



The Basics of Mental Health

(The Mental Health Meter)

Facilitator

- Ideally the person or persons in this role will already have had facilitator experience. This could be a club or student organization president or executive board member, a residence hall advisor, a peer-to-peer advocate or counselor, a staff counselor, or professor. If none of these are readily available, please contact us and we will provide guidance and assistance on next steps.

Time Needed

- Lecture, Discussion, and Improv Exercises: 35 mins
- Question and Answer: 10 mins

Audio Visual Needs

- PowerPoint slides have been provided for you in advance.
- A projector (a projector on a cart or a projector hanging from the ceiling).
- Projector screen (collapsible or hanging from the ceiling).
- In the event you don't have access to a computer or projector; a blackboard or whiteboard works, as does a flip chart.

Learning Objectives... or outcomes that show what participants will have learned as a result of attending this training.

Objectives for Module I: The Basics of Mental Health

Main objective 1) Getting help for mental health can be and is as easy as finding and using a first aid kit. We can and should treat mental health just like we do physical health and should use positive, non-stigmatizing language when talking about it.

Main objective 2) Paying attention to mental health improves your quality of life, your school life, and your relationships.

Sub-objectives:

- What Mental Health Is and Is Not
- The Mental Health Meter (Health, Illness, Breakdown, and Anywhere in Between)
- Why Mental Health is Important
- The What, Why, and How of Mental Health Stigma and How We Can Eradicate It
- How Mental Health Can Improve and Shape our Lives

Suggested Follow Up

- Reading and Review Group Discussion Questions: 15 mins
- Personal Additions to Mental Health First Aid Kit™
- Exercise: Mental Health Meter (self-directed)
- Exercise: Stories of Stigma (writing)

Handouts

- Mental Health Vocabulary
- i'Mpossible Story on Stigma and Group Discussion Questions

Other Materials Needed

- Intake forms (handed out 2 weeks prior) – available as a printed form or via Survey Monkey
- Exit forms (handed out 6 weeks after) – available as a printed form or via Survey Monkey

We realize it can be difficult to have people fill out one or both of these forms, so: have anyone who is absolutely committed to attending (your e-board, your dorm mates etc.) to fill these out; and/or offer and advertise that anyone who fills out both forms will be entered into a raffle to win a gift card or special prize. Gathering this data is important so you know and so we know how effective this programming is and what we can improve upon.

FACILITATOR NOTE:

At some point near the beginning of the session, it's important to make sure attendees know they have equity in the session. Something like: "This is a big group discussion and I'm helping guide it along. It's important that it's not only a lecture because everyone here is an expert (in something) and when experts get together, they are greater than the sum of their parts." This breaks down walls and builds trust and will enhance knowledge retention.

Opening-Introduction to Facilitator *You* 😊 - Option I (5mins)

Slide 1 – Title of talk (Have this ready during setup, before you begin speaking)

I/we are here to talk mental health

 *Fun stuff about facilitator and why you're here.* Topical Info on location.
Your professional background.

Slide 2: Funny/fun picture of facilitator as a kid/teen/apropos to audience you're speaking to.



 *Facilitator's brief story with mental health/illness.* Tie into why mental health is important and particularly important to you/facilitator.

- In general, people don't know how to cope if something breaks down with their mental health, but they know what to do for a sprain, a cut, a physical injury—find a first aid kit:

Slide 3: Statement on mental health first aid kit



Main objective (thesis): Getting help for mental health should be as easy as finding and using a first aid kit

FACILITATOR NOTE:

Skip option 2 below and proceed to the sign: 

Opening - Option 2 *Without facilitator story* (5-7 mins)



Slide 1 (Have this ready during setup, before you begin speaking)

- Facilitator introduces who they are, and briefly states that “we’re talking mental health,” and that “talking mental health is important ... but we’ll get to that in a little bit.” Facilitator makes sure audience knows this isn’t a traditional presentation. This is going to be a fun and interactive, and basically a big conversation. Facilitator states that the rules are pretty simple: “no one talks over anyone else, show others respect, and cell phones are on silent and put away.”



Slide 2 will be blank

- Exercise – Crossing the Line. Note: In smaller groups, the exercise can be run as intended: painter’s tape or some colored tape is unfurled and stuck to the floor from one wall to the other. Attendees stand on one side, facilitator on the other. Facilitator instructs attendees that they only cross the line (the tape) if they know the definition of the term he or she is calling out. One person will then be called upon to give a brief definition. Note 2: In larger groups, this exercise can be implemented by having attendees stand if they understand the definition of the term being called out. One person will be asked to give the definition. Note 3: It will be important to intersperse mental health terms with pop culture references (or references specific to your demographic: faith-based, movie titles, references to town landmarks etc.). And with pop culture references, they can and should be updated as needed.

