Educational Toolkit

Learning Activities to Better understand and assist individuals living with mental illness.

Developed as Part of the Capstone Requirements of the Doctor of Social Work Degree at Capella University

Capstone Title: Using Social Work Students' Perceptions to impact individuals living with mental illness

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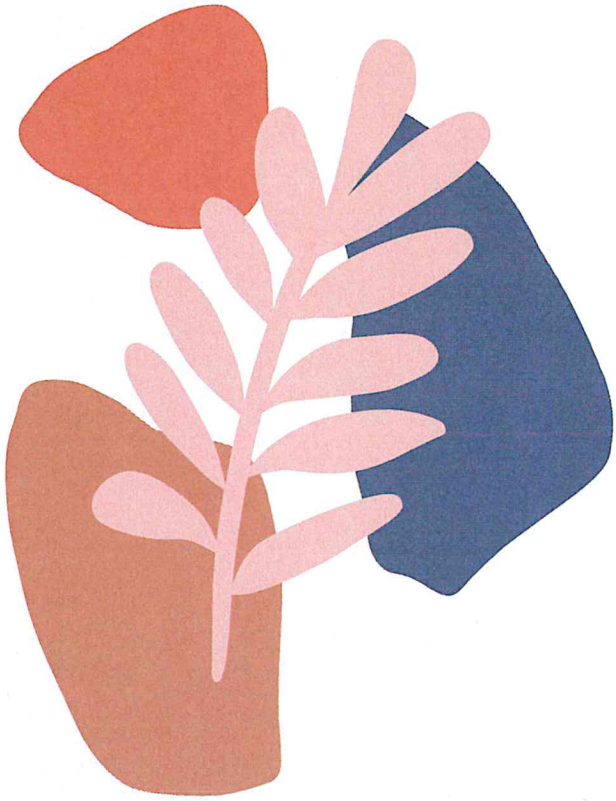
"Mental illnesses are conditions that affect a person's thinking, feeling, mood, or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day."

(Learn About Mental Health, 2018)

Purpose:

This Educational Toolkit is designed for social work educators, social work students, counseling, and other health care students. The toolkit may also be helpful for mental health and physical health workers and the general community



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This Toolkit provides resources and teaching ideas.
Nothing in this toolkit suggests recommendation or support of any resource or link listed.

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Introduction

Stigma

Stigma: Affects an individual's ability to live everyday life. If a person has a mental illness, stigma may contribute to the person having more difficulty finding employment, maintaining relationships, or utilizing health care. Stigma encourages the belief to individuals that someone with a mental illness is different than them (Corrigan, 2018).

Stigma leads to discrimination and treating others as less than. Students and professionals were asked what was missing from their school programs and what would be helpful for them to know when working with individuals. The activities and resources stem from their input.

Mental Illness does not have a clear cause. Both Micro and Macro characteristics affect mental health.

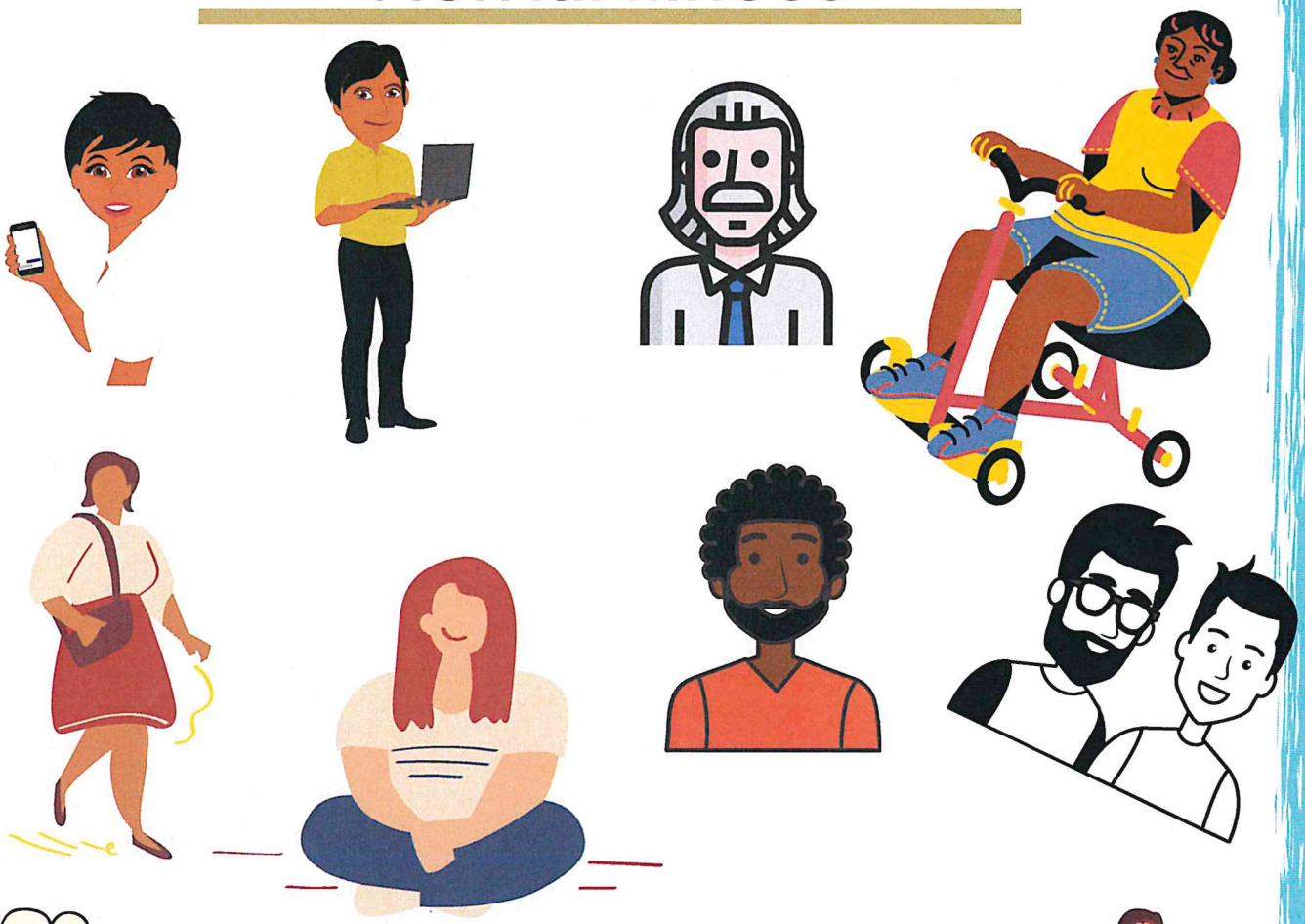
Micro Influences

Grief, loss, trauma, bullying, genetics, abuse, neglect, stress, overworking, lack of support, isolation, Lack of purpose, environmental factors

Macro Influences

Racism, Patriarchy, Gun Violence, unchecked Capitalism, lack of a living wage, societal pressure, body shaming, lack of mental health support, discrimination, ageism, gender stereotypes, lack of universal healthcare

Mental Illness



Bias Check:

Look at the drawings above.

