Youth Mental Health First Aid

Teaching Notes and Slides

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Youth Mental Health First Aid – course outline

Session 1 (3.5 hours)

Session 2 (3.5 hours)

Session 3 *(3.5 hours)*

Session 4 *(3.5 hours)*

Commitment and responsibilities of the Youth MHFA instructor

1. Commitment

In order to ensure a professional standard of training delivery, Youth MHFA Instructors agree to:

- adhere to the statements on the Instructor Agreement they signed;
- respect and uphold the aims and methods of the MHFA Program;
- keep and protect the confidentiality of participants by clearly defining what it means and why it is important;
- respect and encourage voluntary participation of individuals;
- refrain from imposing personal agendas and values on the group where they do not coincide with those of the training or where they bring the reputation of the MHFA Program into disrepute;
- not audio or video record sessions without the permission of the group and the MHFA program;
- not use a technique unless having completed appropriate preparation and having sufficient knowledge of it; and
- provide information to group members about any special techniques or activities in which they are expected to participate.

2. Create a comfortable learning environment

- Endeavour to conduct the training in a room with sufficient space which is conducive to group learning and where participants are able to hear each other.
- Ensure participants are taken seriously, but also create an environment where participants can have fun and can laugh.

- Encourage the exchange of ideas and information, but also keep activities on track.
- Keep things moving quickly enough to keep participants from being bored but slowly enough to make sure people can absorb what is being discussed/presented.

3. Utilise effective learning strategies

- Incorporate the formal and informal knowledge/experience of the group.
- Ensure that the knowledge and activities are practical and goal-oriented.
- Encourage participants to be actively involved in the learning experience.
- Consult a more experienced trainer/expert if asked a question you are unable to answer.

4. Deliver a variety of processes/types of learning experiences

These can include:

- formal presentations and demonstrations;
- group discussion and debriefing;
- structured exercises;
- simulated role plays;
- coaching and feedback; and
- audio/visual presentations.

5. Preparation

- Know the material.
- Do the photocopying of handouts.
- Bring the materials for activities.

6. Confidentiality

- Maintain the confidentiality of the group and individuals unless doing so would place someone in danger of harm or death.
- Request that information about how individuals participate, the illustrations/examples they provide and any comments made about their work situation/environment will not be repeated to those who are not participating in this training.

7. Punctuality

- Start and conclude sessions in a timely manner.

Signature: _____

Name: _____

Date: _____

Commitment and responsibilities of the MHFA training and research program

Support

- Provide ongoing support to any Youth MHFA Instructor query.
- Provide updates on any relevant research and Youth MHFA teaching materials.
- Conduct Annual Instructor Regional Meetings.

Evaluation

- Record pre, post and impact evaluation statistics of the Youth MHFA courses.
- Conduct project evaluation from statistics

Signed:

Name: Kim Pugh

Position: Mental Health First Aid Quality & Evaluations

Mental Health First Aid Training Project

Date: August 2016

Some teaching tips for MHFA instructors

1. A good teacher has:
   a. good knowledge of topic;
   b. organisation and clarity of presentation;
   c. enthusiasm and stimulation of interest;
   d. group interaction skills;
   e. respect for each class member;
2. Make sure you do not just talk at the class. Try to engage each participant through:
   a. eye contact;
   b. questions;
   c. oozing enthusiasm;
   d. being lively;
   e. allowing sufficient time for class members to respond to questions or discussion points;
   f. giving breaks when needed – give time to stretch, move around;
   g. thanking them for their contributions each time;
   h. using a variety of activities;
   i. acknowledging their knowledge and skills;
3. Vary your presentation with audio, visual, writing, reading, discussion and perhaps something physical activity such as a relaxation exercise.
4. If you want someone in the class to read out from the MHFA manual or from a slide, make sure you ask for a volunteer. Do not nominate someone. They may not want to read out aloud.
5. When giving statistics, you may wish to round to the nearest whole number – some people glaze over with the mention of statistics!
6. Never cover the lens of a data projector with the lens cap or a book, etc whilst the machine is turned on. It may quickly over heat and blow. The bulb costs hundreds of pounds.
7. When you read from a PPT slide, read from the image on the laptop screen so that your face (& therefore voice) are facing the class. Do not turn the back of your head to the class to read from the projected image behind you, because very often it is difficult to hear the presenter's voice.

8. If you wish to make any additional PPT slides, ensure you use font of a size that is similar to the existing slides. Do not make any new slide cluttered.
9. Please forward a request to Kim Pugh regarding any PPT slides you wish to add to your presentation, if it is not from the MHFA manual, resources folder, books or websites recommended
10. If spelling is a problem for you when writing on the whiteboard, you may like to:
    a. have the troublesome words written around the edge of the board;
    b. have them written down on paper next to the board; or
    c. ask if someone in the class would like to be the scribe.
11. If writing on the whiteboard is not your forté, write in capital letters. Also do lots of practice! Always write large – most writing that is difficult to read is written in too small a font.
12. When writing on the whiteboard, it is better to use a black or blue (& occasionally red) whiteboard pen – far easier to read than green, yellow or brown.
13. Do not let just a few participants do most of the talking. Thank them for their contribution and say you need to give time to other class members for their comments.
14. You may need to ask class to keep questions to the end of Part 1 or Part 2 of the Session. This allows you more control of the time and direction of your presentation.
15. Take a break earlier if the class is getting restless.
16. Remember the old teaching motto:
    - Tell 'em what you are going to tell them.
    - Then tell 'em.
    - Then tell 'em what you told them.
17. You may like to give a quick revision quiz about the main points from the last session, e.g.:
    - What does "L" stand for in ALGEE?
    - What are the 3 core symptoms of depression?
    - Name a medical / psychological / self-help strategy that has scientific evidence as helping with depression / anxiety?
18. If you do not know the answer to a question from the class, DO NOT make up the answer!

