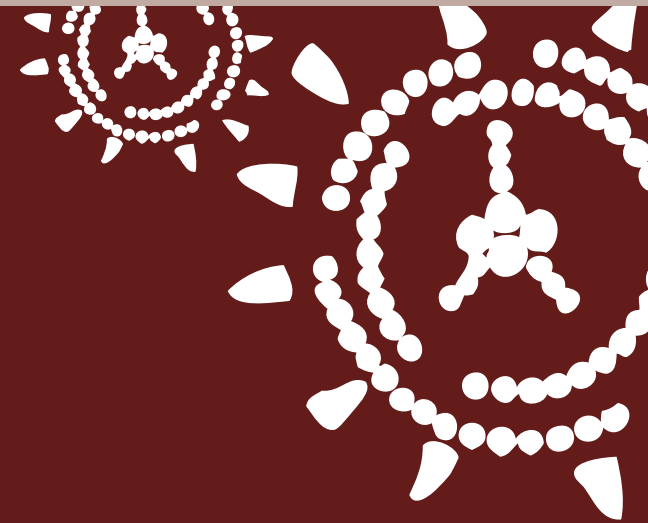


Yarning about mental health

FLIP CHART

An easy guide to mental health assessment



Tricia Nagel & Carolyn Griffin • Revised May 2010



STAY STRONG TALKING TREATMENT

- **Yarn a bit** – sit and talk about family and country for a while, with family and/or a health worker.
- **You might draw** a family map (draw your house and who you live with).
- **Then follow** the prompts in this flip chart to complete:
 - A 6-step care plan including crisis plan and early warning signs (about 45 minutes), **or**
 - A full assessment (about one hour).
- **Always aim** to write down your client's plan and give them a copy and put a copy in the file.
- **Arrange** to see your client again and check how their plan is going.

6-STEP STAY STRONG TALKING TREATMENT

What you do

STEP 1

Talk about family and friends who keep your client strong.

STEP 2

Chat about things that keep your client strong.

STEP 3

Discuss what worries take your client's strength away.

STEP 4

Consider goals for change and steps to the goals.

STEP 5

Talk about early warning signs of relapse and a crisis plan.

STEP 6

Discuss your risk assessment and arrange follow-up.

