

Performance Speaks

Mental Health First Aid

One in four Americans lives with a mental health problem each year. Yet, far too many - up to two-thirds - go without treatment. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis.

Background

In 2001, Mental Health First Aid was created by Professor Tony Jorm, a respected mental health literacy professor, and Betty Kitchener, a nurse specializing in health education and is auspiced at the University of Melbourne. Five published studies in Australia show that the program saves lives, improves the mental health of the individual administering care and the one receiving it, expands knowledge of mental illnesses and their treatments, increases the services provided and reduces overall stigma by improving mental health "literacy". For further evidence supporting the implementation of Mental Health First Aid, please see the Australian Mental Health First Aid website: www.mhfa.com.au

In order to increase public understanding of these disorders and improve treatment for those affected by them, the National Council for Community Behavioral Healthcare piloted Mental Health First Aid in 2008. The program has been replicated in England, Scotland, Canada, Hong Kong, Ireland, and Singapore in addition to the United States.

About the Course

The Mental Health First Aid program is an interactive session which runs 8 hours. Mental Health First Aid training introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overview common treatments.

Specifically, participants learn:

* The potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis and

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psychosis and psychotic disorders, eating disorders, substance use disorders, and self-injury.

* An understanding of the prevalence of various mental health disorders in the US and the need for reduced stigma in their communities.

* A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care.

* The appropriate professional, peer, social, and self-help resources available to help someone with a mental health problem.

Who should become a Mental Health First Aider?

Specific audiences for each training vary, but include hospitals and federally qualified health centers, state policymakers, employers and chambers of commerce, faith communities, school personnel, state police and corrections staff, nursing home staff, mental health authorizes support staff, young people, families, and the general public.

Mental Health First Aid in your community

The National Council envisions that Mental Health First Aid will become as common as CPR and First Aid training during the next decade. The National Council certifies community providers to implement Mental Health First Aid in communities throughout the United States. Each Mental Health First Aid site develops individualized plans to reach their communities, but all deliver the core 8-hour program and each participating site undergoes tight credentialing to guarantee fidelity to the original, tested model, while also maintaining the flexibility necessary to reach its unique citizens' needs and demographics.



If you are interested in attending one of the Mental Health First Aid trainings in the Muskegon area, you may register by going to <http://www.eventbrite.com/o/community-mental-health-services-of-muskegon-county-6304596397?s=23593697> Registration is required.

- National Council for Behavioral Health

INFANT MENTAL HEALTH

Infant mental health reflects both the social-emotional capacities and the primary relationships in children birth through age five. Because young children's social experiences and opportunities to explore the world depend on the love and care they receive, the child and the child's relationships are central to "infant mental health". It is essential that first relationships are trusting and caring, as

early relationships provide an important foundation for later development.



The first years of life provide the basis for children's mental health and social-emotional development. Social development includes the ability to form healthy relationships with others, and the knowledge of

social rules and standards. Emotional development includes the experience of feelings about self and others, with a range of positive and negative emotions, as well as the ability to control and regulate feelings in culturally appropriate ways.

Loving, nurturing relationships enhance emotional development and mental health. When infants and toddlers are

treated with kindness and encouragement, they develop a sense of safety and emotional security. A nurturing, caring relationship provides a secure base from which children can begin exploring the world, frequently checking back for reassurance. The more they explore and try new things, the more success they experience.

Good relationships help children feel valued. Kind, nurturing relationships also teach children how to treat others. Children watch adults and children copy them. Children who feel loved and cherished grow up to be adults who care about others.

What Can Happen If A Child Does Not Have Healthy Early Relationships?

Children may respond to the lack of a healthy relationship in a variety of ways.

Some children seem sad, rejected, and lethargic. Because they lack a role model for smiling or happiness, they imitate a "flat affect" or lack of joy.

Some babies may become depressed or develop eating or sleeping problems.

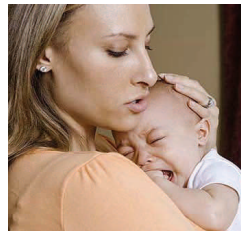
Some children try to meet their own needs. They "self-stimulate" or rock back and forth trying to nurture themselves. They may be so starved for affection they seek hugs

from any willing adult.

