

MENTAL HEALTH FIRST AID™ USA | FIRST EDITION (REVISED)



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# MENTAL HEALTH FIRST AID USA

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**FIRST EDITION (REVISED) | ADULT**



**MENTAL  
HEALTH  
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# Program Overview



- What is Mental Health First Aid (MHFA)?
- Mental Health Problems in the United States
- Mental Health First Aid Action Plan
- Understanding Depression and Anxiety
- Mental Health First Aid Action Plan for Depression and Anxiety
  - *Suicidal Thoughts and Behavior*
  - *Symptoms of Depression*
  - *Non-suicidal Self-Injury*



- Mental Health First Aid Action Plan for Depression and Anxiety
  - *Panic Attacks*
  - *Traumatic Events*
  - *Symptoms of Anxiety*
- Understanding Psychosis
- Mental Health First Aid Action Plan
  - *Psychosis*
  - *Disruptive or Aggressive Behavior*
- Understanding Substance Use Disorders
- Mental Health First Aid Action Plan
  - *Overdose*
  - *Withdrawal*
  - *Substance Use Disorders*
- Using your Mental Health First Aid Training

**Mental Health First Aid** is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.



- Mental health problems are common
- Stigma is associated with mental health problems
- Many people are not well informed
- Professional help is not always on hand
- People often do not know how to respond
- People with mental health problems often do not seek help

A **mental disorder** or **mental illness** is a diagnosable illness that:

- Affects a person's thinking, emotional state, and behavior
- Disrupts the person's ability to:
  - Work
  - Carry out daily activities
  - Engage in satisfying relationships

## U.S. Adults with a Mental Disorder in Any One Year

Type of Mental Disorder	% Adults
Anxiety disorder	18.1
Major depressive disorder	6.8
Substance use disorder	8.1
Bipolar disorder	2.8
Eating disorders	5-10
Schizophrenia	0.3 – 0.7
<b>Any mental disorder</b>	<b>18.5</b>

*Only 41% of people with a mental illness use mental health services in any given year*



## The Impact of Mental Illness

- “Disability” refers to the amount of disruption a health problem causes to a person’s ability to:
  - Work
  - Carry out daily activities
  - Engage in satisfying relationships
- Mental illnesses can be more disabling than many chronic physical illnesses. For example:
  - The disability from moderate depression is similar to the impact from relapsing multiple sclerosis, severe asthma, or chronic hepatitis B.
  - The disability from severe depression is comparable to the disability from quadriplegia.

# Recovery from Mental Illness



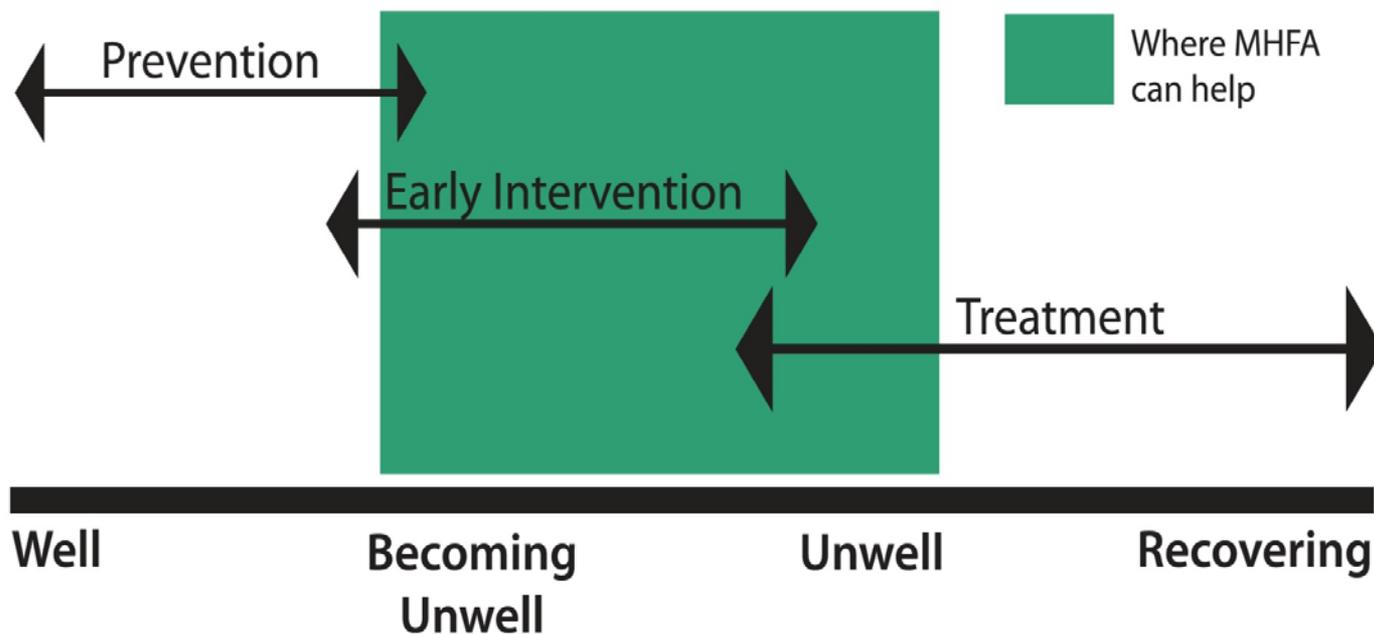
“Recovery is the process in which people are able to live, work, learn, and participate fully in their communities.”

“For some, this is the ability to live a fulfilling and productive life despite a disability.”