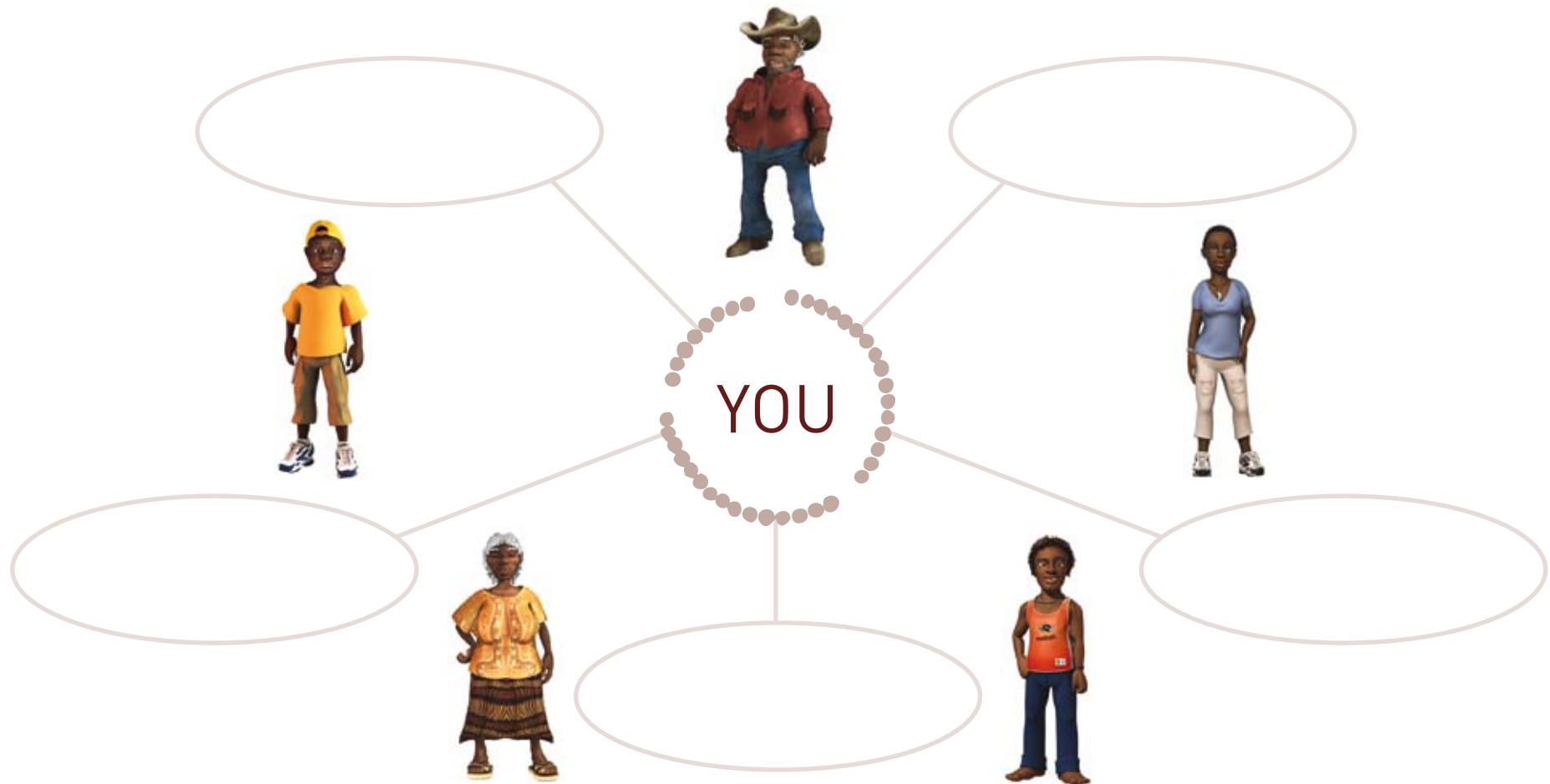


6-STEP STAY STRONG TALKING TREATMENT

STEP 1 *Family and friends*

- **Talk** about family who keep your client strong – using the family map.
- **You might** like to draw each of your houses and who lives in them.
- **Fill** in the names of family members and/or friends for your client.
- **Talk** about who your client trusts to give advice about their treatment.
- **Write** in the relationship as well (this will be important in treatment).

STEP 1 *Family and friends*



I trust _____ and _____ to give advice about my treatment.

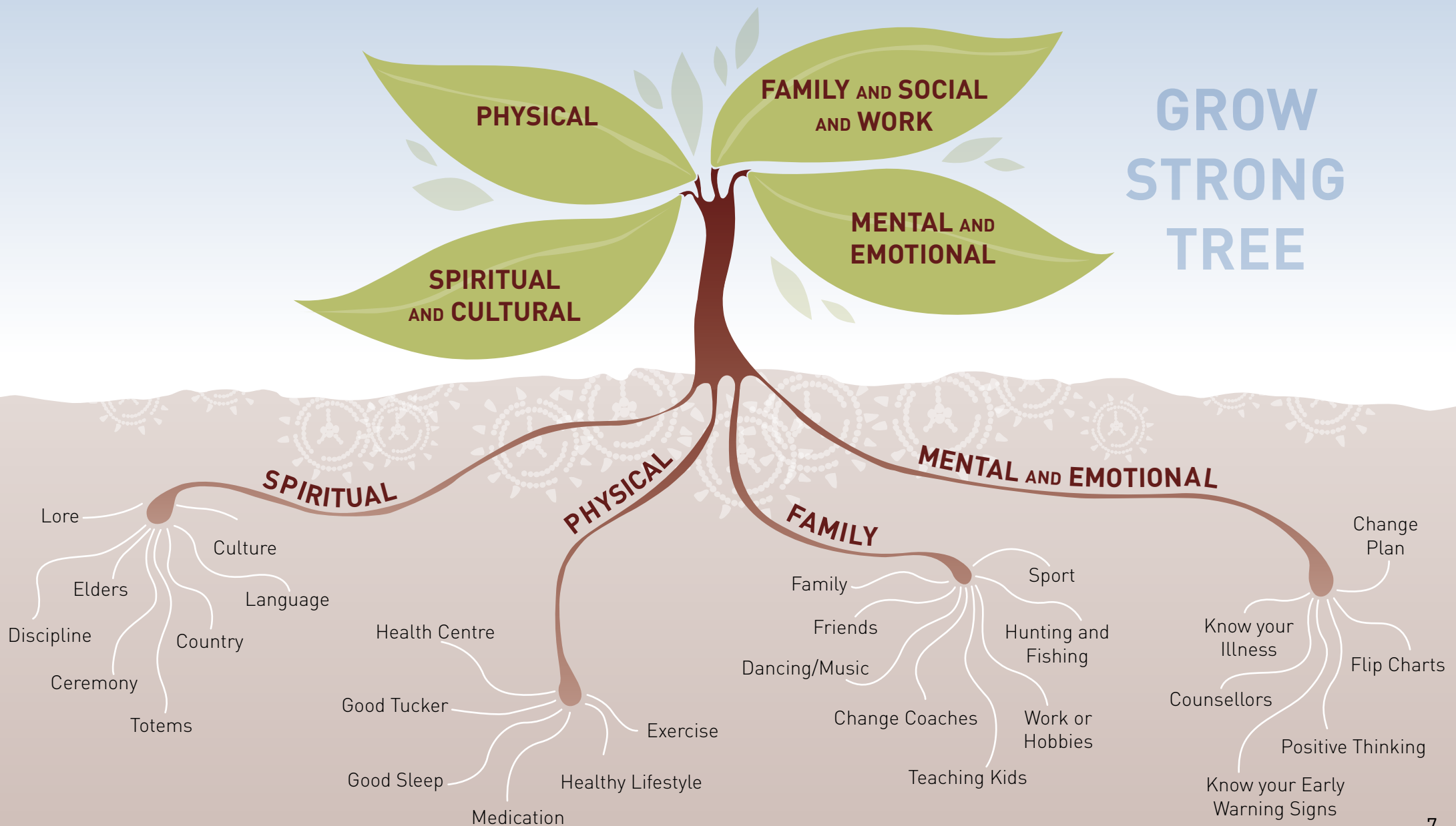


6-STEP STAY STRONG TALKING TREATMENT

STEP 2 *What keeps us strong?*

- **Talk** about your client's strengths using the green 'Grow Strong Tree'.
- **You might say** that mental health is like a tree which needs good nourishment. We need strong mental health to do the cultural and physical and family things that keep us strong.

