



Mental Health *First Aid* for South Australians

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FOREWORD

Mental health is a community issue. Mental Health First Aid aims to assist the community respond to this issue.

To ensure an appropriate and effective response to people when they experience mental health problems, it is important to develop and maintain partnership between community, providers, consumers and carers. This partnership is the foundation to a community based response to mental health promotion, treatment services, rehabilitation and to developing the ability for individuals and their families to live independent and fulfilling lives.

"Mental Health First Aid for South Australians" is an opportunity to assist the community to understand and respond to mental health problems.

First Aid is help given to an injured person before medical treatment can be obtained. Mental Health First Aid is the initial help given to someone experiencing a mental health problem before professional help is obtained.


Thus the aims of Mental Health First Aid are:

- to preserve life where a person may be a danger to him/herself or to others
- to provide help to prevent the mental health problem developing to a more serious state
- to promote recovery of good mental health.

Mental illness can have serious effects on the lives of individuals, their carers and families, and impacts upon all of the community.

"Mental Health First Aid for South Australians" is a useful tool which will assist in raising community confidence about how to deal with mental health problems





when they arise. This booklet provides information about mental health disorders, the risk factors and causes and how to seek mental health information. Practical tips and the actions to take when dealing with mental health problems are provided, as well as how to assist in the recovery process.

The focus here is on building capacity for people to respond to mental health problems in the places where they live and work, in their families, their neighbourhoods, their regional communities, and their communities of interest.

This booklet is an important contribution to raising community awareness about mental health and to reducing the stigma and discrimination often experienced by people with a mental illness, their families and carers.

HON LEA STEVENS MP

Minister for Health

Minister Assisting the Premier in Social Inclusion

EXECUTIVE COMMENDATION

Through an expansion of community-based and primary mental health care, services are now striving to be more responsive, more community orientated and better integrated with general health care. The broadened focus of *The National Mental Health Strategy* is to ensure that mental health services take a whole-of-population approach, recognising that the large proportion of the population with a mental illness is managed in the primary care sector, with most people being supported by their local GPs. These principles provide a basis upon which new and worthwhile partnerships with the community can be developed.

As South Australian Health Service Providers we face the challenge of increasing our long-term investment in primary care and in community support responses that contribute to the objectives of safer, stronger and healthier communities.

The purpose of this publication is to increase the mental health literacy of the community. Increasing the level of understanding people have about mental health problems means providing tools that will help individuals and communities to be more resilient. It fosters cooperative relationships, through interventions that can be widely understood by members of the general public; and we trust that it will assist mental health services to create a stronger partnership with the community.

There are many challenges, but there are also many opportunities, as we work collaboratively to ensure the health and wellbeing of rural South Australians.

Roxanne Ramsey
Executive Director
Social Justice and Country Division




MENTAL HEALTH FIRST AID

The provision of first aid in the event of physical trauma, injury or accident has been a long established tradition within the community and numerous manuals and books are available. The provision of timely, and appropriate assistance may be life-saving whilst the person is waiting for more comprehensive medical treatment.


However, the notion of providing first aid to individuals suffering from emotional /psychological trauma, injury or illness is a more recent concept. It has the same potential benefits if individuals are encouraged to provide help at the earliest possible moment.

Previously, these conditions were ignored. This was often based on fear and uncertainty about how to be helpful or what to do that might be of practical use.



Given the fact that mental illnesses affect approximately 1/5 of the community, it is likely that many people may be exposed to a mental health emergency. This is especially likely if they work in a health care setting.

This booklet has been written to encourage members of the community to render help and offer assistance to individuals who find themselves overwhelmed by distress or who have developed mental health problems and are in need of further attention. It is the intention of this booklet to provide practical advice about what to do in a mental health emergency and circumstances where mental health first aid may be appropriate. In doing so, we anticipate that we will enhance community awareness and capacity in the more general understanding of mental health problems. It is not intended that these guidelines be considered a substitute for appropriate professional assessment, treatment and counselling.



AIMS OF MENTAL HEALTH FIRST AID

As with all first aid programmes, the aims are -

- to preserve life
- to prevent deterioration
- to promote recovery

The aims of Mental Health First Aid are -

- to preserve life where a person may be a danger to themselves and/or others
- to prevent major or permanent damage to a person's emotional health and well-being
- to promote recovery

BASIC PRINCIPLES OF MENTAL HEALTH FIRST AID: THE 3 R'S

In order to fulfill these aim, a Mental Health First Aider needs to

1. **Recognise** distress
2. **Respond** appropriately
3. Assist in the **recovery** and **restoration** of the person's ability to function

Recognition and prompt assistance by members of the public: followed by appropriate early attention from professionals will help to limit any physical, psychological/emotional and social damage or consequences of mental distress and mental illness.



