



POSITIVE ABOUT MENTAL HEALTH

A Guide for programme staff, leaders, and Chapter programme coordinators - and other volunteers who offer programme support.

This Guide will help you to be aware of mental health concerns and how to identify them. It also suggest some ways to support participants who may be experiencing mental health issues.



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WHAT IS MENTAL HEALTH?

The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the everyday stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community”.

Another definition explains it as “Mental health influences how we think and feel about ourselves and others and how we interpret events. It affects our capacity to learn, to communicate and to form sustain and end relationships. It also influences our ability to cope with change, transition, and life events...” (Lynne Friedli 2004)

Our mental health is a part of our overall health - the World Health Organization also states that “there is no health, without mental health”. Everyone has mental health, the same way everybody has physical health, and we need to look after it.

Positive mental health is a state of well-being that allows us to “feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face.” (Public Health Agency of Canada)

When a person experiences positive mental health, they FEEL GOOD and FUNCTION WELL.

When a person experiences distress due to their mental health, we often refer to these struggles as **mental health problems, challenges, or concerns**.

HOW WE UNDERSTAND OR TALK ABOUT MENTAL HEALTH

The way we understand mental health and our attitude toward it can differ because of our age, our gender, and our socio-economic background – it can also differ because of our culture or where we live. **So, for us in CISV this means that we will have many different ways of understanding or talking about mental health – and many ways to misunderstand each other.**

Some people might:

- Not have specific words for mental health concepts in their vocabulary
- Not have specific words for (often Western) mental health concepts in their language
- Experience greater stigma around mental health issues
- Come from a family where they only use mental health services when there is a significant crisis
- Prefer to keep issues within their family and not discuss them with others
- Present more physical distress – for example, saying “I have a headache” - rather than psychological or emotional distress – for example saying. “I feel very sad today”.

It is important to remember to be open, respectful, and non-judgmental about the way someone else understands or thinks about mental health issues, which may not be the same way as you.



WHY WE NEED TO BE MENTAL HEALTH AWARE IN CISV

Approximately **1 in 5 youth worldwide** will experience a mental illness before the age of 25 (World Health Organization). Even very young children can show early signs of mental health concerns.

As an organization that works with children and young people, it is very important that we all understand that their emotional wellbeing is just as important as their physical health.

When they take part in our programmes, our participants are often far from home and their parents are not always available. Outside of their regular environment and schedule, participants may face new or familiar situations that they find difficult to cope with in a programme setting; they may be scared. A child or young person with mental health issues may find it particularly difficult to cope.

CISV volunteer leaders and staff have the care of our participants and the responsibility to make sound decisions for them. They need to be aware of the warning signs of mental health issues, know what to do when they see the warning signs, and how to access help.

If they are not properly prepared, caring for an individual participant with mental health issues could affect staff and leaders. It could also have an impact on their ability to care for other participants and make the programme a success.

While this is a guide about the mental health of our participants, some of our adult volunteers may also face some of the same issues and need the same care. You can follow much of the advice in this Guide if you are worried about an adult volunteer in a programme.



4 PREPARE TO BE POSITIVE ABOUT MENTAL HEALTH: BEFORE A PROGRAMME

When we take a positive and open approach to talking about mental health, we are better prepared to deal with mental health issues and concerns. Taking part in a CISV programme can be a very intense experience, which alone can cause behavioural changes and make it harder to identify mental health concerns. We want to reach more children and young people and be inclusive, but participation in our programmes is not for everyone. It may not be the experience they want or, in some cases, it may be that CISV is not equipped to host them.

The following suggestions are to give you some ideas on preparations that you can make before you host or send to a programme. These suggestions are mainly for Chapter boards (or Programme Directors/Local Interchange Coordinators), though they might also be useful for staff groups, or Junior Branch, and others.

