

THE DIGITAL MANUALS

Mental Health First Aid



QUALITY TRAINING SAVES LIVES

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Introduction to Mental Health First Aid



About This Manual

This manual is designed to complement our mental health first aid courses and to act as a stand-alone learning resource. This manual is part of a series. To purchase additional First Aid Manuals, visit our [website](#).

Participants on our Mental Health Awareness, and Mental Health First Responder courses receive a PDF copy of the manual to accompany their course. This manual does not replace the requirement for appropriate mental health first aid training.

First Aid Training Co-operative courses are quality assured. All trainers undergo advanced training, and are qualified trainers and assessors of mental health first aid. Trainers take part in annual CPD and are monitored regularly.

The aim of this manual is to give you clear instruction as a Mental Health First Responder (MHFR), to help you deal with mental health first aid incidents in the

workplace. The manual includes links to over thirty mental health blogs and case studies on our website, other resources such as names of support organisations and Apps. A series of videos on our [YouTube channel](#) is used to gain an understanding of challenging subjects discussed in this manual. These resources are helpful for a deeper understanding of a particular issue or refreshing your memory in the future.

The First Aid Training Co-operative is recognised as a sector leader in Outdoor First Aid training and has added a specific section at the end of this manual for outdoor practitioners.

This manual covers the content of First Aid Training Co-operatives [mental health first aid training courses](#).

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Contact First Aid Training Co-operative for any First Aid enquiries.

VISIT THE WEBSITE

- F** Find or figure out that there might be a problem.
- I** Investigate by having a conversation, if we get the evidence, we ask about suicide.
- R** Reassure the person through active listening, empathy and encouragement.
- S** Support / Signpost. Provide clear and relevant information.
- T** Take care. Encourage them to do their own self-care and do some yourself.

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Navigating the Journey

Take Time Out

This manual will lead to the discussions of sensitive subjects related to mental health including trauma, self-harm and suicide, which you may have experienced in your life either directly or indirectly.

It is therefore essential to approach the material in this manual with care. Some content may evoke strong emotions or personal reflections. As you engage with this manual, and throughout your mental health learning journey, you may find it helpful to take breaks.

Take breaks as needed.



Self-care

Prioritising your own self-care is crucial when dealing with challenging subjects. Take time to reflect, breathe deeply or engage in activities that promote your well-being.

Support networks

Much of this learning is about enhancing your ability to support others effectively. Building their resilience in their lives. Don't forget you may also need support after dealing with the content of this manual. Use your support networks; have a conversation with a trusted friend, use your personal network or chat to your manager.

Trauma-informed approach

Our commitment to a [trauma-informed approach](#) is central to this manual and our training courses. We recognise that creating an environment that emphasises safety, trust, compassion and empowerment, is vital to discussing mental health.

We aim to create a supportive framework for learning. Your willingness to be a Mental Health First Responder will have a significant positive impact.



Suicide Support



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Workplace Mental Health First Aid

UK statistics

- Poor mental health costs employers £42 - £45 billion each year.
- Around 1 in 4 people are estimated to be affected by Mental health problems in any year.
- 1 in 5 people take a day off due to stress. Yet, 90% of these people cited a different reason for their absence.
- Mental ill health is responsible for 72 million working days lost.
- Presenteeism accounts for 2 times more losses than absences.

HSE and mental health

Employers are required to take reasonable steps to ensure the health, safety and welfare of their employees, which includes mental health. HSE has set core standards to help employers improve the mental health of their workplace. These include producing a Mental Health Policy, mental health training for employees and training Mental Health First Responders.

How to write a MHFA policy



Benefits of Mental Health First Aid Training

- It provides employees and managers with the tools to recognise and respond to signs of mental distress.
- It reduces stigma associated with mental health issues, leading to more open conversations and earlier intervention.
- Having a Mental Health First Responder on-site provides immediate assistance to those in need.
- By addressing mental health in the workplace, companies can improve productivity, reduce absenteeism and create a positive, inclusive work culture.

Prevention is better than cure - and cheaper.

**READ THE
'MENTAL HEALTH IN THE
WORKPLACE'
BLOG**

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The Role of a Mental Health First Responder - (MHFR)

The role of a Mental Health First Responder (MHFR) in the workplace is vital in providing immediate support to employees who may be experiencing mental health challenges. Much like traditional first aiders, MHFRs are trained to offer initial assistance in moments of crisis.

FIRST- follow a plan

MHFRs are guided in their work by following an [incident plan FIRST](#). This gives a structure for responders to follow when dealing with mental health incidents.

Active Listening

Active listening requires full attention to the speaker, reflecting on what is being said and responding empathetically. Refrain from interrupting and avoid giving advice unless asked. This type of listening helps to reduce feelings of isolation, providing the individual with reassurance.

Asking Questions

Gently ask questions, to guide the casualty in exploring their emotions and circumstances. Open-ended questions are essential as they encourage the individual to talk more freely about their experience e.g. "How have you been feeling recently?"

Signposting, Supporting and Follow Up

MHFRs are not trained to diagnose or provide therapy. Part of the MHFR's role is signpost appropriate sources of professional help such as a general practitioner (GP) or other mental health support services.

An MHFR may carry out brief check-ins to see how the individual is coping.

MHFRs are also trained to manage their own wellbeing, recognising that supporting someone through mental health difficulties can be emotionally taxing.

Confidentiality

Employees must feel confident that what they share with an MHFR will remain private. However, confidentiality has its limits. If the casualty's safety or the safety of others is at risk, the MHFR may need to escalate the situation to a manager or professional service.

Boundaries

MHFRs are not counsellors; they must recognise the limits of their training. Their role is to offer support, not to provide long-term emotional care.

Watch the Video

VIDEO: MHFR Talks about Their Role



The Mental Health Continuum

What is Mental Health?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel and act. It also influences how we handle stress, relate to others and make decisions.

Definitions

- **The World Health Organization (WHO)** defines normal mental health as a state where individuals can realise their potential. It means being able to cope with everyday stresses, work productively and contribute to the community.
- **The National Health Service (NHS)** explains that mental health affects our thoughts and behaviours. It plays a crucial role in how we manage stress and interact with others.

Mental Health Continuum

Mental health exists on a continuum. This means it ranges from well-being to severe distress. People move along this scale throughout their lives.

The continuum can be divided into three broad stages:

- **Healthy or Typical Mental Health:** Characterised by resilience, emotional balance and the ability to manage life's challenges. Individuals in this stage function well in their personal and professional lives.
- **Mild to Moderate Stress:** Individuals may experience periods of mild distress or early signs of mental health struggles. Here, self-care practices, social support, or professional guidance can help prevent further decline.
- **Poor Mental Health or Illness:** Severe struggles including anxiety, depression, or chronic mental health conditions, require professional intervention and support.

Improving Mental Health

Regular self-care, fostering strong relationships and seeking professional support are vital for maintaining a person's mental health and ability to work well. Understanding the mental health continuum also helps break stigma. Everyone should be encouraged to take proactive steps to manage their own mental well-being.

READ THE
'WHAT IS MENTAL HEALTH'
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What Affects Mental Health?

Mental health is influenced by a mix of human, natural and societal factors. Understanding these enables us to take proactive steps to protect our mental health. Regular self-care, early intervention and a supportive environment can all make a significant difference in maintaining mental well-being.

Human factors	
• Life Experiences	• Traumatic experiences like childhood abuse, the loss of a loved one or being in a toxic relationship.
• Legislation	• Government policies - for example, inadequate labour laws can lead to overwork and burnout, contributing to poor mental health.
• Protected Characteristics	• Discrimination based on any of these characteristics can significantly affect mental health. Protected characteristics under the Equality Act 2010 include – Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation.
Natural (environmental) factors	
• Sunlight and Seasonal Affective Disorder (SAD)	• Exposure to sunlight has a direct impact on our mood.
• Nature	• Spending time outdoors, particularly in green spaces, has been shown to reduce stress and improve mood.
• Weather	• While the occasional rainy day may not cause significant changes, prolonged exposure to extreme weather conditions such as storms or floods can induce anxiety.
• Diet	• What we eat affects how we feel. A lack of essential nutrients like omega-3 fatty acids, vitamins and minerals can negatively affect mental health, leading to symptoms like fatigue, irritability and low mood.
• Exercise	• Physical activity increases the production of endorphins, often referred to as the “feel-good” hormones, which help alleviate symptoms of anxiety and depression.

What Affects Mental Health? cont.



Societal Influences

Stigma	Many individuals avoid addressing their mental health issues due to fear of being judged or discriminated against.
Social Media	Social media platforms can facilitate connections, but they can also contribute to mental health problems like anxiety, depression and loneliness. Social comparison, cyberbullying and the constant pressure to present a “perfect” life online, can leave individuals feeling inadequate or anxious.
Understanding Stigma	Stigma refers to the negative attitudes and beliefs that society holds toward individuals with mental health conditions. It is rooted in misunderstandings and biases, stemming from cultural beliefs, stereotypes and societal norms. Mental illness can be seen as a sign of weakness. This is neither true nor helpful.

Watch the Video

READ THE
'WHAT AFFECTS MENTAL
HEALTH'
BLOG

VIDEO: Dealing With Stigma



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Resilience in Mental Health

The Role of Resilience

Resilience is the ability to bounce back from adversity, trauma, or stress. It is an essential quality for people facing mental health challenges. Resilience involves not just enduring difficult situations but also adapting positively in the face of hardship. Resilience can be a powerful tool in navigating their experiences and fostering recovery.

Resilience is crucial for several reasons:

• Coping Mechanism	• Resilient individuals are better equipped to handle stress and setbacks.
• Encouragement to Seek Help	• Resilience fosters a sense of empowerment. Individuals who believe in their ability to overcome obstacles are more likely to seek help.
• Improved Outcomes	• Studies have shown that resilience is linked to better mental health outcomes. Resilient individuals have lower levels of depression and anxiety.
• Building Support Systems	• Having a strong support network can buffer against the effects of stigma and enhance recovery. Resilience encourages individuals to build supportive relationships.

Promoting Resilience

• Encourage Open Conversations	• Create safe spaces for individuals to discuss their feelings and challenges without judgement.
• Highlight Strengths	• Help individuals recognise their strengths and achievements. Empowering them to see their resilience can motivate them to persevere in their recovery journey.
• Provide Resources	• Share information about support services and coping strategies that can assist individuals in developing their resilience. This can include counselling services, peer support groups and self-help resources.