1) What immediate assumptions did you make about the people?
(Not just about their mental health but about who they are. Self-reflect as honestly as you can about what immediate beliefs popped into your head.)

2) One in 5 people are estimated to have a diagnosis of mental illness in the United States (mental illness, n.d.). Which two of these people have a mental illness? Reflect on whom you choose and clarify with yourself your thought process.

Any, all, or none of these people may have a mental illness. People with mental illness do not look a certain way and are not a certain type of person.

Personal Mental Health History

Everyone has a personal mental health history. One way to normalize mental health is to recognize that each person has a mental health history – just like a physical health history. Ask learners to create a mental health history. Learners can use the prompts below or even make a illustrated timeline depicting their mental health history.

Prompts:

- What is your definition of mental health?
- Consider your emotional state through different times in your life. Pick out moments that feel significant for you and share why and how this affected your mental health.
- You can easily divide by decades (Under 10, under 20, the twenties, thirties, forties, fifties, sixties, seventies, eighties)
- What do you remember your emotional state being?
- Do you remember times of high emotions?
- Do you remember times you felt lonely or sad?
- Are there emotional milestones you went through during these times that affected your mental health (e.g., Relationships, graduation, marriage, breakups, children, getting a certain job, coming out, etc.)
- Have you ever been prescribed psychiatric medication for depression, anxiety, or other mental health concerns?
- How did the medication physically affect you?
- Was the medication helpful?
- Were there any beliefs you held that made taking medication difficult?
- Have you ever participated in therapy or counseling?
- What prompted you to do go?
- If you felt reluctance – discuss what the barriers were.
- What was helpful or unhelpful about therapy?
- Did you want to go to counseling but there were barriers (such as finances, finding a good fit for counseling, distance, travel or transportation, opposition from family or friends.)
- Are there any situations that you might choose counseling?
- What, if any, bias may you have with working with individuals living with mental illness?
- Cultural factors (Either internal familial or external systemic such as patriarchy, racism, discrimination, economic status, etc.)

Personal Mental Health History Alternate Activity

Obviously, learners should not have to share information they do not want to share. However, if someone does not want to share their mental health history with an instructor or someone, consider having them write a comparable reflection. Have them review the starter questions for the mental health history.

Prompts:

o After reviewing the questions for the mental health history -what questions, if any brought you discomfort.

o What concerns would you have about sharing your mental health history with others?

o What do you believe a "typical" person with a mental illness?

o Discuss the quality of life of a person living with mental illness.

o Discuss the struggles and strengths of someone living with mental illness.

o Discuss how oppression and systemic issues may contribute to mental illness.

Medication

Although mental health providers such as social workers, case managers, counselors, and most psychologists do not prescribe medication, knowing the types, purpose, and side effects are useful and necessary when providing treatment with individuals living with mental illness. If you are not a prescriber recommending any medication is outside your practice scope. However, you can validate client's feelings about medications, understand how the medication affects their body, and process their emotions around taking medications. Practitioners can also normalize taking medication for mental health.

There are 5 Categories of psychiatric medication.

- Antipsychotics
- Antidepressants
- Anti-Anxiety
- Mood Stabilizers
- Stimulants

See Medication Overview Chart on the Next Page(s)

Watch this short video clip.
Discuss thoughts. Discuss biases individuals might have regarding using medication for psychiatric reasons.

https://youtu.be/0B5nfkaeplc

Video: What if we talked about physical health the way we talk about mental health

Medication Chart

This chart is an overview not a comprehensive list. Individuals should speak to their prescriber about specifics.

Categories	Medication Examples	Common Side Effects
Antidepressant Selective Serotonin reuptake inhibitor (SSRI)	• Citalopram (Celexa) • Escitalopram (Lexapro) • Fluoxetine (Prozac) • Paroxetine (Paxil) • Sertraline (Zoloft)	• Nausea or diarrhea • Headache • Drowsiness • Dry mouth • Insomnia • Nervousness or agitation • Dizziness • Sexual problems (reduce sexual desire, difficult reaching orgasm erectile dysfunction. • Impact on appetite (weight loss or weight gain)
Antidepressant Serotonin-norepinephrine reuptake inhibitor (SNRI)	• Atomoxetine (Strattera) • Duloxetine (Cymbalta) • Venlafaxine (Effexor XR) • Desvenlafaxine (Pristiq)	• Nausea • Dry mouth • Constipation • Insomnia • Loss of appetite • Changes in sexual function ((reduce sexual desire, difficult reaching orgasm erectile dysfunction)
Antidepressant Monoamine Oxidase inhibitor (MAOI)	• Isocarboxazid (Marplan) • Phenelzine (Nardil) • Tranylcypromine (Parnate) • Selegiline (Emasam, Atapryl, Carbex, Eldpryl, Zelapar)	• Dry mouth • Drowsiness • Dizziness or lightheadedness • Possibly involuntary muscle jerks • Possibly low blood pressure • Possibly Reduced sexual desire. • Possibly Weight gain • Paresthesia.
Antidepressant Tricyclic	• Amitriptyline • Amoxapine • Desipramine (Norpramin) • Imipramine (Tofranil) • Nortriptyline (Pamelor) • Protriptyline (Vivactil)	• Drowsiness • Blurred vision • Constipation • Dry mouth • Drop in blood pressure when moving from sitting to standing. • Urine retention • Possible weight loss or weight gain

Medication Chart

This chart is an overview not a comprehensive list. Individuals should speak to their prescriber about specifics.

