

# mental health 101



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## highlight activity

### Mental Health Spectrum

[15 min]

This activity will help students understand mental health as a dynamic process by understanding risk and protective factors.

#### supplies:

- Spectrum handout
- Facilitator instructions
- Sticky notes

#### goals:

- Students will begin to understand mental wellness and its similarities to physical wellness
- Students will begin to understand mental health as a spectrum
- Students will begin to understand the complexities that come with mental illness
- Students will begin to understand how risk and protective factors relate to their mental health status

#### instructions:

Prior to meeting:

- Prepare handouts for club members
  - Prepare sticky notes with symptoms for the CUT/ANGER scenario
    - Copy each symptom onto individual sticky notes
- Arrange the room so there is a HIGH and LOW side for the mental health spectrum

**Facilitator:** Mental Health can be confusing and difficult to understand at times, so to make it easy to understand, first we'll talk about how it is similar to physical health.

Who knows what it means to be sick or healthy? (brief response to this question)

**Facilitator:** Mental Health is something everyone has and it is an unavoidable part of your life. It includes how you feel, think, communicate, and even act. Mental illness can be severe; however, everyone will experience symptoms of mental illness. These symptoms might be so small (like breathing quickly) that you don't notice them, or they can be extremely visible (like a panic attack). Since it is so broad, we will focus on a specific example.

For this activity, the club will be split into two groups:

Group 1 will receive the stack of sticky notes related to physical health  
Group 2 will receive the stack of sticky notes related to mental health

Both groups will be given 5 minutes for members to position themselves around the room placing the symptoms on what they believe to be the appropriate space on the spectrum. After everyone is situated, we will go through the two examples as a large group.

#### FACILITATOR OPTIONS:

Option A: Discuss physical health example, then mental health

example. • Briefly touch on each example for physical health

• Spend more time talking about each example for mental health

• Compare the differences between the two types of health

Option B: Discuss both examples at the same time, moving from least severe to most severe.

• Spend time discussing symptoms at each level for both physical and mental health, spending more time discussing mental health

• Compare the differences between the two symptoms

Once you've selected Option A or B, distribute "Mental Health Spectrum" handout and provide necessary instructions

The following is an example of a typical order in which participants might arrange their sticky notes, though there is no true "correct" answer as every person may interpret the situation from a different perspective.

Physical Health Example (Cut)	Mental Health Example (Anger)
<ol style="list-style-type: none"><li>1. Paper cut on thumb</li><li>2. Paper cut on lip</li><li>3. Paper cut on eyelid</li><li>4. Multiple paper cuts on thumb</li><li>5. Rolled ankle</li><li>6. Sprained hamstring</li><li>7. Deep bleeding cut</li><li>8. Bone fracture</li><li>9. Broken bone</li><li>10. Bleeding artery</li></ol>	<ol style="list-style-type: none"><li>1. A few minutes of irritability</li><li>2. Pacing back and forth</li><li>3. Consumed by feelings of anger for an hour</li><li>4. Shaking and sweating uncontrollably</li><li>5. Hours thinking about one thing</li><li>6. Crying for hours</li><li>7. Screaming at a close friend</li><li>8. Screaming at a stranger</li><li>9. Punching a wall</li><li>10. Banging your head against a wall</li></ol>