Recognition of distress

Many situations arise in day to day life which can cause distress. Relationship problems, conflict, trauma, bereavement, loss of friends/job/home or illness and the consequences of these things can all be difficult to cope with for a period of time.

We all have very different "make-up" and personalities, so the way individuals cope with distress is not exactly the same. A person may feel anxious, depressed, suicidal, angry or may experience frightening or incomprehensible reactions. What we will see is a person who may be either tearful or agitated or aggressive or confused. They may be able to describe how they feel, or we may have to interpret this from what they are doing.


The distress of another human being is a sign of emotional/psychological injury/trauma or illness and the person should receive care and attention as with any physical injury or illness.

Recognition of the distress of another human being is based on care and compassion, understanding and empathy. It is about being receptive to signs of emotional and behavioural change.

Respond appropriately - Safety First, Second and Last!!

It is absolutely essential that the Mental Health First Aider is able to respond appropriately to the circumstances.

It is always important to assess and evaluate the relative safety or degree of risk associated with rendering first aid assistance. At times it may not be wise nor possible to approach a very disturbed person, particularly if they are highly aroused and unpredictable. Under these circumstances, summoning assistance



and reporting your observations may be the limits of your involvement. At other times, it will be possible to gently inquire if there is anything you can do to help and you may be able to provide practical assistance.

Assisting Recovery and Restoration of the person's ability to function.

Often under pressure or stressful circumstances an individual may become overwhelmed by their own personal experience. This can result in temporary disruption to their usual patterns of behaviour or result in feeling unable to make decisions and/or problem solve.

The Mental Health First Aider can help in the prevention of major disturbance and assist in the overall recovery process through the provision of general supportive measures and strategies of both an emotional and practical nature.



BASIC PRINCIPLES OF MENTAL HEALTH FIRST AID: THE ABC'S

As with any first aid situation, it is important to quickly evaluate what has happened and then initiate actions that will be of benefit to the individual concerned. However, the actions must take into consideration issues of safety for all concerned.

Therefore –

1. **Assess the situation or circumstances**
2. **Be cautious**
3. **Check the *emotional* "vital signs"**

Assess

Assessment or evaluation involves using observation skills and taking note of details about the individual and the context of the situation. Some questions to consider would be - Is the person known to you? Has something happened to "trigger" distress or an emotional outburst? i.e. Is there any obvious or recognisable precipitating factor?

Take note of the person's appearance, behaviour and conversation.

Be Cautious

Be cautious in your approach to an individual, particularly if the person is not known to you or you are in a situation or environment that is unfamiliar to you. Ask yourself, "Is the person in any immediate danger?" (e.g. standing near a road or a dangerous object). Is anyone else in immediate danger – especially children or other vulnerable people. Can you safely remove a third person from danger?

When you approach a distressed person, do so quietly and slowly. Give them time to recognise that you are trying to help. If it increases their distress, do not keep moving or talking.

If you think the situation is unsafe to yourself, move to a position of safety and maintain observation from a greater distance. Try talking calmly from this distance. Take time to consider whether you need further help and assistance to manage the situation safely. If so, summon help promptly.

Check the *emotional* "vital signs"

The emotional "vital signs" can provide some guidance to the degree of safety or risk associated with a particular individual and his/her situation. These are -

- **arousal**
- **behaviour**
- **cognition (thinking) and control**

Arousal refers to the level of agitation, excitement and emotionality that is being expressed by a person.


Behaviour refers to the actions of a person.

Cognition or thinking refers to the thoughts or ideas that an individual is expressing.

Control refers to self control and the degree to which a person can maintain an appropriate level of interaction.

In essence -

- if arousal is *high* (e.g. a person is agitated, restless, pacing)
- if behaviour is *highly disturbed* (e.g. bizarre or threatening)

- 
- if cognition is *impaired* (a person is expressing unusual thoughts or is unaware of their surroundings) and self control is *not evident*, then the situation is **very high risk** .

The person may be likely to try to hurt themselves or possibly threaten or harm someone else.

Under these circumstances, it would be essential for the Mental Health First Aider to **ensure that appropriate support and assistance is urgently summoned before proceeding further to attempt any other intervention.**



MENTAL HEALTH FIRST AID: PRACTICAL ADVICE

Self Management

In order to be able to deliver effective and appropriate mental health first aid, it is important that the Mental Health First Aider develops good self management strategies.

