

That's MENTAL



ARTICLE 12
IN SCOTLAND



Mental Health Awareness
- A WORKSHOP FOR YOUNG PEOPLE -



This resource is based on ‘Mental Tangents’, a mental health workshop produced in 1999 by Tangents Youth Project & John Wallace. We gratefully acknowledge the kind permission of John Wallace and members of the original Mental Tangents team to adapt and enhance the original publication.

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About That's Mental

That's Mental is the work of a group of 4 young people, from different parts of Scotland, who wanted to produce a training pack about mental ill-health that would be relevant to young people.

That's Mental has been designed as a peer education resource for 16 - 25 year-olds, but equally it can be used by community development and other support workers. Its key aims are:

- To provide a space for open discussion regarding issues of mental and emotional well-being, in an informal and supportive atmosphere
- To provide basic information on terms and conditions
- To give an understanding of what constitutes a mental health 'problem'
- To give an understanding of the relationship between stress, anxiety and mental ill-health
- To give an understanding of the relationship between a positive lifestyle and mental/emotional well-being.

For many participants this will be their first opportunity to discuss issues of mental ill-health in a group setting. For this reason, the workshop seeks to cover as broad a range of topics as possible, while trying to maintain an emphasis on positive lifestyles. The format is such that areas of interest specific to each group can, and should, be explored.

We hope you find *That's Mental* useful.

Isla, Regan, Gareth, Robert
and 'That's Mental' (a.k.a. Maddie the cat!)



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That's Mental

Workshop Outline:

Duration: 2 – 2.5 hours

Group size: maximum of 15 participants

Group age: 16 - 25 years

1. **Introduction: 10 minutes**
Ground rules and expectations
Why Mental Health?
2. **Ice Breaker: 10 minutes**
3. **Part One: 35 minutes**
'The Nicknames Game'
Terms and Conditions
Introduction to 'Spot the Loony' scenarios
4. **Break: 10 minutes**
5. **Part Two: 45 minutes**
Evaluation and discussion of 'Spot the Loony' scenarios
Contexts given for 'Spot the Loony' scenarios
'The Needs Tree'
'Freak, Flop, Flow'
'Check Your Head!'
'Looking After Me'
6. **End Breaker: 10 minutes**
Simple relaxation techniques
7. **Questions, Evaluation & Feedback: 10 minutes**

Introductory Notes

Support / Off-Loading

Delivering any workshop to a group of strangers can be a harrowing experience. However, delivering a workshop exploring issues around mental health can be especially draining – therefore, please make sure you look after your own emotional well-being. Be good to yourself after a workshop!

That's Mental says: *"To ensure emotional safety for yourself, make sure that you have **clear lines of support**. If you are already working as part of a youth group or agency, find out what provisions there are 'in house' for support & off-loading. It is important not to keep any issues arising to yourself."*



If you wish to present this workshop on your own initiative and you do not have organisational support to draw on, it is **strongly recommended that you identify some other suitably experienced person who will be willing to support you, should you need it**. Remember, the expectation for any youth worker or volunteer is to meet regularly with a supervisor to talk through any issues - technical and personal - arising from the work that they do.

Setting the Scene

Good facilitators are adaptable to their surroundings.

- Bigger groups require more space. Each participant will need enough room for the ice-breaker and relaxation exercises.
- A semicircular seating plan is best - everyone can see everyone else, as well as being able to view the flip chart easily during discussions.

Where the workshop is to be presented in a classroom, it is well worth taking the time to rearrange the furniture. This will also help to dispel the classroom atmosphere a little.

That's Mental says: *"Remember to put things back as you found them!"*



Where the group is one that meets regularly (e.g. a school guidance class or a youth group), the absence of their usual supervisor, teacher or group leader can often encourage the participants to be more forthcoming in discussion. You should therefore request that leaders be elsewhere for the duration of the workshop.

Notes on Delivery

Though there is much information to be imparted during the workshop, it is important that facilitators prevent the session from becoming a talk or lecture on the topic; it is for this reason that groups larger than 15 are to be avoided. Facilitators are present to encourage discussion within the group, answer the queries of participants, and gently guide the group through the body of the workshop material.

Whilst some participants may feel comfortable to share their own mental and emotional experiences within the group, **at no time** should any member of the group feel under any pressure whatsoever to do so.

The necessity for good preparation work is obvious. In addition to familiarity with the format & content of the workshop, background knowledge - especially of terms, conditions and procedures - is also a must (Appendix 5).

That's Mental says: ***"Don't be afraid to admit you don't know something, and be prepared to learn something yourself!"***



If you are not used to leading groups, it may well be worth your while to seek out appropriate assertiveness training. If your organisation does not offer such training, other local groups who regularly offer workshop training events may be able to help, or point you in the right direction.

Two heads are better than one! A team of 2 facilitators per workshop is essential and can help the quality of discussion immeasurably. This is especially the case in mixed gender groups where both a male and a female facilitator are present. Having someone else with you - who you know you can rely if you get in a muddle or miss an important point - can help calm those nerves as well.

When the adrenaline gets going we all tend to rush things - it never does any harm to **slow down** a wee bit. Above all, **HAVE FUN!**

Confidentiality

That's Mental says: *"Facilitators must familiarise themselves with their own organisation's guidelines for managing confidentiality and disclosure(s). Also, bear in mind that additional guidelines may apply in the place where the workshop is to take place, or which may apply to the group receiving the training; such as Child Protection Procedures if the workshops are presented in schools."*



Occasionally during the course of a workshop, a participant may disclose information of a personal nature, or facilitators may be approached after a workshop has finished by a person seeking assistance with their problems. It is partly for this reason that adequate support for the facilitator must be in place before any workshops take place.

