



Mental Health

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October 10th – World Mental Health Day: Suicide Prevention

Every 40 seconds, someone will die by suicide. Almost 300 people while I am talking to you. 2 people in the UK.

20 minutes training could save a life... <https://www.zerosuicidealliance.com>





Why am I here?



- To provide a human viewpoint of mental health and illness
- To increase knowledge and awareness – to remind people what they already know
- To highlight the value of the skills and experience you have as a human being
- To normalise talking about mental health and suicide
- To encourage the challenging of stigma and discrimination
- To say...“It’s okay not to be okay” and encourage you all to ask someone if they are okay. We believe suicide is preventable
- To spread our mission.....“At SWR Mind we work in our local community to bring services together in partnership to provide the best level of expertise to support people with mental health problems find the right solutions/choices for each individual to **live a life worth living.**”





Sympathy versus empathy....

What's the difference?

Sympathy is about me,
empathy is about you.



Pity:
I acknowledge
your suffering.

Sympathy:
I care about
your suffering.

Empathy:
I feel your
suffering.

Compassion:
I want to relieve
your suffering.

Engagement 



Keep in Mind....

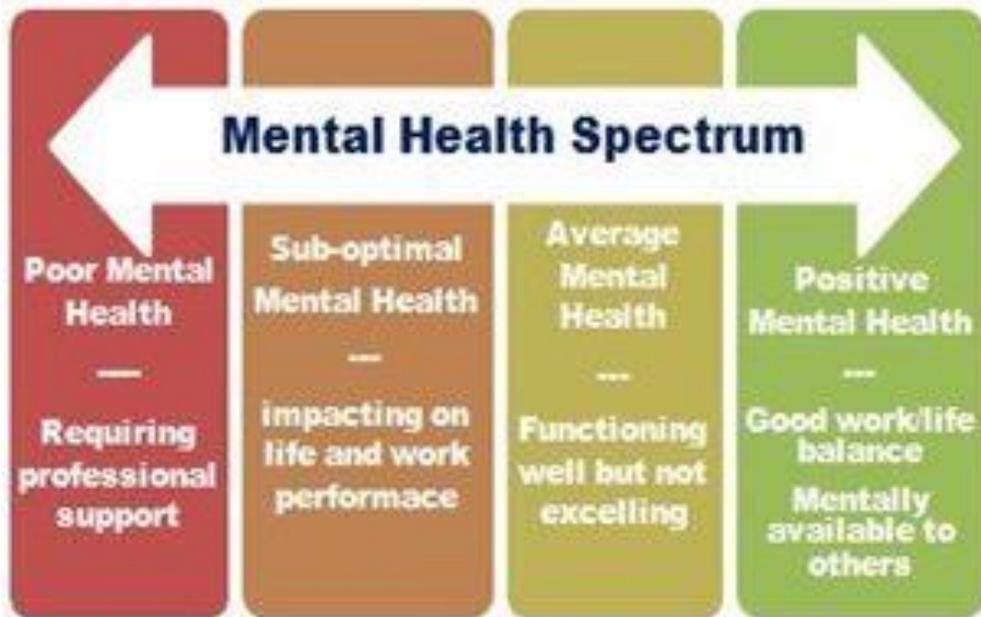
- 1. Is mental health having a negative impact on their life or the life of someone close?**
- 2. Does the person recognise there is a problem?**
- 3. Are they ready, willing and able to make change?**
- 4. Every person is different, their experience is different and their challenges are different so none of us know "how they feel"**
- 5. What might help you, might not help them**



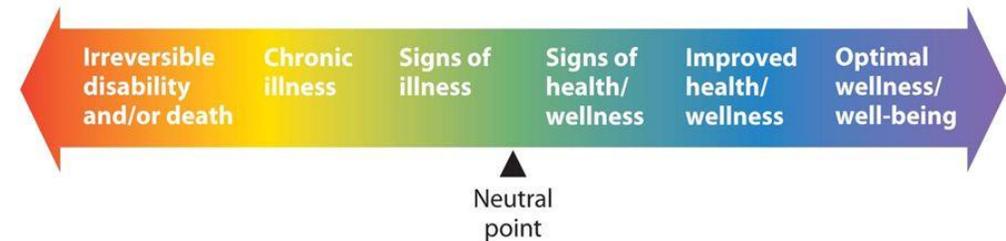
Mental Health vs Mental Illness



All health and wellbeing lies on a spectrum...



