



Canadian Mental
Health Association
Cochrane-Timiskaming
Mental health for all

STUDENT PEER MENTOR MENTAL HEALTH TRAINING

FACILITATOR MANUAL



has generously helped fund the
Canadian Mental Health Association
Cochrane-Timiskaming in developing this training.



Offered to Northern College
of Applied Arts & Technology

Student Peer Mentor MENTAL HEALTH TRAINING



Canadian Mental
Health Association
Association canadienne
pour la santé mentale
Cochrane-Timiskaming

We at the Canadian Mental Health Association Cochrane Timiskaming Branch are proud to have developed and to offer this ½ day Student Peer Mentor Mental Health Training. Northern College of Applied Arts & Technology reached out to us to work with them in their commitment to ensure the success of students

facing mental health challenges. One approach they are taking is they are building the capacity of their Student Peer Mentors in supporting co-student Mentees. That's where this training comes in!

We value our collaborative relationship and commend Northern College for its role as part of our caring community supporting mental health for all.

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Note on Sharing

Feel free to use these materials and to adapt them to fit your unique needs as a mental health professional offering training to post-secondary students. We just ask that the CMHA Cochrane Timiskaming Branch be acknowledged when you do so. We would also appreciate if you could let us know how you are using the Student Peer Mentor Mental Health Training.

Contact information: Shirley Jones, sjones@cmhact.ca

If you would like to learn more about setting up a Peer Mentor program at your institution or how the Peer Mentor Mental Health Training module is delivered, please contact Northern College.

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Facilitator Notes: Notes have been inserted throughout this Facilitator's version of the Student Peer Mentor Mental Health Training Manual. They provide suggestions to you as you guide the Student Peer Mentors' learning.

Timing & Breaks. This is designed as a ½ day workshop. Suggested timing is included in the table of contents as a general guide. As the facilitator, exercise your judgment in tailoring this training to the needs of the Student Peer Mentors you are working with. **There is likely more content than would be covered** – skim that which is less relevant to your group and allow sufficient time to focus on that which is most important.

Remember to build in breaks, ideally 2-3 over the course of the 4 hour workshop.

Responses. *Italicized greyed text* provides prompts or sample responses that you may find helpful in facilitating discussion and learning. Most of these *greyed areas* appear as fill-in-the-blanks in the Student Peer Mentor version of this manual.

Customizing the Training. Do draw on your expertise as a mental health professional, as well as the expertise the Student Peer Mentors have developed through their life and academic experiences to adapt the focus and activities in this training. The more relevant and directly applicable the training is to the Mentors present at the workshop, the more they will get out of it and the more the Mentees they are supporting will benefit. Be flexible! Be creative! Have fun!

Student Peer Mentor Mental Health Training

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Suggested timing
progression over 4
hour workshop



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Welcome

... from your Canadian Mental Health Association (CMHA) Facilitator.

Facilitator note:
This is a good time to introduce yourself, your personal & professional background, and your interest in this Student Peer Mentor Training. Student introductions happen shortly.

Congratulations!

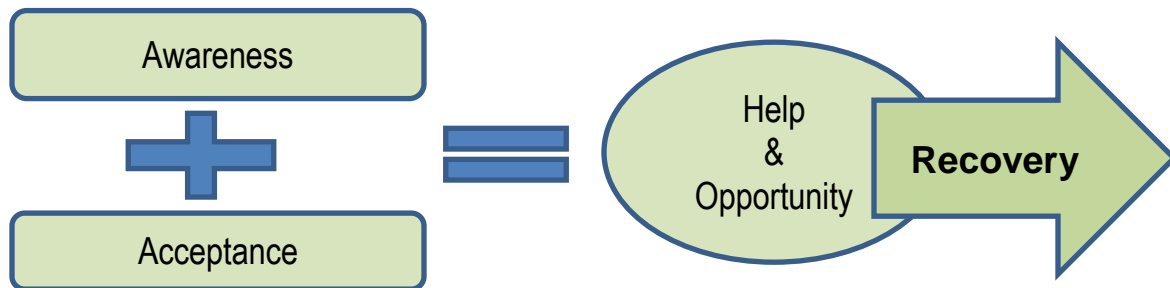
...on being a Student Mentor and reaching out to support your peers.

You are a part of your college's comprehensive network of support helping new students strengthen themselves through their first year. We are confident that you will also learn and grow, and the new skills you develop from these mentoring relationships will be yours to take forward beyond your college experience.

Each year, 1 in 5 of us will experience significant issues with our mental health and nearly all of us will be close to someone who is experiencing these issues. We are often more vulnerable to being affected by mental illness during the periods in our life when we are dealing with change, as are the Mentees as they adjust to post-secondary education. There is a likelihood that some of the Mentees you are connected to may benefit from having a Mentor who is tuned in to the possibility of emerging mental health challenges.

Mental illness does pose challenges AND also brings with it opportunities to nurture strengths and qualities we may not even realize exist within us.

Recovery is possible – Help is available



Lack of awareness of the symptoms of illness or where to go for help, and the often devastating effects of stigma can prevent people from reaching out and seizing opportunities to aide recovery. You can be there to support Mentees who may be struggling. Here's how.



If you have not already done so, we encourage you to complete the 2-day Mental Health Commission of Canada's **Mental Health First Aid**® training. Check

with your local CMHA or talk to a representative at your college to find out when it is next being offered. You can also go to www.mentalhealthfirstaid.ca to view upcoming course dates and locations.



