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Mental Health First Aid

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ABOUT THE COURSE AUTHOR

Ingrid M. Provident Ed.D, OTR/L, FAOTA, is a highly engaging speaker who holds clinical degrees in Occupational Therapy and Educational Leadership. She has worked in multiple practice settings with the adult and geriatric populations. Ingrid has been an educator in formal academic settings and is trained and certified in Koru Mindfulness. Dr. Provident currently provides educational support to 13,000+ therapists nationwide as Education Specialist for Select Rehabilitation. She has presented internationally, nationally and locally on various clinical and professional wellness topics. Ingrid has authored many publications focusing on professional topics of Mindfulness, Fieldwork and Professional Development. She is a fellow member of the AOTA.

POST-TEST

1. What best describes Mental Health First Aid (MHFA)?
 - a) A diagnostic tool for mental illness
 - b) A form of psychotherapy delivered by clinicians
 - c) An evidence-based program providing initial support and referral
 - d) A medication management framework
2. What framework guides the MHFA action plan?
 - a) ALGEE
 - b) SOAP
 - c) SBAR
 - d) CARE

3. What is the estimated prevalence of depression following physical injury?
 - a) Less than 10%
 - b) Approximately 15%
 - c) Up to 45%
 - d) Over 75%
4. Which of the following is a common warning sign of mental health distress in rehabilitation patients?
 - a) Improved therapy attendance
 - b) Withdrawal from activities
 - c) Increased motivation
 - d) Faster functional progress
5. What is the most appropriate initial MHFA response when suicide risk is suspected?
 - a) Avoid discussing suicide to prevent distress
 - b) Refer immediately without conversation
 - c) Ask directly about suicidal thoughts
 - d) Wait for the patient to disclose intent
6. Which principle is central to trauma-informed care in rehabilitation?
 - a) Confronting traumatic memories
 - b) Prioritizing safety and trust
 - c) Minimizing patient control
 - d) Avoiding discussion of trauma
7. Which communication approach best supports nonjudgmental listening?
 - a) Interrupting to offer solutions
 - b) Using closed-ended questions
 - c) Allowing silence and validating feelings
 - d) Challenging patient beliefs

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Mental Health First Aid

Ingrid Provident, Ed.D, OTR/L FAOTA
National Education Specialist
Select Rehabilitation



Learning Objectives

1. Understand the high prevalence of mental health challenges in senior living.
2. Master the core 5-step ALGEE framework of Mental Health First Aid.
3. Identify discipline-specific red flags across healthcare
4. Learn evidence-based advocacy and referral strategies.



Why This Training Matters

- 1 in 5 adults experience mental illness annually
- Rehab settings see elevated rates due to injury, disability, and chronic illness
- Mental Health First Aid (MHFA) improves recognition, confidence, and early intervention



The Rehabilitation Advantage

- Therapists and Nurses spend more **direct, one-on-one time** with residents than other clinicians.
- We observe **Function and Participation**, the areas most affected by mental illness
- Our focus on **meaningful activity , mobility , and communication** puts us directly in the path of psychological distress.
- Have frequent contact with vulnerable individuals



Mental Health in Assisted Living

- **Mental Health in Assisted Living - A Crisis**
- **Prevalence:** Approximately **20-22%** of older adults meet criteria for a mental disorder; rates are often higher in residential facilities
- **The Challenge:** Symptoms are often misattributed to "normal aging," leading to **insufficient detection and treatment**
- We need to normalize mental health discussion and reduce stigma



The Target Conditions

- **Depression-** Persistent pain, fatigue, sleep disturbance.
- **Anhedonia** (loss of pleasure in activities/hobbies).
- **OT/PT Link:** This directly impacts motivation for therapy attendance or participation
- **Anxiety Disorders (Fear of the Fall)-** Excessive worry about health, finances, or family.
- **OT/PT Link:** Fear of falling is a major contributor to reduced mobility, which is an important risk factor for further decline.
- **SLP Link:** Can manifest as a rapid speech rate or voice tremors.



Psychosis & Confusion (Differentiating Factors)

- **Delirium:** Acute onset, fluctuating course, often associated with a medical crisis (infection, medication side effect).
- **Psychosis (e.g., in Dementia):** Fixed false beliefs (delusions) or sensory experiences (hallucinations).



