



SERVING TRAUMA SURVIVORS WITH MENTAL HEALTH CHALLENGES



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OBJECTIVES

- ▶ Teach how to effectively serve trauma survivors with mental health challenges
- ▶ Teach how to recognize possible symptoms
- ▶ Teach how to provide immediate support
- ▶ Learn to know when and how to get additional assistance
- ▶ Demystify these symptoms and give support workers practical steps to handle these situations



THE PROGRAM FOR SURVIVORS OF TORTURE AND SEVERE TRAUMA (PSTT)

An interdisciplinary program through Northern Virginia Family Service's (NVFS) Multicultural Center. PSTT takes a holistic approach to survivors' needs. Services include:

- ▶ Legal assistance
 - ▶ Mental Health Therapy
 - ▶ Psychiatry
 - ▶ Case Management
 - ▶ Direct Assistance
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- ▶ “Torture” means an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control;





WHAT IS MENTAL ILLNESS?

A mental illness is a condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day (NAMI)

- ▶ Mental Illness is Common
 - ▶ Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5%—experiences mental illness in a given year (NAMI)
- ▶ Symptoms of Mental Illness must affect function in order to lead to a diagnosis
- ▶ Behavior that seems unusual or odd is not necessarily a symptom of mental illness, since our understanding of what is normal is rooted in our individual experiences
- ▶ Mental Illness is not a moral failing or symptoms of personal weakness

Common Symptoms That Affect Functioning

- ▶ Avoidance of situations
- ▶ Social withdrawal
- ▶ Loss of motivation or interest
- ▶ Mood swings
- ▶ Re-experiencing trauma
- ▶ Physical pain (headaches, stomach pain, etc.)
- ▶ Sleeping too much or not enough
- ▶ Overeating or loss of appetite
- ▶ Excessive guilt/shame
- ▶ Loss of confidence – self criticism/self blame
- ▶ Pessimistic
- ▶ Thoughts of death and suicide
- ▶ Trouble remembering and concentrating
- ▶ Racing thoughts
- ▶ Thinking “too much”
- ▶ Excessive or unrealistic worry
- ▶ Heart racing
- ▶ Seeing and hearing things that aren’t there (hallucinations)
- ▶ Believing things that aren’t real (delusions)
- ▶ Excessive use of alcohol or (unprescribed) drugs

What have you noticed?



Basic Interventions

1. Rule out medical causes (encourage them to bring up symptoms to their doctor)
2. Assess risk
3. Listen without judgment
4. Give empathy and support
5. Encourage any self-care they are already doing that has been helpful
6. Give information, and resources and encourage professional help (make a referral if appropriate)



Rule out Medical Causes

Some symptoms of mental illness can also be symptoms of medical illness. These are symptoms such as racing heart, shortness of breath, pain, nausea, headaches, etc.

In cases with physical symptoms:

- ▶ Encourage them to bring up symptoms to their doctor
- ▶ If they do not have a doctor, then explain local resources for free/low cost medical care
- ▶ Explain that they can also go to ER in case of emergency
 - ▶ Help them understand how to use their insurance or
 - ▶ Help them understand how to apply for charity care if they are nervous about the cost
- ▶ Let them know that you hear their concerns and are taking them seriously



Access Risk

Questions to ask

1. Ask the person directly if they are having thoughts of suicide (or of hurting others if applicable).
2. If yes, ask if they have a plan for what they would do?
3. If they say yes, ask questions about if they have gotten what they would need to do this.
4. If the answer to all of this is yes, they need immediate help. Help them by:
 - ▶ If they will go with you, go to emergency mental health center (if available) or the emergency room
 - ▶ If they will not or can not go with you or become aggressive, call **911**



DO NOT TAKE RISKS WITH YOUR OWN SAFETY



Access Risk

Warning signs

- ▶ Recent use of alcohol or drugs
- ▶ Previous suicide attempts
- ▶ Risky behavior
- ▶ Feelings of hopelessness or worthlessness
- ▶ Threatening to hurt or kill oneself
- ▶ Withdrawal/saying good bye



Access Risk

Talking to Someone who is Suicidal

- ▶ It is a myth that talking about suicide increases the risk
- ▶ Ignoring it and/or agreeing to keep it secret will not help it go away
- ▶ Let the person know that you are worried about them and why
- ▶ Ask with confidence
- ▶ Listen without judgment