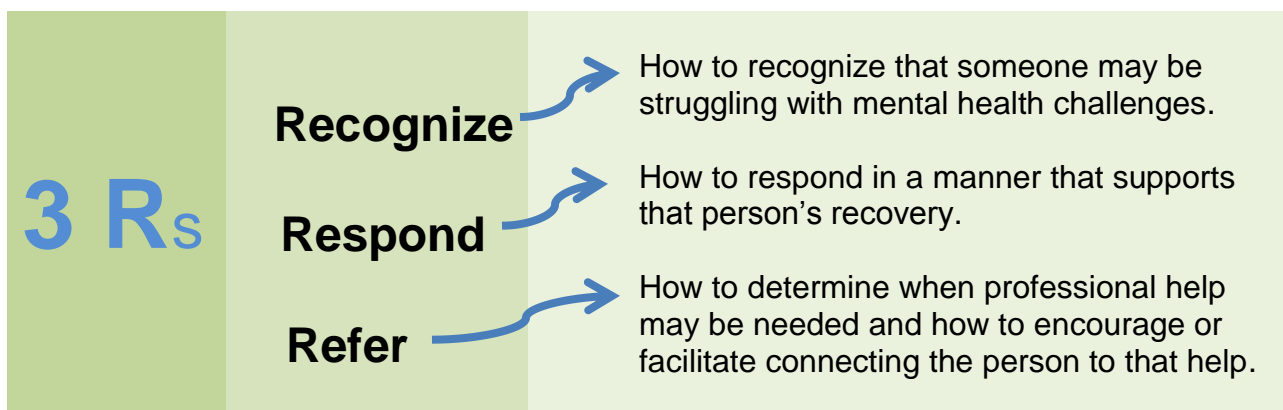
LivingWorks

We also recommend that you take Living Works **Applied Suicide Intervention Skills Training**® (ASIST - intensive 2 day suicide intervention) or

SafeTALK® (1/2 day suicide awareness). Again, check with your local CMHA or talk to a representative at your college to find out when these courses are next being offered.

Today's workshop, **Student Peer Mentor MENTAL HEALTH TRAINING**, brought to you by the Canadian Mental Health Association Cochrane Timiskaming Branch will also help you polish and expand on the tools you already have in your mental health toolkit.

Our focus for today's learning will be on three main aims:





If you did not have an opportunity to complete the “pre-survey” prior to today’s workshop, take a few minutes to do so now. We will be asking you to complete the corresponding “post-survey” after the workshop, to evaluate how well we have met the training aims, and to ask you for your feedback. Thanks!

OK - let's begin!



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Getting Started



Notes:

Introductions

Let's go around and introduce ourselves. As you do, here are some things you may want to share with us:

- My name is: _____ .
- The program I'm in: _____ .
- One reason I have become a Student Peer Mentor is: _____ .
- One thing I have to offer as a Mentor is: _____ .
- One thing I would like to learn today is: _____ .

Facilitator suggestion:

Take note of student's learning objectives that are and are not within the day's training. Refer back in a moment as you review agenda to confirm what will be covered, and to encourage students to put a plan in place to address those personal objectives that likely won't be covered.

Our aims and agenda

Not only are the **3 Rs: Recognize – Respond - Refer** our aims for today, they are also the actions you will take as Student Peer Mentors in supporting the Mentees you are linked with.

We all bring with us knowledge about mental health. As our day unfolds, please share and bring forward your questions and suggestions. As with most opportunities, the more we invest, the more we will learn. We already got a glimpse of the expertise we collectively have in this room today during our introductions.

Let's take a look at the agenda to see what we'll be covering in today's session to help you on your way to mastering **recognizing, responding, and referring**.

Facilitator suggestion:

Quickly review agenda, including planned breaks, to give the Mentors an idea of what to expect.

Building our Toolkit

Learning how to be supportive to people who may be struggling with mental health issues is a lifelong process. Participating in this Student Peer Mentor Mental Health Training session is great and taking other training is great ... but not enough!

The **Toolkit Sheet** (the final page of this manual) is one simple way to help you remember the strengths you have to offer others, and to help you follow-through on continuing to expand your toolkit. Being aware of your own mental health, and taking an intentional approach to keeping yourself mentally "fit" is an important component in being able to be helpful to others. There is room on the Toolkit Sheet for you to make your own personal commitment to this as well. Caring for yourself is rule#1 when you take on a helper role, and that's what you are as a Mentor. Throughout our time together today, keep this sheet handy and start to complete it as you see fit.



Take a moment to start your Toolkit by writing on it the “one thing you have to offer” that you shared with us during our introductions.

Workshop Guidelines for Today

We want to be sure that we have the best learning environment possible in this short time that we have together. What “guidelines” would be helpful for us all to adhere to? Let’s add to what has been started below. List specific behaviours that will help us all get the most out of this workshop.



OUR GUIDELINES

1	<i>If anything comes up that touches a nerve - I'll take the time I need to care for myself. If this means I excuse myself from the room, I will be available for a check-in conversation once the session is over.</i>
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	<i>We are all human and ask others to step forward and respectfully remind us if we slip on any of these expectations.</i>

FACILITATOR SUGGESTIONS

➤ Have students offer suggestions, create a “master” list on board or flip-chart for all to refer to.

Other Guidelines to consider including:

- I will acknowledge differences of opinion without criticising.
- I will participate to the fullest of my ability – even if feeling uncomfortable. Sometimes the best learning happens when we stretch beyond our comfort zone.
- I will open the door for others to also participate.
- I will be aware of my body language, non-verbal, and my tone when communicating.
- I will listen actively.
- I will follow-through with self-directed learning beyond today.
- I will share from my own experience, saying “I” instead of generalizing by saying “they” / “you”.
- I will maintain confidentiality of any personal information shared.

And now, place a ✓ beside those that we are willing to commit to. Have we missed anything?



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Recognize



Notes:

1.1 Mental Health & Mental Illness – what’s the difference?

People often use the terms mental health and mental illness interchangeably, or mental health is thought of as the avoidance of mental illness. That can lead to some confusion and mistaken assumptions. It may be helpful instead, to think of them as separate concepts that fall along 2 intersecting continuums.

- ❖ There is a **continuum of mental health**:

Fragile mental health  **Strong mental health**

We all fall somewhere on here depending on how much we are able to enjoy life, how easily we bounce back from life’s challenges, how strong a network we have of positive relationships, how well we are thriving, and so on. We all can likely think of people we know who are in a fragile state of mental health, or times we’ve been there ourselves....perhaps when going through a stressful situation, or when dealing with a loss.

- ❖ There is also a **continuum of mental illness**:

Mental illness present  **Mental illness absent**

Some people may definitely have a diagnosed mental illness (also known as psychiatric illness), some definitely don’t, and some are somewhere in between, perhaps experiencing symptoms but not a clear diagnosis.

If we put these 2 continuums together, it looks like this:



Take a look at the resulting quadrants in the centre of the diagram. You can see that it’s possible to have no mental illness but still have fragile mental health. You can see that it’s also possible to have a mental illness but still possess strong mental health. This is no different than many illnesses that manifest themselves physically. A person may have diabetes (i.e. illness present), but have it well under control, be in great physical shape, and be competitive in sport (i.e. strong physical health).