Example terms:

- Respeck
- Mental Health
- Cash me outside
- Stigma
- TikTok
- Self-esteem

- Depression
- Stuntin’
- Counseling
- You da Plug
- Stress

Transition: Great job everyone. With some of these terms, the ones that relate to mental health; I've found that not many people know what to do when they get depressed or feel stress.

- In general people don't know how to cope if something breaks down with their mental health, but they know what to do for a sprain, a cut, a physical injury: find first aid kit. Dawned on me that:



Slide 3: statement on mental health first aid kit

Main objective (thesis): Getting help for mental health should be as easy as finding and using a first aid kit



What is a first aid kit and how does it relate?

- A small box containing items such as bandages, plasters, and antiseptic wipes for use in giving help to a sick or injured person until full medical treatment is available.
- We should be able to do the same for our mental health. Take care, treat, manage and if we need professional mental health treatment, we can take care of ourselves until we are able to get that professional treatment. We need a mental health first aid kit.
- But to be able to help ourselves, we first need to know what mental health actually is.
- First of all, by a raise of hands: how many of you have mental health? (Wait for response)

FACILITATOR NOTE:

STOP! WAIT (people are usually confused at this question. Give them time to process and raise hands ... or not).

- Thanks for your answers. That was actually a trick question. We all have mental health. Mental illness is not mutually exclusive with mental health.

So What (the heck) is Mental Health?

Slide 4



- A person's psychological and emotional well-being. It's as simple as that!
- We spend so much time telling people the negative parts and not enough time on the positive end and how to manage... It makes people believe that mental health or mental illness is a death sentence and makes you "less than" –



Anecdotal opportunity (but I live mentally well in spite of my—insert mental health condition—and you can, too). *If you don't have a personal story with mental illness, then give an example of a person you know who lives a fulfilling life in spite of their mental illness—Demi Lovato, Joe Pantilliano, Joshua Rivedal, Kid Cudi etc.*

FACILITATOR NOTE:

It's your choice whether or not to make this next section a full audience Q&A; or whether or not to break the audience into small groups and have them discuss, and then have one person from each group speak about what the group came up with. The group discussion or Q&A should last no longer than 10 total minutes and can be as little as 5.

There are benefits to each method.

Full audience Q&A offers the opportunity for a large scale conversation and teaching moments not from the facilitator but from the attendee(s).

Group discussion offers similar opportunities as the full audience Q&A, but skews a bit more toward teamwork and leadership opportunities. Everyone in each group can have more to say (some people are shy in large scale settings); BUT it can be a little more difficult to control the room when breaking them into small groups.

Group Discussion/Q&A

Transition: Let me ask you all a question:



Slide 5 show slides on negative ads/pics

- What *are* some negative things you hear around "mental health?"



Slide 6 show slides on positive ads/pics

- What are some positive things you hear around “mental health?”

What Mental Health is and is Not

Transition: Those were all great answers. Now let's clarify exactly what mental health is and is not.



Slide 7

- Is not—not necessarily debilitating, not mutually exclusive with a disorder, has nothing to do with a character flaw or weakness,



Slide 8

- Is—affects everyone, disorder or not, a little different for everyone, takes time and energy to develop, has to do with biology, life experience, family history

Transition: Because there are several factors that can affect a person's mental health, I like to think of mental health as if it were being measured by a car's odometer or maybe even a gas meter. An odometer or gas meter can measure multiple things at once, just like there are multiple things going on at one time with a person's mental health.

The Mental Health Meter



Slide 9 & 10 (mental health meter)



With the following bullet points, facilitator can give personal examples of their own: “Bad day,” “Situational depression,” “Illness/Condition,” and/or “Co-occurring”

1. Bad Day: stepped in bubblegum, bad test, and stubbed toe.
2. Situational: Might not have mental health condition, but parent's divorce; or flunking a course; or both contribute (for example).
3. Illness/Condition: depression, bipolar, PTSD, ADHD, OCD, schizo, etc.
4. Sometimes all are co-occurring:

All are why we need coping skills, and effective methods of managing and dealing with our conditions; something we will be covering in module 2 (*“right after this,” or “tomorrow” or “next week” etc.*)

FACILITATOR NOTE:

Prior to the improv exercise, it will be a good time to readjust the audience/attendees. Ask them all to sit up straight in their chairs, close their eyes, breathe in, breath out; repeat at least twice. “Now slowly open your eyes, and bring yourself back to the room.” This is a good exercise to get everyone to refocus.