STEP 2 What keeps us strong?



STEP 2 What keeps us strong?



6-STEP STAY STRONG TALKING TREATMENT

STEP 2 *What keeps us strong?*

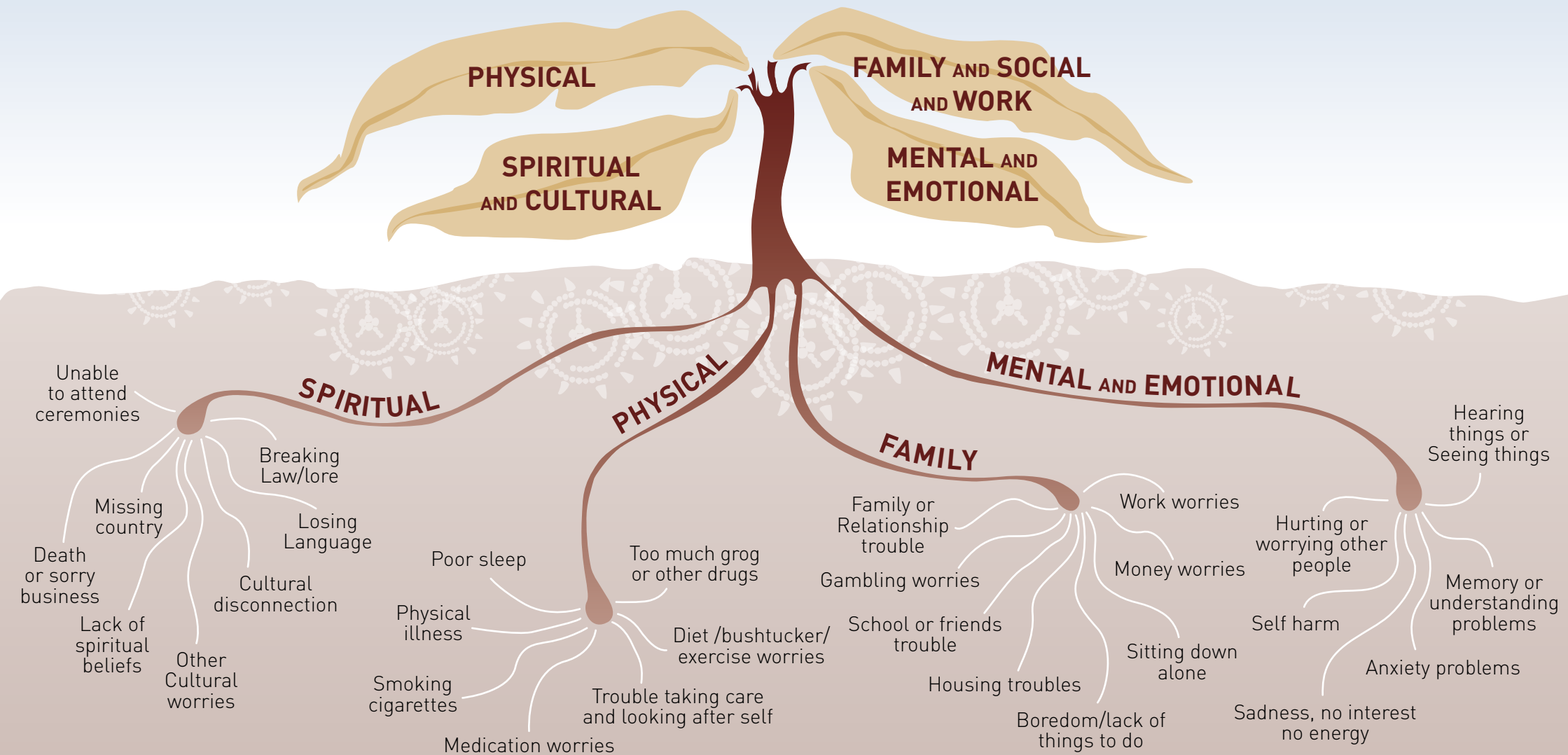
- **Talk** about your client's strengths – the spiritual, physical, social and emotional things that help to keep him or her strong.
- **Tick** (or circle) on their Care Plan what keeps your client strong.

