

Mental Health Support Resource Guide

Staff Mental Health Support Roles

Medical Staff

The medical staff provides first aid care for both mental and physical health on the island. Along with listening to employees' concerns and helping to problem solve, they can offer mental health risk assessment and safety planning. They should always be called in the event of a mental health crisis (i.e. someone experiencing a panic attack vs. speaking about their anxiety). Medical staff can also give employees information about off island mental health support (e.g. hotlines, counseling, etc).

Island Minister

The Island Minister provides spiritual and emotional support to the employee community. They offer regular programming to support the community's needs and are also available to talk individually. While the Island Minister supports employees through listening and problem solving, they will bridge to medical staff for mental health concerns, safety planning, and risk assessment. Similar to the medical staff, the Island minister is available to give employees information about off island mental health support (e.g. hotlines, counseling, etc.).

Grievance Officers

Grievance Officers handle formal complaints one employee files on the conduct of another employee. Grievance Officers are members of the Senior Staff and appointed by the CEO. They're usually the Island Manager and one other Senior Staff member. For more information see "Grievance Procedure" in the employee handbook. If someone is uncomfortable speaking with the Grievance Officer alone, they can first go to Med Staff or the Island Minister to support them through the process.

Pels at Large

Pels at Large are elected by the Pel community at the beginning of the conference season. Their roles include helping to create and maintain a positive community, providing social and emotional peer support to Pelicans, and coordinating with other island support systems to ensure that all Pels feel safe, comfortable, and healthy in the island community. Pels at Large bridge to Med Staff, the Island Minister, or Island Managers for significant interpersonal or mental health challenges.

Supervisors

Supervisors may be aware of an interpersonal or mental health concern. In the moment it is important for them to listen, validate, problem solve and offer resources. Supervisors should bridge to Med Staff, the Island Minister, or Island Managers for significant interpersonal or mental health challenges.

Concern vs. Crisis

The National Alliance on Mental Illness defines a **mental health crisis** as,

“any situation in which a person’s behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community.”

If you are present for, or become aware of a mental health crisis on Star Island:

- Remain calm
- Contact FAS Staff for assistance immediately
- If safe, remain with the individual until FAS Staff arrives

An example of this is the difference between supporting an individual around a mental health concern such as **anxiety**, and responding to a **panic attack**. *Listening to and supporting an individual through anxiety is acceptable in the peer support role but if you are noticing the signs of a panic attack it is important to receive assistance from FAS Staff.* Use the Mental Health Process Documents to help you determine the difference between concern and crisis for specific situations.

Tips for De-escalating a Mental Health Crisis

- Keep your voice calm
- Avoid overreacting
- Listen to the person
- Express support and show concern
- Avoid continuous eye contact
- Ask how you can help
- Keep stimulation level low
- Move slowly
- Offer options instead of trying to take control
- Avoid touching the person unless you ask permission
- Be patient
- Gently announce actions before initiating them
- Give them space, don't make them feel trapped
- Don't make judgemental comments
- Don't argue or try to reason with the person

Star Island Mental Health Process Documents

Documents should be used as a guide for Island Management or mental/physical health support staff when an employee's needs exceed the capacity of basic support services (general listening, basic problem solving).

Language Clarifications:

- [insert appropriate next step] -- this should be redefined at the start of each season as it may differ depending on the individual filling a given role (i.e. Island Minister, Community Health Advocate). When in doubt it is appropriate to use First Aid Station staff as the "appropriate next step"
- "Island Mental Health Support System" refers to the support staff employed by the island (i.e. FAS staff, Island Minister, Community Health Advocate, and Pels at Large)

Process documents include information from *Mental Health First Aid USA: For Adults Assisting Young People (2016 National Council for Behavioral Health)*

Other helpful resources include:

- National Alliance on Mental Illness (nami.org)
- Mental Health First Aid (mentalhealthfirstaid.org)

Anxiety

You might learn of a concern with anxiety through:

- Speaking with an individual about their own experience
- Hearing about concern for an individual through a secondary contact (i.e. friend, supervisor, bystander)

Most people experience some level of anxiety at some point in their lives. An anxiety disorder differs from normal anxiety in the following ways:

- It is more severe
- It is long lasting
- It interferes with a person's work, activities, and social relationships

Potential crises associated with anxiety include:

- Extreme level of anxiety such as a panic attack
- The person has experienced a traumatic event
- Suicidal thoughts and behaviors
- Non-suicidal self injury

If you are feeling concerned about the above crises, see documents for suicidal ideation, non-suicidal self injury, or panic attacks. Immediate support may be needed.