The Wellness Continuum



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Mental Health vs Mental Illness



- I can **think, feel and react** in the way that I want
- **WHO** – “State of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”
- If you have good mental wellbeing you are able to:
 - feel relatively confident in yourself and have positive self-esteem
 - feel and express a range of emotions
 - build and maintain good relationships with others
 - feel engaged with the world around you
 - live and work productively
 - cope with the stresses of daily life
 - adapt and manage in times of change and uncertainty





Mental Ill Health – Causes



- Societal' – Generally life events such as moving home, unemployment, bereavement, trauma, loneliness
- Biological – How the body affects the way our mind is working. Could be hormonal, neurological, genetics, 'organic', or how we treat our body, such as the effects of alcohol or drugs
- Psychological – how we learn and are able to cope, resilience
- Environmental – Poor housing, isolation, lack of community, deprivation, debt, caring, poor access to services
- Unknown.....

Does this give you a sense of some things you could be looking out for?





Mental Health – Who is at risk?

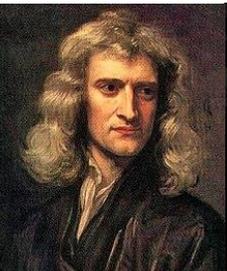
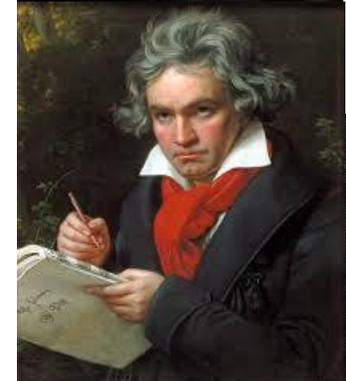


What kind of people do you think are more likely to develop mental health problems?

Most importantly, mental ill health can happen to anyone

There are however, some factors that increase likelihood of experiencing mental ill health such as:

- Homelessness or insecure housing
- Substance abuse
- Poor access to services
- Social isolation
- Rural Isolation
- Young men
- Poverty and debt
- Family history
- Childhood trauma
- Employment field – agriculture, healthcare
- BME groups – e.g. African-Caribbean people living in the UK have lower rates of common mental disorders than other ethnic groups but are more likely to be diagnosed with severe mental illness.





Challenges in our area



- Increasing complexity of need & very mixed population demographics
- More referrals, less money, fewer staff, fewer services
- Fewer volunteers and more competition
- Dual Diagnosis
- Disconnect from supportive networks: family, friends, neighbours
- Overlaps & Gaps – e.g. Hoarding, Employment services
- Aging population and increasing bereavement
- Stigma & discrimination – in the wider community and small population centres
- High levels of physical disability
- Limited employment, education and cultural opportunity
- Supporting the wellbeing and development of staff and volunteers
- Rural isolating – vanishing transport
- Communicating and connecting with people
- Survive versus Thrive... is quality of life too expensive?
- Linear pathways – who fits?





What might results from these challenges?



- More people reach crisis – financial cost to health and social services, what cost to society as a whole?
- People are... angry, confused, desperate, hopeless, annoyed, frustrated
- Increase in environmental issues such as relationship breakdown, domestic violence, substance abuse
- Increasing suicide rate
- “Just about managing's” left without support – those between community/early intervention and crisis
- If we all have less money, fewer staff, fewer volunteers, fewer services... are people less likely to become unwell?
- Greater reliance on the wider community – employers, faith groups, friendships, family, community network. Are they equipped?



Mental Health Conditions

Depression - is when you feel persistently sad and unhappy for a long period of time **and** affects your everyday life. May be characterised as:

Mild depression – has some impact on daily life

Moderate depression – has a significant impact on daily life

Severe depression – makes it almost impossible to get through daily life

Anxiety is a feeling of unease, worry or fear. It is a normal body response and we all experience feelings of anxiety. However, some people have more constant feelings of anxiety which affects their daily life. In cases such as this, the condition is commonly diagnosed as 'Generalised Anxiety Disorder'. GAD is a common condition affecting approximately 5% of the UK population.