You are not expected to know all the answers. People tend to have more confidence in your presentation when they see you are truthful. Tell the class you are not sure of the answer and will find out for them by the next session.

Different learning styles – implications for MHFA instructors

We all have our own preference in terms of how we learn best. This is influenced by our personality, background, education, values and attitudes. In the 1980s, Peter Honey and Alan Mumford identified four main learning styles: **Activist**, **Reflector**, **Theorist** and **Pragmatist**.

Activists

Activists have an open-minded approach to learning and are enthusiastic about new ideas but get bored with implementation. Activists are those people who learn by doing. They like to involve themselves fully and without bias in new experiences. They enjoy doing things and tend to act first and consider the implications afterwards. They like working with others but tend to hog the limelight.

Activists learn best when:	Activists learn less when:
involved in new experiences, problems and opportunities	listening to lectures or long explanations
working with others in games, team tasks, role playing	reading, writing or thinking on their own
being thrown in the deep end with a difficult task	absorbing and understanding data
leading discussions	following precise instruction to the letter
Activities can include: Brainstorming, problem solving, group discussion, puzzles, competitions and role-plays	

Reflectors

Reflectors learn by observing and thinking about what happened. They like to stand back and look at a situation from different perspectives. They like to collect data and think about it carefully before coming to any conclusions. They enjoy observing others and will listen to their views before offering their own. They may avoid leaping in and prefer to watch from the sidelines.

Reflectors learn best when:	Reflectors learn less when:
observing individuals or groups at work	acting as leader or role-playing in front of others
they have the opportunity to review what has happened and think about what they have learned	doing things with no time to prepare
producing analyses and reports doing tasks without tight deadlines	being thrown in at the deep end
	being rushed with deadlines
Activities can include: paired discussions, self analysis, questionnaires, time out to reflect, observing activities, feedback from others, coaching and interviews.	

Theorists

Theorists like to understand the theory behind the actions. They think problems through in a step by step way. They need models, concepts and facts in order to engage in the learning process. These learners adapt and integrate observations into a rational scheme. They tend to be detached and analytical rather than subjective or emotive in their thinking. They prefer to analyze and synthesize, drawing new information into a systematic and logical 'theory'.

Theorists learn best when:	Theorists learn less when:
they are put in complex situations where they have to use their skills and knowledge	they have to participate in situations which emphasise emotion and feelings
they are in structured situations with clear purpose	the activity is unstructured or briefing is poor
they are offered interesting ideas or concepts even though they are not immediately relevant	they have to do things without knowing the principles or concepts involved
they have the chance to question and probe ideas behind things	they feel they're out of tune with the other participants e.g. with people of very different learning styles
Activities can include: Models, statistics, stories, quotes, background information and applying theories	

Pragmatists

Pragmatists need to be able to see how to put the learning into practice in the real world. They are keen to try things out. They want concepts that can be applied to their job. They tend to be impatient with lengthy discussions and are practical and down to earth. Thus abstract concepts and games are of limited use unless they can see a way to put the ideas into action in their lives. Pragmatists can be experimenters, trying out new ideas, theories and techniques to see if they work.

Pragmatists learn best when:	Pragmatists learn less when:
there is an obvious link between the topic and job	there is no obvious or immediate benefit that they can recognise
they have the chance to try out techniques with feedback e.g. role-playing	there is no practice or guidelines on how to do it
they are shown techniques with obvious advantages e.g. saving time	there is no apparent pay back to the learning e.g. shorter meetings
they are shown a model they can copy e.g. a film or a respected boss	the event or learning is 'all theory'
Activities can include: time to think about how to apply learning in reality, case studies, problem solving, discussion.	

Consider:

Most of us have elements of more than one learning style. Think about your strongest style and your weakest style to identify how you learn.

Session 1
Part 1 (1.5 hours)

Introduction to YMHFA course

Learning objectives:

- To welcome the course participants.
- To give an overview of the 14-hour course.
- To outline the MHFA Action Plan and its application to young people.
- To learn how common mental health problems are in young people.
- To learn about the disability caused by mental health problems in young people.

Instructor resources

YMHFA manual:
Chapter 1: Mental Health First Aid in young people
Chapter 2: Mental health problems in young people

YMHFA PPT slide numbers: #1 – #17

Symbols used in Teaching Notes

+	Learning objectives
☺	Group exercise

Introduction

Welcome

- Welcome participants.
- Housekeeping matters.
- Brief introductions from group members.
- Establish group rules: and keep on flipchart for future reference.

Begin by doing at least one of the following group exercises. Alternately, use elements from each or add your own. An ice breaker is important to establish rapport and safety in the group. Find out from your participants if they each have any particular questions they might like answered or topics to explore over the duration of the course.

🙂 Optional group exercise 1.1_1
Youth Mental Health First Aid Quiz

- Get participants to fill this out and then tuck it away. At the end of the course you can go through the quiz and see how much people have learned.

