



## Mental Health First Aid Guidelines for Aboriginal and Torres Strait Islander People

Dear Colleague

The Aboriginal and Torres Strait Islander Mental Health First Aid program, in partnership with *beyondblue: the national depression initiative* is pleased to announce the release of the national *Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

Mental Health First Aid is the help provided to a person with a mental illness or experiencing a mental health crisis. The guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be experiencing a range of mental illnesses or mental health crises, including:

- depression
- psychosis
- suicidal thoughts and behaviours and deliberate self-injury
- trauma and loss
- problem drinking

There is an additional guideline on *Cultural considerations and communication techniques*, which provides further information about the importance of culturally respectful first aid practice.

The guidelines will be helpful to any health professional who assists Aboriginal people, Aboriginal people who would like to learn more about mental health problems, and members of the public. The guidelines emphasise the importance of understanding and respecting Aboriginal culture when providing first aid.

The guidelines were developed from the opinions of Aboriginal people who are experts in mental health. They have been produced using a rigorous research method that involved extensive consultation with Aboriginal people and have been endorsed by Aboriginal mental health experts as culturally appropriate and important in providing information to Aboriginal people about mental illness.

These guidelines are now freely available. If you would like to order copies, please visit the following websites: [www.mhfa.com.au](http://www.mhfa.com.au) or [www.beyondblue.org.au](http://www.beyondblue.org.au) or return a completed order form. A sample pack is enclosed.

We hope that you find this resource helpful and valuable.

Yours sincerely

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# CULTURAL CONSIDERATIONS & COMMUNICATION TECHNIQUES

## GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON

### Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be developing a mental illness or experiencing a mental health crisis. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. These guidelines are designed to accompany the series *Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

### Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

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Enquiries should be sent to: Professor Tony Jorm, Orygen Youth Health Research Centre, Locked Bag 10, Parkville, VIC 3052, Australia, email: [ajorm@unimelb.edu.au](mailto:ajorm@unimelb.edu.au).

This research was funded by a grant from the *beyondblue* Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE), an organisation that supports innovative, high-quality research across disciplines to improve prevention and treatment of depression and related disorders. More information on the bbVCoE can be found at [www.beyondblue.org.au](http://www.beyondblue.org.au)

### How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be experiencing a mental illness or developing a mental health crisis. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

## Learn about the person's culture and their concept of mental illness

A person's culture plays a very important role in the way they understand and talk about health, ill-health and go about seeking help from friends, family or professionals. Aboriginal people understand mental health within a broad context of health and wellbeing, which includes concepts of social and emotional functioning. Sometimes, therefore, symptoms of mental illness are understood within Aboriginal communities as part of a person's spirit or personality, and not conceptualised as a form of treatable mental illness.

If you are providing mental health first aid to Aboriginal people who are not from your own community, you should always be culturally competent, and always practice cultural safety (see boxes below).

## Know what is normal, and what is not, in the person's culture

When assisting someone outside your own culture or community, it is very important that you take into consideration the spiritual or cultural context of the person's behaviours. Be aware that it is common for the experiences of Aboriginal people (such as seeing spirits or hearing voices of deceased loved ones) to be misdiagnosed or mislabelled as mental illness when they are not in fact ill. Fear of misdiagnosis can be a strong barrier to help-seeking for Aboriginal people. For these reasons, you should take great care not to simply assume that the person is developing a mental illness or suffering a mental health crisis.

## CULTURAL COMPETENCE

Being culturally competent when providing mental health first aid involves:

- Being aware that a person's culture will shape how they understand health and ill-health
- Learning about the specific cultural beliefs that surround mental illness in the person's community
- Learning how mental illness is described in the person's community (knowing what words and ideas are used to talk about the symptoms or behaviours)
- Being aware of what concepts, behaviours or language are taboo (knowing what might cause shame)

Please be aware that these guidelines are not exhaustive, and although they may assist you in providing first aid within Aboriginal communities, they alone will not make you a culturally competent first aider.

## Know what is culturally appropriate communication

When approaching someone outside your own culture or community to discuss their mental health, be aware that what is a respectful way to communicate with the person (including body language, seating position and use of certain words) may differ from community to community and region to region, especially between rural and remote areas. In some communities, for example, eye contact is considered as staring, and may make the person feel as though they are being judged.

Begin by having a yarn with the person. Spend time with them and let them know that you are worried about them. Ask the person where they would be most comfortable to have a yarn, be aware that confined places may cause the person anxiety and outdoors might be more relaxing. Ask for the person's permission before asking about sensitive topics, but suggest that they may feel better once they have spoken about their problems. Be careful not to falsely imply that by talking about mental illness the person's problems will go away. Instead, just reassure the person that you care and want to help.

When discussing your concerns, use simple and clear language. Avoid asking lots of questions and speaking to the person in a patronising manner. Allow for periods of silence while the person considers what you have said and allow them plenty of time to tell their story.

If family members are present, expect that they might answer some questions on behalf of the person. Avoid asking questions that might embarrass the person in front of their family and friends and remember never to criticise members of the extended family in front of the person. If you think that it might make the person more comfortable, ask them if they would like to find another safe area to talk away from family and friends.

Remember that it is more important to make the person feel comfortable, respected and cared for, than to do all the 'right things' and follow all the 'rules' when communicating with an Aboriginal person. Importantly, if the person finds it too hard to talk about their problems, you should respect that.

## Do not shame the person, their family or community

The concept of shame is very important within many Aboriginal communities and can be a barrier to help-seeking. Shame may also be caused through not practicing cultural safety.

Be aware of what language and behaviours cause shame within the person's community. Understand how the person you are helping might feel shame if you behave a certain way or use certain words. In some communities, for instance, talking about mental illness can cause individuals to feel shame and therefore, it might be helpful to stick to discussing behaviours and feelings, rather than talking about labels such as "depression" or "psychosis". Also understand how the community in which you are helping might feel shame. In some more traditional

communities, for example, insisting that the person go and see a non-Aboriginal health worker might be shameful to the community, as it implies that their own ways of healing are inferior to others.

Also be aware that Aboriginal people might feel societal shame, for example, as a result of historical factors such as dispossession of Aboriginal land and domination of culture. It is important to understand that even if you don't do anything to offend the person, shame might affect their behaviour. For instance, some Aboriginal people may be afraid of attending a hospital because, historically, being admitted to a hospital with a mental illness caused shame on family and community.

## CULTURAL SAFETY

Practicing cultural safety means:

- Respecting the culture of the community by using the appropriate language and behaviour
- Never doing anything that causes the person to feel shame
- Supporting the person's right to make decisions about seeking culturally-based care

## Use community and family supports

Establishing a network of support for an Aboriginal person is a very important step in helping them resolve their mental health crisis, especially if access to professional support or mental health services is limited.

If you are worried about the person's safety, or if the person is experiencing a crisis, be persistent in trying to get the person help and support from others. Make sure you have a yarn with them about how they would like to be helped.

Try to get the person's family involved in supporting them until they get better, but in doing so, you must uphold the person's right to confidentiality. Unless you are worried that there is a risk of harm to the person or harm to others, you should have the person's permission before seeking help from family or other community members.

Another way to be supportive is to encourage the person to build personal relationships with people who they can trust, respect and turn to for support or assistance when feeling unwell. A good source of support for the person might be a youth worker at a community centre, an Aboriginal mental health worker, a respected Elder, or community liaison or police officer. Also, discuss with the person what their interests and activities are and encourage participation in any group activities that will help them to develop feelings of purpose, belonging and achievement.



Please cite these guidelines as follows: Aboriginal Mental Health First Aid Training and Research Program. *Cultural Considerations & Communication Techniques: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*. Melbourne: Orygen Youth Health Research Centre, University of Melbourne and beyondblue, the national depression initiative; 2008.



### The MHFA Training & Research Program

Orygen Youth Health Research Centre  
The University of Melbourne  
Australia



# DEPRESSION

## GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON



### **Purpose of these guidelines**

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be experiencing depression. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful to cultural differences in understanding and treating mental illness. More information regarding culturally respectful first aid practice can be found in *Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person*.

### **Development of these Guidelines**

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

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### **How to use these Guidelines**

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be experiencing depression. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has depression. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

## How do I know if someone is experiencing depression?

If you notice changes in the person's mood, their behaviour, energy levels, habits or personality, you should consider depression as a possible reason for these changes. It is important to learn about depression so that you are able to recognise these symptoms and help someone who may be developing a depressive episode. Take the time to find out information about depression such as its causes, its symptoms, how it can be treated, and what services are available in your local area. It is important that you do not ignore the symptoms you have noticed or assume that they will just go away. It is also important that you do not lie or make excuses for the person's behaviour as this may delay getting assistance. You should, however, remain aware that each individual is different and not everyone who is experiencing depression will show the typical symptoms of depression.

## SYMPTOMS OF DEPRESSION

What are considered to be warning signs for depression may change from community to community. It is important that you are aware of the different understanding and language used to talk about depression within the community. However, it is also important to know that for a person to be diagnosed with clinical depression, they would have to have five or more of the following symptoms, including at least one of the first two, for at least two weeks:

- an unusually sad or irritable mood that does not go away;
- loss of enjoyment and interest in activities that used to be enjoyable;
- lack of energy and tiredness;
- feeling worthless or feeling guilty when they are not really at fault;
- thinking about death a lot or wishing they were dead;
- difficulty concentrating or making decisions;
- moving more slowly or, sometimes, becoming agitated and unable to settle;
- having sleeping difficulties or, sometimes, sleeping too much;
- loss of interest in food or, sometimes, eating too much. Changes in eating habits may lead to either loss of weight or putting on weight.

This symptom checklist is adapted from a commonly used classification system called the *Diagnostic and Statistical Manual of mental disorders: DSM-IV TR*. Washington: American Psychiatry Association, 2000.

If you observe any of the above symptoms you need to consider the cultural and spiritual context of the person's behaviours before assuming that the person you are helping is experiencing depression. You should be familiar with what constitutes culturally appropriate behaviour so that you do not misread certain behaviours as symptoms of depression. In Western society, for example, avoiding eye contact may be interpreted as a sign of social withdrawal or irritability. In many Aboriginal communities however, it is normal social practice to avoid making eye contact when yarning with certain people.

## How should I approach someone who may be experiencing depression?

Before you try and help an Aboriginal or Torres Strait Islander person who may be experiencing depression, it is important that you learn about things like the causes and treatments for depression. Try to find out what treatment services are available in your local area, especially those that have trained Aboriginal or Torres Strait Islander professionals that can support the person.

Contrary to myth, talking about depression makes things better, not worse. If you think that someone you know may be depressed and needs help, you should have a yarn with them. It can be helpful if you allow the person lots of opportunity to talk and let them choose when to open up.

It is important to choose a suitable time when both you and the person are available to talk, in a space where you both feel comfortable. Let the person know that you are concerned about them and are willing to help. If the person doesn't feel comfortable talking to you, you should encourage them to discuss how they are feeling with someone else.

You should ask the person about their mood, for instance, if the person says that they are feeling sad or down, you should ask them how long they have been feeling that way. Ask the person if they are feeling depressed and respect the way the person interprets their own symptoms. It might be helpful to reassure the person that feelings of depression are very common.

If the person would like some information about depression, it is important that you give them resources that are accurate and appropriate to their situation. For example, some people cannot read well and may need assistance with reading or understanding pamphlets

and books. The person you are helping may also not have the energy or strength to find out information on their own and you may need to help them; be mindful of the severity of the person's symptoms when you are giving the person information. One source of information that may be helpful is telephone numbers of support services such as *Lifeline*.  
*ph 13 11 14*

## How can I be supportive?

### *Treat the person with respect and dignity*

Each person's situation and needs are unique. It is important to respect the person's wishes while considering the extent to which they are able to make decisions for themselves, and whether they are at risk of harming themselves or others. Equally, you should respect the person's privacy and confidentiality unless you are concerned that the person is at risk of harming themselves or others. It is important to be honest with the person. Let them know in advance that you will need to intervene and seek professional help for them if you ever believe that their life may be in danger.

### *Do not blame the person for their illness*

Depression is a medical illness and the person cannot help being affected by depression. It is important to remind the person that they have an illness and that they are not to blame for feeling "down." Be aware that there is no point in just telling someone who is depressed to "get better."

### *Have realistic expectations for the person*

Let the person know that you don't think less of them as a person, and that they are not weak or a failure, because they have depression. Everyday activities like cleaning the house, paying bills, or feeding the dog may seem overwhelming to them. You should acknowledge that the person is not "faking", "lazy", "weak" or "selfish." Ask the person if they would like any practical assistance, but be careful not to take over, or to encourage them to become dependent on you.

