The Role of the Community Educator in Addressing Distress and Depression

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Community Educators Role

- Not expected to be counselors or therapists
- Roles fall under the headings of education and prevention.
- Prevention role extends to individuals, families and communities.
Role with Individuals and Families

- Education and prevention roles with individuals and families:
  - Infuse
  - Observe
  - Engage
  - Listen
  - Refer
Infusion of content on stress, distress and depression

- Substantial infusion already occurring in some programs.
- Less obviously infused into other programs, particularly in a preventive manner
  - Building competency
  - Enhancing self esteem
  - Providing social interaction
  - Sense of belonging
**Guidelines for Infusion**

**Principles:**

- Maintain the focus on the primary program
- Try to make the infused content a natural fit
- Make sure the participants make the connection between the primary program content and the infused content on stress, distress, depression
- Tap into participants self interest by introducing content as **self-care**.
Guidelines for Infusing Stress Content

- Attach the content to programs on safety and injury.

- Recognize verbally that we are living in some stressful times or that the work people are doing is stressful work. Express concern that people are taking care of themselves.
Guidelines for Infusion

- Let people know that you have some materials on self care that they may use to prevent distress and depression.

- When there is a particularly difficult situation or event in the community, point out the potential stressful impact of the situation or event.
Observation and Engagement

- Opportunities for observation
  - Individually
  - In groups
  - In community
Observation and Engagement

What to look for:

- Distress – results when the interactions between persons and their environment are perceived as exceeding their adaptive capacities and threatening their well being.
Observation and Engagement

Review of common signs of distress:

- Irritability
- Changes in appetite
- Frustration
- Increased alcohol, drug, or tobacco use
- Unfocused anger
- Constant worrying
- Loss of interest in enjoyable activities
- Distrust
- Forgetfulness
- Negative attitudes
- Mood swings
- Intolerance
- Muscle tension and aches
- Sleep disturbances
- Poor concentration
Observation and Engagement

□ What to look for:

■ Depression – a reaction to loss, life’s struggles, or an injured self esteem. May be experienced as mild, moderate or major.
Observation and Engagement

- **Common signs of depression:**
  - Prolonged and profound sadness
  - Pessimism, feelings of hopelessness and worthlessness
  - Loss of energy, persistent fatigue
  - Worry and anxiety
  - Agitation
  - Lack of animation – physically and verbally
  - Feelings of guilt
  - Inability to concentrate
Observation and Engagement

- Common signs of depression (cont.)
  - Indecisiveness
  - Unexplained aches and pains
  - Inability to take pleasure in former interests
  - Social withdrawal
  - Anger (usually self directed)
  - A significant change in appetite (usually indicated by weight loss)
  - Recurring thoughts of death or suicide
  - Suicide attempts
Observation and Engagement

- Why might people approach you with concern about distress and depression?
  - You have become a part of their informal or formal support network.
  - You are open about the topic.
  - You have done a good job of creating trust.
  - You express an interest in them.
Observation and Engagement

- **Opportunities for engagement:**
  - You can engage someone when you observe that they are distressed or depressed based on your knowledge of the signs and symptoms.

- **Engagement** is when you make the first move to explore a topic with a person.
Observation and Engagement

- Engagement strategies:
  - Use a straightforward question about the person or as expression of interest in the person.
  - “John, how are things going?”
  - “John, how are things going? You seem to be in a tough situation.”
  - “Betty, are you doing okay? You seem a little different than usual.”
  - “Betty, is everything okay?”
  - “Sam, how are you holding up? A lot of people seem to be going through a difficult time.”
  - “Sam, you doing okay? Folks are having a hard time with all these new regulations.”

This information is provided by the H.E.E.L. Program. Health Education through Extension Leadership (H.E.E.L.) is a partnership among the University of Kentucky College of Agriculture Cooperative Extension Service, Kentucky State University Cooperative Extension Program, the University of Kentucky College of Medicine, and the Kentucky School of Public Health.
Observation and Engagement

Engagement strategies (cont.):

- Give the person a real opportunity to respond to your query.
- Keep posters, books or magazines around your workspace to indicate you are open to inquiries about a person’s emotional and mental wellbeing.
- The interest you show in people, in general, will give clues about your approachability and willingness to engage.
- If the person does not respond to your attempts to engage, let them know you are available.
Listening

(Remember, you are just listening. You are not going to try to fix anything.)

- Listening strategies:
  - Let the person talk. Let them tell you what they are experiencing.
  - Give them your full attention. Stop whatever activity you are doing and look at them. If, however, you are working on a project together, the joint project can be a good medium for conversation.
Listening (cont.)

- Provide supportive attention. They need to know that you are listening
- Maintain eye contact
- Lean toward them or physically open yourself to them
- Give non-verbal feedback that indicates you are listening, for example, nodding your head.
- Give verbal feedback that indicates you are listening: “uh-huh,” “I see,” or “I am sorry you are having a tough time.”
Listening (cont.)

- Do not make this a counseling session. You are simply serving as an informal resource for them.
- Try to avoid judging the person or their situation.
- Listen without jumping to conclusions or thinking you have to offer interpretations.
- If possible, try to create some privacy.
Listening

- Avoid using should and shouldn’t statements.
- Avoid “Why?” questions.
- Accept the reality that you are not responsible for the person’s distress or depression.
- Ask the person to see if they would like to talk to a health professional.
Helping the person find professional assistance

- **Strategies:**
  - Maintain an updated directory of mental health assistance.
  - Establish and maintain relationships with mental health providers.
  - Provide the person with written phone numbers and addresses.
  - Also, give them the crisis or hotline numbers for mental health services in your area.
Helping the person find professional assistance

Strategies (cont.):

- If the person is unwilling to see a mental health professional, you might suggest a physician, hospital, or health department.
- You may want to offer your telephone for them to make the initial call.
- Ask permission to check with them later to see if they were able to make contact.
- Support and encourage their efforts to seek care.
- Maintain strict confidentiality.
Your Role with Communities

☐ Most of what a community educator already does promotes healthy communities.

☐ This can be enhanced by:
  ■ Recognizing that it is happening
  ■ Adding explicit goals or objectives that promote social emotional well being
    (Examples: Craft classes and Cattlemen’s meetings.)
Community Efforts to Prevent Distress and Depression

Examples:

- Work with young people who are taking leadership positions in youth organizations. Help them learn the importance of inclusion, the promotion of mutual respect, and a tolerance for and celebration of differences.

- Work with community employers to institute “family friendly” policies; policies that would benefit the employer and employee.

- Encourage employers to address work-related stress in their safety programming.

- Inform employers of the dangers and costs of stress.

- Teach managers and supervisors how to recognize signs of distress and how to address it.
Community Efforts to Prevent Distress and Depression

- Tap into local community culture and traditions and invest time in promoting the positive strengths of community identity.

- Work with the local school-based decision making body, Family Resource/Youth Service Center, PTO’s, school administrators, and other community agencies to bring school-based health, dental, and mental health programs to community schools.
Community Efforts to Prevent Distress and Depression

- Along with youth programs already in operation, you can work with the Cabinet for Workforce Development to enhance employment readiness for 14-21 year-old residents.

- Work with local youth sports leaders and coaches to preserve the competency, self-esteem, and sense of belonging for participating youth.
Community Efforts to Prevent Distress and Depression

- Educate the community about the prevalence of depression and anxiety.

- Provide opportunities for the community to learn more about the signs and symptoms of distress and depression.

- Provide opportunities for the community to learn more about self care efforts that help to prevent distress and depression.

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