When providing support to someone experiencing anxiety:

- Talk with the individual about how they feel and listen carefully to what they say
- Do not express negative judgements about the individual's situation
- Allow silences, be patient, do not interrupt
- Do not give flippant or unhelpful advice, such as "pull yourself together"
- Avoid confrontation unless necessary to prevent harm
- Give the individual hope
- Offer consistent emotional support and understanding
- Provide practical help and information

Encourage support from [insert appropriate next step]:

- "I'm really glad you felt comfortable talking to me about this. I'm wondering if you'd feel comfortable talking with [insert appropriate next step] because they may have more resources to offer than I do."
- "It's really great that you reached out and have shared this with me. I know that [insert appropriate next step] is a really good resource and I'm happy to help connect you to them."

Encourage self-help and other support strategies.

- A good social support system/family support
- Perceiving oneself as competent and likable; having high self esteem
- Feelings of self-worth
- Feeling in control of one's life
- Exercise, relaxation training, avoiding substances, proper sleep and nutrition

You should not be too forceful when encouraging an individual to use self-help strategies. These strategies can be used in conjunction with other treatments and may be suitable for people with less severe anxiety. It is important that severe or long-lasting anxiety be assessed by a health professional. It is a good idea to discuss the appropriateness of self-help strategies with a mental

health professional.

After you've provided support or acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Depression

You may learn that someone is experiencing depression through:

- Conversations with the individual
- Through a secondary contact (i.e. friend, supervisor, bystander, pet at large)

Some signs and symptoms of depressive disorders include:

- Lack of energy and tiredness
- Feeling worthless or guilty when they are not really at fault
- Thinking about death or wishing to be dead
- An unusually sad mood
- Difficulty concentrating
- Difficulty sleeping
- Loss of enjoyment and interest in activities that were previously enjoyable

Symptoms of depression can have a significant impact on a person's life even if they do not have enough symptoms to be diagnosed with a depressive disorder. **It is not your job to diagnose individuals, it is your job to provide support and connect the individual with more resources when necessary.**

Crises associated with depression include:

- Suicidal thoughts or behaviors
- Non-suicidal self injury

If you become concerned that either of these crises may be applicable see documents on suicidal ideation and non-suicidal self injury. Immediate support may be needed.

Giving reassurance and Information:

- Treat the individual with respect and dignity
- Remind the individual that they are not to blame for their feelings
- Have realistic expectations for the individual - let them know they are not weak or a failure
- Offer emotional support and understanding
- Give the individual hope for recovery
- Provide practical help and information

Encourage support from [insert appropriate next step]:

- "I'm really glad you felt comfortable talking to me about this. I'm wondering if you'd feel comfortable talking with [insert appropriate next step] because they may have more resources to offer than I do."
- "It's really great that you reached out and have shared this with me. I know that [insert appropriate next step] is a really good resource and I'm happy to help connect you to them."

Encourage self-help and other support strategies. Some factors that moderate depression include:

- A good social support system/family support
- Perceiving oneself as competent and likable; having high self esteem
- Having good problem-solving skills
- Having a healthy diet and good health practices
- Believing that they control their life
- Exercise, relaxation training, avoiding substances, proper sleep and nutrition

You should not be too forceful when encouraging an individual to use self-help strategies. These strategies can be used in conjunction with other treatments and may be suitable for people with less severe depression. It is important that severe or long-lasting depression be assessed by a health professional. It is a good idea to discuss the appropriateness of self-help strategies with a mental health professional.

After you've provided support or acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Eating Disorders

You may learn an individual is experiencing an eating disorder through:

- An individual letting you know this about themselves
- Through a secondary contact (i.e. friend, supervisor, bystander)

Eating disorders are not just about food, weight, appearance, or willpower; they are serious and potentially life-threatening illnesses. Eating disorders affect individuals of any weight and any gender. Many people with eating disorders may also struggle with anxiety, depression, or substance use.