## **discussion:**

- How are mental health and physical health similar?
  - Health is a spectrum that is always changing, which applies to both physical and mental well-being.
  - Both have disorders made up of symptoms that are often experienced as a part of everyday life.
  - A disorder emerges once a symptom is more severe or happening more often than it usually might.
- How can culture and identity influence mental health?
  - How might someone's ethnicity impact their mental health? What about their gender identity? Sexual orientation? Their family's income?
- What might happen if you ignore symptoms that fall in the middle of the spectrum?
  - Symptoms left untreated or ignored may increase in intensity and lead to later illness.
- How can you better identify where on the spectrum a symptom falls?
  - You can think about the symptom itself (like anger) and think if there are ways for it to be more or less to put it in perspective.
  - If you have trouble finding perspective, you can talk to a trusted friend, adult, or professional to determine how severe the symptoms are.
- To help others, where on the spectrum do you need to fall?
  - If you fall more on the low end of the spectrum, you should focus on your own mental wellness before others'.
  - It's recommended that if you fall in the middle or on the high wellness part of the spectrum, you are better able to help others.
  - Remember, fill your cup before filling others.
- Where on the spectrum should you ask for help?
  - If you're on the lower half of the spectrum you might need help from others.
  - The lower you are the more likely you may need a professional to help out.
- Where on the spectrum can you focus on growth?
  - On the higher end of the spectrum you can focus on growing stronger.
  - This is also a good place for you to be able to help others.

### highlight activity

## Do You Know Their Risk and Protective Factors?

[40-45 min]

This activity will challenge students' assumptions of symptoms related to mental health concerns.

The purpose of the second section is to introduce how mental health symptoms are affected by risk and protective factors.

**Facilitator:** Mental Health is always fluctuating. How healthy or unhealthy you are isn't just determined by your symptoms or where they fall on the spectrum. Other factors in your life will determine your overall mental health overall. For example, if you regularly cry everyday, how will you react to a fight with a friend or something else that is distressing?

Who can tell me: what are risk and protective factors?

### **Risk & Protective Factors definitions:**

- Risk factors increase the likeliness of negative mental health outcomes o Examples: exposure to violence, societal oppression, isolation, substance misuse, poor physical health, deviant peer relationships
- Protective factors decrease the likeliness of negative mental health outcomes o Examples: positive peer relationships, involvement in extracurricular activities, access to care, family support

Most factors can work in two directions, either having a positive or negative influence on your life. The same way your friends can be supportive, they can also be a source of stress. Protective factors can help protect you from stress, while risk factors add to stress. To stay mentally healthy, it's important to build protective factors and reduce risk factors when possible. Sometimes you don't have control over your risk factors, but you can always build more protective factors to combat the effects of risk factors.

\*\*\* TRANSITION INTO "DO YOU KNOW THEIR RISK AND PROTECTIVE FACTORS?" ACTIVITY\*\*\*

**supplies:**

- Part 1 and Part 2 Scenario handouts for activity participants
- Facilitator Instructions
- Mental Health Concerns Cheat Sheet
- Full version of Mental Health Spectrum

**goals:**

- Students will be able to articulate the need to understand risk factors related to mental health concerns
- Students will be able to articulate the need to understand protective factors related to mental health concerns
- Students will be able to articulate the domains of the Mental Health Spectrum they can most benefit their peers through helping behaviors.

**instructions:**

**Facilitator:** Now that you have a broad understanding of the Mental Health Spectrum, you will be divided into groups to practice your ability to identify your peers' protective and risk factors, and where they may lie on the Spectrum.

For this activity, each group will receive (a) hypothetical scenario(s) about students at your school. Your group will also receive a Risk & Protective Factors T-Table handout. As you read your scenario(s), your small group will identify potential risk and protective factors that exist for the main character in the story on the side of the handout with "Part 1" in the title. List each potential risk or protective factor for the individual and provide a rating. Just as during the Mental Health Spectrum Activity, Protective factors are measured from 1 to 10, with 10 being extremely protective, and risk factors are measured from -1 to -10, with -10 being the most risk. In your group, discuss why different group members identify different ratings. DO NOT add up a total score, as protective and risk factors are not additive.

Following the discussion, as a group decide where the main character should be placed on the Mental Health Spectrum. Make sure your group comes to a consensus throughout this activity. Meaning, the identification of risk and protective factors, and the decision for where the character lies on the spectrum, is decided once all opinions have been heard, not based on a democratic vote.

Your group will have approximately 5 minutes.

