

**Mental Health First Aid  
by the Rev. Ann Schranz  
Monte Vista Unitarian Universalist Congregation  
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There are several disadvantages to being named Ann. One is that you keep hearing your name all over the place. From context, it's apparent that people are saying "and," not "Ann," but still my attention is drawn to various conversations unnecessarily. Another disadvantage is the connection between "Ann" and "Raggedy." It is strange being a child named Ann and receiving a Raggedy Ann doll. Finally, if your name is Ann, you routinely encounter yourself on the floor at First Aid classes.

Thousands of people have used Resusci-Anne to learn CPR (cardiopulmonary resuscitation) and trauma first aid. Resusci-Anne keeps getting better.<sup>1</sup> She now has these features:

"Weighted, articulated arms and legs with simulated wounds can easily be attached to the manikin within a few seconds. No tools required.

The arms and legs feature a selection of simulated burns, cuts, and fractures. The wounds may alternatively serve as distracting elements for added realism. Limb articulation allows for realistic patient handling and immobilization training. New short hair style allows for realistic application of extrication collar." A Bleeding Control Leg and an IV Arm are also available.

First aid training for the body has been around for a while. First aid training for the mind and emotions is much newer. Mental health first aid began in Australia and is more prevalent in Australia, New Zealand, and England than in the United States. I hope to see the day when as many people are trained in mental health first aid as are trained in first aid for the body. We should have Resusci-Darlene for depression, Resusci-Aaron for anxiety, Resusci-Stanley for psychosis, and Resusci-Eileen for eating disorders!

Thankfully, 12-hour Mental Health First Aid courses are being offered today in the United States. A few weeks ago, I took the course in Claremont, where it was offered by trained volunteers from NAMI Pomona Valley. NAMI stands for the National Alliance on Mental

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<sup>1</sup> See <http://www.laerdal.com/us/docid/1022846/Resusci-Anne-First-Aid-Trauma-Modules>.

Illness. To find courses near you, go to the Mental Health First Aid website:

[http://www.mentalhealthfirstaid.org/cs/program\\_overview/](http://www.mentalhealthfirstaid.org/cs/program_overview/).

There was no Resusci-Anne in a mental health crisis at the training, but we did watch videos of actors portraying people in different types of mental health crises. We watched bystanders interact with them in various ways, both helpful and not so helpful. One acronym came up multiple times as our map through each tricky situation. That action acronym was ALGEE:

Action A – Assess for risk of suicide or harm.

Action L – Listen nonjudgmentally.

Action G – Give reassurance and information.

Action E – Encourage appropriate professional help.

Action E – Encourage self-help and other support strategies.

Peggy Swarbrick, Ph.D., and Jennifer K. Brown emphasize that “A core aspect of giving mental health first aid is being fully present and listening . . . Being fully present and truly listening can help minimize feelings of distress and may be the most effective link in helping a person to seek support or treatment that fosters personal wellness . . . Allow the person with the problem to do most of the talking. Avoid premature conclusions based on your life experiences. Help the individual to better understand himself or herself. Permit the person to retain ownership of the challenge.”<sup>2</sup>

Besides being fully present and listening, “another mental health first aid skill is an optimistic attitude regarding the outcome of someone in distress . . . The notion of wellness is now considered a core guiding principle for mental health practice. Wellness is a conscious, deliberative process that requires a person to become aware of and make choices for a more satisfying lifestyle . . . It is important to understand that wellness and recovery are possible and that those who experience mental health problems and disorders can and do lead full lives, often

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<sup>2</sup> Kitchener, B.A., Jorm, A.F., and Kelly, C.M., Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare (2009), *Mental Health First Aid USA*, p. ix. Published by the Anne Arundel County Mental Health Agency, Inc., Annapolis, MD.

with limited or no professional intervention. People may experience a diagnosable condition due to life's stressors but find resilience and progress to recovery.”<sup>3</sup>

As I have shared before from this pulpit, a loved one has mental health challenges. Over the course of 15 or so years, my attitude has changed. I have shifted from fear and panic to compassion and attentiveness. I have shifted in my view of acute episodes from viewing them as problems that can be solved once and for all to viewing them as one phase of a chronic condition. I have shifted from focusing on an episode's impact on me to its impact on my loved one. I have shifted from feeling that I am in a predicament all alone to feeling that we (all of us) are in this together. I have shifted from focusing on a cure (or at least absence of symptoms) to focusing on recovery, which does not mean cure and does not necessarily mean an absence of symptoms.