“For others, recovery implies the reduction or complete remission of symptoms.”

— *President’s New Freedom Commission on Mental Health*

# Spectrum of Mental Health Interventions



Spectrum of mental health interventions from wellness to mental disorders and through to recovery, showing the contribution of MHFA

# Mental Health First Aid: The Action Plan



- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

# Depression & Anxiety...



- Are the most common mental illnesses
- Have some similar signs and symptoms
- Frequently co-occur

## Depression

- Major depressive disorder lasts for at least 2 weeks and affects a person's
  - Emotions, thinking, behavior, and physical well-being
  - Ability to work and have satisfying relationships
  - Ability to carry out usual daily activities

- Major depressive disorder
- Bipolar disorder
- Postpartum depression
- Seasonal depression

# Depression: Signs and Symptoms



## Physical

- Fatigue
- Lack of energy
- Sleeping too much or too little
- Overeating or loss of appetite
- Constipation
- Weight loss or gain
- Headaches
- Irregular menstrual cycle
- Loss of sexual desire
- Unexplained aches and pains

## Behavioral

- Crying spells
- Withdrawal from others
- Neglect of responsibilities
- Loss of interest in personal appearance
- Loss of motivation
- Slow movement
- Use of drugs and alcohol



# Depression: Signs and Symptoms

## Psychological

- Sadness
- Anxiety
- Guilt
- Anger
- Mood swings
- Lack of emotional responsiveness
- Feelings of helplessness
- Hopelessness
- Irritability
- Frequent self-criticism
- Self-blame
- Pessimism
- Impaired memory and concentration
- Indecisiveness and confusion
- Tendency to believe others see one in a negative light
- Thoughts of death and suicide



# Anxiety



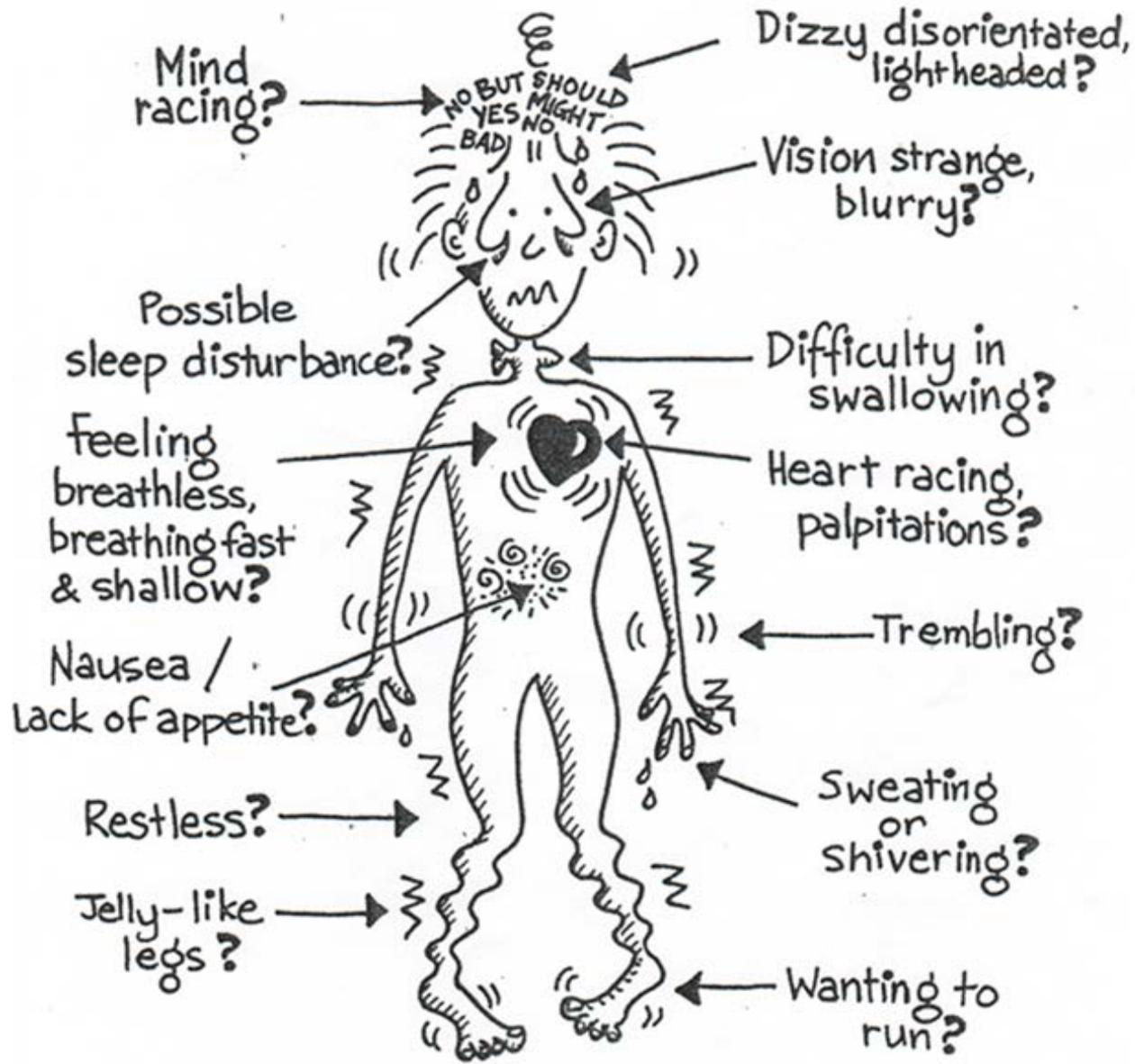
- Anxiety disorder differs from normal stress and anxiety
- The symptoms of an anxiety disorder are more severe and can cause impairment in daily life (i.e.. Work, relationships)