As a general rule, facilitators should resist the temptation to call in another agency themselves - and almost certainly not without the consent or knowledge of the person who has made the disclosure. Different organisations have different protocols which apply in these situations.

Perhaps most importantly, as far as the workshop is concerned, an assurance to the group at the outset that anything said during the workshop will go no further (unless the above applies) will enable more honest and open discussion.

It is **essential** that you are prepared with the names & addresses of local services and telephone helplines which exist to help people in difficulty (Appendix 5). A photocopied list of local agencies providing help makes a valuable handout at the end of the session.

Workshop Checklist

You Will Need:

- Flip chart, stand and marker pens
- Sufficient copies of 'Spot the Loony' scenarios and contexts for the group (Appendix 3)
- A calculator may prove useful for averaging 'Spot the Loony' scores for larger groups.
- Loose paper to hand out for 'Looking After Me'
- Workshop evaluation forms
- Sufficient copies of any relevant handouts you may wish to give the group.

The Workshop

Key Aims

- To provide a space for open discussion regarding any issues of mental and emotional well-being, in an informal and supportive atmosphere
- To provide basic information on terms and conditions
- To give an understanding of what constitutes a mental health 'problem'
- To give an understanding of the relationship between stress, anxiety and mental ill-health
- To give an understanding of the relationship between a positive lifestyle and mental/emotional well-being.

The texts on the following pages are provided as a guide to how things might best be presented to the group - not as a script for memorisation!

1. Introduction

Practicalities

Welcome everybody to the workshop, introduce yourself and your co-facilitator, and ask participants to introduce themselves.

Ask that all mobile phones be switched off, or turned onto silent.

Outline workshop timings.

Make the group aware of where the toilets and fire escapes are, and find out if there is to be a test of the fire alarm during the course of the workshop.

That's Mental says: *"Tell participants that it is important to have no mobile phone interruptions and to begin the workshop on time (facilitators must stick to timings given for breaks etc). This shows respect towards the participants' learning, and to the facilitators themselves."*



- If you have handouts for participants, let them know at this point.

Ground Rules and Expectations

- The following is a suggested list; you may wish to modify them somewhat, or add your own:
- This is a discussion-based workshop and everybody has right to be heard - please allow others to speak.
- Please ask if you require further explanation of points.
- Make it clear that, as facilitator, you are there to run the workshop. You are unable to offer counselling or other therapeutic services. Suggest you may be able to point people in the right direction for assistance.

- There will be time for further questions at the end of the introduction to the workshop.
- If anyone becomes uncomfortable during the workshop please say so. If you feel that you would like to leave the workshop, feel free to do so but please inform one of the facilitators that you won't be back so they don't wait on you.

No smoking - there will be a break!

That's Mental says: ***“Check with participants that everyone is clear about what confidentiality means before the workshop begins.”***



Below is an example of the dialogue you could use for explaining confidentiality:

‘Anything said within this workshop will stay within the workshop unless you are at risk to yourself or to someone else. We have a ... confidentiality policy. This means ...’

Why Mental Health? (Appendix 1)

According to recent figures, 1 person out of 4 will - in the course of a year - suffer from some kind of mental health problem. This figure only accounts for people who pass through the ‘Primary Health Care Setting’ (Hospital or G.P.). This means that during the course of a year, many people will either suffer an upset themselves, or know someone well who will.

Aside from serious illness, everybody has a hard time sometimes. We are all familiar with anxiety through stress and the ‘Winter Blues’, however, most people have little or no knowledge of mental health issues until they, or someone near to them, encounters a problem. This workshop seeks to dispel some of the myths surrounding mental health, give a little information about various issues, terms and conditions, and give some ideas on how to maintain good emotional and mental well-being.

There will be time for further questions at the end of the introduction to the workshop.

2. Ice Breaker

Any ice breaker that is suitably daft and gets people out of their seats and interacting with one another will do. Although people claim not to enjoy or appreciate these exercises, they remain an invaluable tool for any workshop that hopes to include group discussion. Facilitators should be as ready to make a fool out of themselves at this point as any of the participants!

3. That's Mental Part One

'The Nicknames Game'

Aims

- To stimulate discussion
- To start the group thinking about the societal view of mental illness.

Explain that you want as many nicknames as possible for people who have mental health problems – e.g. 'nutters', 'psychos' etc - and write them up on the flip chart. When the flow of nicknames has petered out, ask the group why they think so many different words are used to describe someone who is unwell; point out that many of these words are commonly used as insults. Unless someone in the group comes forward with the idea, explain that one answer to this question is basic fear and ignorance; people tend to fear that which they do not understand. Draw parallels with the number of swearwords based on a racial or sexual nature.

Core Terms and Conditions

That's Mental says: *"From a facilitator's point of view, this is the most difficult section of the workshop. Unfortunately, there is no remedy to this other than really knowing your stuff. You must have good knowledge of all the Core Terms (Appendix 2) for the workshop to work at all, and the open format of this section means that you may be expected to comment on others."*



That's Mental says: *"It can be hard work limiting this section to the 10 minute time slot it occupies within the workshop. The small amount of time set aside for this exercise is not however without good reason. In a very short space of time, discussion inevitably turns to anecdotes about the experiences of various individuals. This can be very distressing for other group members who have perhaps encountered similar problems."*

Be aware that it is during this section that participants are most likely to disclose personal information. Explanations of terms must therefore be brief and to the point. Key terms will recur in the next section, 'Spot the Loony', where there will be more time to discuss them.



