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**Today**

- Introduction – lived experience
- This webinar aims to equip healthcare professionals with tools to support clients and their families (i.e., anyone caring for a client struggling with mental health issues.
- The goal is to help identify mental health signs, use effective communication strategies to provide better support during challenging times and engage family members in the treatment process.



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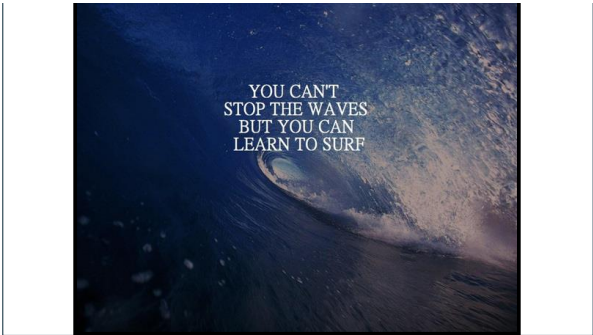
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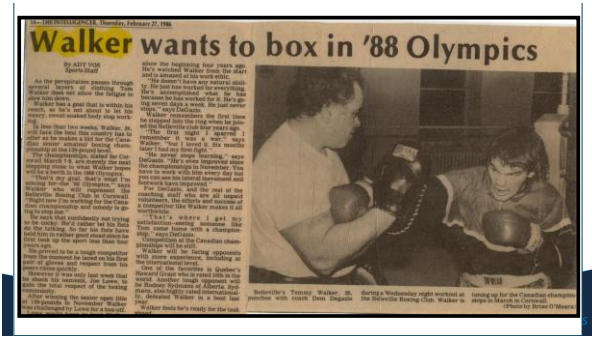
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### Self-Regulation vs. Selfcare

**Bracketing**

- Whenever it comes up...
- Say to self (I'll get to this later and schedule a time to think about it).
- Then use your skills

**Not my story**

**EFT TAPPING + Acupuncture Without Needles**

**Prepare Goals/Tasks**  
Imagine what you will hear...  
Check your committee at the door  
**BREATH**

**Talk to Yourself – Don't listen**

- Don't take things home (develop rituals)
- Positive self talk

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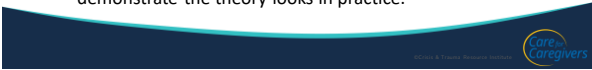
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AS WE GO

- If you have any questions, jot them down, and we will answer them at the end.
- I invite you to consider difficult questions HPs or caregivers may have when educating them.
- I like interaction during the questioning period; when answering the question, I may invite people to play with the theory either with me or in groups; if with me, I'll "demonstrate the theory looks in practice."



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WHAT IS MENTAL HEALTH?

Children and adolescents with good mental health can achieve and maintain optimal psychological and social functioning and well-being.

They have a sense of identity and self-worth, sound family and peer relationships, an ability to be productive and to learn, and a capacity to tackle developmental challenges and use cultural resources to maximize growth.



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WHAT IS MENTAL ILLNESS

- Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — **disorders that affect your mood, thinking and behaviour.**
- Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours.



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Signs and symptoms of Mental Illness (1)

What are early indicators of mental illness:

- Mood changes
- Behavior changes
- Thinking changes
- Other signs

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Signs and Symptoms (2)

**Mood changes**

- Feeling sad, hopeless, or helpless
- Dramatic shifts in mood, feeling very high or very low
- Extreme feelings of guilt or low self-worth
- Irritability

**Behavior changes**

- Withdrawing from friends and family
- Restlessness, agitation, or disorganization
- Unusual behaviour, such as odd or peculiar actions
- Destructive or high-risk behavior
- Violent behaviour

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Signs and Symptoms (3)

➤ **Thinking changes**

- Confusion, disorientation, or difficulty concentrating
- Delusions, or false beliefs that something is real
- Hallucinations, or seeing, hearing, feeling, or tasting something that isn't there
- Illogical thinking, or having unusual or exaggerated beliefs

➤ **Other signs include:**

- Changes in sleep or appetite
- Changes in personal hygiene or appearance
- Suicidal thoughts or self-harm
- Problems with alcohol or drugs
- Physical symptoms like headaches, stomach or back pain

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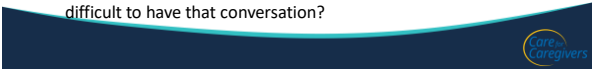
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Helping the Primary Caregiver Understand How to:

- Check in with their child/youth when they are struggling.
- Know if they are the best person to check in about their child's symptoms. Is there someone else who may be more likely to communicate with the child/youth?
- What are some ways to do that if they struggle in their relationship?
- Does their parenting or conflict style make it easier or more difficult to have that conversation?



