

Youth Mental Health First Aid

Teaching Notes and Slides



Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk

Session 2



Session 2 (3.5 hours)

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Session 2

Part 1 (1 hour)

Introduction

In this session we are going to look at actions L – E in relation to adolescent depression. We will also be re-visiting Glen – who seeks help from his GP/ family doctor.

Before we look at the next DVD we will break into groups and look at actions L–E of the MHFA Action Plan.

MHFA for Depression: actions L–E

Learning objectives

- ✚ To apply the MHFA Action Plan to help a young person who may have depression
- ✚ To learn about the help and resources for young people with depression

Instructor resources

DVD: Youth MHFA Film Clips DVD – At the doctors. (Help-seeking)

YMHFA manual: Chapter 3: Depression in young people

YMHFA PPT slide numbers: #40 - #44

😊 Group activity 2.1_1

Small group discussion: Actions L–E

5 minutes

- Break into four even groups.
- Each group to look at a separate Action.
- Groups to write down steps they would take in relation to a young person with depression. Use Glen as an example if it is of assistance.
- Small groups to report to the larger group on each action.
- Use information to generate further discussion.

Action L: Listen non-judgmentally

Slide 40: Action L – Listening non-judgmentally



The following prompts may aid discussion;

- In relation to Glen, how well did his mother listen? What about his brother? How could they have done it better?
- How do we listen to young people and how can we do it better?

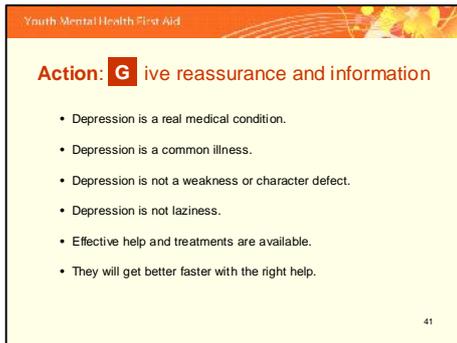
Instructors may want to refer to Slide 73 (Anxiety Session) for more details around non-judgmental listening.

Pose questions to the group such as;

- Do we listen non-judgmentally?
- Is it easier or harder to listen non-judgmentally to a young person or another adult?
- What if the young person was drug affected?
- What if they were angry and threatening?
- What if they had been self-harming?

How do these factors affect your reaction, response and capacity to listen non-judgmentally and develop relationships with young people?

Slide 41: ACTION G – Give reassurance and information



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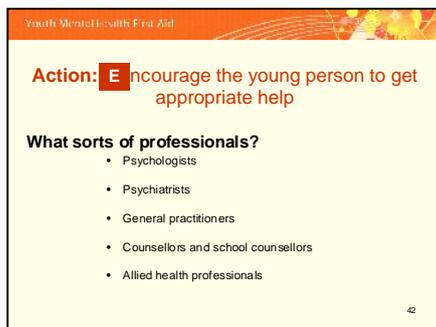
Action: Give reassurance and information

- Depression is a real medical condition.
- Depression is a common illness.
- Depression is not a weakness or character defect.
- Depression is not laziness.
- Effective help and treatments are available.
- They will get better faster with the right help.

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- **Again** refer to DVD: what information or information was given to Glen by his family?
- What might you have said to Glen?
- What information would you give?
- How could mum or Nick have provided further reassurance?
- Relate responses to slide

Slide 42–43: Action E – Encourage young person to get appropriate help and support.



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Action: Encourage the young person to get appropriate help

What sorts of professionals?

- Psychologists
- Psychiatrists
- General practitioners
- Counsellors and school counsellors
- Allied health professionals

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In Wales, it is best to approach a **GP** first. A GP can:

1. Refer the young person to a **clinical psychologist or psychiatrist**
2. Prescribe antidepressant medication (this should not be the first response to depression in young people, but may be needed for severe depression)
3. Conduct medical tests to eliminate other causes.

If you have a **CAMHS (Children and adolescent mental health service)** in your area, it is a good idea to familiarise yourself with their procedures.