### *Offer consistent emotional support and understanding*

It is more important for you to be genuinely caring than for you to say all the "right things". The person genuinely needs additional love and understanding to help them through their illness so you should be empathetic, compassionate and patient. People with depression are often overwhelmed by irrational fears; you need to be gently understanding of someone in this state. It is important to be patient, persistent and encouraging when supporting someone with depression. You should also offer the person kindness and attention, even if it is not returned. Let the person know that they will not be abandoned. You should be consistent and predictable in your interactions with the person. One of the most supportive things you can do is to ask the person whether what you are doing is helpful and what else you can do to help.

### *Encourage the person to talk to you*

Don't be afraid to encourage the person to talk about their feelings, symptoms and what is going on in their mind. Try to use open-ended questions so that the person can say what they want to, rather than questions that are likely to be answered with a 'yes' or 'no'. Let the person know that you are available to talk when they are ready; do not put pressure on the person to talk right away.

### *Be a good listener*

You can help someone with depression by listening to them without expressing judgement. Be an active listener; reflect back what the person has said to you before responding with your own thoughts.

It is important to listen carefully to the person even if what they tell you is obviously not true or is misguided. Although the person may not be communicating well, and may be speaking slower and less clearly than usual, you must be patient and must not interrupt. If the person is repetitive try not to get impatient, but rather keep trying to be as supportive as possible.

Be aware that silence may be better than talking. If the person doesn't want to talk, then try just to be with them for a while.

### *Give the person hope for recovery*

You need to encourage the person to believe that, with time and treatment, they will feel better. If the person is constantly negative, try to point out the positive things that are happening.

### *What doesn't help?*

- Don't tell the person to "snap out of it" or "get over it."
- Do not be hostile or sarcastic when the person attempts to be responsive. Instead, accept these responses as the best the person has to offer at that time.
- Do not adopt an over-involved or over-protective attitude towards someone who is depressed.
- Do not nag the person to try to get them to do what they normally would.
- Do not tell the person that they just need to stay busy or get out more.
- Do not trivialise the person's experiences by pressuring them to "put a smile on their face," to "get their act together," or to "lighten up".
- Do not belittle or dismiss the person's feelings by attempting to say something positive like, "You don't seem that bad to me."
- Avoid speaking to the person with a patronising tone of voice and do not use overly-compassionate looks of concern.
- Avoid using the words "I know how you feel" or "I understand" as it is unlikely, unless you have also been diagnosed with depression, that you can exactly imagine the person's sadness.
- Try not to show the person if their depression is bringing you down.
- Do not tell the person that they are unpleasant to be around, even if you feel that way.
- Resist the urge to try to cure the person's depression or to come up with answers to their problems.

## Should I encourage the person to seek professional help?

You can help someone who may be experiencing depression by encouraging them to get a professional diagnosis and treatment.

Ask the person if they have tried to get help and if they need help to manage how they are feeling. Everybody feels down or sad at times, but it is important to be able to recognise when depression has become more than a temporary experience for someone and when to encourage that person to seek professional help. If this is the case, you should tell the person how treatment might help them to feel better, discuss the options that they have for seeking help, and encourage them to use these options.

It is important to encourage the person to get appropriate help and effective treatment as early as possible. If the person does not know where to get professional help, offer to assist them. You should encourage the person to first see a doctor for potential diagnosis and treatment, though the person may also find it helpful to see a psychiatrist or therapist. You should also be aware of the role that Aboriginal Health Services, Elders or Healers may play in the person's treatment.

If the person would like you to support them by accompanying them to a doctor's appointment, you must not take over completely; a person with depression needs to make their own decisions as much as possible. Depression is often not recognised by health professionals; it may take some time to get a diagnosis and find a healthcare provider with whom the person is able to establish a good relationship. You should encourage the person not to give up seeking appropriate professional help.

Unless there is a specific risk of harm to self or others, do not push the person into seeking professional help before they are ready. Once they have sought help, ask the person if they need any help understanding or clarifying any medical words that were used by the doctors.



## What about self-help strategies?

People who are depressed frequently use self-help strategies. Before speaking to the person about self-help strategies, you should know which ones are helpful for depression, so that you can recommend them.

Ask the person if they are interested in talking about self-help strategies. If the person says yes then provide them with your information about ways that they can help themselves feel better. It might also be useful to ask the person what they have done in the past to help themselves cope, and to ask whether they could use those strategies again to help themselves now. However, if the person is using drugs or alcohol, you should encourage them to reduce their use.

Do not be too forceful when trying to encourage the person to use self-help strategies. The person's ability and desire to use self-help strategies will depend on their interests and the severity of their depression.

## What if the person doesn't want help?

The person may not want to seek professional help. You should find out if there are specific reasons why this is the case. For example, the person might have had bad experiences in the past, be concerned about costs, or they might be worried they will be sent to hospital. These reasons may be based on mistaken beliefs, or you may be able to help the person overcome their worry about seeking help. If the person still doesn't want help after you have explored their reasons with them, let them know that if they change their mind in the future about seeking help they can contact you.

Sometimes the person may need time to accept the need for treatment. If this is the case, slowly and respectfully persist in trying to get the person to seek help. However, at all times you must respect the person's right not to seek help, unless you believe that they are at risk of harming themselves or others. You must only intervene without permission when the person's life is in danger.

## What if the person is suicidal or is harming themselves?

There are separate first aid guidelines about how to help someone who is suicidal or who is harming themselves. Please see *Suicidal thoughts & behaviours and Deliberate self-injury; guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person*.

Please cite these guidelines as follows: Aboriginal Mental Health First Aid Training and Research Program. *Depression: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*. Melbourne: Orygen Youth Health Research Centre, University of Melbourne and beyondblue, the national depression initiative; 2008.



## The MHFA Training & Research Program

Orygen Youth Health Research Centre  
The University of Melbourne  
Australia

# PROBLEM DRINKING

## GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON

### Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be experiencing problem drinking. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful to cultural differences in understanding and treating problem drinking. More information regarding culturally respectful mental health first aid practice can be found in *Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person*.

### Development of these guidelines

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### How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be experiencing problem drinking. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has problem drinking. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

## First aid for problem drinking

### How do I know if someone is experiencing problem drinking?

Problem drinking is when someone drinks alcohol at a level that places their health, relationships, work or study, family or community at risk. Australia has national guidelines to help people understand the risks of drinking.

#### NATIONAL GUIDELINES FOR DRINKING AT A LOW-RISK LEVEL



**For adults**  
No more than two standard drinks in any one day.



**For children (under 15)**  
Not drinking is the safest option for children and adolescents under 15 years.



**For young people (15 - 17)**  
Not drinking is the safest option for adolescents aged 15-17 years. If drinking does occur, it should be under parental supervision and no more than 2 standard drinks.



**For women who are pregnant, planning a pregnancy, or are breastfeeding**  
Not drinking is the safest option because of risk of harm to the child.

Problem drinking includes a range of drinking levels, from any drinking above the low-risk level, through alcohol abuse (drinking that leads to problems at work, school, home or with the law), to alcohol dependence (when someone is addicted to alcohol, and cannot get through their day without it). Some examples of behaviours that may occur when someone is experiencing problem drinking are shown below.

### Problem drinking may be occurring if the person

- consistently drinks above the low-risk level
- gets into arguments or has accidents because of their drinking
- needs to drink to help deal with certain situations
- is affected in their ability to perform day-to-day tasks
- plays down how much they drink
- is in debt because of the amount of money they spend on drinking
- has been drink driving, or has charges for drink driving or other related drinking offences
- is having marriage or relationship trouble because of their drinking
- is in trouble at work because of drinking or at risk of being fired or laid off

- is often sick or in ill health
- shows increasingly irrational behaviour
- suffers physically and emotionally when not drinking
- avoids answering questions about their drinking or looks uncomfortable when responding
- is secretive about their drinking
- is unwilling to consider that their drinking is a problem
- reacts angrily when it is suggested that they have a drinking problem
- thinks a lot about drinking and when they'll next get a chance to drink
- becomes anxious when they cannot get access to alcohol

If you are not sure if the person's drinking is a problem, it is best that you describe the person's drinking to a professional, such as a drug and alcohol or community health worker or local doctor, to see whether they would consider it a problem. You can also see a professional if you would like more information about how to approach or help the person with their problem drinking.

### Alcohol use, problem drinking and Aboriginal people

Problem drinking is not part of Aboriginal culture or tradition. Although some Aboriginal communities have problems with alcohol, Aboriginal people are more likely to be non-drinkers than are non-Aboriginal people. Research shows that the percentage of Aboriginal people who choose to drink is lower than for non-Aboriginal people.

Research also shows that Aboriginal people who choose to drink are more likely to drink at high-risk levels than to drink at low-risk levels. For many people, drinking alcohol at high-risk levels is linked to increases in incarceration, violence (in both family and community), risky behaviour (such as drink driving), accidents and injuries, hospitalisation, ill-health, suicide and homicide. Furthermore, research shows that Aboriginal people who choose to drink will experience more alcohol-related disease, injury and death than non-Aboriginal people who choose to drink.

In recognition of these harms, some Aboriginal communities place bans or restrictions on the sale or consumption of alcohol. Make sure you are familiar with any alcohol restrictions or alcohol management plans that apply in the community in which you are helping.

### Understanding the person's problem drinking

There are different reasons why people drink alcohol to excess. For instance, drinking is often used to cope with underlying emotional distress or mental illness. This is often called "self-medication". If the person has underlying emotional distress or mental health issues, these may need to be addressed to help the person overcome their problem drinking.

The person's drinking can be strongly influenced by a range of factors, including who the person drinks with, where they choose to drink and their family's and community's attitudes

to drinking. The person's family may deny or make excuses for the person's drinking, or they may be supportive of efforts to change. Before assisting the person, make sure you understand the attitudes that the person's family and community have towards drinking.

The environment in which the person drinks can make it harder or easier for them to change their drinking. For instance, the person's drinking may be part of a wider pattern of problem drinking in the community. The social pressures on the person to drink may be very strong. If drinking problems in the person's community are widespread, you should speak to community leaders about initiating change.

Drinking also contributes to a lot of family violence problems. If the person's drinking is placing the safety of others (such as their partner or family members) at risk, your priority should be to keep the people safe. If there are any children being affected by the person's drinking, you need to make the children's safety and wellbeing the first priority.

## **How do I talk to the person about their problem drinking?**

### *Approach the person*

Talk with the person in a quiet, private environment at a time when there will be no interruptions. Try to talk with them when they are sober and in a calm frame of mind. Approach the person on your own rather than organise a group of people to confront them about their drinking.

Talk to the person openly and honestly. Consider their readiness to talk about their drinking because this may be the first time the person has thought about it as a problem. Ask the person about areas of their life that their drinking may be affecting. For example, you could ask about their mood, work or home life. Encourage the person to talk about any problems in their life that may be contributing to their drinking and allow them to talk without interruption. Listen carefully to them without being judgemental and try to understand their own perception of their drinking. Reassure the person that you care about them.

Identify and discuss the person's behaviour rather than criticise their character. You could say, for example, "Your drinking seems to be getting in the way of your friendships" rather than saying "You're a pathetic drunk".

Offer to help the person and discuss what assistance you are willing to provide. Do not expect a change in the person's thinking or behaviour right away and be prepared to talk to the person about their drinking again in the future.

### *Provide the person with information*

Try to discuss some of the risks associated with problem drinking. There are many short and long-term consequences of high-risk drinking. These may include physical, mental or social problems. These problems can be caused or made worse by drinking. Also, try to inform the person of any consequences that could apply to them for breaking local alcohol restrictions (such as drinking in dry areas) or breaking laws that apply to drinking. If the community has rules about restricting access to alcohol, encourage the person to follow them. If the person is pregnant or breastfeeding, you should stress the dangers of drinking for the child.

Also provide the person with specific information about Aboriginal people and problem drinking. There are many good and freely available resources that can be found at local Aboriginal or community health services, drug and alcohol services, doctor's clinics, in the library or on the internet. Resources about reducing drinking may include: books such as *The Grog Book*, videos or leaflets, or local people who have stopped the grog.

### *The person's reaction*

The person may acknowledge their drinking as a problem and want some assistance. If this is the case, see the sections *Encourage the person to seek professional help* and *Helping the person to change*.

On the other hand, the person might avoid questions about their drinking or they may give excuses, get angry or try to blame family members or others for their behaviour.

The person may underestimate the amount that they drink, may not believe or might deny that they have a drinking problem. The person may not even recall events that occurred while they were intoxicated. If the person does not admit they have a drinking problem, do not try to force them. Instead, be patient and supportive while waiting for them to accept that they have a problem.

While waiting for the person to accept the need for change, it is important that you do not join in drinking with the person. Instead, set an example by following any rules the community has about alcohol restriction. Also avoid trying to control the person by bribing, nagging, threatening or crying. Try not to feel guilty or responsible if the person is unwilling to change their drinking, as the person is the only one who can take responsibility for changing.