It is important to remain calm and be clear about the goal of any action or intervention. Be aware of your role and responsibilities, your personal limitations, how you can assist in the overall process and aim to achieve a good outcome. Clear thinking and self-control is essential.

Skill Development

As with all first aid interventions, Mental Health First Aid requires the development of basic skills and a commitment to ensuring these skills are maintained.

Being able to communicate sympathetically, observe behaviours accurately and have flexible approaches to a variety of situations are all skills that can be learnt and improved.

Developing Networks

As with any emergency, successful interventions and positive outcomes are associated with good planning and organisation. Usually the combined efforts of a number of people - both professional and non-professional - are more effective than a person acting alone.

If you live or work in a setting where mental health emergencies might occur (eg GP surgery or health care setting) then it is important to establish good networks and know whom to contact for assistance and/or advice **before** a crisis or emergency situation develops. Collaboration and co-operation are essential to the overall process.



MENTAL HEALTH FIRST AID: COMMON SITUATIONS

THE DISTRESSED PERSON

AIMS:

To minimize harmful consequences to the distressed person and others

To assist in the reduction of distress

SIGNS OF ACUTE DISTRESS

- Highly aroused, wide-eyed, agitated, tearful, wringing hands, hysterical, screaming, yelling, frightened, frantic

or

- In emotional shock - pale, feels faint, weak, jelly-legged, looks blankly, seems unable to comprehend circumstances, shivering, feelings of numbness, emptiness

CONSEQUENCES OF ACUTE DISTRESS

People in distress often experience a high degree of anxiety and tension. In this state of arousal it may be very difficult for the distressed person to make decisions, solve problems or think clearly. In fact, problems may seem insurmountable and the distressed person may feel that extreme measures are required to alleviate the situation eg. that taking their own life is the only option.

ACTIONS (remember the ABC's!!)

Speak calmly and clearly.

Establish empathy with the person.

Tell them that you would like to help.

Encourage them to tell their story.

Listen carefully to what is being said.

Tell them what you have understood. Confirm your understanding of the problem/s.

Allow opportunity for correction.

Do not jump to conclusions.

Do not tell them that what they are saying is right or wrong.

(Refer to sections on Acute Psychosis and Confusion, if what the person is saying does not seem to make sense or is difficult to understand).

Ask them if there is a support person available (e.g. relative, friend, member of clergy, co-worker, senior staff person, staff/student counsellor).

Ask them what would be helpful to them right now (e.g. contacting another, locating/obtaining information for them).

Offer them practical assistance – e.g. blanket, warmth, drink, arranging further assistance.

Stay with them until help/assistance/support person arrives. **Do not leave the distressed person alone**, except to seek help.

Contact a health service and seek their advice.

In certain circumstances, it may be necessary to contact emergency services (ambulance/police) to provide assistance.



Practical tips

Do not ignore the distress of another human being. Be concerned and compassionate.

If you feel unable to manage the situation, summon help.

If you believe the person is at risk of harming themselves or others, get professional help immediately.

For help/health professionals

KEY QUESTIONS:

What has happened to cause this distress at this time?

- Make observations about emotions and thoughts expressed, behaviour displayed.
- Check with others for more details about what has happened
- Keep an accurate record of your observations and information

Can it be changed or modified?

What needs to happen to reduce the distress or help the person feel better?

Does the person take regular medications? If so, what are they? Do they have any available?

Has any medication assisted them in the past?



ACTIONS

Provide verbal reassurance.

Maintain a calm manner and provide practical assistance.

Consider offering oral medication sooner rather than later. Obtain an accurate list of medications that an individual is currently taking or should be taking.

ASSISTING RECOVERY

Once the person has responded to verbal reassurance, practical assistance and/or medication, ensure that they will receive further support before they leave your service. This may be a family member or a friend. It may also include follow up appointments with a health, counselling and/or social services professional.



ACUTE ANXIETY

Anxiety is a very common emotional state and may occur in a wide range of circumstances. It arises when a person perceives that danger is imminent. The danger may be real (e.g. accidents, assault, abuse or any direct threat to personal safety) or it may occur in situations that the person experiences as very unpleasant and uncomfortable. It may occur in certain specific situations that are stress related (e.g. acute stress reactions, post-traumatic stress disorder, adjustment disorders) or be associated with specific and recurring fears (e.g. phobias, panic disorder, generalised anxiety disorder, obsessive-compulsive disorder).