		• Possible excessive sweating • Possible sexual problems
Mood Stabilizers	• Carbamazepine (Carbatrol, Tegretol, Tegretol XR • Divalproex sodium (Depakote) • Lamotrigine (Lamictal) • Lithium (Eskalith, Esklaith CR, Lithobid)	• Itching, rash • Excessive thirst • Frequent urination • Tremor (shakiness) of hands • Nausea and vomiting • Slurred speech • Irregular heartbeat
Anti-Anxiety Agents	Alprazolam (Xanax) Clonazepam (Klonopin) Diazepam (Valium) Lorazepam (Ativan)	• Can become dependent. • Nausea • Blurred vision • Headache • Confusion • Tiredness • nightmares
Stimulants	• Amphetamine (Adderall, Adderall XR) • Dexmethylphenidate (Focalin, Focalin XR) • Dextroamphetamine (Dexedrine) • Lisdexamfetamine (Vyvanse) • Methylphenidate (Ritalin, Metadate ER, Concerta)	• Difficulty falling asleep or staying asleep. • Loss of appetite • Stomach pain • headache
Antipsychotics – Typical (First Generation Antipsychotics)	• Chlorpromazine (Thorazine) • Haloperidol (Haldol) • Perphenazine (Trilafon) • Thioridazine (Mellaril)	• Drowsiness • Dizziness • Restlessness • Weight gain • Dry mouth • Constipation • Nausea • Low blood pressure • Uncontrollable movements such as tics and tremors (Higher risk with Typical) • Seizures • Lower white blood cells • Rigidity • Tremors •

Medication Chart

This chart is an overview not a comprehensive list. Individuals should speak to their prescriber about specifics.

Antipsychotics – Atypical (Second Generation Antipsychotics)	• Aripiprazole (Abilify) • Clozapine (Clozaril) • Olanzapine (Zyprexa) • Paliperidone (Invega) • Quetiapine (Seroquel) • Risperdone (Risperdal) • Ziprasidone (Geodon)	• Drowsiness • Dizziness • Restlessness • Weight gain • Dry mouth • Constipation • Nausea • Low blood pressure • Uncontrollable movements such as tics and tremors (Higher risk with Typical) • Seizures • Lower white blood cells

Suicide Intervention

Suicide

Having a mental health diagnosis does not mean an individual is or will ever be suicidal, however, some students and professionals express concern about working with individuals with a psychiatric diagnosis because of the possibility of suicide.

46% of people who die by suicide had a recognized mental health diagnosis (Risk of Suicide, 2019).

33% of people who die by suicide are intoxicated

Family History of Suicide	Substance Use	Intoxication
A serious or chronic medical illness	Trauma or Abuse History	Prolonged Stress
Gender	Recent Loss or Tragedy	Gender minority or sexual minority

(Research Highlight, 2020)

(Risk of Suicide, 2019)

Risk Factors for Suicide

Suicide Intervention

Tips for Students & Professionals

- Talk about it. Talking about suicide helps decrease shame.
- Ask someone if they are feeling suicidal. You asking someone will not give them the idea.
- Learn to sit with your own emotions. Big emotions can be scary and uncomfortable but the more a person embraces their emotions. The more they can be present for someone else.
- Offer support, empathy, and concern.
- Ask if there is anyone you can contact.
- Find out of the person has a plan or means.
- Be concerned with safety overall but do not overreact.
- Call a supervisor or colleague for support or back up.
- Don't argue or debate or make promises you can't keep (e.g. everything will be better in tomorrow.)
- Make sure to have a follow up plan

Suicide Intervention

Resources

- The Columbia Suicide Severity Ratings Scale: https://cssrs.columbia.edu/
- Suicide Prevention Local Ted Talk: https://youtu.be/WokxRR_0HLM
- American Foundation of Suicide Prevention: https://afsp.org/advocate-for-suicide-prevention
- National Institute of Mental Health Suicide Prevention: https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml?utm_source=NIMHwebsite&utm_medium=Portal&utm_campaign=shareNIMH
- PHQ 9 (Depression Screen): https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health
- American Counseling Association: https://www.counseling.org/knowledge-center/mental-health-resources/suicide-prevention-month#
- Now Matters Now: https://www.nowmattersnow.org/skills
- SAMSHA https://www.samsha.gov/find-help/suicide-prevention
- Free State Social Work Suicide CEUs: https://www.freestatesocialwork.com/?cat=27
- Zur Institute (Training & Resources): https://www.zurinstitute.com/resources/suicide/
- Ted Talk - Break the Silence for Suicide Attempt Survivors: https://www.ted.com/talks/jd_schramm_break_the_silence_for_suicide_attempt_survivors?referrer=playlist-how_to_practice_emotional_first_aid
- https://www.ted.com/talks/kevin_briggs_the_bridge_between_suicide_and_life

CRISIS TEXT LINE

TEXT **HELLO** TO **741741**

NATIONAL SUICIDE PREVENTION LIFELINE

1-800-273-8255

AVAILABLE **24 HOURS** EVERYDAY

Veterans Crisis Line

1-800-273-8255 PRESS 1

Culture-Intersectionality

Culture - Intersectionality

Consider offering Mental Health First Aid Training to your class or workplace.
Mental Health First Training says this about culture and mental health.

"Here are four ways culture can impact mental health:

1. Cultural stigma. Every culture has a different way of looking at mental health. For many, there is growing stigma around mental health, and mental health challenges are considered a weakness and something to hide. This can make it harder for those struggling to talk openly and ask for help.

2. Understanding symptoms. Culture can influence how people describe and feel about their symptoms. It can affect whether someone chooses to recognize and talk about only physical symptoms, only emotional symptoms, or both.

3. Community Support. Cultural factors can determine how much support someone gets from their family and community when it comes to mental health. Because of existing stigma, minorities are sometimes left to find mental health treatment and support alone.

4. Resources. When looking for mental health treatment, you want to talk to someone who understands your specific experiences and concerns. It can sometimes be difficult or time-consuming to find resources and treatment options that take into account specific cultures factors and needs."

Taken directly, from
https://www.mentalhealthfirstaid.org/2019/07/four-ways-culture-impacts-mental-health/

Culture - Intersectionality

Information Retrieved from psychiatry.org

o For racial/ethnic minorities mental health problems are often longer-lasting than in white individuals

.

o Many inmates Criminal Justice system, which is disproportionate to racial/ethnic minorities, have mental health issues. Over fifty percent of youth who are in the juvenile justice system meet the guidelines for a mental health diagnosis.

o Black adults and individuals reporting 2 or more races were recommended to inpatient mental health facilities vs. white individuals who were more likely to be recommended to outpatient and medication management.

o Asian individuals are least likely to use mental health services than any other racial or ethnic group.

o Women are, across the board, more likely to receive mental health services except for American Indian/Alaska Native.

o One barrier to services is lack of cultural understanding by mental and physical health providers.

o Other barriers include lack of insurance or lack of mental health coverage, stigma, lack of diversity among mental health providers.

o Additional barriers are language barriers, lack of culturally aware providers, and distrust in the health care system.