# U.S. ADULTS WITH AN ANXIETY DISORDER IN ANY GIVEN YEAR



Type of Anxiety Disorder	% Adults
Specific phobia	8.7
Social Anxiety Disorder	6.8
Post-traumatic stress disorder	3.5
Generalized anxiety disorder	3.1
Panic disorder	2.7
Obsessive-compulsive disorder	1.0
Agoraphobia (without panic)	0.9
<b>Any anxiety disorder</b>	<b>18.1</b>





*Shaky Man is taken from the book by Bev Aisbett (1993) "Living with IT: A Survivor's Guide to Panic Attacks"*

# Anxiety: Signs and Symptoms

## Physical

- **Cardiovascular:** pounding heart, chest pain, rapid heartbeat, blushing
- **Respiratory:** fast breathing, shortness of breath
- **Neurological:** dizziness, headache, sweating, tingling, numbness
- **Gastrointestinal:** choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
- **Musculoskeletal:** muscle aches and pains (especially neck, shoulders and back), restlessness, tremors and shaking, inability to relax

## Anxiety: Signs and Symptoms

### Behavioral

- Avoidance of situations, obsessive or compulsive behavior, distress in social situations, phobic behavior

### Psychological

- Unrealistic or excessive fear and worry (about past and future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervous, fatigue, sleep disturbance, vivid dreams

## Risk Factors for Depression & Anxiety



- Distressing and uncontrollable event
- Stressful or traumatic events
- Difficult childhood; history of childhood anxiety
- Ongoing stress and anxiety
- Another mental illness
- Previous episode of depression or anxiety
- Family history
- More sensitive emotional nature



## Risk Factors for Depression & Anxiety

- Illness that is life threatening, chronic or associated with pain
- Medical conditions
- Side effects of medication
- Recent childbirth
- Premenstrual changes in hormone levels
- Lack of exposure to bright light in winter
- Chemical (neurotransmitter) imbalance
- Substance misuse; intoxication, withdrawal

# Mental Health First Aid: The Action Plan



- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
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- **E**ncourage self-help and other support strategies

# Assess for Risk of Suicide or Harm



The most common crises to assess for with depressive and anxiety symptoms are:

- Suicidal thoughts and behaviors
- Non-suicidal self-injury



# Suicide Risk Assessment



- Gender
- Age
- Chronic physical illness
- Mental illness
- Use of alcohol or other substances
- Less social support
- Previous attempt
- Organized plan



# Warning Signs of Suicide



- Threatening to hurt or kill oneself
- Seeking access to means
- Talking, writing, or posting on social media about death, dying, or suicide
- Feeling hopeless
- Feeling worthless or a lack of purpose
- Acting recklessly or engaging in risky activities
- Feeling trapped
- Increasing alcohol or drug use
- Withdrawing from family, friends, or society
- Demonstrating rage and anger or seeking revenge
- Appearing agitated
- Having a dramatic change in mood

# Questions to Ask

Ask directly whether the person is suicidal:

- "Are you having thoughts of suicide?"
- "Are you thinking about killing yourself?"

**If "yes " to either above, then...**

Ask whether the person has a plan:

- "Have you decided how you are going to kill yourself?"
- "Have you decided when you would do it?"
- "Have you collected the things you need to carry out your plan?"

# How to Talk with a Person Who Is Suicidal



- Let the person know you are concerned and willing to help
- Discuss your observations with the person
- Ask the question(s) without dread
- Do not express a negative judgment
- Appear confident, as this can be reassuring

## Check For Two Other Risks:

- Has the person been using alcohol or other drugs?
- Has he or she made a suicide attempt in the past?

# Keeping the Person Safe



- Provide a safety contact number
- Help the person identify past supports
- Involve them in decision making
- Call law enforcement immediately if the person has a weapon or is behaving aggressively

## Do Not

- Leave an actively suicidal person alone
- Use guilt and threats to try to prevent suicide
  - *"You will go to hell"*
  - *"You will ruin other people's lives if you die by suicide"*
- Agree to keep their plan a secret

# Reasons for Self-Injury

- To escape unbearable anguish
- To change the behavior of others
- To escape a situation
- To show desperation to others
- To “get back at” other people
- To gain relief from tension
- To seek help

# How to Help with a Person Who Self-Injures



- Recognize that self-injury is usually a symptom of serious psychological distress
- Avoid any negative reactions to the self-injury
- Discuss the situation calmly
- Focus on ways to stop the distress

## Do Not:

- Focus on stopping self-injury
- Trivialize the feelings or situations that have led to self-injury
- Punish the person
- Threaten to withdraw care

# Medical Emergencies

Seek emergency medical help when someone has:

- Taken an overdose of medication
- Consumed poison
- Sustained a life-threatening injury
- Is confused, disorientated or unconsciousness
- Is actively bleeding (rapid or pulsing)

# Mental Health First Aid: The Action Plan



- **A**ssess for risk of suicide or harm
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# Listening Nonjudgmentally

Key **attitudes** to make the person feel respected, accepted, and understood:

- Acceptance
- Genuineness
- Empathy

Key **nonverbal skills** to show you are actively listening:

- Attentiveness
- Comfortable eye contact
- Open body posture
- Being seated
- Sitting next to the person rather than directly opposite
- Do not fidget