A note about **counsellors**: Some counsellors have a lot of training and are very skilled. However, in Wales, a person does not need any training at all to describe themselves as a counsellor. It is a good idea, when making an appointment with a counsellor, to do the following:

1. Find out about their qualifications
2. Find out if they are allied with a reputable professional organisation
3. Ask for a recommendation from someone you trust

School counsellors have different roles in different counties, different school systems and different schools. Some are highly trained and may even be psychologists themselves. Others have only minimal training. It is useful for parents, teachers and other school staff to know the roles and qualifications of school counsellors attached to their schools.

Allied health professionals work in a range of areas. Ask your local youth-friendly service (such as Young Minds) about opportunities for young people to receive help from allied health professionals.

Slide 43: What sorts of help?



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Action: Encourage the young person to get appropriate help

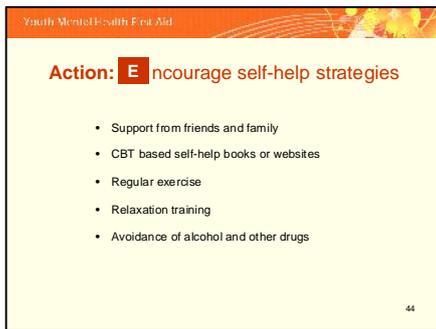
What sorts of help?

- Psychological and family therapies are the main treatment for depression in children and young people
- Cognitive Behaviour Therapy (CBT)
- Antidepressants
- May offer advice about lifestyle and alternative treatments

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- Psychological therapies are generally regarded as the best therapies for the treatment of depression in children and young people.
- Two therapies, cognitive behaviour therapy (CBT) and interpersonal therapy (IPT) are especially helpful.
- Whilst GPs often prescribe anti-depressant medication, it is not recommended as the first line of help for young people. It may, however, be necessary if depression is severe or treatment is coming along slowly.
- There is current debate about their effectiveness and safety in treating children and young people under 18 years of age. Most research has involved adults, rather than young people. However, antidepressants may be necessary if the depression is severe. It is important that when they are prescribed, the young person is monitored carefully by their doctor and their parents.

Slide 44: Encourage self-help strategies:



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Action: Encourage self-help strategies

- Support from friends and family
- CBT based self-help books or websites
- Regular exercise
- Relaxation training
- Avoidance of alcohol and other drugs

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- Although young people commonly use self-help strategies for depression, little is known about which ones are effective.
- Research with adults found the most support for the following self-help strategies.
- Read through slide.
- **Also** refer to the important role that families and friends play in relation to assisting a young person with depression.
- Point out that while many young people use alcohol and other drugs to cope with depression, this is likely to make things worse, not better, in the long term.

Group discussion

“At the doctors” (3.5 minutes)

- **Group discussion** re the MHFA Action Plan and depression, identifying the steps that the doctor took in his intervention.
- Point out that while he doesn’t ask about suicidal thoughts, we do get an indication that he has considered it and will come back to ask again.

END session with resources for depression

Session 2

Part 2 (2.5 hours)

Anxiety disorders

Learning objectives

- ✦ To learn about the symptoms and causes of anxiety in young people
- ✦ To apply the MHFA Action Plan to help a young person who may have anxiety
- ✦ To learn first aid for a panic attack
- ✦ To learn about the help and resources for young people with anxiety

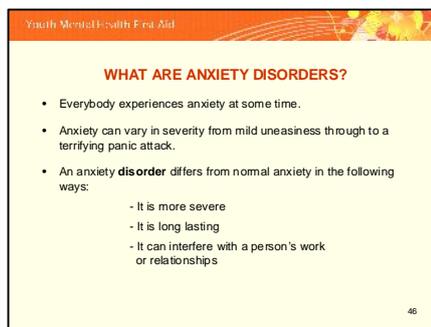
Instructor resources

YMHFA manual: Chapter 4: Anxiety disorders in young people

YMHFA PPT slide numbers: #45 - #78

Introduction to anxiety

Slide 45: Title slide, 46: What are anxiety disorders?



Pose the title question to the group and then read through the slide.

😊 Choice of group exercises

Personal experience of anxiety

Pose the question: **has there been a time in your life or incident(s), when you can recall experiencing great anxiety?**

- Divide the group into pairs and get them to share something of their: **physical, psychological** and **behavioural** responses to that situation.
- Draw three columns on the white board with the headings listed above and develop a list.
- Lead into the next two slides which show general symptoms of anxiety.