SYMPTOMS OF ACUTE ANXIETY

Feeling "on edge", restless, sense of dread or foreboding, frightened, feeling insecure or unsafe, fear of losing control, inability to focus on one thing.

These feelings are often accompanied by physical symptoms such as: sweating, frequent urination, diarrhoea, nausea, vomiting, rapid heartbeat, headache, chest or abdominal discomfort or pain, sleep disturbance, dry mouth, rapid breathing (hyperventilation)

SIGNS OF ACUTE ANXIETY

- Rapid breathing (hyperventilation)
- Dry mouth
- Sweatiness
- Rapid pulse
- Tremor
- Pacing

If a person complains of shortness of breath, dizziness, faintness, hot or cold flushes, blurred vision and/or tingling fingers/feet, their anxiety may have developed into a **panic attack**. Panic attacks are a feature of some anxiety situations.

ACTIONS

Attempt to identify the perceived threat or danger.

Where possible and safe to do so, remove the perceived threat or danger. (NB. This may require the assistance/intervention of police or other emergency services personnel)

Ensure that the person feels safe or protected from the perceived threat or danger.

Where appropriate to do so, reassure the person that the danger has passed or is being dealt with.

Help the person to regain control.

- encourage regular, even breathing. (12 breaths/min)
- if the person is experiencing numbness or tingling in their hands or feet, encourage them to breathe into a paper bag held over their mouth and nose.
- once breathing is regulated, encourage the person to relax and be calm.
- get them to sit or lie down, close their eyes and help them to maintain an even breathing pattern.

Assist them to obtain medical attention as soon as practicable.

ASSISTING RECOVERY

Once the acute anxiety attack has passed, ensure the person is supported by a family member or friend and has somewhere safe to go.

For help/health professionals

Symptoms of anxiety may arise in a number of medical and psychiatric disorders. Consequently, if an individual has experienced sudden onset of anxiety, a thorough medical assessment/ mental state evaluation is strongly recommended. Treat any psychiatric disorder promptly or arrange for further specialised evaluation and treatment.



DEPRESSION

Depression is not just normal sadness or moodiness, but a serious medical illness that causes both physical and psychological symptoms. It is a common illness which is often unrecognised and untreated and is responsible for significant disability which can effect a person's occupational and social functioning.

The consequences of depression are often experienced by more people than just the affected person. Families, friends and work colleagues are often witness to the changes or deterioration that can occur when someone is depressed.

Depression is the leading cause of suicide and this often has devastating effects on a person's family and social contacts.

SYMPTOMS OF DEPRESSION

Depressed or lowered mood, loss of interest or enjoyment, bleak or pessimistic views of the future, decreased energy, fatigue, decreased concentration and attention (eg. forgetfulness), suicidal ideation, sleep disturbance, change in appetite, constipation.

SIGNS OF DEPRESSION

- Decrease in usual activity or performance (work, school, home), decrease in efficiency, absenteeism or lateness, not mixing, withdrawal from usual contacts (staying at home, little or no contact with friends, decrease in socialising (e.g. missing mate at the pub, not joining friends for coffee) and/or
- Increase in attempts for company, cannot bear to be alone and/or
- Irritable, easily angered, expressions of anger excessive to situation and/or
- Deteriorating personal self-care, looks dishevelled, poorly groomed, looks tired.

ACTIONS

Tell the person you are worried about them and that you would like to be of help.

Encourage them to talk to you, but don't pester. Be patient, stay with them a while even if they do not feel like talking.

Listen empathetically.

Offer your support. – "What can I do to help you right now?"

Ask if they feel safe. *If they do not feel safe, then remain with them and arrange for immediate assistance.*

Offer positive encouragement, simple suggestions and practical assistance where appropriate – e.g. "I think it would be helpful if you spoke to your GP, Bob (the manager), the school counsellor. Let's go and see him/her now."

Do not tell them to "cheer up".

Encourage the person to seek help and assistance (e.g. general practitioner, counselling services, workplace assistance).

Provide information (e.g. contact numbers, helplines, brochures, books, self-help organisations).

Practical tip

Refusal of assistance/treatment may occur particularly if the individual is experiencing feelings of unworthiness or hopelessness or has become too pessimistic to believe that treatment will work. Under these circumstances it may be necessary to be more assertive in your management of the situation, and insist that you will help them to get assistance.

For help/health professionals

Instilling hopefulness and optimism is an important part of the healing process. Tell them depression is something which can get better with the right help.