For most of today’s training, we will use the term “mental health challenges”. For the purpose of reaching out and supporting your Mentees, we think it’s most helpful to think in general terms of your Mentee possibly facing mental health challenges, whether stemming from an existing or emerging illness, or from their mental health not being as strong as it could be. First, though, we *will* look a little more closely at the common mental illnesses, to sharpen your ability to recognize if a Mentee may be dealing with mental health challenges.

1.2 Common Mental Illnesses

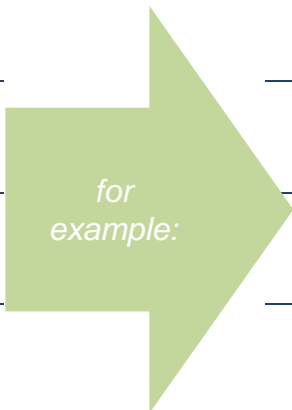
Mental illnesses can take many forms, just as physical illnesses do. Mental illnesses are still feared and misunderstood by many people, but the fear disappears as people become informed. The good news is all mental illnesses can be treated.

A diagnosis of a mental illness is something made by a psychiatrist or other physician according to an agreed upon clustering of symptoms. A diagnosis is only a description, and it can be helpful in letting someone know they are not alone, that others have had similar experiences. The diagnosis can also suggest treatment options. On the other hand, a diagnosis is not helpful when people see it as an explanation, or an all-encompassing label of who the person is and what their abilities are.

We are going to take the next 45 minutes or so to talk about how a person may be affected by mental illness. We will do so by focusing on the more common categories or clusters of mental illness. This is to help you, as a Mentor, be sensitive to what a Mentee may be experiencing. Your role is not to figure out what label may fit a Mentee. Your role is to listen, to give reassurance and information, and in some situation, to encourage the Mentee to seek help.

Let’s look at these categories:

Mood disorders	<ul style="list-style-type: none"> • depression • bipolar disorder
Anxiety disorders	<ul style="list-style-type: none"> • panic disorder • obsessive compulsive disorder • generalized anxiety disorder • schizophrenia
Psychotic disorders	
Eating disorders	<ul style="list-style-type: none"> • bulimia • anorexia • binge eating



FACILITATOR SUGGESTION

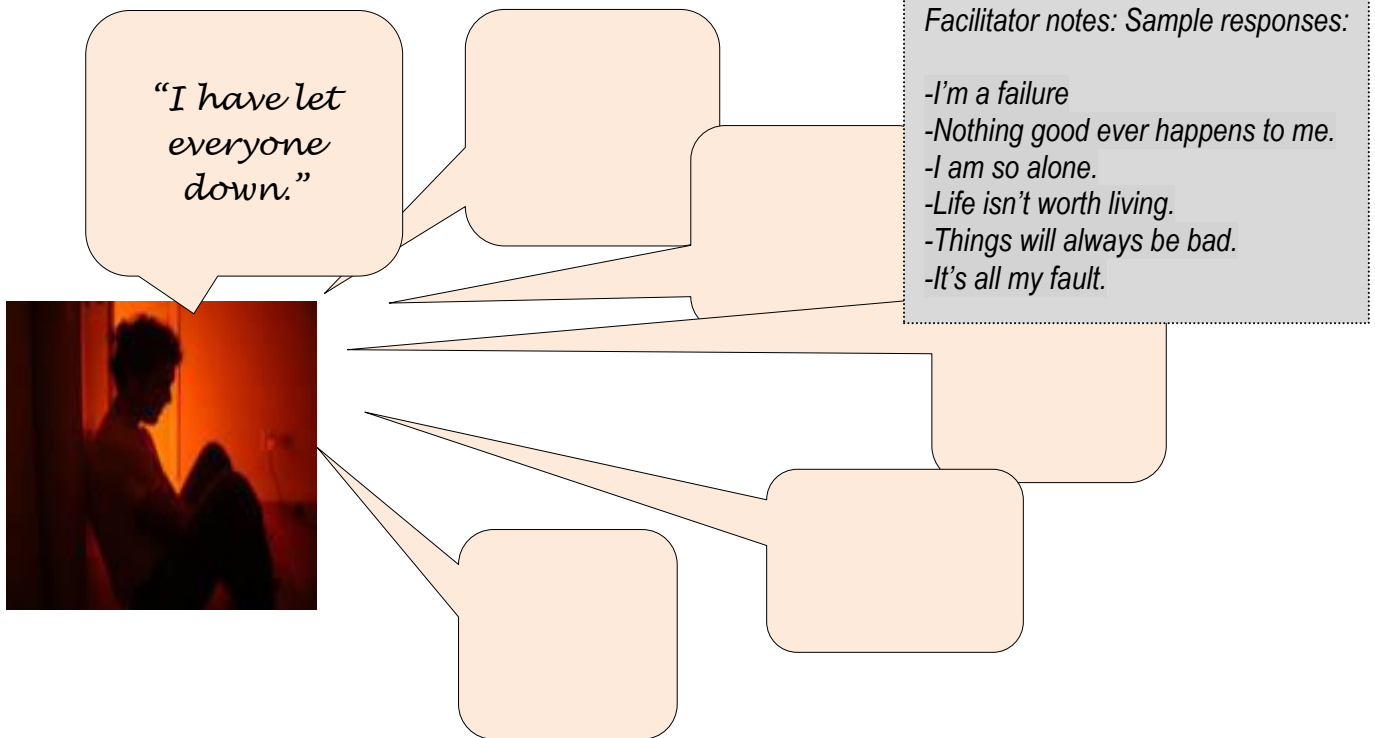
- Divide Mentors into small groups. Have each focus on 1 or 2 of the categories, filling in the blanks of the table on the next page.
- Have each group report back one at a time, reinforcing their knowledge and asking the full group to fill in gaps, if any.
- Adjust the amount of time on this according to the class level of knowledge. Often, Student Peer Mentors already have a high level of knowledge in this area.

