<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Mental health First Aid in an Irish Context</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Shanahan, Anne-Lisa</td>
</tr>
<tr>
<td><strong>Publication Date</strong></td>
<td>2013-02-01</td>
</tr>
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<td><strong>Item record</strong></td>
<td><a href="http://hdl.handle.net/10379/3407">http://hdl.handle.net/10379/3407</a></td>
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</tbody>
</table>

Some rights reserved. For more information, please see the item record link above.
Appendix H

Script for two and six month follow up questionnaires

Mental Health First Aid

Follow up questionnaire  (telephone interview 2 and 6 months)  Today’s date ________________

Good morning,

My name is Liz Kyte and I’m working with Lisa Shanahan who did the Mental Health First Aid training with you in………………….
At that time you agreed to assist with a piece of research to evaluate the course. Are you still able to provide some feedback to about your experience of the course? Thank you.
If yes,

The program is being evaluated to determine its value in an Irish context, to identify its strengths and weaknesses and to establish its affects upon its participants and I would like you ask you a few follow up questions.

All answers you provide me are confidential and are unidentifiable.

Do you have a piece of paper and a pen handy? That will come in useful for some of the questions.
3. What is the highest level of education you have completed to date? (Read out options.)
   - None/ primary not complete
   - Primary or equivalent
   - Intermediate/junior/group certificate or equivalent
   - Leaving certificate or equivalent
   - Diploma/ certificate
   - Primary degree
   - Post graduate/ Higher degree
   - Refusal

4. Which of these descriptions BEST describes your usual situation in regard to work?
   - Employee (inc. apprenticeship or community employment)
   - Self employed outside farming
   - Farmer
   - Student full-time
   - On state training scheme (FAS, Failte Ireland etc)
   - Long term sickness or disability
   - Home duties/ looking after the home or family
   - Retired
   - Other (please specify) ____________________________________________
I’m going to ask some questions where you need to rate your answer. You might find it easy to write down the rating scale as we go.

5. Please rate your current knowledge about the following issues?

<table>
<thead>
<tr>
<th>None</th>
<th>Some</th>
<th>Adequate</th>
<th>Good</th>
<th>Complete</th>
</tr>
</thead>
</table>

Depression
Suicide/self harm
Anxiety
Psychosis
Drug and alcohol misuse

6. Have you had the opportunity to use your Mental Health First Aid skills?

| Not used | Used once | Used 2/3 times | Used 4 to 7 times | Used more than 7 times |

If yes, please describe (most recent – ask – circumstances?/ what was done?/ what was the outcome?)

You might find your paper and pencil useful again here.

7. What is your current level of knowledge of Mental Health First Aid issues?

| None | Some | Adequate | Good | Complete |

8. How skilful are you in managing mental health emergencies?

| Not at all | Somewhat | Adequate | Good | Completely |

9. How confident are you that you could manage a mental health emergency?

| Not at all | Somewhat | Adequate | Good | Completely |
10. If you encountered a mental health emergency today what would be your level of competence to deal with it?
   Not at all   Somewhat   Adequate   Good   Completely

11. Would you feel confident in applying your Mental Health First Aid skills in the future?
   Very confident   Confident   Somewhat confident   Not confident

   If not, what would need to happen for you to feel confident in applying the skills?

12. Are there any mental health situations where you would feel unable to apply Mental Health First Aid?

13. What does ALGEE stand for?
   Assess risk
   Listen non-judgementally
   Give reassurance
   Encourage professional assistance
   Encourage self help strategies

14. What was the most relevant/important/memorable message of the course? (ie what was the strongest message)
15. I’d like to read you a short story/vignette and then ask you to describe how you would manage the situation.  
(Read vignette 1 (@2 months) or 2 (@6 months))

16. Has your own attitude to your mental health changed since doing the course?  Significant change  Some change  No change  
Please describe any changes.