The Dual Diagnosis Challenge

- **Physical Illness often leads to Mental Distress:**
- - 1 in 3 stroke survivors experience Post-Stroke Depression (PSD).
- Post-Amputation Anxiety
- Loss of independence from a fall.



What is Mental Health First Aid

- Evidence-based training program
- Supports individuals developing mental health problems or in crisis
- Not a diagnostic or treatment tool
- Designed to provide initial support and referral



Core MHFA Framework-ALGEE

- Assess risk of suicide or harm
- Listen non-judgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and support strategies

MHFA Action Plan

There is no one-size-fits-all approach to using the MHFA Action Plan (ALGEE) – you don't even have to use every single step to provide support. Every situation will be different, and you can use these 5 steps in any order.



Assess for Risk of Suicide or Harm (A)LGEE

- Always ask directly, safely, and without judgment. **Asking does not plant the idea.**
- **Follow-up:** "Do you have a plan?" "Have you thought about how you would do it?"
- Know your facility's crisis protocol and emergency numbers *before* you need them.
- **Immediate Action: Stay with the person.** Do not leave them alone. Get immediate help from facility nursing/management.

Listen Nonjudgmentally A(L)GEE

- **Techniques:** Active listening, open body language, reflection.
- **Use "I" Statements:** "I hear how frustrating it is that your pain is keeping you from your walk."
- - Use **Open-ended Questions:** "Can you tell me more about how you've been feeling lately?"
- Acknowledge their distress without invalidating or minimizing it.

Give Reassurance and Info AL(G)EE

- This is where you restore hope and fight stigma.
- **Reassurance:** "You are not alone. This is treatable, and we can help you get through this."
- Emphasize that mental health conditions are common and can be managed, just like diabetes or heart failure.
- **Information:** Offer simple, factual information about depression or anxiety.
- Simple education can reduce stigma and increase help-seeking behavior.



Encourage Professional Help ALG(E)E

- This is the core referral action. We connect them to the specialist.
- **Appropriate Professionals:** Primary Care Physician (PCP), Psychiatrist, Psychologist, LCSW (Social Worker), Chaplain.
- **Action:** Offer to call or walk with them to the facility social worker or nurse manager to make the referral. Reduce the barrier of initiation.



Encourage Supports ALGE(E)

- This is where our rehabilitation skills shine!
- **Self-Help Strategies:** Exercise, diet, sleep hygiene, meditation/mindfulness.
- **Action:** PT can encourage walking groups; OT can integrate a preferred hobby; SLP can use communication activities to encourage social engagement.
- **Other Supports:** Family, friends, support groups, faith-based communities.
- Engagement in meaningful activities and life roles is a powerful psychological intervention.



Practical Scenario Example

- **Observation:** A resident misses three consecutive therapy sessions, reporting "no motivation."
- **A:** Are you thinking of harming yourself? (No).
- **L:** "I hear you're feeling drained and unmotivated. That sounds difficult."
- **G:** "It's common to feel this way when recovering. We can adjust the plan."
- **E (Prof):** "I'll speak with the nurse about this, and we can get you connected with the social worker to talk things through."
- **E (Self):** "What's one small thing you would feel up to doing today?" (e.g., 5-minute sit-to-stand, wash face, brush teeth, practice articulation skills).



Relevance to Professionals

- Frequent contact with vulnerable patients
- Opportunity for early detection
- Enhances therapeutic alliance
- Reduces adverse events



Mental Health in Elderly Populations

- Common conditions:
- Depression
- Anxiety
- PTSD
- Adjustment disorders
- Substance use disorders



Prevalence Data

- Post-injury depression: up to 45%
- Stroke survivors: 30–50% depression
- Chronic pain: 35–50% anxiety/depression

Risk Factors in Rehab Settings

- Loss of independence
- Pain
- Role changes
- Financial stress
- Social isolation

Warning Signs

- Behavioral changes
- Withdrawal from activities
- Irritability
- Decline in participation
- Somatic complaints

Understanding Crisis Situations

- Suicidal ideation
- Panic attacks
- Severe agitation
- Substance withdrawal
- Psychotic symptoms
- **Crisis recognition ensures safety.**



Suicide Risk Assessment Basics

- Ask directly about suicidal thoughts
- Determine intent, plan, and means
- Assess protective factors
- Never leave the person alone if risk is high
- Direct questioning opens communication.