## **Encourage the person to seek professional help**

Encourage the person to see a professional to get information about their problem drinking. The sooner professional help starts, the better the person's chances for recovery.

Problem drinking needs to be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social aspects. Treatment for problem drinking should involve controlled withdrawal or "detox", medical treatment for health problems

related to drinking, as well as counselling treatments to help the person change their behaviour. Some treatment programs aim to have an alcohol-free lifestyle, while other programs aim to reduce the person's drinking to a safer level. Before suggesting professional help to the person, be aware of the different options in the person's local area. These may include an Aboriginal health service, a drug and alcohol service, a counsellor, doctor, or helpline.

If the person agrees to professional help, you should give them information about local options and advise them to see a doctor/GP, because they play an important role in helping the person care for their health while they change their drinking. If the person has been drinking heavily for a long time, warn the person against stopping suddenly, as this can be very dangerous to their health. Encourage the person to seek professional help before they change their drinking.

Assure the person that you will support them in getting the help they need. Discuss with the person what seeing a professional might involve and reassure them that help is confidential. Explain to the person that there are several approaches available for treating problem drinking and encourage them to find a treatment program that they feel comfortable with. Try to find a professional or treatment program that specialises in treating Aboriginal people with drinking problems, or one experienced in helping with drinking problems in the local community. However, be aware that drug and alcohol services that specialise in treating Aboriginal people may be hard to find, especially in rural and remote areas.

Problem drinking can often be a symptom of underlying emotional distress. Therefore, it is important to encourage the person to engage professional help that will address many aspects of the person's social and emotional wellbeing, not just their physical health.

If the person is being aggressive towards others because of their drinking, you should suggest they also seek professional help for their anger or attend a self-help group for anger management.

### *What if the person doesn't want professional help?*

The person may not want professional help when it is first suggested to them. If the person does not want to see a professional, you should discuss some of the reasons why this may be.

*If the person is finding it difficult to accept that they need professional help.* You could suggest that you don't need to be an 'alcoholic' to benefit from talking to a professional and that a person with any type of problem drinking can benefit.

*If the person does not want to stop their drinking.* Explain that the goal of professional help may be to help the person to find ways to reduce their drinking, rather than to make them quit altogether.

*If the person feels shame, or is worried about what others will think of them.* Reassure the person that they are not alone and that many people have problems with drinking. Discuss with

them how a doctor or health worker can help them with their problem by giving advice that is personal and helpful for their situation. Reassure them that seeing a doctor or health worker is private and not a shame job.

Suggest that it takes courage to ask for, and to accept, professional help. Ultimately it is the person's decision to get professional help. The person may only do so when the consequences of their drinking become bad enough. It might therefore be helpful to give the person a card or phone number of a service they can use when they feel ready. Assure the person that you will be there if they want help or want to talk again in the future. Try to be compassionate and patient while waiting for the person to accept they need help.

### *Support the person but not their drinking*

Understand that the person may not change their behaviour if they do not have to face the consequences of their actions. If the person is unwilling to seek help, explain the consequences of continuing with their current drinking. For instance, you should refuse to support the person's drinking by not giving them money, paying their bills or buying them grog when they want to go out and drink. You should also avoid taking on the person's responsibilities, or covering up and making excuses for them.

### **Helping the person to change**

#### *Encourage the person to drink less*

Abstinence (stopping all grog) is not the only alternative to problem drinking. Helping the person to reduce their drinking is also worthwhile.

If the person's drinking is placing their physical, emotional or social health at risk, then helping the person find ways to reduce their drinking is particularly important. Encourage the person to drink less by providing some practical tips for low-risk drinking. Also, try to discuss ways the person could drink without it having a negative effect on others.

#### *Encourage the person to find other supports*

The person may need a range of people or groups that can support them to change. You could encourage the person to find a self-help or support-group program, such as Alcoholics Anonymous (AA). You could also encourage the person to talk to a friend or other person they trust about their problems, not just their drinking. Other people who may be able to support the person include:

- a respected Elder
- another person who has given up the grog
- someone who can help them by sharing common goals around staying sober
- non-drinking family or friends
- community members
- community groups (such as men's, women's, or health groups)

Not all family and friends of the person will be supportive of their efforts to change their drinking. Encourage the person not to push away the people who worry or complain about their drinking, as these people are a potential source of support.

Also, help the person to find ways of coping when they feel the urge to drink. For instance, you could encourage them to participate in ceremony or art, or if the person has strong ties to land, encourage them to use these by going bush, going hunting or back to country.

### *Help the person deal with social pressure to drink*

There is often social pressure to get drunk when drinking. Let the person know that they have the right to refuse a drink when under pressure from others to drink more than they want or intend to. Suggest the person could say “no thanks” without explanation and reassure them that saying “no” to drinking will get easier the more they do it. If the person is having trouble saying “no”, discuss some other ways in which the person can be assertive about their desire not to drink. Other things the person can do include:

- volunteer to be the designated driver
- refuse a drink by stating “I don’t feel like it”, “I don’t feel well” or “I am taking medication”
- pour themselves a soft drink and let others assume it is a mixed drink
- stay away from people who pressure them to drink
- participate in social or cultural activities that do not involve drinking

### *Have realistic expectations for the person*

Let the person know that even though changing drinking patterns is hard, they should not give up trying. Be sure to support and encourage any small changes or improvements in the person’s behaviour, but be aware that the person may relapse once or several times before changing their drinking patterns.

## **Practical tips for low-risk drinking**

- Know what a standard drink is (10g of alcohol)
- Know the number of standard drinks in each beverage (the number of standard drinks is often listed on the packaging)
- Keep count of the number of standard drinks consumed
- Do not let people top up your glass before it is finished, so as not to lose track of how much alcohol has been consumed
- Eat while drinking
- Drink plenty of water when drinking alcohol to prevent dehydration
- Drink beverages with lower alcohol content (e.g. low-alcohol beer instead of full strength beer)
- Switch to non-alcoholic drinks when starting to feel the effects of alcohol
- Avoid keeping up with friends drink for drink
- Avoid drinking competitions and drinking games
- Drink slowly, for example, by taking sips instead of gulps and putting the drink down between sips
- Have one drink at a time
- Spend time in activities that don’t involve drinking
- Make drinking alcohol a complementary activity instead of the sole activity
- Identify situations where drinking is likely and avoid them if practical

Reducing or stopping drinking is only part of the process and many lifestyle changes are required to change drinking patterns.

## **First aid for alcohol intoxication, poisoning or withdrawal**

### **What is alcohol intoxication?**

Intoxication is a word that is often used to describe when a person has had a lot to drink. There are different levels of alcohol intoxication, ranging from mild to heavily intoxicated. Signs of alcohol intoxication include:

- loss of coordination
- slurred speech
- staggering or falling over
- loud, argumentative or aggressive behaviour
- vomiting
- drowsiness or sleepiness

The signs of alcohol intoxication can vary from person to person and are influenced by a range of factors, such as prior experience with alcohol, taking illicit drugs or medications, and physical and mental health conditions. The symptoms of some medical conditions (such as diabetes) can mimic the signs of alcohol intoxication.

When intoxicated the person may engage in a wide range of risky activities, such as having unprotected sex, getting into arguments or fights, or driving a car. The person may also be at a higher risk of attempting suicide.

## What to do if the person is intoxicated

### *Communicate appropriately*

While intoxicated, the person may not think clearly. Try to stay calm and talk with the person in a respectful manner, using simple, clear language. Do not laugh at, make fun of, or provoke the person. Do not attempt to engage the person in a serious conversation about their drinking while they are intoxicated.

### *Monitor for danger to the person, yourself and others*

If you have been drinking, try to get someone who is sober to assist the person with you. While intoxicated, the person is at greater risk of physical harm (e.g. falling over, physical or sexual assault). Be aware that drinking alcohol can mask pain from injuries. Assess the situation for potential dangers and ensure that the person, yourself and others, are safe.

Ask the person if they have taken any medications or other drugs, in case their condition deteriorates into a medical emergency. Watch the person for signs of increasing aggression. You should also monitor the person for signs that they are suicidal and try to prevent them from walking off alone, but only if it is safe for you to do so. For more information on how to help a person who may be suicidal please see the other guidelines in this series *Suicidal thoughts & behaviours and Deliberate self-injury: Guidelines for providing mental health first aid to an Aboriginal or Torres Strait Islander person*.

### *Keep the person safe*

Stay with the person or ensure they are not left alone. Keep them away from traffic, machines and dangerous objects. If the person attempts to drive a vehicle or ride a bike, discourage them, for example, by telling them about the risks to both themselves and others. Try to organise a safe mode of transport for the person to get home.

If the person is heavily intoxicated and you feel uncomfortable monitoring them, take the person to a sobering-up centre.

These are preferable to police lock-ups because they can help the person stay safe, learn about their drinking and its risks, and get some professional help.

## Can I help the person sober up?

Only time will sober the person up. The body breaks down approximately one standard drink of alcohol per hour. Drinking black coffee, sleeping, walking or taking cold showers will not speed up this process.

After drinking heavily it can take many hours for the body to get rid of the alcohol. Even though the person may not feel intoxicated, they can still be affected by it. Therefore you should suggest that they do not drive the next day or engage in other tasks that involve risk of injury.

## What are alcohol poisoning and alcohol withdrawal?

Alcohol poisoning refers to a dangerous level of alcohol in the blood that can lead to death. The amount of alcohol that causes poisoning is different for every person.

Alcohol withdrawal refers to a range of symptoms that may occur when a person who has been drinking heavily on a regular basis stops drinking or drinks substantially less than usual. It is not simply a hangover. Alcohol withdrawal can be dangerous because people who have been drinking heavily for a long time can become very sick when they stop. You should therefore encourage the person to get medical advice from a doctor or drug and alcohol service before they stop drinking.

In order to help the person withdraw from the effects of alcohol, some treatment programs will give medication, some will recommend a stay at a service, while others can assist the person within their home.

## If the person becomes aggressive

Your priority should be to keep yourself and others safe. Try to de-escalate the situation as much as possible by using the following techniques:

- Remain as calm as possible
- Speak slowly and confidently, with a gentle, caring tone of voice
- Do not speak in a hostile or threatening manner
- Avoid arguing
- If inside, keep the exits clear so that the person does not feel penned in and you and others can get away easily if needed
- Ensure your own safety by keeping some distance from the person
- Consider taking a break to allow the person a chance to calm down

If your attempts to de-escalate a threat of violence do not work, and there is a night patrol in the person's community, ask them for help. You should only call the police if all other avenues of de-escalation have been exhausted.

If an injury occurs, seek appropriate emergency assistance.

# THE GUIDELINES

## WHEN SHOULD I SEEK EMERGENCY MEDICAL HELP FOR THE PERSON?

It is important to know that alcohol intoxication, poisoning or withdrawal may lead to a medical emergency.

You should call an ambulance, take the person to a hospital or clinic, if any of the following occurs:

- The person is continually vomiting
- The person is unconscious, i.e. falls asleep and cannot be woken
- Alcohol poisoning is suspected, i.e. the person shows any of the following signs or symptoms:
  - irregular, shallow or slow breathing
  - irregular, weak or slow pulse rate
  - cold, clammy or pale skin
- Drink spiking is suspected, i.e. the person shows a rapid increase in intoxication
- The person has a suspected head injury
- The person shows symptoms of severe alcohol withdrawal, i.e.
  - fever
  - delirium or confusion
  - convulsions or seizures
  - hallucinations

### In a medical emergency

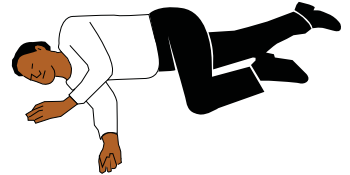
Do not be afraid to seek medical help for the person, even if there may be legal implications for them. While waiting for an ambulance or medical help, ensure that the person:

- is not left alone
- is not given food or drink, as they may choke on it if they are not fully conscious
- is kept warm to prevent hypothermia (the person may feel warm but their body temperature may actually be decreasing)
- has their airway, breathing and circulation monitored
- is put in the recovery position if they are hard to wake

It is beneficial for a friend or family member to accompany the person to a hospital or clinic, as they may be able to provide relevant information.

### The Recovery Position

Any unconscious person needs immediate medical attention and their airway kept open. If they are left lying on their back they could suffocate on their vomit or their tongue could block their airway. Putting the person in the recovery position will help to keep the airway open. If necessary, clear the person's airway after they have vomited. Before rolling them into the recovery position, check for broken glass and other sharp objects.



### Other first aid principles to keep in mind

- if the person is vomiting and conscious keep them sitting. Otherwise, put them in the recovery position.
- if the person stops breathing, they will need expired air resuscitation (EAR)
- if the person has no pulse, they will need cardiopulmonary resuscitation (CPR)



**The MHFA Training  
& Research Program**

Orygen Youth Health Research Centre  
The University of Melbourne  
Australia



**beyondblue**

the national depression initiative  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

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# PROBLEM DRUG USE

## GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON



### Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be experiencing problem drug use. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful to cultural differences in understanding and treating problem drug use. More information regarding culturally respectful mental health first aid practice can be found in the guideline *Cultural considerations and communication techniques: guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person*.

### Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged.

Enquiries should be sent to: Professor Tony Jorm, Orygen Youth Health Research Centre, Locked Bag 10, Parkville, VIC 3052, Australia, email: [ajorm@unimelb.edu.au](mailto:ajorm@unimelb.edu.au).

This research was funded by a grant from the *beyondblue* Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE), an organisation that supports innovative, high-quality research across disciplines to improve prevention and treatment of depression and related disorders. More information on the bbVCoE can be found at [www.beyondblue.org.au](http://www.beyondblue.org.au)

### How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be experiencing problem drug use. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has problem drug use.

It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of problem drug use. Be aware that the individual you are helping may not understand mental health in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Aboriginal and Torres Strait Islander communities and may not be suitable for other cultural groups or for countries with different health systems.

## Understanding problem drug use

### What is problem drug use?

Problem drug use is when someone is using drugs (e.g. cannabis, amphetamines, inhalants or kava) in a way that causes them harm (see box *Harms of problem drug use*). It is not just a matter of how much of a drug the person is using, but how their use affects their life and the lives of those around them.

Alcohol is also a drug. If you are concerned that the person may have a drinking problem, please see *Problem Drinking: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

### Harms of problem drug use

- Mental health problems (e.g. panic attacks, psychosis, suicidal thoughts and behaviours)
- Physical health problems (e.g. damage to organs such as brain or liver)
- Poor judgement and decision-making (e.g. taking risks, driving while affected by drugs)
- Injuries while using drugs (e.g. as a result of accidents, falls, violence)
- Problems with community or family relationships
- Work or financial problems
- Problems with the law

### Why do people use drugs?

There are a wide range of reasons why people use drugs. For example, it may help them to cope with problems, while stopping might lead to unpleasant effects. There may also be things happening within the family or community that are contributing to the person's drug use. Some people may not even be sure why they use drugs.

Drugs are often used to cope with underlying emotional distress or mental illness. This is often called "self medication". Drug use can also cause mental health problems or make them worse. In order to reduce the person's drug use, their underlying emotional distress or mental health problems will usually need to be addressed.

For information on helping someone who may be experiencing depression, please see *Depression: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

### Dependence on drugs

Drug dependence is when someone is addicted to a drug and cannot get through their day without it. The person may be dependent on drugs if they get less effects from the drug over time, experience unpleasant withdrawal symptoms or have problems in cutting down or controlling their drug use. A person who is drug dependent may spend a lot of time getting the drug, using it or recovering from its effects.

### Drug use and the community

Problem drug use not only affects an individual but also their family and community (see box *Impacts of problem drug use on Aboriginal communities*). In order to help a person with problem drug use, it is important to know the cultural, local, state and national laws around drug use and possession. It is also important to have an understanding of the different drugs used in the person's community.

### Impacts of problem drug use on Aboriginal communities

- Increase in suicide and early death
- Increase in contagious diseases such as hepatitis C and HIV
- Social and emotional wellbeing problems
- Increase in family and community conflict, including violence, crime and time in jail
- Money spent on drugs rather than things that could benefit the community

### How do I know if someone has a problem with their drug use?

A person has a drug use problem if their use causes harm to themselves or others. However, sometimes it can be difficult to tell if somebody has a drug use problem, for the following reasons:

- The effects of drugs vary from person to person
- Any use of drugs does not necessarily mean the person has a problem
- Problem drug use may be confused with depression or stress

If you suspect somebody has a drug problem it is important to respect their privacy and not search through their things to look for signs of drug use.

### How do I talk to the person about their problem drug use?

#### Approach the person

If you don't know the person very well, try to make a connection with them before talking about their problem drug use. You could do this by sharing some information about who you are and asking the person where they are from.

Try to talk to the person in a quiet, private environment at a time when there will be no interruptions or distractions and you are both in a calm frame of mind.

It may not be easy talking to the person about their problem drug use. They may not think they have a problem or may deny that they have a problem. The person may react negatively, for example by getting angry. They may find it hard to talk about

their use with you because of the shame and stigma associated with drug use. For this reason, don't expect the person to tell you everything about their drug use.

If you are unsure about how to approach the person, you can ask a health worker for advice about how to do this.

### *How to talk to the person*

Discuss the issue of drug use openly with the person, as this may help them feel comfortable talking about their own drug use. Express your concerns in a supportive, non-confrontational way without judging the person. Be assertive but do not blame, argue or be aggressive. Stay calm, open and honest when talking to the person about their problem drug use. Listen carefully to them without being judgmental (see box *Tips for good communication*).

### *What to say to the person*

Consider the person's readiness to talk about their problem drug use by asking about areas of their life that it may be affecting. For example, their mood, work performance, family or community. Don't press the person to talk if they don't want to. Tell them that you will listen without judging them.

Ask the person if they consider their drug use to be a problem and whether they want help to change. Express an offer of help and discuss with them what you are willing and able to do. However, be careful not to take on the role of a counsellor.

Offer the person some information about problem drug use, but be aware that they may already know a lot about it. You could discuss how common it is, the associated risks, what treatments are available and that people can be helped. It is a good idea to have some helpful contact numbers to give to the person so they can call for confidential help or for more information if they are willing to receive it.

Discuss with the person whether they have ever tried to change their drug use in the past. If they have tried to change, discuss with them what was helpful and what wasn't. Also discuss with them that stopping drug use is hard, it may be painful and it takes time. Don't expect the person to change their drug use right away as this conversation may be the first time they have thought of their drug use as a problem. If the person does not agree they have a problem, let them know that you are available to talk again in the future.

### **Tips for good communication**

- Don't interrupt the person while they are speaking
- Allow the person time to tell their story
- Repeat back to the person what they have said to show that you understand, (e.g. "so what you are saying is...")
- Listen carefully to the person rather than talking all the time. This allows you to think carefully about what the person is saying and doing and how you can best help them
- Don't try to quickly fill a silence in the conversation. Silence can be used to show respect and acknowledge that the person has said something important
- Tell the person that it is OK to feel the way they are feeling
- Be warm and sincere to the person to help them feel secure about discussing their problem
- Talk to the person about their problem without talking down to them
- Don't label the person, for example by calling them an "addict"
- Focus the conversation on the person's behaviour rather than their character
- Use "I" statements instead of "you" statements. For example, you could say "I feel worried when you take drugs" instead of "You make me feel worried when you take drugs"
- Use open questions that encourage the person to think about their drug use, such as, "What do you think about your drug use?" or "How do you think you can change your drug use?"
- Allow the person to talk about concerns not related to their problem drug use (e.g. family business). However, do not get drawn into arguments about other issues

### *If the person is pregnant or breastfeeding, or caring for a child*

*If the person is pregnant* it is important they seek appropriate professional help as soon as possible. Discuss with the person that using drugs during pregnancy is unsafe for the baby and strongly encourage them to stop using drugs while pregnant. If the person has been using drugs regularly, discuss with them that stopping drugs suddenly without medical supervision can be dangerous for the unborn baby. If the person wants to stop using drugs, tell them that medical help is essential to do so safely.

*If the person is breastfeeding* discuss with them that using drugs is unsafe for the baby. Tell them not to use drugs while breastfeeding.

*If the person is caring for a child* encourage them not to use drugs around children.

## Encouraging the person to seek professional help

### Suggesting help

Before suggesting help to the person, find out about what Aboriginal health services, treatment options and support services are available in the person's community or local area. Ask the person if they would like to get professional help and encourage them to do so. Discuss with them why they need professional help.

If the person is using more than one type of drug, strongly recommend they seek professional help. Also, if the person has been using drugs regularly, they will need to seek medical advice before they attempt to stop using drugs.

Be aware that it is common for people with problem drug use to resist seeking professional help or find it difficult to accept help. Be prepared for the person to respond negatively when it is suggested.

Give the person information about how to get professional help and assure them that it is confidential. Tell the person that it takes courage to ask for and to accept professional help.

### Types of help

People who use drugs do so at different levels ranging from experimentation to heavy use and people need different types of help depending on their level of use. Although abstinence (stopping all drugs) may be a suitable treatment aim for some people, many programs recognise that for others, this may not be possible or realistic. There are several treatment options and support services available for people with problem drug use. These include education, counselling, medical help to withdraw from the drug, rehabilitation and self help groups.

Give the person information about local options and be careful not to pressure them into a single type of treatment. Encourage the person to talk with a health worker, family member or respected Elder about options for professional help. Allow the person to decide which type of help would be most appropriate or useful for them. Offer to help the person find a traditional healer if they would like to see one.

### Making the appointment

Be aware that the person may not like going to health services. Assure them that you will support them in getting the help they need. Help the person find a professional they are happy with. Encourage the person to ask the professional about any words they don't understand. Follow up with them to see how the appointment went.

### What if the person is unwilling to change?

If the person does not want to change their problem drug use, remember that you cannot make them. Tell them you are concerned about their continuing drug use. Discuss with the person that if they are using drugs to escape problems, it is likely to make their problems worse. Give them a clear message that changing their drug use is the best option and that drug use is never completely safe.

Continue to be supportive of the person because opportunities to help them may arise in the future, when they are more willing to change (see box *Helping the person at different stages of change*). It is important to be available and show a positive response when the person says they are ready to talk. In the meantime, tell the person what behaviour you are willing to accept from them. For example, the person is not to come to your home for a social visit when they have been using drugs.

### If the person does not want to change their drug use, do not:

- Deny them basic needs such as food or shelter
- Use drugs with them
- Provide them with money to buy drugs
- Cover up or make excuses for them
- Help them to get drugs (e.g. drive the person to meet their dealer)

If the person continues to take drugs, you should encourage the person to have a general health check and talk to them about ways to reduce the harms of drug use. Some possible strategies include: not using drugs near lakes, rivers or the sea where the person could drown; not using drugs near busy roads where they could be run over; and not using alone because of the danger of collapsing and passing out. If the person is sniffing, talk to them about ways to reduce harm, such as sniffing outside instead of in small places and using small containers instead of large ones.

If the person is injecting drugs, tell them that it is never OK to share injecting equipment (needles, syringes, tourniquets, filters, spoons, waters) with someone else, not even if they say they are clean, if they are family, or if the person knows them really well.

### What if the person is unwilling to seek help?

Although the person may not want professional help when it is first suggested, you should continue to encourage such help or look for opportunities to suggest help again. Give the person information such as brochures, telephone helplines, or names and locations of services that they can use when they are ready to seek professional help. Be patient and remain positive. Do not use negative approaches such as threats, accusations, nagging or shaming to get the person to seek professional help.

The stigma and discrimination often associated with drug use can be barriers to help seeking. Tell the person that there is no shame in getting help to change their problem drug use.

People often only ask for help when they see that their drug use is out of control. They may be more willing to get help after an episode of drug use has led to negative consequences such as trouble with family or the law.

If the person does not want to seek help, you should respect their decision. It is ultimately their decision and you should not feel you have failed.

## Helping the person at different stages of change

### *Stage 1: The person does not think they have a problem*

Offer information about the drug and how it might be affecting them, discuss less harmful ways of using the drug and how to recognise overdose.

### *Stage 2: The person thinks their drug use might be a problem*

Encourage them to keep thinking about quitting, talk about the good and not so good things about changing, give information and refer to a health worker.

### *Stage 3: The person has decided to make a change*

Encourage the person and support their decision to change; help them plan how they will stop using drugs (e.g. get help from a doctor, alcohol or other drug (AOD) worker or traditional healer, or go back to country).

### *Stage 4: Making the change*

Provide support and suggest ongoing health checks, give them help with saying 'no' and avoiding people who use drugs, practice things to do when they feel like using drugs.

### *Stage 5: Maintaining the change*

Support the person to keep up the new behaviour.

*Note: The person may try to change or stop their problem drug use more than once before they are successful.*

## When to disclose the person's drug use

It is important to tell the person that you will have to tell other people about their problem drug use if there are children at risk, or if the person is at risk of harm to themselves or others. You should only disclose the person's problem drug use to a significant other (e.g. friend or family member) or a professional, if one or more of the following things apply:

- You have the person's consent
- The person is a child or young person
- The person is at risk of harm to themselves
- The person is at risk of harming others
- There is a child or young person being placed at risk because of the person's drug use

## Information and support for the person who wants to change

There are a range of things you can do to help the person change, including providing support, helping them deal with pressure to take drugs and suggesting self-help strategies. It is possible to make a difference to the person's problem drug use even by doing small things. If the person wants help to change, ask them what they would find most helpful.