Some children get angry. They are aggressive and hostile without provocation. They won't allow comforting, even when they are hurt, because past relationships have not been nurturing.

How Can Adults Nurture Children's Emotional Development and Mental Health?

- * Surround children with nurturing relationships.
- * Be happy - smile and laugh.
- * Create a trusting environment.
- * Provide stable and consistent caregivers at home and in child care.
- * Understand and respond to children's cues.
- * Spend unhurried time together.
- * Comfort and reassure children when they are scared, angry, or hurt.
- * Develop daily routines to promote babies' feelings of security and to help them learn what you expect.
- * Learn developmental stages and have appropriate expectations.



* Model good relationships and healthy ways to manage conflict.

* Consider how whatever you're doing or going through may affect your child.

* Identify early signs of social/emotional problems.

Behaviors That May Indicate Emotional or Mental Health Problems

Infants and Toddlers:

Displays very little emotion.

Does not show interest in sights, sounds, or touch.

Rejects or avoids being touched or held or playing with others.

Unusually difficult to soothe or console.

Unable to comfort or calm self.

Extremely fearful or on-guard.

Does not turn to familiar adults for comfort or help.

Exhibits sudden behavior changes.

Preschool Children:

Cannot play with others or objects.

Absence of language or communication.

Very sad.

Frequently fights with others.
 Unusually fearful.
 Inappropriate responses to situations (e.g. laughs instead of cries).
 Extremely active.
 Withdrawn.
 Loss of earlier skills (e.g. toileting, language, motor).
 Sudden behavior changes.
 Very accident prone.
 Destructive to self and/or others.



Always consider:

How severe is the behavior?
 How many weeks or months has the behavior been occurring?
 How long does the behavior last (e.g. minutes, hours)?
 How does the behavior compare with the behavior of other children of the same age?
 Are there events at home or in child care that makes the behavior better or worse?

If these behaviors and considerations lead to concern, parents and family members can:

Talk with their pediatrician or primary care providers.
 Ask their child's child care program for additional resources.
 Seek mental health providers who have expertise with young children.

Teachers and providers can:

Consider different cultural perspectives.
 Talk with the child's family.
 Talk with colleagues or supervisors.
 Help families find additional local and internet resources.

- Content adapted from *What is Infant Mental Health?* By Dr. Joy D. Osofsky, Director, Harris Center for Infant Mental Health at LSU Health Sciences Center

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We're on the Web:

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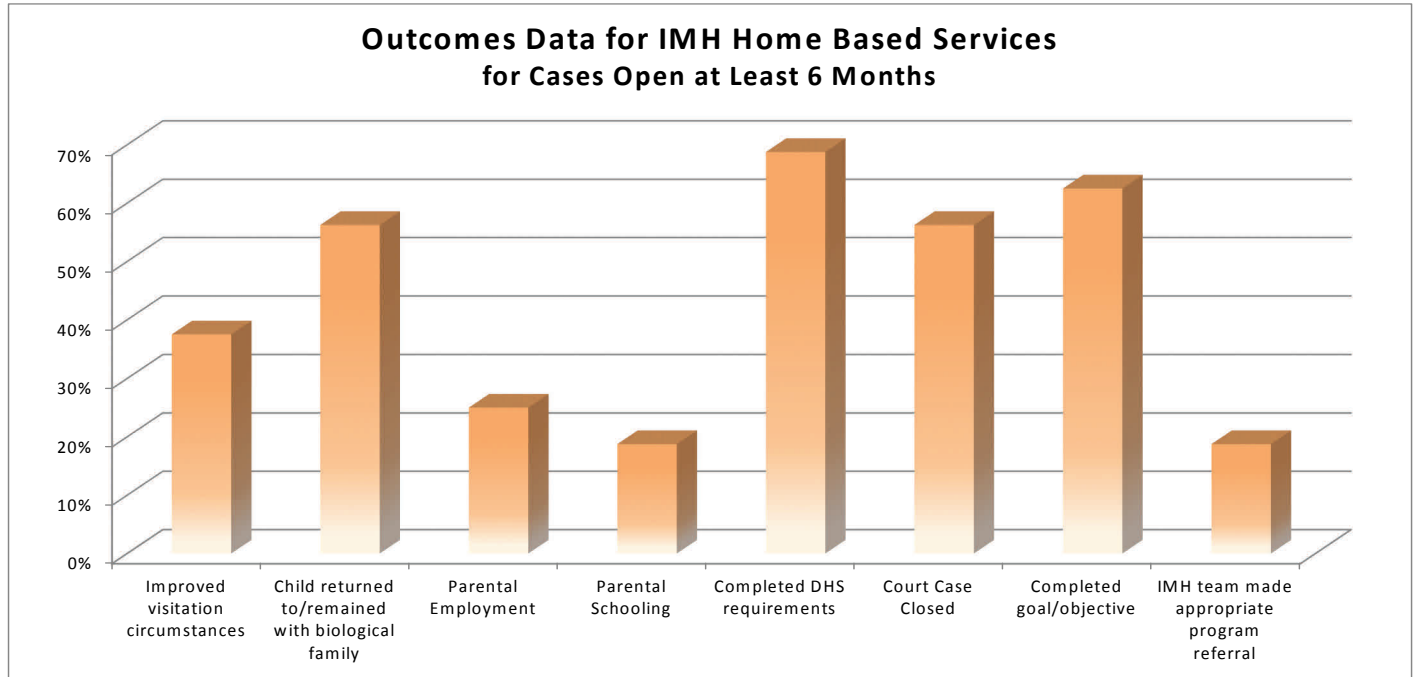
"It's not our job
 to toughen our children
 up to face a cruel and
 heartless world. It's our
 job to raise children who
 will make the world
 a little less
 cruel and heartless."