(Diversity & Health Equity Education, 2017)

Culture - Intersectionality Learning Activities

Have students review the best practice videos/articles below working with mental illness and diverse populations. Have them choose one of the populations, write a reflection paper on their beliefs and what they may have learned about best practices.

An additional activity is to divide the class into small groups and assign each group a population. Give the group some time to review the information and present to the rest of the class.

https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights

Read and Review this article
https://www.vice.com/en/article/vbw479/humanizing-portraits-of-mentally-ill-inmates-at-cook-county-jail

1) Are there any ethical dilemmas with photographing individuals who are incarcerated?

2) Individuals incarcerated in jail are awaiting trial and have not been convicted of their crime. The article mentions that cook county jail becomes one of the largest providers of mental health care in the united states due to the number of individuals struggling with mental illness. What are your thoughts about this?

3) What systemic changes would be beneficial. How would you advocate for these changes?

Culture - Intersectionality Learning Activities

Minority Mental Health Month is July

Have students create a campaign presentation for Minority Mental Health Month.

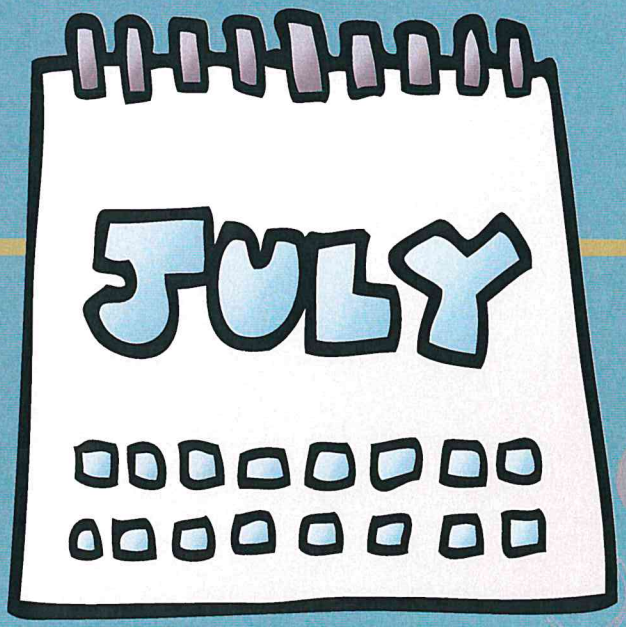
Learners will create a presentation that includes:

o A theme for Minority Mental Health Month.

o Information regarding minority mental health such as statistics and barriers to care.

o Marketing information such as a flyer or social media posts promoting Minority Mental Health Month created by the learner.

o Activities or steps individuals can take to support Minority mental health.



Culture - Intersectionality Learning Activities

Small-Group/Class Discussion or Make into a Worksheet

A mental health worker must recognize bias and stigma regarding mental illness but also must recognize intersectionality's role. Consider each of these individuals below and their experiences and thoughts when going to their primary care physician to discuss symptoms of severe depression.
Discuss thoughts with each of the examples below, identify intersectionality and recommendations for culturally appropriate care.

- Muslim woman
- African American male
- Non-Binary individual
- Obese white woman
- Gay Individual
- Very Catholic Latino woman
- Elderly Jewish Man

Microagressions

Definition: Microaggression

"a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)"((Microaggression, n.d.).

First used in 1970 by Chester M. Pierce a Harvard University psychiatrist. He used the descriptor in his research regarding racism in the media (Wilson, 2020). Later, the word was extended to the brief, everyday interactions that transmit negative messages to specific groups (Wilson, 2020).

Premise	Erroneous Beliefs and Messages	Examples
The Experience of individuals with mental illness are invalidated.	Patronizing, condescension	"Everyone gets depressed you just have to get over it." "Be grateful. A lot of people have it worse than you."
Assumption of inferiority	Lower paying jobs, less intelligence, less capable, less professional success	Seeing others as "needing help" when they are doing fine. Being surprised at someone with a mental illness is successful. "You are such an inspiration getting that promotion when you live with bipolar disorder."
Fear of Mental Illness	Belief that individuals with mental illness are automatically going to be dangers.	
Shaming of Mental Illness	"Don't talk about your mental illness." Shaming of mental illness. Social Detachment – don't want to get too close to individuals with mental illness.	"You don't seem like you have anxiety. You seem so normal." "Please don't share your mental health struggles in this group."

Adapted from information from the article:

Gonzales, L., Davidoff, K. C., Nadal, K. L., & Yanos, P. T. (2015). Microaggressions experienced by persons with mental illnesses: An exploratory study. Psychiatric rehabilitation journal, 38(3), 234.
https://www.researchgate.net/publication/268450566_Microaggressions_Experienced_by_Persons_With_Mental_Illnesses_An_Exploratory_Study

Microagressions

Learning Activity

Below are two scenarios that include microaggressions. Learners can identify the microaggressions and share what stereotype, bias, or belief the statements are reinforcing. For added interaction, students can discuss their reactions to the microaggressions. Students (or the instructor) can write their own microaggression examples and see if other learns can recognize any microaggressions.

Scenario I

Mike is a 27-year-old Caucasian heterosexual male seeing his vocational rehab counselor assigned to him at the community mental health center. Mike has a diagnosis of bipolar with psychotic features. Mike mostly adheres to his medication regime but sometimes makes a conscious decision to step back from taking his mood stabilizer because he believes it stifles his creativity. Mike has had some episodic mania leaving him unable to work for a short time. He appears to restabilize quickly, though. Mike is engaged in his treatment process. Mike is creative and active in the artist community in his town. Mike works at some of the artist's shows and galleries to earn money. Mike's dream is to own an art gallery and showcase all the different, diverse talent in his community. Mike is meeting regularly with his vocational rehab counselor. His counselor tells him he has done well with his part-time work at local shows. At the most recent session, his counselor suggested he pick a more realistic goal rather than owning and managing an entire gallery, which would be difficult and time-consuming.

