



Living with or Helping Someone with a Mental Health Condition

Facilitator

- Ideally the person or persons in this role will already have had facilitator experience. This could be a homeroom teacher, club or student organization president or executive board member, a residence hall advisor, a peer-to-peer advocate or counselor, a staff counselor, or health teacher. 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 4: Living with or Helping Someone with a Mental Health Condition

Main objective 1) Mental health conditions are common, nothing to be ashamed of, and are manageable with the right information and proper treatment.

Main objective 2) It is also possible to live mentally well with a mental health condition, just as it's possible to live a fulfilled life managing a physical health condition.

Sub-objectives:

- The definition and examples of long-term mental health conditions
- The definition and examples of situational mental health conditions
- Tools and tips to manage a situational and/or long-term mental health condition
- How to help or support a friend, peer, or loved one with a mental health condition

Suggested Follow Up

- Reading and Review Group Discussion Questions: 15 mins
- Exercise: Fix Your Face (Vulnerability)
- Personal Additions to Mental Health First Aid Kit™

Handouts

- 35 Tips for People Living with a Mental Health Condition...and Their Friends and Families
- List of Coping Skills to Help You Live Mentally Well
- i'Mpossible Story on Living with Multiple Mental Health Conditions

Other Materials Needed

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

- Exit forms (handed out 4 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 experience living with or helping someone with a mental health condition setting up for (NOTE—if facilitator does not have a story or does not know anyone with a mental health condition, a great way to open this session is with Mod 4 exercise: Fix Your Face on vulnerability. The transition from that exercise to thesis below will be something to the effect: "many people hide their truest self and whatever they're going through or desire; it's common, yet they don't know that and feel

ashamed because they [and many others] are hiding this part of themselves...)

Slide 3:

Mental health conditions are common, nothing to be ashamed of, and are manageable with the right information and proper treatment



Facilitator could continue on with personal anecdote using it to transition into the next section OR can simply skip the anecdote and then transition into the next section.

FACILITATOR NOTE:

The following section is great time for discussion. Starting with: “What are a few different kinds of mental illnesses/mental health conditions? Let me see some hands.”

You don’t have to cover all of the illnesses/conditions, but make sure to at least cover depression and anxiety, and perhaps even PTSD and bipolar.

Examples of some long-term mental health conditions and their signs and symptoms

Slide 4: Some examples of mental health conditions

FACILITATOR NOTE:

You don’t have to give the textbook definition of each (as provided below) while acting as facilitator. First and foremost, these definitions are to provide a solid baseline knowledge for you. Again, it’s important that attendees at least get the definition of depression and anxiety, and perhaps even PTSD and bipolar. It’s also important to let attendees know that all of these conditions are not controllable but manageable and treatable; and it’s possible to live a fulfilled life even if you live with one or more of these conditions.

- Depression – Clinical depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration

interfere with everyday life for weeks or longer. The exact cause of depression is not known. Many researchers believe it is caused by chemical changes in the brain. This may be due to your genes or triggered by certain stressful events. More likely, it's a combination of both. Depression is a common but serious illness, and most who experience it need treatment to get better.

- Anxiety (Generalized Anxiety Disorder) - (GAD) is characterized by persistent and excessive worry about a number of different things. People with GAD may anticipate disaster and may be overly concerned about money, health, family, work, or other issues. Individuals with GAD find it difficult to control their worry. They may worry more than seems warranted about actual events or may expect the worst even when there is no apparent reason for concern.
- Bipolar - is a brain condition that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely "up," elated, and energized behavior (known as manic episodes) to very sad, "down," or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.
- ADHD - is a brain condition marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.
- Borderline Personality - is a mental health condition marked by an ongoing pattern of varying moods, self-image, and behavior. These symptoms often result in impulsive actions and problems in relationships. People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days. People with borderline personality disorder also tend to view things in extremes, such as all good or all bad. Their opinions of other people can also change quickly. An individual who is seen as a friend one day may be considered an enemy or traitor the next. These shifting feelings can lead to intense and unstable relationships.
- OCD – A form of anxiety. Often but not always, people with OCD feel the need to check things repeatedly or have certain thoughts or perform routines and rituals over and over. The thoughts and rituals

associated with OCD cause distress and get in the way of daily life. The frequent upsetting thoughts are called obsessions. To try to control them, a person will feel an overwhelming urge to repeat certain rituals or behaviors called compulsions. People with OCD can't control (but with treatment) can manage) these obsessions and compulsions.