Aims

- Introduction of common terms for illnesses and conditions
- To provide an understanding of the meanings behind commonly used slang words for mental health problems
- To supply a common frame of reference for further discussion.

Begin by picking out those nicknames which refer to actual terms or conditions ('schizo' and 'psycho' almost always appear), and ask the group to provide definitions; if need be, explain what the terms they refer to really mean. Invite other suggestions for terms and conditions from the group, briefly explaining and writing them up as you go. If any major terms or illnesses are not suggested by the group, you should supply and explain these also (Appendix 2).

It will almost always be necessary to provide an explanation of the difference between 'mental illness' and 'learning disability'. Learning disabilities are not a focus of this workshop and should be left to one side.

Introduction to 'Spot the Loony' – Part 1

Aims

- Encourage the group to think about, and use, terms discussed in the 'Terms and Conditions' section
- Highlight a difficulty in judging when somebody is ill - and with what complaint
- Understand that what is regarded as 'normal' behaviour depends on the context of the behaviour in question
- Understand how mental and emotional difficulties are disruptive to the life of the sufferer
- Understand that mental and emotional difficulties are commonplace and vary in severity and need - a person suffering from any of these difficulties does not necessarily need to be hospitalised
- Understand that a mental health 'problem' can be seen as a normal human behaviour taken to an extreme - where the life of the individual concerned is negatively affected.

Distribute the scenarios for the 'Spot the Loony' exercise (Appendix 3).

Explain that the group must consider each story and decide on a scale of 1 - 10 how ill each person is (using the scoring system below). A score of 1 would indicate that they are not ill at all, while a 10 would indicate that they are very ill indeed. Ask them to take into account how much disruption to their lives each person seems to be experiencing. Also ask them to bear in mind that under the terms of the Mental Health (Care and Treatment) (Scotland) Act 2003, for a person to be admitted to hospital under Emergency Section, one of the criteria is that they must 'be a danger to themselves or others'. Participants should also try to decide what type of problem each person is suffering from.

Scoring 'Spot the Loony'

<u>Score</u>	<u>How ill?</u>
1, 2, 3	Not very ill at all. This person is safe to go about their business!
4, 5	This person is having real problems with their mental health and ought to seek assistance of some kind.
6, 7	This person is ill and must seek professional help at once. They may need to spend some time in hospital.
8, 9, 10	This person is really so ill that they should be in hospital. A score of 9 or 10 would suggest that they should be admitted immediately (Emergency Section).

Break!

That's Mental says: *"Encourage the group to think about and discuss the scenarios from 'Spot the Loony' among themselves during the break."*



4. 'Spot the Loony' – Part 2

Evaluation of 'Spot the Loony' scenarios

Get a group member to read out one of the scenarios and invite suggestions as to what the person is suffering from, and how unwell they are. A discussion in the group will normally ensue at this point. Ask each group member in turn to give the person a score from 1 - 10, write up the scores and average them for each scenario. Also write up any suggestions as to what each person is suffering from. Repeat for the rest of the scenarios.

That's Mental says: *"Have a little fun here - some of the scenarios are red herrings. Play along with any preconceptions that come to the fore when discussing them."*



- Having assessed all of the scenarios, distribute the Context Sheets (Appendix 3) among the group. Read back the contexts and scores, and compare with group scores and suggested illnesses.

Summarise the exercise by highlighting:

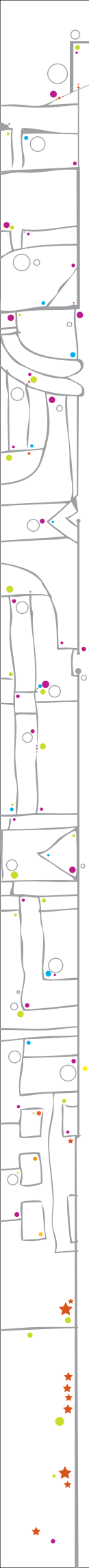
- the difficulties in diagnosing problems
- the idea that what is 'normal' behaviour depends solely on the person and the context of their behaviour - i.e. we can't be too quick to judge
- experiencing such problems is commonplace in everyday life
- that when a problem begins to cause disruption in the life of the sufferer, it is a good idea for that person to seek appropriate assistance.

'The Needs Tree' (Appendix 4)

Aims

- Understand the importance of recognising and meeting physical, human, spiritual and motivational needs
- Understand the foundations on which good emotional and mental health depends
- Recognise that ignoring one's needs for too long will have a negative effect on mental and emotional well-being.

Highlight Leila from 'Spot the Loony' as an example of someone who encountered problems, at least partly, because of lack of support. What Leila required was support during a stressful period of her life; every one of us has similar needs and we have a responsibility to ourselves and those around us to ensure these needs are met.



Begin by drawing the empty frame of 'The Needs Tree' diagram (Appendix 4). Explain the idea of 'The Needs Tree' – that every tree requires roots, branches & leaves. Invite suggestions from the group for examples of different physical needs, and write these in the lowest section of the diagram. When that aspect has been reasonably covered, repeat this process for human, spiritual and motivational needs.