Schizophrenia - a long-term mental health disorder that affects how we think, feel and behave. Schizophrenia causes a range of different psychological symptoms and is often described as a type of psychosis because of the similarities in symptoms. Symptoms are often described as positive or negative. Positive symptoms are experiences or behaviours that you start having as part of schizophrenia. They can include hearing voices, seeing things that others don't, believing something is real or true when it isn't, or believing your thoughts are being monitored or controlled. Negative symptoms are experiences or behaviours that you stop having (or have less) as part of schizophrenia. You might find people or activities less interesting or enjoyable, that you move your body less, feel disconnected from your emotions or have less motivation to do things.

Bipolar disorder is a mental health problem that mainly affects your mood. If you have bipolar disorder, you are likely to have times where you experience: manic or hypomanic episodes (feeling high), depressive episodes (feeling low) potentially some psychotic symptoms during manic or depressed episodes

Mental Health Conditions

Personality disorder -The term 'personality' refers to characteristics that we all develop as we grow up. This includes ways that we **THINK, FEEL and BEHAVE**. Our personality traits usually stay very similar throughout our lives. Someone with a personality disorder thinks, feels, behaves or relates to others very differently from the average person and their personality does not necessarily remain consistent and stable.

Post-traumatic stress disorder (PTSD) is caused by very stressful, disturbing or frightening events, such as being involved in a natural disaster, witnessing a traumatic event, sexual abuse or being in car crash. PTSD is categorised as an anxiety disorder and people often recall the traumatic incident through nightmares and flashbacks. It is estimated that PTSD affects 1 in every 3 people who have experienced a traumatic event.

Obsessive Compulsive Disorder - has two main parts: obsessions and compulsions. **Obsessions** are unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind. **Compulsions** are repetitive activities that you do to reduce the anxiety caused by the obsession. It could be something like repeatedly checking a door is locked.

Bereavement - Bereavement is the experience of losing someone important to us. It is characterised by grief, which is the process and the range of emotions we go through as we gradually adjust to the loss.



Would you notice someone struggling?

Spotting the signs:

- Changes in attitude, behaviour or mood or how they interact
- Changes in their motivation levels and focus
- Struggling to make decisions, get organised and find solutions to problems
- Appearing tired, anxious or withdrawn and losing interest in activities and tasks they previously enjoyed
- Physical changes – injuries, weight loss/gain,
- Changes in eating habits, appetite and increased smoking and drinking
- Changes in timekeeping – increased absenteeism or lateness
- Awareness of impact of life events – bereavement, family breakdown, relationship breakdown, caring responsibilities, physical ill health

If you have noticed someone seems to be having a hard time. What would you do?





It starts with a conversation?

- If mental health problems are suspected or disclosed, the first step is to establish honest, non judgemental, open communication. Encourage someone to talk and avoid assumptions. The first conversation is often the most difficult. Offer reassurance. Seeking help can feel lonely, and sometimes scary. You can reassure someone by letting them know that they are not alone, and that you will help if you can.
- Listening is key – no-one expects everyone to be a mental health expert. Use your every days skills as a manager of people – common sense, empathy, approachability. Start simple... “How are you doing?” Ask the question twice. We are often conditioned to respond with “I’m fine” at first
- Talk in an appropriate, quiet place, ensure confidentiality of conversation
- Stay calm. Even though it might be upsetting when someone is distressed, try to stay calm. This will help the person feel calmer too, and show them that they can talk to you openly without upsetting you.
- Be patient. You might want to know more details about their thoughts and feelings, or want them to get help immediately. But it’s important to let them set the pace for seeking support themselves.
- Respond with empathetic statements such as: “I appreciate this must be difficult for you...” Use reflective language, responding with the same vocabulary can make someone feel heard and more likely to open up further

Avoid clichés. Comments like ‘Pull yourself together’ or ‘You’re just having a bad day’ are not helpful. Even positive phrases such as “it’ll get better” should be avoided



Non Judgemental Listening

Question: Can we ever be non judgemental?

Everybody has different opinions and it is natural to judge what the person is telling you, but you should keep these opinions to yourself and communicate with the person empathetically, without displaying any form of personal judgement.

It may be difficult or frustrating when you can see an avenue not taken that might help someone feel better, but remember that is a solution for you, not them.