Mental Illness categories	A few facts:	How the person may be affected &/or what I might notice as a Mentor:
Mood disorders	<p>-includes depression, bipolar disorder, seasonal affective disorder</p> <p>-affects about 15% of population</p> <p>-about 1/3 people with mood disorders report it took over 10 years before receiving a correct diagnosis</p> <p>-famous people affected by mood disorders: Robin Williams, Ernest Hemingway, Winston Churchill</p>	<p>Depression – showing several of these signs & symptoms for more than a few weeks: sadness / irritability / sleep disturbance (more or less than usual) / appetite disturbance (more or less) often with weight gain or loss / physical pain without medical cause / fatigue / feeling hopeless, guilty / difficulty concentrating / loss of interest in usual activities / thoughts of death, suicide</p> <p>Dysthymia – chronically depressed mood (although less severe than depression) that persists for years.</p> <p>Bipolar disorder - fluctuating between depressive and manic moods. Manic moods include; excessively good mood, high energy, excessive self-confidence, distractible, pressured speech and thoughts that jump around, reduced sleep, impulsivity (spending, sexuality), sometime psychosis</p> <p>Seasonal affective disorder (SAD) – depression over the fall & winter months</p>
Anxiety disorders	<p>-anxiety is normal, common response to stressful situations</p> <p>-becomes a disorder when persists and interferes with normal everyday functioning</p> <p>-over 10% of population experience anxiety disorders</p> <p>-psychotherapies &/or medications can often be helpful</p> <p>-caffeine can produce panic attack for those with panic disorder</p> <p>OCD – often starts when young.</p> <p>PTSD – most common causes: sexual assault, violence</p>	<p>Generalized anxiety disorder – at least 6 months of persistent / excessive anxiety and worry plus can also include fatigue, irritability, restlessness, muscle tension, disturbed sleep, racing heart, lump in throat...</p> <p>-may be seen as a “worry wart”</p> <p>Panic disorder – recurrent, unexpected, short-lived panic attacks (sweating, chest discomfort, nausea, dizzy, difficulty breathing, fear). Usually lots of fear related to having another attack.</p> <p>Obsessive compulsive disorder – persistent thoughts and drive to perform certain compulsive actions to reduce anxiety.</p> <p>Post traumatic stress disorder – re-experiencing of the event, intense distress, exaggerated startle, irritability, depressive symptoms</p> <p>Phobias – high anxiety provoked by exposure to a feared object or situation</p> <p>Agoraphobia – complication of panic disorder where person is fearful having a panic attack when in public, avoids being out.</p>
Psychotic disorders	<p>-most common = schizophrenia</p> <p>-affects about 1% of population</p> <p>-the earlier the treatment, the better the outcomes</p> <p>-usually begins in teens or early adulthood</p>	<p>Symptoms may include:</p> <p>Hallucinations – seeing/hearing/feeling things that aren’t real to others (hearing voices is most common)</p> <p>Delusions – “false” or distorted beliefs, for example, the CIA are after the person, God is talking to the person.</p> <p>Disorganized thoughts or speech</p> <p>Unusual behaviour</p> <p>Facial expressions that don’t match the situation (often very “flat”)</p> <p>Difficulty with motivation, following through on plans</p>
Eating disorders	<p>-not just about food, often a way to cope with difficult problems or regain a sense of control</p> <p>-signs often start before a person looks unwell, so obvious weight loss should never be the only consideration</p>	<p>Anorexia - restrict the amount of food they eat or exercising much more than usual</p> <p>- may feel overweight regardless of their actual weight.</p> <p>-Can cause serious physical health issues</p> <p>Bulimia - involves periods of uncontrollable binge-eating, followed by purging for example, by vomiting or using laxatives).</p> <p>-may feel overweight regardless of their actual weight.</p> <p>Binge-eating disorder - periods of overeating, may feel like they can’t control how much they eat, and feel distressed, depressed, or guilty after bingeing.</p> <p>-Many people affected by eating disorders keep their eating behaviours a secret.</p>

Here's a little more information related to the common mental illnesses. We'll get into the 2nd R: Responding, a little later in the workshop, but it would be helpful to have a bit of practice putting what you know into practice right away.

Mood disorders

List 5 more things a Mentee who is experiencing depression may say:



"I have let everyone down."

Facilitator notes: Sample responses:

- I'm a failure
- Nothing good ever happens to me.
- I am so alone.
- Life isn't worth living.
- Things will always be bad.
- It's all my fault.

What kinds of things can we say to offer reassurance and information when someone may be experiencing depression:

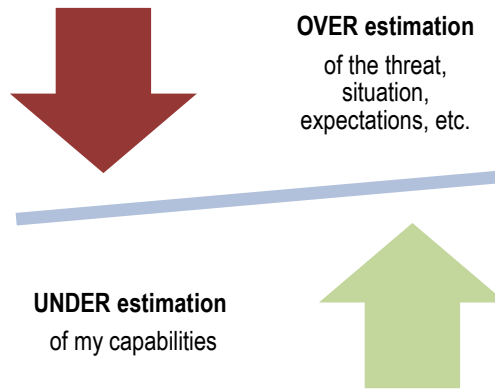
Help the person realize that:

- ✓ *They have a real medical condition.*
- ✓ *Depression is a common illness.*
- ✓ *Effective treatments are available.*
- ✓ *Depression is not a weakness or a character defect.*

Anxiety

Here is a simplified way of understanding anxiety. It can be thought of as occurring when we feel that a situation we face exceeds our abilities.

ANXIETY =



How is this a helpful way of understanding and dealing with anxiety?

- _____
- _____

Facilitator notes: Sample responses:

- Helps get to the roots
- Opens up many ways of dealing with anxiety (shifting our way of thinking of things, building skill in dealing with situations + stress relief *methods*, etc.

Panic Attack

Panic attacks can be scary! What can you say or do when your Mentee may be experiencing one?

**** Always err on the side of caution & access emergency services. ****

Although it is unlikely, that your Mentee is experiencing a heart attack, medical expertise is needed to tell the difference.

And in the meantime:

- _____
- _____
- _____

Facilitator notes: Sample responses:

- Remain calm
- Show empathy
- Explain to the Mentee that they may be experiencing a panic attack, and not something life threatening.
- Explain if it is a panic attack, it will soon stop; if not, medical help is on the way
- Help the Mentee move to a private area
- Coach in taking slow, deep breaths

Psychotic disorders

You think your Mentee may be experiencing psychosis. What can you say or do if they are talking about bizarre-sounding beliefs or hearing voices that don't seem to exist?

