

POWER OF PREVENTION: EPISODE 15

Mental Health First Aid: A Bridge to Care, Comfort and Treatment

Christin D'Ovidio:

While the focus of this podcast series is on the remarkable efforts that New Hampshire residents are making to build strong, vibrant, and resilient communities that are capable of preventing substance misuse, some people may find this interview disturbing. Today we're talking about suicide prevention and mental health challenges. Feel free to take a pass if you need to take care of yourself.

Welcome to the Power of Prevention Podcast. In each podcast, we will go deeper into the topic of prevention in New Hampshire. We'll share our best interviews with you of people who are working tirelessly for their professions, their families, and their communities to stop something unwanted from happening. In this case, substance misuse. This is a podcast for people who are looking for solutions and want to make New Hampshire a better place where we all have the opportunity to live, learn, and thrive. We are hoping to make your lives a little better with these inspirational stories about substance misuse prevention.

News headlines regularly cover stories sounding the alarm on youth mental health. A recent US Surgeon General's report highlights how youth are struggling with trauma, depression, anxiety, suicidal ideation, and in fact growing rates, and they offer strategies. Closer to home, the New Hampshire Department of Health and Human Services has drafted a 10-year mental health plan to address mental health across the lifespan in our state. While the reasons for these changes are complex, some common themes are bullying, stigma, exposure to violence, and social media. Some youth are at greater risk of mental health challenges. A long-term survey that tracks the behavioral health of youth shows that LGBTQ+, BIPOC, youth who live in low income and rural households, can all experience poor mental health. I'm really excited about our show today. We'll explore some of the challenges with mental health and an initiative that is leaning into a topic that many people may want to avoid or are just not sure how to deal with. They might feel helpless, uncomfortable, or stigmatized. The topic is suicide prevention.

I'm really excited about our guest today, where we'll explore some of the challenges with mental health and an initiative that is leaning into this topic that most people want to avoid because they feel helpless or uncomfortable or stigmatized. And the topic is suicide prevention. We have Suzanne Weete with Community Partners. This is Stratford County's Community Mental Health Center, and she's also the co-founder of the Dover Mental Health Alliance, a grassroots community driven coalition dedicated to mental health education, awareness, stigma, elimination, and suicide prevention. Now, Suzanne did not set out to become a person on a mission to prevent suicide, but circumstances close to home drew her to the work. I'd like to welcome you today, Suzanne Weete. It's so nice to meet you.

Suzanne Weete:

Nice to meet you, Christin. Thanks for having me.

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Christin D'Ovidio:

Thank you. So Suzanne, as we were preparing for this interview, you talked about how you got involved with this work, and your story really shows that anyone can make a difference. You don't need to be a professional to make this difference. And so I'd really like you to bring us into that story path.

Suzanne Weete:

Sure. Just a little background, I have worked in Stratford County in nonprofit work for the last 20 years, and I've enjoyed ... I'm on the third nonprofit that I've worked for. And each of the nonprofits, I've really, really loved their mission. But I think this one with Community Partners has really been near and dear to my heart. Reason being is I'm a mom. I have three boys. And as a mom, we worry and make sure hopefully they're healthy, their emotional health is healthy, physical health is healthy. But we were faced with some things here in this town, which I hope no town has to go through any place. Our middle child who graduated last year from high school, he lost three boys to suicide in his school over the last six years. Started when he was in eighth grade, and then I think when he was in ninth grade, and then 11th grade. Three boys all took their own life by suicide. And that just has such a profound effect, obviously, for the family and the friends who know these young boys.

But also it reverberated through the entire community. And really, really, as a mom scared me and others as to what's going on. Why is this happening? And I don't know what to look for, what the warning signs would be, or I don't know how to help someone. And so I felt helpless because I was scared for my own children and others in the community, but I didn't know quite what to do. So I, as a very active community member and volunteer with all my kids' stuff in school, I set an appointment with the superintendent of schools. He was fairly new to our district. His name was Dr. Will Harbron. And I set an appointment. I said, "I'd like to come talk to you about mental health and suicide and our school district. I don't know what we can do or what I can do. But I think that there could be some things we could do."

Because quite frankly, I was really tired of just having people go, "Oh yeah, mental health challenges are a problem", or, "Yeah, that's something that we should think about", but not do anything. Fortunately, Dr. Harbron was right on board and wanted to be part of doing something, we didn't know quite what, to help our community, to help our families, to help our kids with mental health challenges, and also to really help prevent suicides in our town. One is too many, and we had three within a five-year timeframe, and it was just really, really devastating to our community. So that's how I got involved with it. And Dr. Harbron, as I said, was right there next to me, willing to help and be a supportive entity with the school district to the efforts of what we've accomplished in the last few years.