Real change comes from people identifying and understanding their own path to Recovery and finding the motivation to take it.





Suicide



Suicide is when someone deliberately ends their own life.

'Suicidal thoughts' occur when somebody is thinking about, or planning suicide. This could be momentary, through to a detailed plan.

There is often an assumption that people who talk about suicide are less likely to act or seeking attention... this is a myth. Some may be talking as a way of reaching out for help It is extremely important to take anybody who talks about feeling suicidal seriously and try to make sure they remain safe.

The majority of people who feel suicidal do not actually want to die - they do not want to live the life they have.





Suicide Statistics



- There were **6,859** suicides in the UK and Republic of Ireland in 2018. The actual figure may well be higher when considering coroners decisions where the circumstances may not be clear. The burden of proof changed in 2018 from criminal standard (beyond all reasonable doubt) to civil standard (balance of probabilities) so figures from 2018 onwards should be more reflective of reality
- The highest suicide rate in the UK, and England, is among **men aged 45-49**. Men are three times more likely to take their own lives in the UK than women
- There has been a significant increase in suicide in the UK, the first time since 2013 – this appears to be driven by an increase in the male suicide rate.
- Yorkshire has the highest suicide rate for women in England
- The North East has the highest suicide rate for men in England, very closely followed by Yorkshire. In Yorkshire and the Humber, the suicide rate among men increased from **15.3 to 19.0 deaths per 100,000**. Significant increase in suicide rate in the **over 75 age group**.
- In the UK, suicide rates among young people have been increasing in recent years. The suicide rate for young females is now at its highest rate on record





Warning Signs



What could be potential warning signs for someone experiencing suicidal thoughts? Think about their emotional state, behaviour or external factors?

- Threatening to hurt or kill themselves, talking (or writing) about death, dying or suicide
- Someone who has been struggling all of a sudden seems to be doing much better
- Lots of practical activity – organising the house, updating wills, sorting finances
- Sense of hopelessness, talking about having no purpose in life
- Saying they feel they are a burden or a nuisance. People would be better off without them
- High levels of anxiety, agitation
- Risky or reckless behaviour
- Increased use of alcohol or drugs
- Becoming more withdrawn and isolated
- Recent traumatic event or difficult life event such as relationship breakdown, loss of a loved one, bankruptcy





Mental Health "First Aiding"



- **Identify risk of harm and secure safety**
- **Listen & Talk**
- **Reassure and provide information**
- **Encourage to seek appropriate support**





How should we talk about suicide?



If you suspected someone was considering taking their own life. What would you do?

Don't skirt around the topic. There is still a taboo around talking about suicide which can make it even harder for people experiencing these feelings to open up and feel understood. Direct questions about suicide like 'Are you having suicidal thoughts?' or 'Have you felt like you want to end your life?' can help someone talk about how they are feeling.

Asking someone if they feel suicidal or are planning to end their life may not feel like the right thing to do but in fact professionals do recommend asking direct questions about suicide. Some people worry that this might indirectly encourage the person who is feeling suicidal to act on their feelings, but in reality research has shown that speaking openly about suicide decreases the likelihood of the person acting on their feelings.

Ask open questions. These are questions that invite someone to say more than 'yes' or 'no', such as 'How have you been feeling?' or 'What happened next?'

Give them time. You might feel anxious to hear their answers, but it helps if you let them take the time they need.

Take them seriously. People who talk about suicide do sometimes act on their feelings — it's a common myth that they don't. It's best to assume that they are telling the truth about feeling suicidal.

Try not to judge. You might feel shocked, upset or frightened, but it's important not to blame the person for how they are feeling. They may have taken a big step by telling you.





How should we talk about suicide?



Are you a good listener?

Active listening is when you listen to what someone is telling you with undivided attention and showing an interest in what the person is trying to say

People find comfort in reflective body language and speech. Paraphrasing what someone has said and asking them to explain a bit more not only shows you were listening but also gives them a chance to open up further

It is often the case that you need to say very little. Encourage, don't interrupt or talk over someone

You don't have to agree with someone to validate what they have told you. This is particularly relevant if someone has a skewed view of the world around them or has experienced delusions. You can validate without challenging or agreeing.... "I haven't seen things that way but it sounds like it is very upsetting for you."