Point out that when all of these needs are met, the tree is healthy and growing. Explain that should the tree have a small number of needs unfulfilled it will find life more difficult but may get by, however, when a larger number of needs go un-met the tree begins to suffer. Compare this to real life situations: e.g. we may be able to do without shelter and stability for a short time, but if we have to live without shelter, stability, food and friends for very long, then life will become stressful and we would expect our mental and emotional (as well as physical) well-being to be affected in a negative way. Another useful way to explain this diagram is in terms of a structure, where the lower elements must be in place to support those further up.

'Freak, Flop, Flow' (Appendix 4)

Aim

- Understand how the relationship between skill levels and life challenges can impact on mental and emotional well being.

Begin by drawing the 'Freak, Flop, Flow' diagram on the flip chart without the terms included (Appendix 4). Explain that in life, we are on the one hand, constantly presented with different challenges (write 'challenges' beside the vertical axis of the diagram), while on the other hand we all have different skills with which to meet those challenges (write 'skills along the horizontal axis). Should the challenges life presents us with be greater than the skills we have for coping with them then we 'freak' (write 'freak' in the top half of the diagram). Should the skills we possess be greater than the challenges we are asked to meet, then we 'flop' (write 'flop' in the bottom half of the diagram). Explain when skills and challenges are well matched, we find ourselves in the 'flow' section of the diagram (write 'flow' in the middle). To stay in the 'flow' we must constantly keep our skills and challenges in balance, increasing our skills as challenges become greater. Illustrate this with examples: e.g. study skills inadequate for exam pressures, stuck in a job where challenges are minimal and so on.

Whatever media you are using to display 'The Needs Tree' and 'Freak Flop Flow' diagrams to the group, make sure you keep them intact as you will need to refer back to them during the next section.

'Check Your Head!'

Aims

- Understand the necessity of examining one's needs on a regular basis
- Understand that although it is 'normal' to feel 'under the weather', to 'have a touch of the blues' or feel stress, we ought to always be aware of our mental/emotional state
- Recognise the need to take 'time out' for yourself in order to combat the stress of daily living
- Understand that stress is a major factor in causing many more serious mental health problems, and that steps should be taken regularly to combat it
- Understand the relationship between positive lifestyles and mental/emotional well-being
- Understand that if 'problems' (feelings of depression, anxiety etc) continue for very long or become disruptive, it is worth seeking assistance.

Suggest to the group that what we should take from 'The Needs Tree' and the 'Freak, Flop, Flow' exercises, is the need to regularly **'Check Your Head!'**

Write this phrase on a fresh page of the flip chart.

At least once a day, or whenever we feel 'under pressure' or 'stressed out', we should take the time to evaluate how we feel inside. In doing so it is useful to think about 'The Needs Tree' - are all of our physical, human, spiritual and motivational needs being met adequately?

In asking ourselves 'how do I feel?' we can also consider where we would position ourselves on the 'Freak, Flop, Flow' diagram. Should we find ourselves 'freaking' or 'flopping' then we can begin to think about how best to adjust our our personal levels of skills and challenges to regain the 'flow'.

Emphasise the idea again that life is a stressful business; the majority of mental health problems that we are likely to encounter can be attributed to some kind of stress. We should be aware of the sources of stress in our lives and do what we can to minimise them. We should also try to tackle stress directly by making sure we take time for ourselves to relax, enjoy life and do the things which make us feel good.

Begin by asking the group what it is they do to relax and write up these activities on the flip chart.

Inevitably, someone will suggest the benefit of taking drugs (including alcohol) to 'chill out'. Point out that while this may be relaxing in the short-term the after effects can cause even more stress; how much more difficult is a day at work or school with a stinking hangover or heavy comedown? Reliance on chemical means of relaxation can also damage physical health, which in turn affects mental health. Also, we can't get high every time we feel stressed or under pressure (for example, during exams or at work).

Emphasise instead, the benefits of physical activity in combating stress and anxiety. Stress and anxiety can cause changes in the body - our muscles become tense and breathing becomes less regular. This causes physical discomfort as toxins build up and the body slips into unnatural positions - all of which worsen the feeling of being stressed out and anxious.

Even light exercise (e.g. taking a short walk) helps muscles relax again and regulates breathing. It is also a good way of 'changing the scene' for a short while, taking your mind off the problem at hand - as well as reminding yourself that you have a body, are alive and are in control!

'Looking After Me' (Appendix 4)

Aims

- To help participants look at who helps them in sustaining their mental and emotional well being
- To identify people they could turn to if in need of help
- To recognise the importance of having someone/somewhere to turn to if needed.

That's Mental says: *"Some participants may find this exercise difficult, especially if they feel they have no one on a personal level to turn to. This is an optional exercise to be used at your discretion."*



Draw 2 interlinking circles on the flip chart (Appendix 4), and ask participants to write their name in the centre where the circles overlap. Explain to participants that within the remaining area of circle on the left, they should write down who they regard as a person - or people – that they could speak with if they felt they were becoming unwell. Repeat this exercise within the right hand circle, this time with the national agencies and helplines that participants are aware of and whom they could call if needed.

- If there is time, feedback some answers to the larger group. Record the agencies and helplines offered on the flip chart for all participants to note if they wish.

EXAMPLE OF POSTCARD

Some of the points made in this section are reproduced as a *That's Mental* postcard. Copies can be ordered directly from Article 12 in Scotland:

Tel: **01674 674086** or email: **respond@article12.org**

5. End Breaker

Simple Relaxation Techniques

Aims

- To provide the group with some practical exercises, useful in combating stress and anxiety
- To relax the group (and the facilitator/s) after what may have been an intense couple of hours.