Transition (after refocusing/bringing people back to the room. *See note above*): Now, I want to talk about how many people think about mental health and how they treat themselves if they've just learned they've been diagnosed with a condition like depression or anxiety or bipolar. To do this, we're going to do an improv exercise:

Improv Exercise



Facilitator follows the template for this improv to a “t” but can fill in with their own brand of poignancy/humor.

- Facilitator says they are dealing with depression.
- Two attendees/actors are told to deal with facilitator in a stigmatizing manner and lay it on thick.
- Things get worse for facilitator as attendees/actors continue to lay it on thick
- Facilitator stops. Thanks attendees/actors.
- Facilitator then instructs attendees/actors to give exact same responses

FACILITATOR NOTE:

We chose stomach cancer as a physical condition because this is a condition that could never be construed as anyone’s “fault.” We tested diabetes and even general cancer, but these both can be construed as the person’s fault (sometimes it is); whereas depression or mental health conditions are not the person’s fault. We found it a good idea that the facilitator not be so hard on themselves when acting out the stomach cancer portion but do instruct your actors to keep the same harsh dialogue they used during the acting out of being diagnosed with depression. Lastly, instruct volunteers not to mention “I want to die/kill myself” or anything suicidal (could be triggering and unsafe without context of hope/healing).

but now facilitator has stomach cancer.

- Facilitator stops. Thanks attendees/actors.

Facilitator asks audience questions:

- Are those typical responses to mental health/depression?
- Are those typical responses to cancer?
- If mental health conditions are real and physical health conditions are real, then why do we treat mental health differently?

Transition I could probably have stated the differences between physical health and mental health but the improv was more fun... So why is a person's mental health so important?

Why Mental Health (and managing your own) is Important



Slide 11

Mental Health Improves the Quality of Life

When we are able to manage depression, anxiety, excessive stress and worry, addictions, and other psychological problems, we are better able to live our lives to the fullest.

Peace of mind is something to be strived for and is available to everyone.

Mental health strengthens and supports our ability to *(have examples of each, relevant to each age group and/or demographic)*:



With the following bullet points, facilitator can give personal examples

- Make healthy life choices:
- Have healthy relationships:
- Maintain physical health and well-being:
- Handle the natural ups and downs of life:
- Discover and grow toward our potential

Transition: So, if mental health is so amazing and can help us do great things; why don't we pay attention to it or even talk about it?

Why We Don't Talk About Mental Health



Slide 12 (Why We Don't Talk About Mental Health)



With the following bullet points, facilitator can give personal examples

1. Stigma: only crazy people talk about it (maybe a tie in to the negative stereotypes mentioned previously)
2. Improper tools and archaic ways of speaking about it: "all it is, is some 'funny' tools," or a bad experience in therapy. *(Facilitator could pose: You have a bad heart and go to a quack of a doctor for help; you get a 2nd, 4th, 12th opinion. We need to do the same with our mental health)*
3. When hurt physically, we generally know where to go/what to do—First Aid Kit. Mental health isn't like that yet—but you can create your own mental health first aid kit.

In spite of this stigma it is more than okay to reach out and ask for help if you're having a small, medium, or large sized mental health breakdown



(Facilitator can give 1-2 personal examples of a small/medium/large mental health breakdown in their own life).

And it is absolutely okay to speak up to a friend if you notice they're having a hard time emotionally or a breakdown.

Transition: Winding down, I hope it's clear and apparent that...

Conclusion

...getting help for mental health can be and is as easy as finding and using a first aid kit.

We can and should treat mental health just like we do physical health and should use positive language non-stigmatizing language when talking about it *(crazy, lunie, or even self-stigma with inner dialogue)*

Paying attention mental health improves your quality of life, school, and relationships.

It's okay to ask for help.



Slide 13 (resources/handouts)

I want to offer some additional resources: handouts

Offer resources. Handouts. Talk about handouts:

1. Mental Health Vocabulary
2. i'Mpossible Story on Stigma and Group-Discussion/Self-Reflection Questions

Thank the attendees.

If there's time left over, you can do additional Q&A: clarity on any concepts covered. Mental health meter. What mental health is and is not. This can be driven by the facilitator or come straight from the attendees.