Ensure that you allocate adequate time to fully assess the situation including the symptoms of depression, the circumstances associated with the development of the depression and the current consequences of the depression (i.e. the effect it is having on the person's life).

Exploring thoughts of self harm or harm to others is an essential part of the assessment process. (See "The Suicidal Person").



THE SUICIDAL PERSON

Individuals who feel completely overwhelmed by life events and cannot see a future that is positive and hopeful may begin to contemplate suicide. These are very personal thoughts and generally people do not discuss them openly. They may feel that they are unable to discuss this level of distress and unhappiness with others. This is all the more reason why it is important to give individuals the opportunity to describe how and why they are feeling they way they do. Asking a person about suicidal ideas will not encourage them to take action, but it should signal care, concern and a genuine desire to be helpful.

SIGNS OF A PERSON WITH POSSIBLE SUICIDAL IDEAS

- No longer making future plans.
- Feels that life is not worthwhile.
- Seems to have given up. No longer discussing or trying to sort out problems.
- Expressing hopelessness or helplessness.
- Hinting/talking about what life will be like without them in the future. (eg "You won't need to worry when I'm not around." "You'll be better off soon")
- Has tidied up their personal affairs e.g. handed over responsibilities to others, handed over cherished possessions to others, tidied up financial affairs.
- Has become secretive about actions.
- Has written goodbye notes or letters.

ACTIONS

Establish empathy with the person. Tell them you are concerned for their well-being and that you would like to help.

Check whether the person feels safe. e.g. "Do you feel unsafe?", "Do you have thoughts/feel like harming yourself?" If they feel unsafe, identify what they are thinking.

- Does the person have a plan for self-harm? If so, what is it?
- Do they have the means available to them?

Ask what you can do to help them feel safe.

Identify any immediate source of danger and where possible eliminate it, providing it is safe to do so.

(NB. In circumstances where firearms or any other weapons may be involved, contact police immediately)

Minimise any risk of immediate self harm. Suggest you take their keys/tablets for safe keeping.

Watch the person at all times. Keep them in your sight. Do not leave them alone.

Arrange for further support/ assistance. Contact a support person to stay with them until professional help is available.



ASSISTING RECOVERY

After the person has contacted a health professional, ensure you ask how they are feeling when you next see them.

Check if there is anything more you can do to help them.

Encourage them to feel they made the right decision to get help.

For help/health professionals

KEY QUESTIONS:

What would be the likely trigger to precipitate the event? (e.g. anniversary, birthday, death of loved one, loss of child, break up of a relationship). Is it imminent? Can anything be done to prevent it from happening?

What might deter or stop a person from committing suicide? Encourage them to think about alternative options.

Does the person have a suitably responsive, caring and responsible support network?

Is the person using medications, illegal drugs or alcohol which might lower their resistance to thoughts of suicide?



ACTIONS

Check that the person is safe.

Ask if there is a support person available, and that they are willing and able to stay with the person until they are feeling better and in control of their feelings and thoughts.

Encourage them to tell you about possible means of suicide that they have thought about. Arrange for any immediate means of harm to be removed.

Consider whether they need to be admitted to hospital. This is not always necessary and will depend upon factors such as: intensity and active presence of suicidal ideas, perceived personal safety, presence of associated risks, whether any attempt has already been made, levels of support, availability of a stable, safe home environment.

Undertake a comprehensive assessment of their health and consider a tentative diagnosis.

Commence appropriate treatment if you are sure of the diagnosis.

Seek specialist mental health advice if you are uncertain as to the levels of risk, diagnosis or appropriate management.

It may be necessary to make use of the Mental Health Act in order to ensure that the person receive further appropriate assessment and treatment.



SUBSTANCE ABUSE

Alcohol, tobacco, drugs and other substances are commonly used within the community to alter mood, feelings and behaviour. Unfortunately, their use can lead to persistent and permanent problems for the individual user, their families and the community, particularly when use is out of control. This is referred to as substance abuse.

POSSIBLE SIGNS OF SUBSTANCE ABUSE

- Drop in school grades or deterioration in work performance
- Reduction in organised activities
- Unexplained change of friends
- Unusual or irregular behaviour
- Mood swings
- Reluctance to interact with family
- Changes in personal habits (eg. eating, sleeping, hygiene)
- Valuable items or money missing

ACTIONS

Engage in an open, non-judgmental discussion

Tell the person you are worried about them and that you would like to be of help.

Express concerns about their health and wellbeing.