Scenario 2

Danielle is a 40-year-old African American woman. She lives with major depression, which is well controlled. Danielle is diligent about ensuring she cares for her emotional health. She has brief episodes of being down but no longer has debilitating depressive times as she did when she was first diagnosed.

Danielle has a master's degree in communication and has found she delights in public speaking. She belongs to the local Toastmasters club and has developed a series of videos on how to live fully while having a mental illness. She has begun to book speaking engagements to tell her story and motivate others to live their best life. As Danielle takes on more responsibility, she decided to check in with a therapist to ensure her mental health. She likes her therapist but did have some concerns after the first session. The therapist is supportive of Danielle's endeavors. The therapist said that she is so surprised by how articulate Danielle is and how she is thriving despite her obstacles.

ease

Spirituality

Spirtuality

"Religion: This is a specific set of organised beliefs and practices, usually shared by a community or group.

Spirituality: This is more of an individual practice and has to do with having a sense of peace and purpose. It also relates to the process of developing beliefs around the meaning of life and connection with others, without any set spiritual value" (What is Spirituality, n.d.).

Be willing to discuss incongruencies with spirituality and mental illness. Religion and spirituality can be very healing but also can cause harm.

Ask about spirituality and religion and the role in the individual's life. Remember that clients are often looking for stability and comfort and helping professionals are more likely to pathologize religion (Ho, Chan & Lo, 2016).

Reflect on your own beliefs of religion and spirituality and clarify how your beliefs may affect how you present information to a client.

Religion & Mental Illness

Activity: Have learners individually or in small groups identify how religion can influence mental illness positively and negatively. Open to class discussion.

How Religion can Heal	How Religion can Harm

Spirtuality

Case Study

Kristel is a single African American, a 35-year-old female with four children. Kristel belongs to her community Baptist church and finds a lot of joy and support within the church. Much of her time not spent working or with family participates in church activities. Recently, Kristel has been struggling with serious depression. She has had bouts of mild to severe depression throughout her life but has been able to overcome these episodes with increased church involvement and speaking with her supportive pastor.

This time, Kristel is decompensating severely. She cannot get out of bed several times a week and has been too fatigued to care for her children well. Kristel stopped engaging in church services and activities, and her pastor reached out to her. During their session, they prayed together and discussed how she was putting distance between her and God. The pastor suggested Kristal get herself back to church and evaluate some of the choices made in her life. The pastor indicated that when she lives according to God's dictates and develops a close relationship with God, the depression would decrease. Kristel appreciates the pastor's words and feels so inadequate that she can't be more faithful and rise out of her depression.

1) What support and assistance does Kristel's relationship with her church provide?

2) What might be missing from the pastor's suggestions to Kristel.

3) What recommendations would you make to both honor Kristel's relationship with her religion and ensure she may get helpful assistance.

Spirtuality

Case Study Continued

Start with the same scenario as on the previous page. In the new scenario, the pastor reached out to Kristal and said the same things. They prayed together and discussed how she was putting distance between her and God. The pastor suggested she get herself back to church and evaluate some of the choices she made in her life. The pastor indicated that when she lives according to God's dictates, it will help alleviate her depression. Her pastor told her that while she is reconnecting to her faith community, she might consider therapy.

The pastor said Jesus and therapy are not mutually exclusive and suggested finding a therapist. Kristel attempted to locate a Christian therapist but could not find one with a compatible schedule so she chose a therapist based on a neighbor's recommendation. Kristel met with the therapist, and they seemed to connect. During the first few sessions, Kristel talked about her journey with God and her church's support. The therapist acknowledged the support but made comments such as "if God solved everything, I'd be out of a job, and that isn't happening any time soon" and "I'm glad you have your church, but going to church isn't going to fix your depression." The therapist also commented about how the pastor should stick to preaching and let the professional provide therapy. Kristel likes her therapist. Kristel feels validated and heard for the first time in many of their explorations.
However, Kristel struggles with her therapist's feelings about her church and feels inadequate, as if everything in her life is broken.

1) How does the pastor's suggestions in the second scenario differ from the first?

2) How is the therapist being helpful and how is the therapist being harmful?

3) What are steps the therapist can take to reflect on her own bias?

4) Do you have any recommendations for the therapist or Kristel?

Spirtuality

RESOURCES

Religious Barriers to Mental Healthcare:
https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp-rj.2016.110706
NAMI Faith Net: https://www.nami.org/Get-Involved/NAMI-FaithNet

Webpage
https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/spirituality-religion-and-mental-illness/

Video: At the Intersection of Spirituality and Mental Health:
https://www.mcleanhospital.org/video/intersection-spirituality-and-mental-health

Webpage
What is spirituality? (n.d.). Retrieved January 30, 2021, from
https://au.reachout.com/articles/what-is-spirituality#:~:text=What's%20the%20difference%20between%20religion%20and%20spirituality%3F&text=Religion%3A%20This%20is%20a%20specific,sense%20of%20peace%20and%20purpose.

Social Media Activities

Social Media Learning Ideas

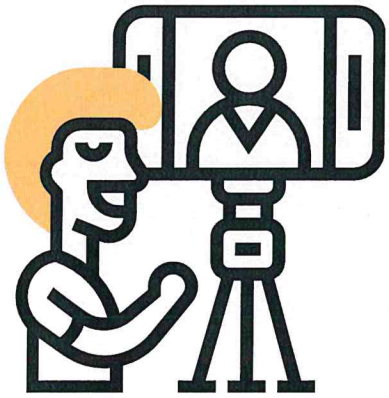
Social Media Activity One – Mental Illness and Substance Abuse Stigma.

Help learners recognize stigmatizing social media.
This activity can be completed in several ways including through the learner creating a presentation, writing a paper, through written discussion, or designing their own social medial posts.

o Choose (or create) 2 shareable social media posts.
o The first post should illustrate a negative, problematic, or stigmatizing depiction of mental illness or substance abuse.
o The second post should illustrate a positive, healing, or helpful depiction of mental illness and substance abuse.
Learners then can write a summary or explain why they chose the posts and how the posts are stigmatizing or positive.

Social Media Activity Two– Mental Illness and Substance Abuse Stigma.

Learners can create a 15-second video regarding a #true mental health fact. They can share with the group and don't forget to add hashtags.