GETTING READY IN YOUR CHAPTER

- Have open discussions with Chapter volunteers, parents, and participants about mental health concerns; discuss how you can all help prepare for any issues that could happen in a programme
- If any Chapter volunteers are not sure how to react to participants with mental health issues, give them the opportunity to talk to a mental health professional
- Ask a mental health professional to run some training sessions for your Chapter volunteers to raise awareness of child development and common mental health concerns you might encounter
- Make sure you have a mental health professional on call 24/7 before, during, and after a programme and that they speak English
- Make sure you understand how the Sending Someone Home Procedure (Info File R-15) works, in case you need to support programme staff to remove someone from the programme. Give special consideration to how you will deal with this in an emergency situation.
- Follow the Programme Guide and the Risk Management Checklist carefully to ensure that the site you select is appropriate and safe for all participants.

It is a good idea to offer training on mental health issues to all of your Chapter volunteers as well as your programme staff and leaders – but especially to anyone who will help out with a programme in some way; for instance people who offer lifts, attend Open Days, or host families.

WORKING WITH PARENTS

- Encourage parents to fill in the Health Form **fully and honestly**. Make sure parents understand that we will always do our best to deal with any mental health issues their child may have but we need as much information as possible to help us.
- Make it clear to parents that we are open to take children and young people with mental health issues, so that they are more willing to reveal details before a programme starts
- Be honest with parents that we are not professional carers and there are some medical and behavioural conditions that we can't accommodate. This may be because their child will not be able to participate effectively and or because caring for them will prevent the leader from dedicating enough attention to the rest of the delegation.



- Explain to parents the type of activities that are often run in programmes; this will help them to decide if the CISV experience is the best one for their child. It will also help parents to explain how their child could react if they took part in some of the activities and good ways to help their child remain calm. (See Appendix 1 for some additional questions to ask parents).
- Explain our rules and guidelines; reassure parents that all of our programme staff have access to resources, guidance, and support from doctors and psychologists.
- Stress to parents that we treat all personal information with great care and appropriate confidentiality

PREPARING YOUR LEADERS AND STAFF

- Ask a mental health professional to run some training sessions for your programme staff, and leaders to raise awareness of child development and common mental health concerns they might encounter
- Make sure you have a mental health professional available and on call throughout the programme; make sure that your staff/leaders know how to contact them for advice.
- Make sure leaders are well prepared. If one of their delegation has mental health issues make sure the leader has as much information as possible and that they have established a good relationship with the delegate and their family
- Make sure that the staff team has as much information as possible about any participant or Junior Counsellor who has mental health issues
- Make sure your programme staff and leaders are aware that activities such as House of Feelings and Simulation Games might cause distress in some participants and that they have the training to know how to deal with it. Make sure your staff and leaders are aware that they can run good alternative activities that will achieve the same educational goals.
- Make sure your staff and leaders understand how the Sending Someone Home Procedure (Info File R-15) works, in case they need to remove someone from the programme



5 MENTAL HEALTH AWARE: DURING A PROGRAMME

REPORTING MENTAL HEALTH CONCERNS

As a CISV staff or leader you are not responsible for diagnosing mental health problems and you not expected to be a mental health expert. However, you might notice behaviours or signs that a young person in your programme is struggling. If you are concerned, let your Programme Director, Local Interchange Coordinator, or Risk Manager know straight away.

Most of us are not mental health professionals and some of us have limited knowledge and experience of dealing with people who have mental health issues. If you have concerns about a participant you must always report your concerns immediately. You must put the health and safety of all the participants in the programme first.

Reporting: Roles and Responsibilities

LEADERS AND STAFF – Report your concerns to the 'person in charge' (i.e. Programme Director, Local Interchange Coordinator). Depending on the situation, if you are a leader, you may wish to contact your own Chapter Risk Manager.