- _____
- _____
- _____

Facilitator notes: Sample responses:

- Listen non-judgmentally
- Do not offer glib advice such as "pull yourself together"
- Do not argue about their delusions and hallucinations. Accept that they are real for them.
- Do not pretend that they are real to you. Respond sincerely, for example "that must be horrible for you" or "I can see why you're upset."

1.3 Recognizing Suicide Risk

Let's now look at recognizing the risk of suicide. Mental illnesses and substance misuse increase the risk of someone taking their own life. Suicide is the 2nd most common cause of death in young people.

As mentioned earlier in the introduction to today's workshop, if you have not already done so, you are strongly encouraged to seek out suicide awareness or suicide intervention training. Here are some things to consider in order to better understand and recognize a Mentee at risk (adapted from CMHA National).

How might a Mentee with thoughts of suicide be feeling?



Facilitator notes: Sample responses:

- so much emotional pain that they can see no other option
- that they are a burden to others
- see death as a way to escape their overwhelming pain and anguish
- may not really want to end their life but suicide may seem like the only way to deal with difficult feelings or situations
- hopeless, overwhelmed, desperate, alone
- in rare cases, if experiencing psychosis, may hear voices telling them to end their lives

What are the warning signs?

Major warning signs of suicide spell **IS PATH WARM**:

- I Ideation: thinking about suicide
- S Substance use: problems with drugs or alcohol
- P Purposelessness: feeling like there is no purpose in life or reason for living
- A Anxiety: feeling intense anxiety or feeling overwhelmed and unable to cope
- T Trapped: feeling trapped or feeling like there is no way out of a situation
- H Hopelessness, Helplessness: feeling no hope for the future, things will never get better
- W Withdrawal: avoiding family, friends, or activities
- A Anger: feeling unreasonable anger
- R Recklessness: engaging in risky or harmful activities normally avoided
- M Mood change: a significant change in mood

➤ **A note about Self-Injury**

Self-injury, also called self-harm, refers to deliberate acts such as cutting the skin with razor blades or pieces of glass, burning oneself, scratching or picking scabs or preventing wounds from healing, hair pulling, and inserting objects into one's body. Cutting is the most common form. People who self-injure are usually not trying to kill themselves. Usually, they are dealing with significant emotional pain and the harm is a way to try to feel better.

Now that you have built on your ability to attend to the 1st R: Recognize, let's move more fully into the 2nd R: Responding to a Mentee who may be dealing with mental health challenges...



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Respond



Notes:

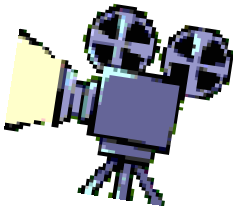
Expanding our mental health toolkit

We've begun to touch on some of the things we can do to respond in a helpful way if someone is experiencing specific symptoms of mental illness. To learn more about mental illnesses and a model that helps you respond specifically, you are encouraged to seek further training, such as through Mental Health First Aid©.

Now we are going to turn to the more general skills in responding to anyone who may be experiencing a mental health challenge.

2.1 Stigma

Even if there is recognition that a Mentee may be dealing with mental health challenges, stigma from others, and stigmatizing attitudes people often place on themselves can prevent a Mentee from seeing help. It is far easier to overcome these challenges if there is support sooner than later before possible negative consequences grow too large. Early intervention is key.



Here is a video. In it, CMHA-CT staff and people that have received support from us talk about stigma.

<http://www.youtube.com/watch?v=7i17BX8RIZg> [3min 40sec]

Correcting common misconceptions



Let's take 60 seconds for each of us to write out as many common misconceptions people hold about mental illness as we can. For example:

- *Mental illness can be cured with willpower*

- _____
- _____
- _____
- _____
- _____

FACILITATOR SUGGESTIONS

- *Poor parenting causes schizophrenia*
- *People with mental illness never get better*
- *People with mental illness tend to be violent and dangerous*
- *Mental illness is rare*

As a Mentor, and for that matter, as a member of our society, you will likely encounter stigmatizing attitudes.

Let's go around the group. Each of us will share one misconception from our list and the Mentor to the right will recognize stigma and offer a possible response. Feel free to invite others to help if you are stumped.

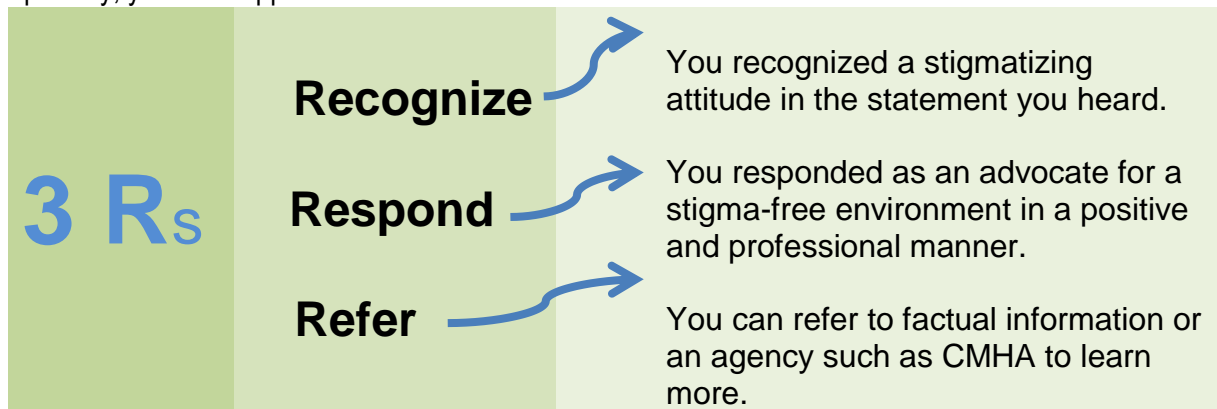
Example:

Misconception – “People with mental illnesses are violent.”

Sample Response from the Mentor-

“You're not alone in thinking that there is a link between mental illness and violence, but in fact, people with mental illness are far more likely to be a victim of violence than commit a violent act.”

In a simple way, you have applied the 3Rs:



2.2 Recovery is possible! HOPE

It is important to understand that a Mentee may be dealing with mental health challenges. As we discussed, we may recognize signs and symptoms of mental illness, but our goal is not so much about understanding the causes, our goal is to recognize that this is a situation in which it may be helpful to reach out to support someone.