### **\*\*Recommendations\*\***

It is most realistic to do 2 scenarios

If you want to provide contrasting scenarios, provide groups with the following scenario combinations:

- Karter Scenario & Jasmine Scenario
- Karter Scenario & Cyrus Scenario
- Kai Scenario & Jasmine Scenario
- Kai Scenario & Cyrus Scenario

NOTE: do NOT select more than 2 scenarios per meeting.

### **Distribute Scenario Handouts (scenarios are below).**

**\*\*Group 2 should receive Mental Health Concerns Cheat Sheet containing information related to mental health illnesses. --this will be brought up during the Part 1 discussion.**

#### Karter Scenario:

Karter is a sophomore at your high school. Although she's not an upperclassman, all her siblings are either juniors or seniors, and since she's close with them, she spends much of her time with older students both in and outside of school. She frequently sits with upperclassmen at lunch, and is invited and attends house parties thrown by upperclassmen. It is known that Karter is an incredible artist, with her art winning local awards/recognition. Other than her art being showcased to the entire school, Karter likes to coast under the radar and let her siblings receive all the attention both in school and at home.

#### Jasmine Scenario:

Jasmine is a senior at your high school and is a shoo in for valedictorian. She is a two-sport varsity athlete, involved in multiple clubs (holding leadership positions), and the first chair french horn player in the school band. On paper, Jasmine is crushing life and she's also very open about her struggles with mental health; openly speaking about concerns with her body image, and depressive moods and tendencies to worry that become debilitating. On occasion, Jasmine misses school when these problems act up. Other days, you notice she is fairly disengaged with classwork or forgets to complete her homework. Jasmine and her partner have been together since freshman year. They're one of the longest lasting romantic relationships in school, so you know they're serious about one

another. You have heard from Jasmine herself (or her friends) that she frequently struggles with balancing her academic commitments, friendships, and finding time to spend with her partner

### Kai Scenario:

Kai is a senior at your high school. He's been a varsity wrestling and basketball athlete since his freshman year, and is also the second chair trumpeter in the school's band. Unique about Kai is he's a fraternal twin, and gets along well with his twin sister. Whether related or a direct cause of being a boy-girl twin, Kai is often seen talking to both boys and girls at school, and is very well-liked. You've seen him at parties and he's always the life of the party. He frequently pulls people into drinking games, starts dance parties, and tends to get pretty wasted as a result. With his focus on sports, music, and partying, Kai doesn't consistently make his grades a top priority, but he still gets mostly Bs.

### Cyrus Scenario:

Group 2 does not need handouts

Cyrus is a junior at your high school. She's always been known as a tomboy because of the way she dresses and her interests outside of school. She and her friends are involved in robotics and prefer playing video games, though they'll occasionally play pick-up games of basketball, soccer, and even ultimate frisbee. She and her group of friends are rarely, if ever, seen at school-related events like football games or dances. In fact, they even seem to be missing at lunch. No one seems to know much about Cyrus and her friends, which often leads students to spread rumors about them. You're not sure if the jokes or comments are made directly to her face, but you assume she's aware of them.

### **Facilitator discussion questions:**

- What risk factors did your group identify for (Karter, Jasmine, Kai, Cyrus)?
  - What ratings did you give each risk factor?
  - Why do you believe group members rated risk factors differently?
- What protective factors did your group identify for (Karter, Jasmine, Kai, Cyrus)?
  - What rating did you give each protective factor?
  - Why do you believe group members rated protective factors differently?
- Where did your group place (Karter, Jasmine, Kai, Cyrus) on the Mental Health Spectrum?
  - What were the most prominent influencers for the placement?
  - What information do you think you need to know to better answer this question?



- We don't have all of the information about these young people. How might knowing more about their ethnicities, cultures, and other identities have impacted their risk and protective factors?

Group 2, what resources did you receive in addition to the scenarios?