# Give Reassurance and Information



- Treat the person with respect and dignity
- Understand that symptoms are an expression of distress or part of an illness
- Have realistic expectations
- Offer consistent emotional support and understanding
- Give the person hope for recovery
- Provide practical help
- Offer credible information

# What Isn't Supportive

## Do Not:



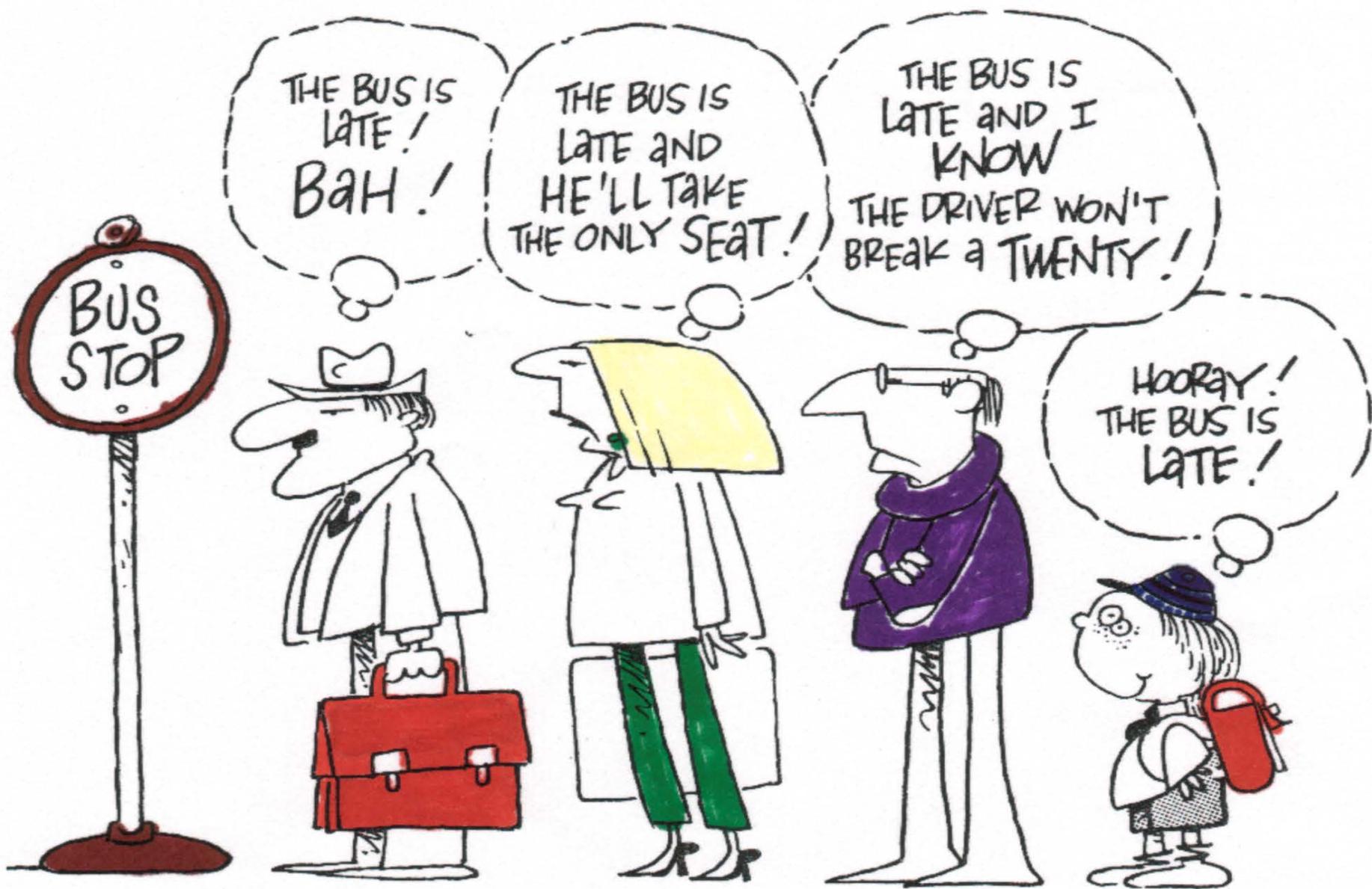
- Tell the person to "snap out of it"
- Act hostile or sarcastic
- Blame person for symptoms
- Adopt an overinvolved or overprotective attitude
- Nag the person to do what he or she normally would do
- Trivialize the person's experiences
- Belittle or dismiss the person's feelings
- Speak with a patronizing tone
- Try to "cure" the person

# Encourage Appropriate Professional Help

- **Types of Professionals**
  - Doctors (primary care physicians)
  - Psychiatrists
  - Social workers, counselors, and other mental health professionals
  - Certified peer specialists
- **Types of Professional Help**
  - "Talk" therapies
  - Medication
  - Other professional supports



# The way we think can influence how we feel



# Encourage Self-Help and Other Support Strategies



- Exercise
- Relaxation and Meditation
- Peer support groups
- Self-help books based on cognitive behavioral therapy (CBT)
- Family, friends, faith, and other social networks

## SESSION 2

- Mental Health First Aid Action Plan for Depression and Anxiety
  - *Panic Attacks*
  - *Traumatic Events*
  - *Anxiety Symptoms*
- Understanding Psychosis
- Mental Health First Aid Action Plan
  - *Acute Psychosis*
  - *Disruptive or Aggressive Behavior*
- Understanding Substance Use Disorders
- Mental Health First Aid Action Plan
  - *Overdose*
  - *Withdrawal*
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# Assess for Risk of Suicide or Harm



The most common crisis to assess for with anxiety symptoms is an extreme level of anxiety:

- Panic attack
- Reaction to a traumatic event

# Symptoms of a Panic Attack

- Palpitations, pounding heart, or rapid heart rate
- Sweating
- Trembling and shaking
- Shortness of breath, sensations of choking or smothering
- Chest pain or discomfort
- Abdominal distress or nausea
- Dizziness, light-headedness, feeling faint, unsteady
- Feelings of being detached from oneself (unreality)
- Fear of losing control or *“going crazy”*
- Fear of dying
- Numbness or tingling
- Chills or hot flashes

# How to Help:

- Express concern and willingness to help
- Ask whether the person knows what is or has happened

If **you don't know** it is a panic attack:

- Check for a medical alert bracelet and follow the instructions
- Seek immediate medical assistance

If **the person believes** it is a panic attack:

- Reassure the person that it is a panic attack
- Ask the person if you can help



# How to Help:

- Remain calm
- Speak in a reassuring but firm manner
- Speak slowly and clearly
- Use short sentences when speaking
- Be patient with the person
- Acknowledge that the terror feels very real
- Remind the person that while a panic attack is frightening, it is not life threatening
- Reassure the person that he or she is safe and that the symptoms will pass
- Avoid expressing your own negative reactions



# Assess for Risk of Suicide or Harm



The most common crisis to assess for with anxiety symptoms is an extreme level of anxiety:

- Panic attack
- Reaction to a traumatic event



# How to Help:

Encourage the person to:

- Tell others what he or she needs
- Identify sources of support
- Use coping strategies that have helped before
- Take care of himself or herself
- Spend time in a safe and comfortable place
- Discourage the person from using negative coping strategies
- Seek professional help if needed



## How to Help:

Encourage seeking professional help if, **for 4 weeks or more** after the trauma, the person:

- Can't stop thinking about the trauma
- Remains upset or fearful
- Is unable to escape intense, ongoing, distressing feelings
- Finds important relationships are suffering
- Feels jumpy
- Has nightmares related to trauma
- Is unable to enjoy life as a result of the trauma
- Has symptoms that are interfering with usual activities

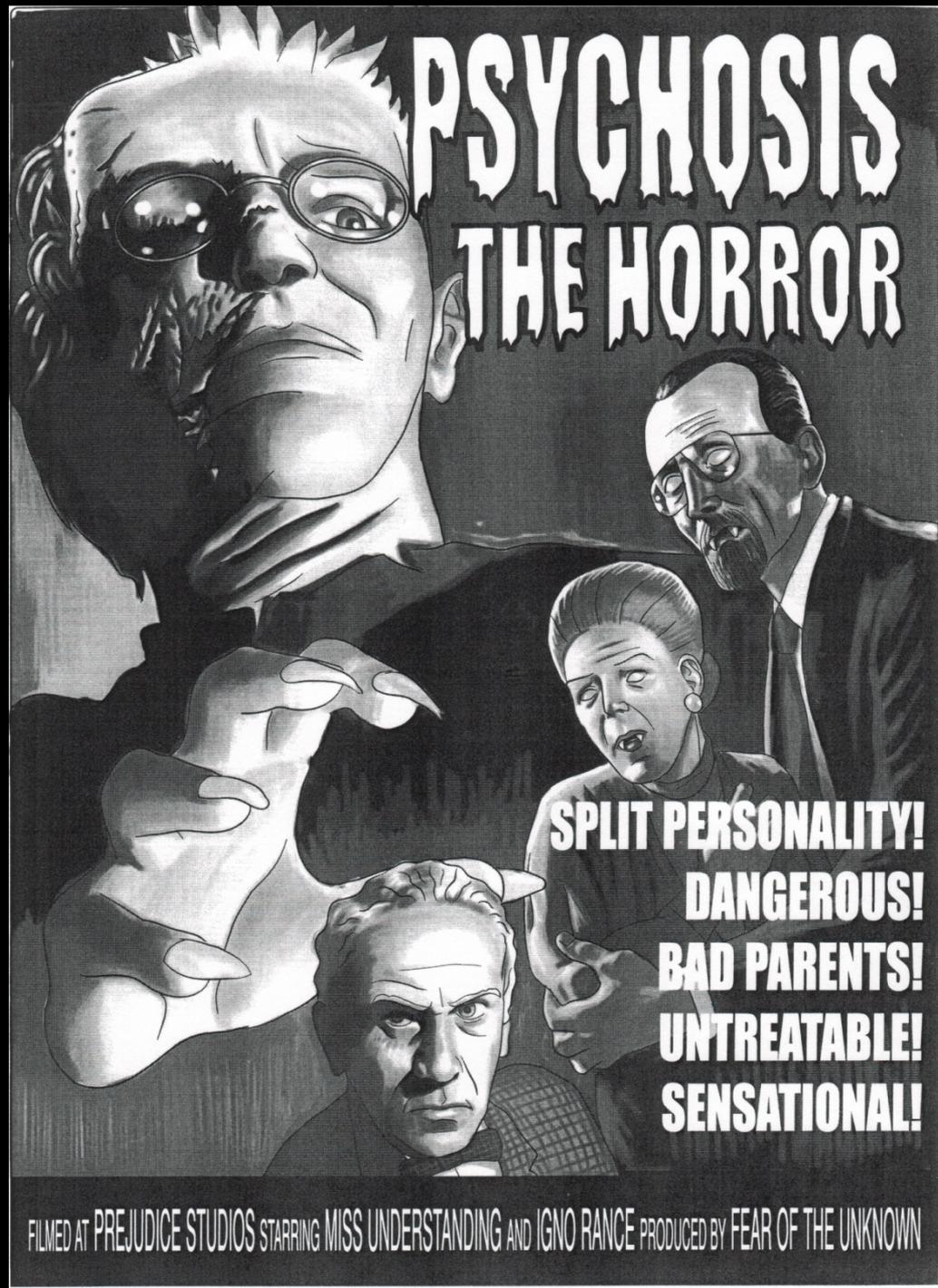


# Mental Health First Aid: The Action Plan



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# What is Psychosis?