— L.R. Knost

fb.com/humanrightsforhumanchildren

The data below reflects current cases Muskegon County Community Mental Health Infant Mental Health Staff are working with and shows the success of this program.

3/12/14



	Improved visitation circumstances	Child returned to/remained with biological family	Parental Employment	Parental Schooling	Completed DHS requirements	Court Case Closed	Completed goal/objective	IMH team made appropriate program referral
Percent	38%	56%	25%	19%	69%	56%	63%	19%



Definition of the TIP Model

The Transition to Independence Process (TIP) model was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties (EBD) to: a) engage them in their own futures planning process; b) provide them with developmentally-appropriate, non-stigmatizing, culturally-competent, and appealing services and supports; and c) involve them and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains (i.e., employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning). The TIP model is operationalized through seven guidelines and their associated practices that drive the work with young families to improve their outcomes and provide a transition system that is responsive to their families.

Independence and Interdependence

The TIP model promotes independence. However, the concept of “interdependence” is central to working effectively with young people. This concept nests the focus of independent functioning (e.g. budgeting money, maintaining a job) within the framework of young people learning that there is a healthy, reciprocal role of supporting others and receiving support from others (i.e., social support network for emotional, spiritual, and physical wellbeing).

Why Focus on Transition Age Youth?

Transition Age Youth (TAY) (aged 14-24 roughly) deserve our specialized attention because in this age span:

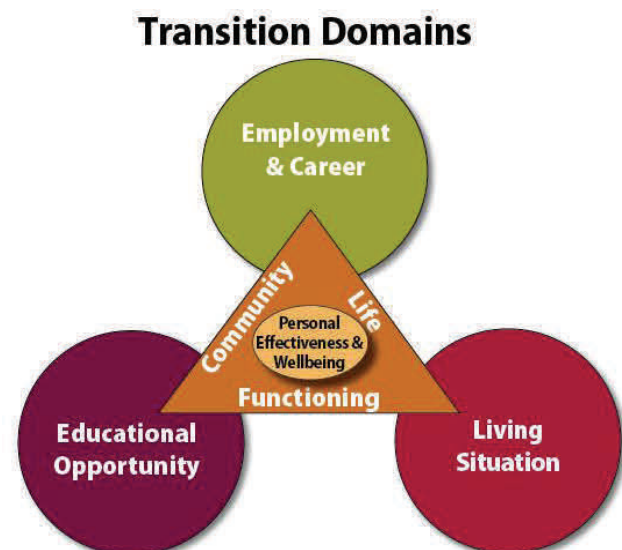
- there are marked changes in social, emotional, physical, and cognitive domains
- there is a steep rise in the emergency of mental problems
- substance misuse often complicates mental health problems
- there are barriers to accessing support that cannot be addressed by a single agency and require collective action
- intervening more effectively with TAY will make a significant difference in their life chances across multiple developmental domains (e.g., education opportunities, employment and career, living situation, community life functioning)

What is TIP?