17. Have you found it easier to discuss issues associated with mental health since completing the course?  Much easier  Somewhat easier  No easier  
Please describe an example if possible

18. The following statements ask you to rate your ability to be able to control and master mental health issues. (again mention writing options down)  
   Strongly agree  agree  disagree  strongly disagree
   a. There is really no way I can solve some of the problems I have.  
   b. Sometimes I feel I am being pushed around in life.  
   c. I have little control over things that happen to me.  
   d. I can do just about anything I really set my mind to.  
   e. I often feel helpless in dealing with problems in life.  
   f. What happens to me in the future depends on me.  
   g. There is little I can do to change many of the important things in my life.
19. The following statements ask you about how you feel things have been with you during the past 4 weeks. For each question, please give one answer that comes closest to the way you have been feeling.

**How much IN THE PAST 4 WEEKS have you.......**

- Did you feel full of life?
- Have you been a nervous person?
- Have you felt so down in the dumps that nothing could cheer you up?
- Have you felt calm and peaceful?
- Did you have a lot of energy?
- Have you felt downhearted and blue?
- Did you feel worn out?
- Have you been a happy person?
- Did you feel tired?
20. Following are some statements about feelings and thoughts.  
Please indicate which statement best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling optimistic about the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling interested in other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve had energy to spare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling good about myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling loved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been interested in new things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling cheerful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much for your assistance.

- After 2 month questionnaire - *I would like to contact you again in 4 months time to complete a short questionnaire like this one. Would that be ok?*

- After 6 month questionnaire - *Many thanks. The sheet we used to contact you with your details will now be destroyed. There is no other identifying information contained within the study.*

*Your assistance will allow us to improve the course for Irish application.*
Appendix I

Table I.1. Slide modifications from the Australian MHFA course to MHFA in an Irish context.

<table>
<thead>
<tr>
<th>MHFA Australian version</th>
<th>MHFA Irish version</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health First Aid 12hr Course</td>
<td>Mental Health First Aid 12hr Course</td>
<td>Addition of acknowledgements</td>
</tr>
<tr>
<td>Developed by Betty Kitchener &amp; Tony Jorm 2001</td>
<td>Developed by Betty Kitchener &amp; Tony Jorm 2001</td>
<td>(format changed from presentation)</td>
</tr>
<tr>
<td>Auspiced by ORYGEN Research Centre</td>
<td>From ORYGEN Research Centre University of Melbourne</td>
<td>Addition of self harm behaviours</td>
</tr>
<tr>
<td>University of Melbourne</td>
<td>with additional contributions from Scottish Health Service and the HSE NW</td>
<td>As per Scottish version of MHFA</td>
</tr>
</tbody>
</table>

**SESSION 1 (3 hours)**
- Why Mental Health First Aid?
- The Five Steps of Mental Health First Aid
- Common Mental Health Problems
- What is Depression?
- Symptoms & Causes of Depression

**SESSION 2 (3 hours)**
- Crisis First Aid for Suicidal Behaviour
- Treatment and Resources for Depression
- What are Anxiety Disorders?
- Symptoms & Causes of Anxiety Disorders

**SESSION 1 (3 hours)**
- Why Mental Health Fist Aid?
- The Five Steps of Mental Health First Aid
- Common Mental Health Problems
- What is Depression?
- Symptoms and Causes of Depression
- Treatment and Resources for Depression

**SESSION 2 (3 hours)**
- Crisis First Aid for Suicidal Behaviour
- Self Harm Behaviour
The World Health Organization defines health as:

'...a state of (complete) physical, mental and social well-being and not merely the absence of disease or infirmity.'

Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resource as well as physical capabilities.

Mental health is: '...the emotional and spiritual resilience which allows us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others', dignity and worth.'

(Health Education Authority 1997)
PERCENTAGE OF AUSTRALIANS AGED 16-85 WITH A MENTAL DISORDER IN LAST 12 MONTHS*

<table>
<thead>
<tr>
<th>Type of Common Mental Disorder</th>
<th>Male %</th>
<th>Female %</th>
<th>Persons %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorder</td>
<td>10.8</td>
<td>17.9</td>
<td>14.4</td>
</tr>
<tr>
<td>Affective Disorder</td>
<td>5.3</td>
<td>7.1</td>
<td>6.2</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>7.0</td>
<td>3.3</td>
<td>5.1</td>
</tr>
<tr>
<td>Any Common Mental Disorder</td>
<td>17.6</td>
<td>22.3</td>
<td>20.0</td>
</tr>
</tbody>
</table>

*Source: National Survey Mental Health Wellbeing (NSMHWB), 2007

Another 1% of the Australian population will have the low prevalence mental disorder of Psychosis in one year.