Christin D'Ovidio:

That's great to hear such a positive story actually of what you turned a personal community tragedy into, that you found that. I know we agree mental health is part of overall health, and a

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lot of people think about emotional health and wellness health really differently, the way that we think about our physical health. You've said that if someone was having a medical emergency and need CPR first aid, that you'd offer it. But when someone is having a mental health emergency, that so often we turn the other way or we don't know what to do.

Suzanne Weete:

Yeah, it happens a lot, unfortunately. And that's a lot because of stigma, because we don't understand what mental health challenges are or what mental illness is or we don't want to get involved with somebody with something that's going on that maybe they want to keep private. Just think about it. First I want to say I'm not a social worker. I'm not a clinician in any way, shape or form. I'm really a community educator. But if you think about it, if someone was in the park or something, say an older person was walking ahead of you and fell to the ground, either because they twisted an ankle or maybe they were clutching their chest or something like that, I don't think ... I know I would not turn around and walk away. I'd go over and try to help them. I'm not a doctor, so I would try to do the best of whatever I can do with my knowledge or resources in hand at the time.

But first off, I would definitely call 911, try to make the person comfortable, try to do what I can to help this person. I think also we do see people in the community that might be dressed maybe a little bit disheveled or maybe they're physically dirty or maybe they're talking to themselves, or acting a little erratically, and maybe they have a problem and they can't be calmed down. And a lot of times, people might have mental health crises. And if people understand that this is just a health crisis, people may be more apt to help that person, again by maybe calling 911 or the New Hampshire Rapid Response Access Point line right now that's now in use in New Hampshire or 988, the National Suicide Prevention line. So it's just a health challenge.

And so once people really understand that and internalize that, people might be more apt to help someone who might be experiencing a mental health crisis. So we just need to think about it on the same level as a physical health problem, a mental health problem. We can also be a support, a first line of support, to someone in that moment. We're not going to diagnose the person. We're not going to set a bone if we're not qualified. If someone breaks their arm, we're not going to say, "This person is having a manic episode." But what we can do is at least provide a first line support for that person and get professionals involved, instead of just turning away.

Christin D'Ovidio:

We hear this other term a lot, Mental Health First Aid. And what you were just talking about reminds me could you do first aid? What is Mental Health First Aid and how does it help to have these skills? How can people get involved in this?

Suzanne Weete:

Yeah, no, that's a great question. I just did describe that a little bit in that scenario. So Mental

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Health First Aid is a curriculum that was developed in Australia in the early 2000s and then brought to the United States in 2008. And they have several different renditions of this curriculum based on who you're actually going to be potentially administering this first aid to, like youth or older adults or veterans or first responders. But really, it's a skills-based curriculum to teach people how to recognize and respond to someone in emotional distress and then offer that first line of support in getting them help. Sometimes that person just needs a listening ear, to actually help them deescalate and feel a little bit better. But sometimes you might need to call 988 or the New Hampshire Rapid Response Access Point line or maybe even just a trusted adult, that that person would feel more comfortable becoming deescalated with.

That really teaches you what risk factors are for someone who might be experiencing a mental health crisis. Warning signs, maybe something really elevating into that crisis zone. Maybe suicide, someone having suicidal ideation. So it teaches you risk factors teaches you these warning signs. And then it teaches you sort of a skills-based approach to helping this person. And like first aid or CPR where there's a set list of ... There's a list of you do this step and then you do this step and then you do this step, it's like that.

And you learn ways to approach a person, how to ask them how they're doing or what they're feeling in a way that's non-judgmental, in a way that's showing that you care, makes you think about the situation as a whole, assessing the situation. Is the situation becoming more heightened? Is it becoming a crisis? Is this person in danger or am I in danger? Is someone else in danger? And then what you do and how you connect them to, like I said, either maybe a trusted individual of that person or other professional help. It's not a course that teaches you how to diagnose. No one comes out of this class being a social worker. It really teaches you the first line of support for someone that may be experiencing a mental health challenge crisis or potentially having suicidal ideation.

Christin D'Ovidio:

And you started telling us your story that was motivated by tragedy in your community that happened with some younger individuals. Then we just talked about maybe more of an adult scenario. And then how does this Mental Health First Aid come into play, maybe back again with children or the younger audience, or what would bring each of this in the first place? As a parent, how do I look for some of these signs? Or is the course transferable to this?

