Mental Health First Responder Training
Helping those who may be experiencing a mental health or substance abuse crisis.

Part 1: Introduction

October 2020
Be Safe
Every Employee … Safely Home … Every Day

be present
SEEK + SHARE + LISTEN + CHAMPION

Win the Right Way
VALUES + ETHICS + COMPLIANCE
— Our reputation is built not only on what we achieve, but how we achieve it
Mental Health First Responder Training

Helping those who may be experiencing a mental health or substance abuse crisis.

Part 1: Introduction

October 2020
Agenda

At the end of this session you will be able to:

• Recognize the signs of the most common mental health and substance abuse problems
• Identify levels of risk
• Intervene in a helpful way
• Connect those in need to the most appropriate resources
We also seek to:

1. Increase awareness of mental health conditions.
2. Increase your comfort level talking about mental health.
3. Decrease stigma and isolation for those who are struggling.
4. Increase access to helpful treatment and resources.
5. Positively impact our People, communities and our business.
Mental Health Overview
We all have mental health. Like physical health, mental health is on a continuum. Sometimes it is better than at other times.

Emotional and mental well-being is not just the absence of an illness- it is a state of well-being where we can tolerate stress, rebound from challenges and contribute productively at work, home and in our communities.
All of us will encounter life’s challenges. But mental health conditions are:

- Common (rates are up during Covid-19)
- High impact
- Treatable
- Severely under treated

Nearly 1 in 4 adults will experience a mental illness, 1 in 2 have risk factors.

**Total health.cat.com**
Why don’t we get help?

- Lack of understanding of mental health is part of our total health
- Lack of recognition there is a problem
- Misunderstanding about and lack of access to treatment options
- Stigma, fear, discomfort
- Sense of burdensomeness and a lack of belongingness... ! Suicide Risk !
- We just don’t know where to turn for help

MHFRs have the skills to bridge these gaps
What is a Mental Health First Responder?

- Any of us can be a Mental Health First Responder
- When someone is struggling with a mental health problem, it is often those closest that are the first to notice—long before a doctor or mental health professional gets involved
- Mental Health First Responders are trained to identify mental health problems, including emergencies, and effectively respond until professional help is available
"The person most likely to help in times of need is someone you already know."

- Adapted from a quote by Dr. Paul Quinnett

Source: adapted from the National Guidelines for Workplace Suicide Prevention
As **Mental Health First Responders** it is not our role to diagnose, counsel or treat. The exact problem or diagnosis is not the priority.

We are the eyes and the ears, often the first to recognize when someone is struggling. **Mental Health First Responders detect patterns suggesting a mental health problem and intervene until professional help is available.**

**NOTE:** Mental Health First Responders are not a substitute for mental health care. MHFRs do not replace the supervision and performance management of supervisors, HR or LR. Always seek the guidance of your supervisor or HR if you are concerned about another employee.
Mental Health First Responder Process

**Connect**  
Building relationships, trust and culture so you are well positioned to help when needed.

**Detect**  
Being aware of others. Recognizing the situations and patterns of behavior when others are struggling.

**Protect**  
Listening. Assessing risk. Intervening effectively, particularly in high risk situations.

**Redirect**  
Encouraging self-help and seeking professional help. Referring to appropriate resources.
Connect

- Foundation of the process- people are less likely to open up accept help from people they do not trust.
- Involves individual relationships, group dynamics, culture and climate.
- Must be practiced daily.
- Some key factors*
  - Reducing stigma and shame
  - Open, honest communication
  - Relationships and familiarity
  - Trust
  - Emotional safety
  - Using emotional intelligence (additional resources [here](http://example.com))

* Click links for more information on these topics.
Stigma and Blame

Labeling a person or condition in a disgraceful, shameful manner

- Mental illnesses may not be recognized as legitimate medical conditions
- Those *with* mental illness may not even recognize the legitimacy of the illness
- Labels: lazy, crazy, psycho, weak, oversensitive, self-absorbed, grumpy, critical, “a loner”, unmotivated
- Due to under treatment and reoccurrence, people easily get labeled as they work to live with a mental health condition
Person centered language helps reduce stigma