Tell them why you are worried, i.e. discuss what you have noticed in terms of the changes in behaviour.

Encourage communication by letting them talk about the reasons that their behaviour has changed.

Be a good listener

Listen empathetically.

Offer support – both emotional and practical – where possible, (e.g. perhaps we should go to the hospital, make an appointment to see the GP tomorrow).

If you don't know what to do, suggest making contact with someone who does (e.g. I'm not really sure how best to handle these problems, but perhaps we could start by contacting the Alcohol and Drug Information Service).

Get more information and assistance through the Alcohol and Drug Information Service 1300 131340.

ASSISTING THE RECOVERY PROCESS

Check they have the support and encouragement of others in the next few weeks. If you know them well or work with them, encourage them to talk about how it is going. If they seem discouraged or feeling like the "going is tough" offer them your support and encouragement. Try to provide opportunities (if appropriate for you to do so) for alternative social or recreational activities where drugs and/or alcohol are not readily available or present.

For help/health professionals

Excessive use and abuse of alcohol or drugs is an important health problem.

Ensure you make a complete general health assessment looking for consequences of abuse which may need intervention.

Ensure you make a careful mental health assessment, looking for both causes and consequences of alcohol/drug misuse and abuse. Other medical and/ or mental health problems and disorders may also be present.

It is important to obtain as much information as possible about drug/alcohol intake, patterns of use, quantities and effects. Ensure that your approach is objective and non-judgmental in order to encourage open and honest communication.

Professional advice and assistance is available on 1300 131340.



INTOXICATED STATES

Alcohol or drugs (prescribed or illicit) taken in excess can cause intoxicated states.

GENERAL SIGNS OF INTOXICATION

- Changes in appearance - eg. eyes glassy, pupils widely dilated or pin point, odd movements of the eyes; pale, sweaty or flushed
- Changes in speech patterns (faster, slower, slurred, unintelligible)
- Sudden changes in mood or behaviour
- Poor coordination, impaired reflexes
- Poor decision, impaired judgement
- Not in control - vomiting, wetting pants or soiling self, collapse

Intoxicated states are usually obvious to observers who are not affected, but the individual believes and often insists that they are behaving normally.

ACTIONS (remember the ABC's!!)

- Quickly assess the situation. Evaluate the risks of harm to the person, yourself and others.
- Do what is appropriate to minimise/prevent any further risk.
- Check emotional vital signs.
- Where possible, check physical vital signs (eg, pulse, respiration rate, temperature, blood pressure).
- Do not leave the person alone.
- Speak calmly and quietly. Tell them you are going to get help.
- Arrange for the person to get further medical attention.

For help/health professionals

Toxicity states are often best managed with non-specific medical supportive measures. However, in some instances specific antidotes to the intoxicating substance may be available. Specific information can be obtained through Poisons Information (131126) or by contacting a major general hospital Emergency Department.

Close and regular observation is required to ensure that recovery is proceeding without complication. Protection from further injury or harm should be a primary consideration.

Following recovery from the intoxicated state, the person's history of substance use/misuse should be explored in more detail. The opportunity for prevention and/or more definitive treatment of an established substance abuse/addiction disorder should not be missed. (See Substance Abuse section).



OVERDOSE

Any overdose situation – either accidental or deliberate – should be considered a medical emergency.

ACTIONS

Attempt to identify the substance/s ingested. Look for the evidence e.g. packets, bottles, syringes. Handle them safely. Keep them available for examination and safe disposal by emergency personnel/health professionals.

Quickly assess the situation. Evaluate the risk for any further self-harm.

Remove any possible substances that are likely to be ingested.

Note the time and if the person is able to respond.

Watch the person closely – take note of appearance, breathing, and pulse.
Ensure that they are under constant supervision.

DO NOT GIVE ANY FOOD OR FLUIDS.

Where possible, keep the person calm and quiet. (Excessive movement and activity may enhance absorption of substances).

Ascertain whether any other support people are available.

Arrange for immediate transport (usually ambulance) to a medical facility for further medical attention.

If the person is refusing assistance or is unco-operative, contact 000 for emergency assistance.

If the person becomes unconscious, check airway, pulse and place in the coma position. If required and safe to do so, commence CPR (cardio-pulmonary resuscitation)

Provide emergency personnel/ medical personnel with all information regarding the circumstances and the observations you have made.

For help/health professionals

In the first instance, the management of overdose requires specific emergency medical attention, however, it is important to **fully assess** the circumstances associated with such an event.