If discussions in the group have been very full, time for this last element of the workshop may be limited. It is vitally important however, that this last exercise is not omitted. Discussion about different relaxation techniques should be encouraged, but not at the expense of physically doing some of the exercises.

There are any number of quick and simple techniques by which stress and anxiety can be relieved. Make sure that whatever exercises you choose you should include ways of regulating breathing and relieving muscular tension. A mixture of exercises which can be performed in any situation and those which require more space, movement or time should be included.

Light stretching exercises, especially those centred around the neck & shoulder area, are good (e.g. repeatedly hunching shoulders up to the ears then dropping them, or alternately flexing shoulders to the front and to the rear).

Stress, as it is unavoidable, can be seen as a challenge on the 'Freak, Flop, Flow' diagram. To prevent ourselves from 'freaking' through stress, we need to build our skills in combating it directly, as well as by making adjustments to our lifestyle.

6. Questions, Evaluation and Feedback

Make sure there is at least 5 minutes at the end of the workshop during which the group can ask any questions they may still have.

In addition, a further 5 minutes will be required for the group to complete some kind of workshop evaluation. Your organisation will, most likely, have a standard workshop evaluation form for you to use. Make sure that you assist anyone requiring help in understanding or completing this form.

It is essential that workshops are evaluated by their participants each time they are presented; this allows the facilitator to get a picture of what is good or bad about their presentation and/or the workshop content, and make alterations to suit. By this process, the effectiveness of the workshop can be maintained at a high level; the needs of any given target group are bound to change over time. It is also good practice to record your personal experience of the workshop on an evaluation sheet of your own for future reference.

Any 'take home' materials are best distributed at this time along with your list of local and national agencies offering relevant assistance.

Thank the group for their participation.

That's Mental says: ***"Remember to take a leaf out of your own book and relax following the workshop! Take it easy and talk about something else for a while. If you are having difficulties presenting the workshop, for whatever reason, make sure you bring them up with your Support Worker the next time you meet."***



Appendix 1

The following information was accessed from various sources in 2010. Neither Article 12 in Scotland nor the European Commission's Youth in Action programme can be held responsible for any inaccuracies therein.

Why Mental Health? - Useful Statistics

How Many People Suffer?

- 1 in 4 people will experience some kind of mental health problem in the course of a year
- Mixed anxiety and depression is the most common mental disorder in Britain
- Women are more likely to have been treated for a mental health problem than men
- About 10% of children have a mental health problem at any one time
- Depression affects 1 in 5 older people living in the community, and 2 in 5 living in care homes
- The UK has one of the highest rates of self-harm in Europe, at 400 per 100,000 population
- Only 1 in 10 prisoners has no mental disorder.

Source: www.mentalhealth.org.uk

How Many Young People Suffer?

- 1 in 10 children between the ages of 1 and 15 have a mental health disorder

Source: The Office for National Statistics, Mental health in Children and Young People in Great Britain (2005)

- Estimates vary, but research suggests that 20% of children have a mental health problem in any given year, and about 10% at any one time

Source: Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts, Mental Health Foundation (2005)

- Rates of mental health problems among children increase as they reach adolescence. Disorders affect 10.4% of boys aged 5-10 rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10 rising to 9.6% of girls aged 11-15.

Source: Mental Disorder More Common In Boys, National Statistics Online (2004)

Suicide Rate Among Young People

- In 2008, there were 843 suicides in Scotland, which equates to a rate of 16.1 per 100,000 of population
- Scotland has the highest suicide rate of the constituent countries of the UK (in 2004, Scotland's rate of suicide (per 100,000 of population) was 15.9 compared to 8.2 for England and Wales, and 8.5 for Northern Ireland).

Source: www.chooselife.net

Suicide Facts

- There were 746 deaths by suicide in Scotland in 2009. This equates to an age-sex-standardised rate of 14.2 per 100,000 population.

Source: www.chooselife.net

- British men are 3 times as likely as British women to die by suicide

Source: Samaritans Information Resource Pack (2004)

- Suicide remains the most common cause of death in men under the age of 35.

Source: The National Service Framework for Mental Health – Five Years On, Department Of Health (2005)

Appendix 2

Core Terms - Common Mental Health Illnesses/Disorders

Try to make sure that all of the terms and conditions listed below are covered during the 'Some Terms and Conditions' section of the workshop. There are many others in common use, and these should not be ignored or excluded if suggested by a participant. If you are unable to give a definition of a term, you might ask the group if they know themselves. Don't feel tempted to make one up - bad information is worse than no information at all!

Mental health problems result from a complex interaction of biological, social & psychological factors, but are still usually discussed in medical terms.

Most mental health symptoms have traditionally been divided into groups called 'neurotic' or 'psychotic' symptoms. 'Neurotic' covers those symptoms which can be regarded as severe forms of 'normal' emotional experiences, such as depression, anxiety or panic. Conditions formerly referred to as 'neuroses' are now more frequently called 'common mental health problems'.

Less common are 'psychotic' symptoms which interfere with a person's perception of reality, and may include hallucinations such as seeing, hearing, smelling or feeling things that no-one else can. Some mental health problems feature both neurotic and psychotic symptoms.

Anorexia Nervosa

Although 'anorexia' means loss of appetite, this is quite misleading - someone with anorexia will deny themselves food, even though they may actually feel extremely hungry. They may experience negative feelings, such as low self-worth, extreme fear of rejection and a distorted self-image. Sufferers associate a sense of control with food.