🙂 Optional group exercise
Ice Breaker

You may already have your favourite ice breakers. The following two activities are provided as alternatives:

- In pairs, grab a coin, check the year on the coin and have a chat about something significant that happened in that year. Discussion could include: personal, family, national or international event.

or

- In pairs have a chat about why you were given your first name: there is always a good story!

Generate discussion/obtain feedback from the group.

🙂 Optional group exercise
Who are we?

This ice breaker is particularly useful if you have participants from diverse backgrounds. Simply, ask each person in the group to introduce themselves and tell the group something about their experience with young people or mental health and mental illness.

Reinforce answers by pointing out the range of expertise in the group and state that you look forward to seeing what the participants themselves are able to bring to the learning experience.

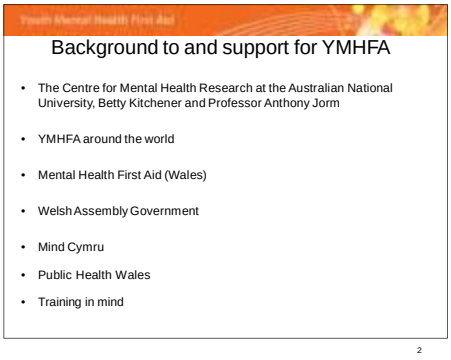
Overview of the course

Slides 2–5: Overview of the four sessions

Outline the four sessions to the group.

- Explain that the course can be run either over two full days – 7 hours/day, or as four discreet modules – 3.5 hours.
- Include start/finish times and breaks between sessions.
- Outline the structure and format of the manual, and the layout of each chapter.

Slide 2: Background to and support for YMHFA



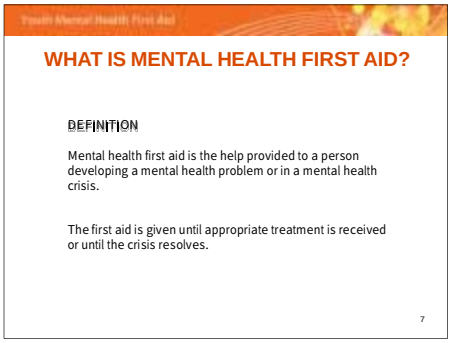
Slide 3: Outline of session 1

Slide 4: Outline of session 2

Slide 5: Outline of session 3

Slide 6: Outline of session 4

Slide 7: What is MHFA?



Definition of Mental Health First Aid

Provide the context and explanation of what MHFA is – the initial help given to a person developing mental distress or in a mental health crisis. The first aid is given until appropriate help is received or until the crisis resolves.

Stress that:

- MHFA is not therapy or counselling.
- MHFA does not qualify people to make mental health diagnoses.

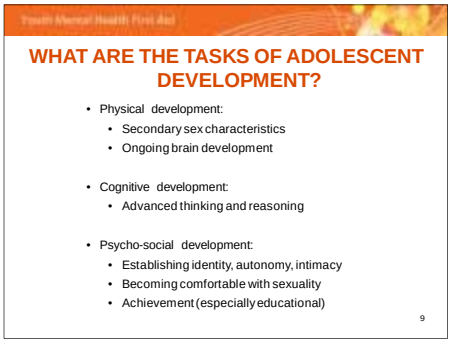
In respect to YMHFA stress that:

- The course has been designed to train ADULTS working with or living with young people.
- The focus of the course/training is on young people between the ages of 12–18 years.

Slide 8: Why MHFA for young people?

Pose the question to the group to generate discussion. Then run through points on the slide.

Slide 9: What are the tasks of adolescent development?



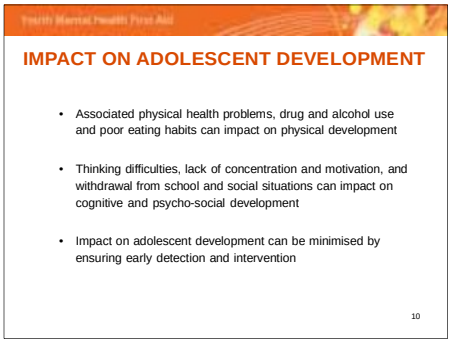
Three major tasks of adolescence are physical development, cognitive development and psycho-social development.

Physical development refers mostly to the process of puberty; the development of secondary sex characteristics and gains in height and weight. It also refers to ongoing brain development, which continues until at least the early twenties (some argue they continue until about 30).

Cognitive development refers to the development of abstract thinking and advanced reasoning.

Psycho-social development refers to establishing a personal identity, autonomy (especially from the family unit) and intimacy (friendships and the beginnings of relationships). It also refers to achievement, particularly educational achievement.

Slide 10: Impact on adolescent development



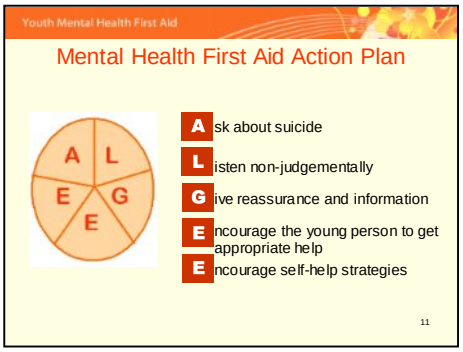
Intervening when a mental health problem starts is always important, regardless of the person's age. However, the impact on whole-of-life functioning is enormous when a mental health problem starts during adolescence. It interferes with adolescent development of all kinds.

