When you think of basic first aid, what comes to mind? Many of us carry first aid kits in our cars, or have taken a basic first aid course. Why? Perhaps we want to be prepared to help a loved one in a medical emergency, or perhaps we have an altruistic desire to be of service if a stranger needs assistance. Knowledge and skills serve us well in navigating an emergency and can potentially prevent a medical emergency through early intervention. Mental Health First Aid® aims to teach members of the public how to respond in a mental health emergency and offer support to someone who appears to be in emotional distress.

The terms mental illness, mental health, and mental disorders are tossed around freely in today's society, yet many of us aren't clear about their meanings or relevance to our lives. Most of us assume mental illness is something that only affects others and believe it won't affect our family or friends. The truth is that mental health problems are more common than heart disease, lung disease, and cancer combined.¹,²

Mental health issues affect all of society in some way, shape, or form. It's estimated that about one in five Americans will experience a diagnosable mental disorder in any given year.³ It is extremely likely you will encounter someone in your family, workplace, school, church, or community who lives with a diagnosed mental disorder. In addition, you will encounter others who are experiencing distress or facing a mental health challenge that may require support and assistance, but not medical intervention.

By using this manual you can acquire the basic knowledge and skills to respond to an individual in distress. To maximize the manual's effectiveness, it is important to understand how the information fits into the larger context. For instance, this manual offers education on signs and symptoms of a variety of diagnosable mental disorders, such as depression, anxiety, substance use, eating disorders, trauma, psychosis, and deliberate self-injury. It describes, in detail, how you can assist in specific situations. It is oriented toward getting a person appropriate help from a health professional. But it's important to note that while many mental disorders are effectively treated in a professional setting, many mental health problems can be resolved or helped by seeking support, restoring emotional balance, and employing self-care strategies. Just as with physical health, people may use many effective alternative and complementary strategies.

Not every person in psychological distress has a mental disorder. While you may observe someone who seems to match the signs and symptoms listed in the manual for a particular disorder, it doesn't necessarily mean that is the case. The information presented here is designed to help you assume a helpful role when encountering a distressed individual and should not be used to diagnose or to replace a therapist. The strains, stresses, and challenges of today's society increase our vulnerability and likelihood of encountering many mental health problems and mental disorders. Determining where someone falls on the continuum of health/mental health is beyond the scope of this training.

A word of caution: When we gain information or insight into a particular field of study, we often start to see it everywhere, much like the plethora of red convertibles that magically appear on the highways once we've decided to buy one! So as you travel through this Mental Health First Aid® training, be aware that it's easy to start seeing mental disorders in places they don't exist. Human beings are complex creatures with a wide range of emotions and experiences, and it's important to resist interpreting the common vicissitudes of emotion as pathology.

This manual contains diagnoses and descriptions. However, it is important to distinguish between the person experiencing a mental health crisis and the problem or circumstance itself. It is neither accurate nor fair to define people by their perceived conditions. We believe it warrants mentioning because of the stigma and discrimination associated with mental health. While you would be hard pressed to hear someone referred to as "a cancer," or "a broken leg," we often do hear people referred to as "manic depressives" or "schizophrenics."
This kind of derogatory labeling is disrespectful and creates a formidable barrier to recovery.

This Mental Health First Aid® USA manual is a blueprint for providing comfort, promoting recovery, and helping to reduce distress related to stressful situations, trauma, and crisis. Think of it as a guidebook that gives you tools to build a trusting relationship that will help you help others.

Trust and relationship are key concepts here. Many individuals in distress avoid seeking help or are skeptical of those who offer assistance because of the widespread stigma of mental illness. Stigma is a cluster of negative attitudes and beliefs that motivate the public to fear, reject, avoid, and discriminate against people with mental illnesses. Stigmatizing attitudes and beliefs about mental illness are common, and the ramifications are serious. Many suffer in silence rather than risk discrimination or ridicule if they seek help. Stigma assumes many forms, subtle and overt, and can negatively affect all areas of life—housing, employment, and, certainly, relationships. Stigma can appear as prejudice, discrimination, fear, distrust, and stereotyping. Stigma not only may prevent people from seeking help—it may prevent them from acknowledging they need help. Stigma may affect access to care and quality of care and, perhaps worst of all, may result in the person internalizing negative attitudes about himself or herself.

“The last great stigma of the 20th century is the stigma of mental illness.”
— TIPPER GORE

Stigma is one of the biggest barriers to individuals seeking treatment, and therefore is one of the biggest barriers to recovery. Fighting the stigma and shame associated with mental illness is often more difficult than battling the illness itself.

“Mental illness is nothing to be ashamed of, but stigma and bias shame us all.”
— FORMER PRESIDENT BILL CLINTON

That shame has far-reaching effects. The person you try to help might deny a problem or refuse help because of stigma. Or they might distrust your motives, fearing you might harbor stigmatizing or discriminatory thoughts. In fact, you may. This Mental Health First Aid® USA manual will help you examine your own ideas about mental health and mental illness. None of us grows up in a vacuum—we grow up surrounded by the attitudes of family and friends, and we often are influenced in ways we don’t even realize until we find ourselves in situations where we confront those preconceived ideas. What would happen if you found out someone close to you had a diagnosable mental health problem? Would it change your opinion of that person? Would it cause you to question his or her judgment? Would you find yourself being less than honest or “walking on eggshells” when talking to him or her?

“Where I worked, if you had a heart problem or cancer, you’d never find a more sympathetic, supportive group of people ... but for years I had to be secretive about my mental illness because I was in control of millions of dollars of the corporation’s assets, and I couldn’t run the risk of having my judgment mistrusted.”
— PAUL GOTTLIB, PUBLISHING EXECUTIVE

Misconceptions abound regarding mental health issues, and we may have accepted some of those myths without even realizing. Let’s take a look.

MENTAL HEALTH, ILLNESS, AND DISORDERS: CHALLENGING MYTHS

Mental disorders were once thought to affect very few, but today we know the opposite is true. Many people with these conditions lead full, productive, and satisfying lives. Despite living with a diagnosis such as substance use disorder, eating disorder, depression, bipolar disorder, or schizophrenia, people go to work, vote, own homes and businesses, and contribute to their communities. Even as negative myths abound, there is hope and renewed optimism regarding the outcomes of living with mental health challenges.