Can we put this into practice?





What else?

- Make the person aware of support and advice available locally, if you are able, help to attend or follow up
- Ask practical questions such as 'Is there going to be someone there when you get home?' or 'Is there a friend you can go and see?'
- Notify appropriate organisations – if either you have consent **OR** you have significant concerns about the wellbeing of the individual. Always try and do this with consent.
- Follow up on any commitments you have made!





The Reality



In 2019, Julie Cerel, from the University of Kentucky and her team of researchers have found that up to 135 people are affected to some degree by every person lost to suicide, far in excess of the previous figure of 6. Beyond directly affected, many of us are “suicide exposed” although many won’t be aware due to the ongoing stigma around talking about suicide.

The Stranger on the Bridge – Jonny Benjamin (Available on 4OD)

The Bridge (2006)





Looking after yourself

Social determinants of health..... What contributes to keeping us well?





Looking after yourself



5 Ways To Wellbeing

Connect with the people around you; your family, friends, colleagues and neighbours.

Be active Find an activity that you enjoy and make it a part of your life

Keep Learning New skills can give you a sense of achievement and a new confidence.

Give Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering can improve mental wellbeing and help you build new social networks.

Be Mindful/Aware Be more aware of the present moment, including your thoughts and feelings, your body and the world around you.

What could you suggest someone tries under each of those headings?

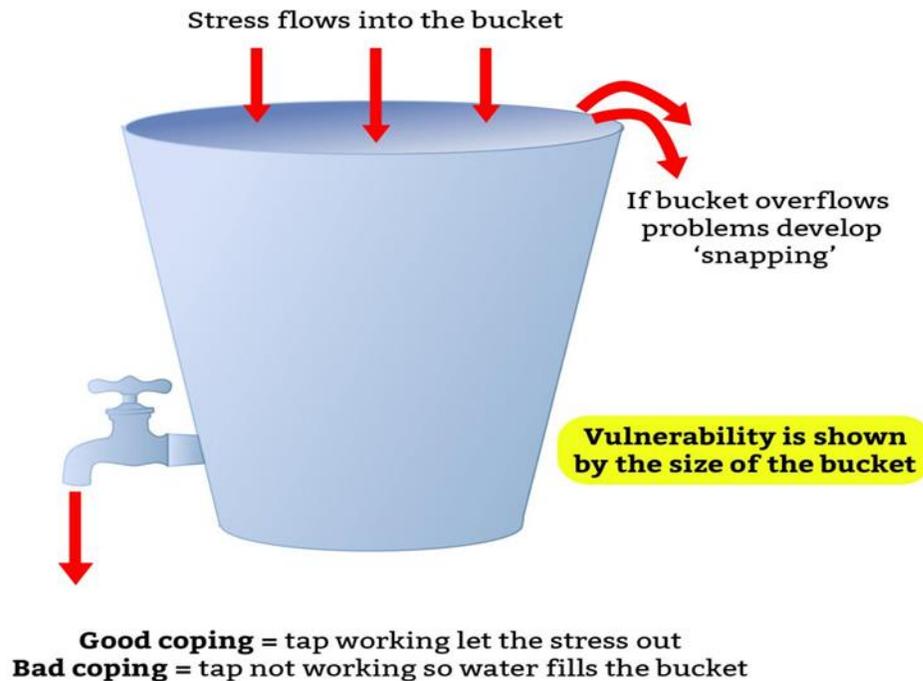
What might the barriers be to someone trying something new?

Barriers include: transport, confidence, money, physical health, lack of friends, no idea what I enjoy/like, the community doesn't want me, don't know how, nothing available nearby, no internet, anxiety, agoraphobia, bullying/harassment/hate crime





Stress..... How Do You Manage Yours?



Make your bucket bigger?

Increase the tap flow out

Can you reduce stress in?





Medication



Scarborough,
Whitby and Ryedale

Medications rarely cure mental health problems, but it can ease symptoms, enable engagement with other therapies and help to cope at work and at home.