Drug and alcohol use, which often go along with mental health problems, can particularly interfere with brain development in a permanent way. Therefore,

during adolescence, it's not just a matter of early intervention for its own sake, but for the sake of normal healthy development.

MHFA Action Plan

Slide 11: MHFA Action Plan



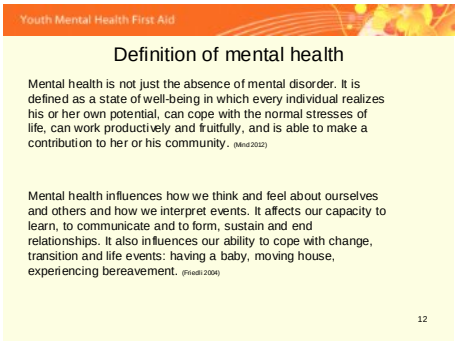
Outline and discuss the five steps of MHFA.

A – Ask about suicide
L – Listen non-judgmentally
G – Give reassurance and information
E – Encourage young person to get appropriate help and support
E – Encourage self-help strategies

Emphasise the 'fluidity" of the model; especially in relation to young people.

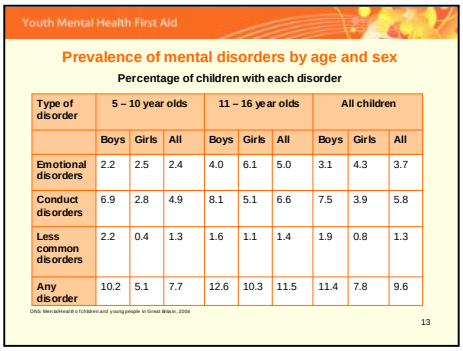
The actions are not necessarily steps to be followed in a fixed order. The helper needs to be flexible and responsive to the situation and the needs of the young person they are helping.

Slide 12: Definition of mental health



- Speak with the group about what characterises "good" mental health.
- Then ask the group for their definition of a "mental health" prior to showing slide.

Slide 13: Prevalence of Mental Health problems



Type of disorder	5 – 10 year olds			11 – 16 year olds			All children		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Emotional disorders	2.2	2.5	2.4	4.0	6.1	5.0	3.1	4.3	3.7
Conduct disorders	6.9	2.8	4.9	8.1	5.1	6.6	7.5	3.9	5.8
Less common disorders	2.2	0.4	1.3	1.6	1.1	1.4	1.9	0.8	1.3
Any disorder	10.2	5.1	7.7	12.6	10.3	11.5	11.4	7.8	9.6

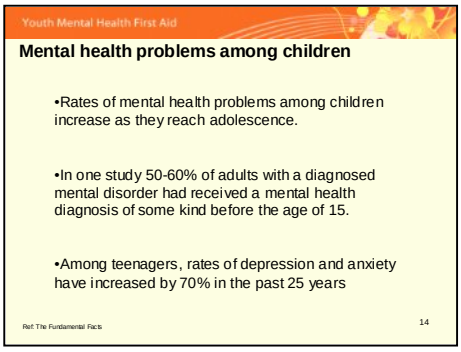
ONS Mental health of children and young people in Great Britain, 2004

Prior to showing slide ask the group questions based on the data in the table: e.g.:

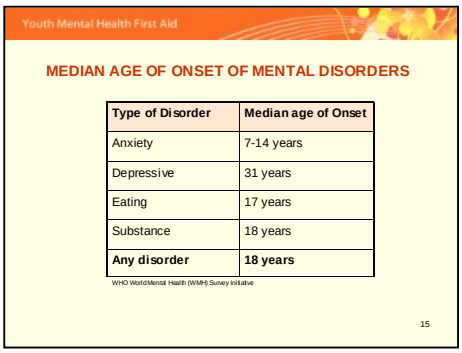
- Would you expect different rates of prevalence for men and women?
- What reasons could there be?

In any one year one in four people in Wales will have enough symptoms to be diagnosed with a mental health diagnosis.

Slide 14: Mental health problems among children



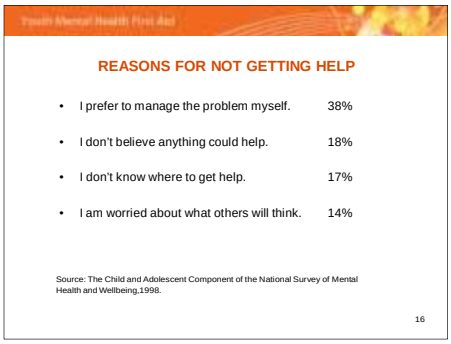
Slide 15: median age of onset of mental disorders.



There is overseas evidence from a survey conducted in New Zealand that most mental health problems start early in life.

Note that median age means that 50% of people have onset younger than this age and 50% have onset later than this age. Also that survey did not include psychotic illnesses or personality disorders

Slide 16: Reasons given for not getting help.



State to the group

Only one quarter of the young people with a mental health problem reported receiving any help.

- Ask the group what might be the main reasons for this.
- What are young people's perceptions about seeking and receiving help?
- What are some of the barriers?

End session

Session 1
Part 2 (2 hours)

Introduction to session

In the first half of this session we will take our first detailed look at mental health disorders in young people. We will be looking at one of the more common disorders – depression. In particular we will focus on the causes and symptoms of depression and use an activity and DVD to assist our learning and make the session a bit more interactive.

In the second half of the session we will be looking at the first action of the MHFA action plan – asking about suicide.