- Psychosis is a condition in which a person has lost some contact with reality
- The person may have severe disturbances in thinking, emotion, and behavior
- Disorders in which psychosis can occur are not as common as depression and anxiety disorders
- Psychosis usually occurs in episodes and is not a constant or static condition

# Common Symptoms When Psychosis is Developing

Changes in emotion and motivation:

- Depression
- Anxiety
- Irritability
- Suspiciousness
- Blunted, flat, or inappropriate emotion
- Change in appetite
- Reduced energy and motivation

# Common Symptoms When Psychosis is Developing



## Changes in thinking and perception:

- Difficulties with concentration or attention
- Sense of alteration of self, others, or the outside world (e.g., feeling that self or others have changed or are acting different in some way)
- Odd ideas
- Unusual perceptual experiences (e.g., a reduction in or greater intensity of smell, sound, or color)

## Changes in behavior:

- Sleep disturbances
- Social isolation or withdrawal
- Reduced ability to carry out work and social roles



# Types of Disorders in Which Psychosis May Occur



- Schizophrenia
- Bipolar disorder
- Psychotic depression
- Schizoaffective disorder
- Drug-induced psychosis

# Symptoms of Schizophrenia



- Delusions
- Hallucinations
- Disorganized speech
- Disorganized behavior
- Loss of drive
- Blunted emotions
- Social withdrawal



# Symptoms of Manic Episode (Bipolar)



- Feeling unusually “high” and optimistic or extremely irritable
- Unrealistic, grandiose beliefs about one’s abilities, increase in goal directed behavior
- Increased energy and overactivity
- Decreased need for sleep and still feeling energetic
- Racing thinking and rapid speech
- Distractibility
- Excessive pleasurable activities
- Impaired judgement, impulsiveness and lack of insight



# Without Early Intervention



- Poorer long-term functioning
- Increased risk of depression and suicide
- Slower psychological maturation and delay in assuming adult responsibilities
- Strain on relationships and subsequent loss of social supports
- Disruption of education and employment
- Increased use of alcohol and drugs
- Loss of self-esteem and confidence
- Greater chance of problems with the law



# Mental Health First Aid: The Action Plan



- **A**ssess for risk of suicide or harm
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# Assess for Risk of Suicide or Harm



The most common crises to assess for in persons with symptoms of psychosis are:

- Suicidal thoughts and behaviors
- Disruptive or aggressive behavior

# How to Help:

- Approach the person in a caring nonjudgmental way
- Choose a private time and place, free from distractions
- Let the person know you are concerned and want to help; state the specific behaviors that concern you
- Be sensitive to the way the person is behaving
- Let the person set the pace and style of interaction
- Do not touch the person without permission
- Allow the person to talk about their experiences and beliefs if they want to, but do not force them
- Let the person know you are available to talk in the future
- Respect the person's privacy and confidentiality



# How to Help:

- Remain calm
- Talk in a clear, concise manner
- Use short, simple sentences
- Speak quietly in a nonthreatening tone
- Use a moderate pace when talking
- Answer questions calmly
- Comply with reasonable requests
- Maintain your safety and access to an exit
- Do not do anything to further agitate the person



# Try to De-escalate the Situation

- Speak slowly and confidently with a gentle, caring tone of voice
- Do not argue or challenge the person
- Do not threaten
- Do not raise your voice or talk too fast
- Use positive words instead of negative words
- Stay calm and avoid nervous behavior
- Do not restrict the person's movement
- Try to be aware of what may increase the person's fear and aggression
- Pause, if needed, during the conversation



# Listen Nonjudgmentally

## Try to:

- Understand the symptoms for what they are
- Empathize with how the person is feeling about his or her beliefs and experiences

## Try not to:

- Confront the person
- Criticize or blame
- Take delusional comments personally
- Use sarcasm
- Use patronizing statements
- State any judgments about the content of the beliefs and experiences

# When Communication is Difficult

- Respond to disorganized speech by talking in an uncomplicated manner
- Speak slowly and use short sentences
- Repeat things if needed
- Be patient and allow plenty of time for responses
- Be aware that just because the person may be showing a limited range of emotions, it does not mean that he or she is not feeling anything
- Do not assume the person cannot understand you, even if the response is limited



# Give Reassurance and Information



- Treat the person with respect and dignity
- Offer consistent emotional support and understanding
- Give the person hope for recovery
- Provide practical help
- Offer information
- **Do not make any promises that you cannot keep**



# Encourage Appropriate Professional Help



## Types of Professionals:

- Doctors (primary care physicians)
- Psychiatrists
- Social workers, counselors, and other mental health professionals
- Drug and Alcohol Specialists
- Certified peer specialists

## Types of Professional Help:

- "Talk" therapies
- Medication
- Psychoeducation
- Other professional supports

# Encourage Self-Help and Other Support Strategies



- Peer support groups
- Family, friends, and faith and other social networks
- Family support groups
- Discontinuation of alcohol and other non-prescribed drugs