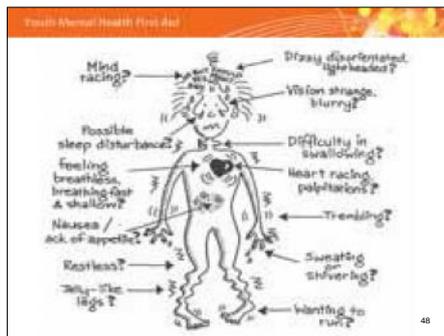
A–Z of anxiety 2.2_1

- 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 “anxiety” (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)
- When completed go around the tables: working through the alphabet

Reinforce knowledge and awareness of group: you may want to refer to the following optional slides, if they add to or reinforce your presentation.

Slide 47 and 48: “Shaky man” – graphic representation of anxiety symptoms.

Optional slides



Optional:

Show Fight or flight ppt.

Slide 49 and 50: General symptoms of anxiety: physical, psychological and behavioural.

Optional slides

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GENERAL SYMPTOMS OF ANXIETY

PHYSICAL

- **Cardiovascular:** palpitations, chest pain, rapid heartbeat, flushing
- **Respiratory:** hyperventilation, shortness of breath
- **Neurological:** dizziness, headache, sweating, tingling and numbness
- **Gastrointestinal:** choking, dry mouth, nausea, vomiting, diarrhoea
- **Musculoskeletal:** muscle aches and pains (esp. neck, shoulders), restlessness, tremor and shaking

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GENERAL SYMPTOMS OF ANXIETY (cont'd)

PSYCHOLOGICAL

Unrealistic &/or excessive fear and worry, (about past or future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness or feeling 'on edge' or nervousness, tiredness, sleep disturbances, vivid dreams.

BEHAVIOURAL

Avoidance of situations, obsessive or compulsive behaviour, distress in social situations, phobic behaviour.

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Group discussion

young people's experience of anxiety

Lead into next slide with questions like:

- “So what does anxiety look like in young people?”
- “Are the symptoms the same?”
- “How do we recognise high anxiety in a young person?”

Instruction: write the following question(s) on the whiteboard:

An anxious young person may

Look like?

Feel like?

Behave like?

Think like?

- The task is for tables or groups to develop a list that answers these questions.
- Some examples which you may want to prompt with the group include the following:
 - May be exceptionally well behaved, and never get in trouble at school.
 - May ask many unnecessary questions and require constant reassurance.
 - May get upset when a mistake is made or if there is a change of routine.
 - May be a 'loner', or restrict themselves to a small group of 'safe' people.
 - May become sick when performances are required.
 - May be absent from school often.

- May expect perfection from themselves, taking great care with homework and projects.
- May experience or complain of headaches and stomach aches with no apparent cause.

Get examples from the group that summarise the physical, psychological and behavioural aspects of anxiety.

Slide 51: Common symptoms in adolescents

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COMMON SYMPTOMS IN ADOLESCENTS

The previous symptoms are found in both adults and adolescents.

It has been found that the following anxiety symptoms are particularly common in adolescents:

- Worry in general
- Worry about what others think of them
- Fear of social situations
- Anxiety about past imperfections

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All of the symptoms mentioned may be present in young people: however the following are more common.

Slide 52: Types of anxiety disorders

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TYPES OF ANXIETY DISORDERS

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Phobic disorders: specific phobias and social phobia
- Separation anxiety disorder
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Mixed anxiety and depression

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Slide lists the main anxiety disorders.

Slide 53: Types of Anxiety in 14–16 year olds in one year

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TYPES OF ANXIETY DISORDERS IN 14-16 YEAR OLDS IN ONE YEAR

Type of anxiety disorder	% affected
Specific phobias	20.6
Generalised anxiety disorder	11.0
Social phobia	2.9
Separation anxiety disorder	1.7
Panic disorder or agoraphobia	1.5

Source: Christchurch Health and Development Study (2001)

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Table shows the prevalence of the main anxiety disorders affecting young people.

The next series of slides (54-66) relate specifically to each disorder.

Instead of running through the slides you may want to use the following exercise to energise the group and get them working.