Social Media Learning Ideas

Social Media Activity Three

Social media stories can represent organizations and get the group's vision out to the world. Have learners choose an organization that advocates for or provides services with mental illness. (This activity is easily adapted to the workplace!) Students create a small social media campaign (5 posts) related to the organization's mission.
The individuals:

- Select an organization
- Create posts
- Choose a target population,
- Decide on platforms to use
- Provide explanation
- Include #hastags.
-

Always more fun if you share the projects with everyone!

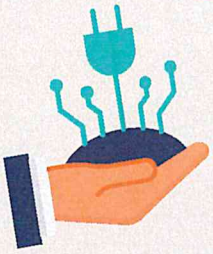
Social Media Activity Four

Consider starting a class blog.

Have students pick a topic related to mental health and write 500 -750 words that is geared to the public.

For added impact, consider having an official class blog for students to upload their posts.

Technology



Technology

Technology is at the forefront of the world today, and mental health workers – especially at the meta-level - will have to be aware of technology's positive and problematic issues. Social Media allows social workers to interact with various clients' various levels, providing information and discourse between the micro, mezzo, macro, and meta-levels a social worker is navigating. If a social worker is intervening at the macro and meta-levels, they may find successful advocacy relies on social media campaigns (Sitter & Curnew, 2016). In 2020, over 83% of the United States population had smartphones (O'Dea, 2020). The prevalence of smartphones, tablets, and computers are opportunities to advance mental health treatment. In 2017, NASW added technology guidelines to the code of ethics, highlighting the importance of social workers remaining aware of the growing field (NASW, 2017).
Be Open to the Possibilities of Technology to reach more people, provide more treatment for individuals struggling with mental illness, and fight stigma and discrimination.

Mental health workers will benefit from learning to navigating the technological world. Workers will use video platforms, electronic medical records, social media, and intervention apps to reach and treat clients.

Technology

Learning Activity

Have learners look up the apps below and find ones on their own. Learners can research the different apps and write a paper, create a presentation, or discuss in class the pros and cons of technology, along with ways to integrate technology into mental health practice. Learners can also identify if there are any ethical or safety concerns with integrating technology into treatment.

- Beating the Blues- US: https://openminds.com/beating-the-blues/
- App for Independence (for Schizophrenia & Psychosis recovery): https://www.a4i.me/
- What's Up: https://www.thewhatsupapp.co.uk/
- Culturally Inclusive Daily Self Care: https://www.theshineapp.com/
- Mood Mission: https://moodmission.com/
- Mind Shift: https://www.anxietycanada.com/resources/mindshift-cbt/
- Breathe2Relax – Tool developed by the DOD/VA for veterans: Device Review: Breathe2Relax - Rehabilitation and Prosthetic Services (va.gov)
- Virtual Hope Box (Suicide Prevention: t2health.dcoe.mil
- Pill Reminder: App Shopper: Pill Reminder - All in One (Medical)
- Prana Breathe: About Prana Breath app - Prana Breath Wiki
- Insight Timer: https://insighttimer.com/
- Super Better: https://www.superbetter.com/
- Rootd (DBT): https://www.rootd.io/
- Any Metronome App (can help regulate breathing) such as: https://gismart.com/product/metronome/

Collaboration

People First Language

"You are not your illness. You have an individual story to tell. You have a name, a history, a personality"
Julian Seifter

- Put the Person First and the disability or descriptor second.
- People are not their disabilities or their illnesses.
- Someone is diagnosed with Schizophrenia, not a schizophrenic.
- Someone has symptoms of borderline personality disorder and is not "a borderline."
- This goes for medical illnesses too! Someone has diabetes or lives with epilepsy; their identity isn't just a "diabetic" or "Epileptic"
- Someone struggles or lives with a mental illness. They aren't the mentally ill.
- Labels are one of the reasons for stigmas. People are not their disabilities!

Quick Activity:

Create short passages to share with learners and ask them to change to person-first language. See examples below.

How could this be said better?

1) A social worker told their social worker they were struggling with a client who seemed to love them one day and hate them the next. The social worker said they often felt incompetent working with the client. Their supervisor said "Sounds like the client is a borderline. Whenever a clinician starts feeling that way they are likely working with a borderline.

2) The schizophrenic client is refusing to take medications and continues to act on hallucinations and delusions.

**Note – An individual's preference should be respected. If someone wants to use terminology such as "mentally ill" about themselves, this should be honored as self-determination.

Treatment Partner Vs. Paternalistic or Expert

• Honor Self-determination.

According to the National Association of Social Workers, an ethical principle is self-determination (NASW, 2017).

"Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others " (NASW, 2017).

Helpful Hints For Respecting Self-Determination

• The individual knows themselves better than you know them. Believe in the individual's experiences. Believe what the individual tells you not what you think is the truth.

• Start by asking the clients what they want for themselves? Ask those open-ended questions and see where it goes.

• Help individuals clarify their goals and set concrete hopes.
Make sure they are the client's goals – not what you think they should work on.

• Be cautious of having an agenda. There might be things you want to cover in an interaction with a client, but the client should determine where the conversation goes.

• Ask yourself – Is this what the client wants or is it me who thinks this is a good idea?
• Consult with other mental health professionals to get different perspectives.

• Remind yourself that your client's reactions and their situation are not about you.
• Recognize that individuals' choices are made based on their experiences, their cultures, and their beliefs. This might differ from yours.

• Don't unintentionally feed into racism or patriarchal or classism or ablism or heteronormatively by encouraging individuals to make choices congruent to your value system.

• Is what the client plans to do put them or someone else at imminent risk for harm. Identify what harm is worth taking away someone's freedoms. A good rule is to consult or ask for supervision before taking away a person's choice.

• Ask yourself – Is there a compelling reason I am taking away this person's right of choice?

Treatment Partner Vs. Paternalistic or Expert

Skip the gallows or derogatory humor

Humor can be a fantastic coping mechanism and ease the stress of a difficult job and supporting individuals with mental illness can be emotionally taxing. Use humor liberally, even joking about a serious subject lightly but draw a line at humor that is derogatory towards clients or populations. If you are finding humor in a person's character attributes or lack of adherence you are being disrespectful towards your clients and this likely affects the therapeutic relationship with the individuals you work with. Professionals use of derogatory humor is often a way to avoid processing and can negatively affect a professional's emotional well-being. Also -you never know who might be listening to your jokes and you may be adding to someone's pain or perpetuating stereotypes about a population of people become part of the problem instead of the solution.

(Information above adapted from (Aultman & Myers, 2020).)

Here are some ideas to do instead of derogatory humor.

1) Make a list of real alternative coping skills.
(You can use the worksheet on the next page!)