PROGRAMME DIRECTOR/LOCAL INTERCHANGE COORDINATOR – Contact the Local Risk Manager

LOCAL RISK MANAGER – Seek professional advice; advise programme staff and leaders

ALL – Document your concerns on an Incident Report Form

SIGNS OR CHANGES OF MENTAL HEALTH CONCERNS

Adolescents (typically teenagers but can be younger) go through developmental changes that are not necessarily mental health problems. Typical signs of these changes might include moodiness - especially with parents and siblings, occasional angry outbursts, a change in interests or people, such as trying out a new “look” or making new friends, and sleeping in and staying up later.

But sometimes there might be changes that are possibly signs of a mental health concern.

If you notice the following signs in a participant - report your concerns (see Reporting: Roles and Responsibilities), and seek guidance:

- Withdrawing from activities and people
- Irritable
- Unable to focus on activities
- Extreme worrying or asking for reassurance
- Frequent crying
- Excessive or inability to sleep
- Poor appetite
- Physical signs such as headaches or stomach problems

The participant may say things such as:

- “I’m not feeling well”
- “I can’t join the activity”
- “I don’t know what’s wrong”
- “I’m really stressed right now”



- “I feel weird”
- “I’m really scared but I don’t know why”
- “I can’t do this”
- “I’m not hungry”
- “I can’t sleep”
- “I want to go home”
- “I don’t want to feel like this anymore”
- Nothing...

WAYS TO RESPOND TO A PARTICIPANT WHO SHOWS SIGNS OF MENTAL HEALTH CONCERNS OR DISTRESS

- Be calm and look calm - think about your facial expressions, tone of voice, and body language
- Remain non-judgmental and supportive
- Listen actively and be responsive
- Show you care and understand (for instance, don’t say things such as “It’s nothing to worry about - you’ll be fine” but do say things such as “I understand how you are feeling; what do you think would help?”)
- Be hopeful and reinforce there are ways of dealing with struggles or unhappiness

If a participant seems agitated or in distress, you could ask them to try some simple techniques to help them calm down.

- | | |
|---|---|
| <ul style="list-style-type: none"> ➤ breathe slowly ➤ listen to sounds around them ➤ walk barefoot ➤ wrap themselves in a blanket and feel it around them ➤ touch something or sniff something with a strong smell | <ul style="list-style-type: none"> ➤ SEE 5 things: name them out loud ➤ FEEL 4 things: name them out loud ➤ HEAR 3 things: name them out loud ➤ SMELL 2 things: name them out loud ➤ TASTE 1 thing: name it out loud |
|---|---|

Once the participant is calm, report the incident and get advice.



WHAT TO DO IF A PARTICIPANT ASKS YOU NOT TO TELL ANYONE

Ask the participant why they don't want you to tell anyone else. Are they embarrassed? Are they worried they will be sent home?

- Reinforce that you are there to ensure they have a positive experience and so you need to act on any concerns you have about their well-being
- Be honest with them that you cannot keep secrets
- Remind them that you are on their side, and want to see them be healthy and have a great experience
- Reassure them that you will do what you can to make sure they get the support they need

URGENT SITUATIONS

Sometimes a participant will display extreme behaviour, which can be classed as a high-risk situation.

If you have a serious concern about the wellbeing of a participant:

- 1. make sure they are safe and are not left alone**
- 2. seek immediate help**

More extreme behaviours may include:

- risk-taking behaviour
- self-harming behaviour
- sudden or severe mood changes
- not eating or sleeping
- talking about suicide

People who self-harm may:

- appear withdrawn, or more quiet or reserved than usual
- stop participating in activities
- have rapid mood changes
- get angry or upset easily
- have had a significant event in their lives, for example family breakdown
- exhibit unexplained cuts or scratches
- wear clothes that are inappropriate for the weather, for example they may wear long sleeves on a hot day

NOTE : Self-harm does not equal a suicide attempt. People who self-harm are not necessarily having suicidal thoughts.

