



A Mental Health Guide for Adult Literacy Facilitators

Summary of Questions Asked in Other Webinars

Is there a difference between advice and suggesting self-care?

Jennifer Hewitt:

I think that self-care is always a good idea for any learner if it's something that anyone can benefit from. There is a difference between healthy diet and lifestyle choices, which I have suggested; it's okay to talk about those things. There is a difference between that and saying "My aunt had acupuncture for her depression and it worked really well"

Generally taking care of yourself? Yes! Absolutely! In terms of sleep, in terms of screen time, all of those things, exercise and relaxation. Yes!

I would say "no" in terms of advice for specifics, even alternative therapies. Because really we want to leave that to people who have more experience with these things. So we want to leave it to the Mental Health Professionals

Treatments suggestions? We must avoid those and promises of effectiveness of treatments partly because is so different for each person

Is suggesting seeing a doctor or seeking counseling considered advice?

Jennifer Hewitt:

No, what you're doing is trying to say "Let's go to someone who does know, who has information" Which is a recommended thing to do.

Would all people feel comfortable with the emergency room?

Jennifer Hewitt:

No, it depends on the situation but if a person is telling you or if you understand that they are having some real big dips, there might come a time when they feel that is a thing that they can do.

Participant:

No, I have had students refuse this. Afraid of being robbed of control

Ways to help a learner to assess their ability to be in class

Participant:



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For my learners with severe anxiety, they often check in before coming in to make sure it is not too busy a day

Participant:

I am using a lot of the things that work with my kids when they have a crisis. They don't have mental health issues but they are learning to deal with emotions. It is a lot similar.

Jennifer Hewitt:

Yes! Exactly! It doesn't have to be a mental health issue for someone to be experiencing the similar symptoms and challenges.

A Lieutenant-General of the Canadian Armed Forces once described his PTSD as being in that moment again, not just remembering it.

Jennifer Hewitt:

They are uncontrollable flashbacks. Suicide rates are higher than statistics show. Post-Traumatic Stress Disorder (PTSD) carries an even higher risk of suicide because of the possibility of the person being forced to relive a trauma over and over again and they can't get away from it. All of these disorders carry a risk of suicide but this one even more so.

Again, you are going to find information in the first five chapters, if someone tells you that they are thinking of suicide. There is a very solid sort of protocol for what to do.

Participant:

Some people from war-torn countries talk about situations amongst themselves but often don't want to burden the entire class.

Participant:

It is much more severe than an acute anxiety....it involves anxiety attacks, flashbacks, nightmares, depression and it's not just military/first responders or people in a war torn situation who are affected ... abuse – physical, sexual, mental, verbal, etc. It is a DAILY struggle....

Jennifer Hewitt:

It could even be a car accident.

Those flashbacks, those thoughts are always interfering. Anxiety can be extremely limiting. We need to think about it with a lot of empathy. It is not



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just a thing, like depression too, a person can't just say "I'm going to buck up and get over it"

Most times people will need some form of treatment. Treatment can be a combination of medication, counselling or support groups but very structured. Treatment is not necessarily just someone sitting down with a counsellor and talking about it and feeling all better. The conditions are intense and they are very limiting. So there is a huge loss of productivity around these conditions

Participant:

Telling a person with a mental health disorder to "get over it" is like telling someone with a broken leg to "walk it off"

I had a learner living with Schizophrenia who said he heard voices and would often ask what he should do. We organized for his brother to attend with him to support his management of symptoms so we could focus on supporting learning. The brothers spoke another language other than English and were able to communicate about symptoms without anyone knowing.

Jennifer Hewitt:

That is a great example! That is pretty much a win-win situation. I have had a few experiences with this. There is a tendency to ask how could that person possibly end up in my class because if they are at that level. These things come in phases. If they are in a phase where they are having hallucinations, then how could they possibly manage but people can and do. They will wag in and out in a very unreliable schedule, maybe once a week or something like that. You don't really know plus you don't really know their treatment.

Unfortunately, medications for psychotic disorders are still not great, in terms that they cause quite a bit of other health symptoms that are distressing. The treatment is still being developed that is going to better manage these situations. Sometimes the symptoms are in response to the treatment.

Jane Tuer:

There is a YouTube video that Anderson Cooper did, if any of you have a chance to go on and take a look. He actually had headphones on that simulated listening to something a schizophrenic would have to listen to and how it started to disturb him as the day went on. It is a good idea to listen to



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because it actually gives you a pretty good idea, not that you would actually be able to really feel it. But it would give you an idea about some of the things and how the people react.

Can someone have a psychotic episode that is actually positive and not negatively impacting them?

Jennifer Hewitt:

It depends on the perspective. I think the answer is yes but from the outside, we would say it is negatively impacting them regardless and from their point of view, they might feel otherwise. For example, I had a learner that was convinced he had it all figured out because he had an in to a bunker that we could all go to escape the negative political situation or something like that. He was really excited about it and wanted to talk about it. But others felt this was a negative thing in his life for obvious reasons. So it depends but I would think it is possibly so.

If you check the reference section of the guide, I got a lot of this information from someone who actually wrote an entire book about their whole class dealing with similar issues as they work in an institutional setting in an adult education class. It has a million ideas and suggestions and case studies and all kinds of things

Is there information in the book about how to address/support learners in the class who are not dealing with a mental health issue but are overwhelmed by the learner who is experiencing a mental health issue...the focus to create a positive learning environment for everyone?

Jennifer Hewitt:

Just being in a class with others who are experiencing challenges and who are working towards dealing their challenges, finding strategies to use to support learning, to figure out how to do things, that is actually learning for everyone in a sense because they are seeing someone overcome challenges, develop strategies, learning to self-manage, learn thing to do to help themselves and someone in the class is also going to learn something from that. They are going to go "Oh you know what, when I go back to my job at Timmy Horton's tonight, I can use that strategy myself actually"



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So there is a lot of learning going on and as well, there is probably going to never be a situation where there isn't someone who has challenges and needs accommodations. I mean, its life, right? So talking openly about it and saying we are all going to be experiencing different things and we need to support each one another is part of it too.

And yes, there are some ideas. For example, I will suggest a learner work in a quiet corner if a quiet corner is available or that they manage their restlessness and their breaks in certain ways or that, sometimes if it becomes too overwhelming for everyone else, that maybe they try again tomorrow.

Sensory tools for relieving restlessness:

- Students listen to music
- White noise or sound cancelling earphones
- An exercise bike
- Fidget rings
- Bouncy ball chairs
- Wiggle seats
- Stress balls
- Tension bands tied around the legs of the chair can be good for allowing learners to move their legs

In the latest version of the DSM, the Diagnostic Statistical Manual, this is the manual of all the various orders that you can find out about. There is no longer a differentiation between the different types of ASD. It is basically just a range of a spectrum and along that spectrum are all the different symptoms and the different challenges.

How do you help/interact with someone who wants you to participate in their delusion/choices which you find dangerous or can't agree with?

Jennifer Hewitt:

They are trying to draw you in and that was like my student who was really desperately wanted me to agree with him, to go to the safety bunker. So the



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idea is to not be drawn in. Listen and say “That must be hard to deal with” But you have to draw the line on being part of it, is what the advice was that I got. So you would say for your own self “That is not going to work for me” And then you, again, try to redirect them because a lot of time what we’re doing is we’re trying to get them to focus on something that is going to be valuable for them which is their education and, again, a lot of the times then that delusion or hallucination goes away and don’t necessarily remember that it took place. They are not going to call you out about it later!