- Group 2 should have received a cheat sheet pertaining to possible mental health concerns possessed by individuals in the scenarios.
- Do you believe this additional information helped you make better informed decisions related to the person's risk and/or protective factors and placement on the Mental Health Spectrum?
- We still don't have all of the information about these young people. How might knowing more about their ethnicities, cultures, and other identities have impacted their risk and protective factors?

We will now move onto Part 2 of this activity. Part 2 will provide both groups with additional information.

Now that you've identified possible risk and protective factors, as well as where the character might lie on the Spectrum, we will now complete Part 2 of activity.

As you know, looks can be deceiving. Part 2 will enable you to practice empathy and understanding-building through asking open-ended questions. The questions may guide you in determining how to best support your peers. The questions do not serve to help you diagnose an individual with a mental health illness. Diagnosing individuals with a mental health illness can only be done by professionals who have spent years developing knowledge and skills to do so.

### Distribute Part 2 handouts

\*\*Groups should receive the Part 2 handouts based on the scenario(s) they received during Part 1

For this activity, one of your group members will play the role of the character in the scenario(s). The rest of the group members have a Questions handout. Those with the Questions handout will ask the group member who is role playing the open-ended questions, and the role player will provide the responses.

As you listen to the responses, add potential risk or protective factors that your group did not previously identify to the Part 2 page of the Risk and Protective Factors T Table handout. Also add a rating for the risk or protective factor. The responses may also confirm some of the risk and protective factors your group identified during Part 1.

### **Facilitator discussion questions:**

- What additional risk factors did you identify for Karter? for Jasmine? for Kai? for Cyrus?
  - What ratings did you give the risk factor(s)?
- What additional protective factors did you identify for Karter? for Jasmine? for Kai? for Cyrus?
  - What ratings did you give the protective factor(s)?
- Did your group change the placement of (Karter, Jasmine, Kai, Cyrus) on the Mental Health Spectrum?
- Were you surprised at what you learned about each person?
- How can risk or protective factors change how you perceive overall

wellness? Now I will read the full backstory for each character in the scenario(s)

we've discussed. Read the backstory for the scenario(s) used during this activity:

Karter Scenario: Although Karter is seemingly close with her siblings and her siblings' friends, she does not feel connected to them. At home, Karter actively avoids interacting with her siblings and parents. When she was younger, Karter was the victim of sexual advances by her mother's boyfriend, and since her mother and siblings did not take her seriously when she asked for help, she never received the support or professional services she needs after the traumatic event. To help cope with her trauma, Karter spends most of her time drawing. As a result, she's developed an incredible talent. She uses her art to express her pain, but because of the quality of work she produces, she's considered a strong artist, rather than someone who may be struggling. While Karter is invited to upperclassmen parties, she's miserable being around all the "fake students." If you were at the parties you'd know that Karter quickly becomes "twisted," both smoking marijuana and drinking liquor. She typically gets intoxicated to the level that she passes out. She gets rides home from her siblings' friends, and then her siblings ensure she gets to her bed safely to "sleep it off." Karter has undiagnosed PTSD, depression, social anxiety, and substance use disorders.

### Jasmine Scenario:

Jasmine was diagnosed with an eating disorder, anxiety, and depression, after her childhood best friend passed away when she was 11-years-old. Despite these diagnoses, she is very capable of managing her mental health with a connected support network of family and friends which made her more receptive to treatment from professionals. She has many protective factors that enable her to be successful, healthy, and happy. She spent several weeks one summer in middle school at an inpatient treatment center for eating disorders, that helped her manage her eating habits. Currently, she works with a dietician, meets with a psychologist for cognitive behavioral therapy to manage her anxiety and depression, coordinates with a psychiatrist for antidepressant medication management, and communicates with the school counselor to address any

of her needs related to school stressors. All her teachers are aware of her history of mental health concerns, and they make sure to accommodate her needs when she expresses the need for support. Jasmine has a great group of friends who understand her triggers and how to provide her support. Her partner is supportive of her passions and priorities, always open to compromise and helping Jasmine find balance.