N.B. MHFA Manual p.5 shows results from the NSMHWB, 1997

IMPACT OF MENTAL HEALTH PROBLEMS
- One in four Irish adults will experience some form of mental health problems in any year.
- Two-thirds of Irish people have direct experience of people with Mental Health problems.
- Ireland rate of Youth Suicide is 5th highest in E.U.
- One in four visits to GPs are mental health related.
- Most common mental health conditions - Anxiety, Depression and those associated with substance misuse.
- These conditions are often exacerbated by the use of drugs.
- Mental health problems are a major cause of long-term disability for some people.

PREVALENCE OF COMMON MENTAL DISORDERS IN ANY ONE YEAR

![Graph showing prevalence of mental disorders by age and gender]

Addition of Irish data
Directly comparable data not available in Ireland

*Format adapted for presentation here
Not directly comparable data available
PREVALENCE OF MENTAL DISORDERS IN LAST 12 MONTHS: MALES

PREVALENCE OF MENTAL DISORDERS IN LAST 12 MONTHS: FEMALES

PREVELANCE OF MENTAL HEALTH PROBLEMS IN PRIMARY CARE

• 25% of GP caseload had Mental Health issues
• Less than 5% need to be referred to mental health specialists
• Number of people consulting GP because of stress varies from 20% - 41%  

(The Irish College of GPs & South Western Area Health Board 2004)
**DEPRESSION**

What is depression?
A clinical depression is one that lasts for at least 2 weeks and affects the person physically, emotionally, cognitively and behaviourally. It interferes with the person’s ability to carry out his or her work or to have satisfying personal relationships.

**SUICIDE IN IRELAND**

- More than 2,700 lives have been lost in Ireland to suicide since the start of the Millennium
- This is a 22% increase since 1982.
- At the end of the 1960’s there were approximately 60 recorded deaths per year.
- In the last 5 years the average number of deaths has been 477.
- In 2005, 431 people died, 80% of these were males.
- Highest number of deaths was among 15-24 year olds.
- Suicide is the leading cause of death in young men in Ireland – exceeds deaths from RTAs and Cancer
Addition of suicide, traffic accident and unexplained death statistics

Republic of Ireland Suicide, RTAs and undetermined deaths (1980-2005)

Suicide rates per 100,000 1890 -2003

Total suicide data not presented in Australian MHFA (added as it illustrates effect of statistical methods on data)
Modification of data to present Irish data

Suicide totals by age not available in Ireland

SUICIDE RATES IN AUSTRALIA, 1921 - 2007

Irish male and female rate of suicide per 100,000 1980-2003

Irish male suicides rates, 1980-2001

National Suicide Research Foundation

Oireachtas, 7th Report, Suicide in Irish Society, 2006
Australian data reflects measurement of suicide statistics corresponding to data collection within National Surveys of Health and Well-being.

Corresponding data not available in Ireland.
TRENDS IN METHODS IN FEMALE SUICIDES: AUSTRALIA, 1994-2004

Method of suicide - Women (n=450, 1998-2001)

Poisoning by drugs
Poisoning by other
Hanging
Firearms
Other

Number of suicides

Year of suicide

Deaths

Age

Irish data presented
TRENDS IN METHODS IN MALE SUICIDES: AUSTRALIA, 1994 - 2004

Method of suicide - Males


METHODS OF SUICIDE- Summary

- Hanging accounts for 51.9% of all suicides (57% for males and 29.1% for females)
- The preferred methods for females are poisoning (31.6%) followed closely by hanging (29.1%) and drowning (28%)
- 42% of men aged 25-44 years chose firearms to take their lives.
Ireland and the EU suicide rates per 100,000 (WHO, 2004) - All Ages

European comparison added as no directly comparable data is available
**MENTAL HEALTH AND SUICIDE**

- Approximately 33% of people who complete suicide had been referred to mental health services and <50% had been diagnosed with depression.
- 55% of people who attempt suicide are successful at their first attempt
- Post suicide autopsies show 65-95% of those who die have some sort of mental illness

**EU Youth Suicide (15-24 yrs) per 100,000**

(Who, 2004)