Suzanne Weete:

Yeah, it's a good question. So I mentioned that there's a couple different modules you'd say. There's a Mental Health First Aid for adults. So the class is geared for learners in the classroom, to be adults who work with other adults. So you recognize and respond to potentially a mental health crisis that another adult might be having. But then there's a youth module, which is the learners are adults, but you are teaching these adults how to recognize and respond to youth in emotional distress. So you think of people like teachers. This is great also for first responders. Anybody that might be working with youth. Youth groups, faith-based organizations, that kind of thing. Camp counselors. Anyone that might be working with youth, there's a module that really is

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designed to teach people, teach adults, how to recognize what might be happening in a youth and how to approach them in the right way.

Another really exciting module that Mental Health First Aid has developed is what we call the teen Mental Health First Aid. And it's been really great in the school district here in Dover, New Hampshire. The school district, again, with the support of the superintendent and other administrators, we've been able to implement what we call Teen Mental Health First Aid. So what that is we go into the school, certified instructors, and we teach an entire grade level, either 10 or 11 or 12th graders. We've chosen 10th grade in Dover. Will teach the entire grade level a Mental Health First Aid class. And it's designed for teens to recognize in other teens if they're experiencing emotional distress or a mental health challenge or crisis. And as a parent, we might think our kids tell us everything. Maybe not. Mine certainly don't. But really peer to peer support is very, very powerful.

So kids know what other kids are going through, and kids know probably more so than parents do. And so it's really powerful when we have the teen groups trained in this, that now they're thinking, "All right, this is not a personality defect. This is a health challenge. How can I help them? What can I do? How can I support my friend? How can I get them to the right help? Whether that be a trusted adult, a trusted person, or a medical professional, like a nurse or a social worker in the school district or another medical professional?" But how can a teenager help their friend get help? And it still goes through the same stages as like you learn how to approach your friend. You learn the kind of things, what to do and what to say. What not to do, what not to say, how to listen non-judgmentally. And then approach it from that health and caring for perspective so that then they feel that they can get help.

Either you can take them to get them help from someone in the school or a trusted adult, or they feel the person that needs the help feels more empowered to get help themselves. So I love that. And actually here in Stratford County, we have other school districts that are wanting to implement teen Mental Health First Aid. It's a pretty strict requirement, but the Mental Health First Aid organization would like an entire grade level to be trained, and I think that's important. At first, I thought, "Oh gosh, this is a really daunting task." But I think it is really important because then you have an entire grade level trained in this. And at the 10th grade level, they carry that onto 11th and 12th grade. Another requirement to be able to implement this in the school districts is that 10% of the staff in the building need to also be trained in Youth Mental Health First Aid.

So teachers or administrators or social workers need to be trained in Youth Mental Health First Aid, so that they are attuned to this class happening, the teen Mental Health First Aid class. They're attuned to this happening within their building and that they can also respond to youth that might be going through challenging times. It's so that there's more trusted adults that know what to do and what to say to a youth if experiencing emotional distress. So the teens get trained, a certain percentage of the school personnel get trained, and that just really leads to more open, honest conversations and communication and people really looking out for one another.

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Christin D'Ovidio:

Many of us will experience a mental health challenge or illness in our lifetime. Our guest assures us that with proper care and treatment, we can all go on to manage our health conditions and lead happy lives. Responding with empathy and compassion can help people overcome these challenges.

Suzanne Weete:

It's so important, that connection. And the connection, and to also just understanding. One thing about how we can think about thinking about mental health or suicide prevention is that we're all raised differently. We all have different experiences with what we think mental illnesses is, the messages we receive growing up from family, from the media. Movies over the decades really vilify people that maybe experiencing mental health challenges.

When we start to think about things like in a way that what happened to you versus what's wrong with you, this shift allows for empathy and compassion to take root. Therefore, then you can start to think about mental health challenges, is, "All right, they didn't ask for this. This is a health problem." If someone was experiencing an illness like cancer, we'd start a food train. We'd bring food to people. Or someone had a loss in the family. We'd help them with, as an example, a food train. Same goes ... We should think about that with someone that might be experiencing a mental health challenge or mental illness. So when we start thinking about that these are health challenges, it really allows for that empathy and compassion to take root. And also, people need to know that mental health challenges, in many cases, people can recover completely from this or they can get better, or they can learn how to manage these health challenges and then also live meaningful lives. So with proper care and treatment, people can recover from mental health challenges.