Trauma-Informed Care

- Prioritize safety
- Build trust
- Empower the patient
- Avoid re-traumatization
- Collaborate on care
- Trauma-informed care is essential in rehab.



PTSD in Elderly Populations

- Common after MVAs, workplace injuries, amputations
- Symptoms: hypervigilance, avoidance, flashbacks
- May interfere with therapy
- PTSD often goes unrecognized.

Communication Skills for MHFA

- Open-ended questions
- Reflective listening
- Clarifying statements
- Avoid judgmental language
 - **Communication builds trust.**
- ***Non-Judgmental Listening***
- Maintain neutral tone
- Avoid assumptions
- Allow silence
- Validate feelings
 - **Validation supports emotional safety.**

Cultural Considerations

- Cultural stigma
- Language differences
- Family involvement norms
- Cultural expressions of distress
 - **Cultural humility improves care.**

Substance Use in Settings

- Opioid misuse risk
- Alcohol as coping
- Medication non-adherence
- Dual diagnoses
 - **Substance use complicates rehab.**
- **Recognizing Substance-Related Issues**
- Missed appointments
- Mood swings
- Over-sedation
- Drug-seeking behavior
 - **Patterns matter.**



Why MHFA Works

- A systematic review of MHFA training confirmed significant positive outcomes.
- - **Increased Knowledge:** Better recognition of signs and symptoms.
- - **Reduced Stigma:** Increased willingness to discuss mental health.
- - **Increased Confidence:** Higher confidence in assisting a person in distress.
- **Our Professional Mandate**
- Our journals are clear: mental health is central to rehabilitation.



Red Flags and Interventions

Illustrative Case Examples



Red Flags in Activity & Participation

- Healthcare lens is on engagement. A decline in participation is a major red flag.
- - **Withdrawal:** Refusal to dress, bathe, or engage in preferred leisure (e.g., painting, reading).
- **Action:** Reframe the activity to align with energy level. Ask, "What part of this is most meaningful to you right now?"
- - **New Difficulty with Routines:** Sudden inability to manage a task they were independent with last week (e.g., sequencing dressing).
- **Link:** Lack of structure and reduced self-efficacy are linked to depression.



OT Interventions - The Mental Health Model

- Occupational Therapy *is* mental health therapy, via activity.
- - **Behavioral Activation (E-Self):** Integrate a low-demand, high-interest activity into the session (e.g., listening to a favorite album while practicing wrist range of motion).
- Behavioral Activation is an evidence-based treatment for depression (*Source 10*). We do this every day.
- - **Sensory Regulation:** Offer weighted blankets or soft lighting during a session to manage anxiety and over-stimulation.



Case Study 1: Post-Stroke Depression

- Patient: 62-year-old male, 3 weeks post-stroke
- Signs: Withdrawal, flat affect, refusing therapy
- MHFA Response: Non-judgmental conversation → risk assessment → referral
- Encourage simple tasks to help person feel physically improved (shower, shaving, use of preferred aftershave)
- Grade activities to lower level and integrate meaningful conversation during ADL's



Red Flags in Mobility & Strength

- Physical symptoms mask mental health issues .
- - **Loss of Endurance/Energy:** Disproportionate fatigue to the level of exertion.
- **Action:** Screen for poor sleep, which is often a symptom of depression. Refer for sleep hygiene education.
- - **Extreme Fall-Avoidance/Fallophebia:** Refusal to ambulate or transfer despite good physical capacity.
- Fallophebia is a cycle of fear leading to reduced activity, causing muscle loss, and increasing actual fall risk.



The Movement Model

- Exercise is a powerful antidepressant.
- - **Exercise as Medicine (E-Self):** Emphasize the **mood benefits** of exercise over the strength benefits. "This walk is for your energy as much as your legs."
- **Action:** Refer to walking groups, Tai Chi, or gentle chair yoga.
- - **Anxiety Reduction:** Use slow, deep breathing techniques during mobility tasks to reduce muscle tension and help ground the client.



