

ZERO COERCION



ERASMUS + EUROPEAN PROJECT

TRAINING MATERIALS_5

2019-1-ES01-KA204-065856



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REVIEWING MYSELF: DEBRIEFING AT HOME

After the crisis

“The best-laid plans of mice and men often go awry”

As we have already found out in previous DETAs, the best way to manage a crisis is to prevent it in the first place.

We learned that this includes monitoring your symptoms, treatment plan, adopting new skills and maintaining a healthy lifestyle, as well as other solutions. All the preparation in the world cannot guarantee that you'll always feel well.

At this point you might have an action plan that will allow you to take control of a crisis. It might look something like this:

https://www.mhanational.org/sites/default/files/Crisis%20Planning%20Worksheet_0.pdf

With your own power and with the help of others you will be able to succeed.

You might feel disappointed, tired or simply unwell-but remember, any crisis is also an opportunity to learn. One piece of information that you have definitely learned is that a crisis happened and that your methods to prevent it can therefore be improved.

How do you go about doing that?

FOLLOW-UP

After the crisis, mental health professionals will perform an assessment, which will include:

- Your physical condition (e.g., sleeping, nutrition, hygiene);
- Cognitive mastery of the precipitating event (does the client have a better understanding of what happened and why it happened?);
- An assessment of overall functioning including, social, spiritual, employment, and academic;
- Satisfaction and progress with ongoing treatment (e.g., financial counseling);
- Any current stressors and how those are being handled;
- Need for possible referrals (e.g., legal, housing and medical).

Mental health professionals can also do additional sessions and make sure that the person who experienced the crisis is taken care of as much as possible, as efficiently as possible. This is, to a certain extent, reflective of what your own personal debriefing should look like. So, let's look at where your personal review starts.





REFLECTION

After you have experienced a crisis or emergency, take another look at all that you have prepared to deal with a crisis. Was there something you could have done differently? Were there new triggers or warning signs? What worked for you? What did not?

These are the basic questions that will aid you in reflecting on what happened. In this short DETA, we will make sure to give you the tools to assess everything about your action plan.

SELF-CARE

Your personal reflection can also reveal a variety of physical symptoms, different behaviors and other responses to stress. These are normal, but are outside of the scope of our reflection. If we start to notice:

- raised blood pressure
- increased heart rate
- increased sweating
- reduced stomach activity (loss of appetite)

These are expected symptoms, after a crisis. But, if we start to feel guilty, in shock or extremely sad we need to immediately seek assistance as the period after the crisis can be difficult to deal with. This DETA will also briefly review the most important aspects of caring for yourself. No amount of reflection is worth facing another crisis. Literature recommends, that after a crisis one should make sure to:

- Stay aware of your mental health
- Nourish your social life
- Try peer support
- Make time for therapeutic activities
- Look after your physical health
- Contact a specialist organization

Let's dive into how to reflect and improve our plans after a crisis has happened.





RESOURCES

Bonkiewicz, Luke & Green, Alan & Moyer, Kasey & Wright, Joseph. (2014). Left alone when the cops go home: evaluating a post-mental health crisis assistance program. Policing: An International Journal of Police Strategies & Management. 37. 762-778. 10.1108/PIJPSM-04-2014-0035.

Impact of traumatic events on mental health:

<https://www.mentalhealth.org.uk/sites/default/files/the-impact-of-traumatic-events-on-mental-health.pdf>

Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial, The Lancet, Volume 392, Issue 10145, 2018, Pages 409-418

Self care after crises: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/self-care/#collapseeefc1>





Instructions for the trainers

1. Before starting the session have a moment to plan – not only to review the content and other materials but also to see the space where the trainings will take place. Critical questions:
 - a. Is it accessible? If not – how to make it accessible?
 - b. Is it easy to find? Do you need to give more easy-to-read instructions or arrows leading to the training venue?
 - c. Is projector, flipchart and other things you need available?
 - d. Is there enough space to do group activities?
 - e. Is there enough space to follow social distancing and other measures required due to Covid-19 or other public health concerns?
 - f. Difficulties with language / communication
 - g. Difficulties with written material
2. To have a successive training a trusting atmosphere has to be created. So that participants feel safe to share their experiences or express their thoughts. Identifying together the rules of the group is a start for that. But it is very important for the trainers themselves to not show any stigmatization towards the participants. In contrary, to express full respect for their opinions even if there are different than the material presented. You as a trainer are here to share collective insights, to discuss them but not to preach the truth. Use emphatic listening techniques. Helping the participants feel respected adheres to the aims of the training - to empower people with lived experience of schizophrenia crisis.
3. Don't rush! Using any presentation or exercise give enough time for questions and reflections of participants. Once you remind the audience that they can give questions – give time for people to formulate those questions. Time spent in discussion is more important than covering all the slides of presentation in time. Always adapt your speed of giving information to the participants who need more time to understand the material. On the other hand, always respect time for breaks and finishing the session in time.