# What if the Person Doesn't Want Help?



- Encourage the person to talk with someone he or she trusts
- Never threaten the person (i.e. with hospitalization)
- Remain patient
- Remain friendly and open
- The person may want your help in the future



# What are Substance Use Disorders?



- Dependence
- Abuse that leads to problems at home or work
- Abuse that causes damage to health

# Understanding Substance Use Disorders



- 8.1% of the population over 12 have a substance use disorder in any given year
- The use of alcohol or drugs does not mean a person has a substance use disorder
- 75% of people who develop substance use disorders do so by age 27
- Alcohol use disorders are almost three times as common as drug use disorders

# Co-Occurrence



- Substance use disorders can co-occur with any mental illness
- Some people “self-medicate” with alcohol and/or other drugs
- People with mood or anxiety disorders are two to three times more likely to have a substance use disorder

# Warning Signs

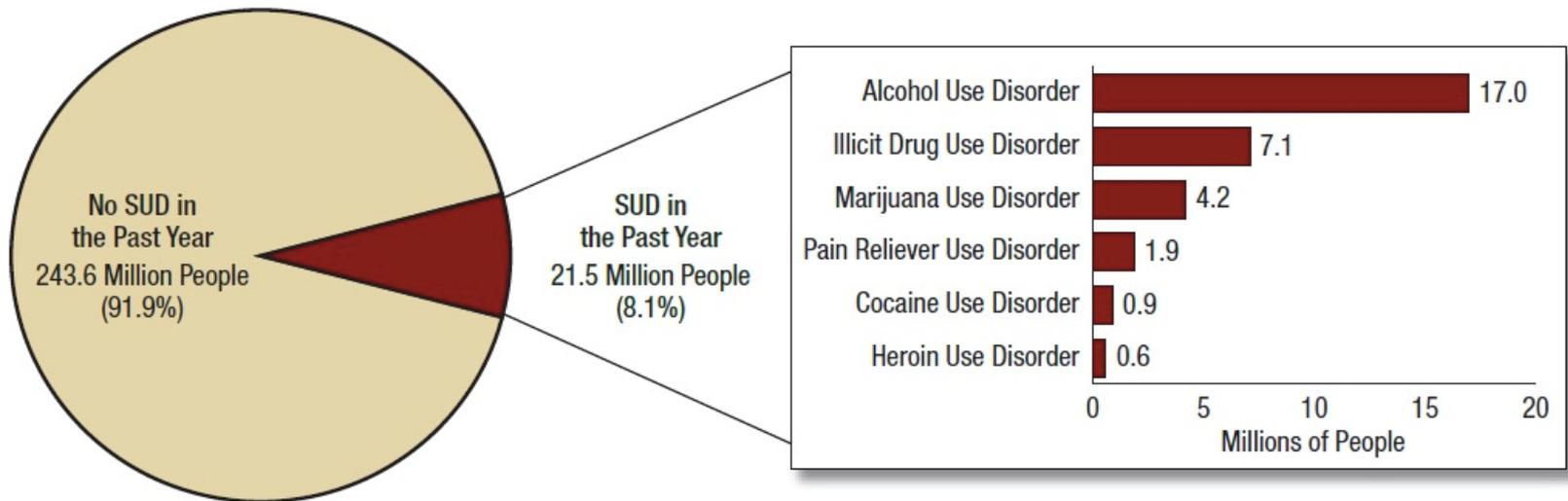
- Increased substance use over time
- Increased tolerance for the substance
- Difficulty controlling use
- Symptoms of withdrawal
- Preoccupation with the substance
- Giving up important activities (work, social, family, etc.)
- Continued use even after recognizing problem with substance use



# Common Substances

- Marijuana (and synthetic Marijuana)
- Heroin (and other opioids)
- Sedatives and tranquilizers
- Cocaine
- Amphetamines
- Methamphetamines
- Ecstasy and other hallucinogens
- “Bath Salts”
- Inhalants
- Tobacco
- Alcohol
- Others?

# Substance Use Disorders in the United States, 2014



SUD = substance use disorder.

Note: SUD refers to dependence or abuse in the past year related to the use of alcohol or illicit drugs in that same period. Estimated numbers of people having disorders for specific substances do not sum to the 21.5 million people with any SUD because people could have disorders associated with their use of more than one substance.

Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.htm#idtextanchor086> accessed January 04, 2016.

# Risk Factors for Substance Use Disorders



- Availability and tolerance of the substance in society
- Social factors
- Genetic predisposition
- Sensitivity to the substance
- Learning/Exposure
- Other mental health problems

# Mental Health First Aid: The Action Plan



- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
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- **E**ncourage self-help and other support strategies

# Assess for Risk of Suicide or Harm



- Talk when both of you are sober
- Talk when you are in a calm frame of mind
- Talk with the person about his or her drinking openly and honestly
- Talk with the person in a quiet, private environment

## Keep in mind:

- The person's own perceptions of his or her drinking
- The person's readiness to talk
- Use of "I" statements
- The person's recall of events



# Assess for Risk of Suicide or Harm



Four main crises are associated with problem drinking:

1. Intoxication with alcohol poisoning or severe withdrawal
2. Aggression
3. Suicidal thoughts and behaviors
4. Non-suicidal self-injury

# When to Call an Ambulance

**Call 911 immediately when the person:**

- Cannot be awakened or is unconscious
- Has irregular, shallow, or slow breathing
- Has irregular, weak, or slow pulse
- Has cold, clammy, pale, or bluish skin
- Is continually vomiting
- Shows signs of a possible head injury (e.g., talking incoherently)
- Has seizures
- Has delirium tremens — a state of confusion and visual hallucinations
- Has convulsions
- Has blackouts
- May have consumed a spiked drink