Depression and MHFA for Suicide

Learning objectives

- To learn about the symptoms and causes of depression in young people
- To learn crisis first aid for suicidal behaviour

Instructor resources

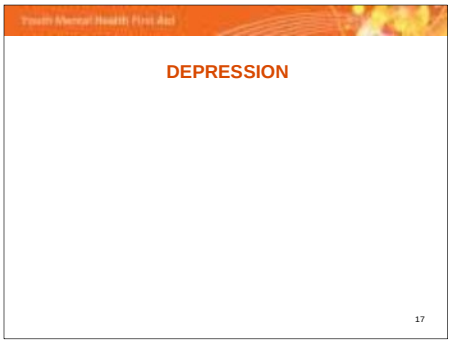
DVD: Youth MHFA Film Clips DVD – I just feel tired. (Depression and risk of suicide)

YMHFA manual: Chapter 3: Depression in young people:

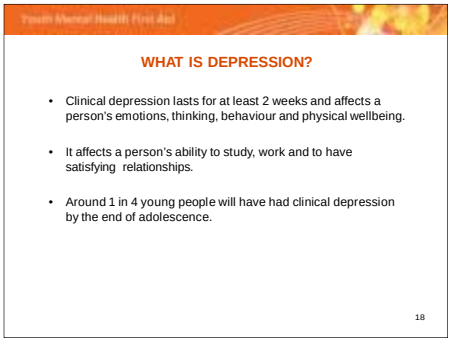
YMHFA PPT slide numbers: #18 – #44

Depression in young people

Slide 17: Title slide



Slide 18: What is depression?



With just the title slide showing, introduce the topic by saying something like: the word "depression" is used in many different ways, everyone can feel sad or blue, so what do we mean by clinical depression?

CLICK through the rest of the slide.

Lead into group exercise by saying something like: so what else do we know about depression? We are going to do an exercise called "the A-Z of depression" to find out.

Optional Group Exercise 1.2_1

"A-Z" of Depression

Note that this exercise could alternately be used in other sections of the training. for example: anxiety, substance use disorder.

- Participants to work in groups of 5 or 6, or else as tables. Each group will be given a copy of the A-Z exercise sheet.
- As a group they need to come up with a word starting with each letter of

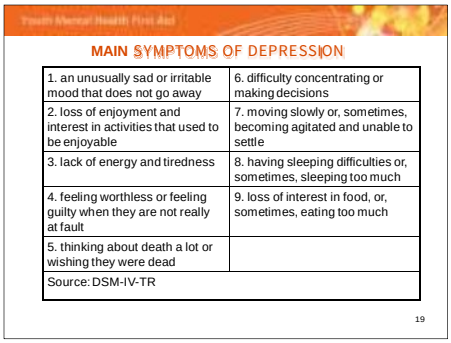
the alphabet that describes “depression” (A total of 26 words) or as many words as they can think of for a given range of letters (e.g. A-E, F-J)

- Or, each group can do a section of the alphabet,
- When completed go around the tables: working through the alphabet.

Reinforce knowledge and awareness of group, and ask them to refer to their lists as we look through the next two slides.

HINT: Don’t do this exercise in this section if you plan to do it in the anxiety session (2.2)

Slide 19: Main symptoms of depression



MAIN SYMPTOMS OF DEPRESSION

1. an unusually sad or irritable mood that does not go away	6. difficulty concentrating or making decisions
2. loss of enjoyment and interest in activities that used to be enjoyable	7. moving slowly or, sometimes, becoming agitated and unable to settle
3. lack of energy and tiredness	8. having sleeping difficulties or, sometimes, sleeping too much
4. feeling worthless or feeling guilty when they are not really at fault	9. loss of interest in food, or, sometimes, eating too much
5. thinking about death a lot or wishing they were dead	
Source: DSM-IV-TR	

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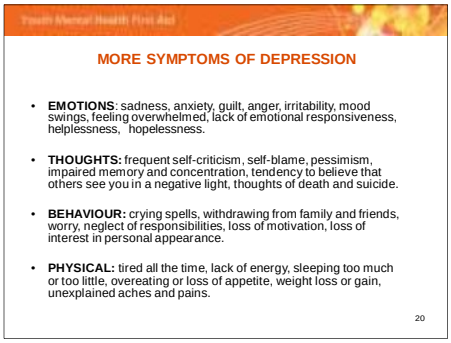
Instructors note that slide is from DSM-IV-TR: Diagnostic and Statistical manual of Mental Disorders, Fourth Edition, Text Revision.

Remember to preface slide with “If a person is clinically depressed they would have, for at least two weeks, five or more of the following symptoms, including at least one of the first two.”

Slide 20: More symptoms of depression



Slide shows symptoms in four different aspects of the illness:

- Emotional symptoms
- Cognitive symptoms (thoughts)
- Behavioural symptoms
- Physical symptoms

Read through the slide: reinforcing words that were given in A–Z exercise.

Pose additional questions like:

- How does depression manifest itself in young people?
- Is it different to adults?
- What key symptoms would you be looking for?
- Can we add to the list on the slide?

Revisit these questions after watching a short DVD called

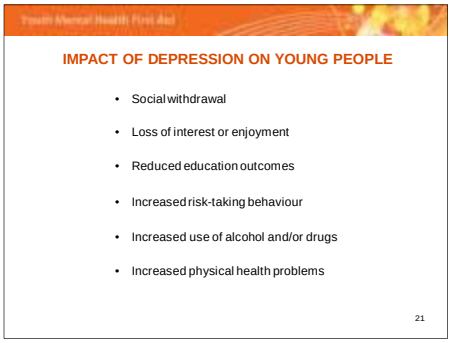
“I just feel tired”.