Case Study 2: Chronic Pain & Suicidal Thoughts

- **Patient:** 48-year-old with chronic back pain
Signs: Hopelessness, statements like "I can't do this anymore"
Response: Direct questioning → safety planning → referral
- Chronic pain increases suicide risk.
- Gentle movement, use of TENS / pain reduction modalities



Red Flags in Communication & Swallow

- specific red flags often relate to social withdrawal and executive function.
- - **Social Withdrawal:** Reduced verbal output, flat affect, loss of interest in social dining.
- **Link:** Social isolation from communication difficulty can lead to depression .
- - **Executive Function Decline:** New difficulty following multi-step directions, poor problem-solving for simple tasks, difficulty with word retrieval.
- **Action:** Screen for B12 deficiency or cognitive impact of depression.



Interventions - The Engagement Model

- The key is to reconnect the individual to their social world.
- - **Compensatory Strategies:** Teach simple communication aids (picture boards, tablet) to allow for easier interaction, reducing frustration and anxiety.
- **Action:** Advocate for social dining participation, even if a modified diet is required.
- - **Cognitive-Communication Activities:** Target problem-solving skills for real-life dilemmas (e.g., paying a bill, managing appointments), restoring a sense of competence and control.



Case Study 3: Cultural Barriers and Early Dementia

- **Patient:** Immigrant with limited English showing signs of memory loss
Challenge: Somatic complaints masking depression
Response: Interpreter → sensitive questions → referral
- Cultural differences shape symptom expression.
- Provide simple communication aids, encourage social dining to make friends



The Power of Collaborative Screening

- **The Therapist Triage Protocol (TTP):**
- - **Triage:** Is it an *acute medical crisis* (delirium, high suicide risk)? **Call 911/Charge Nurse.**
- - **Routine Concern:** Report observations to the nurse manager or social worker for a formal screening.
- We advocate for the *next* level of care.
- - **Advocate for Professional Screening:** A formal mental health or geriatric psychiatry consult.
- - **Nutrition-Mental Health Link:** Advocate for a Registered Dietitian consult.
- **Link:** Malnutrition is a risk factor for cognitive decline and depression



Professional Boundaries

- Support ≠ therapy
- Know your scope
- Document concerns
- Communicate with team
- Advocate for the Patient
- Referral to Trained Mental Health Professionals
 - **Boundaries protect everyone**



When to Escalate / Immediate Referral

- Imminent harm
- Psychosis
- Severe withdrawal
- Inability to function
- **When unsure, escalate. Trust Your Gut**
- **Scenario:** Patient expresses intent + plan
 - Action:** Activate safety protocol
 - **Time is critical.**
 - **988**



Documentation Essentials

- Objective observations
- Direct quotes
- Actions taken
- Referrals made
- Documentation ensures continuity.

Interdisciplinary Collaboration

- Physicians
- Psychologists
- Social workers
- Nursing
- OT/PT/SLP
- Case management
 - **Mental health support is a team effort.**

Outcomes

Patient Outcomes

- Reduced stigma
- Improved empathy
- Better crisis response
- Increased help-seeking
 - **Evidence supports MHFA.**
- **Healthcare Education**
- Improved knowledge
- Increased confidence
- Better preparedness
 - **Training benefits all clinicians.**

Barriers to Implementation

- Time constraints
- Stigma
- Lack of training
- Fear of “saying the wrong thing”
- — **Overcoming Barriers**
- Regular training
- Leadership support
- Clear protocols
- Peer support networks
 - **Culture change takes consistency.**



Self-Care for Professionals

- Burnout risk
- Compassion fatigue
- Vicarious trauma
 - **Self-care is essential.**
- **Self-Care Strategies**
- Debriefing
- Mindfulness
- Workload management
- Professional support
 - **Encourage proactive self-care.**



Implementing MHFA in Your Facility

- Training schedule
- Crisis protocols
- Referral pathways
- Staff champions
- Integration improves outcomes.



Summary of Key Takeaways

- Early recognition saves lives
- Rehab professionals are uniquely positioned
- MHFA improves outcomes
- Case studies show real-world application
- ALGEE
- Assess risk of suicide or harm
- Listen non-judgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and support strategies



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