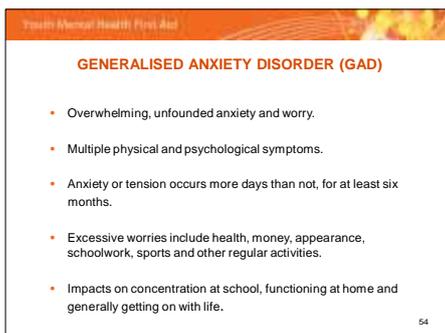
😊 Group exercise 2.2_2

young people's experience of specific anxiety disorders

- Divide the class into groups
- Assign an anxiety disorder to each group.
- Ask participants to use the relevant pages of the Manual to investigate the:
 - Signs & symptoms
 - Help available
 - Causes
 - What it might be like if they were a young person experiencing the disorder
- This detail can be recorded in the Handout provided in your “Exercises” Tab.

Get each group to report on their anxiety disorder as it comes up in the slides. Add any missing points.

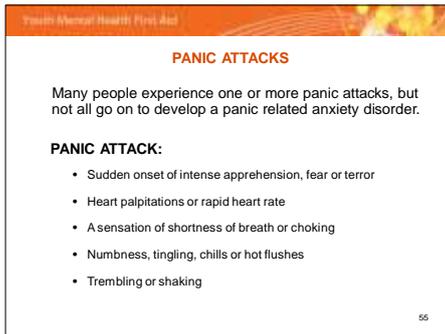
Slide 54: Generalised anxiety disorder (GAD)



Add: Young people with GAD can worry excessively about e.g.: health, money, appearance, schoolwork, sport and other regular activity, even when there are no signs of trouble.

GAD can make it difficult for the young person to concentrate at school, function at home and generally get on with their lives.

Slide 55: Panic attacks



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PANIC ATTACKS

Many people experience one or more panic attacks, but not all go on to develop a panic related anxiety disorder.

PANIC ATTACK:

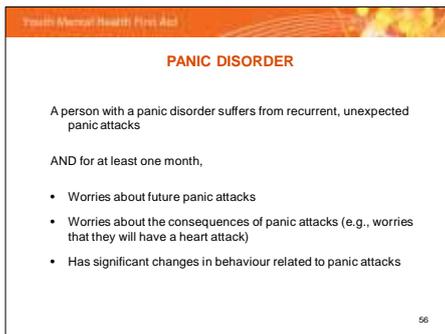
- Sudden onset of intense apprehension, fear or terror
- Heart palpitations or rapid heart rate
- A sensation of shortness of breath or choking
- Numbness, tingling, chills or hot flushes
- Trembling or shaking

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A panic attack is not a mental illness. However, a person who experiences panic attacks may go on to develop panic disorder or agoraphobia.

Around 30% of people have at least one panic attack in their lifetimes and most do not develop a panic-related disorder.

Slide 56: Panic disorder



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PANIC DISORDER

A person with a panic disorder suffers from recurrent, unexpected panic attacks

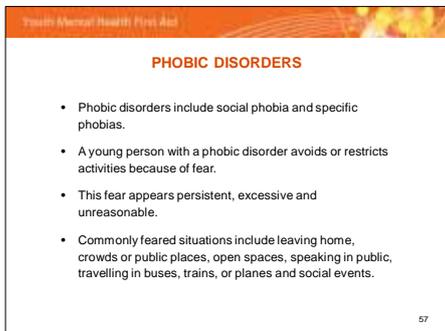
AND for at least one month,

- Worries about future panic attacks
- Worries about the consequences of panic attacks (e.g., worries that they will have a heart attack)
- Has significant changes in behaviour related to panic attacks

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A person with a panic disorder suffers from recurrent panic attacks, worries a lot about possible future panic attacks may occur and changes their behaviour as a result.

Slide 57: Phobic disorders



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PHOBIC DISORDERS

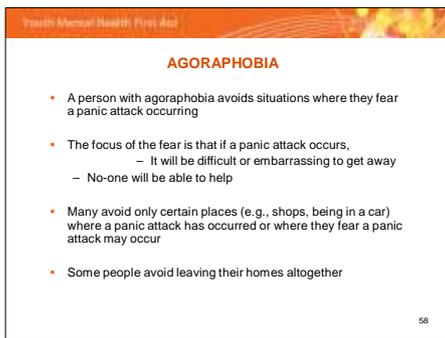
- Phobic disorders include social phobia and specific phobias.
- A young person with a phobic disorder avoids or restricts activities because of fear.
- This fear appears persistent, excessive and unreasonable.
- Commonly feared situations include leaving home, crowds or public places, open spaces, speaking in public, travelling in buses, trains, or planes and social events.