Anxiety

Anxiety is a state of being uneasy, apprehensive or worried about what may happen; experiencing concern about a possible future event.

Bipolar Disorder

Bipolar disorder is a mental disorder characterized by episodes of mania and depression (also known as manic depression).

Bulimia Nervosa

- Bulimia means eating large amounts of food, and then trying to undo the effects by starving, vomiting, or (less usually) using laxatives (known as purging).

Depression

- Depression is a feeling of low mood, lack of motivation, a sense of emptiness, change of appetite, disturbed sleep patterns, withdrawal, self-neglect, self-loathing and/or thoughts of hurting or killing oneself.

Grief

Grief is the normal process experienced when reacting to a loss. The loss may be physical (such as a death), social (such as divorce), or occupational (such as a job). Emotional reactions to grief can include anger, guilt, anxiety, sadness and despair. Physical reactions to grief can include sleeping problems, changes in appetite, physical problems or illness.

Mania

Mania is a feeling of elated mood, rapid speech, little sleep, relentless high energy, reckless behaviour, delusions or hallucinations.

Obsessive-Compulsive Disorders (O.C.D.s)

- O.C.D.s are a repetition of behaviours, rituals, checking, ruminating, repetitive thoughts and/or intense fear - usually with one focus such as open or confined spaces, heights, rats, spiders, social situations and so on.

Post-Traumatic Stress Disorder (PTSD)

Mental health professionals have adopted the term 'post-traumatic stress disorder' (PTSD) to describe a range of psychological symptoms people may experience following a traumatic event, which is outside the normal human experience. The World Health Organisation has defined it as: 'A delayed or protracted response to a stressful event or situation (either short or long-lasting) of an exceptionally threatening or long-lasting nature, which is likely to cause pervasive distress in almost anyone'.

Phobias

A phobia is an intense fear of a situation or an object which wouldn't normally worry other people (unless they too suffered from the same phobia). It severely restricts your life, and may force you to take extreme measures to avoid whatever triggers it. A phobia is known as an anxiety disorder (like obsessive-compulsive disorder and panic attacks), which means it centres on our natural reaction to fear. Anxiety is about fear, we all get anxious at some time – it is a natural reaction in all of us, and keeps us safe.

Psychosis

Psychosis is a psychiatric term, and describes experiences such as hearing or seeing things, or holding unusual beliefs - which other people don't see or share. During a psychotic experience, your thoughts may jump around very quickly, and you may find it difficult to voice them in a way that others can understand. For many people these experiences can be highly distressing & disruptive, interfering with everyday life, normal conversations, having ordinary relationships and finding or keeping a job.

Schizophrenia

Schizophrenia may be described by doctors as a psychosis. This means that, in their view, a person can't distinguish their own intense thoughts, ideas, perceptions & imaginings from reality (the shared perceptions, sets of ideas and values that other people in that culture hold to be real). Among other symptoms, a person might be hearing voices, or may believe that other people can read their mind and control their thoughts.

Self-Harm

Self-harm is a way of expressing very deep distress. Often people don't know why they self-harm. It is a means of communicating what can't be put into words, or even into thoughts, and has been described as an inner scream. Afterwards, people feel more able to cope with life again - for a while. People may injure or poison themselves by scratching, cutting or burning their skin, by hitting themselves against objects, taking a drug overdose or swallowing/putting other things inside themselves.

That's Mental says: *"In addition to the terms listed above, the nature and content of the workshop also demands that you have a firm grasp of the following terms, procedures and treatments..."*



- Emergency Section (emergency admission to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003)
- Electro-Convulsive Therapy (E.C.T. or 'Shock Therapy')
- Psychiatry
- Psychology/Behavioural Psychology
- Counselling

Appendix 3

'Spot the Loony' - Parts 1 and 2

The following texts ('Spot the Loony' - Part 1 and 'Spot the Loony' - Part 2) can be photocopied for distribution to participants during the workshop.

Spot the Loony - Part 1

BILL

Bill's friends had noticed that he'd been getting increasingly nervous and stressed out over the past few weeks. They were seeing less of him after work, and when they did see him he was always tired and somewhat withdrawn. Then, one night they saw him running around almost naked in a public place, cackling at the top of his voice. They tried to speak to him but he only growled and seemed not to recognise them.

ANNA

When Anna arrived back from her travels she was bursting with energy. She talked constantly and couldn't keep still for very long. Within a few days of getting back to town she had visited nearly all of her friends. All were impressed to see her in such high spirits. Her flatmates noticed that she hadn't been sleeping much for a few days but thought that she was jet-lagged, or perhaps had a bit too much Speed to 'keep her going' at that party. One morning, she woke them all up at 6 a.m. to spring clean the flat. She kept saying how this was her 'fresh start' and how cool everything was going to be. They couldn't help noticing how tired she was looking. When they suggested she get some rest she laughed and said she felt 'on top of the world'.

BRIAN

As Brian stood on the edge of the bridge, contemplating his jump into the abyss gaping down in front of him, wild imaginings ran through his mind. All his senses seemed far more acute, adrenaline pumped through his veins like a drug and his heart was beating rapidly. All of his friends thought him crazy but he was going to go through with it this time. He dived off the edge, arms outstretched. As he fell, his body seemed weightless.