Group discussion

“I just feel tired” (4 minutes)

- DVD depicts a young person (Glen) with a developing depressive illness and interaction between him and both his mother and older brother.
- Brief discussion after video: signs, symptoms, behaviours, reactions to depression by the mother and the brother.
- Respond to any questions.
- Mention that we will “revisit” Glen again in the next session: in the context of MHFA for depression.

Slide 21: Impact of depression on young people

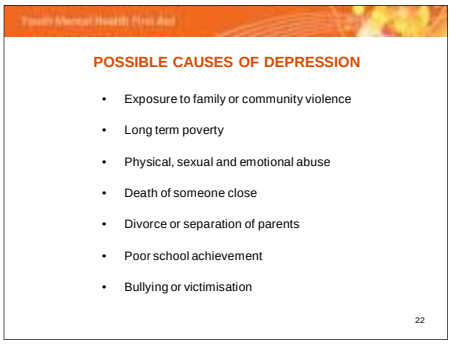


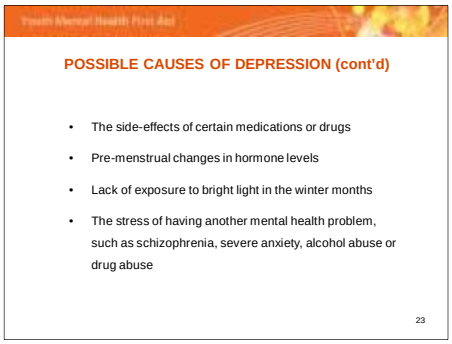
Use to summarise depression in young people.

Stress the importance of early intervention.

- Once a person has had an episode of depression they become more prone to subsequent episodes. They fall into depression more easily with each subsequent episode.
- It is important to intervene early with a first episode of depression to make sure it is treated quickly and effectively.

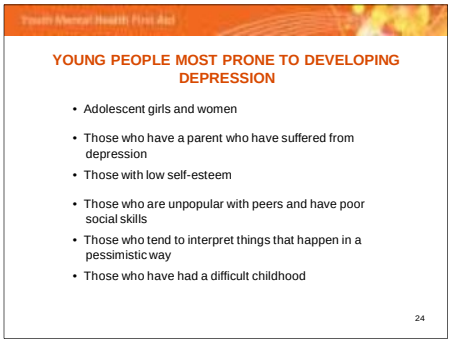
Slide 22 & 23: Causes of depression





Refer group to manual: . Get individuals or tables to read out three causes each.

Slide 24: Young people most prone to depression:



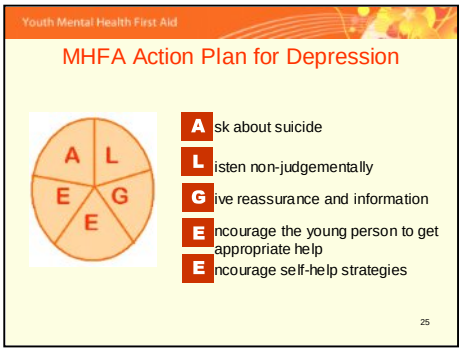
Read out slide.

Pose question to group "why do some people get depressed and others don't"?

END of first part of session.
Opportunity for a quick break, energiser or relaxation exercise.

MHFA for suicide: Action 1

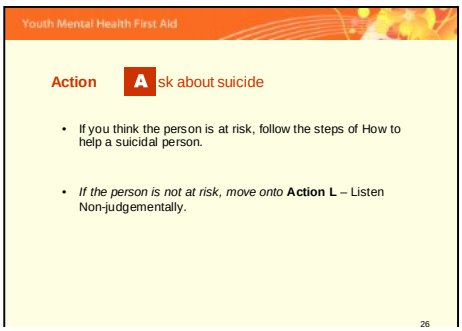
Slide 25: First Aid for Depression



Revision of model: A is for? L is for? G is for? E is for? E is for?

- What we want to do now is look at the MHFA model, and focus on the first action:

Slide 26: Ask about suicide

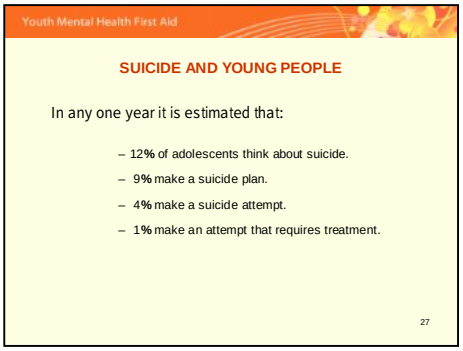


Explain to the group that they will learn how to ask about suicide and refer young people who are at risk to appropriate medical help. Explain that this will be very basic, with a focus on immediate safety.

Recommend that people who wish to develop more skill in this area attend an ASIST (Applied Suicide Intervention Skills Training) course.

This is a 2-day intensive course to learn to conduct a suicide intervention.

Slide 27: Suicide and young people



Group discussion – Introduction to Suicide

Introduce session by saying something like: “it is good to talk about suicide, but for some people this session may evoke distressing feelings and emotions. If this is the case for you, please let someone know that you need to leave the room. I am available for further follow-up and referral if required.”