Three main crises may be associated with an eating disorder;

- A medical emergency
 - Disordered thinking or disorientation
 - Throwing up several times a day
 - Fainting, collapsing, muscle spasms, chest pain, difficulty breathing, irregular or very low heartbeat, cold or clammy skin
 - Blood in bowel movements, urine, or vomit
- Suicidal ideation
- Nonsuicidal self-injury
 - People with eating disorders experience overwhelming feelings that may be relieved by bingeing, purging, overexercising, or engaging in other forms of nonsuicidal self-injury

If you are concerned about the possibility of these crises see suicidal ideation, nonsuicidal self-injury, or medical emergency. Immediate support may be needed.

When providing support to an individual with an eating disorder:

- Listen to the individual's concerns
 - Allow the individual to express concerns other than food, weight, and exercise as they may have other concerns that it would be helpful to identify
- Reassure the individual that it is safe to be open and honest
- Try to see the individual's behavior as illness-related rather than willful or self-indulgent
- Avoid confrontation unless necessary to prevent harm
- Give the individual hope
- Offer consistent emotional support and understanding
- Provide practical help and information

Encourage support from [insert appropriate next step]:

- "I'm really glad you felt comfortable talking to me about this. I'm wondering if you'd feel comfortable talking with [insert appropriate next step] because they may have more resources to offer than I do."
- "It's really great that you reached out and have shared this with me. I know that [insert appropriate next step] is a really good resource and I'm happy to help connect you to them."

After you've provided support or acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Gender/Sexuality Identity

How to talk with a person exploring/questioning their gender/sexuality identity

Listen and remember that being a supportive presence often means saying (for example):

- "I am so honored that you feel comfortable enough to share this with me"/"tell me more about what you are going through"/ (in the case of gender identity) "are there pronouns I can use that would make you feel more comfortable" / "can I be a part of advocating for you on island?"

Remember that a person coming out is often cause for joy/celebration. Avoid treating this news as a problem.

- Express empathy and inclusion; reassure them that you are there for them no matter what part of their identity they are questioning
- Avoid labels—allow the person to articulate this for themselves.
- Ask questions you may have, but understand that this person may not have all the answers. You can save some questions for later or, better yet, you can find some of the answers together.
- Ask the person if they would like you to keep this information confidential. Allow them the integrity to share what they want, when and how they want to.

It is normal for an individual to experience anxiety, depression, or other mental health struggles as they navigate a world that is oppressive to queer and trans people. If you are concerned for an individual's safety or wellbeing, use the Mental Health Process Documents to assess risk and bridge to further support.

After you've provided support or acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Grief/Loss

Being alerted to the possibility an individual is experiencing grief/loss may happen in the following ways:

- While providing support an individual might disclose this to you
- You might be alerted through a secondary contact (i.e. friend, police at large, supervisor, bystander)
- Markedly diminished interest in usual activities and/or persistent change in normal behavior

Grief/Loss can present in symptoms **which occur in a chronic manner** such as:

- Prolonged anxiety and/or depression
- Sleep issues
- Suicidal thoughts and behaviors
- Chronic physical illness
- Isolation from others and withdrawal from social activities
- Believing that you did something wrong or could have prevented the death/loss
- Bitterness/anger about the loss
- Feeling that life holds no meaning or purpose

How to talk with a person experiencing grief/loss:

Listen and remember that being a supportive presence with someone who is in grief often means saying (for example):

- "There are no words"
 - "I'm just really sorry you've had to go through this"
 - "Tell me more about _____"
 - "You don't have to talk, I will just sit beside you"
 - "You can tell me about _____ whenever you want"
 - "I don't know what to say, but I can listen"
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- Tell the person that you are concerned and want to help/listen
 - Express empathy and **affirm their grief-reactions as normal/appropriate**
 - Assess risk by asking questions
 - "Are you having thoughts of suicide and/or harming yourself?" (**Remember: questions about suicidal ideation do not promote suicidal action!**)
 - "Are you sleeping? Eating? Using any substances in excess?"

Complicated and chronic grief/loss must be taken seriously. If you are concerned for the individual's health and wellbeing, it is essential to bridge to further systems of support.