Potential signs of 'thoughts of suicide' in youth

- Significant mood changes
- Withdrawal from people and activities
- Changes in eating habits
- Paying little or no attention to their appearance and hygiene
- Experiencing physical symptoms like stomach aches, headaches
- Giving away things that are precious or important to them (not to be confused with swapping or 'trading')
- Saying things that indicate hopelessness "What's the use?" "Nobody cares"
- Experiencing severe emotional pain; emptiness, sadness, despair



What to say and do if someone is self-harming

- Ask how they are feeling
 - Do not be judgmental
 - Be supportive without reinforcing their behaviour
 - Acknowledge their feelings
 - Never promise to keep secrets
 - Do not avoid the subject
 - Do not focus on the behaviour itself
- **Report your concerns immediately if you think or know that a participant is self-harming, in order to get professional advice. (See Reporting: Roles and Responsibilities)**

- Wanting to die; saying “ I wish I were dead”
- “Joking” about death – “What if I just jumped off this cliff right now?”

If a young person is expressing thoughts of suicide

- listen and show care and concern
 - talk with them and reassure them that they're not alone
 - don't leave them alone
 - never promise to keep secrets
- **Report your concerns immediately in order to get professional advice (See Reporting: Roles and Responsibilities)**
- **If you are the participant's leader, you will be asked to contact your Chapter Risk Manager for help with talking to the parents of the participant.**
- **You cannot care for participant who is expressing suicidal thoughts within a programme. With the support of the local Risk Manager, follow the Sending Someone Home Procedure (Info File R-15) to organize for the safe removal of the participant from the programme within 24 hours.**

WHEN IT IS RIGHT TO REMOVE A PARTICIPANT FROM A PROGRAMME

Sometimes it is very clear when you will need to arrange for a participant to be removed from a programme because it's an urgent situation. But in less urgent situations it is not always so clear. It can also be tempting to try to care for a participant within the programme because you don't want to disappoint them or their family. However, sometimes sending the participant home might be the best thing for them and everyone else in the programme and you should not feel guilty about considering this course of action. You should always seek advice and consider sending a participant home when their mental health concerns or distress:

- interferes with their ability to engage in the programme,
- requires you to spend a lot of resources (time, people) to support them
- impacts other participants in negative ways,
- causes you significant worry and concern



Appendix 1

All About My Child – Parent Questionnaire

- Every child is different. They react to things differently and deal with things in different ways. By answering these questions you will give your child's leader greater insight into your child.
- Has your child travelled on long distance in an airplane before? Did they experience any motion sickness? How did they cope generally?
- Would you consider your child to be an extrovert/introvert?
- Does your child sleep well? If not, what helps them sleep?
- In the past, how has your child coped in communal living situations, for example at school camps, or sleepovers and where it may not be completely dark or completely quiet at night?
- How does your child react if they are injured? What have you found to be the best way to deal with your child's emotions when they are injured?
- How does your child cope when tired?
- When your child is upset, what techniques do you find work best to settle or comfort them?
- Does your child generally come to you /their teacher to share and ask for help when they are upset? If not, are there any mannerisms/signs that the leader should recognise?
- Is there any other information about your child that would help the leader care for them?
- Please complete and give to your leader well before the departure day to give them plenty of time to discuss anything with you. Please **DO NOT** leave your discussions about your child for the airport. There is a lot to do on this day and this is no time for one to one discussions.
- Your leader would also be very happy to meet with you and talk over any issues face to face, or to have a chat over the phone.



Appendix 2:

Some Common Mental Health Issues

Disclaimer: As CISVers we do not and cannot diagnose. This is only for general information. If you have serious concerns about a participant, you should report your concerns and get guidance.

The vast majority of young people, 4 out of 5, will not experience a mental illness and most mental health struggles they encounter will be short-term challenges that can be overcome with support and guidance. They range from common problems, such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder.