You may wish to have a brief discussion about language in relation to suicide. For example:

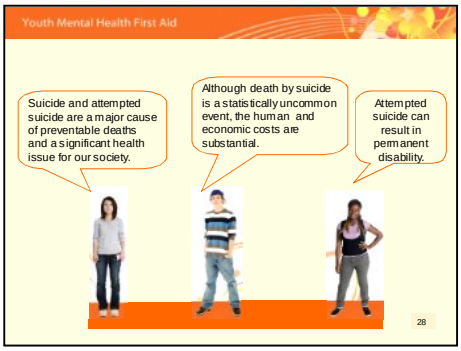
- “We never say that a suicide or a suicide attempt was ‘successful’ or ‘unsuccessful’.

We talk about rates of completed suicide, or someone who died by suicide, or even someone who suicided. We might say somebody made a suicide attempt, but never that the attempt was unsuccessful.”

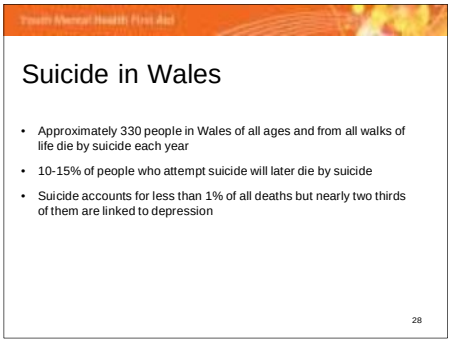
- “It is common for people to use the term ‘commit suicide’. This harks back to the days when suicide and suicide attempts were against the law; people ‘commit’ crimes. As suicide is no longer a crime, this language is thought by many to be inappropriate.”

The point of such a discussion is not to force people to use a certain set of terms but to consider how the language they use might be interpreted.

Slide 28:



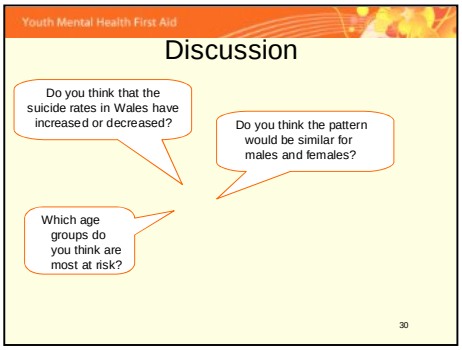
Slide 29: Suicide in Wales



Slide 30:

☺ *Optional* group discussion

Pose questions for brief discussion:



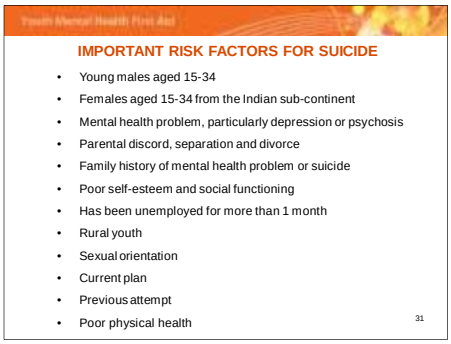
- Do you think that the suicide rates in Wales have increased or decreased?
- Do you think the pattern would be similar for males and females?
- Which age groups do you think are most at risk?

We will now look at three handouts that will help answer these and other questions around youth suicide. (Two charts and Wales Online article)

Discussion

- Young people are not the most at risk group.
- Steep rise from adolescence to early twenties.
- Publicity has over recent years focused on youth suicide (you may wish to discuss some of the reasons why this is the case)

Slide 31: Important Risk factors for suicide



Group discussion

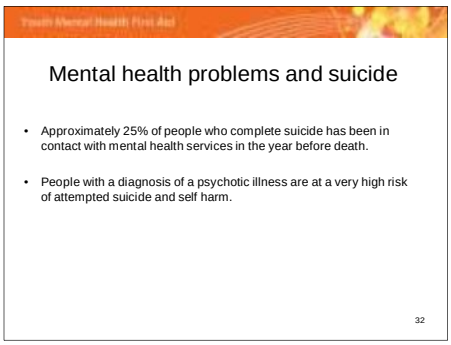
Suicide risk factors.

- Prior to viewing slide get participants to suggest risk factors and develop a list on white board.
- Compare list to slide and comment as appropriate.
- Make mention of non-suicidal self-harm (if it doesn't come up on the list) and say that we will be looking at this as part of Session 3.

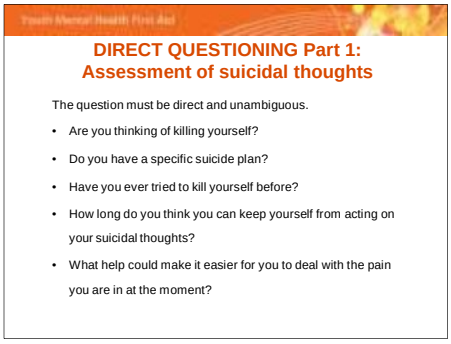
Pose the question to the group ***"which of these factors are the two most important risk factors to be looking for?"***

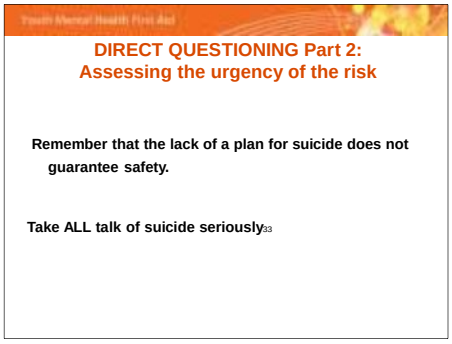
- Introduce notion of **C**urrent plan and **P**revious attempts. **(C&P)**
- Follow-up with **"how do you find out?"** and introduce/reaffirm the notion of direct questioning, and that you will not be putting ideas into the young person's head.