What is equally important is knowing that mental illness is not a “life sentence”. Having an unshakable belief in recovery is our primary tool as Mentors. We now have lots of evidence that for those experiencing mental health challenges and even serious mental illness, recovery is possible.

In the PAST, we believed:

- Mental illnesses were chronic and the best we could hope for was to not get worse.
- Professionals knew best.
- Medication was the primary tool.

TODAY, we know:

- ✓ A person may be affected by a mental illnesses for a prolonged period but everyone has the potential to grow beyond and live a meaningful life.
- ✓ Professionals and peers can bring a valuable perspective but the person affected is the expert.
- ✓ Medication is one of many tools. For many, a series of seemingly small actions is what leads to recovery.

There are many definitions of recovery. At CMHA Cochrane Timiskaming, we describe recovery like this:



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**RECOVERY is a unique, ongoing journey.
It is living a meaningful life to the fullest.**



Here is a video sharing some recovery stories from our organization: Journey to Recovery

<https://www.youtube.com/watch?v=00jnAK1ffpE> [3min28sec]

Fostering Hope

How are these 2 examples from nature metaphors for hope?



Seedling sprouting in the forest:



Butterfly emerging from its chrysalis:

One of the most important ways we can support others is by fostering hope. How?

Keep your eyes & ears peeled for opportunities to point out evidence of:

- The person having made it through challenging times in the past;
- Others who have not only overcome but been strengthened by challenges; and that
- Recovery, even from the most serious mental illness and life challenges, is possible

What are some things people sometimes do or say that - although well intended – do not foster hope:

- Minimize what someone is going through by saying things like: "it's not such a big deal".

• _____

• _____

• _____

FACILITATORSUGGESTIONS

- False promises such as: *It'll be ok; You'll do fine on that exam; She'll probably come to her senses and come back to you.*



Here's a tool you may want to consider adding to your kit:

Build a “**Hope Chest**” of inspiring sayings, art, personal narratives or other illustrations of overcoming adversity that you can easily draw on to share with your Mentee if needed.

2.3 Language

Language **IS** powerful.

How we speak shapes

How we perceive &

How we behave.



Strive to always use language that is

- ✓ **Respectful and person first;**
- ✓ **Strengths-based; and**
- ✓ **Empowering.**

And when talking to your Mentee, use empathetic words & tone. This is using recovery-oriented language.

Here are 8 examples of everyday language. Let's come up with alternatives that are more recovery-oriented:

Word or Phrase	Example
1. Addict Schizophrenic	"She's an addict." "He is schizophrenic."
2. But or However	"I agree with you but..."
3. Crazy Psycho Nuts	"It's a really crazy day today." or "He's psycho."
4. Difficulties	"What difficulties are you having?"
5. Can't	"I can't do it." "You can't do it."
6. Offering advice	"My advice to you is...."
7. Should	"You should take up photography again."
8. Unrealistic	"Your goals are unrealistic."

**Recovery-
oriented
alternative**

1.
2.
3.
4.
5.
6.
7.
8.

Below are some suggestions put together by some of our staff at CMHA Cochrane Timiskaming Branch and people who have received our services.

Instead of saying:	Try, instead, saying	So that:
1. Addict Schizophrenic	She's dealing with substance issues. He has schizophrenia.	We are not labeling people by their challenges. People are so much more.
2. But or However	At the same time "I agree with you, at the same time, there is another way to look at this."	We are more likely to be strengths-focused and supporting the value of choice by staying positive and not discounting options or other views through the use of "but or "however".
3. Crazy Psycho Nuts	"It's a really chaotic day." "He's acting differently than usual"	We are not perpetuating "crazy" to mean bad or disorganized or poor judgment, etc. Never use labels that could be offensive unless it is preferred/owned by the person you are speaking with.
4. Difficulties	Challenges "What challenges are you working on?"	This communicates a more positive, hopeful attitude.
5. Can't	I am willing to learn. Or You can't do it yet. Or Up till now...	We are reinforcing the notion of everyone having the ability to learn and grow, and the seeds of motivation are planted.
6. Offering advice	Ask person. "What has worked for you in the past when you've been in similar situations?"	We are empowering the person as a self-expert and has help in drawing out strengths.
7. Should	Have you thought of..., You could..., He might want to consider...	The top down "I know better than you" message behind "should" is turned into presenting an option for consideration.
8. Unrealistic	Dreams big or high expectations or idealistic. "Your intent to create your own business shows you really knows how to dream big!"	We do not judge another's dreams. Goals small or large, whether realized or not, can be powerful motivators for positive change.

2.4 Validating strengths

We ALL have a really powerful tool that we can use when supporting someone – it's called validating strengths. People who are experiencing challenges need the power to focus on the job of getting well. One key way that we can empower people is to not see them as victims who have had failures but rather as heroes who have overcome some of life's trials. When we identify someone's strength, they often begin to recognize the power within themselves.

So for example: let's consider together how we might respond to Marion.

*Marion,
a single mother, travels
quite far each day to
attend classes. She
rarely misses a class, but
is often late.*



What might we
say to Marion?

Exercise:

Work in small groups to come up with a response to these scenarios. Try role playing it to check out how it feels to validate another's strength or to be validated.

- a. This is **Jeff's** 5th time he has asked to be connected to a Peer Mentor. He rarely shows up for the meetings.
- b. **Maria** has told you that she's nearing the end of her rope. Every time she has gone to a counsellor to get help in dealing with her stress, they give her lousy advice.
- c. **Linda** has taken the exam 4 times and failed each time. She tells you it's the math questions that give her the problems.
- d. **Taylor** has quit smoking many times in the past – and wants to for good – but always starts up again when there's a test coming up or an assignment due.

*FACILITATOR SUGGESTION:
Invite discussion as a full group.*



Language is a tool that we always carry in our Mentor's toolkit.

Strive to use **respectful, person first, strengths-based** and **empowering** language.

2.5 Intentional Conversation Skills

We will now focus on building the intentional conversational skills we have in our toolkit. We'll look at:

- ✓ The art of questioning
- ✓ Effective listening; and
- ✓ Relationship language.