LEILA

Leaving her family and the comfortable haven of home in a small Scottish town, Leila, aged 17 and a student at the local High School, ran away to a life on the inhospitable streets of London - another statistic on the homeless figures. At home her family could not come to terms with her departure, and did not understand her reasons for such a drastic measure. Her parents, who worked full-time, were not aware of any abnormalities in her behaviour or health, but did feel guilty that they could have spent more time with their daughter. Her friends on the other hand reported that Leila had been acting 'strange' and 'not quite herself'.

TOBY

When Toby's dad died in a car accident, he found himself completely terrified of traffic and unable to travel in any type of vehicle. He put this down to a fear of being run over or involved in an accident himself. Since traffic is an inescapable condition of modern life, Toby became a prisoner in his own home, compelled to stay inside in order to avoid traffic.

Spot the Loony - Part 2

BILL

In the end, the weeks of exhausting rehearsals paid off. Bill's part in the city's May Day celebrations were hailed as a great success and thousands of people were there to enjoy his antics (his friends admitted to being genuinely scared by his growling act!).

ANNA

Anna rapidly became uncontrollable, very confused and refused to listen to any suggestion that she might not be well. Her friends realised they had better call in the professionals. After examination by her G.P. she was admitted to her local Mental Hospital, where she was diagnosed as suffering from Hypomania. She was given sedatives and kept in hospital for several weeks until she had calmed down. She recovered quickly and, with the help and understanding of her friends, was soon back to her old self.

BRIAN

After bottling out on a previous occasion, Brian followed through with his bungee-jump from the bridge. He was completely exhilarated by the whole experience and raised a grand sum of £564 pounds to donate to his favourite charity.

LEILA

After a week on the streets, Leila made a call home to her parents who immediately arranged to bring her back. On her return Leila tried to explain her feelings of despair, relating to her parents her sense of being unable to cope with the pressures of studying for her Highers and her fear of failure. After consultation with her G.P., Leila received a short period of counselling and psychiatric treatment as an out-patient to relieve her anxiety and depression. Her parents resolved to help and support her as much as possible.

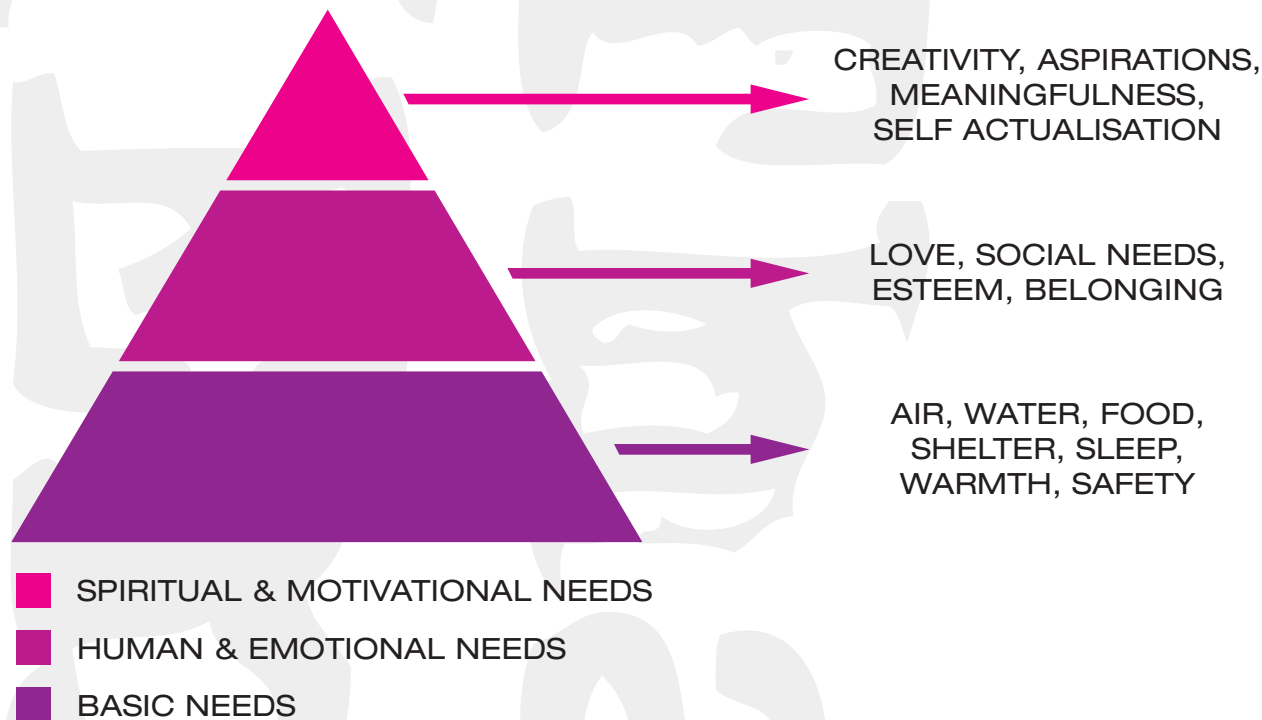
TOBY

Amidst the grief of losing his father, Toby developed a phobia of traffic and travel. In trying to cope with his father's death, he had attempted to rid himself of his anguish by attaching his grief and anxiety to an external object - traffic - which he then tried to avoid at all costs. With support from his mum, family and friends, Toby was treated through counselling to help him come to terms with his bereavement, and received therapy from a Behavioural Psychologist to help him overcome his phobia. After some time, he regained good mental health and was able to return to a normal way of life and travel once again.

