

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.

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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 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.



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