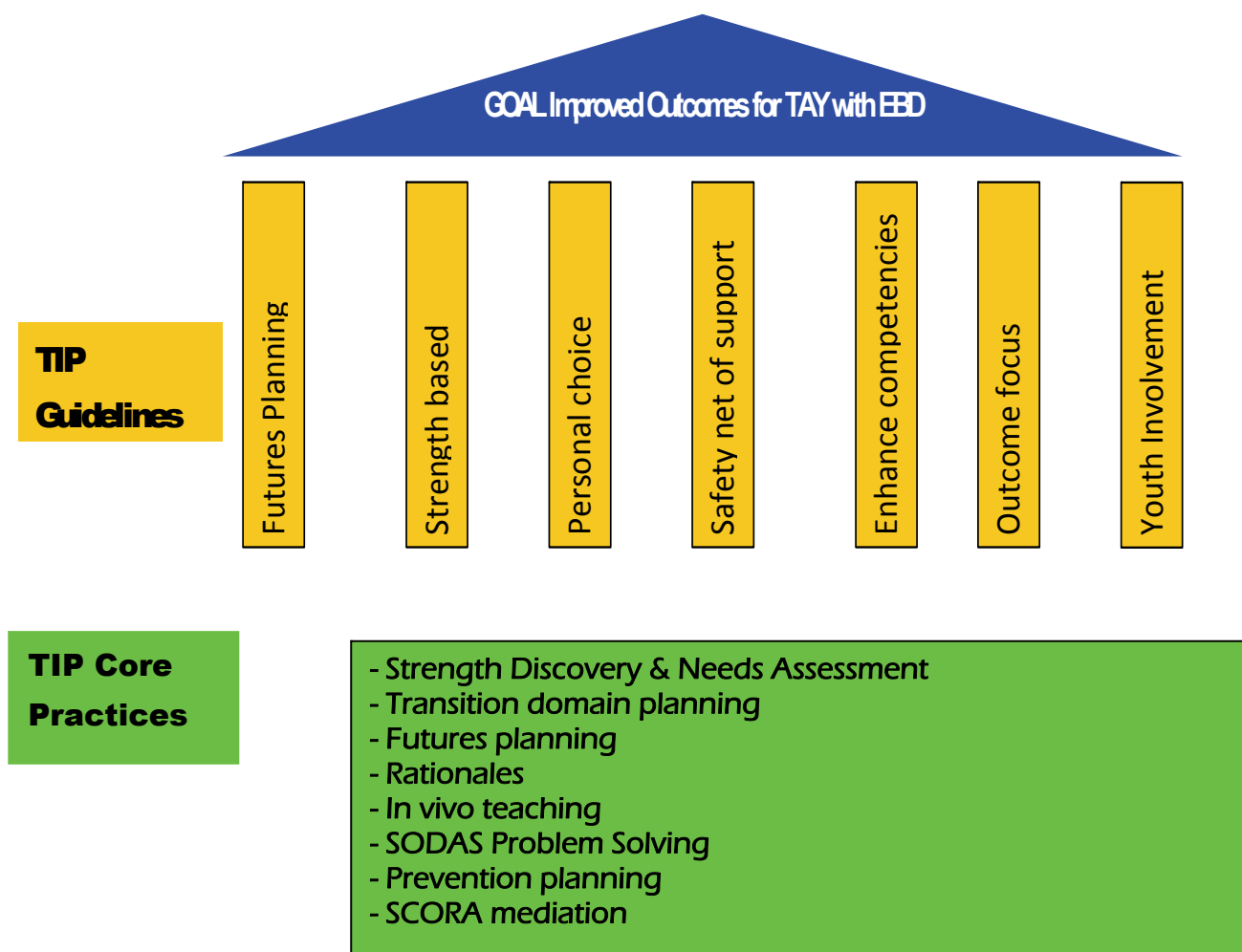
TIP is a community-based, cross-sector, field-tested evidence-based practice. Improvements in real-life outcomes for youth and young adults with emotional and/or behavioral difficulties (EBD) have been documented for over six published research studies

- increased % of TAY being employed
- increased % of TAY completing educational goals
- decreased involvement in the criminal justice system
- decreased use of intensive mental health/substance abuse services
- decreased use of public assistance

The TIP model supports TAY with EBD with their Transition into adulthood by working with the young person to envision and make progress towards their desired future. The model prepares and coaches TAY to move toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains.