2) Talk to a supervisor or colleague (or a therapist)and explore the negative feelings about the situation or client. Are you working too hard? Are you taking situations too personally? Are your biases getting in the way? Getting another's perspective can help with ethical decision making and positive emotional health.

3) Get to know the complexities of your client's story. Learn about the intricacies of the population with which you are working.

Real Coping Skills

Coping is not just spa days or breathing exercises (though they can be helpful too!) Using words and images think of ideas of activities and thoughts that can help with processing and coping with stress.

Treatment Partner Vs. Paternalistic or Expert

Collaboration Tip

As a mental health professional, you will be working with individuals and helping them set goals. How you speak with someone makes a difference the in the therapeutic relationship. Without respect and belief in the person you are working with the relationship will struggle. You are the professional but not the expert of their life.
One Vital Communication Rule: Remove the word 'NEED' from your vocabulary.
Telling someone they need to anything puts up their defenses right away.

Instead of
You need to take your medication.

Use:
"Taking your medication may benefit you because you will be able to think more clearly."
"What are the barriers to taking your medication?"
"What are your fears about medication?"
" What would you want to see happen to make taking medication more acceptable to you?"
"Not taking your medication seems to be getting in the way of you being successful in your job. Do you have any ideas on how you improve your job satisfaction and performance?"

Instead of:
You need to go to therapy.

Use:
"Your therapy sessions may be beneficial for you."
"Can you think of any value you might get from therapy sessions?"
"Your probation officer's expectation is you attend therapy."
"What worries you about therapy?"

Work with individuals with mental illness using authenticity, curiosity, and genuineness.

Remind yourself that others won't always make the choices you think they should
- and that is OK.

Professional Practice

Learning Activities

Speakers

Consider having speakers who have lived experience with mental illness share their stories with students.

Look for speaker's bureau from mental health agencies, mental health organizations, or other groups such as the National Alliance on Mental Illness (NAMI).

Be mindful that learners benefit from seeing a range of individuals living with mental illness. Learners benefit from seeing those new on their journey and those who have been on their journey for a time and are living successful lives.

Another Speaker idea:

Students are interested in having mental health professionals who work with mental illness share their experiences with their classes. For someone becoming a mental health professional, there isn't always a deep understanding of the roles mental health professionals take on. Start with a community mental health agency and look at other non-profits and see if they have employees who can share how they serve individuals living with a psychiatric disorder.

Experiential Skills Practice

Learners want to practice. Role-Playing is a useful tool that students both love and hate. Consider going a step beyond role-playing with other students in a class. Some students indicated having an ongoing assessment and intervention activity, with the same client, through one or multiple semesters would aid in their feeling more prepared to work with clients. Offer students farther along in their program the opportunity to act as a client. The students acting as a client will have a valuable learning experience that lets them understand and empathize with a client with mental illness and by allowing them the experience of being a client. Perhaps provide the student with extra credit or integrate the activity into a practice class or reflection paper. Consider teaming up with a drama departing or acting school—a bonus of letting individuals hone their acting craft and learning non-biased information about mental illness.

Practice Tools

Professionals may feel more prepared to work with individuals living with mental illness if they have multiple tools and lots of practice. Students can easily practice on some of the assessments and handouts below in class. Consider having students review different assessments and worksheets and try them on themselves or classmates. Help with critical thinking skills and confidence by having students evaluate the pros and cons of different screening tools and how the tools can help or hinder them when working with individuals with a psychiatric diagnosis. Remind students to make sure they have adequate training with the tool before trying to use them with clients.

- Alcohol Use Screen
  https://auditscreen.org/

- American Psychiatric Association Online Assessment Measures (Including depression, mood disorders, and anxiety disorders)
  https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures

- Depression Anxiety Self Stress Screen
  https://www.psytoolkit.org/survey-library/depression-anxiety-stress-dass.html

- International Bipolar Foundation – Mood disorder screen
  https://ibpf.org/wp-content/uploads/2016/11/MDQ.pdf

- PHQ Screens (Patient Health Questionnaires) Includes Depression and Anxiety
  https://www.phqscreeners.com/select-screener

- Positive and Negative Symptom Scale
  https://www.psychdb.com/_media/psychosis/panss.pdf

- PTSD PCL 5 (Both for Veterans and Civilians)
  https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp#obtain

- Resources and Handouts on Anxiety and Trauma-Informed Care
  https://ca.ctrinstitute.com/resources/printable-handouts/

- Therapist Aid – Worksheets on virtually all mental health diagnosis
  https://www.therapistaid.com/

Supervision

SUPERVISION

Supervision is a useful activity for individuals to learn more about mental illness and have the opportunity to self-reflect on biases and strengths.

"Supervision ensures that supervisees obtain advanced knowledge so that their skills and abilities can be applied to client populations in an ethical and competent manner. Some areas of knowledge, and the application of that knowledge to clients, can only be translated during the supervisory process. Supervision provides guidance and enhances the quality of work for both the supervisor and the supervisee and, ultimately, the client" (NASW, 2013,p. 9.)

Clients with mental illness show reduced symptoms when mental health professionals receive clinical supervision. (Snowdon, Leggat, & Taylor, 2017)

SUPERVISION

Three Components of Supervision

Administration
Educational
Supportive

Individual, Class Discussion, or Small Group Idea

- Review the NASW Standards for Supervision
- Have each group review the standards for Supervision and choose 1 -2 ideas that they deem most important and explain why to the group/class.

Practice Supervision Activity:

- Consider pairing students new to their educational program and students further in their educational program be in a pseudo supervisor and pseudo supervisee mentor.
- Integrate into practice classes, providing both individuals the ability to practice their roles.
- Workplaces can implement a similar practice with newer and more longer-term employees.
    - Set guidelines for interactions including purpose and scope.
    - Ensure students understand confidentiality expectations.
    - Use real or created cases
    - Have students develop a schedule
    - Prescribe a set number of meeting sessions and length of sessions
    - Allow some class time for students to process their experience.
    - Reflection paper on having supervision or being the supervisor including the individual's experiences, how the activity helped them understand the supervision process, and recommendations for further education.