Kai Scenario: When Kai began high school wrestling he began to struggle with an eating disorder in the form of bingeing and purging to make weight for wrestling meets. Over time he also developed body dysmorphic disorder, where you have a distorted and unhealthy view of your body. Kai has never told anyone close to him about his body image issues as he is not aware that this is a problem. He tends to think, "I'm an athlete and a teenager, so of course I'm a little obsessive about my physique." Plus, most of his friends are "jocks" and he feels they would never be receptive to the idea of Kai struggling with an eating disorder because "only girls have eating disorders," or "that's just a part of wrestling, not an eating disorder." Kai's family life isn't bad, but his father and grandfather were Marines and hold up traditional ideas about gender like "boys can't be weak." Kai fears the judgment and ridicule he'll receive from his father if he approached him for help. As a result, Kai often struggles with thoughts/feelings relating to worthlessness or guilt, fixating on past failures and always blaming himself for those failures. The stress of this often brings him down, and he will often spend hours at home listening to loud music to try and forget about what's going on in his life, though this often makes him feel sad. When he experiences those episodes of "sadness," he tends to become less motivated with his school work and his grades suffer as a result.

Cyrus Scenario:

Cyrus identifies as transgender, and has shared their gender identity with their family and friends, who have only showed love and support to Cyrus. Before sharing this identity, Cyrus used to struggle with social anxiety, often worrying about how other people thought about them. After the positive reactions from their support, they have become less anxious, and feel comfortable expressing their identity, though they are not yet ready to share this at school. Since the age of 5-years-old, Cyrus has been involved in Brazilian Jiu-Jitsu and has a blackbelt. They are very involved, often traveling or spending evenings training for hours. Cyrus's family is extremely supportive of their passion, but encourage them to find a balance with spending time with friends. Although jiu-jitsu is a combat sport/martial art, it has enabled Cyrus to develop mindfulness skills to help them cope with various stressors they face throughout a normal day

**Facilitator discussion questions:**

- If you group could change the placement of (Karter, Jasmine, Kai, Cyrus) on

the Mental Health Spectrum, would you?

- If yes, how would their placement change, and why?

## **Discussion Questions**

- How might looks be deceiving?
  - What differences in information existed between the part 1 scenario descriptions and part 2 scenario descriptions?
  - What did you learn about making judgments of where a person lies on the Mental Well-Being Spectrum from this activity?
- What are differences between protective and risk factors?
  - Why might it be important to develop a strong understanding of protective factors?
  - Why might it be important to develop a strong understanding of risk factors?
- Does having risk factors mean your mental health is poor?
- Does having protective factors mean your mental health is good?
- Did the placement of the individuals on the Mental Well-Being Spectrum change after reading part II of the scenarios? If so, why?
- What type of information did you gain from reading part II of the scenarios that you did not have in part I?
- Following this meeting, how do you see mental health differently, and how does that influence where someone falls on the Mental Well-Being Spectrum?
- What do you know about mental health that you didn't before?
- Think about all the ways that our intersecting identities can impact our mental health along with our risk and protective factors. How does your community discuss mental health?

## **Wrap-up Points**

Facilitator: As we learn how to better enhance our own mental health, and cultivate/support the mental well-being of our peers, it's important to recognize that symptoms of mental health can be invisible. In fact, those struggling with mental health disorders are frequently very skilled at hiding symptoms of their mental health disorders as part of repercussions of the systemic stigma that surrounds mental health.

As untrained mental health professionals, it is crucial that you understand that if you believe one of your peers is low on the Mental Health Spectrum, the best way you can help them is to tell a trusted adult that they need support

services. Where you can be instrumental in helping your peers is learning about strategies and behaviors that can help those that are high on the Mental Health Spectrum. As a member of OMM, over the next several meetings we will work together to develop our knowledge and skills to help our peers and ourselves that lie on the high or low end of the spectrum.