<table>
<thead>
<tr>
<th>Country</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portugal</td>
<td>8.2</td>
</tr>
<tr>
<td>Greece</td>
<td>8.2</td>
</tr>
<tr>
<td>Malta</td>
<td>7.9</td>
</tr>
<tr>
<td>Italy</td>
<td>6.7</td>
</tr>
<tr>
<td>Spain</td>
<td>6.5</td>
</tr>
<tr>
<td>Netherlands</td>
<td>4.8</td>
</tr>
<tr>
<td>Denmark</td>
<td>4.3</td>
</tr>
<tr>
<td>France</td>
<td>3.4</td>
</tr>
<tr>
<td>Germany</td>
<td>2.4</td>
</tr>
<tr>
<td>Slovakia</td>
<td>2.4</td>
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<tr>
<td>Luxembourg</td>
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<tr>
<td>Czech</td>
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<td>Switzerland</td>
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<td>Norway</td>
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<td>Denmark</td>
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<td>Netherlands</td>
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<td>UK</td>
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<td>Luxembourg</td>
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<tr>
<td>Sweden</td>
<td></td>
</tr>
<tr>
<td>Portugal</td>
<td>8.2</td>
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<tr>
<td>Spain</td>
<td>6.7</td>
</tr>
<tr>
<td>France</td>
<td>4.8</td>
</tr>
<tr>
<td>Germany</td>
<td>3.4</td>
</tr>
<tr>
<td>Austria</td>
<td>2.4</td>
</tr>
</tbody>
</table>

European youth data added as no directly comparable data was available.

Addition of Irish research.
Self harm section does not appear in the Australian adult MHFA. It does however, appear in the youth version of MHFA.

### GROUPS AT HIGH RISK OF SUICIDE (UK)

<table>
<thead>
<tr>
<th>Group</th>
<th>Degree of increased risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current psychiatric patients</td>
<td>10</td>
</tr>
<tr>
<td>4 weeks after discharge from a psychiatric hospital</td>
<td>100/200</td>
</tr>
<tr>
<td>History of self harm</td>
<td>10/30</td>
</tr>
<tr>
<td>Alcoholics</td>
<td>20</td>
</tr>
<tr>
<td>Drug misusers</td>
<td>20</td>
</tr>
<tr>
<td>Prisoners</td>
<td>5</td>
</tr>
<tr>
<td>Doctors</td>
<td>2</td>
</tr>
<tr>
<td>Farmers</td>
<td>2</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2</td>
</tr>
<tr>
<td>Samaritan Clients</td>
<td>20</td>
</tr>
</tbody>
</table>

National Parasuicide Registry, 2003

SELF HARM

- Self injury or risk taking behaviour
- Not failed or attempted suicide but means of staying alive
- Gives relief from overwhelming emotional pain
- May be the only survival strategy the person knows
- People who self harm are statistically at greater risk of becoming suicidal
- There were 11,200 hospital admissions for self harm behaviours in 2003 (8,800 individuals)
- 46.9% were under 30, 88.9% were under 50.
- 57.4% were female
- Most at risk were young women (15-19) and men (20-24)

Addition of high risk populations from the Scottish version of MHFA

Combination of information from the Scottish version of MHFA with Irish statistics added
Incidence of deliberate self harm by age and gender

DELIBERATE SELF HARM - Summary

- Drug Overdose is the most common form of self harm (78% women, 64% of men)
- In Ireland cutting is done by 23% of males and 15% of women
- Alcohol is involved in 47% of deliberate self harm in men and 39% in women.
- Within 1 year of presentation to A&E for deliberate self harm 16% of people will repeat the behaviour and 1.8% will suicide.
## PERCENTAGE OF AUSTRALIAN ADULTS WITH AN ANXIETY DISORDER IN ONE YEAR

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Males</th>
<th>Females</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-traumatic Stress Disorder</td>
<td>2.3</td>
<td>4.2</td>
<td>3.3</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>2.4</td>
<td>3.7</td>
<td>3.1</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>2.4</td>
<td>3.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>0.6</td>
<td>2.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>0.7</td>
<td>1.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Obsessive-compulsive Disorder</td>
<td>0.3</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total Anxiety Disorders</strong></td>
<td>7.1</td>
<td>12.1</td>
<td>9.7</td>
</tr>
</tbody>
</table>


No comparable Irish data available
### Generalised Anxiety Disorder (GAD)

- Overwhelming and unfounded anxiety.
- Physical and psychological symptoms of anxiety and tension for more than 6 months.
- General worries over money, health, family, etc., even when no problems exist.