The TIP Model provides *guidelines* and *core practices* to support workers in engaging young people in achieving their goals in the transition domains. The seven guidelines show a strong focus on person-centered care, youth engagement, and system accessibility, and are meant to act as a philosophy when working with TAY. The TIP model is designed to build on existing skills, roles, and initiatives within the community and to act as a common framework for TAY workers across different sectors (e.g., education, employment, mental health, addiction, youth justice, etc.).

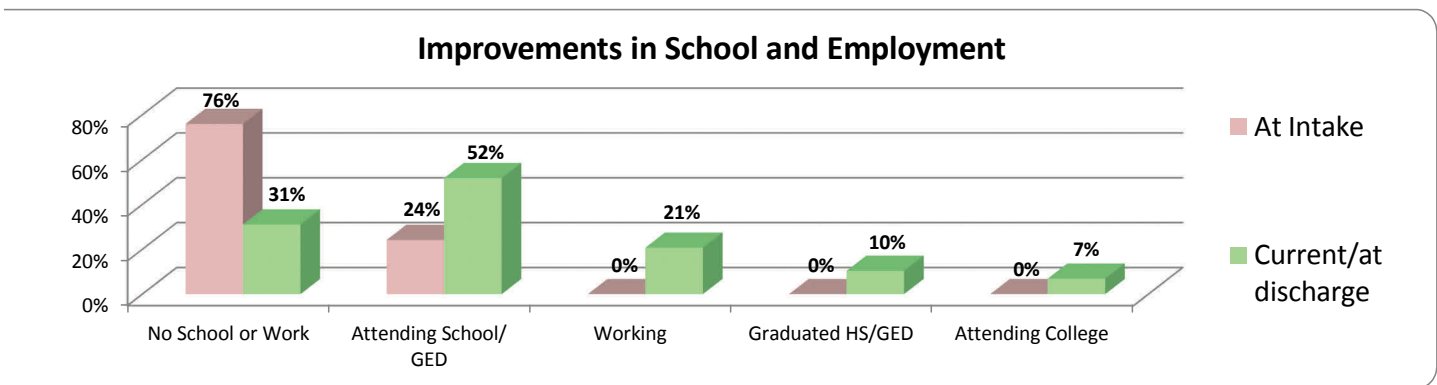
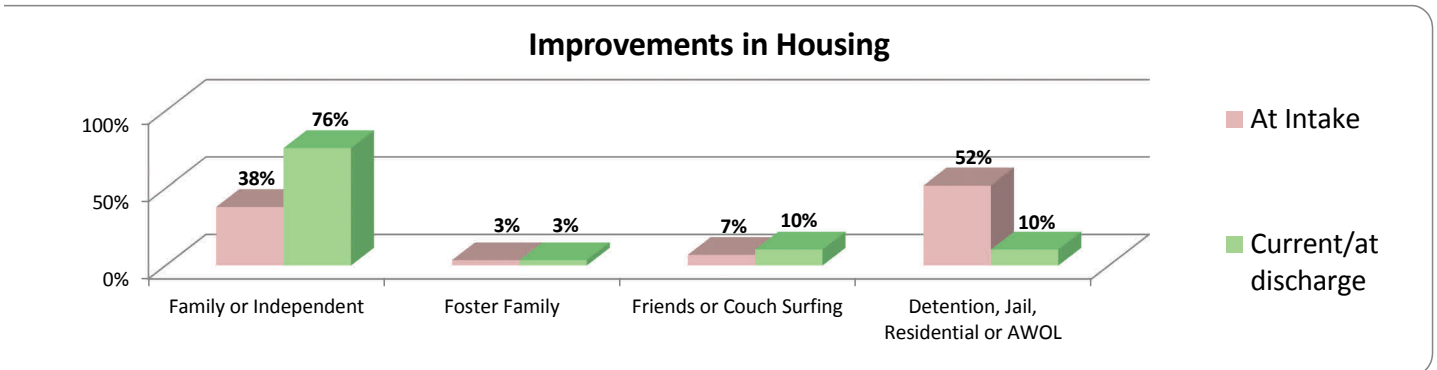
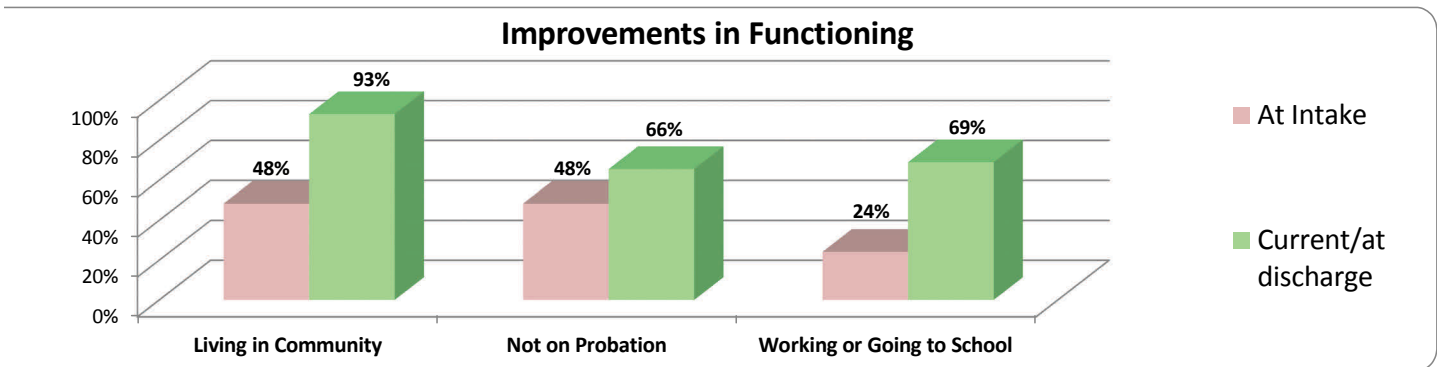