**READ THE
'RESILIENCE'
BLOG**

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What is Mental Health Recovery?

When it comes to mental illness, recovery can mean different things. For some people, it will mean no longer having symptoms of their mental health condition. For others, it will mean managing their symptoms, regaining control of their lives and learning new ways to live the life they want.

Recovery is a process that isn't always straightforward. There might be days (or weeks, or months) where the individual feels well and times when their symptoms return.

What Might Help With Recovery?

Different things may help and there is no right or wrong way to recover. Some research suggests that key factors on the road to recovery include:

- Seeking help – The sooner the better.
- Getting enough sleep and exercise.
- Learning to manage anxiety.
- Learning breathing techniques such as diaphragmatic breathing (belly breathing).
- Retraining the brain to change the way that we think about negative situations and bad events (choosing our perspective).
- Learning from mistakes and failures (these are learning opportunities).
- Maintaining perspective.

Mental Health Recovery Planning

There are several planning tools to help with recovery planning. The Wellness Recovery Action Plan (WRAP) method is a popular tool that teaches people how to use some key concepts of recovery – hope, personal responsibility, education, self-advocacy and support in your daily life.



Find out more
about developing
a recovery plan



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Key Elements of a Recovery Plan

A recovery plan is a structured and personalised document. It is developed collaboratively between the individual and their support team, which may include mental health professionals, family members and peers.

Recovery plan elements	
Goals and Objectives	The plan outlines specific, achievable goals related to the individual's mental health and well-being.
Triggers and Warning Signs	It identifies potential triggers that may lead to distress or crisis, along with early warning signs that indicate the casualty may need support. Triggers could be having too many appointments at once; or songs which remind you of a person, event or place. Warning signs could be the casualty recognises their mood begins to slip or underlying health conditions flare up.
Coping Strategies	The recovery plan includes personalised coping strategies that the individual can use to manage their mental health during challenging times.
Support Network	It identifies people they can reach out to for support, including family, friends and mental health professionals.
Crisis Plan	This part outlines steps to take in case of a mental health crisis, including emergency contacts and preferred treatments.

This plan not only focuses on the casualty's specific mental health challenges and outlines. It should include strategies for maintaining a balanced lifestyle, stress management and overall health.

Watch the Video


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What is Self-Care and Why is it Important?

What is Self-Care?

Self-care is about taking actions to maintain and improve one's physical, emotional and mental well-being. Small daily habits that can make a big difference in how we feel mentally and physically. It helps reduce stress and allows you to handle life's challenges with more resilience.

Research indicates that engaging in regular self-care activities can reduce stress levels by 30%. Employees who engage in self-care are 60% less likely to experience burnout and lead to a 50% improvement in job performance and productivity.

Ignoring self-care can lead to feelings of overwhelm, anxiety, and physical health issues.

All Mental Health First Responders should also practice self-care on themselves.

Key Steps to Self-Care

Step 1: Connect with Others

Socialising regularly can improve your mood, provide emotional support and create a sense of belonging. Having a chat with a friend, joining a community group or talking to someone online can have a positive impact.

Step 2: Be Physically Active

Exercise releases endorphins, which are chemicals in that boost your mood. Regular physical activity, such as walking, running, or even dancing, reduces stress, increases energy levels and helps to clear your mind.

Step 3: Learn New Skills

Learning new skills provides a sense of achievement and helps to build confidence. It keeps your mind engaged and can offer a welcome distraction.

Step 4: Give to Others

Acts of kindness are not only good for the person receiving the gesture, but they also boost your own happiness and self-worth.

Step 5: Pay Attention to the Present (Mindfulness)

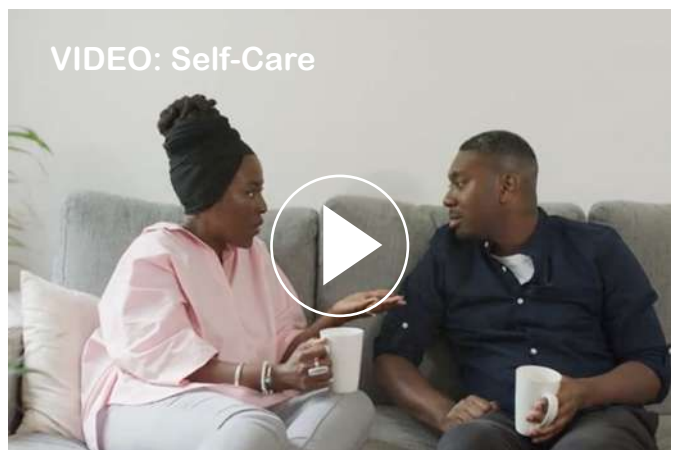
Mindfulness is the practice of being fully present in the moment, without distraction or judgement. Techniques like meditation, deep breathing exercises or simply focusing on your surroundings can help you stay grounded.

READ THE
'WHAT IS SELF CARE'
BLOG

NHS
5-STEPS TO
MENTAL WELLBEING

Watch the Video

VIDEO: Self-Care



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Trauma-Informed Care for Mental Health First Responders

What is Trauma-Informed Care?

Trauma-Informed Care is essential to create a supportive environment. It shifts the focus from “What is wrong with you?” to “What happened to you?”. Acknowledging past traumas avoids re-traumatising individuals.

Key principles of Trauma-Informed Care

Safety	• Create a welcoming environment minimising physical and emotional threats of harm.
Trustworthiness and Transparency	• Transparent policies and clear communication foster rapport between MHFR's and the casualty. This includes confidentiality issues and boundary setting.
Choice	• Allowing people to make choices fosters a sense of control and autonomy making them more likely to engage.
Collaboration	• Encourage shared decision-making. Collaboration enhances a person's commitment to their action plan.
Empowerment	• Focusing on the person's strengths and resilience promotes healing and recovery. It validates their experiences and feelings, helping them regain a sense of belief.
Cultural Consideration	• Recognising diverse backgrounds ensures that care is sensitive to individual needs. This helps avoid cultural biases.



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'TRAUMA INFORMED CARE'
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Trauma-Informed Care for Mental Health First Responders cont.



Why Trauma-Informed Care matters

Understand Casualty Behaviours	Many behaviours stem from past trauma. By understanding this, MHFRs can approach situations with compassion and insight.
Improving Engagement	People who feel understood are more likely to engage. This enhances overall health outcomes.
Reducing Burnout	Fostering a supportive environment can reduce burnout and turnover among staff.
Promoting Recovery	Recognising that trauma affects an individual's ability to cope with stress and relationships is crucial. By using trauma-informed techniques, MHFRs can support casualties in their recovery journeys, helping them build resilience.
Empowerment	Setting a positive, collaborative environment: give a casualty the opportunity to be involved in decision making about their treatment.

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Early Warning Signs of Mental Health Distress

Spotting the early warning signs is crucial for seeking timely support. **Many early warning signs are common across different illnesses.**

Mental symptoms

- **Sadness/Low mood** affects how a person thinks, feels and perceives the world. Sadness may feel overwhelming even when there is no apparent reason.
- **Anxiety** often manifests as excessive worry about daily tasks or social situations. This constant state of worry can be draining making it difficult to relax.
- **Irritability or mood swings.** A person may become frustrated or angry, often over small things. Mood swings can make it challenging to maintain stable relationships.
- **Difficulty concentrating or making decisions.** Mental health distress can cloud a person's thinking, leading to feelings of frustration or self-doubt.

Physical symptoms

- **Fatigue or lack of energy** can feel overwhelming, making even simple tasks seem impossible.
- **Changes in sleep patterns.** Individuals may struggle with insomnia, while others experience hypersomnia (sleep excessively, but still feel tired).
- **Aches and pains** that have no clear medical cause may include headaches, muscle tension or stomach issues.
- **Changes in appetite or weight.** People may lose their appetite or forget to eat, others may engage in comfort eating.

Social symptoms

- **Social withdrawal.** Individuals avoid social gatherings or cancelling. Withdrawal stems from feelings of low self-worth, fatigue or anxiety. Anxiety often manifests as excessive worry about daily tasks or social situations.
- **Detached from those around them.** They may feel that no one understands or they are a burden.
- **Increased conflict in relationships.** Irritability or frustration, may cause the person to verbally or physically lash out, or argue.

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'MENTAL HEALTH DISTRESS'
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Early Warning Signs of Mental Health Distress cont.

Signs at work

- **Decreased productivity.** Struggles to focus on tasks, meet deadlines or stay organised. Accompanied by procrastination.
- **Absenteeism.** Takes more sick days than usual or is frequently late. This is to avoid the stress or anxiety. Doesn't get involved in social contact at work - stops joining in general chit chat.
- **Difficulty interacting with colleagues.** Avoids collaboration or seems disengaged during meetings.

Signs at home

- **Neglects household responsibilities.** Some people feel too overwhelmed or fatigued to manage tasks like cleaning, cooking or taking care of family members. Leads to feelings of guilt.
- **Loses interest in hobbies or activities.** Sadness can make home life feel monotonous or that they are disconnected from it.
- **Changes in communication.** Becomes less communicative and withdrawn, or may express feelings of frustration.

Summary of common symptoms across mental health conditions

- While mental health conditions vary, anxiety, depression, mood swings, fatigue, sleep disturbances and social withdrawal are common across different illnesses.

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Signs and Treatment of Anxiety

What is Anxiety?

It is one of the most common mental health conditions in the world, with symptoms that range from mild to severe. Anxiety can manifest in many ways including excessive worry, panic attacks, difficulty concentrating, and restlessness. Anxiety can escalate into more severe conditions, such as **Post-Traumatic Stress Disorder (PTSD)**.

Remember anxiety is normal, but it is only meant to be an immediate response to danger. It is never meant to last over a long period of time.

Anxiety disorders come in many forms, the most common include **Generalised Anxiety Disorder (GAD)**, **Social Anxiety Disorder**, **Panic Disorder** and **Obsessive-Compulsive Disorder (OCD)**.