4. Three different target groups might be participating in the training: people with lived experience of schizophrenia crisis, their relatives and specialists, or even people with experience of other mental illnesses. If it is a mixed group there are a lot of benefits to it – discussion can be more interesting and fruitful. But at the same time power imbalance can arise – relatives and specialists might be better spoken and more active during the training. Your role is to moderate the discussion in a way to give space for everybody's voice to be heard and express clearly that the experience of all these groups are equally valuable.
5. All those who train, facilitate and participate should respect each other's confidentiality. Any information or items of a confidential nature that is shared must not be disclosed to anyone else apart from other members of the training. You should treat all information you receive as confidential unless there is a clear reason to share it more widely. You should not share information about those attending or providing the training. If someone experiences anything that worries them, for example if they suspect fraud or criminal activity, they should take advantage of the complaint procedure.
6. Quality control. We propose two separate types of quality control-an anonymous complaint procedure and a quality control sheet to be used at the end of each session. This allows the participants to correct or address any of the issues they perceive without having to challenge poor behavior or issues directly. Both proposed documents are appended to the DETA.





ZERO COERCION IN MENTAL HEALTH

DETA 5; Objective 8.9: Analysis after the crisis- Learn from mistakes

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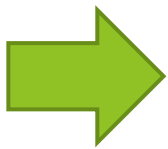
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ZERO COERCION
IN MENTAL HEALTH

„The best-laid plans of mice and men often go awry”



What happens after a crisis?



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Crises happen

- ▶ **What should we do?**
- ▶ **We should ask a few questions:**
 - ▶ Was there something you could have done differently?
 - ▶ Were there new triggers or warning signs?
 - ▶ What worked for you?
 - ▶ What did not?
- ▶ **We do this with the help of our action plan!**



Our action plan!





ZERO COERCION
IN MENTAL HEALTH

Exercise: Fix it!



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SIGNS OF CRISIS

- ▶ I slept for a week straight
- ▶ I drank alcohol every day
- ▶ I talked to my friends every day

TRIGGERS FOR CRISIS

- ▶ I got into a fight with a friend
- ▶ A relative got sick
- ▶ I was in a really good mood

HOSPITALIZATION PREVENTION

- ▶ Support from my relatives
- ▶ Monitoring of medication
- ▶ Drinking a whole bottle of wine

EMERGENCY CONTACTS

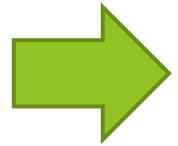
- ▶ Mother
- ▶ Neighbour
- ▶ Local postman



ZERO COERCION
IN MENTAL HEALTH



YES I HAVE A MENTAL ILLNESS
AND NO ITS NOT CONTAGIOUS



No plan is perfect



Collaboration is needed

Self-analysis

- ▶ It can be difficult, particularly after a crisis
- ▶ We need to collaborate and rely on others to do it right
- ▶ Mental health professionals can make sure that the person who experienced the crisis is taken care of as much as possible, as efficiently as possible
- ▶ First, we need to make sure that we don't do harm to ourselves

Next meeting and homework

- ▶ We'll see each other online next
- ▶ Let's look at the homework for today



ZERO COERCION IN MENTAL HEALTH

*Thank
you!*



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EXAMPLE CHECKLIST/ACTION PLAN

SIGNS OF CRISIS. Think about the last time you knew you were in crisis, what were some of the signs or symptoms that something was wrong, or that things were getting worse? (ex: not sleeping for 4 days, drinking more than usual) Be as specific as possible.

TRIGGERS FOR CRISIS. What kinds of triggers or situations may cause you to experience a mental health crisis? Think about the last time you were in crisis, what events led up to it?

HOSPITALIZATION PREVENTION. What can help you prevent a mental health crisis? Consider what you or others can do to help keep you from an unwanted hospitalization. (eg.: social support from those who may be watching out for me)

EMERGENCY CONTACTS. Who do you want to be contacted during an emergency? List any family, friends or people on your care team like your therapist or case manager.

