assess coup is the safe person in their lives that they can trust, and if necessary or possible, let's get that person involved.

We want to be careful to not use guilt or threats to prevent suicide. Suicidal ideation often comes with feelings of shame and/or guilt. Therefore by using such tactics, that very may backfire. We want to make sure that we do not incorporate that and not speaking about what is going on.

We want to implement the other steps of the ALGEE plan . The most important thing that I want to stress is that if this person cannot remain safe, or currently afraid of hurting themselves, you can always call 911.

Let's talk about the other steps in this plan. Listen nonjudgmentally. This is truthfully easier said than done. We often listen to respond. And we do not listen to hear. And then when we do listen our own biases and preferences often take precedence. So when engaging with this person, we want to avoid the word you. Using the word, you, can come across as accusatory, even when not meant to be. The last thing we want in a mental health crisis, is to put the person in crisis on the defense. Rather let's use "I"

statements. Focus what you have noticed speaking from your point of view. And inquire, do not push, allow the person to come around and open up on his or her or that person's own time. Remember that while this is scary, and uncomfortable, this is not about us. This is not about me. It is not about you.

It is about the person in crisis. And so we have to remember

that this person in crisis, may likely have different

experiences. They may have a different perspective and a different culture that is completely different than what you know. We do not want to make assumptions.

And therefore we want to be sensitive to the person's perspective.

When we talk about "I" statements versus use statements, an example of that could be, I have noticed that you have been very upset, and you have been very agitated.

That automatically puts the person on the defense. Because I'm using the word you. It sounds accusatory. So I would want to change that. I will talk about, when we have been interacting, I have been noticing that things have been a little tense lately. How are you feeling? Do you see the difference? One

is accusatory, my own observation. When I talk about what I am observing, you cannot argue with how I feel. But you can't argue with what I say about you. I hope that helps clarify.

Let's talk about reassurance and information. There is a

profound difference between providing reassurance and information, versus giving advice. Reassurance validates a person's experience, whereas advice essentially telling the person what to do.

So rather than providing the person would advise, simply telling them what to do, we want to provide me a surge and information. --

Reassurance. We are validating and we are speaking in terms of hope. And information we are giving practical help with next steps.

Let me provide an example. You are working with someone who has recently went through a breakup. And they are struggling. If I want to be reassuring, I may say something like, breakups can be tough. It is natural for you to be upset and hurt. Whereas if I were to offer advice, that might look like, I remember my first breakout. Here is what you need to do. Let's try another one.

If I were to provide reassurance and information I might say, I am here for you if you want to talk. There are also people who are trying to work through these feelings. Versus advice, which makes it sound like, you know you really need to talk to a counselor about that. Can you see the difference? One validates, or the other minimizes. The key to providing support is through reassurance and information.

Validate the person's experience, and acknowledge your role and what you can do. The worst thing that we can do for someone in crisis, is to give advice.

Let's talk about the different types of help. Because in working with someone who has a mental health concern, or a mental health disorder, professional help may very well be necessary. But not always. For example. There are many people who struggle with phobias such as arachnophobia. The fear of spiders. But they never seek professional help because the impact of that may not be great. They do not encounter spiders every day. Whereas another person may experience claustrophobia and they have to take public transportation to get to work every day. Well that person's experience is far greater frequency and rate, therefore they may want to seek help. Whereas the person scared of spiders may not. So we want to keep that in mind of what is going to be the most beneficial for the person, and what they really need.

When we are encouraging professional help, when we take that leap to say, you walk, talking to a counselor might be a good idea. We want to make sure that help that we are offering ends suggestion, and referring them to his evidence-based. If you are going to refer to a counselor, or refer to some type of treatment, I want to encourage you to refer to someone who is licensed, and has a proper credential. What types of help is out there? There are many different forms and ways of receiving support with mental health concerns.

Let's talk about it. You may seek counseling

through individual, family or group therapy. There is also alcohol and drug treatments which can include withdrawal management. The therapy may focus around problem

solving, decision making, her social skills. For students they receive academic counseling. A lot of people if they are looking at nutrition, if it has an impact on mental health there is dietary management. And some people, when the disorders having a very serious effect, they may reach out to medication. But at the end of the day, what help a person chooses is really up to them. And what will work best for them. It is not our role as first aid to know the exact treatment that they need to receive. What we need to do is know how to refer them to the help if needed.