How? what? where? when? and why? are the questions you should consider. Do not make assumptions or arrive at false conclusions regarding the "accidental" or "deliberate" nature of events. It is important to gather all of the evidence and history from other people may be necessary in order to fully understand the meaning, relevance and intent of a person's actions.

Accuracy of information/data will assist in ensuring that appropriate action is taken.

Determine time of ingestion, type and dose of drug/s and other substances ingested. Try to confirm this from several sources of evidence.

Specific antidotes may be required. Contact Poisons Information (131126) or a major general hospital Emergency Department for specific advice.

Often more than one drug or substance has been ingested and this can lead to potentiation or interaction effects. Remember, overdose may lead to toxicity effects which can alter mood, behaviour and thinking as well as causing physical complications.

(Refer to sections on The Distressed Person, Acute Anxiety, Depression, The Suicidal Person, Acute Psychosis and Confusion).



ACUTE PSYCHOSIS

Acute psychoses are a group of disorders that are characterised by a person progressively losing touch with reality. This may occur in a slow, stepwise manner or have a more sudden onset. In instances of sudden onset, drugs/alcohol or medical causes should be suspected. It is important to be aware that acute psychosis can be due to factors other than mental illness.

What is it?

A person who is experiencing psychosis perceives the world around them differently and responds accordingly. The way they see or hear things may be distorted or incorrect (e.g. hallucinations). The way they think about things may also be faulty and this can lead to false beliefs or ideas (e.g. delusions).

Consequently, the person often behaves differently from their usual self.



POSSIBLE SIGNS OF ACUTE PSYCHOSIS

- Guarded, suspicious, withdrawn, fearful
- Believes that they or others have special powers or special interest in them
- Preoccupied with their own thoughts
- Talk about false, illogical or bizarre ideas
- Unexpected, odd, socially inappropriate or disorganised, illogical behaviour
- Poor personal self care/hygiene
- Unclear, unrealistic or disorganised thoughts e.g. hard to make sense of the person's conversation or follow what is being said.
- Often over-aroused
- Disruptive
- Unstable, unpredictable
- Not readily responsive to reason or persuasion

The person suffering with psychosis is often unable or unaware of any changes in the way they think, talk or behave. Consequently, they often do not seek help or assistance for themselves.

ACTIONS

Talking to someone who is psychotic can be a very challenging process. The conversation is often difficult to follow and the ideas expressed may be unusual and sometimes almost impossible to understand. Behaviour is often unpredictable. Consequently safety issues are important considerations.

REMEMBER THE ABC'S!!

- If safe to do so, attempt to talk to the person.
- Tell them that you would like to help.
- Ask them if there is anyone they would like you to contact.
- Speak calmly, clearly and in short sentences.
- Listen carefully and actively to what is being expressed.

When delusional ideas/beliefs are being expressed, do not argue or try to convince them otherwise. It will not work.

Nor should you attempt to humour or agree with such beliefs. Doing so may cause the person more concern, fear or arousal.

If a person is experiencing hallucinations, ask them to identify what they just heard, saw or were responding to. If they say they are hearing voices it is important to find out what the voices are saying.

*(Voices that are telling a person to harm/hurt themselves or someone else **must** be treated very seriously)*

How do they feel about the experience? (frightened, angry, upset, sad, happy). Attempt to reduce distress, anxiety or self harm. (See relevant sections of this book).

Stay with them until help arrives or you can get them to help.