You can speak to a professional for information and support in relation to assisting someone with problem drug use. You may also find it helpful to speak with others who have dealt with similar problems about effective ways to help the person.

## Supporting the person to change

Changing problem drug use takes time, cutting back on drug use is hard and the person will experience emotional, physical and mental stress. Be positive and encouraging of any efforts the person makes to change their problem drug use. You should always support the positive choices that the person makes (e.g. playing sport or spending time with people who don't use drugs).

Encourage the person to talk to someone they trust about the efforts they are making to change. Support from the person's family, friends, respected Elders and community will help the person while they are trying to change their drug use.

## Helping the person deal with social pressure to take drugs

The person may be pressured by others to take drugs. Encourage them to be strong and say "no". Help the person to think of ways to say no when offered drugs and reassure them that it will get easier the more they do it.

## Self-help

Self-help strategies may help the person change their problem drug use. Offer the person information about self-help strategies such as:

- Attending a support group
- Eating healthy and trying to get a good amount of sleep so the body can be strong and work to repair itself
- Finding healthy ways to feel good instead of using drugs
- Doing more of what keeps them strong, for example, getting back to country, re-connecting with culture or talking with family
- Reading books about changing drug use

## First aid for drug-affected states

Drug-affected states refer to changes in the way a person thinks, feels and acts after taking drugs. These changes result in significant distress to the person or difficulty in doing everyday things.

It may be difficult to tell what the person has taken by observing their behaviour. This is because different drugs have different effects on the body and because the effects of each drug will vary from person to person. Also, the signs of a drug-affected state may vary depending on how much the person has taken (i.e., how intoxicated the person is). In addition, illegal drugs can have different effects each time they are taken, because they are not made in a controlled or standard way.

### What to do if the person is in a drug-affected state

Stay calm and assess the situation for possible dangers. Try to ensure that the person, yourself and others are safe. Try to encourage the person to avoid dangerous activities, such as driving a car or bike, or using machinery. Tell the person that it is dangerous to drive even though they may feel alert. When dealing with a group of people who have been using drugs, take extra care for your own safety.

Talk with the person in a respectful manner using simple, clear language. Be prepared to repeat simple requests and instructions as the person may find it difficult to understand what has been said. Do not speak in an angry manner. Encourage the person to tell someone nearby, or to call emergency services, if they start to feel unwell or uneasy.

Be aware that when the person is using or coming down from a drug, they might be feeling miserable and sometimes suspicious. Try to maintain a safe distance and appear non-threatening.

### Drug reactions leading to medical emergencies

Drug use can lead to a range of medical emergencies. Even though drug taking may be illegal, it is important that you seek medical help for the person and that you tell medical staff that the person has been using drugs.

### Physical reactions

You should be able to recognise and help someone who is showing signs of a bad physical reaction to drugs. These include worsening or loss of consciousness, breathing problems, overheating, dehydration (not drinking enough water) and overhydration (drinking too much water).

#### *Worsening or loss of consciousness*

It is a medical emergency if the person shows signs of a rapid worsening in consciousness (i.e. being confused or not knowing where they are) or unconsciousness (i.e. they fall asleep, or pass out, and cannot be woken). If the person is showing these signs, it is essential that you:

1. Check the person's airway, breathing and circulation

If the person's airway is blocked, try to clear it using your fingers. If the person is not breathing, give the person expired air resuscitation (EAR). If they don't have a pulse, give the person cardiopulmonary resuscitation (CPR). If you do not know how to give resuscitation (EAR, CPR), seek help from someone close by who knows or call "000" (or 112 on a mobile phone if 000 doesn't work) and follow the directions of the telephone operator.

2. Put the person in the recovery position

If the person is unconscious, or slipping in and out of consciousness, put them in the recovery position and ensure they do not roll out of it (see box *Helping an unconscious person*).

3. Call emergency services

When you call for emergency services, it is important that you follow the instructions of the telephone operator. When asked, describe the person's symptoms and explain that they have been using drugs (e.g. "my friend has taken a drug, has collapsed and cannot be woken up"). Try to get detailed information about what the person has taken by asking the person, their friends or looking around for clues. Have the address of where you are ready to give to the telephone operator and stay with the person until the emergency workers arrive.

Do not be afraid to tell the emergency workers what the person has taken. Nobody will get into trouble when the emergency services arrive. The emergency workers' first priority is to save the life of the person who is unwell. Police will only be called if the emergency workers feel they can't control what is happening.

### Overheating and dehydration

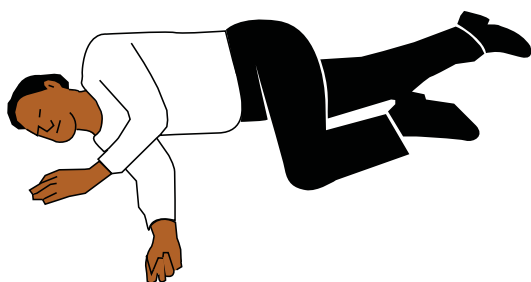
While some drugs can cause a person to slow down and become cold, other drugs (e.g. ecstasy) can encourage a person to be active and use a lot of energy. Dancing for a long time in a hot environment, without drinking water, can cause the person's body temperature to get too high. This is dangerous and can lead to overheating or dehydration. If someone is overheated or dehydrated, they will show some or all of the following symptoms:

- Feeling hot, exhausted and weak
- A headache that will not go away
- Pale, cool, clammy skin
- Rapid breathing and shortness of breath
- Tiredness, thirst and feeling sick
- Giddiness or feeling unsteady on their feet, and feeling faint

If the person is showing some or all of these symptoms, you must keep them calm and seek medical help immediately. Encourage the person to stop dancing and to rest somewhere quiet and cool. While waiting for help to arrive, reduce the person's body temperature gradually so they don't go into shock (a life threatening condition brought on by a sudden drop in blood flow throughout the body). Do this by loosening any tight clothing or removing extra layers, and encourage the person to sip non-alcoholic fluids (e.g. water and soft drinks). Prevent the person from drinking too much water at once as this may lead to coma or death. Try to stop the person from drinking alcohol as it will make them more dehydrated.

### Helping an unconscious person

Any unconscious person needs immediate medical attention and their airway kept open. If they are left lying on their back they could suffocate on their vomit or their tongue could block their airway. Putting the person in the recovery position will help to keep the airway open. If necessary, clear the person's airway after they have vomited. Before rolling them into the recovery position, check for broken glass and other sharp objects.



### Psychological reactions

Psychological reactions include panic attacks, psychosis, suicidal thoughts and behaviours, and aggression. Drug use can cause mental health problems or make them worse. It may be difficult to tell the difference between the symptoms of mental illness and a drug-affected state. The help you provide to someone who is experiencing a psychological reaction to a drug is the same as the help you provide to someone who has a mental illness.

#### *Panic attacks*

If the person is stressed out or panicky, try to move them to a quiet environment away from crowds, loud noise and bright lights. Watch the person carefully in case they start to become more fearful or aggressive. For more information see *Panic Attacks: First Aid Guidelines*.

#### *Psychosis*

If the person is experiencing psychosis you should encourage them to seek professional help whether you think the psychosis is drug related or not. For more information see *Psychosis: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

#### *Suicidal thoughts or behaviours*

Drug use increases the risk of suicide. For information on helping someone see *Suicidal thoughts & behaviours and deliberate self-injury: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

### Helping a person who has been sniffing

Sniffing is also called huffing, bagging or chroming and it means deliberately breathing in an inhalant such as paint, glue or petrol.

If a person has been sniffing, stay with them or make sure they stay somewhere safe until the effects have worn off. Medical help should be sought if the effects are not wearing off after the person has stopped sniffing.

Be aware of the risk of sudden sniffing death (i.e. the person's heart and breathing are affected and sudden exercise or a shock can cause their heart to stop). To reduce the risk of sudden sniffing death, do not threaten or chase the person, and tell any other people around that it is dangerous to chase or overexcite the person. Also, there is a high risk that inhalants may catch on fire and cause severe burns. Keep the person away from anything that could cause the inhalant to catch on fire (e.g. a lit cigarette, a cigarette lighter or a campfire).

Try to create a calm environment for the person by asking any onlookers to move away. If possible, move the person to a safe place with plenty of fresh air or open any doors and windows. If the person is not willing to hand over their inhalants, try to keep the person talking or doing something with their hands so they are not actively sniffing.

## What if the person becomes agitated or aggressive?

Sometimes drug use can cause fear, anxiety, panic or paranoia, which may result in aggression. A non-Aboriginal first aider should be aware that Aboriginal people tend to express a higher level of emotion, but this does not necessarily indicate aggression.

Assess the risks to yourself, the person and others before trying to assist someone who may become aggressive. Be aware of local resources such as community members, respected Elders or the night patrol that you can call upon to help calm the person down. It is important to prioritise your own safety. If you are feeling unsafe, seek other supports such as family members or friends.

If inside, try to keep the exits clear so that the person does not feel penned in and you and others can get away easily if needed. Talk to the person in a calm, non-confrontational manner and try to de-escalate the situation with the following techniques:

- Keep a safe distance from the person
- Try to provide the person with a quiet environment away from noise and other distractions
- Speak slowly and confidently
- Repeat things if necessary

- Reassure the person that you are there to help
- Acknowledge the person's agitation (e.g. "I can see that you are upset")
- Ask the person what they want and then repeat what they requested
- Avoid asking too many questions, as it could make the person more angry
- Tell the person what you are going to do before doing it (e.g. calling for help or asking others to leave)
- Try not to provoke the person
- Avoid getting into an argument with the person
- Avoid displaying nervous behaviour (e.g. shuffling feet, fidgeting or making sudden movements)
- Tell the person that no-one will hurt them

Continually think about whether what you are doing is helping. If it is not, try something different. When things have calmed down, encourage the person not to use any more drugs or alcohol in the short term.

If your attempts to calm the person down do not work, and the person is going to hurt themselves or someone else, it is important to call for help. Only call the police if you have tried everything else. If you need to, remove yourself from the situation to make sure you are safe. If an injury or violence occurs, seek appropriate emergency assistance.



**The MHFA Training  
& Research Program**

Orygen Youth Health Research Centre  
The University of Melbourne  
Australia



**beyondblue**

the national depression initiative  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

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All MHFA guidelines can be downloaded from [www.mhfa.com.au](http://www.mhfa.com.au)

## GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON

### Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be experiencing psychosis. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful to cultural differences in understanding and treating mental illness. More information regarding culturally respectful first aid practice can be found in *Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person*.

### Development of these Guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from Australia, who have extensive knowledge of, and experience in, mental health.

Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged.

Enquiries should be sent to: Professor Tony Jorm, Orygen Youth Health Research Centre, Locked Bag 10, Parkville, VIC 3052, Australia, email: [ajorm@unimelb.edu.au](mailto:ajorm@unimelb.edu.au).

The research to produce these guidelines was funded by a grant from the beyondblue Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE), an organisation that supports innovative, high-quality research across disciplines to improve prevention and treatment of depression and related disorders. More information on the bbVCoE can be found at [www.beyondblue.org.au](http://www.beyondblue.org.au)

### How to use these Guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be experiencing psychosis. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has psychosis. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

Artwork by Johanna Parker

## How do I know if someone is experiencing psychosis?

It is important to learn about the early warning signs and symptoms of psychosis (see box) so that you can recognise when someone may be developing the disorder. Although these symptoms may not be very dramatic on their own, when you consider them together, they may suggest that something is not quite right. It is important not to ignore or dismiss such symptoms, even if they appear gradually and are unclear.

### COMMON SYMPTOMS WHEN PSYCHOSIS IS DEVELOPING

#### Changes in emotion and motivation:

Depression; anxiety; irritability; fear and suspiciousness; blunted, flat or inappropriate emotion; change in appetite; reduced energy and motivation

#### Changes in thinking and perception:

Difficulties with concentration or attention; sense of alteration of self, others or outside world (e.g. feeling that self or others have changed or are acting differently in some way); odd ideas; unusual perceptual experiences (e.g. a reduction or greater intensity of smell, sound or colour)

#### Changes in behaviour:

Sleep disturbance; social isolation or withdrawal; reduced ability to carry out work or social roles

This symptom checklist is adapted from a classification system by: Edwards, J & McGorry, PD (2002). *Implementing Early Intervention in Psychosis*. Martin Dunitz, London.

## Culture and symptoms of psychosis

It is very important that you are aware of what constitutes culturally appropriate behaviour, so that you do not misinterpret certain behaviours as symptoms of psychosis. In some Aboriginal communities, for instance being visited by spirits or hearing voices of deceased loved ones are normal experiences. You should consider the spiritual and cultural context of the person's behaviours, because what is considered to be normal in one culture, may be interpreted as a symptom of psychosis in another. The best way to determine if someone may be experiencing psychosis is to find out if the person's functioning, or ability to perform day-to-day tasks, has declined over time.