How do they feel?	What do you see?	What do you do?
Excessively Worried, Frightened or Panicky: - Persistent and excessive worry about various aspects of life. A Sense of Dread: - They may have difficulty finding joy in everyday life. Restless and Irritable: - A constant sense of restlessness and irritability. Unable to relax. Fatigue: - Fatigued, even without physical exertion. Difficulty Concentrating: - Find it hard to focus and are easily distracted. Sleep Disturbances: - Suffer from Insomnia or have trouble staying asleep. Physical Symptoms: - Headaches / dizziness, dry mouth, increased heartbeat, muscle tension, sweating, and nausea. Can lead to panic attacks	Avoiding Social Situations: - The person makes excuses to avoid going out or socialising with family or friends. Takes Excessive Steps to Avoid Sources of Worry: - Drives a lot further than necessary to avoid busier roads. - Avoids going out alone. - Avoids shopping during busy times. - Crosses street to avoid interactions / people. Jumps to Negative Conclusions: - Assumes the worst possible outcome, particularly in unexpected situations. Under or Over-Eating: - Worry restricts desire to eat, or food provides comfort.	Use the FIRST Incident Procedure. This will help you take the correct steps when dealing with the casualty. Professional Treatments can include: Cognitive Behavioural Therapy (CBT) Exposure Therapy: - A gradual and safe exposure to the memories or situations that trigger their anxiety. Mindfulness and Relaxation Techniques: - Meditation, deep breathing exercises and progressive muscle relaxation. Support Groups: - Talking to others who have experienced similar challenges can provide comfort and reduce feelings of isolation.

READ THE
'ANXIETY - PTSD'
BLOG

WATCH THE VIDEO
ANXIETY

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Post Traumatic Stress Disorder (PTSD)

Anyone exposed to traumatic situations can suffer from Post-Traumatic Stress Disorder (PTSD). It develops after experiencing or witnessing a traumatic event such as physical violence, an accident or a life-threatening situation. Research shows that firefighters, military personnel and first responders are significantly more likely to develop PTSD compared to the general population. Studies suggest that **30% of first responders suffer from PTSD**.

The Link Between Anxiety and PTSD

Anxiety is a symptom of **Post-Traumatic Stress Disorder (PTSD)**. PTSD shares some symptoms with anxiety, plus symptoms like flashbacks, nightmares and intrusive thoughts. One example is with **firefighters**. They often face life-threatening situations while on the job, such as entering burning buildings, witnessing injuries and fatalities.

In PTSD, anxiety becomes debilitating. Individuals experience heightened anxiety when exposed to triggers that remind them of the trauma. A firefighter who has witnessed a fatal accident might feel intense anxiety upon hearing an emergency call.

Treatment for PTSD

The good news is that PTSD is treatable in a similar way to anxiety.

Case study: A Firefighter's Experience



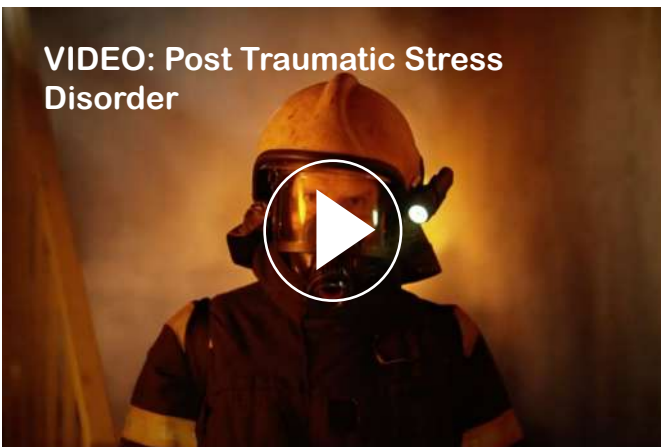
Jane, a firefighter had been in service for over 10 years had witnessed many traumatic events, including road traffic fatalities. Over time, Jane began to experience severe anxiety. She struggled to sleep, had frequent nightmares and felt a sense of dread, even on days off. Her anxiety became so severe that she avoided social situations, fearing that they could trigger a panic attack.

Jane was diagnosed with **PTSD**. After seeking professional help. She began [Cognitive Behavioural Therapy](#) to identify her triggers and learn new ways to manage anxiety. She joined a support group for first responders, where she found comfort in talking with others who shared her experiences.

In time, Jane was able to manage her anxiety and PTSD. She still faces challenges, but this self-care routine helps her cope and continue working with less emotional strain.

Watch the Video

VIDEO: Post Traumatic Stress Disorder



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Cognitive Behavioural Therapy (CBT)

What is Cognitive Behavioural Therapy?

Cognitive Behavioural Therapy (CBT) is a form of psychotherapy focusing on the relationship between thoughts, feelings and behaviours. Studies show that around 60-80% of people with anxiety or depression experience significant improvements after completing CBT. The benefits can last for months or even years.

Principles of Cognitive Behavioural Therapy

Identifying Negative Thought Patterns

- Individuals are encouraged to identify thoughts that contribute to their emotional distress. This might involve keeping a thought diary to track negative thoughts.

Challenging Negative Thoughts

- Once negative thoughts are identified, individuals work with their therapist to challenge these thoughts.

Developing Coping Strategies

- CBT teaches individuals coping mechanisms and problem-solving skills to deal with challenging situations e.g. relaxation techniques and mindfulness practices.

Why is CBT Used for People with Mental Health Issues?

CBT is a versatile therapeutic approach used to treat various mental health issues, including:

Depression: CBT helps people challenge negative thinking patterns that contribute to feelings of sadness.

Anxiety Disorders: CBT is effective in treating various anxiety disorders, (generalised anxiety disorder, panic disorder, social anxiety disorder) by addressing irrational fears.

Post-Traumatic Stress Disorder (PTSD): CBT can help individuals process traumatic events and reduce symptoms associated with PTSD.

Obsessive-Compulsive Disorder (OCD): Individuals learn to face their fears and resist compulsive behaviours through exposure and response prevention.

Eating Disorders: CBT is used to address distorted body image and unhealthy eating habits like anorexia and bulimia.

WATCH THE VIDEO
'BULIMIA AND RECOVERY'

READ THE
'CBT'
BLOG

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Panic Attacks



What is a Panic Attack?

A panic attack is a sudden episode of intense fear or discomfort that triggers severe physical reactions, even when there is no real danger or apparent cause. It can occur unexpectedly, without any clear warning, and lasts for a few minutes to half an hour.

How do they feel?	What do you see?	What do you do?
• Frightened. • It feels as though they are losing control, having a heart attack, or even dying. • Panic attacks are often triggered by stress, anxiety, or trauma. • Symptoms of a panic attack are often intense and overwhelming. • During an attack, the body's "fight or flight" response is activated.	• Rapid heartbeat or palpitations. • Shortness of breath or a choking sensation. • Sweating or chills. • Trembling or shaking • Dizziness or light-headedness. • Chest pain or discomfort. • Nausea or abdominal distress. • A sense of detachment from reality. • Fear of losing control or dying.	• Provide reassurance. • Remind the individual that the panic attack is temporary. • Encourage deep, slow breathing and count breaths together. • Don't offer simplistic advice like "just calm down". • Sit with them in a quiet place. • Ask them if there is anything they need - such as a glass of water.



Breathing into a paper bag for a Panic Attack? No.

Breathing into a paper bag is considered an outdated technique.

Breathing into a paper bag can lower oxygen levels and may cause dizziness or fainting. Instead, focus on slow deep breathing techniques. Encourage the casualty to breathe in deeply through the nose, hold for a few seconds and then exhale slowly through the mouth.

**READ THE
'PANIC ATTACK'
BLOG**

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Signs and Treatment of Depression

What is Depression?

Depression is more than just feeling sad. It affects more than 264 million people worldwide, according to the World Health Organization. In the UK, **1 in 6 adults** have experienced a common mental health problem like depression in the past week, according to **NHS Digital**.

Suicide is a leading cause of death globally, and depression is a major contributor to the 800,000 suicides globally each year.

How do they feel?	What do you see?	What do you do?
• A deep, unshakable sadness or hopelessness that lasts for weeks or months. • Overwhelmed, unable to cope with daily life. • Feeling trapped, as if there's no escape from the dark cloud that hangs over them. • For some, this overwhelming sense of hopelessness can even lead to thoughts of self-harm or suicide. • It's important to note that depression can manifest in various ways, and not everyone will experience the same symptoms.	Emotional Symptoms: • Persistent sadness or feeling "empty". • Irritability or frustration, even over small matters. • Loss of interest in activities once enjoyed. • Guilt and self-blame, often without reason. Physical Symptoms: • Fatigue and low energy, even after restful sleep. • Changes in appetite - increased or decreased. • Sleep disturbances, insomnia or sleeping too much. • Aches and pains with no clear physical cause.	• Offer initial support, listen without judgement. Active Listening: • Often, simply being heard can provide a sense of relief. Show empathy: • Avoid trying to "fix" their problems. Ask open-ended questions: • This encourages the person to talk about their emotions. • Ask about suicide. Provide Reassurance: • Let them know that depression is a medical condition, not a personal failure. • Encourage them to seek professional help.

Why Do People Feel Like This?

Depression is often linked to imbalances in neurotransmitters such as serotonin, dopamine and norepinephrine, which regulate mood. Or it may stem from a genetic predisposition, stress or trauma.



WATCH THE VIDEO
'DEPRESSION'

READ THE
'DEPRESSION'
BLOG

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Signs of Addiction

Addiction is a complex condition that affects the brain, leading individuals to compulsively seek out and engage in harmful behaviours. Addiction is influenced by a variety of factors including genetics, environmental factors (such as stress or anxiety), mental health issues or early exposure to addictive substances.

What Are the Signs of Addiction?

How do they feel?	What do you see?	What do you do?
Guilt and Shame: - Due to the awareness of the harm it causes themselves and others. Isolation: - Withdraw from family and friends to hide their addiction. Leads to loneliness and a feeling of being misunderstood or abandoned. Loss of Control: - The person knows they are harming themselves, but they feel powerless to stop. They may feel trapped in a cycle they cannot escape. Anxiety and Fear: - Many individuals with addiction live in constant fear of being judged, rejected or caught. This anxiety fuels their need to use more of the substance to escape these feelings.	Changes in Appearance and Behaviour: - The person may look dishevelled, tired or unwell. They may start showing up late or missing work, school, or social commitments. Mood Swings: - They might exhibit sudden mood changes, going from irritable or aggressive to withdrawn and lethargic. Withdrawal from Social Circles: - The person withdraws from friends, family or activities they used to enjoy. Secretive Behaviour: - They become more secretive or defensive when asked about their activities. Risky behaviours: - Engaging in risky behaviour to obtain or use a substance. Obsession: - With feeding their addiction, even when it causes harm.	Approach the Person Gently: - Choose a calm, private moment to express your concerns. Avoid accusatory language. Listen Without Judgement: - Allow the person to talk about what they're going through without interrupting or offering immediate solutions. Encourage Professional Help: - Encourage the person to seek help from a healthcare professional. Offer Resources: - Provide information about local addiction services. Follow Up: - Check in with the person after your initial conversation. Showing continued support can help them feel less alone.