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Key message:

- A young person with a phobia avoids or restricts activities because of fear or excessive worry.
- Phobic disorders include social phobia and specific phobias

Slide 58: Agoraphobia



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AGORAPHOBIA

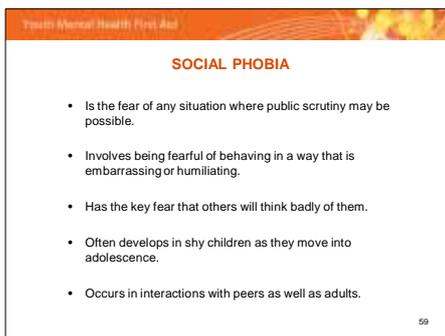
- A person with agoraphobia avoids situations where they fear a panic attack occurring
- The focus of the fear is that if a panic attack occurs,
 - It will be difficult or embarrassing to get away
 - No-one will be able to help
- Many avoid only certain places (e.g., shops, being in a car) where a panic attack has occurred or where they fear a panic attack may occur
- Some people avoid leaving their homes altogether

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A person with agoraphobia avoids places where they fear they might have a panic attack.

Note: Agoraphobia is not a 'fear of open spaces' as is commonly believed. Some people may avoid open spaces, others may avoid enclosed spaces, others avoid being in a car; wherever they fear a panic attack might occur.

Slide 59: Social phobia



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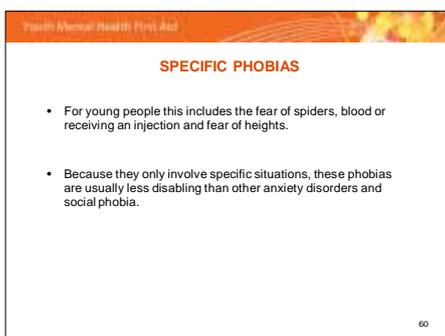
SOCIAL PHOBIA

- Is the fear of any situation where public scrutiny may be possible.
- Involves being fearful of behaving in a way that is embarrassing or humiliating.
- Has the key fear that others will think badly of them.
- Often develops in shy children as they move into adolescence.
- Occurs in interactions with peers as well as adults.

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Social phobia is the fear of any situation where public scrutiny may be possible, usually with the fear of behaving in a way that is embarrassing or humiliating. Often develops in shy children as they move into adolescence. The social anxiety is seen in interactions with peers as well as adults.

Slide 60: Specific phobias



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SPECIFIC PHOBIAS

- For young people this includes the fear of spiders, blood or receiving an injection and fear of heights.
- Because they only involve specific situations, these phobias are usually less disabling than other anxiety disorders and social phobia.

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Young people may have specific phobias, for example fear of spiders, blood, receiving an injection, or fear of heights being the most common. Because

they only involve specific situations, these phobias are often less disabling than agoraphobia and social phobia.

Slide 61: Separation anxiety disorder



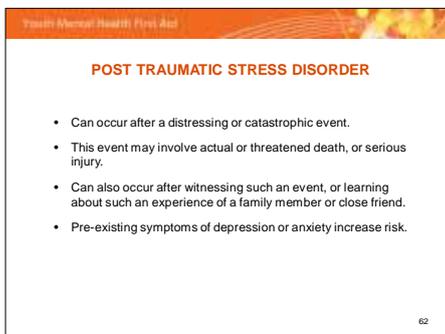
Slide 61: Separation anxiety disorder. The slide features a title 'SEPARATION ANXIETY DISORDER' in orange text. Below the title is a bulleted list of four points. The slide is numbered '61' in the bottom right corner.

- Is excessive anxiety about being separated from home or parent or caregiver.
- Includes worry about losing the loved one or about harm happening to them.
- Involves reluctance to leave home without the loved one or to be left alone.
- Is most common in young children but can occur in adolescence.