Be aware of the different ideas and words used to describe psychosis in Aboriginal communities and know that the symptoms may vary from person to person and may change over time within an individual.

Always exercise caution when you interpret or react to potential symptoms because the person you are helping may not develop psychosis. However, also be careful not to assume that the person exhibiting symptoms is just going through "a phase" or is misusing substances. Do not assume that the symptoms of psychosis will go away on their own.

## How should I approach someone who appears to be experiencing psychotic symptoms?

People developing a psychotic disorder will often not reach out for help. Someone who is experiencing profound and frightening changes such as psychotic symptoms will often try to keep them a secret. If you are concerned about someone, approach the person in a caring and non-judgemental manner to discuss your concerns. If possible, you should approach the person privately about their experiences in a place that

is free of distractions. Have a yarn with the person; try to find some common ground for discussion, then gradually build up towards more specific questions about the person's experiences.

As far as possible, let the person set the pace and style of the interaction. Always try to tailor your approach and interaction to the way the person is behaving. For instance, if the person is avoiding eye contact, be sensitive to this and mirror their behaviour. Do not touch the person without their permission. Do not use sarcasm or patronising statements and avoid being intrusive, as high intensity discussions, may make the person's psychotic symptoms worse.

## How do I discuss the problem with the person?

Ask the person if they want to talk about how they are feeling. Do not speculate about the person's diagnosis; instead, you should state the specific behaviours that you are concerned about. Be mindful of using jargon - rather, keep your language simple and applicable to the local community.

Ask the person if they have noticed changes in their behaviour. If the person has noticed changes, it is important to ask if these changes are bothering them, or if they are distressed by their experiences. If the person wants to, it is important to allow them to talk about their experiences and beliefs. You should encourage the person to talk openly about their experiences, but also be aware that the person you are trying to help might not trust you, or might be afraid of being perceived as "different", and therefore may not be open with you. Recognise that they may be frightened by their thoughts and feelings. If this is the case, ask the person about what will help them to feel safe and in control. Reassure them that you are there to help and support them, and that you want to keep them safe. If the person is unwilling to talk with you, do not try to force them to talk about their experiences. Rather, let them know that you will be available if they would like to talk in the future.

### **How can I be supportive?**

Treat the person with respect. It is important that you are honest when interacting with the person. Do not make any promises that you cannot keep. Remember that unless the person is a danger to themselves or others, you should respect their right to privacy and confidentiality.

If possible, offer the person choices of how you can help them so that they are in control. Convey a message of hope by assuring them that help is available and things can get better.

### **How do I deal with delusions (false beliefs) and hallucinations (perceiving things that are not real)?**

It is important to recognise that the delusions and hallucinations are very real to the person. You should not dismiss, minimise, laugh at, or argue with the person about their symptoms. Understand the symptoms for what they are and try not to take them personally. Try not to act alarmed, horrified or embarrassed by the person's delusions or hallucinations.

If the person is suspicious or fearful, avoid doing anything that may encourage or inflame their ideas. Keep the person company and reassure them that they are not alone. Ask questions about the content of the person's delusions or false beliefs, particularly any elements that may indicate the potential for harming themselves or others. Until you know the context and content of the person's thoughts and ideas, it is important to keep yourself safe from potentially aggressive reactions. Be mindful, however, of not entering into lengthy discussions with the person about their delusions or hallucinations, as they may be finding it difficult to tell what is real from what is not real.

Avoid confronting, criticising, or blaming the person for what they are experiencing. Rather, try to understand how the person might feel about their beliefs and experiences, without stating any judgments about the content of their beliefs and experiences. Acknowledge that, although you realise that the symptoms are very real to the person, you yourself do not hear, see, smell or feel what the person is experiencing.

### **How do I deal with communication problems?**

People experiencing symptoms of psychosis are often unable to think clearly and may behave or talk differently, due to their symptoms. You should respond to disorganised speech by communicating in a brief and clear manner, repeating things if necessary. If you don't understand something that the person has said, and you think it is important to the conversation, then ask the person to clarify what they mean. After you say something, you should be patient and allow plenty of time for the person to think about the information and respond. If the person is showing a limited range of feelings, you should be aware that it does not mean that the person is not feeling anything. Likewise, you should not assume the person cannot understand what you are saying, even if their response is limited.

### **Should I encourage the person to seek professional help?**

When helping a person suspected to be experiencing psychosis, try to convey to the person, in a way that does not put pressure on them to seek help, that early intervention is important in preventing symptoms from escalating. Try to find out what type of assistance the person believes will help them, or ask them if they have felt this way before, and if so, what they have done in the past that has been helpful. Also, determine whether the person has a supportive social network and if they do, encourage them to utilise these supports.

Try to find out as much as you can about psychosis before you approach the person about seeking help. Know what services are available in the person's local area, and be aware of the roles that Aboriginal Health Services, Elders or Healers can play in the person's treatment and recovery.

Try to provide the person with information about psychosis and local services; offering the person resources such as pamphlets or phone numbers may help. As much as possible, encourage the person to be involved in the process of seeking information about psychosis. Be aware, however, that some people cannot read well and may need assistance with pamphlets and books. Reassure the person that it is okay to seek help. Point out that seeking help is a sign of strength rather than a sign of weakness or failure. Encourage the person to see a doctor first for a check-up and explain to the person that sometimes mental illness symptoms can stem from physical illness, rather than just suggesting that they might have psychosis.

If the person decides to seek professional help, you should make sure that they are supported both emotionally and practically in accessing services. You can help the person prepare by explaining what they can expect from a visit to a doctor or mental health professional. Encourage the person to take a support person, such as a family member, to their appointment. If you wish to help the person contact their family, be aware that you must ask the person if its okay for you to talk to family. Also try to get the person's permission before writing or speaking to professionals or other community members about them.

In order to help the person seek the treatment which is best for them, try to learn about what the best treatments are for psychosis and be prepared to be assertive and persistent in seeking appropriate care for the person. For instance, if either you or the person lack confidence in the medical advice received, seek a second opinion from another medical or mental health professional. Once the person has sought professional help, ask them if they understood what was said to them and help explain any difficult medical words used.

## What if the person doesn't want help?

The person may refuse to seek help even if they realise they are unwell. Their confusion and fear about what is happening to them may lead them to deny that anything is wrong. A lot of people are hesitant to seek treatment for psychosis because they are afraid of being hospitalised, so if the person is unwilling to see a doctor or mental health professional, you should explore the reasons why the person is resisting seeking help. Be aware of the cultural consequences that seeking help or hospitalisation may have for the person and their community.

If possible, reassure the person that if treatment is started early enough, hospitalisation may not be necessary. Stress the potential benefits of getting help and reassure the person that medication could make a big difference to the way they are feeling. If they continue to reject help, it is important to encourage them to talk to someone they trust. Be aware that the person may be experiencing transient or short-term symptoms, which may go away over time, or as stressful life events resolve. Whichever the case, try to provide a consistent, encouraging message that it is best to seek help.

It is also possible that a person may refuse to seek help because they lack insight that they are unwell. They might actively resist your attempts to encourage them to seek help. In this case you might find it helpful to contact a mental health professional for advice on how to assist the person.

Your course of action should depend on the type and seriousness of the person's symptoms.

Recognise that unless a person with psychosis meets the criteria for involuntary committal procedures, they cannot be forced into treatment. If they are not a danger to themselves or others, you should respect the person's right not to seek help.

Remain patient, as people experiencing psychosis often need time to develop insight regarding their illness. Do not try to trick the person, for example by encouraging the person to get their 'backache' checked, in order to get the person into a professional's office. Also, do not try to convince the person that they are psychotic and never threaten the person with the mental health act or hospitalisation. Instead, remain friendly and open to the possibility that they may want your help in the future.

## What should I do in a crisis situation when the person has become very unwell?

In a crisis situation, you should try to remain as calm as possible. Evaluate the situation by assessing the risks involved, for example, whether there is any risk that the person will harm themselves or others. It is important to assess whether the person is at risk of suicide. For further information on providing assistance to someone who is at risk of suicide, please see the other guideline in this series; *Suicidal thoughts & behaviours: guidelines for providing mental health first aid to an Aboriginal or Torres Strait Islander person*. If the person has an advance directive or relapse prevention plan (a document that explains how the person wishes to be treated if they become unwell), you should follow those instructions. Try to find out if the person has anyone they trust, such as close friends or family, and try to enlist their help. You should also assess whether it is safe for the person to be alone and, if not, should ensure that someone stays with them.

It is important to communicate to the person in a clear and concise manner and use short, simple sentences. Speak quietly in a non-threatening tone of voice at a moderate pace. If the person asks you questions, answer them calmly. Ask the person if you can decrease distractions, such as the television, radio, and lighting, or try to move with the person to quieter surroundings. You should be aware that the person might act upon a delusion or hallucination, so you should not do anything that further agitates the person.

Try to maintain safety and protect the person, yourself and others around you from harm. Keep a safe physical distance between yourself and the person. Always make sure that both you and the person have access to an exit.

**For further information on providing assistance to someone who is at risk of suicide, please see the other guideline in this series; *Suicidal thoughts & behaviours: guidelines for providing mental health first aid to an Aboriginal or Torres Strait Islander person*.**

## What if the person becomes aggressive?

People with psychosis are not usually aggressive and are at a much higher risk of harming themselves than harming others. However, certain symptoms of psychosis, such as delusions or hallucinations, can cause people to become aggressive. You should try to restore calm and safety to the situation if the person you are trying to help becomes aggressive.

## DE-ESCALATION

How to restore calm and safety

- Do not respond in a hostile, disciplinary or challenging manner to the person;
- Remain aware that the symptoms or fear causing the person's aggression might be increased if you take certain steps, (eg. involving others, trying to change the person's behaviour, or their environment);
- Do not threaten them as this may increase fear or aggressive behaviour;
- Do not restrict the person's movement. If the person wants to pace up and down the room, for instance, you should let them;
- Avoid raising your voice or talking too fast;
- Stay calm and avoid nervous behaviour such as shuffling your feet, fidgeting, or making abrupt movements.

Allow the person to vent their frustration in a way that does not threaten you or others, but take any threats or warnings seriously, particularly if the person believes they are being persecuted or threatened. If you are alone with the person, contact someone who can come and stay with you until professional help arrives. If you are frightened, seek outside help immediately. If necessary, remove any weapons or objects that could be used as weapons from the person's immediate environment, but you should never put yourself at risk. Similarly, if the person's aggression escalates out of control at any time, you should remove yourself from the situation and call the crisis team. When contacting the appropriate mental health service, you should not assume the person is experiencing a psychotic episode, but should rather outline any symptoms and immediate concerns.

If the situation becomes dangerous, or the person's aggression escalates out of control at any time, you should remove yourself from the situation and call police. To assist the police in their response, you should tell them that you suspect the person is experiencing a psychotic episode and that you need their help to obtain medical treatment and to control the person's aggressive behaviour. You should tell the police whether or not the person is armed.

## What about hospitalisation?

You must remain aware that you may not be able to de-escalate the situation and if this is the case, you should be prepared to call for assistance and explain to the person why you believe that a professional assessment is necessary. Always encourage the person to go voluntarily, and only seek involuntary hospitalisation as a last resort. If the person is not prepared to go to hospital, find out if one of the person's friends or relatives can help you persuade them to go. Support the person by focusing the conversation on how a hospital stay will help bring relief by reducing their symptoms.

If the person appears to be a danger to themselves or others, you should make sure they are evaluated by a medical or mental health professional immediately. If your concerns about the person are dismissed by the services you contact, you should persevere in trying to seek support for them. Until the crisis staff arrive, try to limit access to objects that the person could use to harm themselves or others.

When crisis staff arrive, give them clear descriptions of the seriousness of the person's behaviour and symptoms. Explain to the person you are helping who any unfamiliar people are, that they are there to help and how they are going to help.

If the person is taken to hospital, ask to speak with the professional conducting the person's assessment and discuss the person's symptoms. This will help the medical treatment team, as sometimes if people experiencing psychosis are resisting treatment, they will hide their behaviours or experiences from professionals.



Please cite these guidelines as follows: Aboriginal Mental Health First Aid Training and Research Program. *Psychosis: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*. Melbourne: Orygen Youth Health Research Centre, University of Melbourne and beyondblue, the national depression initiative; 2008.



### The MHFA Training & Research Program

Orygen Youth Health Research Centre  
The University of Melbourne  
Australia



# SUICIDAL THOUGHTS & BEHAVIOURS AND DELIBERATE SELF-INJURY

## GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON



### Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be at risk of suicide or is suspected to be deliberately injuring themselves. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful of cultural differences in understanding and treating mental illness. More information regarding culturally respectful first aid practice can be found in *Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

### Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

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Enquiries should be sent to: Professor Tony Jorm, Orygen Youth Health Research Centre, Locked Bag 10, Parkville, VIC 3052, Australia, email: [ajorm@unimelb.edu.au](mailto:ajorm@unimelb.edu.au).