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ADDICTION

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Signs and Treatment of Eating Disorders

Eating disorders are complex mental health conditions that affect millions of people worldwide. These conditions are not just about food; they are often rooted in deep emotional and psychological struggles.

Types of Eating Disorder

These are the most common types of eating disorder. Each is a serious mental illness.

- **Anorexia Nervosa.** Causes people to limit how much they eat or drink.
- **Bulimia Nervosa.** Causes the sufferer to get caught in a cycle of over-eating (bingeing) and then compensating through vomiting or taking laxative or diuretic medicines (purging), fasting, or exercising excessively.
- **Binge Eating Disorder.** Causes individuals to eat very large quantities of food. They do not feel in control of what they're doing.

How do they feel?	What do you see?	What do you do?
Extreme Mood Swings: • People with eating disorders often experience intense emotions. Low self-esteem: • Negative body image, feelings of worthlessness, and fear of rejection or failure. Anxiety and depression: • Persistent feelings of sadness, worry, or anxiety can often accompany eating disorders, particularly when individuals use disordered eating. Perfectionism: • An intense desire to achieve perfection, particularly in terms of body image or food control.	Behavioural Signs: • Preoccupation with food, weight, and body image. • Secretive eating behaviours such as eating in private, in secret, or pretending to eat. • Excessive exercise and relating it to compensating for having eaten. • Rigid, obsessive, or unusual food rituals. Physical Signs: • Drastic unexplained weight loss or weight gain. • The person looks 'drained', or have noticeably damaged teeth. • Fatigue and weakness • Digestive issues - constipation, bloating or cramps.	Use the FIRST Incident Procedure. This will help you take the correct steps when dealing with the casualty. Remember to be sensitive and concentrate on active listening. Avoid discussing it with them near to mealtimes as this can be a stressful part of the day. Avoid basing the conversation on food and or their weight or appearance. Concentrate on how they are feeling. The casualty may not realise that they are ill, or deny that there is a problem. If they are not ready to accept help, don't push it, but do keep an eye on them and revisit if you are still worried.

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'BULIMIA AND RECOVERY'

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Get support



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Signs and Treatment of Psychosis

What is Psychosis?

Psychosis is the umbrella term for two specific illnesses – Schizophrenia and Bi-Polar in which a person may experience changes in emotions and motivation, thinking and perception or behaviour. It is commonly described as ‘losing touch with reality’. A psychotic experience can also be caused by extreme stress or abuse, head injuries, serious physical illness, infections in elderly people or high temperatures in both children and adults.

Around **3% of people** will experience a psychotic episode at some point in their lives.

Schizophrenia

Schizophrenia is a complex condition that often includes episodes of psychosis, where the person may have difficulty distinguishing between what is real and what is not.

Bi-Polar (Formerly Manic Depression)

Bipolar disorder causes extreme mood swings. The main symptoms are episodes of extreme highs (mania) and lows (depression), which can last for weeks.

How do they feel?	Schizophrenia What do you see?	Bi-polar What do you see?
• Depressed • Anxious • Irritable • Suspicious of others • Blunted, flat or unusual emotions • Lacking in energy and motivation • A sense of alteration of self or others • A need to be protected	• Poor concentration • Unusual perceptual experiences (hearing, smelling, feeling, seeing, tasting) • Altered sleep patterns • Social isolation or withdrawal • Difficulty carrying out work duties • Difficulty in social situations • Poor personal hygiene • Moodiness & suspiciousness • Disordered thinking • Hallucinations, e.g. hearing voices or other sounds • Delusions	Depressive phase: <u>Signs of Depression</u> However, with Bi-Polar, the symptoms are deeper and more pronounced. Manic phase: • Overconfident • Full of energy • Very talkative • Leaps between subjects in conversation • Full of ideas • Needs less sleep • Takes more risks than usual • At risk of harm through lack of self-care

What do you do?



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'PSYCHOSIS'

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Borderline Personality Disorder (BPD)

Borderline Personality Disorder (BPD) is a complex condition that affects how individuals think and feel about themselves and others. It is characterised by intense emotions, unstable relationships, impulsivity and distorted self-image. These emotions often stem from childhood trauma or adverse experiences such as neglect, abuse or unstable relationships.

BPD is more common among women, although men are also affected. People with BPD are more likely to engage in self-harming behaviours with 70–80% reporting some form of self-injury. Around 75% of people with BPD will attempt suicide at least once and 10% will die by suicide.

How do they feel?	What do you see?	What do you do?
• Living with BPD feels like an emotional rollercoaster. • People experience overwhelming emotions that are difficult to control. • They may feel trapped in a cycle of intense fear, anger or sadness that seems inescapable. • The emotions can be so powerful that they lead to impulsive actions, such as self-harm or risky behaviour. • The fear of abandonment can lead to feelings of isolation, insecurity, and anxiety. • Even perceived slights can trigger intense emotional responses, causing individuals to feel constantly on edge.	Rapid Mood Swings: • They may seem happy or calm one moment, and angry or upset the next. Fear of Rejection: • They may express a fear of being abandoned or rejected. This fear may cause them to seek reassurance. Risky or Impulsive Behaviour: • Engages in impulsive or risky behaviour. You may notice signs of physical injury, such as cuts or burns, or they talk about struggles with impulse control. Relationship Conflicts: • The casualty may idolise someone one day and then express deep anger the next. Expressions of Emptiness: • People often describe feeling empty or hollow, as though there is something missing from their lives.	Provide Emotional Support: • Acknowledge the intensity of their emotions and validate their feelings. Encourage Open Communication: • Ask open-ended questions, such as, “Can you tell me more about what’s going on?” Reassure Them: • Let them know that their feelings are valid, and that help is available. Address Immediate Concerns: • If the person expresses suicidal thoughts or engages in self-harm, take immediate steps to ensure their safety. • This may involve contacting emergency services or helping them access a crisis hotline.

FOLLOW UP

After the initial conversation, check in with the individual regularly to see how they’re doing. Following up shows that you care.

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‘BORDERLINE
PERSONALITY
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Signs and Treatment of Self-Harm

Self-harm is often misunderstood and [stigmatised](#). It is a behaviour in which a person deliberately injures their body to cope with emotional distress. The act provides a temporary release from overwhelming emotions.

Self-harm is a behaviour not an illness.

According to the World Health Organisation, around **16% of adolescents** globally have engaged in self-harm. In the UK self-harm rates among young people have increased by **68% over the past decade**. People with conditions such as depression, anxiety, borderline personality disorder (BPD) or eating disorders are more likely to self-harm.

What do they feel?	What do you see?	What do you do?
Overwhelmed by Emotions: - A sense of desperation. Numb or Disconnected: - Self-harm provides a physical sensation which can make them feel more alive or present. Guilt and Shame: - They may try to hide their injuries, fearing judgement or rejection. Loss of Control: - Self-harm is a way to regain a sense of control. Relief and Release: - Pain distracts from emotional pain. The act redirects their focus to the injury.	Visible Injuries: - Cuts, burns, or bruises on parts of the body that the person tries to hide such as arms, legs or stomach. Mood Swings or Emotional Distress: - Irritable, withdrawn or overly emotional. Mood may shift quickly. Frequent Excuses for Injuries: - Provides vague or inconsistent reasons for injuries. Isolation: - Withdraw from friends and family. Clues in Conversations: - Frequently talks about feeling worthless or disconnected.	Listen Without Judgment: - Reassure them that their feelings are valid. Acknowledge Their Pain: - Acknowledge that self-harm is a coping mechanism. Let them know that it's okay to feel as they do, but that there are safer ways to cope. Encourage Them to Seek Professional Help: - Gently suggest that they seek professional support, such as a GP. Follow Up: - Stay in touch with the person after your initial conversation.

Types of Self-Harm

- Cutting
- Burning
- Hitting or banging
- Scratching or picking skin
- Hair pulling
- Poisoning or overdosing

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'SELF HARM'

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'SELF HARM'
BLOG

Effects of Neurodivergence on Mental Health

Neurodivergence refers to variations in brain function and behaviour. It plays a role in shaping how people manage their mental health. Those who are neurodivergent - such as individuals with autism, ADHD or dyslexia are more likely to experience stress, anxiety or depression.

How Neurodivergence Affects Mental Health

The societal expectations for social behaviour, communication and cognitive functioning are often designed around neurotypical standards.

Someone with autism may struggle with sensory overload or difficulty understanding social cues, leading to increased anxiety in social situations. Similarly, individuals with ADHD might experience frustration due to difficulties with focus, time management or impulse control, resulting in heightened stress levels. The disconnect between how neurodivergent individuals

process the world and the expectations placed on them, creates an environment that can exacerbate mental health issues.

The **chronic stress** of navigating a world not designed for their needs can take a significant toll, with daily stress compounded over time. Social isolation is common. Many neurodivergent people have comorbidity of conditions such as anxiety, depression or mood disorders.

Supporting Neurodivergent Individuals with Mental Health Issues

Creating an accepting and inclusive environment. Neurodivergent individuals should feel free to express themselves without fear of judgement or misunderstanding.

Tailored support. Mental health treatments that are designed with neurotypical individuals in mind may

not always be effective for neurodivergent individuals. For example, therapy sessions should consider communication preferences and sensory sensitivities. Therapeutic approaches like cognitive behavioural therapy (CBT) may need to be adapted to fit the individual's cognitive style.

STIGMA AND MISUNDERSTANDING

Neurodivergent individuals are often misunderstood or misjudged by others, leading to negative social experiences. This can result in low self-esteem, a sense of inadequacy and increased anxiety.



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'STIGMA'

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Autism & Mental Health

People on the Autistic Spectrum are characterised by challenges in social interaction, communication and behaviour. Autism is not a mental health illness but does fall under the mental health banner. It can lead to various mental health issues such as anxiety, depression and stress.