A young person with separation anxiety disorder is excessively anxious about being separated from home or from a parent or caregiver. The person will worry about losing the loved one or about harm happening to them.

Separation anxiety is most common in young children, but can occur during adolescence as well.

Slide 62 & 63: Post traumatic stress disorder

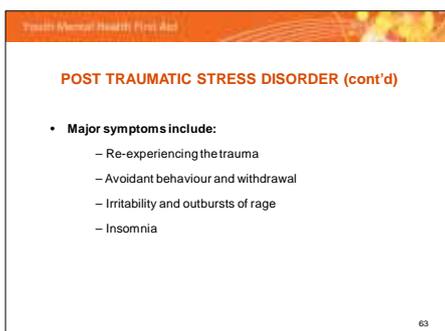


Slide 62: Post traumatic stress disorder. The slide features a title 'POST TRAUMATIC STRESS DISORDER' in orange text. Below the title is a bulleted list of four points. The slide is numbered '62' in the bottom right corner.

- Can occur after a distressing or catastrophic event.
- This event may involve actual or threatened death, or serious injury.
- Can also occur after witnessing such an event, or learning about such an experience of a family member or close friend.
- Pre-existing symptoms of depression or anxiety increase risk.

The event may involve actual or threatened death or serious injury, or it may involve witnessing such an event or learning about such an experience of a family member or close friend. It can also be an event where the young person feels afraid and powerless, for example, bullying.

People with pre-existing depression or anxiety symptoms are more at risk of suffering longer after a trauma.



Slide 63: Post traumatic stress disorder (cont'd). The slide features a title 'POST TRAUMATIC STRESS DISORDER (cont'd)' in orange text. Below the title is a bulleted list of major symptoms. The slide is numbered '63' in the bottom right corner.

- Major symptoms include:
 - Re-experiencing the trauma
 - Avoidant behaviour and withdrawal
 - Irritability and outbursts of rage
 - Insomnia

A person is more likely to develop PTSD if their response to the traumatic event involves intense fear, helplessness or horror.

Major symptoms include re-experiencing the trauma, avoidant behaviour, emotional numbing, reduced interest and increased arousal (hyper-vigilance, irritability, exaggerated startle response, outbursts of rage and insomnia.)

In a study of Australian young people it was found that 9% developed PTSD following a bushfire disaster.

Slide 64 & 65: Obsessive-compulsive disorder (OCD)

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OBSESSIVE COMPULSIVE DISORDER (OCD)

OBSESSIVE THOUGHTS:

- Recurrent thoughts, impulses or images which are experienced as intrusive, unwanted and inappropriate.
- Most obsessive thoughts are about fear of contamination or harm.
- Leads to heightened anxiety.

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OBSESSIVE COMPULSIVE DISORDER (cont'd)

COMPULSIVE BEHAVIOURS:

- Repetitive behaviours or mental acts.
- Individual feels driven to perform behaviours in response to obsessive thinking.
- Behaviours performed in order to reduce anxiety.
- Common compulsions include the need to wash, check and count.

OCD can begin in adolescence, is often a lifelong illness with a waxing and waning course.

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This form of anxiety is the least common but is a very disabling condition. OCD begins in adolescence and is often a lifelong illness with a waxing and waning course.

Slide 66: Mixed anxiety and depression

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MIXED ANXIETY AND DEPRESSION

- It is common for young people to have features of several anxiety disorders.
- A high level of anxiety over a long period can lead to depression.
- Many young people will have a mixture of anxiety and depression.
- Substance misuse can occur with anxiety.
- Ongoing alcohol and drug misuse can lead to increased anxiety.

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- Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders.
- A high level of anxiety over a long period will often lead to depression, so that many young people will have a mixture of anxiety and depression.

Slide 67: Importance of early intervention

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IMPORTANCE OF EARLY INTERVENTION FOR ANXIETY DISORDERS

Anxiety disorders in adolescence increase the risk of the following in adulthood:

- Depression
- Alcohol dependence
- Illicit drug dependence
- Suicide attempts
- Lowered education achievement
- Early parenthood

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- Emphasise the benefit of early intervention and help-seeking.
- Early recognition and professional help will lead to better outcomes: for the young person, their family and their friends.