Begin to connect individual to more support using statements such as:

- "I'm really glad you've felt comfortable talking with me about this, would you feel comfortable speaking with [insert appropriate next step]? We could speak with them together if it would make you most comfortable."
- "From what you've told me I'm feeling concerned about your safety and health, are you okay with me sharing this with [insert appropriate next step]? Or would you like to speak with them together?"
- "You deserve support and I'd like to connect you with [insert appropriate next step]. How would you feel about that?"

If the individual you're talking with is not comfortable with any of these steps it is still essential for you to connect them with more support. Statements could become more like the following:

- "I'm really glad you've felt comfortable talking with me about this. I'm concerned for your health and safety and in my role I do need to bring this to [insert appropriate next step]. Would you like to be part of that process moving forward?"

After you've acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Medical Emergencies

You may become aware of a medical emergency either by:

- Witnessing the emergency yourself
- Being called/alerted by an employee

Examples of medical emergencies include:

- Falling and hurting themselves
- Needing assistance due alcohol poisoning
- An overdose
- Work related injuries

If you become aware of a medical emergency:

- **Stay calm**
- **Seek support from FAS Staff immediately**
- **Stay with the individual until FAS Staff arrives**

After you've provided support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Non Suicidal Self Injury

You may learn that an individual is deliberately injuring themselves through:

- An individual disclosing this to you about themselves
- A secondary contact disclosing this to you (i.e. friend, supervisor, bystander)
- Noticing the behaviors or signs of the behaviors first hand

Self injury can include:

- Cutting, scratching, ripping, tearing, carving, or pinching skin enough to cause bleeding, marks, or scars
- Banging or punching objects or self to the point of bruising or bleeding
- Interfering with the healing of wounds
- Burning skin with cigarettes, matches, or hot water
- Pulling out large amounts of hair compulsively
- Overdosing deliberately on medications without intending suicide
- Changing eating or sleeping habits
- Having frequent "accidents"
- Tattooing or body piercing excessively

Reasons for self injury can include:

- To manage painful feelings of current or past trauma
- To punish oneself
- To exert influence over others
- To punish oneself
- To end feelings of unreality or being detached from oneself
- To avoid or combat suicidal thoughts
- To feel pain or relief
- To show control over their body

How to talk with someone who is deliberately injuring themselves:

- Listen non-judgmentally
- Remain calm and avoid expressions of shock or anger
- Express your concern for the person's well being

If there is an immediate risk to an individual's physical safety, seek immediate support from the First Aid Station staff.

If there is not an immediate risk to physical safety, begin to bridge to further support:

- "I'm really glad you've felt comfortable talking with me about this, would you feel comfortable speaking with [insert appropriate next step]? We could speak with them together if it would make you most comfortable."
- "From what you've told me I'm feeling concerned about your safety, are you okay with me sharing this with [insert appropriate next step]? Or would you like to speak with them together?"
- "You deserve support and I'd like to connect you with [insert appropriate next step]. How would you feel about that?"

If the individual you're talking with is not comfortable with any of these steps it is still essential for you to connect them with more support. Statements could become more like the following:

- "I'm really glad you've felt comfortable talking with me about this. I'm concerned for your safety and in my role I do need to bring this to [insert appropriate next step]. Would you like to be part of determining how this happens?"

After you've acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Panic Attacks

You may be alerted to an individual having a panic attack through:

- Witnessing the symptoms of a panic attack yourself
- Through a secondary contact (i.e. friend, supervisor, bystander)

Symptoms of a panic attack include:

- Palpitations, pounding heart, rapid heart rate
- Sweating, trembling, shaking
- Shortness of breath, feelings of choking or smothering
- Chest pain or discomfort
- Abdominal distress or nausea
- Dizziness, light-headedness, feeling faint/unsteady
- Feelings of unreality or being detached from oneself
- Fears of losing control or going crazy
- Fear of dying
- Numbness or tingling
- Chills or hot flashes
- Inability to speak

What to do if you think someone is experiencing a panic attack:

- Stay calm
- Seek immediate support from FAS staff

What to do while you wait for FAS Staff

- Ask the individual if they have experienced a panic attack in the past
- Speak to the individual in a reassuring but firm manner, speak clearly and slowly
- Invite the person to sit down somewhere comfortable
- Maintain a comfortable distance from the individual
- Ask the individual directly what they think they may need instead of making assumptions
- Do not belittle the person's experience
- Reassure the individual that they are safe
 - Sometimes a panic attack can feel like a medical emergency like a heart attack. Helpful language could be: "FAS is on their way and will check everything out for you. This could also be a panic attack and while it feels very similar can not hurt you."