How do they feel?	What do you see?	What do you do?
- Individuals with autism may feel a complex mix of emotions. - Identifying and recognising emotional changes can be a challenge in itself. - They often feel overwhelmed by social situations. - Large gatherings may induce anxiety, making them feel out of place. - The struggle to express their feelings can lead to frustration. - People with autism may also experience joy and excitement when engaging in interests or activities they enjoy. - However, these positive feelings can be overshadowed by challenges in daily life.	Communication Challenges: - Difficulty with verbal and nonverbal communication. Limited eye contact and delayed speech are common indicators. Social Interaction Difficulties: - Struggle to understand social cues. They may find it challenging to form friendships or engage in conversations. Repetitive Behaviours: - Engaging in repetitive movements or routines is typical. This can include hand-flapping or insistence on specific rituals. Sensory Sensitivities: - They may react strongly to loud noises or bright lights.	Create a Safe Environment: - Ensure a calming environment. A quiet space with minimal distractions. Use Clear Communication: - Simple and direct language should be used. Visual aids may also be helpful. Encourage Expression: - Encourage individuals to express their feelings. This can be done through conversation, art or writing. Provide Resources: - Share information about local support services. Follow Up: - Checking in after the initial interaction can help individuals feel valued and understood.

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Signs and Treatment of ADHD

What is ADHD?

Attention-Deficit Hyperactivity Disorder (ADHD) affects both children and adults, influencing attention, focus, impulse control and activity levels. It manifests differently in everyone. The World Health Organization estimates that ADHD affects 5% of children worldwide. ADHD is twice as common in boys than girls.

How do they feel?	What do you see?	What do you do?
Overwhelmed and Frustrated: • Struggle to focus or complete tasks • Feel inadequate • Others might perceive them as “lazy” or “disorganised” Anxiety and Stress: • A battle to stay organised causes significant stress Social Struggles: • Find it hard to form relationships • Interrupts conversations, acts impulsively, forgets commitments Emotional Instability: • Due to their perceived inability to meet expectations Guilt and Shame: • Become upset over small setbacks • Leaves them feeling out of control • Blame themselves for symptoms beyond their control	The condition varies from person to person. Inattention: • Difficulty sustaining focus • Makes careless mistakes • Trouble organising tasks • Easily distracted • Forgetful - loses items e.g. keys, books Hyperactivity: • Fidgets with or taps hands or feet • Has difficulty staying seated. Appears restless • Talks excessively, often interrupting others Impulsivity: • Acts without thinking • Difficulty waiting for their turn • Frequently interrupts or intrudes on others • Makes hasty decisions	Provide Emotional Support: : • Listen actively and empathetically • Validate their feelings of frustration • Let them know that ADHD is a recognised condition. There are strategies to manage it Create a Calm Environment: • Try to remove stimuli from the environment Encourage Focus on Small Steps: • Break tasks into manageable steps • Help them focus on one small task at a time Avoid Criticism: • Avoid critical feedback that might come across as judgemental • People with ADHD often face a lot of negative feedback, be patient

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How Hormones Affect Mental Health



Hormonal changes play a significant role in shaping both our physical and emotional well-being, especially during puberty, pregnancy and menopause. Everyone's response to hormonal changes varies. Hormones are chemical messengers that regulate mood, energy levels and behaviour.

Puberty and Mental Health

During puberty, the body undergoes dramatic physical transformations driven by an increase in sex hormones which influence emotions. As hormone levels fluctuate, mental health can become unstable, resulting in mood swings, confusion, self-doubt, irritability, anxiety or sadness. Body image issues can arise, leading to feelings of insecurity or low self-esteem.

Pregnancy and Mental Health

Sex hormones levels surge during pregnancy. The elevated hormones can result in a sense of well-being, excitement and happiness in some, or they can lead to emotional struggles in others. Many pregnant women **experience increased anxiety, irritability or mood swings**. Physical discomforts such as morning sickness, fatigue and pain can also contribute to feelings of helplessness. For some this can result in **antenatal depression**.

Menopause and Mental Health

Menopause is marked by a decline in **oestrogen** and **progesterone** in females, and **testosterone** in males (andropause). For many individuals, menopause is associated with symptoms like **anxiety, depression, mood swings** and **irritability**.

Menopause can cause **physical symptoms** like hot flushes, sleep disturbances and fatigue, which contribute to poor mental health. The feelings of ageing and the transition into a new phase of life can also trigger responses such as **grief, loss, or fear** of the future.

Andropause can lead to depression, irritability, decreased motivation, low libido, fatigue, loss of muscle mass and weight gain.

Supporting Individuals Through Hormonal Changes

Acknowledging that hormonal fluctuations are a natural part of life can help reduce feelings of shame. It's important to suggest **healthy coping mechanisms**, such as **exercise, mindfulness and relaxation techniques**. Seeking help through a GP may be required for example, **hormone replacement therapy (HRT)**, to alleviate mood swings and depression associated with menopause.

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'MY MENOPAUSE
EXPERIENCE'
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Suicide Prevention and Why We Ask the Question

Suicide is surrounded by stigma and silence, making it difficult to address openly. Asking the right questions and having honest conversations can save lives.

Factors Leading to Suicidal Thoughts

- Depression, anxiety, bipolar disorder or schizophrenia are common contributors. These conditions distort a person's thinking. They feel hopeless, overwhelmed or a burden to others.
- Chronic stress.
- Overwhelming life circumstances such as the loss of a job or relationship breakdown.
- Trauma and abuse; survivors of physical, emotional or sexual abuse may feel trapped by their experiences, leading to feelings of shame and despair.
- Loneliness and isolation. People who lack a strong support network are at higher risk.
- Substance abuse. Drugs and alcohol can amplify feelings of hopelessness and impulsivity, lowering inhibitions.

Signs of Suicidal Thoughts

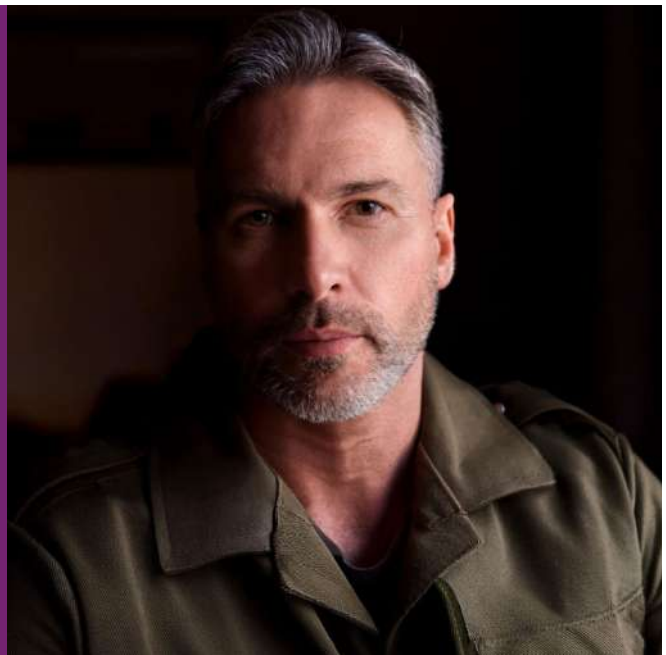
- **Emotional signs** include extreme sadness, hopelessness or feelings of worthlessness.
- **Behavioural signs.** Withdrawing from social activities, isolating themselves from loved ones, or giving away personal belongings.
- **Talking about death.** If someone is discussing death more than usual, making statements like "everyone would be better off without me" or joking about suicide.
- **Changes in sleeping and eating patterns.** People struggling with suicidal thoughts might experience significant weight loss or gain, insomnia or excessive sleeping.

Why It's Important to Ask the Suicide Question

Asking someone directly about suicidal thoughts can be difficult, but it is crucial. Asking them if they are thinking about suicide does not plant the idea in their head; it provides an opportunity to share what they are experiencing, knowing that someone cares.

Why We Must Talk About Suicide

It's important to remember that discussing suicide isn't about encouraging it - it's about providing a safe space for people to talk openly about their struggles. Through these conversations, we can offer support, show compassion and potentially save lives.



Suicide Prevention and Why We Ask the Question cont.



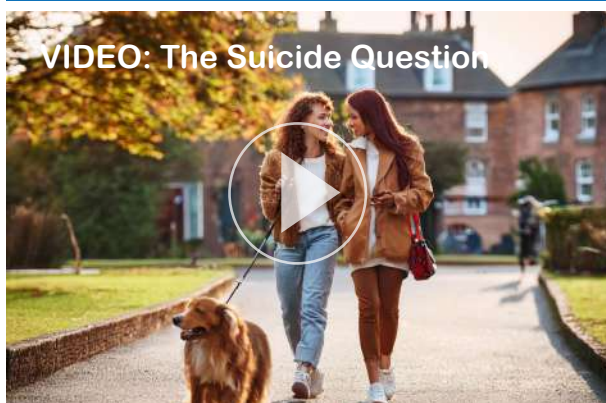
How to Ask the Question?

Asking the question directly can be frightening, but it shows the individual that you are genuinely concerned. Use statements like, “I’ve noticed that you’ve seemed down lately”, and “I just want to check in with you.” If the person seems open to talking, you can ask directly: “Have you been having thoughts about killing yourself or thinking about suicide?”

If the person says yes, the most important thing you can do is listen. Allow them to share their feelings without interrupting or offering solutions right away. This is their opportunity to express the pain they’ve been holding inside. Reassure them that they are not alone and that help is available.

If they are having suicidal thoughts and it is not safe to leave the casualty, then call the emergency services.

Watch the Videos



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Suicide support. Get help now

If you need mental health crisis support services immediately, contact NHS 24 on 111 or your GP. In case of emergency, dial 999 or 112.

There is also a list of organisations that can help on the [First Aid Training Co-operative Website](#).

Get Support

- The [Samaritans](#) helpline provides support 24 hours a day, 365 days a year – call [116 123](#), or email jo@samaritans.org
- [shout](#) is a free, confidential and 24/7 text messaging service for anyone in the UK who needs support. Text the word 'shout' to 85258 to start a conversation.

Thinking About Suicide?