This research was funded by a grant from the *beyondblue* Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE), an organisation that supports innovative, high-quality research across disciplines to improve prevention and treatment of depression and related disorders. More information on the bbVCoE can be found at [www.beyondblue.org.au](http://www.beyondblue.org.au)

### How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be suicidal or deliberately injuring themselves. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has suicidal thoughts or intentions, or every person who is deliberately injuring themselves without suicidal intent. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

# SUICIDAL THOUGHTS & BEHAVIOURS

## How can I tell if someone is feeling suicidal?

You should always consider the spiritual and cultural context of the person's behaviours, because what is considered suicidal behaviour in one culture, may not be in another.

Learn about the behaviours that are considered warning signs for suicide in the person's community. One way to tell if someone is feeling suicidal, is to ask them. Never ignore a person's expressions of suicide; if you think that someone might be having suicidal thoughts, you should act immediately.

### SIGNS A PERSON MAY BE SUICIDAL

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006). Warning signs for suicide: Theory, research and clinical applications. *Suicide and Life-Threatening Behavior*, 36:255-262

## How should I talk with someone who is feeling suicidal?

Have a yarn with the person and ask them how they are feeling. Tell them that they may feel better once they have spoken about their problems. Discuss the issue of suicide in a clear manner and ask the person directly:

- Are you thinking about suicide?

It is important that you do not avoid use of the word 'suicide' unless the person's community does not find the term acceptable. If the community does not refer to 'suicide' then try to use alternative words. For example, you could ask:

- Do you wish you were dead? or
- Are you thinking about taking your own life?

If the person says or suggests that they are suicidal, you must take them seriously. Even if the person expresses only vague suicidal ideas, such as "what's the point?" or "I can't be bothered going on", it is important to find out whether they have definite plans or intentions to take their life. To do this you need to ask

them some specific questions about their plans and intentions. For example you could ask:

- Do you have a plan for suicide?
- How do you intend to suicide?
- Have you already got the things you need to end your life?

Understand that the threat of suicide may indicate that the person is trying to communicate just how badly they feel. It is important therefore that you never argue with the person about their thoughts of suicide and never dare the person to take their own life. Try not to express negative judgment about the person, their thoughts or their intentions. Instead, allow the person to discuss their feelings and their reasons for wanting to die, and acknowledge the person's courage in doing so.

## How can I tell if the situation is serious?

It is not always easy to tell how serious the situation is. Be aware that the person may not admit to suicidal feelings because of a sense of shame or for other reasons.

Also, be aware that the person may or may not have a plan, as sometimes suicide is well planned but sometimes it is impulsive.

To assess the risk you need to look at the following factors:

- Has the person been using drugs or alcohol?  
If the person is intoxicated it may increase the risk of suicide. Whether the person is drunk or sober you must take them seriously if they say they are suicidal.
- Has the person ever known anyone who has died by suicide?  
If the person knows someone who has died by suicide, it may increase their suicide risk, especially if the death occurred recently.
- Has the person ever made a suicide attempt in the past?  
People who have a history of suicidal thoughts and behaviours are at a greater risk of suicide in the future.
- Is the person still talking to their family and friends or have they experienced any relationship breakdowns recently?  
Family troubles or social isolation can place the person at increased risk of suicide.

Once you have established that the risk of suicide is present, you need to take action to keep the person safe.

## How can I keep the person safe?

Do something to help comfort the person, such as sitting with them, making them a hot drink or offering them your time and support. To reduce the risk that the person will take their life, encourage them to avoid excessive use of drugs or alcohol, and offer 24-hour safety contacts in case they feel unable to continue (e.g. suicide telephone helpline, professional helper, or family member).

A person who is actively suicidal must not be left on their own.

If you can, stay with the person and discuss with them the options that may assist them to cope. Without making the person feel judged, discuss their specific problems and try to help them work out ways of dealing with difficulties that seem impossible to overcome. Focus on the person's strengths by getting them to think about ways they have coped in the past. Find out what has supported the person in the past and whether these supports are still available. It is important to find out who may be available to help the person, for example, family or friends, a respected community Elder, Aboriginal or non-Aboriginal health worker, community health care centre worker, support groups, religious minister, telephone counselling service, school counsellor, youth group leader or sporting coach.

### What about professional help?

Make sure that you are aware of the range of treatment options available to the person, such as counselling or clinical treatment, community or professional support.

It is important that you encourage the person to speak about their feelings with someone they trust from within their community. Allow the person to suggest someone they would trust to help support them while they get better, then help the person to seek out that support.

#### *During a crisis:*

Remember not to place yourself at risk of harm. If the person has in their possession the means to end their life (e.g. rope, pills, etc.), and you cannot get the person to agree to hand it over, then emergency professional help must be sought immediately.

Even if the person refuses to involve someone else, you need to ensure that the person gets help from an appropriate professional, or someone within the community, until the crisis resolves. Ensure that a mental health professional, Aboriginal health worker, friend, family member, or respected Elder of the person, is present to guide them through the crisis. Once help has been sought, plan with the person the activities you can do together, to keep the person calm and safe, until help arrives.

#### *After the crisis:*

It is important that you take steps to ensure that the person receives medical or psychological help once the crisis has passed. Other guidelines in this series may be useful for you in achieving this. Continue to support the person, but be careful not to make promises that you cannot keep.

### What if the person makes me promise not to tell anyone else?

You should never agree to keep a plan for suicide a secret. However, you should respect the person's right to privacy and involve them in decisions regarding who else knows about their suicidal intentions.

## AN IMPORTANT NOTE

There is a great deal of debate about what self-injury is and how it is different to suicidal behaviour. Many terms are used to describe deliberate self-injury including selfharm, self-mutilation, cutting and parasuicide. Deliberate self-injury can indicate a number of different things. Someone who is hurting themselves may be at risk of suicide. Others engage in a pattern of self-injury over weeks, months or years and are not necessarily suicidal.

It is not easy to tell the difference between deliberate self-injury and a suicide attempt. The only way to know is to ask the person directly if they are suicidal. In this document we discuss how to approach the topic of suicide under the section *Suicidal Thoughts & Behaviours*. If it is clear that the person is injuring themselves without suicidal intent please refer to the section *Deliberate Self-injury*.

Please remember that irrespective of intent, a person who has injured themselves is at risk of accidental death. In addition, even though you may do your best for someone who is suicidal, some people will still die by suicide.

## DELIBERATE SELF-INJURY

### What is deliberate self-injury?

In this section we are discussing only the self-injury which is not intended to result in death. There are many different behaviours that are considered to be deliberate self-injury (see box below). Before you decide if the person requires first aid, you should always consider the spiritual and cultural context of the person's behaviours, because what is interpreted as a symptom of deliberate self-injury in one culture, may not be in another.

### TYPES OF SELF INJURY

- Cutting, scratching, or pinching skin, enough to cause bleeding or a mark which remains on the skin
- Banging or punching objects or self to the point of bruising or bleeding
- Ripping and tearing skin
- Carving words or patterns into skin
- Interfering with the healing of wounds
- Burning skin with cigarettes, matches or hot water
- Compulsively pulling out large amounts of hair
- Deliberately overdosing on medications, drugs or substances when this is NOT meant as a suicide attempt
- Deliberately consuming poisons

Adapted from Whitlock et al (2006). Self-injurious behaviours in a college population. *Pediatrics*, 117:1939-1948.

Be aware that the deliberate self-injury for which you would provide mental health first aid is fundamentally different to culturally accepted Aboriginal ceremonial or grieving practices. In some communities, for example, certain practices such as making small incisions on the skin, are used as an expression of grief and should not be interpreted as an abnormal sign of emotional distress. See box for some common reasons for engaging in deliberate self-injury.

## REASONS FOR ENGAGING IN DELIBERATE SELF-INJURY

- To escape from unbearable anguish
- To change the behaviour of others
- To escape from a situation
- To show desperation to others
- To 'get back at' other people or make them feel guilty
- To gain relief of tension
- To seek help
- To die

If you are helping someone who wishes to die, please refer to *Suicidal Thoughts & Behaviours*.

Adapted from Hawton & James (2005), Suicide and deliberate self harm in young people. *British Medical Journal*, 330:891-894.

It is very important that you learn about the warning signs for deliberate self-injury in the person's community. You need to be able to distinguish between cultural practice and deliberate self-injury. To do this you should learn about which local practices used by the community look like self-injury. You could also discuss the behaviours that are of concern with a local Aboriginal health worker, or you could ask the person directly why they are injuring themselves.



Please cite these guidelines as follows: Aboriginal Mental Health First Aid Training and Research Program. *Suicidal Thoughts & Behaviours and Deliberate Self-Injury: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*. Melbourne: Orygen Youth Health Research Centre, University of Melbourne and *beyondblue*, the national depression initiative; 2008.

## How should I talk with someone who is deliberately injuring themselves?

Do not ignore any suspicious injuries on the person's body that you become aware of. Instead, acknowledge to the person that you have noticed the injuries. Express your concern about them, but try to avoid a strong negative reaction.

Understand that deliberate self-injury without suicidal intent is often used as a coping mechanism. Encourage the person to talk about the feelings that motivate their self-injury. Suggest that the person speak to someone they trust, or come and have a yarn with you about their feelings, the next time they feel the urge to deliberately injure themselves. You could also suggest that the person write or draw about their distress, as an alternative to self-injury in the future.

## What should I do if I witness someone injuring themselves?

If you have interrupted someone in the act of deliberate self-injury, you should intervene in a supportive and non-judgmental way, by remaining calm and avoiding expressions of shock or anger. Try to stop the person from further injuring themselves, but only if it does not place you or others at risk.

## What about professional help?

### Medical emergency

You should call for immediate medical assistance if, at any time, the risk of permanent harm or death is high.

For instance, you should call an ambulance if:

- The person has injured themselves by taking an overdose of medication or consuming poison
- The person's injuries are life threatening, such as heavy bleeding
- The person has injured their eyes

If emergency medical assistance is sought, you should stay with the person until help arrives.

### Mental health care

If you are aware that the person is injuring themselves, but the situation is not a medical emergency, you should encourage the person to seek professional help. Discuss with the person how they would like to be supported and suggest that perhaps a social and emotional counsellor/worker might be helpful. Offer to help them access mental health care or seek professional help on their behalf. Always ensure that the person knows about and has access to some form of professional care that is right for them, in case they feel the urge to self-injure again in the future.



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# TRAUMA AND LOSS

## GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON

### Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who has experienced trauma or loss that has resulted in ongoing grief or distress. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful to cultural differences in understanding and responding to trauma and loss. More information regarding culturally respectful first aid practice can be found in *Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

### Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

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### How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who has experienced trauma or loss, either recently or in the past. For information about assisting after a large-scale trauma, such as a natural disaster or terrorist attack, please see the guidelines *Traumatic Events: First Aid Guidelines for Assisting Adults*.

Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has experienced a trauma or loss.

It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding and approaches to trauma and loss. Be aware that the individual you are helping may not understand trauma and loss in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

## Trauma and loss in Aboriginal people

An experience of trauma or loss affects the whole person; their mind, spirit and body, as well as their relationships with others. When assisting Aboriginal people, it is particularly important to acknowledge the effect experiences of trauma or loss can have on mental health. Aboriginal mental health professionals say that all recognition and treatment of mental distress within Aboriginal communities should involve an understanding of trauma and loss.

### What do we mean by trauma?

Trauma is a reaction to an extremely distressing event. Trauma can occur when someone experiences, witnesses, or hears unexpectedly about, a situation involving actual or threatened death or serious injury.

## WHAT ARE TRAUMATIC EVENTS?

The types of traumatic experiences individuals may have had include:

- Physical assault including rape, robbery or mugging
- Car accidents or other life-threatening accidents such as falls or near drownings
- Ongoing abuse including bullying, family violence or sexual abuse
- Death of a loved-one by suicide or other untimely circumstance
- Witnessing any of the above events

Be aware that these are only a few examples of events that most people would find traumatic. An event that is traumatic for one person may not be traumatic for another.

The initial response to a traumatic event usually involves feelings of fear, helplessness or horror. These normally pass within a few hours or days after the event. However, if symptoms persist some people may go on to develop post-traumatic stress disorder or other associated mental disorders such as depression or anxiety.

When trauma is ignored and there is no support for dealing with its effects, trauma can be passed from one generation to the next. This process is often called intergenerational trauma.

### What do we mean by loss?

A loss occurs when a person no longer has access to someone or something significant to them. Feelings of grief, deep sadness or a sense of hopelessness, can often follow an experience of loss. For Aboriginal people, colonisation meant a loss of land, language and culture. The forced removal of Aboriginal children also involved a loss of identity, family and community. Unresolved or ongoing grief are common in Aboriginal communities because of the 'unfinished business' of colonisation and the Stolen Generations.