### Panic Disorder

A person with a panic disorder has recurrent panic attacks.

A panic attack is a sudden onset of intense fear or terror. The attacks develop suddenly and the fear is inappropriate for the circumstances in which it is occurring.
### PHOBIC DISORDERS

- A person with a phobia avoids or restricts activities because of fear.
- The fear appears to be persistent and excessive.
- The fear will relate to specific places, things or events, leading to the person avoiding these situations completely.

### AGORAPHOBIA

A person with agoraphobia will:

- avoid situations because of a fear of a panic attack occurring
- avoid leaving home, or avoid situations such as supermarkets or driving for fear of a panic attack.

*It is not necessarily a fear of open spaces!*
**Does This Sound Like You?**

- I have an intense fear that I will do or say something and embarrass myself in front of other people.
- I am always very afraid of making a mistake and being watched and judged by other people.
- My fear of embarrassment makes me avoid doing things that I want to do or speaking to people.
- I worry for days or weeks before I have to meet new people.
- I blush, sweat a lot, tremble, or feel like I have to throw up before and during an event where I am with new people.
- I usually stay away from social situations such as school events and making speeches.
- I often drink to try and make these fears go away.

**SOCIAL PHOBIA**

A person with a social phobia will:

- have a fear of any situation in which public scrutiny may be possible
- usually have a fear of behaving in a way that is embarrassing or humiliating
- have a fear that others will think badly of them.

---

Simplified slide from the Scottish version of MHFA
### Does This Sound Like You?

- I have upsetting thoughts or images enter my mind again and again.
- I feel like I can't stop these thoughts or images, even though I want to.
- I have a hard time stopping myself from doing things again and again, like: counting, checking on things, washing my hands, re-arranging objects, doing things until it feels right, collecting useless objects.
- I worry a lot about terrible things that could happen if I’m not careful.
- I have unwanted urges to hurt someone but know I never would.

### Obsessive Compulsive Disorder

- Compulsive or repetitive behaviours or mental acts that the person feels compelled to perform in response to an obsession in order to reduce anxiety.

If you put a check in the box next to some of these problems you may have Obsessive Compulsive Disorder.
Have you lived through a very scary and dangerous event? Put a tick in the box next to any problems you have.

- I jump and feel very upset when something happens without warning.
- I have a hard time trusting or feeling close to other people.
- I get mad very easily.
- I feel guilty because others died and I lived.
- I have trouble sleeping and my muscles are tense.
- I feel like the terrible event is happening all over again. This feeling often comes without warning.
- I have nightmares and scary memories of the terrifying event.
- I stay away from places that remind me of the event.

If you put a check in the box next to some of these problems you may have Post-Traumatic Stress Disorder.

Omitted as covered in detail as case study.
### Percentage of Australians Aged 16-85 with an Anxiety Disorder in Last 12 Months*

<table>
<thead>
<tr>
<th>Type of Anxiety Disorder</th>
<th>Males %</th>
<th>Females %</th>
<th>Persons %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-traumatic Stress Disorder</td>
<td>4.6</td>
<td>8.3</td>
<td>6.4</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>2.0</td>
<td>3.5</td>
<td>2.7</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>3.8</td>
<td>5.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>2.3</td>
<td>2.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>2.1</td>
<td>3.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Obsessive- compulsive Disorder</td>
<td>1.6</td>
<td>2.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Any Anxiety Disorder</td>
<td>10.8</td>
<td>17.9</td>
<td>14.4</td>
</tr>
</tbody>
</table>

*Source: National Survey Mental Health Wellbeing (NSMHWB), 2007

N.B. MHFA Manual p.23 shows results from the NSMHWB, 1997

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**Psychiatric Hotline**

"Click - Thank you for calling Psychiatric Hotline ...