- **Be honest with yourself** – Many people consider suicide at some point in their life.
- **Talk to someone** – Don't keep suicidal feelings to yourself - reach out. It is okay to ask for help.
- **You don't have to be alone** – Someone out there wants to listen.
- **Be aware** – Alcohol and drugs can often make things worse.
- **Keep yourself safe** – Agree with yourself and someone else that you will try not to act on your suicidal thoughts.
- **Get help** – Make an urgent visit to or contact your GP or go to A&E.
- **Remember** – People do get through this.
- **Make a safety plan** – the [Staying Safe website](#) can show you how to make a safety plan.

Worried About Someone Else?

- **Be alert** – Not everyone who thinks about suicide will tell someone, but there may be warning signs.
- **Be honest** – Tell the person why you are worried about them and ask about suicide. Tell them you want to know how they really are, and that it is okay to talk about suicide.
- **Listen** – Just listening is one of the most helpful things you can do. Try not to judge or give advice.
- **Get them some help** – It's okay if you don't know how – the organisations above or on our [website](#) will help you.
- **Take care of yourself** – You may find it helpful to discuss your feelings with another friend, or a confidential service.

DISCLAIMER

This page is intended as a self-help tool and is not intended as a substitute for professional services. Please seek help from a crisis service or a doctor if you are thinking about suicide. We hope this page is helpful to you and offers you some hope and support.

If you require mental health crisis support services immediately:

- Emergency Services: [999](#)
- NHS 24: telephone [111](#)
- Shout: text 'shout' to **85258**
- Samaritans: [116 123](#) or email jo@samaritans.org

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F.I.R.S.T. Incident Procedure

The F.I.R.S.T. Incident Procedure provides a clear and structured approach for Mental Health First Responders when supporting casualties.

Step 1: Find Out – Recognising a Problem

Is the casualty behaving out of character or inappropriately for a situation? Figure out whether there is an issue that requires investigation. Avoid assumptions. Efforts should be made to understand the behaviour from the casualty's perspective.

Step 2: Investigate – Starting the Conversation

Find out what might be behind their behaviour. Approach the conversation with empathy. Open-ended questions should be used to explore what the person is experiencing. Questions like "How have you been feeling lately?" or "Is there anything that has been particularly difficult for you?" can encourage the individual to share their thoughts. Listen without judgement and refrain from offering solutions too early.

If the conversation leads to evidence of suicidal thoughts, it is crucial to ask [directly about suicide](#). This might feel uncomfortable but does not increase the risk of it happening.

Step 3: Reassure – Offering Emotional Support

It is critical to remind the person that they are not alone and that help is available. Emphasise that the way they are feeling will not last forever. Statements like "It's okay to feel this way," or "You're not alone" can provide significant emotional relief.

Step 4: Support / Signpost – Guiding the Next Steps

This stage involves discussing the available resources and support systems that the person can access. First responders are not expected to provide clinical solutions but should be equipped to guide the individual toward professional help.

The conversation should focus on **creating a clear plan of action**.

Step 5: Take Care – Encouraging Self-Care

Small actions, such as practicing mindfulness, maintaining a routine, engaging in hobbies, or even spending time with supportive friends can have a significant positive impact.

Mental Health First Responders must also be reminded to **take care of their own well-being**. Supporting someone in distress can be emotionally challenging, and it is important to engage in self-care after the intervention.

Watch the Video



Learn more about
F.I.R.S.T. on the following
pages.

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Step 1: Find Out – Recognising a Problem



The first step in the **FIRST incident procedure** is to identify whether an individual may be experiencing mental health distress. This requires paying close attention to signs that may indicate a shift in emotional or mental well-being. These signs often manifest as changes in behaviour that are out of character or inappropriate for the circumstances. Such changes might include noticeable mood swings, a sudden withdrawal from social activities, altered work performance, or unexpected emotional reactions to routine situations.

It's important to be sensitive to even subtle differences in someone's usual demeanour. For instance, a typically outgoing person becoming quiet and reserved could be a sign of distress. Likewise, an individual known for being calm and collected who suddenly becomes irritable or anxious might be experiencing mental strain. These signs should be recognised as potential red flags that warrant attention.

In this step, you should take a moment to reflect on the context of these behavioural changes. Is there

anything in the individual's environment that could explain the shift? Stress at work, difficulties in personal relationships, or major life events can sometimes result in temporary changes in behaviours. However, when these changes are persistent or severe, they may signal an underlying issue that needs to be addressed.

It's crucial not to make assumptions or jump to conclusions about the cause of the behaviours. Rather than labelling the individual or assuming the worst, approach the situation with curiosity and compassion. Try to understand what the person may be going through by putting yourself in their shoes. Avoid being judgemental and always be mindful of any biases that might cloud your perception of the situation.

Once you have gathered your observations, it's helpful to consider whether the behaviours indicate a need for further investigation. Move onto Step 2 Investigation.

Step 2 Investigate – Remember Active Listening

To investigate the issues, it is important to listen to the casualty. Active listening provides a framework for supporting casualties by using techniques such as reflective listening, asking open-ended questions and creating a safe space for communication.

Active listening involves fully concentrating, understanding, responding and remembering what the other person is saying.

Techniques for Active Listening

Maintain Eye Contact: Shows that you are engaged and focused on what they are saying. It helps convey empathy and understanding.

Use Reflective Listening: For example, if someone says, “I feel overwhelmed with everything happening at work,” the MHFR might respond, “It sounds like work has been really stressful for you lately.”

Ask Open-Ended Questions: Instead of asking, “Did you have a bad day?” ask, “Can you tell me more about your day and what made it difficult for you?”

Avoid Interrupting: Allow the individual to express themselves fully without interruptions. This shows respect for their thoughts and feelings.

Provide Non-verbal Feedback: Use nonverbal cues such as nodding and leaning slightly forward to show that you are actively engaged in the conversation.

Example Scenario: Investigating a Fellow Outdoor Instructor's Reluctance to Work

Let's consider a practical example of an MHFR, Jamie, is investigating why a fellow outdoor instructor, Alex, does not want to work today. It's a busy day and Alex expresses reluctance to participate in scheduled activities.

Jamie finds a quiet moment to approach Alex, they maintain eye contact and use an empathetic tone.

Jamie: “Hey, Alex, I noticed you seem a bit off today. Can we talk about what's going on?”

Alex: “I just don't feel like it. I'm overwhelmed.”

Jamie: “It sounds like you're feeling really overwhelmed right now. Can you share more about what's been on your mind?”

Alex: “I've been dealing with a lot lately, and it feels like everything is piling up. I don't think I can handle the stress of the day.”

Jamie: “I appreciate you sharing that with me. What specific things are making you feel overwhelmed?”

Alex: “The kids are restless, and I'm worried I won't be able to manage the group.”

Jamie: “It seems like you're concerned about the group dynamics. How can I support you in this situation?”

Alex: “I think I just need a break. Maybe someone else can lead today.”

Jamie: “That's completely understandable. Taking a break might help you recharge. Would you like me to step in for you today?”

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Step 3 - Reassurance

Reassurance provides a supportive framework for individuals in distress. Reassurance can make a significant difference in the lives of those you support, helping them feel valued, establishing trust, reducing anxiety and encouraging engagement.

Techniques for Offering Reassurance

Active Listening: Listening attentively without interruption demonstrates genuine concern. Use nodding, maintaining eye contact and providing verbal affirmations like “I understand” or “I’m here for you.”

Empathic Responses: For example, saying, “It’s okay to feel this way. Many people experience similar feelings,” acknowledges their experience.

Gentle Encouragement: Phrases like, “It’s brave of you to share this,” or “I’m glad you’re talking about how you feel,” can motivate a casualty to continue opening up.

Providing Information: Providing clear, factual information about what to expect can reduce fear and enhance reassurance.

Nonverbal Communication: Body language plays a crucial role maintain an open posture, using gentle gestures, offering a comforting touch (when appropriate).

Case Study: An Outdoor Instructor Reassuring a 14-Year-Old Student

Setting the Scene: An outdoor instructor, Jake notices that one of his students, a 14-year-old girl named Lily, is hesitant to change into her outdoor gear. Jake is aware that Lily has been struggling with self-harm.

As the other students prepare for the activity, Jake approaches Lily with a warm smile, maintaining a calm demeanour.

Jake: “Hey Lily, I noticed you seem a bit uneasy about getting changed. Is everything okay?”

Lily: “I don’t want to change. What if someone sees my scars?”

Jake (active listening): “I understand that you’re feeling anxious about that. It’s completely okay to feel this way. You’re not alone in this.”

Lily: “I just feel embarrassed.”

Jake (empathic response): “It’s perfectly normal to feel embarrassed. Many people go through tough times, and it’s brave of you to share your feelings with me.”

Jake (gentle encouragement): “Would it help if I assured you that everyone here is supportive and understands? You can take your time, and we’re here for you.”

Lily (pausing, considering Jake’s words): “I guess... but I just don’t want to deal with the questions.”

Jake (providing information): “I can let everyone know to give you space. You don’t have to explain anything if you don’t want to. What’s most important is that you feel comfortable.”

Lily: “That might help.”

Jake (reassuring Lily): “You’re doing great, and it’s okay to take things at your own pace. Remember, we’re all here to support each other. Let me know how I can help you.”

As Jake reassures Lily, he creates a safe space for her to express her feelings and encourages her to engage in the outdoor activities when she feels ready.

Step 4 - Signposting and Support

Signposting involves directing people to relevant services, information or assistance when they are experiencing mental health difficulties. This proactive approach contributes to improved mental health outcomes and fosters a culture of support and understanding in communities. It can include referrals to professional services, local support groups, hotlines and self-help resources.

Information to Provide When Signposting

When signposting someone in a mental health crisis, it's crucial to provide clear and relevant information. Here are key elements to include:

- **Details of Available Services:** Provide specific information about local mental health services, including contact details, operating hours and the types of support offered.
- **Crisis Hotline Numbers:** Share emergency hotline numbers where individuals can receive immediate support. This includes national helplines as well as local resources.
- **Support Groups:** Mention any available support groups in the area that cater to specific mental health issues or demographics.
- **Self-Help Resources:** Recommend self-help books, websites, or apps that offer coping strategies and mental health information.
- **Follow-Up Resources:** Provide information about follow-up services or aftercare that are accessible to people needing help.

Why Is Mental Health Signposting Important?

- **Access to Resources:** Helps casualties know where to turn for support.
- **Reducing Stigma:** Signposting helps to normalise the conversation.
- **Guiding Individuals:** Signposting helps them understand their options.
- **Encouraging Help-Seeking Behaviour:** Leads to early intervention and improved outcomes.
- **Enhancing Mental Health Literacy:** Empowers casualties to make informed decisions.