<table>
<thead>
<tr>
<th>Instead of this</th>
<th>Try This</th>
</tr>
</thead>
<tbody>
<tr>
<td>The mentally ill</td>
<td>People with mental health conditions</td>
</tr>
<tr>
<td>Crazy, nuts, psycho</td>
<td>Living with a mental illness</td>
</tr>
<tr>
<td>A Schizophrenic or A Bipolar</td>
<td>Some with or someone living with. . .</td>
</tr>
<tr>
<td>Suffering from a mental illness</td>
<td>Being treated for a mental illness</td>
</tr>
<tr>
<td>Crazed, deranged, psychotic</td>
<td>Unusual or erratic behavior</td>
</tr>
<tr>
<td>Happy pills, shrinks, mental institutions</td>
<td>Medication, treatment, counseling, hospital</td>
</tr>
<tr>
<td>“Psychotic dog” or “Schizophrenic weather”</td>
<td>Avoid language that trivialized mental illness</td>
</tr>
<tr>
<td>Killed himself or committed suicide</td>
<td>Died by suicide or took his own life</td>
</tr>
</tbody>
</table>
Position yourself as an effective helper

The Emotional (Drama) Triangle

Persecutor:
- Views the world as a terrible place
- Blames others for their faults
- Is not solution focused
- “Only the strong survive”

Rescuer:
- Helps others avoid accountability
- Fixing others builds their self-esteem
- High burn-out factor
- “I’m the one everyone turns to”

Victim:
- Views self as powerless to help
- Self-doubt and lacks confidence
- Looks for the Rescuer to help
- “There’s really nothing I can do”
Position yourself as an effective helper

- Own your role as helper. Remember you *can* make a difference. Be optimistic and hopeful.

- Be clear about your role and responsibility. The actions you take may different based on your role, e.g. supervisor, co-worker, friend, parent, etc.

- Set boundaries. Know the limits of your ability to help.

- Avoid judgement, personal opinions and blame.

- Being a helper isn’t about you. Stay focused on the other person.

- Encourage and empower the other person to act. Don’t own the problem.
Common Mental Health Disorders

• Neurodevelopmental Disorders
• Schizophrenia and Psychotic Disorders
• Bipolar and Related Disorders
• Depressive Disorders
• Anxiety Disorders
• Obsessive-Compulsive and Related Disorders
• Trauma- and Stressor-Related Disorders
• Substance Use and Addictive Disorders
• Personality Disorders
• Dissociative Disorders
• Disruptive, Impulse Control and Conduct Disorders
• Others
Behavioral patterns indicating a potential mental health problem

- Mood
- Behavior
- Thinking
- Physical
- Relationships, work, life stressors
- Signs of drug or alcohol abuse
- Risk of harm to self and others

Everyone exhibits some of these behaviors some of the time.

Look out for:
1. Significant changes
2. Patterns
3. Severity
Behavioral patterns indicating a potential mental health problem

- **Mood**
  - Appearing sad, empty or flat
  - Loss of interest or pleasure in most activities
  - Tearful
  - Anxious, nervous or jittery
  - Uncontrolled or irrational worry
  - Angry, irritable or moody
  - Dramatic shifts in mood from highs to lows
  - Feeling hopeless or trapped
  - Lower confidence or self esteem

- Behavior
- Thinking
- Physical
- Relationships, work, life stressors
- Signs of drug or alcohol abuse
- Risk of harm to self and others
Behavioral patterns indicating a potential mental health problem

• Mood
• Behavior
• Thinking
• Physical
• Relationships, work, life stressors
• Signs of drug or alcohol abuse
• Risk of harm to self and others

- Lethargic, easily fatigued or unmotivated
- High risk or self-destructive behaviors, including buy sprees, gambling or unscheduled travel
- An intense desire to stay at home or in a place deemed safe
- Avoidance of stressful activities
- Hyperactive or unable to sit still
- Changes in physical appearance or hygiene
- Rapid, slurred or disorganized speech
Behavioral patterns indicating a potential mental health problem

- Mood
- Behavior
- Thinking
- Physical
- Relationships, work, life stressors
- Signs of drug or alcohol abuse
- Risk of harm to self and others

