



# Mental Health First Aid - Adult

May 9, 2014

8:00am - 5:15pm

Edwin W. Monroe AHEC Conference Center  
2000 Venture Tower Drive, Greenville, NC

# Mental Health First Aid - Adult

## ABOUT THE WORKSHOP

Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The aims of Mental Health First Aid are to preserve life when a person may be a danger to self or others, provide help to prevent the problem from becoming more serious, promote and enhance recovery, and provide comfort and support.

Mental Health First Aid teaches how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person towards appropriate treatments and other supportive help. Mental Health First Aid does not teach people how to be mental health professionals.

## TARGET AUDIENCE

Non-mental health professionals, including allied health, nurses, clinicians, public health and dental care providers, as well as clergy, law enforcement and first responders, who are interested in learning more about mental health, mental illness, and what to do if someone is experiencing a mental crisis.

## FACULTY

**Olivia Rich Herndon, MA**  
**Director of Mental Health, SEAHEC**  
**Certified Mental Health First Aid Instructor**

## OBJECTIVES

At the completion of the event, participants will be able to:

- **Identify** the potential risk factors and warning signs for a range of mental health problems
- **Identify** and describe a five-step action plan encompassing the skills, resources and knowledge to respond to a mental health crisis
- **Discuss** the prevalence of various mental health disorders in the US and the need for reduced stigma
- **Explain** the working knowledge of the appropriate resources available to help someone with a mental health problem

## AGENDA

7:30 am	REGISTRATION/SIGN-IN
7:55 am	<b>Opening Remarks and Announcements</b>
8:00 am	<b>Overview of Mental Health First Aid</b>
9:00 am	<b>Introduction to Depression A-Z Disorders</b>
9:30 am	<b>Anxiety Disorders</b>
10:00 am	BREAK
10:15 am	<b>Assess for Risk of Suicide or Harm</b>
11:00 am	<b>MHFA Action Plan-Non Suicidal Self-Injury</b>
11:30 am	<b>Listening Nonjudgmentally</b>
12:15 pm	LUNCH (provided)
1:00 pm	<b>MHFA Action Plan; Assessing for Panic Attack, Assessing for a Person Affected by a Traumatic Event</b>
1:30 pm	<b>Psychotic Disorders</b>
2:00 pm	<b>MHFA Action Plans ALGEE</b>
3:00 pm	BREAK
3:15 pm	<b>Substance Use Disorders</b>
5:15 pm	ADJOURNMENT

## PROGRAM LOCATION

This program is being held at the Edwin W. Monroe AHEC Conference Center (adjacent to the Eastern AHEC Office Building - Venture Tower) located on Venture Tower Drive in Greenville, NC. ***Parking is available in the lots marked Monroe Conference Center Parking Only (two rows in front of the building and in the lot located to the right of the building).***

Maps at [http://eahec.ecu.edu/map\\_directions.cfm](http://eahec.ecu.edu/map_directions.cfm)

## AMERICANS WITH DISABILITIES ACT



Individuals with disabilities, requesting accommodations under the Americans with Disabilities Act (ADA), should contact the Department of Disability Support Services at (252) 737-1016 (V/TTY) by April 25, 2014.

# Mental Health First Aid - Adult

## CREDIT

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

**Contact Hours:** Certificates reflecting 8.0 contact hours of education will be awarded at the completion of the program.

Participants must attend 100% of the program to receive credit.

**No partial credit will be given.**

## EVALUATION

The program evaluation will be sent immediately following the program to the email address on your registration form. Once the evaluation has been completed, your certificate will be available.

## QUESTIONS

For more information, contact Amy Bullock at (252) 744-5205 or [bullockamy@ecu.edu](mailto:bullockamy@ecu.edu).

Please bring a sweater or jacket to ensure your comfort.

## REGISTRATION INFORMATION

Online registration is available at <http://eahec.ecu.edu>.

Received **by** May 2 . . . . . \$115.00

Received **after** May 2 . . . . . \$130.00

The registration fee includes program materials, credit, lunch and refreshments. Participants are encouraged to take advantage of the reduced registration fee by registering on or before **May 2, 2014**. If you register early and must subsequently cancel, a full refund will be made through **May 2, 2014**. *No refund will be made thereafter, but a substitute may attend. We would appreciate advance notification of any substitutes so that we can prepare materials in that person's name.* **NOTE:** If you register, do not attend, and do not cancel by the **May 2** deadline, you or your agency will be billed for the full amount.

Participants who pay with a credit card may fax their completed registration form to (252)744-5229. Those paying with check (made payable to Eastern AHEC) should mail the completed registration form and check to:

Eastern AHEC  
Attn: Registration  
PO Box 7224  
Greenville, NC 27835-7224



# Mental Health First Aid - Adult

## Mental Health First Aid - Adult

Register online at <http://eahec.ecu.edu>

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_

Social Security (last 4 digits ONLY) XXX-XX-□□□□

Degrees/Certification/License: \_\_\_\_\_

Discipline: Allied Health Dental Medicine Mental Health Nursing Pharmacy Public Health

Mail goes to Home Office by E-mail

### Workplace

Employer \_\_\_\_\_

Department \_\_\_\_\_ Position: \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Home

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

_____ \$115.00 (by May 2, 2014)	_____ \$130.00 (after May 2, 2014)		
<b>FOR EAHEC USE ONLY: Event No.: A42710</b>			
Amount Enclosed/Paid: _____ Date: _____			
<input type="checkbox"/> Agency Check	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card

### METHOD OF PAYMENT:

Check/Cash enclosed for \$ \_\_\_\_\_ or PO# \_\_\_\_\_ or

Charge \$ \_\_\_\_\_ to VISA MasterCard AMX Disc

Account No. □□□□ □□□□ □□□□ □□□□

Exp. Date \_\_\_\_\_ Security Code (last 3 digits from back of card) □□□

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_