- Antidepressants – mainly prescribed for depression, but also sometimes anxiety, obsessive-compulsive disorder (OCD) and eating problems.
- Sleeping pills and minor tranquillisers – these can help sleep for those experiencing severe sleep problems, or calm down severe anxiety.
- Antipsychotics – these can reduce distressing symptoms of psychosis and schizophrenia. They can also sometimes help control severe anxiety, and experiences of mania or hypomania (feeling high).
- Mood stabilisers (including lithium) – these can help stabilise mood swings, for example with a diagnosis of bipolar disorder. They're also sometimes prescribed for severe depression.





Talking Treatments



Counselling and psychotherapy

provide a regular time and space for you to talk about your thoughts and experiences and explore difficult feelings with a trained professional. This could help you to:

- deal with a specific problem
- cope with upsetting memories or experiences
- improve your relationships
- develop more helpful ways of living day-to-day.



Group therapy

Many of the same aims as counselling/psychotherapy but less personalised. Does add the element of peer support, interpersonal learning and developing social skills



Listening Ear/Peer Support/Befriending

Less formal/clinical environment with non clinical workers/volunteers, often experts by experience. An opportunity to talk through issues and co-produce a way forward. Huge range of techniques from reflection to motivational interviewing, decision trees, WRAP planning

Cognitive Behavioural Therapy (C.B.T)

Cognitive behavioural therapy (CBT) is a relatively short-term treatment which aims to identify connections between thoughts, feelings and behaviours, and to help develop practical skills to manage any negative patterns that may be causing difficulties.

Evidence suggests that CBT can be an effective treatment for a range of mental health problems. However, although many people can benefit from CBT, not everyone finds it helpful as it has limited impact on underlying causes