Anxiety

Anxiety is what we feel when we are worried, tense or afraid. Anxiety is a natural human response when we feel under threat. Most people feel anxious at times, but it can become a Mental Health problem if it impacts your ability to live your life as fully as you want to. It can be a problem if:

- your feelings of anxiety are very strong or last a long time;
- your fears or worries are out of proportion to the situation;
- you avoid situations that might cause you to feel anxious;
- your worries feel very distressing or are hard to control;
- you regularly experience symptoms of anxiety which could lead to a panic attack;
- you find it hard to go about your everyday life or do things you enjoy.

Symptoms can also include feeling restless, fatigued, irritability and difficulty concentrating

There are several types of anxiety disorders such as generalized anxiety, social anxiety, specific phobias, and panic disorder (Panic disorder - symptoms include sudden periods of intense fear, physical symptoms such as heart palpitations, sweating, trembling, shortness of breath, and avoidance of situations or places).

How to help people dealing with anxiety:

- Don't pressure them;
- stay calm;
- encourage them to breathe slowly;
- tell them you are here for them;
- try to understand;
- be kind and non-judgmental;
- ask how you can help;
- support them to seek help;
- look after yourself: set boundaries and don't take too much on;
- suggest a Grounding Strategy using the 5 senses - name 5 things you see, 4 things you feel, (see notes in Additional Resources section);



- Encourage the person to take action - move the body - walk - snack - hydrate;
- help the young person challenge anxious thoughts;
- support the young person to calm the physical responses to anxious thoughts - e.g. Calm Breathing.

Depression

Depression is a low mood that lasts for two weeks or more, and affects your everyday life. It doesn't stop you from leading a normal life, but makes everything harder to do and seem less worthwhile. At its most severe, depression can be life-threatening because it can make you feel suicidal.

People with depression can demonstrate these behaviours:

- avoiding social events;
- self-harming;
- difficulty speaking, thinking, making decisions, remembering or concentrating;
- feeling tired all the time;
- no appetite and losing weight or eating too much and gaining weight;
- difficulty sleeping or sleeping too much;
- physical pains with no physical cause.

Depression is the 9th leading cause of illness and disability in all adolescents Globally ,suicide is the third leading cause of death in 15-19 year olds (WHO 2016) In Canada in 2012, 9% of females and 5.3% of males between the ages 15 to 24 years met the criteria for depression (Statistics Canada) the latest Health Behaviour in School aged children survey 29% of 15 year old girls and 13% of 15 year old boys in European countries reported 'feeling low' more than once a week (WHO European Region 2018).

How to help people dealing with depression

- support them to get help,
- be open about depression,
- check-in regularly,
- don't be critical,
- look after yourself: set boundaries and don't take too much on,
- Suggest that they identify 3 good things in their day, no matter how small,
- Help them get adequate sleep, good nutrition, and hydration,
- Help the youth challenge negative thoughts - point out strengths you see in them,
- Encourage and support enjoyable activities such as music, art, sports, or hobbies,
- Support the youth to be physically active every day

ADHD

Attention -Deficit hyperactivity disorder can present with different behaviours and not all children have the same symptoms – some can have poor attention and others are mainly hyperactive.



People with problems of attention can

- appear forgetful, distracted, not seem to want to listen,
- be disorganized,
- take a long time to start to do things and not always finish them.

People with hyperactivity

- seem to be full of energy,
- loud, noisy and always talking
- they can also do things without thinking – be impulsive so have difficulty in waiting for a turn or in a queue and often interrupt conversations.

Boys are three times more likely to develop ADHA than girls (Statistics Canada) In USA 9.4% of children aged 2-17 years have received an ADHD diagnosis (2019)

How to help people dealing with ADHD

- Give simple instructions,
- give them time and activities to use their energy in eg football, swimming ,
- Clearly communicate expectations,
- Use routines when possible to help youth keep on track,
- Use checklists, agendas or other practical visual cues,
- Break down activities into manageable chunks,
- Have supplies and belongings in specific locations – use labels,
- Establish eye contact when giving instructions,
- Use positive reinforcement – notice the ‘good’ stuff,
- Use a buddy system so each participant has a peer they can check with about activities,
- Establish a routine for transitions when moving from one activity to another,
- Use a variety of methods for sharing information such as songs, visuals, tactile reminders as well as written etc.,
- Use role play as a way to demonstrate communication
- Some people are given medication for ADHD which helps them to concentrate better and control themselves more

Autism

People with Autism (also called autism spectrum disorders or social and communication disorders) have difficulties in communicating, in being around people socially and with their behaviour not always being appropriate.