6-STEP STAY STRONG TALKING TREATMENT

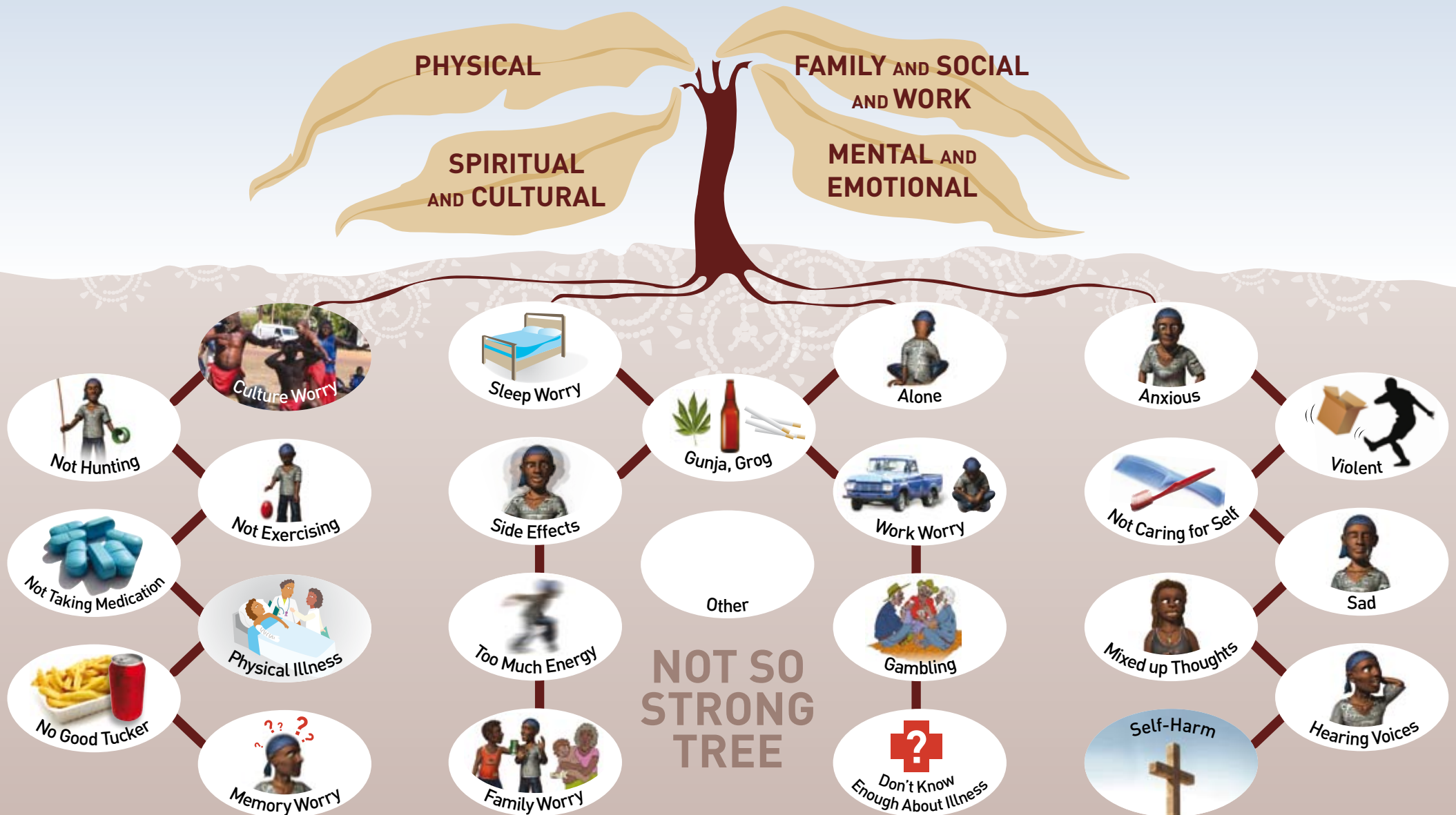
STEP 3 *Worries which can take away our strength*

- **Talk** about worries that take your client's strength away using the flip chart or the red 'Not So Strong Tree'.
- **Tick** (or circle) on their Care Plan the worries that take your client's strength away.

STEP 3 Worries which take your strength away



STEP 3 Worries which can take away our strength



6-STEP STAY STRONG TALKING TREATMENT

STEP 4 *Goals and steps*

- **Talk with** your client about their strengths and what is taking their strength away.
- **Remind** your client that no one makes changes all at once.
- **Ask** your client what goal he or she would choose to work on right now (what would be the most important thing to change first)?
- **Discuss** good things about making that change and write it as a goal on the 'Stay Strong Plan'.

STEP 4 Goals and steps



There are lots of steps to change.

Small steps can lead to big changes.

6-STEP STAY STRONG TALKING TREATMENT

STEP 4 *Goals and steps*

- **Talk with** your client about steps to their goal and their early warning signs.
- **Discuss** what the very first thing might be that your client needs to do.
- **Remind** your client that no one makes changes all at once.
- **Discuss** *how* he or she might go about it, *when* it might happen, *who* might help, *what* needs to be done, and how to *make sure* it will happen. Write down the details on their plan.

STEP 4 Goals and steps

Making goals and steps for change is like playing football.
To kick one goal takes a lot of small steps on the way. To win a season final takes even more. Just one step can make a difference.

a) Goals I have for changing worries

Goal One:

Step 1

Step 2

Step 3

Goal Two:

Step 1

Step 2

(b) Other things to do that help (e.g. see GP)

1.

2.

3.

Good things about these goals for change are:

My early warning signs are:

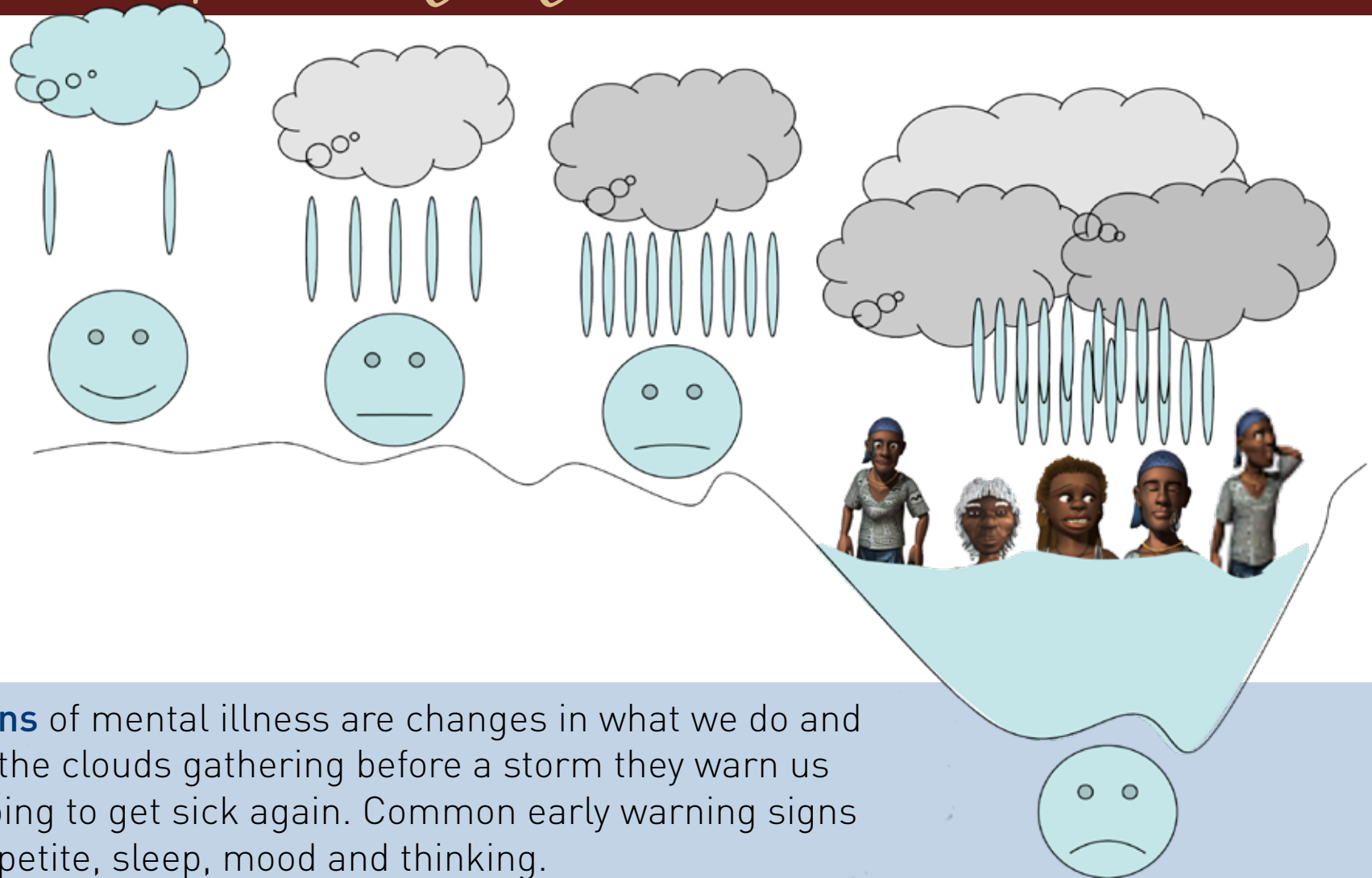
6-STEP STAY STRONG TALKING TREATMENT

STEP 5 *Early warning signs*

- **Talk about** how mental illness comes and goes. Sometimes it gets bad and then it gets OK again.
- **Talk about** common early warning signs of mental illness such as: change of sleep or appetite, feeling sad or cranky or restless.
- **Fill** in your client's early warning signs on the Care Plan.
- **Ask** your client what they will do to get help quickly (in a crisis) if they know they are getting sick.
- **Write** down on the Care Plan what your client will do in a crisis.

STEP 5 *Early warning signs*

Watch out for changes in appetite, sleep, mood and thinking.



Early warning signs of mental illness are changes in what we do and how we feel. Like the clouds gathering before a storm they warn us that we may be going to get sick again. Common early warning signs are changes in appetite, sleep, mood and thinking.

6-STEP STAY STRONG TALKING TREATMENT

STEP 6 Risk

- **Talk about** your client's risk factors (see next page).
- **Discuss** the risk scores with your client.
- **Write down** your client's score on the risk assessment.
- **Consider** supported or supervised arrangements including safe house or hospital if you think they are at risk.
- **Remember** that social support and supervision, agreed follow-up arrangements, and a collaborative plan are good safety measures.

6-STEP STAY STRONG TALKING TREATMENT

STEP 6 Risk

Check for *background* risk factors like:

- S** – suicide attempts
- U** – unmarried / single
- I** – isolated socially
- C** – ceremonies saying goodbye
- I** – illness (physical or mental)
- D** – drugs and alcohol misuse
- E** – events (loss and grief and stress)

Check for *immediate* risk factors like:

- P** – plans for suicide
- L** – lethal means chosen
- A** – access to the means
- N** – negative view of the future

STEP 6 Risk

There are five steps to a safe plan, if someone you have assessed is at risk of self harm

S – support and supervision - a place to stay, someone reliable to stay with

A – appointment time given for follow up

F – follow up treatment arranged

E – engagement with your plan (they think it is a good idea)

R – resolution or partial resolution of the crisis (something has changed for the better)

6-STEP STAY STRONG TALKING TREATMENT

Winding up

- **Discuss** together with family and/or Aboriginal Mental Health Worker and/or other members of the treatment team the detail of other bio-psychosocial and cultural *treatments*, and write them down on the Care Plan.
- **Talk about** what clients *call* their episodes of illness (what words *they* use when they talk about it) – and write it down on the Care Plan.
- **Aim to** give your client a copy of the Care Plan and put a copy in the file.
- **Arrange** to see your client again and check how their plan is going – and give your client mental health information to take away.