After you've provided support or acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Psychosis

You may become aware that an individual is experiencing psychosis through:

- An individual's concern for themselves
- Witnessing behaviors and thinking that align with psychosis
- Through a secondary contact (i.e. friend, supervisor, bystander)

The following can be associated with acute psychosis:

- Overwhelming delusions and hallucinations
- Disorganized thinking
- Bizarre and disruptive behavior
- Individual may appear distressed
- Individual's behavior may be disturbing to others

An individual experiencing psychosis is at increased risk for accidents and physical harm. If you believe an individual is experiencing psychosis seek immediate support from First Aid Station staff.

After you've acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Reports of Physical, Emotional, or Verbal Abuse

You may be alerted to physical, emotional, or verbal abuse through:

- Witnessing the abuse yourself
- An individual reporting to you that they've experienced abuse on the island
- Through a secondary contact (i.e. friend, supervisor, bystander)
- An individual may tell you that they're being accused of abuse

When providing support to a survivor of abuse:

- Listen non-judgmentally
- Validate the feelings the individual is naming
- Make sure the individual currently feels safe on the island (is the alleged perpetrator also on island?)
- Avoid expressing moral judgements about decisions in relationships and intimacy
- Provide information about other support services (i.e. hotlines, [insert appropriate next step])
- **It is not your job to determine whether or not the reported actions occurred. In the support role it is your job to listen and validate the feelings being shared with you.**

See document on "Reports of Sexual Assault or Harrassment" for information on challenges survivors face when reporting.

If you are made aware of potential harassment or abuse on the island **this information must be reported to a grievance officer.** As you support community members it is important for them to know that you are mandated to report. Use statements such as:

- "I'm here to support you and listen to you. I do need you to know that if you disclose specifics about harassment or an assault I will need to report it to a grievance officer. Do you want to know more about what that process would look like or would you like to speak more generally than specifically?"

If you've learned specifics before you've explained your need to report:

- "I'm really glad you've felt comfortable talking about this with me. In my role, when I learn that harassment or assault has happened on the island I do need to make one of our grievance officers aware of this. Would you like to hear about what this process looks like? I'll be here to support you in whatever way you would like me to."
- "Is there a specific grievance officer you would feel most comfortable talking with? I can be there with you if it would make you feel more comfortable."
- "Would you like me to help connect you with more support prior to speaking with a grievance officer? For example, the Island Minister or a member of our support system you're most comfortable with?"
- **"How can I support you to make this process feel more okay?"**

After you've acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Reports of Sexual Assault or Harrassment

You may become aware of potential harassment or assault through:

- An individual reporting to you that they were assaulted/harassed
- An individual reporting to you that they have been accused of harassing or assaulting someone
- A secondary contact reporting to you that they know of someone having been harassed or assaulted

When providing support to a survivor of sexual abuse:

- Listen non-judgmentally
- Validate the feelings the individual is naming
- Make sure the individual currently feels safe on the island (is the alleged perpetrator also on island?)
- Avoid expressing moral judgements about decisions in relationships and intimacy
- Provide information about other support services (i.e. hotlines, [insert appropriate next step])
- **It is not your job to determine whether or not the reported actions occurred. In the support role it is your job to listen and validate the feelings being shared with you.**

If you are made aware of potential sexual abuse on the island **this information must be reported to a grievance officer.** As you support community members it is important for them to know that you are mandated to report. Use statements such as:

- "I'm here to support you and listen to you. I do need you to know that if you disclose specifics about harassment or an assault I will need to report it to a grievance officer. Do you want to know more about what that process would look like or would you like to speak more generally than specifically?"