If you are obsessive/compulsive, please press 1 repeatedly;
If you have a dependent personality; please ask someone else to press 2;
If you have multiple personalities, please press 3, 4, 5 and 6;
If you have paranoid delusions, we know who you are and what you want, please stay on the line so we can trace your call;
If you are schizophrenic, listen carefully and a little voice will tell you which number to press;
If you have depression, it doesn’t matter what number you press, no one will take any notice;
If you have delusions, and occasionally hallucinate, please be warned that the telephone receiver is alive and may bite your ear.

Have a nice day"
SCHIZOPHRENIA

- Means “fractured mind”- thoughts and perceptions become distorted
- Symptoms are different for each individual
- Onset may be rapid or develop slowly
- Usually become ill in early adulthood (late teens early twenties)
- Approx 39000 people have the condition in Ireland (1:100)

Definition added in Scottish c/ersion of MHFA

Omitted as comparative data was not available in Ireland
Anxiety Disorders: 6.8%
Affective Disorder: 1.9%
Substance Use Disorder: 4.3%

Australian Men
37% (over 1 in 3) males with a substance use disorder have an underlying depression &/or anxiety which is often undetected & untreated.

Anxiety Disorders: 17.9%
Depressive Disorder: 7.1%
Substance Use Disorder: 3.3%

Australian Women

Omitted as comparative data was not available in Ireland
Australian Women

50% (1 in 2) females with a substance use disorder have an underlying depression &/or anxiety which is often undetected & untreated.

Omitted as comparative data was not available in Ireland.
### ALCOHOL USE IN IRELAND

- However the most damaging drug used in Ireland is alcohol
- It’s implicated in 25-50% of suicides
- And 42% of parasuicides
- In Cork/Kerry* 81% of adults (15-44) drink (82% males, 79% females) of whom 26% of men and 17% of women drink in excess of guidelines.

  *These figures are considered to be consistent with the findings within the General Population Survey undertaken by the National Advisory Committee on Drugs and Alcohol 2002/2003.

### ALCOHOL USE IN IRELAND (cont)

- Ireland is one of the highest consumers of alcohol in the world
- In the EU Ireland is 2nd after Luxembourg in use of alcohol (2001)
- 2001 14.4 litres of pure alcohol per adult
- 2003 13.5 litres due to a drop in the sale of spirits because of an increase in excise.
HOW TO HELP IF A PERSON HAS OVERDOSED

..and the person is unconscious:

1. Keep person's airway clear.
2. Phone 000 for an ambulance.
3. Try to find out what substances have been used.
4. Keep the person warm.

Modification of slide for Irish context

HOW TO HELP IF A PERSON HAS OVERDOSED

..and the person is unconscious:

1. Keep person's airway clear.
2. Phone 999 for an ambulance.
3. Try to find out what substances have been used.
4. Keep the person warm.
<table>
<thead>
<tr>
<th>HOW TO HELP IF A PERSON HAS OVERDOSED</th>
<th>HOW TO HELP IF A PERSON HAS OVERDOSED</th>
<th>Modification for Irish context.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>...and the person is conscious:</strong></td>
<td><strong>...and the person is conscious:</strong></td>
<td><strong>Modification for Irish context.</strong></td>
</tr>
<tr>
<td>1. Phone the Poison Information Centre on 13 11 26 or emergency 000.</td>
<td>1. Phone emergency 999 or get to the nearest Accident and Emergency Dept.</td>
<td><strong>Modification for Irish context.</strong></td>
</tr>
<tr>
<td>2. Do not give the person any food or fluids unless told to by a health professional.</td>
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<td><strong>Modification for Irish context.</strong></td>
</tr>
<tr>
<td>3. Reassure the person.</td>
<td>3. Reassure the person.</td>
<td><strong>Modification for Irish context.</strong></td>
</tr>
<tr>
<td>4. Try to find out what substances have been used.</td>
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<td><strong>Modification for Irish context.</strong></td>
</tr>
<tr>
<td>5. Keep the person warm.</td>
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<td><strong>Modification for Irish context.</strong></td>
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**Modification for Irish context:**

1. Phone the Poison Information Centre on 13 11 26 or emergency 000.
2. Do not give the person any food or fluids unless told to by a health professional.
3. Reassure the person.
4. Try to find out what substances have been used.
5. Keep the person warm.