# Listen Nonjudgmentally



## Try to:

- Listen to the person without judging him or her as bad or immoral
- Avoid expressing judgments about his or her drinking
- Show you are concerned for his or her well-being

## Try not to:

- Be critical of the person
- Label the person or accuse him or her of being "an addict" or "an alcoholic"
- Express your frustration at the person for having these problems

# Give Reassurance and Information



- Changing drinking and drug habits is not easy
- Willpower and self-resolve are not always enough to stop the problem
- Giving advice may not help the person change substance use habits
- Not everyone wants abstinence as a goal — reducing the quantity of use can be worthwhile
- A person may stop or try to stop substance use more than once before being able to stop entirely

# Actions Not to Take When Helping Someone with a Substance Use Disorder

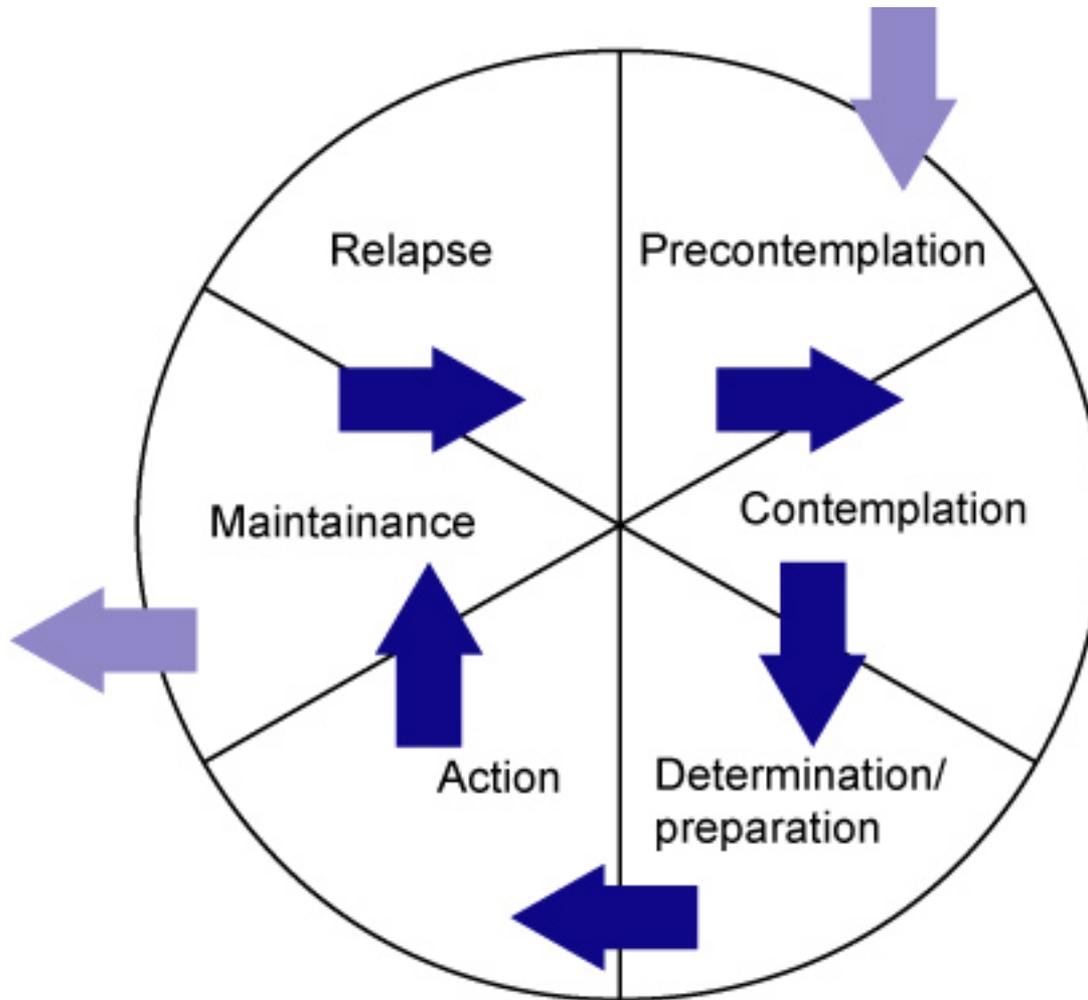


- Join in drinking alcoholic beverages with the person
- Bribe, nag, or threaten
- Make excuses for the person's behavior

## Try Not To:

- Take on the person's responsibilities
- Feel guilty or responsible

# The Stages of Change



*Stages of Change Model (Prochaska and DiClemente)*

# Encourage Appropriate Professional Help



## Types of Professionals:

- Doctors (primary care physicians)
- Psychiatrists
- Social workers, counselors, and other mental health professionals
- Drug and Alcohol Specialists
- Certified peer specialists

## Types of Professional Help:

- "Talk" therapies
- Medication
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- Other professional supports

# Encourage Self-Help and Other Support Strategies



- Support groups
- Family, friends, and faith networks
- Avoidance of friends and social settings involving alcohol and other drugs

## **Self-help groups**

- As of 2015, Alcoholics Anonymous (AA) had more than 115,000 groups worldwide and 60,000 groups and 1.2 million members in the United States.
- As of 2015, Narcotics Anonymous (NA) had more than 63,000 meetings weekly in 132 countries.

*Treatment Gap: In 2014, an estimated 22.5 million Americans aged 12 or older needed treatment for a problem related to drugs or alcohol, but only about 4.1 million people received treatment.*



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