- Problems with memory or concentration
- Confused or irrational
- Unable to make basic decisions
- Racing thoughts
- Intensely elevated self-esteem
- Hearing or seeing things that others don’t
- Bizarre beliefs or those that aren’t reality based. Telling stories that lack evidence or seem untrue
- Paranoia
Behavioral patterns indicating a potential mental health problem

- Mood
- Behavior
- Thinking

**Physical**
- Relationships, work, life stressors
- Signs of drug or alcohol abuse
- Risk of harm to self and others

- Changes in appetite. Weight loss or gain.
- Sleeping too much or too little. Difficulty falling or staying asleep.
- Intense fatigue, sleepiness
- Muscle tension, headaches
- Feeling restless or on edge
- Feeling panic: Accelerated heart rate, shaking, shortness of breath, feelings of doom or being out of control.
- Chronic unexplained physical symptoms: stomach aches, joint pains, nausea.
- Struggling with a chronic health condition
Behavioral patterns indicating a potential mental health problem

- Mood
- Behavior
- Thinking
- Physical

**Relationships, work, life stressors**

- Signs of drug or alcohol abuse
- Risk of harm to self and others

- Multiple unpredictable or uncontrolled stressors
- Major losses: death of a loved one or job loss
- Relationship problems or conflicts with others
- Less communication or social interactions
- Unexplained absenteeism or tardiness
- Declining performance or productivity
- Anger, negativity, or disrespectful behavior, including threatening words or actions
- Less engaged during virtual meetings
- Change in tone of emails and conversations
- Reluctant to use camera when working remotely
- Offline more. Slower to reply to emails. Late logging on for meetings.
### Signs of drug or alcohol abuse

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>APPEARANCE</th>
<th>SPEECH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stumbling, staggering, unsteady</td>
<td>Flushed complexion</td>
<td>Slurred, thick</td>
</tr>
<tr>
<td>Drowsy, sleepy, lethargic</td>
<td>Sweating</td>
<td>Incoherent</td>
</tr>
<tr>
<td>Agitated, anxious, aggressive</td>
<td>Cold, clammy, sweats</td>
<td>Exaggerated enunciation</td>
</tr>
<tr>
<td>Hostile, belligerent</td>
<td>Bloodshot eyes</td>
<td>Loud, boisterous</td>
</tr>
<tr>
<td>Irritable, moody</td>
<td>Tearing, watery eyes</td>
<td>Rapid, pressured</td>
</tr>
<tr>
<td>Unresponsive, distracted</td>
<td>Dilated (large) pupils</td>
<td>Excessively talkative</td>
</tr>
<tr>
<td>Clumsy, uncoordinated</td>
<td>Constricted (pinpoint) pupils</td>
<td>Nonsensical, silly</td>
</tr>
<tr>
<td></td>
<td>Unfocused, blank stare</td>
<td>Cursing, inappropriate speech</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Body orders or possession of prohibited substance</td>
</tr>
</tbody>
</table>
Risk of Harm to Self or Others: Suicide Data

After cancer and heart disease, suicide accounts for more years of life lost than any other cause of death.

- 10th leading cause of death in the U.S. 17th worldwide.
- Attempts are hard to measure. But in the U.S. and estimated twelve (494,000) people attempt suicide for one completion (47,000).
- Estimates run from 12 to 25 attempts for each completed suicide.
- Women attempt suicide 3x more often
- Men are 4x more likely to die by suicide.

Source: www.afsp.org
Before taking action:

• Consider consulting with a supervisor, HR or the EAP.

• Make sure you are ready:
  • Are you in the right frame of mind?
  • Do you have the time and private space available?
  • Are you prepared to take emergency action?
  • Are you prepared to listen?
  • Is there anyone else that needs to be involved?
  • Are there security or safety risks that need to be controlled?

• Write down details of your observations. Rehearse.