6-STEP STAY STRONG TALKING TREATMENT

Full assessment

- **Ask** the questions that are in the following pages, and record on the *Assessment Form* if you are doing a full assessment.
- **Tick** the *Assessment Form* beside each worry.
- **Explore** if each worry is a problem *now* – and if it was a problem *before*.
- **Explore** each worry in a bit more detail if your client is happy to talk more.

6-STEP STAY STRONG TALKING TREATMENT

Full assessment

- **Aim** to record as much detail as you can while not spending too long on each question, as your client will quickly get tired of all your questions.
- **Score** your client's level of worry in the worry box.
- **Complete** the mental state assessment section on the *Assessment Form*.
- **Consider** completion of a K10 and the other outcome measures.

Any problems with?



Culture worry

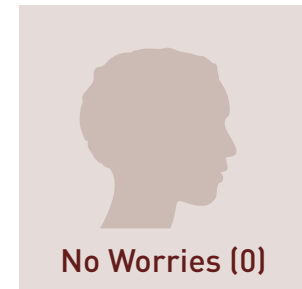


Not enough hunting, fishing, art and craft, or other activities

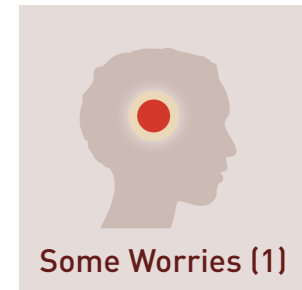


Not enough exercise

Worry Score



No Worries (0)



Some Worries (1)



Big Worries (2)

Any problems with?



Taking medicine or having treatment

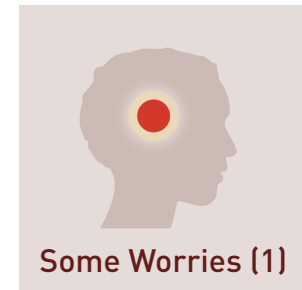
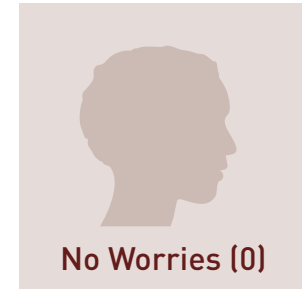


Physical illness

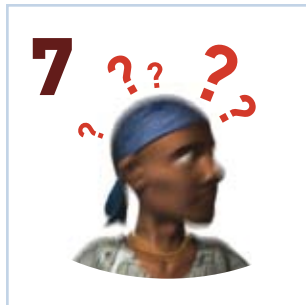


No good tucker

Worry Score



Any problems with?



Memory worry

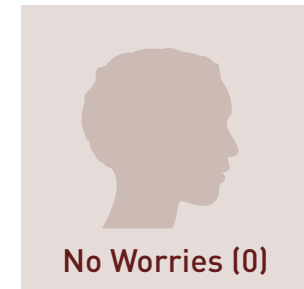


Sleep worry



Gunja, grog, cigarettes or other drugs

Worry Score



No Worries (0)



Some Worries (1)



Big Worries (2)

Any problems with?

10



Side effects of medication –
feeling sleepy or tight muscles

11



Too much energy – can't slow down

Tip: Some people have times when they have too much energy, are talking all the time and thinking too fast. This may be a 'manic' episode.

12



Family worry

Worry Score



No Worries (0)



Some Worries (1)



Big Worries (2)

Any problems with?



Being alone – not mixing much with others

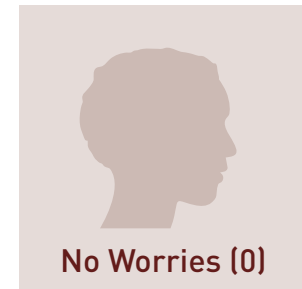


Not working or trouble at work



Gambling

Worry Score



Any problems with?



Not knowing about mental illness

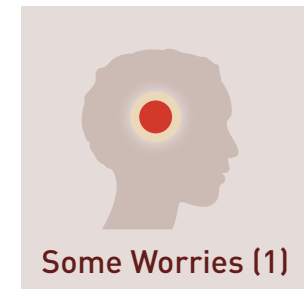
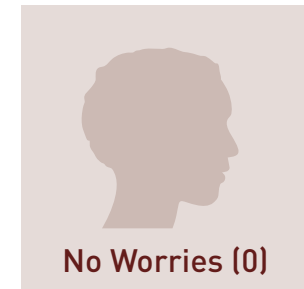


Feeling anxious or nervous or jumpy



Violent, strange, silly or bad behaviour

Worry Score



Any problems with?

19



Caring for self

20



Feeling sad inside, no interest in doing things

21



Mixed up thoughts, paranoid or silly thinking

Tip: Some people think others are going to hurt them or that they have special powers or that others can hear their thoughts. Delusional beliefs like these are common in psychotic illness.

Worry Score



No Worries (0)



Some Worries (1)



Big Worries (2)

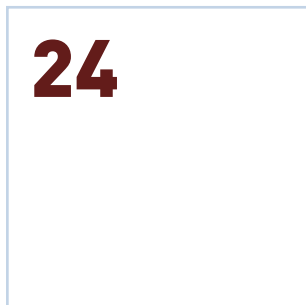
Any problems with?



