

# MENTAL HEALTH FIRST AID:

## HOW TO HELP IN AN EMOTIONAL CRISIS

**JUNE 27**

Johnston Medical Mall  
514 N Brightleaf Blvd.  
Smithfield, NC

**AUGUST 12 & 13**

Methodist Home for Children  
1041 Washington St.  
Raleigh, NC



### **CHOOSE:**

**Full-Day Program: Tuesday, June 27, 2014 (Smithfield)**

Registration 7:30am; Program 8:00am – 5:00pm

**Two Half-Day Programs: August 12 & 13, 2014 (Raleigh)**

Registration 12:00pm; Program 12:30pm – 4:45pm

### **Target Audience**

Certified nursing assistants, medical assistants, dental assistants, dental hygienists, pharmacy technicians, medical interpreters, health educators, public health department staff, medical office staff, dental office staff, nursing home staff, school personnel, nurse practitioners, school nurses, physical therapists, occupational therapists, recreational therapists, emergency room personnel, law enforcement, first responders and other professionals interested in this subject.

### **Description**

Mental Health First Aid is an 8-hour training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis.

The evidence behind Mental Health First Aid demonstrates that it makes people feel more comfortable managing a crisis situation and builds mental health literacy — helping the public identify, understand and respond to signs of mental illness. Specifically, studies found that those who trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes.

### **Learning Objectives**

At the conclusion of this activity, the participant should be able to:

- Recognize the potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis and psychotic disorders, substance use disorders, and self-injury.
- Use a 5-step action plan to help an individual in crisis connect with appropriate professional help.
- Interpret the prevalence of various mental health disorders in the U.S. and the need for reduced negative attitudes in their communities.
- Apply knowledge of the appropriate professional, peer, social, and self-help resources available to help someone with a mental health problem treat and manage the problem and achieve recovery.
- Assess their own views and feelings about mental health problems and disorders.

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EMOTIONAL CRISIS



## Speakers

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### **Ruby Brown-Herring, BSW, MEd**

Wake AHEC  
Raleigh, NC

### **Amanda Graham, MS, LPC, NCC**

Alliance Behavioral Healthcare  
Durham, NC

### **James Osborn, LPA, LCAS**

Alliance Behavioral Healthcare  
Durham, NC

### **Ann Oshel, MS**

Alliance Behavioral Healthcare  
Durham, NC

## Location

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**June Program** – Johnston Medical Mall, 514 N Brightleaf Blvd,  
Smithfield, NC 27577

**August Program** – Methodist Home for Children,  
1041 Washington St, Raleigh, NC 27605

Directions and parking information will be sent with your  
confirmation letter.

## Registration

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**June Program** – \$100; after June 20, 2014 - \$120

**August Program** – \$100; after August 5, 2014 - \$120

- No refunds will be issued unless we are notified by 5 pm three days prior to each training. A \$40 cancellation fee will be deducted from your registration fee if a refund is issued. Substitutes are encouraged. Vouchers are accepted.
- Registration includes lunch, handouts and credit.
- Register online at [www.wakeahec.org](http://www.wakeahec.org).

- Fax registrations to 919-350-0467 or mail to Wake AHEC, Attn: Angela Durham, 3261 Atlantic Avenue, Suite 212, Raleigh, NC, 27604-1657.
- Please bring a sweater or jacket to ensure your comfort.

## Credit

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A participant must attend 100% of the activity to receive credit. No partial credit will be given.

**Wake AHEC CEU(s) & Contact Hours** Wake AHEC will provide 0.8 CEU to participants upon completion of this activity. No partial CEU credit will be given.

Wake AHEC will provide up to 8.0 contact hours to participants.

**Public School Personnel Renewal Credit (PSPR):** Certificates of attendance and credit packets will be provided to participants desiring Public School Personnel Renewal Credit.

**NCBPTE:** Wake AHEC is a pre-approved provider for NCBPTE Continuing Competence Activities. This activity is 8.0 hours.

**Certified Health Education Specialists (CHES):** The North Carolina AHEC Program, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 8.0 hours total Category I continuing education contact hours.

## ADA Statement/Inclement Weather

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Please visit [www.wakeahec.org](http://www.wakeahec.org) for our inclement weather and ADA statement.

**Questions?** If you have questions, please contact Angela Durham at 919-350-0480 or [adurham@wakeahec.org](mailto:adurham@wakeahec.org).

# MENTAL HEALTH FIRST AID: HOW TO HELP IN AN EMOTIONAL CRISIS

JUNE 27, 2014 | Smithfield  
AUGUST 12 & 13, 2014 | Raleigh

Register early – class limited to 30 participants.

- June Program – \$100; after June 20, 2014 - \$120** (8590-42671ad)  
 **August Program – \$100; after August 5, 2014 - \$120** (8590-43441ad)

PID#: \_\_\_\_\_ (Last name + last 4 digits of Social Security #).

If you have attended a Wake AHEC program in the last 6 months, we only need your Personal ID (PID) number and a phone number. If there are changes to your personal data, please update your information below.

Dr.  Mr.  Ms.  Mrs.

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First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Social Security # (last 4 digits only) \_\_\_\_\_

Clinical Specialty \_\_\_\_\_ Degree(s) (e.g., MD, PharmD, MS, BS) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_  
( \_\_\_\_\_ )

State \_\_\_\_\_ Zip \_\_\_\_\_ Home County \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_  
( \_\_\_\_\_ )

State \_\_\_\_\_ Zip \_\_\_\_\_ Work Fax \_\_\_\_\_ Work Phone \_\_\_\_\_

Department \_\_\_\_\_ Work E-mail \_\_\_\_\_

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated.

## PAYMENT OPTIONS Payment of check, credit card or supervisor signature must accompany registration.

- Check enclosed. (Make check payable to Wake AHEC.)  
 Corporate Card  Personal Card |  MasterCard  Visa  AMEX  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Name as it appears on card \_\_\_\_\_

- Employer will make payment. Supervisor complete below and fax registration to 919-350-0470.

Supervisor's Name Printed \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Phone \_\_\_\_\_

By signing, I am certifying that agency payment will follow.

### WAKEMED EMPLOYEES ONLY

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**WakeMed Hospital # – Department #**

(REQUIRED for all WakeMed Employees if your department is paying.)

### Place a check (✓) if needed.

- Vegetarian meal (if meal provided)  
 Lactation room

## Register Today!

### ONLINE

[www.wakeahec.org](http://www.wakeahec.org)

### FAX

919-350-0467

### MAIL

Wake AHEC  
Attn: Angela Durham  
3261 Atlantic Avenue  
Suite 212  
Raleigh, NC 27604-1657