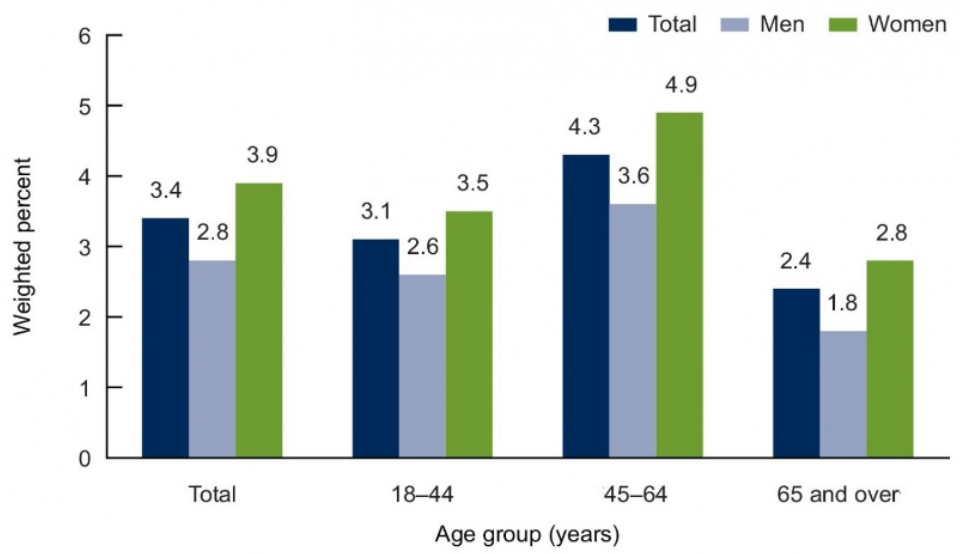
To Your Health

Trying to make mental health first aid as familiar as CPR

By Lenny Bernstein January 4



2009-2013: Percentage of adults aged 18 and over with serious psychological distress. (CDC/NCHS/National Health Interview Survey)

If someone suddenly collapsed and appeared to be having a heart attack, you wouldn't just walk on by, right? You'd at least call 911. You'd likely stay with the person while the ambulance was coming. And if you were trained, you might even start CPR. Chances are that human decency would motivate you to do *something*.

So why is it that when we see obvious signs of mental or emotional crisis in a friend, colleague or even a casual acquaintance, our first reaction is to withdraw? We typically consider behavioral health issues too personal for our intervention, out of bounds for anyone but a family member or a very close friend.

That pretty much defines the challenge facing the National Council for Behavioral Health, which is scheduled to announce Monday that it will train another 500,000 people in its Mental Health First Aid course. The goal of the eight-hour session is to help people recognize when someone is suffering from a mental health or substance abuse disorder and to encourage intervention.

"The truth of the matter is that you are more likely to encounter someone who is experiencing a behavioral health condition or crisis" than someone facing a physical emergency, said Laira Roth, the council's project manager for the first aid course. Every year, the organization notes, one in four Americans will suffer from a mental illness or addiction.

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Half a million people across the country already have taken the training, including First Lady Michelle Obama. I'm partially trained, having attended several hours of a session last month. It was enough for me to get the gist of the course.

"The biggest message...is that an individual has the capacity to help," said America Paredes, the instructor that day. Are you going to avert a mass shooting? Unlikely. Could you stop or postpone a suicide attempt? Definitely.

But how? By making a connection with someone who may have no one else to talk to. By suggesting that he or she seek professional help, right now. By offering some ideas about how that could be done, maybe even helping to place the call. In other words, by responding -- the same way you'd grab an automatic defibrillator and try to use it on someone who had collapsed, even if you weren't entirely sure how.

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According to the Centers for Disease Control and Prevention, there were 41,149 suicides in 2013, making suicide the 10th-leading cause of death in the United States.

As uncomfortable or difficult as some questions can be, they can save a life. Imagine asking someone you don't know all that well: "Are you thinking of ~~harming~~ killing yourself?" The course helps people overcome their reluctance, even fear, of getting involved. It makes clear that you can't plant the idea of suicide in someone's head, which is why many people hold off. It teaches you how, and when, to try to help. "If you don't know the right question to ask, you're not going to ask it because you're afraid of saying something stupid," Paredes said. (I've updated this paragraph because the council says posing the question this way is preferred.)

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Two people in my group role-played in an effort to break through an older relative's depression. That's not easy. There are no quick solutions, especially if a mental health issue is longstanding.

The best approach boils down to a five-letter acronym, ALGEE. It's worth remembering, the same way I remember that I'm supposed to do chest compressions to the beat of the Bee Gees' hit "Staying Alive" should I ever need to assist someone who's in cardiac arrest. You may never have to use this information, but here it is (I've updated the post because the council says I used outdated language for a couple of them):

A: Assess for risk of suicide or harm.

L: Listen non-judgmentally.

G: Give reassurance and information.

E: Encourage appropriate professional help.

E: Encourage self-help and other support strategies.

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Lenny Bernstein covers health and medicine. He started as an editor on the Post's National Desk in 2000 and has worked in Metro and Sports. Follow @LennyMBernstein

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