Talking to Someone Who is Hallucinating and/or Delusional

- ▶ Media greatly exaggerates violence committed by people in these states
 - ▶ They are rarely dangerous but often victimized
- ▶ They may act very strangely and interact with things that are not there
- ▶ Do not try to explain that they are delusional/hallucinating
- ▶ Talk with them to establish trust before you offer them help
- ▶ Give them as much control as possible and give them options for how you can help.
 - ▶ It looks like you are having a hard time. I want to help. Can I call someone to help you or would you like to go with me to_____? (depending on local resources)



Listen

- ▶ Remember that everyone's experience is different
- ▶ Talk and listen without judgment
- ▶ Be patient
- ▶ If possible, talk in a quiet environment with limited distractions
- ▶ Let the person know that you are concerned and would like to help
- ▶ Let the person struggling lead the conversation
 - ▶ Listen more than you talk
 - ▶ Let them share what they want, but don't pressure them into sharing
 - ▶ First ask, What can I do to help? Before making suggestions of what you think will help. Only make suggestions if they are asked for.
 - ▶ Don't give too much information
- ▶ Understand that their behavior may appear "rude," don't try to correct them
- ▶ Avoid anything that might add to the person's fear or stress
- ▶ Respect the person, their boundaries and their privacy
- ▶ Be genuine
- ▶ Don't try to "fix" or diagnose them



Words that Discourage

Think about the implications of the following phrases:

- ▶ It's just in your head
- ▶ Calm down
- ▶ But you always seem so happy
- ▶ That doesn't sound that bad
- ▶ Be happy
- ▶ Just, snap out of it/Get over it
- ▶ I thought you were stronger

It's not just what you say, it's how you say it

- ▶ Speak calmly, slowly, and do not raise your voice
- ▶ Do not argue, threaten, or blame



Give Empathy and Support

- ▶ Let them know that you are there to help
- ▶ Give reassurance that they are not alone
- ▶ Help them understand available resources
- ▶ Help them identify reasons to have hope
- ▶ Help them address any concerns and worries that they have that are preventing them from getting help
 - ▶ Finances, belief they will be locked up, shame, language barriers, etc.
- ▶ Do not be dismissive, or unrealistically positive



Give Empathy and Support

- ▶ Support within the community is very important and helps recovery.
- ▶ Doctors, psychiatrists, and other mental health professionals can help with follow up care. If they are interested, help make a referral or schedule an appointment. Mental health services are frequently offered through the county and low-cost clinics.
- ▶ Talk with them about their existing supports and tell them about available supports.
 - ▶ Friends
 - ▶ Family
 - ▶ Religious community
 - ▶ Neighbors
 - ▶ Support groups
 - ▶ The suicide prevention lifeline



Self-care

- Does anything make you feel better?
- Remember it can take a lot more effort when people are symptomatic.
- Acknowledge and reflect on self-care they are already doing successfully

Examples

- ▶ Talking to someone
- ▶ Calling family
- ▶ Praying
- ▶ Crochet, knitting
- ▶ Going to their church, mosque, temple, etc.
- ▶ Reading
- ▶ Writing/journaling
- ▶ Art
- ▶ Going to a museum
- ▶ Playing soccer
- ▶ Going for walks
- ▶ Exercising
- ▶ Cooking
- ▶ Watching movies
- ▶ Listening to music
- ▶ Etc.



Resources

Give information, let them know that help is available and that they aren't alone

National Suicide Prevention Lifeline: 1-800-273-TALK

National Institute of Mental Health (NIMH)

www.nimh.nih.gov/health/find-help/index.shtml

US Department of Health and Human Services

www.mentalhealth.gov/

National Alliance on Mental Illness

www.nami.org

If you are interested in learning more about how to help

Mental Health First Aid Courses give more in-depth information.

www.mentalhealthfirstaid.org/cs/take-a-course/find-a-course/



Scenarios

1. John is a 35 year old, single man from DRC. He came to the US in 2015 as a refugee. You know that his Christian faith is very important to him. He comes to your office telling you that the CIA is after him and he is afraid.
2. Yasmin is a single mother from Iran. She came to the US as an asylum seeker, leaving her children with a relative until they could be reunited. She tells you that she feels guilty, worthless, and sees no value in her life.

What else would you like to know? What would you do?



Questions