National Support Services



READ THE
'SIGNPOSTING'
BLOG

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Step 5 – Take Care of the Casualty & Yourself

In today's fast-paced world, self-care has become more than just a buzzword; it is a necessary practice for maintaining mental and emotional well-being. For Mental Health First Responders (MHFR), who are often on the front lines of supporting individuals in distress, self-care is crucial not only for their own health but also for the effectiveness of the support they provide.

Why Self-Care?

- Prevention of burnout
- Improved emotional resilience
- Enhanced effectiveness
- Role modelling
- Overall well-being



Mental Health Benefits:

Engaging in regular self-care activities can reduce stress levels by **30%**.

Individuals who prioritise self-care report a **25% increase** in well-being.

Employees who engage in self-care are **60% less likely** to experience burnout

Practicing self-care can lead to a **50% improvement** in job performance and productivity.



What you can do for Self-Care

- Regular exercise
- Scheduled downtime
- Supportive relationships
- Mindfulness practices
- Reflective journaling
- Healthy eating

WATCH THE VIDEO
'SELF-CARE'
(BPD)

READ THE
'SELF-CARE'
BLOG

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Mental Health Incident Reports

A mental health incident report is a formal document used to record incidents related to an individual's mental health, including crises, self-harm, aggression, or any other significant event that impacts the individual's well-being.



EXAMPLE OF MENTAL HEALTH INCIDENT REPORT FORM

5 October 2024, 2:30pm Meeting Room

DATE OF INCIDENT & TIME **LOCATION**

INDIVIDUALS INVOLVED

MHFR: Sarah Smith

Casualty: Anonymous

Witness: Mark Lee (General Manager)

Description of Incident

Description of Incident

At approximately 2:30PM during a meeting, they exhibited signs of distress, including rapid breathing and pacing. They expressed frustration with the meeting, stating, "I feel like this is pointless." As the session progressed, they became increasingly agitated, raising their voice and interrupting other participants.

Observations and Reactions:

They were visibly upset, clenching their fists and avoiding eye contact. Other group members appeared anxious, and some shifted away from them.

Actions Taken:

Sarah, the mental health first aider, intervened by calmly addressing them, saying, "I can see you're feeling really overwhelmed right now. Let's take a moment to breathe together." She guided the group through a brief breathing exercise to help calm the atmosphere. After the exercise, Sarah invited the individual to share their feelings.

Company Name 01667 123456 company@email.com

Understanding the events and circumstances surrounding incidents is vital for providing appropriate support and ensuring the safety of casualties. Mental health incident reports serve as essential tools for documenting these occurrences, facilitating communication and monitoring when incidents occur and how regular they are.

These reports are typically completed by Mental Health First Responders in the workplace. In a clinical setting the report would name the patient. In the workplace however, they are anonymised to prevent stigma and bias towards any individual.

No one would think twice about writing up an accident report for a physical first aid incident. This is a very similar document recording that a mental health incident has occurred.

**READ THE
'INCIDENT REPORTS'
BLOG**

In the natural order of managing a mental health incident at work, a Mental Health Incident Report would be completed once the casualty's immediate needs have been addressed, support has been given and potential sources of further help signposted.

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Safeguarding and Mental Health



Safeguarding children and vulnerable adults is a top priority in educational settings and voluntary services. Safeguarding and mental health are intertwined.

Mental Health First Responders play a crucial role in creating supportive environments and ensuring that individuals receive the help they need. As part of this process, they are likely to come across safeguarding issues.

Mental health issues can arise from various factors,



including trauma, family problems and peer pressure. Individuals with mental health challenges may show signs of distress, such as anxiety, withdrawal or changes in behaviour.

When investigating signs of distress, a Mental Health First Responder may uncover a safeguarding issue. For example, if a child discloses information about self-harm or suicidal thoughts. If this occurs then they should follow their organisational guidance on safeguarding.



There are no special rules for a Mental Health First Responder when it comes to safeguarding. If someone makes a disclosure, then you should follow your organisations safeguarding policy which is likely to include measures such as;

- Contact police or emergency services if there is a risk of immediate harm to the child.
- Report the disclosure to the **Designated Safeguarding Lead** (DSL) or equivalent.
- Assess Risk. If activities are ongoing, standard risk assessment procedures should be followed. If the situation poses a risk to the individual or others the activity should be stopped.

Mental health management is integral to safeguarding.

**READ THE
'SAFEGUARDING'
BLOG**

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KIND Plan For Managers: A Manager's Guide to Supporting Staff Mental Health

KIND Plan For Managers

Mental health in the workplace is a critical factor in maintaining a productive, motivated and cohesive team. As a manager, you are in a unique position to create a supportive environment where staff feel valued. The **KIND plan** provides a practical framework to help managers better understand their team members and foster a positive work atmosphere.

KIND

K - Know your staff

I - Investigate when things go wrong

N - Nudge them to sort out their challenges

D - Do nice stuff for the team



K – Know Your Staff

This goes beyond understanding their job roles and responsibilities. It's about building genuine relationships with your team members, understanding their personal lives and being aware of what motivates them in and out of work.

I – Investigate When Things Go Wrong

This is about taking a thoughtful, empathetic approach when challenges arise. After investigating, offer practical solutions. Whether it's adjusting their workload, providing additional resources or simply giving them time off to recuperate.

N – Nudge Them to Sort Out Their Challenges

If an employee is struggling, encourage them to take proactive steps towards improving their mental health. This might involve suggesting that they talk to their GP, offering resources like an employee assistance program (EAP), or reminding them to prioritise self-care.

D – Do Nice Stuff for the Team

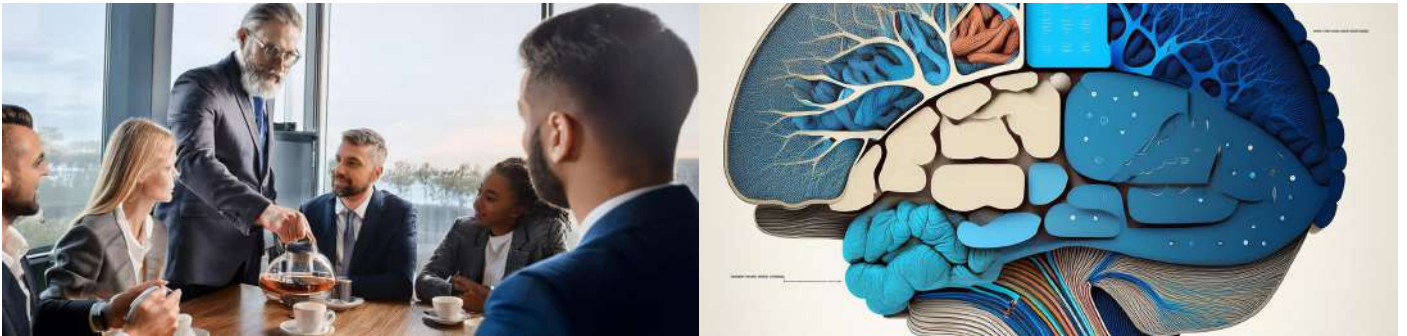
It might seem simple, but small gestures of kindness can have a big impact on team morale and mental health. Celebrate wins, plan team activities or offer flexibility.

Incorporating the KIND plan into your management strategy can lead to a happier, healthier, and more productive workplace. Remember, mental health is just as important as physical health. By supporting your team you ensure long-term success for everyone.

**READ THE
'KIND PLAN'
BLOG**

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The Importance of a Mental Health Policy in the Workplace



A mental health policy outlines how a business will support employees' mental well-being. This clarity can reduce anxiety and stigma associated with mental health challenges.

Companies that invest in mental health save money. Studies have shown that for every £1 spent on mental health initiatives, employers can expect a return of £5 in improved health and productivity.

The Role of Mental Health First Responders

Training Mental Health First Responders is a vital part of any mental health policy. Just as physical first aiders are trained to respond to emergencies, MHFRs are equipped to handle mental health crises. They are trained to recognise the signs of distress, provide immediate support and direct individuals to appropriate resources.

Mental Health First Responders should receive comprehensive training and companies must allocate time for MHFRs to perform their duties effectively. This includes time for training, follow-up conversations and attending to colleagues in need.

Creating a Culture of Support

A mental health policy should aim to create a supportive culture. This involves promoting open discussions about mental health. When employees feel safe discussing their struggles, they are more likely to seek help.

Regular mental health awareness campaigns can be implemented within the organisation. These campaigns can educate employees about mental health issues and promote available resources.

Managers should conduct regular check-ins with team members.

Establish support networks such as peer support groups where employees can share their experiences and coping strategies, reducing feelings of isolation.

Survey the staff and MHFR's to gather feedback on workplace satisfaction, stress points and the success of mental health initiatives. Make the findings open to all.

**READ THE
'MENTAL HEALTH POLICY'
BLOG**

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Sample Mental Health Policy



MENTAL HEALTH POLICY

COMPANY LTD, EDINBURGH, EH12 3LH

Policy Statement

COMPANY Ltd. is committed to promoting and protecting the mental health and well-being of all employees. We recognise that mental health is as important as physical health. We aim to create a supportive work environment where employees feel safe to discuss their mental health needs and access the resources available to them.

Objectives

To raise awareness of mental health issues within the workplace. To provide support for employees experiencing mental health challenges.

Responsibilities

Management: *Managers should be trained to recognise signs of mental health distress and know how to respond.*

Employees: *Employees are encouraged to prioritise mental health and well-being. They should communicate openly about their needs and seek help when necessary.*

Training and Awareness: *Regular mental health training will be provided for staff. Mental health awareness campaigns will be conducted to promote understanding and reduce stigma.*

Support Services

Employee Assistance Program (EAP): *Access to confidential counselling for those experiencing personal or work-related issues.*

Mental Health First Responders: *Designated staff trained to provide initial support and guidance.*

Flexible Work Arrangements: *Options for remote work, flexible hours arrangements to support employees' mental health needs.*

Disclosure and Confidentiality

Employees are encouraged to disclose mental health conditions when they feel comfortable. Managers and HR personnel will respect the privacy of employees while ensuring that appropriate accommodations are made.

Risk Assessment

Regular risk assessments will be conducted to identify potential stressors in the workplace. This will include evaluating workload and the work environment.