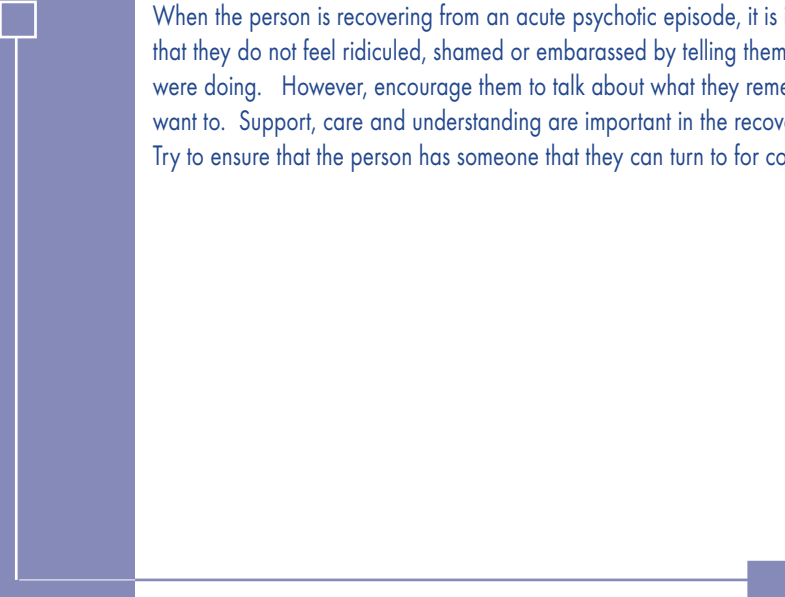


ASSISTING RECOVERY

The experience of acute psychosis is very frightening for a person. If they have been reluctant to receive assistance or have believed that there was nothing wrong with them, then having to enforce help or treatment can also be very frightening. And during recovery, a person will remember some of what has happened and it may seem very confusing, embarrassing or distressing to them.

As much as it is safe to do so, stay with the person while they are being assisted into treatment or into an ambulance, particularly if you are familiar and recognisable to the person. Talk to them about what is happening e.g. that they need help and assistance, that they are being taken to a doctor or hospital, and that things will be sorted out. Try to make them feel safe and secure. You may need to repeat what you have said several times in order to help them understand.

Do not make promises you cannot keep and do not lie. This only adds to a person's distress and creates an atmosphere of mistrust which can be harmful.



When the person is recovering from an acute psychotic episode, it is important that they do not feel ridiculed, shamed or embarrassed by telling them what they were doing. However, encourage them to talk about what they remember if they want to. Support, care and understanding are important in the recovery stages. Try to ensure that the person has someone that they can turn to for comfort.

For help/health professionals

Identify with the experience rather than the content of delusional thinking i.e. think about how you would feel if the information were true.

- Does the person's behaviour and actions make sense now?
- How are they feeling?
- How can they feel safe or in control?

It is important to fully evaluate any individual presenting with acute psychosis.

Take note of medical vital signs. (Remember, underlying medical causes may be responsible or the condition may be drug induced).

Collateral history from accompanying persons, family, friends or acquaintances should be sought in order to create a complete picture.

In psychosis, cognition (thinking) is impaired, as is judgement. Therefore risk assessment is a fundamental part of the evaluation process. Management is aimed at both treating the psychosis as well as managing the risk.

Consequently, a safe, controlled environment with supportive personnel (e.g. hospital) may be required until risk is diminished or psychosis resolved. It may be necessary to make use of the Mental Health Act to ensure that further assessment and appropriate treatment can take place.

Further management advice and/or assistance can be obtained by phoning **131465**.



THE CONFUSED PERSON

Acute confusional states are common in the elderly but can also occur in younger adults and children.

There are many reasons why a person can become confused and it is essentially a sign of a major underlying medical problem that needs to be identified and treated promptly.

SIGNS OF CONFUSION

- The person is unable to give a clear account of themselves e.g. they may have difficulty in answering questions about themselves or what has happened
- They may not know where they are
- They may not know the date, day, or time
- Appear perplexed; look puzzled or worried
- Seem lost; wandering aimlessly
- Seem unaware or not fully aware of the surroundings
- They may have difficulty recognising familiar objects, familiar places or familiar people
- They may be anxious and fearful

ACTIONS (remember the ABC's)

Talk clearly and calmly.

Tell them who you are and that you want to help them.

Let them know where they are.

Can they give you their name, address and phone number?

Do they have any identification available? Ask whether they have a driver's license, card, letter or bill with them that may give you some idea of who they are or who to contact.

Are they wearing a medical alert bracelet? If so, ask if you can look at it. Take note of what is written on it.

Stay with the person or keep them in your sight whilst you summon assistance. Police and/or ambulance services may be necessary. Give them as much information as possible including any information from a medical alert bracelet.

Stay with the person or arrange for someone else to stay with the person until help arrives.

Does anyone nearby recognise who they are and where they may be from?

Is there a support person available?

Look for any signs of physical trauma e.g. cuts, abrasions, bruises particularly around the head and face.

Arrange for the person to receive prompt medical attention.

(See sections on The Distressed Person and Acute Anxiety)



For help/health professionals

Confusion is a term which is commonly used. If a person's conversation does not make sense or seems "mixed up" and jumbled, it is often referred to as confusion. This can be a feature of conditions such as delirium, dementia or psychotic disorders.

Where there is evidence of "confusion", it is always important to check whether a person is orientated. Where disorientation is evident, further evaluation of other cognitive processes such as attention, concentration and memory should be undertaken.

A thorough physical examination and investigation is mandatory.

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