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How to talk about what you see? Use BIO

- **Behaviour** Identify the behaviour or situation;
- **Impact** Be specific about how it impacts you;
- **Outcome:** Let them know what outcome you want to see happen and give options.



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Support the Primary Caregiver to be Curious through Directive Questioning Which:

- Emphasizes **Collaboration**
- **Evocation** (i.e., ask questions to get them to say what is obvious to you, elicits intrinsic motivation as it comes from them),
- **Autonomy** requires them to be responsible for change.



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When looking at Caregiver Style or Healthcare Professionals Style (HPs)

- Figure out their parenting style.
- Focus on which tools to equip the caregiver with and provide insight into how the HP moves forward.
- This education needs to be done in a supportive, empathic way.
- It may go something like:

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Caregivers and Healthcare Professionals	
<b>HW - HC</b>	<b>HC - LW</b>
<b>AUTHORITATIVE</b> Creative Confident Assertive Interdependent Negotiates Forward Thinking	<b>AUTHORITARIAN</b> Not as Confident Assertive or Aggressive May follow or Lead Peers Underdeveloped Problem Solving Struggles to Make Decisions
<b>PERMISSIVE</b> Lacking confidence No Boundaries Feels Entitled/Spoiled Scared and vindictive Struggles with decisions	<b>NEGLECT</b> No Confidence Aggressive (internal or external) Follower Limited positive coping skills Angry/sad/withdrawn
<b>HW - LC</b>	<b>LC - LW</b>
Parenting and Support Styles	

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When looking at Conflict Styles

- Helping caregivers to be assertive is difficult when they struggle with conflict and are surrounded by it.
- If a caregiver is an avoider or an accommodator, they without practice, are likely to get mad in order to be assertive.
- As a result, people who are not assertive will likely need some education and support in learning the skills.

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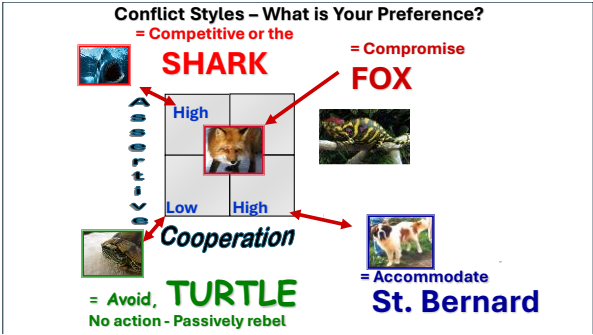
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**If Caregivers or HPs Identify as:**

- Avoiders or Accommodators:
  - Lived with the opposite and didn't want to be seen as an authoritarian, angry helper or caregiver.
  - Remember – being assertive is always focused on “I’m okay, and you are okay.”
  - We all need structure and consistency.
- All youth need structure, which creates stability.



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**Common Feelings from Parents**

- **Guilt:** Parents may feel guilty and blame themselves for their child's diagnosis.
- **Fear:** Parents may feel fear about their child's future.
- **Shame:** Parents may feel shame about their child's diagnosis.
- **Denial:** Parents may deny their child's diagnosis.
- **Sadness:** Parents may feel sadness and uncontrollable tears.
- **Hopelessness:** Parents may feel hopeless.



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**Common Feelings from those Closely Affected**

- What might the diagnosis mean to a child, adolescent, young adult or adult?
  - Stolen life, anger at the parent who may have passed it down, suicidal or dangerous behaviours
- How might that change or perpetuate further negative behaviour?
- What support do they need?
- How do you help them not become or over-identify with the illness?



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- Parents May Become Hypervigilant
- They may go all the way toward being the best advocate
- They over-identify with the illness – as they start to over-identify, so do their child, teachers and friends – as below:
  - i.e., “you are not behaving. Have you taken your medication?”
  - “I get angry quite quickly it's part of my mental health problems.”
  - “He/she gets that way, and it's hard to de-escalate them. You do know that they have...”
  - “I can't help it it's my depression it makes me lazy and I can't get my homework done.”



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**What Might Work**

- Teaching caregivers or staff working with clients the importance of following through with expectations
- They need consistency – they know that the parent or guardian is going to follow through with the consequence
- If they have learned to be violent or threatening – they need to be warned that the rules have changed (next slide)
- Model calmness matched with assertiveness and keep a check on your anger (easier said than done)



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**Organized Discussion – Preferably when they are in a State of Wellness**

- Hey there, I imagine that you are tired of these fights, and I know that in the past, I/we let things slide as we didn't want to deal with your anger.
- We haven't been doing you a favour by letting things go, and now we have to change the rules.
- What do you think needs to happen when you swear, punch holes in the wall...
- Give them choice and voice - if it comes from them...



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**Questions**

**Thanks**

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