Let's talk about this other E. We talked about referring again encouraging appropriate health. Let's also look at encouraging self help and other support strategies. The person that you are speaking with may have supports in their lives, but they may not be utilized. This could include people in such a family, people within faith communities, were trained peer specialist or support groups. Recovery from symptoms is quicker for people who feel supported by those around them. In talking with someone, and how they are coping and what they are doing to manage their mental health concern, things they ask -- or their activities the person can do that would serve as a good distraction? To get their mind onto something else. Are

there specific hobbies or interests that the person enjoys? It will provide some type of accomplishment in German. And if necessary they are trying different types of coping strategies, and they are not seeing support call or if it is not helping, that might be a time of what you want to talk to a mental health professional. Self-help strategies are really so important.

I want to talk about that more on the next slide. We will talk about self help and self-care. Self-care can be utilized on almost every area of our lives. In regards to our physical health, our social well-being, and what we are doing to take care of our own thoughts. And our own negative thought patterns. What are we doing on a spiritual realm, and RV Willey taking care of our emotions?

I want to encourage you to look at each of these different areas and ask yourself the question that are listed underneath. Research has shown that exercise, relaxation training, and self help books on cognitive behavioral therapy can be very helpful for a variety of different mental health problems such as depression, anxiety disorders.

More evidence coming out on this, meditation has been proven to be very helpful in managing anxiety. I want to note that there are all kinds of resources on those different things in your EAP. Meditation, one of the programs offer the cognitive

behavioral that you can download to your phone has a thing I meditation. Then we want to talk about avoiding alcohol and/or other drugs. Taking care of one's overall health, getting enough sleep, exercise, eating healthy, developing positive self talk, and engaging in spirituality have been proven to help people manage their symptoms. I want to stress that while you may be experiencing mental health symptoms, it does not mean that person has a mental health disorder. Or meaning that they need to see a certain type of therapist. It means they are experiencing symptoms and began benefit from coping strategies. And then when it starts to get serious that is when we start looking at diagnosis and additional treatment. There are all kinds of options for that around your EAP. I am so happy you are listening to this talk today.

As we talk about self-care, and as we look at the things that we can do to take care of ourselves, I want to illustrate something. That is an analogy. If you have ever flown on an airplane, you may recall that the flight attendant provides a demonstration before takeoff. The flight attendants often, I do -- they tell parents who have a child with them on board to be sure to put their own mask on themselves first before the child in case of an emergency. And there are some very specific reasons for this. The cost depending on the emergency, the parents may try to put the face mask on the child first

and not be able to do this successfully because something happens to them in the process. So in order to ensure that the person and their child are safe, put the mask on the parent first and then on the trial. There is a very important concept in that. If we want to be there for others, we have to first take care of ourselves. And I am so happy that you have listened to this training today and taking care of yourselves. The things that you are doing to manage your own mental health.

What activities are you using as a good distraction? If you start to feel upset, or feeling down, who can you call? Who can you reach out to for support? Are you taking appropriate brakes, giving yourself time?

Self-care is so important, specifically now with everything going on in the world. If you expect to be there for others, first take care of yourself. And if you would like to learn more about mental health first date, I want to encourage you to check out the website.

Mental health first day.org.

They have a blog on the website with specific articles on how to take care of yourself, in the midst of the COVID-19 pandemic .

Let's talk a little bit about diagnoses. I mentioned earlier about how I would encourage not to allow a diagnosis to define you. A lot of diagnosis can be medical in nature, and because of that if a person is presenting with a mental health concern, that

also appears or could be a medical concern, for example that say the person is having a panic attack. That very well may present and look like a heart attack. Therefore when we are dealing with those types of issues, we want to first focus on the medical issues before we focus on the mental health. If a loved one is struggling with mental health concerns, and refuses to seek therapy or help, the only thing that we can do as family, and people within their lives, is to let them know of the options available. Letting them know that there is help available. We cannot force anyone to pursue treatment.

We can only encourage them of what can happen if they do. So when you talk about first steps, the main thing I would suggest is validating how they are feeling. Before we jump into the things that you need to do, or these are the things that are really going to help, we first want to validate and listen. As we talked about listening, nonjudgmental, we often listen to respond.