If you've learned specifics before you've explained your need to report:

- "I'm really glad you've felt comfortable talking about this with me. In my role, when I learn that harassment or assault has happened on the island I do need to make one of our grievance officers aware of this. Would you like to hear about what this process looks like? I'll be here to support you in whatever way you would like me to."
- "Is there a specific grievance officer you would feel most comfortable talking with? I can be there with you if it would make you feel more comfortable."
- "Would you like me to help connect you with more support prior to speaking with a grievance officer? For example, the Island Minister or a member of our support system you're most comfortable with?"
- **"How can I support you to make this process feel more okay?"**

Challenges survivors of sexual abuse face when reporting:

- Having to repeat traumatic memories for multiple individuals
 - "I know it can be hard to tell your story over and over. If there's any way I can support you and ease this burden please let me know."
- Fear of not being believed
 - Offer empathy, validation and emotional support for whatever the individual has experienced.
- Backlash from peers
 - "I want you to know that I will be here to listen to you and support you through this."
- Not seeing justice that feels equal to the effect of traumatic event
 - "I'll still be here for you no matter what decision gets made."
 - "You deserve support no matter what decision gets made."

Throughout the reporting process:

- Be sure mental health support continues to be provided to the individual
- Be sure the individual has the option to have a member of the Island Mental Health Support System (i.e. Island Minister, Community Health Advocate, FAS staff) present in any meetings with Island Management or a Human Resources Representative
- Be sure the individual has been given information about off island support for survivors (i.e. hotlines, local support services)

After you've acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Substance Use Concerns

Concerns with an individual's substance use may become known through:

- Witnessing repeated instances of repeated or singular unsafe substance use
- Being alerted by a secondary contact that there is a concern (i.e. friend, supervisor, peer at large, bystander)
- Being approached by an individual to speak about their personal concerns with their own substance use

Concerns may present as:

- Substance use impacting work life
- Substance use leading to physical injury
- Sudden increase or decrease in substance use
- Substance use impacting social interactions/behavior in groups

Assessing risk

If you are seeing the following signs of over intoxication or overdose seek **immediate** medical attention from First Aid Station staff/volunteers:

- Cannot be awakened or is unconscious
- Has irregular, shallow, or slow breathing
- Has an irregular, weak, or slow pulse rate
- Is continuously vomiting
- Has cold, clammy, pale, or bluish skin
- Shows signs of possible head injury
- Appears delirious or confused

If an individual does not need immediate medical attention, find a time to speak with them about your concerns:

- **Listen non-judgmentally**
- Express your concerns openly and honestly
- Interact with the person in a supportive way rather than threatening, confronting, or lecturing
- Avoid expressing moral judgements about the substance use
- Be assertive, but do not blame or be aggressive
- Do not criticize the individual's substance use
- Do not label the person, for example, by calling them a "pothead" or a "drunk"
- Try not to express frustration about the individual's substance use
- When the individual finishes talking, repeat back what you have heard and allow the individual to clarify any misunderstandings

How to start the conversation:

- "Hey, [blank], do you have some time to check in?"..."I've been feeling concerned about your alcohol use because of [blank instance]. How have you been feeling lately?"
 - Keep in mind that an individual may recall events/their substance use differently than you do, focus on your concern and your role as a supportive presence

If an individual discloses personal concerns about their substance use:

- "I'm really glad you've felt comfortable talking with me about this, I'm always here to listen. Are you interested in more support? Do you think it would feel helpful to check in with [insert appropriate next step]?"

- "I'm really glad you've felt comfortable talking with me about this, I'm always here to listen. Right now I'm feeling okay with keeping this conversation between us but I do want you to know that if I become concerned for your personal safety I may need to share my concern with [insert appropriate next step]."

If an individual does not want to speak with you/does not think there is any reason to be concerned:

- "I understand why you don't feel like talking to me about this, and that is absolutely your choice. I'm always here to listen non-judgmentally if you change your mind. I do need you to know that if I become concerned for your personal safety I may need to share my concern with [insert appropriate next step]."
- "I understand why you don't feel like talking to me about this, and that is absolutely your choice. I'm always here to listen non-judgmentally if you change your mind. I'm feeling pretty concerned for your safety and I do need to share this concern with [insert appropriate next step]. Would you like to be part of this conversation?"
- "I understand why you don't feel like talking to me about this, and that is absolutely your choice. One of the reasons we take substances really seriously out here is because of how remote our community is."