2.5.1 The Art of Questioning

Here's a review of the difference between **Closed-Ended & Open-Ended Questions**:

	Closed-ended questions:	Open-ended questions:
What they are / what they accomplish	<ul style="list-style-type: none"> - require only a yes/no or short answer - close out a lot of information - tend to be more directive and don't allow the person to share much of their ideas. - can be easier for the responder to answer - keep the questioner in the driver's seat 	<ul style="list-style-type: none"> - gather a lot more information - typically start with a "how," "what," and "why" - can also be open-ended invitations such a "Tell me more about that." - tend to open up a lot of information. - respondent is required to think - responder is encouraged to take the lead and to disclose their ideas and viewpoints.
Examples	<ul style="list-style-type: none"> a) Do you feel O.K. about participating in this program? b) Do you think you are ready to work? c) Can you live on your own? 	<ul style="list-style-type: none"> a) Tell me what participating in this program is like for you? b) What will being ready to work look like for you? c) What needs to be in place for you to live on your own?

Exercise:

Divide into small groups and adopt these roles:

- **Mentor** – you have 3 minutes to learn as much about your Mentee's experience at Northern College.
- **Mentee** – this exercise will be most effective if you base your responses on your real-life experience from your early days at college.
- **Observer(s)** – pay attention to the questions, and any other techniques the Mentor uses to draw out this information from the Mentee. You may wish to take notes as we will be discussing further as a full group.

Observer notes:

Let's take a look at the Mentor's use of open versus closed questions:

- What kinds of questions were used?
- How effective were they?
- What was the experience like for the Mentee? For the Mentor?
- How would the experience have been different if the Mentor only used closed questions?
- How would the experience have been different if the Mentor only used open questions?
- Was the Mentor aware of the kinds of questions he/she was using?

2.5.2 Effective listening

Some behaviours help us to really hear what the person is sharing and also show that we are listening:

Listening Aids	Listening Barriers
Waiting for your turn or a natural lull to speak	Interrupting
Giving full attention to the Mentee	Writing notes or checking your phone when listening
Making eye contact when it feels comfortable & appropriate	Not making eye contact OR staring the person down
Practicing patience	Trying to press the person for information or looking at the time while the Mentee is speaking
<i>Can you think of others?</i>	



What's one of the **biggest barriers** to opening up with another person?

- Feeling that we are **being judged!**

We are being non-judgmental when we:

- ✓ Accept the person as they are
- ✓ Make no moral judgment about their situation and their choices,
- ✓ Show empathy. Putting ourselves in the person's position is empathy, often confused with sympathy which is feeling sorry for the person.

Showing that we are listening / that we understand.

If we want to encourage our Mentee to feel comfortable talking with us, we can show them that we do really hear and also check our understanding with them by using these kinds of statements:

- Relating statements
- Summarizing statements
- Reflective statements

✧ Relating Statements

Relating statements show we relate to what the Mentee has said. This can create a sense of connectedness and can encourage them to not feel alone in the experience they are discussing.

It is important to be sincere when we use relating statements (not just saying that we relate when we don't). It is also important to not "overdo it" with relating statements. It is important to make sure the focus stays on the person we are trying to assist the Mentee, and doesn't get redirected to us.

If you choose to share personal things, here are some guidelines to keep in mind so that you do so in a way that will be helpful for the Mentee that we adapted from training from the Recovery Opportunity Center, Arizona:

- ✓ If you share past challenges or struggles, focus on the strengths that helped you through them.
- ✓ Tell about the turning points or experiences that led you to be hopeful that things could be better.

We will talk more about "boundaries" shortly.

REMEMBER:

- ✓ Be sincere
- ✓ Don't overdo it
- ✓ Keep the focus on the Mentee

✧ Summarizing Statements

Summarizing statements, as you would guess, involve briefly restating the main points of what the Mentee has just shared. They can serve many functions:

- ✓ help check if you're following;
- ✓ get the Mentee back on track (if they seem to be losing focus); and
- ✓ show the Mentee that you're listening and interested.

Caution: Don't overuse summarizing statements as it can sound artificial and even patronizing if used too much.

✧ Reflective Statements

Reflective statements, much like summarizing statements, can help with clarity. By briefly and occasionally restating what we've heard the Mentee say, we can "*check in*" with a person to make sure we are understanding what they're saying. These statements can *be a way of showing that we are really listening*. A reflective statement is like a mirror that says, "You are being heard. I care about what you have to say."

In making reflective statements, it is important to...

- ✓ Wait for pauses in the speaker’s flow of speech.
- ✓ Avoid any judgment in our tone.
- ✓ Avoid “overdoing it” – too many reflective statements can sound artificial and even patronizing.
- ✓ Be selective in what we reflect back to the speaker (we wouldn’t want to just repeat back everything they say like a parrot.)

Facilitator’s notes –
Divide class into small groups

Let’s try out using these statements:

	Situation	What technique? Why?	Mentor response
1	<p>Eve tells you – “I can’t believe my roommate. While we were eating breakfast, she casually mentioned that she’s moving to BC tomorrow! She’s not on the lease. I can’t pay next month’s rent by myself! My only choice is to find a new roommate and get her moved in right away.” (Eve becomes silent, looking down.)</p>	<p>a) Reflective statement to let Eve know I understand and to open the door to her discussing her options.</p> <p>b) Summarizing statement to _____.</p>	<p>a) <i>“I hear your disappointment... and also your determination to stay on top of this.”</i></p> <p>b) _____ _____ _____</p>
2	<p>Jordan says, “I got that promotion I’ve been waiting for. I’m so happy. I know I can handle my new duties, but I’m nervous about my new boss. I keep thinking, <i>what if we don’t click like me and my old boss?</i> But then I think, <i>maybe he’ll be cool.</i> I don’t know what to think.”</p>	<p>a) Relating statement to _____.</p> <p>b) Summarizing statement to _____.</p>	<p>a) _____ _____ _____</p> <p>b) _____ _____ _____</p>
3	<p>Your mentee expresses that she feels under-recognized at school and feels upset that other students are given more attention than her. She feels uneasy for being so upset about it because “it really shouldn’t be such a big deal.”</p>	<p>a) Reflecting statement to _____.</p> <p>b) Relating statement to _____.</p>	<p>a) _____ _____ _____</p> <p>b) _____ _____ _____</p>

2.5.3 Relationship language

In almost all relationships, we expect to give and take about equally in conversation – this shifts a little in our relationship with our Mentee. Although there is certainly give and take, we do focus more on supporting our Mentees in meeting their needs. We don't try to tell them what they need, nor how to go about meeting those needs. It can be tempting when in a "helping role" being a Mentor, to use directive language, especially if your Mentee seems to be at a loss or is asking for advice. Relationship language stays away from directing.