Hearing voices or seeing things



Self-harm behaviour or thoughts of suicide



Other worry we didn't talk about

Worry Score



No Worries (0)



Some Worries (1)



Big Worries (2)

MENTAL STATE EXAMINATION

It's not just what people say about how they are feeling that helps us to understand their mental health. We also look at how they say it through their Appearance, Behaviour, Conversation, Affect, Perception (hearing, seeing, feeling) and Cognition (planning and memory) – ABC APC.

Apppearance: Neat? Clean? Strange?

Behaviour: Calm? Agitated? Appropriate? Cooperative? Distracted?

Conversation: Silly talk? Wrong talk? Mixed up talk? Fast Talk?

Affect: Unhappy? Angry? Too happy? Afraid? Unconcerned?

Perception: Hearing voices? Seeing things? Talking to self?

Cognition: Remembering OK? Confused?

STAY STRONG **ASSESSMENT**

What you do

Use the following tools for assessment if you have time. They may help you to find out more about your client's current situation. We have found that our clients tell us a lot more detail when we use these tools.

These tools cover:

- Psychological dependence on alcohol or other drugs (SDS)
- Knowledge and understanding of mental illness and treatment (PIH)
- Emotional wellbeing (K10)

Severity of Dependence Scale (SDS)



Do you think your use of _____ is out of control?

Comments

Never Sometimes Often Always

If you think about missing a dose are you anxious or worried?

Comments

Never Sometimes Often Always

Do you worry about your use of _____ ?

Comments

Never Sometimes Often Always

Do you wish you could stop?

Comments

Never Sometimes Often Always

How hard do you find it to stop or go without ?

Comments

Not at all A bit Very Too hard

Partners In Health Questionnaire (PH)

I know about what causes mental illness and what happens to me when I am sick.

Comments

Not much

A lot

1 2 3 4 5 6 7 8 9

I know about treatment for mental illness.

Comments

1 2 3 4 5 6 7 8 9

I know early warning signs of my illness.

Comments

1 2 3 4 5 6 7 8 9

I take medication regularly.

Comments

1 2 3 4 5 6 7 8 9

I am making changes toward a healthy life style.

Comments

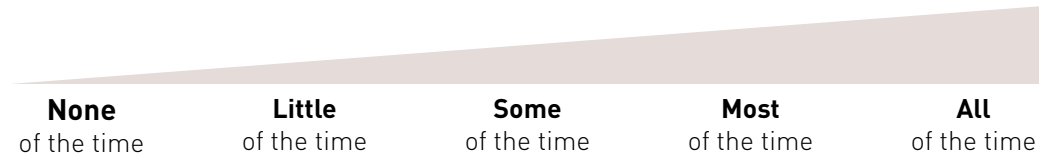
1 2 3 4 5 6 7 8 9

(adapted from Battersby et al. 2004)

In the past four weeks how often did you feel?

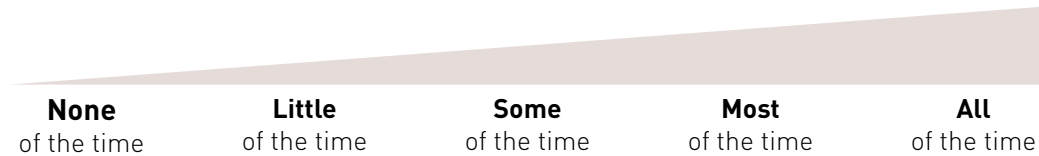
So restless you could not sit still?

Comments



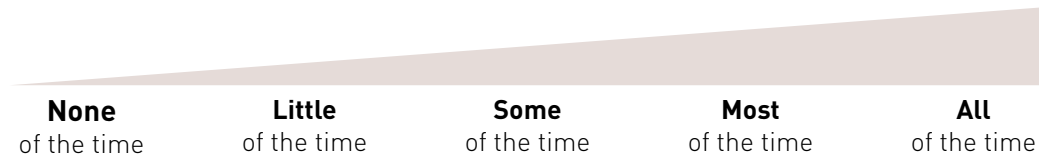
Depressed?

Comments



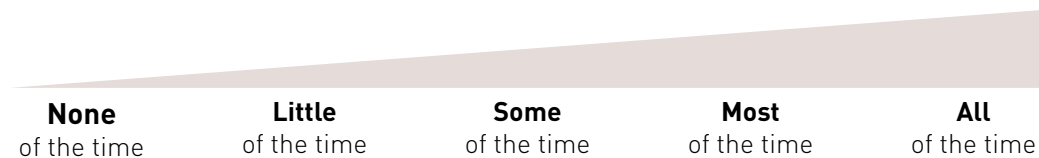
Everything was an effort?

Comments



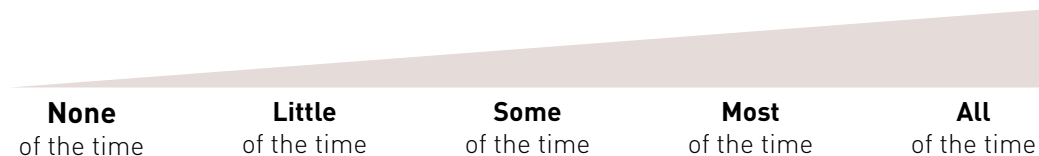
So sad nothing could cheer you up?