Those shifts were slower in coming than they might have been because I conflated mental illness with a propensity for violence. It is a common misconception that people with mental disorders are violent.<sup>4</sup> In fact, people with mental disorders are more likely to be victims of violence than to perpetrate violence. There was a recent high-profile killing in an IHOP restaurant in Carson City, Nevada. Michael Fitzpatrick, Executive Director of the National Alliance on Mental Illness (NAMI) issued this statement on the tragedy [excerpted here]:<sup>5</sup>

“Although it seems otherwise, the U.S. Surgeon General has reported that ‘the likelihood of violence from people with mental illness is low.’ The overall contribution of mental illness to the level of violence in society is ‘exceptionally small’ . . . Acts of violence are exceptional. They are a sign that something has gone terribly wrong, often in the mental healthcare system. What public authorities and the news media need to pursue are specific facts surrounding Eduardo Sencion’s treatment.”

“What was his full medical history?”

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<sup>3</sup> *Mental Health First Aid USA*, p. x.

<sup>4</sup> *Mental Health First Aid USA*, p. vi.

<sup>5</sup> See

[http://www.nami.org/Content/NavigationMenu/Top\\_Story/NAMI\\_Statement\\_The\\_Nevada\\_IHOP\\_Tragedy:\\_Questions\\_to\\_Ask.htm](http://www.nami.org/Content/NavigationMenu/Top_Story/NAMI_Statement_The_Nevada_IHOP_Tragedy:_Questions_to_Ask.htm) .

Was there an actual diagnosis?

Where was he treated? By whom? How often?

Did he or his family seek treatment only to have it delayed or denied?

Was he hospitalized and recently discharged?

Was treatment coordinated among different professionals?

Was he taking prescribed medication? If not, why not?

What events may have triggered the psychiatric crisis?

Did his family receive education and support?

Were state or local budget cuts a factor? For example, from 2008 to 2011, Nevada cut its mental health budget by 17 percent—the fourth deepest cut in the nation.”

In the Mental Health First Aid course, I learned that “Recovery is a deeply personal process of (re)gaining physical, spiritual, mental, and emotional balance. The person learns to cope with illness, crisis, or trauma and its associated challenges while adjusting their lifestyles. Recovery, therefore, is a process of healing and restoring health and wellness during stressful episodes of life.”<sup>6</sup> Hope is an important component of recovery. Recovery isn’t step by step. It is a nonlinear process.

I learned that focusing on strengths rather than deficits is an integral part of recovery, as is peer support. Recovery is possible when people assume personal responsibility for their own self-care, when they learn coping strategies, and when they seek support. Recovery encompasses a person’s whole life and does not pertain to just one part of it. There is no such thing as a “one size fits all” recovery. Recovery is about empowerment. The person who is in emotional distress has the right and authority to choose from a range of options and to participate in decisions that affect recovery and wellness.

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<sup>6</sup> *Mental Health First Aid USA*, p. xii.

I will close by mentioning a brand new Unitarian Universalist resource called “Accessibility Guidelines for Unitarian Universalist Congregations: Creating Welcoming Congregations for People of All Abilities.”<sup>7</sup> Isn’t that a beautiful way to put it? Not “people with disabilities” but “people of all abilities.” The guidelines were prepared by The Policy Committee of Equal Access, a volunteer-run Unitarian Universalist organization that promotes equality and access for Unitarian Universalists with disabilities. To welcome people living with mental illness, the guidelines invite us to take these actions:

- Visit congregants who are hospitalized for mental health problems, just as you visit those hospitalized for other reasons. Some hospitals require the permission of the patient for a visit.
- Provide caring support for spiritual needs of people with mental health diagnoses.
- Recognize that mental illness does not have a correlation with violent behavior.
- Be aware that labels can harm people; use “people first language” when referring to people with mental health difficulties. “One might say, for example, ‘people with disabilities’ rather than ‘the disabled.’ People with disabilities are not their diagnoses or disabilities; they are people, first.”
- Make an effort to include people with mental health disabilities in congregational activities. Be aware that there is a wide-spread belief in our culture that people with a mental health diagnosis are somehow at fault for their disability, which may cause them to be excluded or isolated unless there are efforts to include them.
- Be aware that people with mental health difficulties can recover and that involvement in a religious congregation is often a large component of recovery.

May fear ease its grip upon us. May hope, professional help, peer support, empowerment, and respect guide us. May it be so!

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<sup>7</sup> See <http://www.equalaccess.org/resourcelinks.html>.