Rather than listening to hear. And so when we talk about first taps, somebody refusing mental health treatment but needs it, validate. And then when they are ready let them know ways of getting additional help.

Often times people do seek treatment using medication or antidepressants, or some type of psychiatric medication first versus trying to talk therapy. As a therapist myself, I would

generally always encourage therapy first before jumping into medication. But at the end of the day, it is that person's own choice. It is very possible that mental health concerns and coping strategies, and ways of dealing with those signs and symptoms can be handled via talk therapy or medication may not be necessary.

How many risk factors does a person have to have for the situation to be considered a crisis? That is a great question. And with that I will say that there is no set answer for that. Every single person is different, and every single person is unique. I could witness an incident, along with my friend. And I can walk away from that situation as if nothing ever happened.

Where the other person can feel as if the world crumbled.

Everyone is unique. And so when we talk about risk factors there is not a set number of risk factors that increase. It is the risk factor. Those are the things to look out for that lead one or could increase the likelihood of having a mental health concern.

If we have resources, talking about resources and eating habits, diets, for that I want to encourage you to check out your EAP website. Most likely -- there are lots of articles around different things and how they are affecting your lives. I really believe that there are resources for better eating habits. I would also refer you to your primary care physician. The crusher primary care physician will know a lot around these types of things.

With that, I am going to kick it back on over to Jeannie.

Thank you, I appreciate all that you have shared today. I am sure the participants do as well. We are going to have time, we have been looking at some of the questions already. We are going to have time for Seth to answer some questions. If you have questions that you would like to submit, please submit those via the Q&A pod.

It is on the left-hand side of your screen. I want to take a moment to talk about the EAP. I know Seth has referenced using as a means to initiate mental health care and support. It is a great resource for you, for your family members, so please reach out to your EAP today. We are here to support you and your family, coworkers, your employees. You can ask for services by calling your company specific 800-number, or their web, 24 hours a day, seven days a week. If you do not know the 800-number or web address, reach out to your human resources for that.

Seth talked a little bit about the importance of self-care. It is so important. It is really important right now. Your EAP can help with that in so many ways.

Seth, I am going to turn it over to you for some questions.

Yes, one of the questions that has come through. Which app does alpha-1 provide for cognitive health? It is called digitized cognitive behavioral therapy. It is on

your employee assistance website.

Through the application there are tracks on anxiety, depression, and insomnia, substance abuse, OCD and pain management. A lot of resources. It does have some things around meditation, and I encourage you to look into

that if you think it would be helpful. After you register on the website you can download it to your cell phone, or you can use it at any time.

If we talk about where and how to enroll in a mental health first a course, I want to refer you to mental health first date.org. On the website you can actually click on find a course, and you can find a course within your community locally.

If a person is struggling, and they do not have access to an employee assistance program or insurance benefit, there are lots of options available. One of the things that I would prefer to as a website is called SAMHSA.work.

It stands for the substance abuse and mental health services administration.

On that website there is a search finder. You can actually search for agencies within your area that provide sliding fee scales or discounted counseling services.

If we are going to talk about dual intensive care. I am assuming we are talking about maybe a substance abuse and mental health concern. It is very possible that we can get that individual set up with free

counseling if they have
that is one of their benefits.
One of the things that I would
mention, is if it is
intensive, to
where it is something
that cannot be
resolved within six to eight
sessions, maybe a good idea
to go through the insurance
first.

Whereas EAP counseling is
really used for single issues.
However EAP can completely be
used as
a way of getting in with a
provider. However when we talk
about intensive care, but
is more of an insurance
related issue. And again the
app that I wanted to mention
that is available to you, it
is called [Indiscernible]
behavioral therapy. It is
under the self care program
link on the website.

I want to talk about
the differences
between validating
emotions or behavior, without encouraging
them. That is a great
question. We want to validate
but sometimes we are
validating things, one that
may not be true, or they are
not helpful. We want to
validate the individual and
how they feel. And again
validation does not always
mean encouragement. I would
it was like to talk with the
individuals about, I hear that
this is what you are saying.

And I can only imagine
how that makes you feel.
Whether I agree with it
or not, the person is still
experiencing distress. And I
hope that answers your
question.