Appendix 4

Master diagrams: ‘The Needs Tree’, ‘Freak, Flop, Flow’ and ‘Looking After Me’

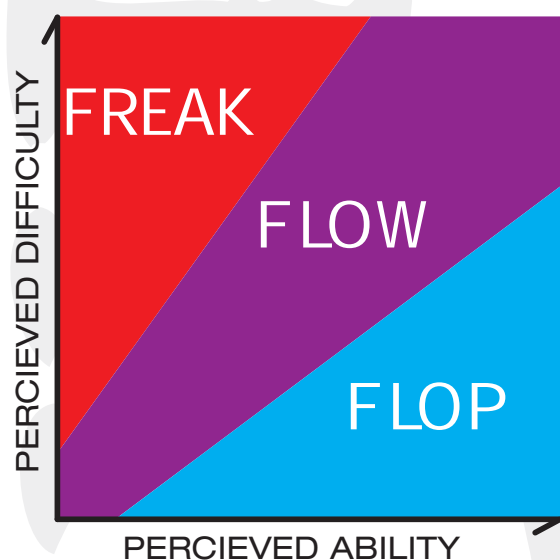
‘The Needs Tree’



A simplified version of Maslow’s Hierachy of Needs is shown above. The pyramid illustrates the three levels of human needs. The most basic needs are shown at the base of the pyramid. As one moves to higher levels of the pyramid, the needs become more complex.

Full diagram can be seen here: <http://www.ruralhealth.utas.edu.au/comm-lead/leadership/maslow-diagram>

‘Freak, Flop, Flow’



Adapted from: Flow: The Psychology of Optimal Experience, Csikszentmihalyi, M., Harper Perennial, New York, 1991



**PERSON/PEOPLE
WHO I CAN TALK TO**

NAME

**NATIONAL
AGENCIES/
HELPLINES**

Appendix 5

Resources

The following information was accessed from various sources in 2010. Neither Article 12 in Scotland nor the European Commission's Youth in Action programme can be held responsible for any inaccuracies therein.

Alcoholics Anonymous offers services to people with alcohol problems and people recovering from alcohol problems, along with their families.

National helpline: **0845 769 7555**

www.alcoholics-anonymous.org.uk

Breathing Space is Scotland's national, free and confidential phone line that you can call when you're feeling down.

It is open from 6pm - 2am daily: **0800 83 85 87**

www.breathingspacescotland.co.uk

Depression Alliance Scotland provides information on depression.

National helpline: **0845 123 23 20**

www.dascot.org

Eating Disorders Association provides information and supports people experiencing eating disorders.

National youthline for people aged 25 and under: **0845 634 7650**


www.b-eat.co.uk

LifeSIGNS Self-Injury Guidance and Support Network provides information and support to people affected by self-harm.

www.selfinjury.org.uk

Living Life to the Full is an online life skills course, made up of several different modules designed to help develop key skills and tackle some of the problems we all face from time to time.

www.livinglifetothefull.com



Mental Health Foundation is a leading UK charity which provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems - whatever their age and wherever they live.

To contact the Scottish office call **0141 572 0125**

www.mentalhealth.org.uk

Mental Welfare Commission for Scotland provides information on rights relating to mental health law, and visits people who are detained under the Mental Health Act to find out if they are being treated correctly.

User and carer advice line: **0800 389 6809**

www.mwcscot.org.uk

Mind publishes information on many topics relating to mental health, which they group into seven broad categories: diagnoses and conditions, treatments, mental health statistics, support and social care, communities and social groups, and society and environment.

MindinfoLine: **0845 766 0163**

<http://www.mind.org.uk>

Moodjuice offer info and advice to those experiencing troublesome thoughts, feelings and actions. From the site you may print off various self-help guides - covering conditions such as depression, anxiety, stress, panic & sleep problems.

www.moodjuice.scot.nhs.uk

NHS Health Scotland provides varied information and resources supporting health promotion in Scotland.

www.healthscotland.com

SAD Association (Seasonal Affective Disorder) is a voluntary organisation and registered charity which informs the public and health professions about SAD, and supports and advises sufferers of the illness.

www.sada.org.uk

This resource is based on ‘Mental Tangents’, a mental health workshop produced in 1999 by Tangents Youth Project & John Wallace. We gratefully acknowledge the kind permission of John Wallace and members of the original Mental Tangents team to adapt and enhance the original publication.

Ownership of this resource entitles the bearer to reproduce any or all of its contents for personal or educational purposes, providing that the source is appropriately cited.

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What's inside?

That's Mental is the work of a group of 4 young people, from different parts of Scotland, who wanted to produce a training pack about mental ill-health that would be relevant to young people.

That's Mental has been designed as a peer education resource for 16 - 25 year-olds, but equally can be used by community development and other support workers. Its key aims are:

- To provide a space for open discussion regarding issues of mental and emotional well-being, in an informal and supportive atmosphere
- To provide basic information on terms and conditions
- To give an understanding of what constitutes a mental health 'problem'
- To give an understanding of the relationship between stress, anxiety and mental ill-health
- To give an understanding of the relationship between a positive lifestyle and mental/emotional well-being.

For many participants this will be their first opportunity to discuss issues of mental ill-health in a group setting. For this reason, the workshop seeks to cover as broad a range of topics as possible, while still maintaining an emphasis on positive lifestyles. The format is such that areas of interest specific to each group can, and should, be explored.

We hope you find *That's Mental* useful.

Isla, Regan, Gareth, Robert
and 'That's Mental' (a.k.a. Maddie the cat!)