Complimentary and alternative therapies

Hypnotherapy

Mindfulness

Reiki

Massage

Acupuncture

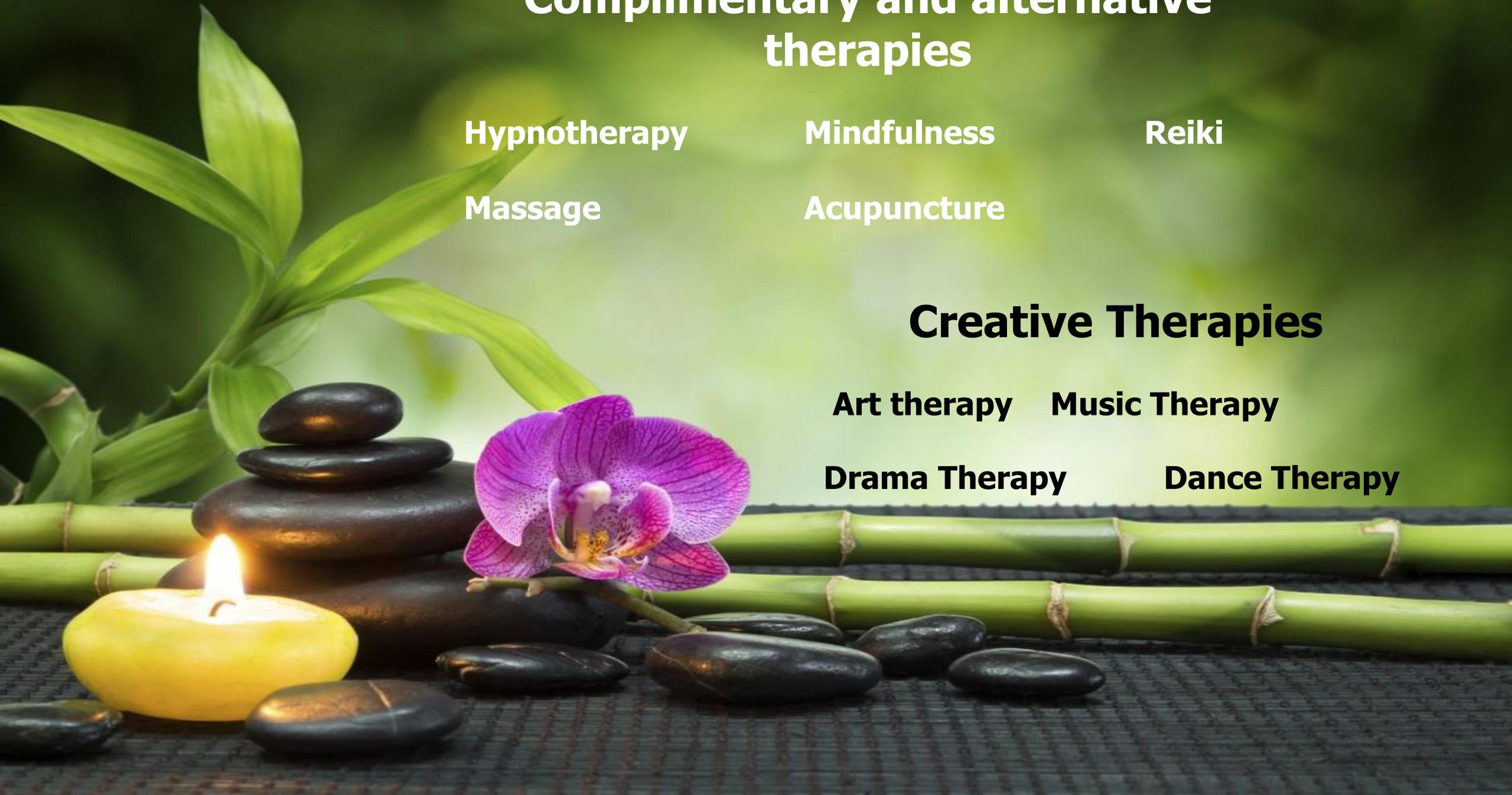
Creative Therapies

Art therapy

Music Therapy

Drama Therapy

Dance Therapy



What Else?

EMDR

This is a fairly new treatment that can reduce PTSD symptoms such as being easily startled. It involves making rhythmic eye movements while recalling the traumatic event. The rapid eye movements are intended to create a similar effect to the way the brain processes memories and experiences while sleeping. Particularly effective for armed forces veterans

Practical/Advice Based Support

Support to deal with environmental determinants such as housing support, welfare advice

Befriending/Social Support

Often volunteer led, support to be more social, get out and about in the community. Predominantly targeted at reducing loneliness and isolation

Skills/Knowledge Workshops and Training
Targeting particular symptoms or life skills e.g. anxiety management, anger management

Social Prescribing

Rather than giving a prescription for medicine, social prescribing can prescribe a range of social and leisure activities or support in the local community.

Peer Support Groups

Multi purpose – some for social activity, some for particular conditions/experiences



Eco-Therapy

Supporting people to be active outdoors doing gardening, farming, food growing, exercise, art and craft, or conservation work.

Diet – eating well can help boost mood. It's not just about salad (although sadly some of it is) but many foods can boost our mood such as dark chocolate, blueberries, oily fish. Also keeping hydrated and avoiding too much over-reliance on caffeine helps to keep energy levels stable, improve gut health etc

Themed/Interest Groups

Improving socialisation and undertaking activities. For example craft groups, men's sheds. Not to be confused with creative therapy which is professional, regulated and requires qualifications

Self Help/Guided Self Help

Online resources such as "Living Life to the Full" or "Elefriends". Applications such as Calm. Books on Prescription

.....Exercise,
Advocacy, Pet
Therapy, Telephone
Helplines, Legal
Support,
Employment
Support,
Bereavement
Therapy, Residential
Support



What do you do to look after yourself?

Who is your support network?



Getting help

VCSE Sector

- SWR Mind, Redcar Mind
- Samaritans
- Community Counselling
- AGE UK
- Change, Grow, Live
- CAB
- Caring Together (Whitby & District)
- Carers Resource
- Community Hubs (e.g. Eastside)
- Whitby DAG
- WHISH
- Revival CIC

Local Authority

- Living Well Team
- Support Time Recovery
- Direct Payments
- Mental health hubs
- Employment support advisor
- NY Horizons

Private Services

- Counselling
- Hypnotherapy
- The Retreat
- Alternative treatments – Reiki, Mindfulness etc.
- Practical help – gardener, cleaner etc

Friends
Family
Partners
Colleagues
Faith

NHS

- A&E, Crisis Service
- GP
- Community Mental Health Team
- IAPT
- Psychiatric Liaison Service

National Charities/ Helplines

- See handout!





A final note....

This is a challenging subject but thank you for taking the time to be here

I hope you feel more confident that you could ask the difficult question

Conversation = normalisation

Mind (local and national) are here to talk or discuss any concerns you have

Any Questions or comments?