We are going to
talk about more non-intensive
care more resolvable by the
EAP. When I talk about that I

am talking about issues that you can handle with the counselor, within a short amount of sessions. If a person is experiencing severe substance abuse, they are probably not going to be able to resolve that in an outpatient setting with a counselor. It might need something more higher-level. Let's say the person's experience substance abuse issues along with marital issues, and it has been going on for 5 years. That may not be able to be resolved within five sessions. So when we look at non-intensive care, we are looking at issues that the person is experiencing, and cannot be resolved within the amount of sessions that they have. Because there is nothing worse than getting in with a counselor, and then completing the amount of sessions and then finding out that back counselor does not take your insurance, and now they want to charge you additional money. So EAP is really looking at sessions or issues that can be resolved within a short amount of time.

What are some thoughts for aborting the trap of making it about you, versus the person in the stress and aborting making the person in distress feel guilty? That is an excellent question. One of the things that I would encourage, is when I am working with someone who is in crisis, I tried to take my thoughts and emotions on how I feel Ms. Jewish, and I put it aside for a moment. What I like to do is focus on how that person is

feeling. And not saying things like, a reaction to the suicidal thoughts. I cannot believe you are feeling that way.

Do you really want to go to hell we do not want to say things that are going to trigger some type of emotional response. Rather what we want to do is sit with them in that situation, and say, I am here for you. Can you tell me what is going on? What is happening? What has changed? So the less focus on perhaps why, trying to come up with reasons why not to kill them selves, that can often backfire. My think is focusing on the moment and what I can do. And how I can help them feel safe. And get their story. And getting the stories one of the most important things a person can do.

What are my feelings about enabling someone to remain untreated?

Do we continue to fix everything?

Are we enabling them not to take treatment? That is another really good question. You bring up that point if we continue to fix everything, aren't we just enabling them? What I like to do in that regard, it comes down to the step process. That is something that I

actually would encourage you to talk to a counselor about.

That would be appropriate for counseling to unpack it.

We want to be able to give them choices and opportunities to be responsible for actions. But we cannot force it. As much as we want to.

What I

am talking about is someone not taken responsibility, you can provide options, you can provide choices in support.

But there is a time that you do not want to do everything for them. You want to give that step process. I'm going to reiterate something I touched on earlier but I think it is very important. Are there resources available for people with limited income to get the help they need? The answer is a resolving yes. In places I refer as dimensions are SAMHSA, mental health services administration. I also would encourage reaching out to suicide lifeline. I mentioned that because I used to be a counselor on that line.

One of the things that we would often do as taking calls from people, people who do not have insurance or income, but they really needed help. We would help them locate resources and the community.

In fact the suicide lifeline and the way it works, if you call the number it actually routes to the nearest contact center based upon your phone number. So a lot of times you are reaching counselors within your area.

And therefore they may actually have the pulse on therapist within the community offering discounted counseling services. That is an idea as well. That phone number is a lifeline. One 800 273 8255.

Any tips on encouraging someone to seek help when they do not need it? With that coming back around to talking

about addressing what you have noticed. At the end of the day we cannot force someone into treatment. But we can do is bring up what we have noticed, and the changes we see.

And when addressing something with a potential mental health concern, one of the biggest finds of that is a sudden change in behavior. Those are the things that I would bring up.

I noticed you have been going through a rough time. I see that things have changed. Can you tell me about that? Use that as a conversation starter use a conversation not a recommendation if you start with a recommendation of you need to see a counselor, or I think seeing a counselor would be helpful for you, they are likely to completely shut down. We want to open that up where they open up to us, and then opened the door. That is what I always try to do. Putting it back on their ball court, and talking about everyday experiences, and generally it can lead. If we are allowing the person to be opened and honest.

Any other questions?

Okay, looks like we have one -- we are getting some fairly specific questions. We are trying to answer them in the Q&A. I encourage folks to call your EAP to speak directly with the consultant about your very specific situation. You can get a private, personalized consultation with resources tailored to your unique needs. Please do that. We are going to go

ahead and wrap it up.

I am going to pull up our exit poll question. Please fill out the exit poll. Please rate your overall satisfaction with today's webinar. The options are very satisfied, satisfied, dissatisfied, and very dissatisfied. Click the radio button to the left of the response you select. One time. It will send your response. You will get a certificate of completion. You can download. The handouts if you have not downloaded the handouts already.

This concludes our webinar today.
Thank you.
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Concluded] [Event Concluded]