Name: _____

Relationship to me: _____

Address: _____

Phone number: _____

Name: _____

Relationship to me: _____

Address: _____

Phone number: _____

Name: _____

Relationship to me: _____





Address: _____

Phone number: _____

LESSONS FROM PAST EXPERIENCES. If you have been in the hospital before, share specific ways you reacted. Were there any aspects that made you uncomfortable? (eg.: I do not want to be alone when I see X provider. I do not want student observers in the room).

VISITATION PERMISSION. If you are in the hospital, who can come visit you? Remember to add them to authorization lists during intake.

FACILITY PREFERENCES. Should you need to attend a hospital, do you have a preference regarding which hospital you go to? Briefly explain why or why not.

a. I would prefer to attend the following hospital(s) in the future:

b. I would not like to attend the following hospital(s) in the future:

c. Other information/requests regarding hospitalization:

PREFERENCES FOR STAFF INTERACTIONS. Are there specific things staff can do that would make you feel more comfortable or relaxed? (eg: I would like to be warned before staff touch me). Provide any information about yourself that may be helpful in aiding staff treating you in the event of a crisis.





MEDICATION PREFERENCES. Are there any psychiatric medications you would prefer or prefer not to be given in a crisis? Briefly explain why or why not (ex: bad side effects).

a. I would like to be given the following medication(s):

b.

I would not like to be given the following medication(s):

c.

Other information (allergies, side effects):

TREATMENTS I DO NOT CONSENT TO. Are there any treatments you do not wish to receive? (ex: electro-convulsive therapy (ECT))

OTHER INSTRUCTIONS. What other things may need to be taken care of if you are in the hospital? Do you need assistance taking care of pets, paying bills, watering plants, etc.? List any other instructions you may have, and any other medical conditions doctors should be aware of.



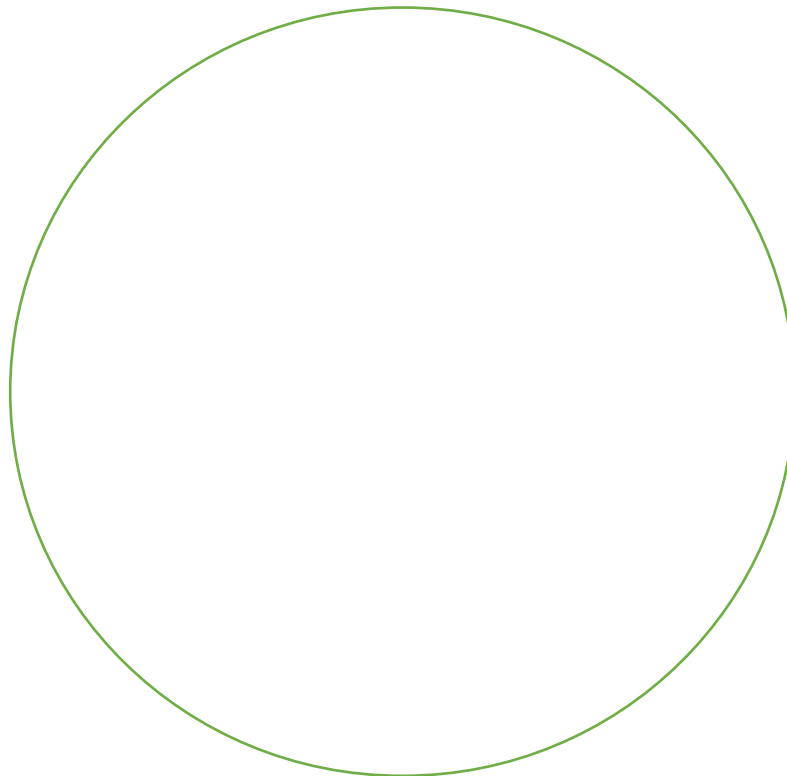


DETA 5: Doc 6: Homework 1

Evaluation of the action plan

- Make a list of the skills, techniques and everything else you can remember from previous DETAs that you use to manage your symptoms
- Are they healthy?
- Which ones are not?
- Do you feel you'll be able to use them effectively?

Put the skills that you think are healthy and effective in the middle of the diagram below. The less you trust the skill or if you think it is not effective for you, move it further to the side and even put it outside the circle if you think so.



Good job on your self-analysis!



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Training program for the management of schizophrenia crisis in home environments



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social
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