• Review materials on Trust, Listening and Empathy.
Taking action to Protect

1. Ask if they are OK. Share your concerns, including detailed observations.

2. Actively listen.
   - Pay attention. Use body language to show you understand.
   - Put aside distractions. Don’t think about what you are going to say next.
   - Pay attention to non-verbal communication.
   - Show empathy. Let them know you understand. Ask clarification questions.
   - Don’t judge. Be patient and let them finish. It’s OK to sit with the silence for a bit.
   - Make affirmative statements like, “That sound very challenging.”
   - Avoid telling stories or shifting the conversation back to you.
Taking action to Protect

3. Assess to confirm your observations
   - Stay calm. Speak slowly and softly. Try to deescalate the situation if needed.
   - Share the signs you’ve noticed in a supportive tone, “I’ve noticed you seem sad lately.”
   - Don’t push or force the conversation. Don’t touch them. Let them set the pace and tone.
   - Ask them validate, “Am I noticing these things accurately?”
   - Risk of harm and need for immediate action
     - Ask who knows about these problems, including family, supervisors or any treatment providers.
     - Assess risk level, including severity and risk of harm.

NOTE: you may need to use observation to determine severity. You can also ask something like, “how are you doing at work or home given what you are experiencing.”
Taking action to Protect - Risk of Harm

- Stay calm. Speak in a slow, simple and casual manner.
- Ensure they remain supervised, in a private location, without methods of harm
- Ask, “who can we get involved that may be able to help right now?”
- Offer to call EAP or a family member. Call 911 if you are concerned about imminent harm and never threaten to do so as it may escalate the situation if imminence is not of concern.
Taking action to Protect - Dealing with resistance

• Don’t force it. Reiterate that you are concerned and trying to help.

• Do not detain for imply they can not leave.

• Ask permission to contact family, supervisor or HR

• Ask if it’s OK to follow up.

• If there is immediate risk of harm, consult with a supervisor, HR or call emergency services, e.g. 911
MHFR Process

1. Connect
2. Detect
3. Protect
4. Redirect
5. Build Trust
6. Link to professional help
7. Identify the signs
8. Ask and listen
9. Encourage emergency action
10. Assess the risk

building a stronger you
Redirecting is the process of moving someone from feeling hopeless, confused and “stuck” to being action-oriented.

Most people will not immediately move into action. Our goal is to instill hope, create options and encourage them to seek professional help.
Go in with referral options

• Be prepared for them to accept help
• Be prepared to brainstorm options, but have phone numbers and suggestions ready, such as:
  - Involving family, friends, supervisor, HR
  - Their personal healthcare providers
  - Local healthcare resources or mental health clinics
  - Clergy
  - Caterpillar’s Global Employee Assistance Program
Taking action to Redirect?

• Continue to listen. Show empathy and understanding.
• Ask open-ended questions
  - “What do you think may help this situation?”
  - “Who else can we get involved?”
  - “Have you ever thought about talking to someone or getting professional support?”
  - “How can I help, today?”
  - “If you could change one thing, what would it be? Who can help with that?”
• Offer to call a family member, their doctor, EAP or emergency services.
• Be optimistic. Let them know that they can and will feel better.
# Employee Assistance Program (EAP)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is EAP?</td>
<td>Personal support for a variety of challenges, before they impact your lives at work or at home.</td>
</tr>
</tbody>
</table>
| What is provided?         | • Clinical assessment, counseling, referrals  
                            • Information, consultation and referrals  
                            • Organizational support                   |
| What is the cost?         | There is no cost to use the EAP                                         |
| Is it private?            | Yes. No one at Caterpillar will ever know you have used the EAP.         |
| Who is eligible?          | Regular full and part time Caterpillar employees and their eligible family members.* |
| For leaders               | Most employees self-refer to EAP. But leaders can play an essential role in helping employees get support by making EAP referrals. |

* Local eligible of family members will vary. Check with your HR representative.
Accessing EAP

By Phone
N. America and general information
+1.866.228.0565
+1.309.820.3604
Global access numbers can be found at CaterpillarEAP.com

Online
CaterpillarEAP.com
Local contact numbers.
47 languages.
Or through our benefits portal EAP.cat.com

LifeWorks App*
For iOS, Android and Blackberry
* Uses CWS single sign on.

Onsite
EAP counselors are available onsite in many locations.
Learn more at EAP.cat.com.
To discuss Mental Health First Responder Training for your organization, contact:

Dr. John Pompe
Global Manager, EAP and Employee Health Programs
pompejc@cat.com
Questions?

More information is available at Total health.cat.com