These are neurodevelopmental disorders in other words caused by the way the brain has developed and works. The difficulties can be very mild or extreme.



- Difficulties can be with both verbal (speaking) and non- verbal communication (eye contact, expressions and gestures not being understood)
- There can be difficulty in understanding the social world so may not understand their own or other people's feelings and may prefer to be alone.
- Some may want to make friends but find it hard to understand someone else's point of view or appear to be insensitive to others.
- People with autism often prefer routines and can find it hard to deal with change, they may have very specific interest or obsessions.
- People with autism may also experience sensitivity to sounds, touch, tastes, smells, light or colours.

Statistics show that 1 in 160 children have ASD (WHO 2016) In the USA, Center for Disease Control states, for 2018, the latest statistics are 1:59.

How to help people with an autistic diagnosis

- make sure the environment does not give them sensory overload,
- help them prepare for change by giving plenty of warning,
- adjust how you communicate with them so it is very straightforward,

Self-harm

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories, or overwhelming situations or experiences. Some people have described self-harm as a way to:

- express something that is hard to put into words;
- turn invisible thoughts or feelings into something visible;
- change emotional pain into physical pain;
- reduce overwhelming emotional feelings or thoughts;
- have a sense of being in control;
- escape traumatic memories;
- punish yourself for your feelings and experience;
- stop feeling numb, disconnected or dissociated;
- create a reason to physically care for themselves;
- express suicidal feelings and thoughts without taking their own life.

Even though there are always reasons underneath someone hurting themselves, it is important to know that self-harm carries risks. Once you have started to depend on self-harm, it can take a long time to stop.

There are different ways to self-harm:

- cutting yourself;
- poisoning yourself;
- over or under-eating;
- biting yourself;
- picking or scratching skin;



- burning yourself;
- inserting objects under skin;
- hitting yourself or walls;
- overdosing;
- exercising excessively;
- pulling hair;
- getting into fights.

How to help people dealing with self-harm:

- don't panic or overreact;
- be non-judgemental;
- let them know you're here for them;
- relate to them as a whole;
- have empathy and understanding;
- let them be in control;
- offer to help find support;
- remind them of their positive qualities;
- have honest communication;
- look after yourself: set boundaries and don't take too much on.

DO NOT:

- try to force change;
- act or communicate in a way that threatens to take control away;
- ignore their injuries or overfocus on them;
- label self-harm as "attention seeking".

Eating Problems

An eating problem is any relationship with food that you find difficult, while an eating disorder has been diagnosed. Eating disorders can include: bulimia nervosa; anorexia nervosa; binge eating disorder; other specified feeding or eating disorder (OSFED).

Changing your eating habit every now and then is normal, but if food and eating feels like it's taking over your life then it may become a problem. Lots of people think that if you have an eating problem you will be over or underweight, and that being a certain weight is always associated with a specific eating problem. This is a myth. Anyone, regardless of age, gender or weight, can be affected by eating problems.

If you have an eating problem you might:

- restrict the amount of food you eat;
- eat more than you need or feel out of control when you eat;
- eat a lot in secret;



- feel very anxious about eating or digesting food;
- eat lots in response to difficult emotions;
- eat only certain types of food and feel very anxious if you have to eat something else;
- feel strongly repulsed at the idea of eating certain foods;
- purging;
- stick to rigid rules about what you can eat;
- eat things that are not really food;
- be scared of eating in public;
- think about food/eating all the time;
- compare your size/body to others'; c
- heck/test/weight your body a lot.