Monitoring and Evaluation

Employee feedback will be gathered annually through surveys to assess the effectiveness of mental health initiatives and to identify areas for improvement.

The policy will be reviewed annually to ensure it remains relevant and effective.

Video Case Studies

Watch the Videos



Suicidal Thoughts



Psychosis



Post Traumatic Stress Disorder



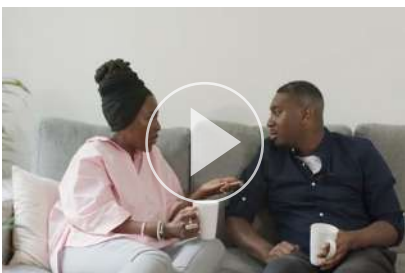
Depression



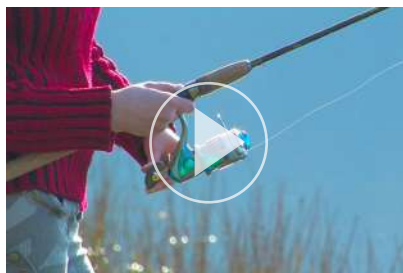
Autism



Dealing With Stigma



Self Care



Self Harm



Mental Health First Responder



Addiction

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Stories in Their Own Words

Watch the Videos



My Andropause Experience



My Menopause Experience



Anxiety



Post Natal Depression



The Suicide Question



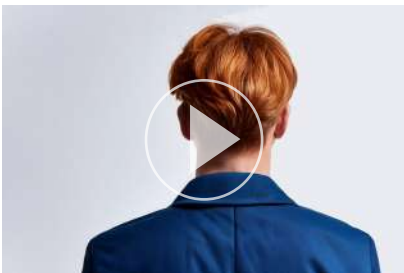
Borderline Personality Disorder



Bulimia and Recovery



Mental Health Recovery



Living With ADHD

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National Resources



Useful Mobile Apps

[YU - You. Understood](#)

By recording your emotions using our app, we can highlight connections between emotions and other factors that otherwise go unnoticed.

[HarmLess: Self Harm Tracker](#)

Empower your resilience against self-harm.

[Hub of Hope](#)

Find services local to you on desktop or by using the app's geolocation technology. Hub of Hope believes that no matter what you're going through, you shouldn't have to do it alone.

[Kooth](#)

Mental Health support for young people aged 13+. Access support from other young people and professionals, all at your own pace.

[Stay Alive](#)

Stay Alive is a suicide prevention resource full of tools and resources to help people stay safe from suicide.

Useful Websites

[NHS Mental Health Services](#)

The NHS website has extensive information about mental health services, including treatment options, support networks and how to access help.

[NHS CNTW Foundation Trust Self Help Guides](#)

These self-help guides cover a wide range of mental health topics, offering users the opportunity to find out more about the causes of mental health issues and tools to work through feelings and emotions

[NHS Inform Mind to Mind](#)

If you're feeling anxious, stressed, or low, or having problems sleeping or dealing with grief – find out how you can improve your mental wellbeing by hearing what others have found helpful.

[First Aid Training Co-operative Mental Health Help](#)

We've compiled a list of support services, charities and other useful organisations that can help with all aspects of mental health.

Managing Mental Health Distress as an Outdoor Practitioner

Outdoor practitioners, including instructors, leaders, coaches, countryside rangers, forest school practitioners, scout and guide leaders and mountain rescue teams, are often well-versed in physical first aid. However, handling mental health issues in outdoor settings can be more challenging, especially when it involves group members experiencing distress.

Dealing with mental health crises in the field is similar to physical first aid. Just as you would use the **ABCs** of physical first aid for injuries, mental health first aid follows a structured system, the **FIRST Incident Procedure**. This approach ensures that outdoor practitioners can manage mental health issues confidently and systematically.

For example, if someone in your group has hurt themselves, you would immediately stop the activity, address the injury, and seek help if needed. In mental health crises, the process is much the same. If the mental health issue is significant, it's important to prioritise the individual's well-being by halting the activity and giving the person the attention they need. On the other hand, if it's a smaller issue, you can manage the situation while continuing with the activity, possibly making some adjustments to ensure the individual feels comfortable.

Mental Health First Aid may feel daunting, especially if it's unfamiliar. However, it's easier to manage than it seems when following a clear system. Like with physical injuries, recognising early signs of distress is key. Outdoor practitioners can make a significant difference by offering a listening ear, providing reassurance and guiding individuals toward professional help if needed.

Remember, as with any health-related situation, if the issue is too complex, it's important to seek further support from mental health professionals. Outdoor practitioners are not expected to solve every problem but to offer immediate help and guide the person to the care they need.

For more information and practical advice on mental health management, explore our comprehensive blog series, and [Mental Health Awareness for Outdoor Practitioners](#) course.

'SAFEGUARDING
AND
MENTAL HEALTH'

'MENTAL HEALTH
INCIDENT
REPORTING'

'MENTAL HEALTH
POLICIES'

'MENTAL HEALTH
FIRST
RESPONDERS'

WATCH THE VIDEO
'MHFR TALKS ABOUT
THEIR ROLE'

Rescue Teams

Rescue Teams face two critical mental health challenges: assisting individuals in mental health distress during rescues and managing the emotional toll of traumatic incidents on team members.

Supporting Individuals in Crisis

Rescue Team members often encounter people on the hills who are lost or in a mental health crisis, some of whom may be contemplating suicide. These rescues require more than just physical assistance; Rescue Team members must also provide emotional support to vulnerable individuals. It's crucial for team members to approach these situations with empathy, using active listening and non-judgemental questioning to gently assess the person's state of mind.

By learning basic **mental health first aid** techniques, Rescue Team members can offer immediate support until professional help arrives. Building rapport, ensuring the person feels safe, and providing reassurance are essential steps in guiding them toward the help they need. Rescue Teams also play a pivotal role in connecting these individuals to mental health services, ensuring they receive the appropriate care once off the hill.

Coping with Traumatic Incidents

Rescue Teams witness severe trauma, such as falls, drownings or cardiac arrests. The emotional strain of handling these distressing incidents can lead to burnout, anxiety or post-traumatic stress for the rescuers. Team members must receive proper mental health support to cope with the aftermath of these experiences.

Support can come in many forms;

- Peer support systems/groups.
- Debriefing incidents.
- Access to mental health professionals.

These are vital for helping Rescue Team members process their emotions. Encouraging a culture where team members can talk openly about their feelings and seek help without stigma is critical for long-term mental well-being.

By equipping Rescue Team members with the tools to manage mental health crises and the support they need, we can protect the well-being of both rescuers and those they help.

Watch the Video



The Importance of Debriefs



The Importance of Debriefing for Mental Health in Rescue Teams

Debriefing after a traumatic incident is a critical process for protecting the mental health of rescue teams and first responders. Whether dealing with medical emergencies, traumatic injuries, or mental health crises, team members are exposed to high-stress situations that can have lasting psychological effects. Implementing effective debriefs - both “hot” and “cold” - helps ensure these experiences are processed healthily.

Hot Debrief: Immediate Support

A **hot debrief** takes place immediately after an incident, offering the opportunity for team members to express their initial thoughts and emotions while the event is still fresh. It's a short, informal session focused on emotional check-ins and brief reflections on the incident. This process helps to relieve immediate tension and allows team members to feel heard and supported. It also opens the door for early identification of any team member who might need additional support.

How to Conduct a Hot Debrief:

- Hold it on-site or shortly after the incident in a safe space.
- Keep it brief, typically no more than 10-15 minutes.
- Allow all team members to share their initial feelings and reactions.
- Focus on emotional responses rather than performance assessments.

Cold Debrief: Structured Reflection

A cold debrief occurs after some time has passed, typically within a few days to a week, allowing for a more in-depth analysis of the incident. This session focuses on reviewing the actions taken, discussing what went well and identifying areas for improvement. It also provides space for deeper emotional processing, helping individuals to articulate how the event impacted them psychologically and emotionally.

How to Conduct a Cold Debrief:

- Schedule it in a quiet, neutral environment.
- Encourage honest and open dialogue about both performance and emotions.
- Use it as a learning opportunity to improve future responses and ensure mental well-being.

Incorporating both hot and cold debriefs is essential for supporting the mental health of rescue teams, promoting resilience, and maintaining their long-term psychological well-being.

Resources

The Digital Manuals

This digital manual is part of a series published by the First Aid Training Co-operative, all available to purchase on our [website](#).

- First Aid at Work
- Sports First Aid
- Outdoor First Aid
- Paediatric First Aid
- Equestrian First Aid
- Mental Health First Aid

Further Resources

Our website features a wealth of [free resources](#), including downloadable casualty monitoring cards, First Aid Hazard Assessment templates, and a library of over 250 blogs featuring in-depth information and 'how to' advice for multiple different first aid topics. Our Mental Health Related Blogs are [here](#).

First Aid Courses

The First Aid Training Co-operative delivers a range of specific first aid training courses. These include:

- [Mental Health First Responder](#)
- [Mental Health Awareness](#)
- [Mental Health Awareness for Outdoor Practitioners](#)
- [First Aid at Work](#)
- [Emergency First Aid at Work](#)
- [Outdoor First Aid](#)
- [Emergency First Aid at Work + Forestry](#)
- [First Aid for Sports Coaches and Exercise Professionals](#)
- [Sports and Pitchside First Aid](#)
- [Dentists and Doctors Basic Life Support](#)
- [Advanced & Expedition First Aid](#)
- [Paediatric First Aid](#)
- [Defibrillator / AED Training](#)
- [Basic Life Support](#)
- [Equestrian First Aid](#)
- [Major Incident Management](#)

Join the First Aid Training Co-operative

We work hard for the benefit of our clients and trainers alike. Discover the benefits of co-operative working as a first aid trainer [here](#).

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Changes East Lothian is a charity that aims to enable people to achieve and maintain good mental health and wellbeing through support groups and courses, one-to-one therapy, and wellbeing activities.

Mike Smith is the Training and Internal Quality Assurance Manager at the First Aid Training Co-operative. He is also the Training Manager at Walsdale Mountain Rescue Team.

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Design and Layout

Mandy E. Rush, a designer and illustrator, created this Digital Mental Health First Aid Manual and produced the related videos. You can find more of her work at <https://www.mandyerush.me/>.

Notes:



<https://firstaidtrainingcooperative.co.uk>