Supervision

Case Studies for Small Group and Class Activities

Case Study I

Tamara is a 26 year old female starting her first post-graduation social work job in a community mental health center. She is mostly enjoying working on a crisis response team and is passionate about the clients but feels overwhelmed. She wonders if she is helping the clients with whom she works. Tamara is struggling with one client. Her client is a 35 year old female diagnosed with bipolar disorder with psychotic features. At first, Tamara felt her interactions with the client went well, and they were building a positive therapeutic relationship. During more recent interactions, the client sometimes made odd comments, but Tamara attributed the comments to the client being tired, the client has said she had not been sleeping much the past few days. During yesterday's interaction during a home visit, the client asked Tamara to stop placing listening devices around the client's house. Tamara denied doing so and was confused, but the client insisted that Tamara had turned into someone she couldn't trust since she was going behind her back to listen in on her. Tamara continued to deny doing this, and their exchange became heated. Tamara started to feel uncomfortable enough that she told the client she had to leave and left immediately. Tamara didn't think to ask her supervisor about the issue at the moment because her supervisor is busy, and Tamara didn't want to bother the supervisor or have the supervisor think Tamara is doing a poor job. Tamara has regular supervision scheduled today.

Questions to get the conversation started.

- What topics or questions should the worker ask her supervisor?
- What opportunities does the supervisor have to address
  - Education
  - Support
- Are there any ethical dilemmas the supervisor can explore with the worker?
- Are there broader mezzo/macro tasks or ideas the supervisor can explore with the worker?

Supervision

Case Studies for Small Group and Class Activities
Case Study II

Marcus supervises a hospital case management team. During supervision, one of his case managers presented a patient admitted to the hospital due to multiple mini-strokes. The patient struggles with balance and has a bit of left side weakness but is otherwise presenting well. The patient is pleasant, alert & oriented x4. As the medical personal have access to the medical record with a list of the patient's diagnoses, the medical staff and social workers can see the patient has a diagnosis of schizophrenia. The patient is not exhibiting any active symptoms of psychosis. One of the nurses shared the diagnosis with the assigned social worker, expressed concern about the patient, and asked that safety protocols be put in place due to the patient having a mental illness. The case manager told his supervisor Marcus that since the patient had schizophrenia, security should be notified that there could be problems with the patient. The case manager also suggested that the patient have limited access to any of his belongings that could be used as a weapon for everyone's safety.

Questions to get the conversation started.

- What would be the supervisor's best response to this scenario?
- What educational opportunities does the supervisor have with the worker?
- Are there issues with bias, stigma, or discrimination?
- How can the supervisor provide support?
- Are there any ethical dilemmas the supervisor can delve into with the case manager?

Council on Social Work Education (CSWE) 2015 Educational Competencies

Competency 1: Demonstrate Ethical and Professional Behavior

Competency 2: Engage Diversity and Difference in Practice

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

Competency 4: Engage In Practice-informed Research and Research-informed

Competency 5: Engage in Policy Practice

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Council on Social Work Education (CSWE) 2015 Educational Competencies. (2015). Retrieved from https://www.bu.edu/ssw/files/2016/07/CSWE-2015-Competencies.pdf

Resources

Mayo Clinic Overview on Depression	Webpage	https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007	Basic Information on Clinical Depression
Mayo Clinic Overview on Anxiety Disorders	Webpage	https://www.mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961	Basic Information on Anxiety Disorders
Mayo Clinic Overview on Schizophrenia	Webpage	https://www.mayoclinic.org/diseases-conditions/schizophrenia/symptoms-causes/syc-20354443	Basic Information on Schizophrenia
Ted Talk	Video	https://www.ted.com/talks/helen_m_farrell_what_is_bipolar_disorder	What is Bipolar Disorder? Lived Experience
National Institute of Mental Health	Webpage	https://www.nimh.nih.gov/index.shtm	Resources on Mental Illness
National Alliance on Mental Illness	Webpage	https://www.nami.org/Support-Education/Video-Resource-Library	Resources on Mental Illness
American Psychiatric Association	Webpage	https://www.psychiatry.org/patients-families/stigma-and-discrimination	Stigma & Discrimination
Kay Redfield Jamison	Book	An Unquiet Mind: A Memoir of Moods and Madness	Lived Experience
Melody Moezzi	Book	Haldol & Hyacinths: A Bipolar Life	Live Experience Persian American
Vanessa Hazzard & Iresha Picot MEd	Book	The Color of Hope: People of Color Mental Health Narratives	Lived Experience People of Color

Resources

Robert Francis	**Book**	**The Essential Schizophrenia Companion**	**Lived Experience**
Marya Hornbacher	**Book**	**Madness: A Bipolar Life**	**Lived Experience**
Ellyn Saks	**Book**	**The Center Cannot Hold: My journey Through Madness.**	**Lived Experience Schizophrenia**
Crazy: A Father's Search Through America's Mental Health Madness	**Book**	**Peter Early**	**Family Experience, Macro, Healthcare**
Bipolar Faith	**Book**	**Monica Coleman**	**Diversity, Faith, Black Woman of Color**
The Stigma Effect	**Book**	**Patrick Corrigan**	**Stigma, Macro**
"Next to Normal"	**Theatrical Play**	**https://youtu.be/Nrg6Ss0dm2M**	**Lived Experience**
A Brilliant Madness	**Book**	**Patty Duke**	**Lived Experience, Bipolar Disorder Family Experience**
I Know This Much Is True	**HBO mini-Series**	**Based on the book with the same name by Wally Lamb**	**Lived Experience Schizophrenia Family Experience**
Mental Illness Happy Hour	**Podcast**	**https://podcasts.apple.com/us/podcast/mental-illness-happy-hour/id427377900**	**Current topics in mental illness**

Resources

The Hilarious World of Depressio n	Podcast	https://podcasts.apple.com/us/podcast/the-hilarious-world-of-depression/id1181589175?mt=2	Destigmatizing Depression by discussing & live experience.
No Feeling is Final	Podcast	https://podcasts.apple.com/us/podcast/no-feeling-is-final/id1436565397	8-episode series Lived Experienc
Latinx Therapy	Podcast	https://podcasts.apple.com/us/podcast/latinx-therapy/id1371931450	Current Topics i Mental Illness specifically affecting the Latinx community
Broken Light Collective	Webpage/blo g	https://brokenlightcollective.com/	People who are affected by mental illness share their photography.
Stigma Fighters	Facebook Page	https://www.facebook.com/stigmafighters/	Lived Experience/Arti es
This is my Brave	Website/Even ts	https://thisismybrave.org/our-story/	Lived Experienc Articles Live Shows
Rethink.or g	Website	https://www.rethink.org/	Resources Anti-Stigma

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