How to help people dealing with eating problems:

- don't make assumptions;
- remember that even accepting they have a problem takes time;
- don't focus or comment on their appearance;
- be gentle – you can't force them to change their behaviour;
- include them in social activities;
- make meal times as stress-free as possible;
- find safe ways to talk about it;
- help them find good information;
- encourage them to seek professional help;
- accept that recovery is a long process;
- look after yourself: set boundaries and don't take too much on,
- Show that you care,
- Focus on establishing healthy genuine relationships,
- Remain non-judgmental,
- Promote healthy and balanced physical self-care,
- Avoid focusing on weight preoccupation, dieting issues, commenting on others' appearances etc.,
- Provide opportunities to bolster self-esteem,
- Be aware that males experience greater stigma and shame when it comes to eating disorders,
- People with eating disorders may feel irritable, have difficulty concentrating, lack energy and experience nausea or headaches impacting their functioning

Anger Management

Anger is a normal, healthy emotion. It is not necessarily a “bad” emotion; in fact it can sometimes be useful. Anger only becomes a problem when it gets out of control and harms you or people around you.

This can happen when:

- you regularly express your anger through unhelpful or destructive behaviour;
- your anger is having a negative impact on your overall mental and physical health;



- anger becomes your go-to emotion, blocking out your ability to feel other emotions;
- you haven't developed healthy ways to express your anger.

Not everyone express their anger in the same way. For example, some unhelpful ways you may have learned to express anger include:

- outward aggression and violence;
- inward aggression;
- non-violent or passive aggression.

Anger feels different for everyone. Everyone has their own triggers for what makes them angry, but some common ones include situations in which we feel:

- threatened or attacked;
- frustrated or powerless;
- like we're being invalidated or treated unfairly;
- like people are not respecting our feelings or possessions.

How to help people dealing with anger management issues:

- stay calm;
- try to listen to them;
- give them space;
- set boundaries;
- help them identify their triggers;
- support them to seek help;
- look after your own well-being and make a safety plan if needed.

DO NOT confront someone who is behaving aggressively.

Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is an anxiety disorder. It has two main parts: obsessions and compulsions.

- **Obsessions** are unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind. They can make you feel very anxious (although some people describe it as 'mental discomfort' rather than anxiety).
- **Compulsions** are repetitive activities that you do to reduce the anxiety caused by the obsession. It could be something like repeatedly checking a door is locked, repeating a specific phrase in your head or checking how your body feels.



How to Help People dealing with OCD:

- Be patient: Remember that their fears are very real to them, even if they seem unrealistic, irrational or extreme to you:
- Stay calm and don't judge: It can be upsetting to hear about some obsessive thoughts, but someone may be scared you will judge them or think that there is something wrong with them:
- Make it clear that you are there to support them regardless:
- Agree on an approach that feels right for you both:
- Encourage them to challenge compulsions where appropriate :
- Helping someone with their compulsions is not usually helpful in the long term:
- Accept that sometimes it will be impossible not to offer reassurance



Appendix 4

ADDITIONAL RESOURCES AND LEARNING

For details on other mental health issues that may affect young people and adults clear detailed information is available in English on www.mind.org.uk

Look for information from organizations promoting mental health awareness in your country.

Useful Websites include -

- CISV Canada Waterloo Chapter – 3 Training Resources || www.cisvwaterloo.org/training
 - ✓ CISV Canada Youth Mental Health (video)
 - ✓ CISV Canada Mental Health Tip Sheet and Resource List (PDF)
 - ✓ CISV Training Module (Powerpoint)
- CISV International Child Protection Policy and Procedures || <https://www.cisv.org>
- <https://polhn.org/courses/mental-health> – an on line learning course giving in depth understanding.
- Audio files for a Calm Breathing Strategy || <http://youth.anxietybc.com/how-do-it#pushme-pullme>