Christin D'Ovidio:

I think that's great, especially when you think about younger children. We're recognizing things earlier. We don't want young people to define themselves that way or feel that stigma so early on too.

Suzanne Weete:

Absolutely. And we teach that terminology in the teen Mental Health First Aid class because you can imagine what teenagers might say like, "Oh, I'm so bipolar or something." But that's just the way we talk about language and how language matters, and that no one should define themselves by their health condition. They're a person living with this or a person managing that. These things can, for the most part, be dealt with proper care and treatment. But we just as a community, as a society really need to again, build that compassion in us, that know that this is a health challenge. And that helps remove stigma and builds empathy for those that might be living with some type of challenge like this.

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Christin D'Ovidio:

When I introduced you, I mentioned that you work for a designated community mental health center that has their developmental services provider and a family support center, and that's in your region. Take a little time to discuss what those services are, what is all that? How do people access this? Thank you.

Suzanne Weete:

Yeah. Well, so Community Partners is the community mental health center for Strafford County. We are one of 10 community mental health centers in the state of New Hampshire. There's all of them dotted around the state of New Hampshire. We are also one of two community mental health centers who are also the developmental service provider, family support center. And we also hold a contract for Service Link for both Strafford County and Rockingham Counties. So we are a big organization not only working with those with behavioral health challenges, but also those with developmental disabilities. Service Link is another contract we hold and they help individuals in Strafford County and Rockingham access and make connections to long-term supports and services, family caregiver information, understanding and accessing Medicare and Medicaid options. So Community Partners here in Strafford County has many, many different hats and roles within the community.

We have a youth and family division for behavioral health as well as an adult division. So people can make appointments and come to community partners for those types of services. But I'm going to tell you. The need for being seen by a therapist is so great and it's just amplified so much since COVID, that Community Partners, as I'm going to venture to guess, all other community mental health centers, as well as private practitioners, have a weight. It's really hard to get in to see people these days. So there are a couple other options. First off, if you're experiencing a mental health crisis or substance use crisis, you could call the newly enacted New Hampshire Rapid Response Access Point line. That's the number, I'll just give it slowly. It's 833-710-6477. That will connect you to a mental health professional in your area, and they can either triage the call right there on the phone, which sometimes that's all it takes. Or if they feel that it's more of an acute situation, they can deploy a mobile crisis unit to the person within an hour.

It's not an ambulance. It's probably someone in their own vehicle coming to the location. Couple people. Maybe a peer support specialist, potentially a social worker, and they will help the person right then and there. We all in the community can be a resource. We just have to make sure that we feel we're comfortable in the moment to be able to do that. Maybe we have a few things in our toolbox to be able to know what to say. And realize that this is a health challenge and we should try to remove our own bias and stigma, maybe the things we grew up with, and recognize that we might be able to help this person or be that first line of support, for them to get onto the road to recovery.

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Christin D'Ovidio:

We ask this same question, every one of our guests, which is: What is your definition of prevention?

Suzanne Weete:

I love that question. Thank you for asking me. And I have to give a shout-out to my prevention specialists here in the Stratford County Public Health Network because they are schooling me all the time in this kind of work as well. But with regard to prevention, it seems these days we're always managing a crisis, we're always putting out fires. And the squeaky wheel always gets the grease. But what if we greased that wheel before it got squeaky? Then potentially a crisis could be averted. That's a very simple way to look at this, but I think you get the picture. Prevention is addressing a need before it becomes an issue.

So I think this is how I feel about it. I think we need to move our thinking upstream past intervention and start thinking about how to improve how before a problem arises. Some examples are like getting the flu shot every year, having an annual mammogram, being comfortable and having no stigma to talk about your mental health to a trusted friend or a medical provider, removing toxic masculinity. These are great prevention strategies. The challenge however, is how do we measure these prevention strategies? How do we measure the impact of prevention? How can we gauge a community's health and track it back to prevention initiatives? That's really the difficult part. But I think that when we educate ourselves on mental health and wellness, we become more attuned to this as a health challenge. Education gives us the vocabulary to talk about mental health that removes barriers such as the stigma. It empowers us to seek help, and it begins to change culture.

Christin D'Ovidio:

Thank you. It's a good analogy and great explanation.

Suzanne Weete:

I had a long one. Sorry.

Christin D'Ovidio:

No, I think it was great. Well, I'd like to thank you for being here with us today. We had a great conversation with Suzanne Weete with the Community Partners, the partners from Stratford County Community Mental Health Center. And thank you so much for talking with us today.

Suzanne Weete:

Thank you for having me, Christin. I appreciate it.