Read through slide.

Slide 68: Young people most at risk of anxiety disorders

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YOUNG PEOPLE MOST AT RISK OF ANXIETY DISORDERS

Young people most at risk are those who:

- Have a very anxious parent
- Have a more sensitive emotional nature and tend to see the world as threatening
- Are female
- Had a difficult childhood
- Have a family background of poverty and unemployment
- Have parents with alcohol problems
- Use certain prescription and non-prescription drugs

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Anxiety is mostly caused by perceived threats in the environment, but some people are more likely than others to react with anxiety when they are threatened.

ASK the group:

- **“Who may be at more risk?”**

Accept correct answers, clarify and amend other answers as required

Read through the slide which lists why some people are more at risk.

- **“What other factors can lead to anxiety?”**

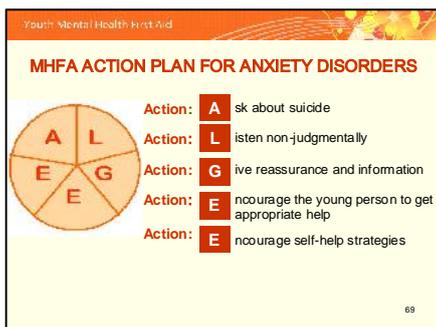
Certain prescription drugs and other non-prescription drugs such as caffeine, cocaine, LSD, ecstasy and speed can increase anxiety symptoms.

Also note that some young people are not aware of their caffeine intake and its affect.

Common caffeinated drinks include coffee, tea, cola drinks and most energy drinks. Some popular alcoholic cocktails also include energy drinks which contain caffeine.

MHFA action plan for anxiety disorders

Slide 69: ALGEE



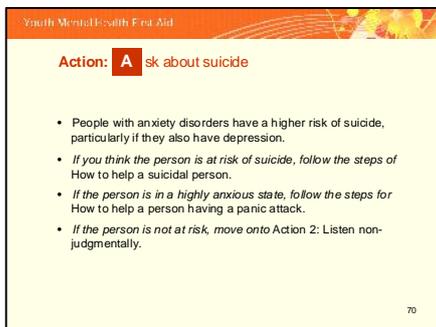
Slide 69: MHFA ACTION PLAN FOR ANXIETY DISORDERS. The slide features a circular diagram with the letters A, L, G, E, E in the segments. To the right, the actions are listed:

- Action: **A**sk about suicide
- Action: **L**isten non-judgmentally
- Action: **G**ive reassurance and information
- Action: **E**ncourage the young person to get appropriate help
- Action: **E**ncourage self-help strategies

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Revision and run through actions.

Slide 70: ACTION A; Ask about suicide



Slide 70: ACTION A; Ask about suicide. The slide lists the action and provides additional context:

- Action: **A**sk about suicide
- People with anxiety disorders have a higher risk of suicide, particularly if they also have depression.
- *If you think the person is at risk of suicide, follow the steps of How to help a suicidal person.*
- *If the person is in a highly anxious state, follow the steps for How to help a person having a panic attack.*
- *If the person is not at risk, move onto Action 2: Listen non-judgmentally.*

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ASK the group:

- “Are young people with an anxiety disorder at higher risk of suicide or harm?”
- Answer is YES; particularly if depression is present.

ADD:

- A person with anxiety may have a strong but unrealistic fear that they will come to great harm or die.
- This fear can spiral up into a panic attack.
- We will look at crisis first aid for a panic attack, before going onto ACTION L.

Slide 71 and 72: Crisis First Aid for Panic Attacks

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CRISIS FIRST AID FOR PANIC ATTACKS

1. If you are unsure if it is a panic attack, a heart attack or an asthma attack, call an ambulance.
2. If you are sure it is a panic attack, move the person to a quiet, safe place.
3. Help to calm the person by encouraging slow, deep relaxed breathing.
4. Be a good listener, without judging.

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CRISIS FIRST AID FOR PANIC ATTACKS (cont'd)

5. Explain they are having a panic attack and it is not life threatening.
6. Explain that the attack will soon stop and they will recover.
7. Assure the person someone will stay with them and keep them safe until the attack stops.

NB. Whatever type of attack it is, the first aid for a conscious person, is to keep them as calm as possible with slow, deep breathing.