- Schizophrenia - is a chronic and severe mental health condition that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental health conditions, the symptoms can be very disabling.
- Posttraumatic Stress (Disorder) - Also known as PTSD. It's an anxiety disorder that some people get after seeing or living through a dangerous event. When in danger, it's natural to feel afraid. This fear triggers many split-second changes in the body to prepare to defend against the danger or to avoid it. This "fight-or-flight" response is a healthy reaction meant to protect a person from harm. But in PTSD, this reaction is changed or damaged. People who have PTSD may feel stressed or frightened even when they're no longer in danger.
- Eating disorders - it is a commonly held view—but erroneous—that eating disorders are a lifestyle choice. Eating disorders are actually serious and often fatal illnesses that cause severe disturbances to a person's eating behaviors. Obsessions with food, body weight, and shape may also signal an eating disorder. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder

Slide 5: Some examples of signs and symptoms of mental illnesses/mental health conditions

FACILITATOR NOTE:

In addition to the Slide 5 and the bullet points below, feel free to reference any of the signs and symptoms from the definitions of the various mental illnesses in the previous section of this outline/lesson plan.

- General signs
 - Excessive worry or fear

- Excessively sad or low (for a prolonged period)
- Extreme mood changes
- Prolonged or strong feelings of anger or irritability
- Substance abuse/Misuse
- Each condition has its own symptoms and looks different on different people

Another temporary mental health condition, also known as Stress Response Syndrome - occurs when a person has great difficulty coping with, or adjusting to, a particular source of stress, such as a (or several) major life change, loss, or event. Because people with an adjustment disorder/stress response syndrome often have some of the symptoms of clinical depression, such as tearfulness, feelings of hopelessness, and loss of interest in work or activities, adjustment disorder is sometimes informally called "situational depression." Unlike major depression, however, an adjustment disorder doesn't involve as many of the physical and emotional symptoms of clinical depression (such as changes in sleep, appetite and energy) or high levels of.

This could include failing a major test, parents' divorce, a major life change, victim of a crime, and/or a serious physical illness.

Symptoms can include:

- Anxiety (nervousness)
- Worry
- Headaches or stomachaches
- Withdrawal or isolation from people and social activities
- A new pattern of absence from work or school
- Changes in appetite, either loss of appetite, or overeating
- Problems sleeping
- Feeling tired or without energy

- Increase in the (mis use of alcohol or other drugs)

And if you don't know whether or not you may have a mental illness/condition, or you're curious, there's nothing wrong with going to a mental health professional: psychologist, psychiatrist to get a diagnosis (or not to get one). And you can always get a second opinion just in case (or a third).

Slide 6: Some examples of how to cope and/or find treatment

FACILITATOR NOTE:

After mentioning talk therapy, feel free to make this next section a discussion.



Anecdotal opportunity. Facilitator can talk a little about several of the treatments that work well for them or someone they know.

- Talk therapy (psychologist, social worker, psychiatrist)
- Family
- Mentor
- Clergy
- Medication
- Medicine
- Hotlines/helplines
- Creativity
- Pets
- Peer Support
- Group Support

Coping looks different with everyone: why it's important to talk to a professional because they'll help you create strategies to find ways to cope that work for you. That person will also help you identify your triggers.

Slide 7

Your condition is not your fault, doesn't make you "less than" or undateable or any of that. You are your best advocate. And you get to tell your story and define yourself, not others. That's why it's so important to speak out: you get to create your narrative before anyone else beats you to it.

Improv Exercise



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

- Facilitator teaches a short form Harold improv.
- Facilitator gets a person to demonstrate on stage ("yes, and..." establish location, names, physical activity)
- Facilitator gets another person to demonstrate on stage
- Facilitator pairs everyone in twos. Everyone works out improv for five mins.
- Facilitator pairs everyone in different set of twos.

Facilitator asks audience questions:

- What did you find?
- More you worked and took risks the easier it became. You became more resilient
- More you say "yes, and..." to treatment, to life, to living and managing condition (any condition) the better you'll feel and the better you'll do.

Conclusion

Mental health conditions are common, nothing to be ashamed of, and are manageable with the right information and proper treatment. It is also possible to live mentally well with a mental health condition, just as it's possible to live a fulfilled life dealing with a physical health condition.

I want to offer a few resources: handouts

Offer resources. Handouts. Talk about group discussion handouts:

1. 35 Tips for People Living with a Mental Health Condition...and Their Friends and Families

2. List of Coping Skills to Help You Live Mentally Well

3. i'Mpossible Story on Living with Multiple Mental Health Conditions

Thank the attendees and organizers and the attendees

If there's time left over, you can do additional Q&A: clarity on any concepts covered. Mental health/mental illness. Signs and symptoms. Treatment. Coping. This can be driven by the organizers or come straight from the attendees.