## Trauma and loss and Aboriginal mental health

Although experiences of trauma and loss are not necessarily causes of mental illness, unresolved emotional distress or overwhelming grief can lead to poor mental health. A history of invasion, the ongoing impact of colonisation, loss of land and culture, racism within the wider Australian community, family separations and deaths in custody, are all examples of trauma and loss experienced by Aboriginal people that contribute to mental distress.

In addition, many Aboriginal people experience the loss of loved ones at an early age and may do so frequently throughout their lifetimes. These losses are also likely to occur in the context of traumatic or untimely circumstances and, because Aboriginal communities are highly integrated, bereavement and traumatic events often have a widespread and devastating impact on health and community stability, even when only a few people are the primary victims (e.g. in a car accident).

Current experiences of trauma or loss can also be affected by the person's past experiences of trauma or loss. For instance, where death, separation and loss are more frequent, a person may find it increasingly difficult to deal with each individual event.

If a person has experienced a loss or traumatic event, even if it was a very long time ago, unresolved emotional distress can still affect a person's life. Some people may even become suicidal. If at any time, the person you are helping becomes suicidal, you should encourage them to seek professional help. For more information about assisting an Aboriginal person who is suicidal, please refer to the other guideline in this series *Suicidal Thoughts & Behaviours and Deliberate Self-Injury: Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

When assisting someone who has experienced trauma or loss, it is important not to misinterpret the person's behaviours or experiences as symptoms of mental illness. Be aware of what constitutes culturally appropriate behaviour after trauma or loss. For instance, it is not unusual for Aboriginal people to see, hear or talk to spirits of deceased loved ones. If the person you are assisting believes they have been visited by the spirit of a loved one, reassure them that this is a common experience for many Aboriginal people and encourage them not to feel frightened or to feel shame. If the person remains afraid of a spirit, encourage them to seek appropriate help, for example by seeing an Aboriginal health worker, Ngungkari/Traditional Healer, Elder, family member or someone strong within the person's community who can help them with the issue.

Also, some Aboriginal communities may use 'payback' as a way of dealing with traumatic events or loss of loved ones. If the person is afraid that they will suffer from payback, encourage them to seek appropriate help, perhaps from a Ngungkari/Traditional Healer, Elder, or family member.

## CULTURAL COMPETENCE

You should demonstrate cultural respect when assisting an Aboriginal person who has experienced trauma or loss. Be aware of the cultural practices used in the person's community. For instance, many Aboriginal people participate in 'sorry business', or traditional ceremonies, to help them resolve their grief or trauma.

Be sensitive to the cultural practices of the person's community so you do not do or say something that causes the person shame. For instance, some communities avoid referring to deceased loved ones by name. For more information on culturally competent first aid, see the other guideline in this series *Cultural Considerations and Communication Techniques: Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

### Immediate assistance after a traumatic event

#### *When there is current danger or if the person is injured*

Before taking any action, you should determine whether or not it is safe to approach the person. Look for possible dangers from fire, weapons or debris. Explain to the person what your role is and why you are present.

Try to create a safe environment for you and the person. If the person is badly injured, you should encourage them to go to a hospital or clinic. Stay with the person and try to remain calm. Once emergency professionals are involved, follow their directions.

#### *When emergency professionals are not involved*

If emergency professionals are not required, ask the person if they would like you to stay. If they agree, ask the person how they would like to be helped. Speak clearly and try to show that you understand and care. Communicate with the person as an equal, rather than as a superior or expert and avoid the use of clinical or technical language. Try to reassure the person that their reactions are normal by saying something like "it's okay to be feeling the way you are feeling".

Remember that providing support doesn't have to be complicated. It can involve small things like spending time with the person, having a cup of tea or coffee, yarning with the person or giving them a hug.

#### *If the trauma involved an assault*

If the person has been the victim of a violent crime, there are some extra things that you may need to consider. Forensic evidence, for example, may need to be collected via swabs from the body or materials on the clothing or skin. Suggest to the person that, although they might not want to consider the possibility of pressing charges now, collecting evidence may be a good idea. Be aware that the person might need some time, days or weeks, before they feel ready to report any violence or abuse to police. Understand that the person may fear contacting police for a number of reasons; they may not trust police, they may not want to cause family feuding, or they may fear payback from reporting someone to the police. If the person is reluctant to contact police, try to help the person overcome their fears about police intervention. For instance, you could offer to find out who the local Aboriginal liaison officer is or offer to stay with the person while they talk with police. You could also talk about compensation for victims of crime with the person. If, however, the person does not want to take any further action, you need to respect their right to refuse counselling, medical treatment and police intervention.

#### *What about family violence?*

Family violence involves a number of different forms of abuse: physical, verbal, emotional, sexual or cultural. It affects all members of the family, including babies and children, even if they are not being physically hurt. Be aware that family violence is illegal, it is not part of Aboriginal culture and it is damaging for those affected.

If the person has experienced family violence, reassure them that it is okay to talk about violence or abuse. If the person tells their story, you should believe what the person tells you has happened. If a child discloses abuse, you should contact the appropriate authorities.

#### *The suicide of a loved one*

After the suicide of a loved one, a person may feel shame and a sense of isolation. Reassure the person that this is a normal response. Do not lay blame or try to explain the death and encourage the person not to blame themselves or others for their loved one's suicide.

### In the days and weeks after a traumatic event or loss

You can help the person by simply being there for them; be available, attentive, and let them know that you care. Allow the person to make their own decisions, without nagging, judging or blaming them for their feelings or behaviours.

#### *The person's reaction*

Each person will differ in how they react to a trauma or loss. Be aware that the person might not be as distressed about the trauma or loss as could be expected. Try to be tolerant of

any strong emotion expressed by the person, except if they become threatening, abusive or violent. Behaviours such as withdrawal, irritability and bad temper may be a response to the trauma or loss, so try not to take them personally. Respect the person's need to be alone at times. Encourage the person to let others know when they need or want something, rather than just assume that others will know what they want. Also suggest the person doesn't let small day-to-day hassles build up and add to their stress.

Try to avoid saying things that minimise the person's feelings, such as "don't cry", "calm down" or "get over it". Also avoid statements that may minimise the person's experience, such as "you should just be glad you're alive" and the use of clichés like "life goes on" or "you must be strong now". Be patient with the person, and don't expect that they will be 'over it' in a few weeks. If the person is experiencing changes in their mood or loss of energy, reassure them that it is common after trauma or loss to have good and bad days. Do not say to the person "I know how you feel" or try to tell them how they should be feeling.

### *Expressing feelings*

Do not discourage the person from expressing their feelings of trauma or loss. Instead, encourage the person to allow themselves to feel sadness and grief over what has happened and to express their feelings when they feel they need to. You could tell the person that you are okay with them expressing their feelings in front of you, even though it may be hard to see them upset.

Suggest the person try to find a way to express their feelings that is meaningful to them, such as physical activity, music, writing or journaling, art, praying or meditating, story telling, cultural activities or ceremonies. Make sure you encourage ways that do not cause harm to the person or harm to others.

Provide the person with information and resources about dealing with trauma or loss. Help the person identify other sources of support, such as loved ones and friends. Encourage the person to fulfil their cultural practices for dealing with trauma or loss, for example, by going home to country and participating in sorry business.

### *Talking about the trauma or loss*

It is important that you acknowledge the person's trauma or loss and what it means to them. Reassure the person that everyone has their own pace for dealing with trauma or loss, and that they can come and talk to you another time if they don't want to do it now. If the person does not want to talk to you at all, encourage them to consider calling a crisis line, going to a crisis centre or using other community resources. You should never force the person to tell their story or probe for more details, and avoid repeatedly asking about the event. Also be aware that it is not unusual for men to not want to express their feelings verbally or to avoid having to talk it out.

If the person wants to tell their story, give them lots of time and listen to them in a non-judgemental and accepting way. Do not interrupt the person, allow for moments of silence and reflection. If you feel that you cannot listen to the details of the trauma, let the person know, while offering your support and understanding. If you do not know what to say in response to the person, let them know that this is the case. Once the person has told their story, you should respect their right to confidentiality by not telling others what they said without their permission.

If the trauma involved the recent death of a loved one, and the person thinks that they might have seen their loved one, or talks about them as if they are still alive, the first aider should reassure the person that this is normal.

It is also important to remember that you are not the person's counsellor. If the person's grief or distress becomes a problem, you should encourage them to seek professional help.

## HOW DO I KNOW IF PROFESSIONAL HELP IS NEEDED?

You should suggest the person seek professional help straight away if they:

- become suicidal
- are overwhelmed by intense or distressing feelings
- feel their important relationships are suffering as a result of the trauma or loss
- abuse alcohol or other drugs to deal with the trauma or loss
- feel jumpy or have nightmares relating to the trauma or loss
- are unable to enjoy life at all as a result of the trauma or loss
- feel like no-one understands them
- start picking arguments with friends or getting into fights

You should suggest the person seek professional help, if for two weeks or more, they:

- feel very upset or fearful
- can't get on with their usual activities
- can't stop thinking about the trauma or loss

After 4 weeks, if the person is acting very differently compared to before the trauma or loss, it is best that they seek professional help.

## Professional help

### *What kind of professional help?*

Be aware that the needs of each person will be different when it comes to seeking help. Some people, for instance, may want one-to-one contact with a professional, while others may prefer participating in a group. For some people more traditional methods of healing, such as that provided by a Ngungkari, may be important, while for others conventional grief counselling will be more helpful.

# THE GUIDELINES

Be aware of the different types of professionals who can help the person. These may include psychologists, healing circles or cultural healing groups, bereavement support groups, doctors or religious leaders. Know the range of specialist services that can provide help and assistance for specific types of trauma or loss. For instance, Centres Against Sexual Assault (CASA), Link-Up or Bringing Them Home counsellors who specialise in Stolen Generations issues, and counselling services for victims of crime.

Suggest that the person see a professional who is trained or has experience in working with Aboriginal people and their experiences of trauma and loss. It is important to note that counselling suitable for Aboriginal people may be quite difficult to find or gain access to, as there is a shortage of appropriately trained Aboriginal psychologists and counsellors. If this is the case, you can engage other options. For instance, you could suggest the person find a service that specialises in assisting with the type of trauma or loss the person has experienced. Most importantly however, encourage the person to find someone who will help them tell their story and who the person can trust and feel comfortable talking to.

Although you should assist the person in finding out what services are available to them, you should also allow the person to decide what sort of help will be best for them. Have a yarn with them about their options for counselling, traditional or medical treatment.

### *What if the person doesn't want professional help?*

Sometimes people will not want professional help, even if they need it. If this is the case, you should reassure the person that they may benefit from professional help. Tell them that reaching out for help is not a sign of weakness and that there is no need to feel shame about having a yarn with a doctor or health worker to help them through their healing. Reassure the person that a lot of people need help after experiencing a trauma or loss, and that seeking professional help is normal.

Be aware that where there has been ongoing trauma of any kind, the sooner professional help is sought, the better. If the person has been experiencing ongoing trauma, such as family violence, or if the person experienced trauma a very long time ago, such as child abuse, reassure them that it is never too late to benefit from professional help.

### **What else can I do?**

#### *Encourage other supports*

Although you should try and be there for the person, you should not make promises you cannot keep. Encourage the person to find other supports where possible. Whether or not the person seeks professional help, you should encourage them to identify sources of support. These may include community members, support groups and men's or women's groups.

Be aware that the person may find particular times stressful. Some occasions that might be difficult, particularly if the person has lost a loved one, are anniversaries, celebrations such as Christmas or birthdays, or hearing about situations that remind them of the trauma or loss. It is a good idea to help the person develop a list of people, services or places that they can contact when the going gets tough. Also be aware that it is possible that the person may feel guilty or worried about being happy. If this is the case, reassure them that it is okay for them to enjoy themselves and the company of others.

#### *Encourage positive coping strategies*

To help the person recover, it is important that you encourage the person to take care of themselves by getting some exercise, having plenty of rest when they are tired, and eating well and regularly. Encourage the person to be patient with themselves and to either take time out from normal activities or maintain their routine, depending on what feels best to them.

Help the person to find some effective coping strategies. For instance, you could suggest that the person think about and use strategies which have helped in the past.

You could help the person find some ways to relax, such as practicing slow deep breathing, or finding somewhere they can spend time feeling safe and comfortable. Above all, encourage the person to do the things that feel good to them, even if it is as simple as taking a walk, going fishing or watching television. In addition, you should discourage the person from using negative coping strategies such as working too hard, using alcohol and other drugs, or engaging in self-destructive behaviour. Let the person know that excessive intake of alcohol or other drugs is not likely to be helpful.



**The MHFA Training  
& Research Program**

Orygen Youth Health Research Centre  
The University of Melbourne  
Australia



**beyondblue**  
the national depression initiative  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

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