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Read through both slides and then introduce role play.

Group activity

(Optional) Panic attack role play

- Explain that we will now be doing a role-play or practice example of Mental Health First Aid.
- Call for two volunteers from the group. One person will be the “First-Aider” and the other will be the person assisted, who will role-model a panic attack.
- Ensure that people who have had panic attacks themselves are not involved in role-play.

Role Play a Panic Attack. Be very fearful and apprehensive, show difficulty communicating, and express concern about the speed of your heart.

Model how to help:

- help slow down their breathing, **if** breathing has sped up.
- talk slowly, calmly, softly.
- reassure them that they will be okay.
- be aware whether the person doesn’t want you too close or touching them.

Be aware that hyperventilating is not a common symptom during a panic attack.

Discuss role-play and thank volunteers for their participation.

Optional group activity

Responding after a traumatic event

Run through the First Aid process for someone who has experienced a traumatic event as outlined in the manual.

😊 *Optional* group activity 2.2_3

Acute stress reaction / social phobia

Or alternatively use the prepared case-studies on acute stress reaction (Jed) and social phobia (Jodie) which can be found in your Exercises pack.

Slide 73: ACTION L: Listen Non-judgmentally



Slide 73 content:

Youth Mental Health First Aid

Action: L isten non-judgementally

- Engage the person in discussing how they are feeling.
- Listen to the person without judging them.
- Don't be critical or express frustration.
- Avoid confrontation unless necessary.

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Run through slide, and introduce slide 74: which looks further at listening skills.

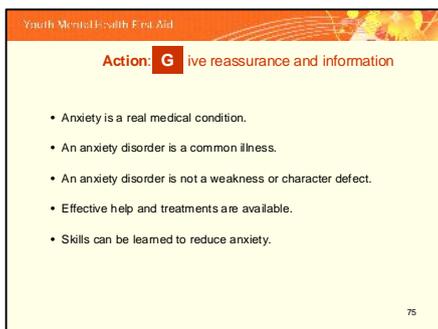
This slide looks further at listening skills and is useful in terms of looking at how to engage and develop relationships and rapport with a young person.

DISCUSS with group:

- What is the best attitude to have?
- What verbal skills do we need?
- What non-verbal skills do we need?

Read through the suggestions on the slide.

Slide 75: Action G: Give Reassurance and Information



Slide 75 content:

Youth Mental Health First Aid

Action: G ive reassurance and information

- Anxiety is a real medical condition.
- An anxiety disorder is a common illness.
- An anxiety disorder is not a weakness or character defect.
- Effective help and treatments are available.
- Skills can be learned to reduce anxiety.

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Show slide and read through points.

Slide 76–77: Action E: Encourage the young person to get appropriate help and support

What sorts of professionals?

Youth Mental Health First Aid

Action: Encourage the young person to get appropriate help

What sorts of professionals?

- Psychologists
- Psychiatrists
- General practitioners
- Counsellors and school counsellors
- Allied health professionals

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Discussion:

Generate discussion around the health professionals who can provide help for anxiety disorders.

Refer group to relevant pages of manual. Point out value of a physical check-up by a GP to eliminate physical causes.

Read through slide.

What sorts of help?

Youth Mental Health First Aid

Action: Encourage the young person to get appropriate help

What sorts of help?

- Psychological therapies are preferred for the treatment of anxiety disorders in young people
- Cognitive behaviour therapy (CBT) and graded exposure
- Interpersonal therapy (IPT)
- Medication if required
- May advise on other lifestyle and alternative treatments

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The appropriate professional help for anxiety disorders include CBT, relaxation techniques and graded exposure.

Slide 78: Action E: Encourage self-help strategies

Youth Mental Health First Aid

Action: Encourage self-help strategies

- Anxiety is best overcome by confronting rather than avoiding it.
- Support from friends and family
- Regular exercise and adequate sleep
- Avoidance of alcohol and other drugs
- Practise controlled breathing techniques
- CBT-based self-help books or websites
- Support groups can be helpful

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Video: At the doctors (can be played when it seems appropriate)



Conclude section with helpful resources, including websites, self-help books and information books for parents and carers.

End of Session 2 Part 2