Slide 32: Mental Health Problems and suicide



Slides 33 and 34: Direct questioning.





Contrary to common belief, there is evidence that direct questioning does not encourage a person to pursue suicidal behaviour. It signals to them that you care, that you are concerned and have a genuine desire to be helpful. It also signals that you are a person who is willing and able to talk about suicide.

To determine whether the person is at risk of suicide, you must pose an unambiguous question.

Examples of ambiguous questions:

- Are you thinking of hurting yourself?
- You're not thinking about suicide, are you?
- Are thinking about doing something to yourself?

Discuss the ways these could be interpreted and then re-affirm the importance of using an unambiguous direct question.

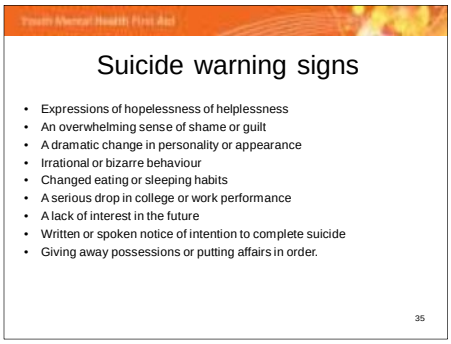
Direct, unambiguous questioning achieves two things: You know for sure that the person is suicidal, and you have shown that you are a person who can talk about suicide – this makes it easier for the person to talk to you and accept help.

People will usually be honest if they are suicidal because in most cases, people don't truly want to die; they want their pain to end. If they think you can help, they will be honest.

Once you have determined that the person is having thoughts of suicide, you need to find out some more information.

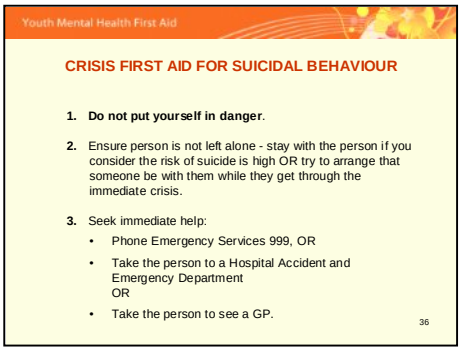
More detailed plans are more likely to result in a suicide attempt. However, the lack of a plan does not guarantee safety. All thoughts of suicide must be taken seriously.

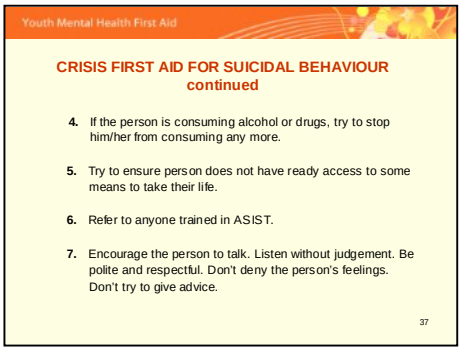
Slide 35: Suicide warning signs



Slide 36 and 37: Crisis First Aid for Suicidal Behaviour

Slides outline the process of helping a suicidal person.



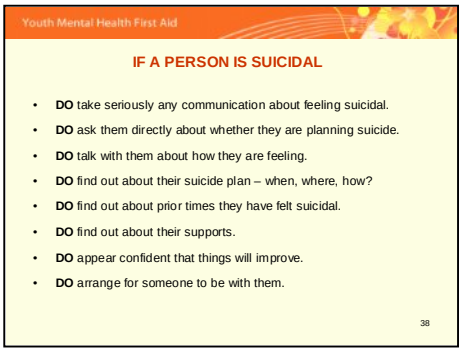


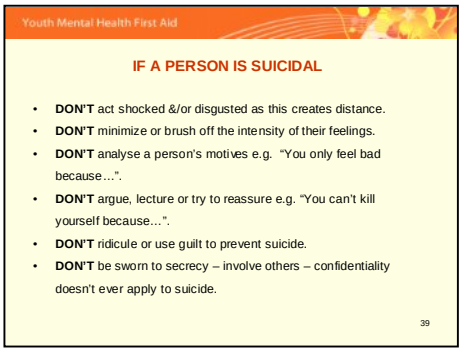
Ask the group:

- "So how do you help someone who is suicidal?"
- "What is crisis first aid for suicidal behaviour?"

Direct the group to the manual and run through the points with group.

Slide 38 and 39: The DOs and DON'Ts if a person is suicidal





Slide 38: If a person is suicidal: the DOs.

Talk through slide.

Slide 39: If a person is suicidal: the DON'Ts.

Get the group to generate second slide: the DON'Ts.

Ask them directly "what shouldn't you do?"

Accept correct answers. Qualify and discuss other answers as appropriate.

Closing statements:

Some people may be feeling a little overwhelmed at this stage. They may feel there is too much to remember. It can help to go back to basics and remind of the three key steps to suicide first aid:

1. If you think someone is having thoughts of suicide, ask them directly. If they say yes:
2. Ensure they are not left alone, and
3. Get professional help.

If this is all they can remember, this is still enough to save a life.

Encourage participants to complete ASIST training if they get the opportunity.