Comments



Worthless?

Comments

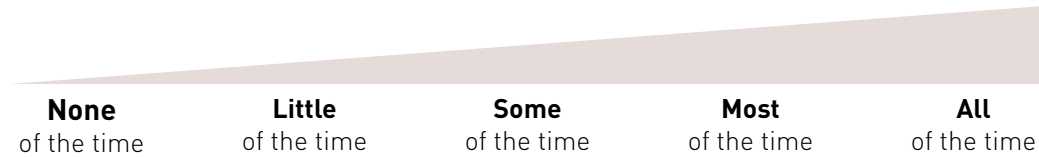


Kessler 10 (K10) Wellbeing scale

In the past four weeks how often did you feel?

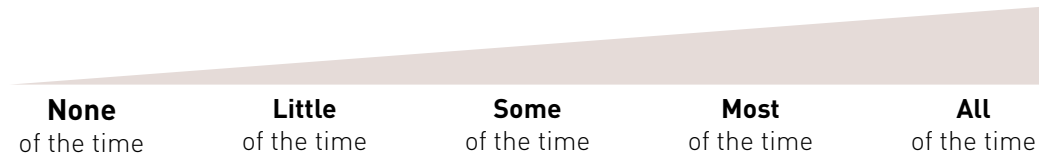
Tired out for no good reason?

Comments



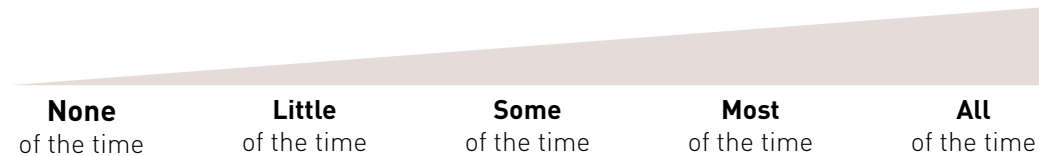
Nervous or anxious?

Comments



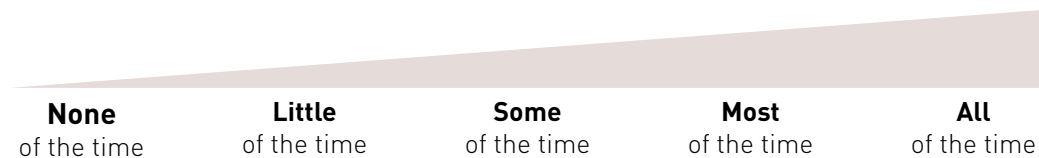
So nervous nothing could calm you down?

Comments



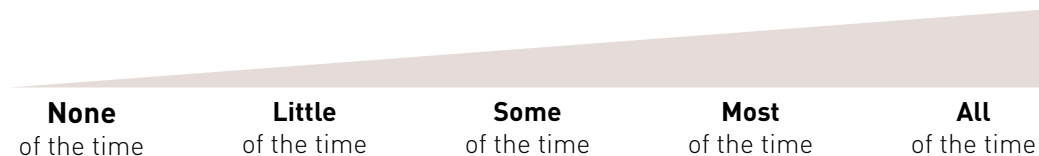
Hopeless (without hope)?

Comments



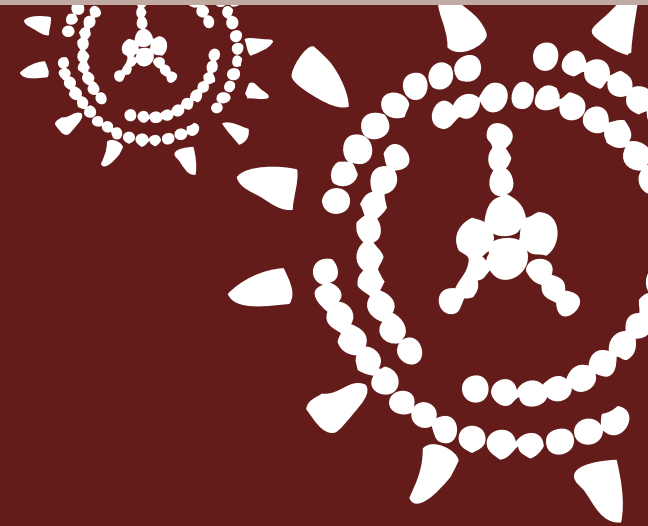
Restless or jumpy?

Comments



Kessler 10 (K10) Wellbeing scale

The AIMHI tools for assessment and care planning have been developed in consultation with the Tiwi Mental Health Team and Aboriginal Mental Health Workers from Top End Mental Health Services and the Top End Division of General Practice Aboriginal Mental Health Worker Program – and many other AIMHI stakeholders.



Feedback invited – AIMHI NT

Tricia.Nagel@menzies.edu.au
Carolyn.Griffin@menzies.edu.au
www.menzies.edu.au/AIMHI

Graphic Design by **Inprint Design** (08) 8201 3223 • www.inprint.com.au

Photography: Mary Moloney, Robert Mills, Glen Norris and Tricia Nagel

Artwork: Darren Smith, John Cusack and Joseph Fitz

The AIMHI Project is funded by:

The Department of Health and Families NT, the National Health and Medical Research Council, and the Cooperative Research Centre for Aboriginal Health.