After you've acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can be of further service
- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Suicidal Ideation

Being alerted to the possibility an individual is experiencing suicidal ideation may happen in the following ways:

- While providing support an individual might disclose this to you
- You might be alerted through a secondary contact (i.e. friend, police at large, supervisor, bystander)

Suicidal ideation can present in statements/feelings such as:

- Expressing hopelessness, no reason for living, or having no sense of purpose in life
- Naming the desire to hurt or kill themselves
- Feeling trapped
- Withdrawing from friends, family, or society
- Increasing alcohol or drug use
- Talking or writing about death, dying, or suicide

How to talk with a person experiencing suicidal ideation:

- Don't Panic - the person is safe with you in this moment and that is good
- Listen
- Tell the person that you are concerned and want to help
- Express empathy
- Assess risk by asking questions
 - "Are you having thoughts of suicide?" / "Are you thinking about killing yourself?"
 - "Have you decided how you would kill yourself?" / "Have you taken any steps to secure the things you would need to carry out your plan?"
 - "Are you having any thoughts of wanting to end your life?"

All thoughts of suicide must be taken seriously. At this point it is essential to bridge to further systems of support.

Begin to connect individual to more support using statements such as:

- "I'm really glad you've felt comfortable talking with me about this, would you feel comfortable speaking with [insert appropriate next step]? We could speak with them together if it would make you most comfortable."
- "From what you've told me I'm feeling concerned about your safety, are you okay with me sharing this with [insert appropriate next step]? Or would you like to speak with them together?"
- "You deserve support and I'd like to connect you with [insert appropriate next step]. How would you feel about that?"

If the individual you're talking with is not comfortable with any of these steps it is still essential for you to connect them with more support. Statements could become more like the following:

- "I'm really glad you've felt comfortable talking with me about this. I'm concerned for your safety and in my role I do need to bring this to [insert appropriate next step]. Would you like to be part of that process moving forward?"

After you've acted as a bridge to further support...

- Be in continued communication with the others providing support to the individual to find out if you can

be of further service

- **Sometimes providing support can cause you to put aside your own needs, make sure to take care of yourself and reach out for support if you need to.**

Local and National Helplines

The Samaritan's Inc. - New Hampshire

603-357-5505 24/7

- "A resource to provide information about suicide; to educate others and raise awareness about suicide, and; to provide support to suicide survivors and those considering suicide."

The Trevor Project

866-488-7386 24/7

Text *START* to **678-678**

- National organization providing crisis intervention and suicide prevention services to LGBTQ young people ages 13-24

National Eating Disorder Association (NEDA)

1-800-931-2237 *Monday-Thursday 9am-9pm, Friday 9am-5pm*

- Helpline providing information, resources, and referrals for individuals struggling with eating disorders and their family/friends

Friends for Survival

1-800-273-8255 24/7

- An "outreach organization available to those who are grieving a suicide death of family or friends."

Haven - Portsmouth NH

603-994-7233 24/7

Chat option available through havennh.org

- Free confidential support and crisis intervention to anyone impacted by domestic violence, stalking, or sexual assault

Finding Counseling

Reaching out for professional support can be daunting. Even just deciding it may be time to do so is a huge step. We've put together some guidance to support you through this process. If you have questions or concerns please don't hesitate to reach out to:

*Anne Henry BSN, RN - Island Nurse
Christana McKnight MDIV - Island Minister*

- ❖ Try searching online at Psychology Today or through your insurance company. This might feel overwhelming at first but it's so good that you're starting your search.
- ❖ Clinics or group practices can be a great place to start because they tend to offer lower costs, more insurance coverage options, and more therapists to choose from.
- ❖ If you choose to contact individuals instead of clinics, try reaching out to a minimum of 3-5 therapists.
- ❖ If it feels more comfortable to email instead of call, that's okay!
 - Write a 1-2 sentence email and it's okay to copy and paste it to each therapist. It doesn't need to be eloquent or have correct grammar. No therapist is expecting you to show up without flaws.
 - They'll just need to know how to reach you, your name, and that you're looking for a therapist.
- ❖ You can usually do a free consultation before committing to working with someone. Be sure to ask if this is available.

Sample Email

Hello,

I'm interested in starting therapy and was wondering if you are taking on new clients at this time. Are you available for a consultation before agreeing to work together?

*Thank you,
[name]*