More information on the TIP Model is available at: <http://www.tipstars.org/>

The data below reflects current cases Muskegon County Community Mental Health TIP Staff are working with and shows the success of this program.

12/20/2013
(Rev. 2/4/14)

Transition Age Team Improvements in Outcomes



Improvements in Functioning

Total Persons	At Intake			Current/at discharge		
	Living in Community	Not on Probation	Working or Going to School	Living in Community	Not on Probation	Working or Going to School
29	14	14	7	27	19	20
	48%	48%	24%	93%	66%	69%

Improvements in Housing

Living with:	At Intake				Current/at discharge			
	Family or Independent	Foster Family	Friends or Couch Surfing	Detention, Jail, Residential or AWOL	Family or Independent	Foster Family	Friends or Couch Surfing	Detention, Jail, Residential or AWOL
29	11	1	2	15	22	1	3	3
	38%	3%	7%	52%	76%	3%	10%	10%

Improvements in School and Employment

Vocational:	At Intake					Current/at discharge				
	No School or Work	Attending School/ GED	Working	Graduated HS/GED	Attending College	No School or Work	Attending School/ GED	Working	Graduated HS/GED	Attending College
29	22	7	0	0	0	9	15	6	3	2
	76%	24%	0%	0%	0%	31%	52%	21%	10%	7%



What: A FREE community picnic with live music, resource booths, giveaways and more!

When & Where: August 14, noon-3:00 at Hackley Park

Why: Learn about all that Muskegon has to offer to support **HEALTH, WELLNESS & RECOVERY!**

The first 1,000 attendees will receive free lunch!

RESERVE A BOOTH. VOLUNTEER. GET INVOLVED.

To register for a booth visit:

<https://www.eventbrite.com/e/health-wellness-recovery-2014tickets-11872018527>

Email HWR@muskegoncmh.org or call 231-332-3812.