Here are some guidelines for staying relationship focussed:

- ✓ Use "I" statements.
- ✓ Talk about how you experience what's happening rather than what the other person is doing.
- ✓ Say what you see, without analyzing or evaluating. Instead of saying, "you look depressed," you might say, "I notice you aren't smiling as much as usual today."
- ✓ Invite the mentee to take the lead because they are the best experts on themselves!

It's very powerful to just "be" with others. It's not our job to "fix" them.
How do we build relationships?


- Find out the things we have in common
- Be genuine/real
- Sharing fun activities together (building a common ground)
- Be equals (very tough to have a relationship with someone who thinks they are better than you)



Questioning techniques, demonstrating effective listening, and focusing on the relationship are further tools in our mental health toolkit.

2.6 Challenging situations

Let's imagine what situations could arise that we would find particularly challenging when supporting our Mentee who may be struggling with mental health issues. List them here:

	➤
	➤
	➤
	➤
	➤
	➤
	➤
	➤

Today, we are going to touch on these 5 challenges:

1. Avoiding slipping into the “**solver syndrome**”
2. Maintaining **confidentiality** ... or not!
3. Preserving **boundaries**;
4. Resolving **conflicts**; and
5. **Thoughts of suicide**.

Before we get into these, let's identify which challenges outside of these 4 remain on the list we generated. Select one that is of interest to you from the previous page

2.6.1 Solver syndrome

It is easy to slip into the “fix-it” role when a Mentee looks to you as Mentor for support. We can learn many lessons from the Butterfly Story:

the Butterfly Story

A man spent hours watching a butterfly struggling to emerge from its cocoon. It managed to make a small hole, but its body was too large to get through it. After a long struggle, it appeared to be exhausted and remained absolutely still.

The man decided to help the butterfly and, with a pair of scissors, he cut open the cocoon, thus releasing the butterfly. However, the butterfly's body was very small and wrinkled and its wings were all crumpled.

The man continued to watch, hoping that, at any moment, the butterfly would open its wings and fly away. Nothing happened; in fact, the butterfly spent the rest of its brief life dragging around its shrunken body and shriveled wings, incapable of flight.

What the man – out of kindness and his eagerness to help – had failed to understand was that the tight cocoon and the efforts that the butterfly had to make in order to squeeze out of that tiny hole were Nature's way of training the butterfly and of strengthening its wings.

Sometimes, a little extra effort is precisely what prepares us for the next obstacle to be faced. Without that effort, we are left unprepared to face the next challenge and we may never manage to fly off to our destiny.



-shared by Recovery Opportunity Center, Arizona

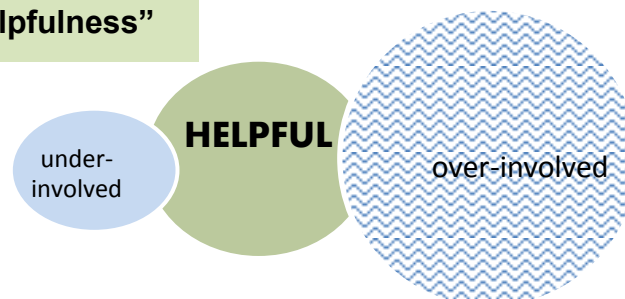
What lessons may we take away from this story?

- _____
- _____
- _____

FACILITATOR Notes:

- *Patience*
- *Helping in the short-term can actually limit people's potential*
- *The person is the expert in their own life*
- *Struggles are important ways of learning, of building strengths*
- *Challenges shape who we are and help us reach our potential*

Keep yourself in the
"Zone of Helpfulness"



How will you know if you are slipping toward over or under involvement?

- _____
- _____
- _____

The tendency to want to “fix it” for your Mentee, and the frustration that comes when that person seems unwilling to make changes, often points to a lack of understanding of the Mentee’s readiness. Here is a model to help recognize and respond in helpful way.

Stages of Change Model

List 1 or 2 more things you can say or do when a Mentee seems to be in each of these stages to support them in being able to move forward:

When our Mentee is showing signs of being in this stage:	<p style="text-align: center;">Precontemplation</p> <p>-does not recognize any need for making a change or is not actively considering change</p>	We can support them in their ability to move forward by:	<ul style="list-style-type: none"> • Give information about the personal relevance of this goal, link with hopes & dreams. • <i>Help understand the benefits.</i> • <i>Explore feelings about current situation related to this area and possible outcomes of improvement.</i> • <i>Explain the options.</i> • <i>Inspire with hope that situation can be different/better.</i> • <i>Reinforce respect of choice & confidence in ability to make choices for own life.</i>
	<p style="text-align: center;">Contemplation</p> <p>-recognizes benefits of making a change and is seriously considering it.</p>		<ul style="list-style-type: none"> • Give a chance to talk about their ambivalence. Explore costs/benefits. • <i>Reduce/remove costs.</i> • <i>Clarify values and consider how improvement in this area would be in agreement with their values.</i> • <i>Help them define an image of themselves with goal achieved.</i> • <i>Awaken belief in own power to change by helping find evidence of past accomplishments</i> • <i>Focus on “why” want to change not “how”.</i>
	<p style="text-align: center;">Preparation</p> <p>-intends to engage in activities related to making this change in near future and may have made small steps toward it.</p>		<ul style="list-style-type: none"> • Move into focusing on “how”. • <i>Explore choices/options and their decision on best plan.</i> • <i>Formally commit to a plan and a start date.</i> • <i>Know step by step goals.</i> • <i>Help prepare for what is needed to follow-through on plan</i>
	<p style="text-align: center;">Action</p> <p>-has initiated activities related to making a change.</p>		<ul style="list-style-type: none"> • Regularly discuss challenges encountered and success achieved. • <i>Acknowledge the difficult steps they have taken.</i> • <i>Develop internal and external rewards.</i>
	<p style="text-align: center;">Maintenance</p> <p>-has achieved goal &/or incorporated activities related to this change.</p>		<ul style="list-style-type: none"> • <i>Anticipate situations that might get them off track.</i> • <i>Develop knowledge & skills to counter these situations</i>

Adapted from Prochaska & Diclemente.

2.6.2 Confidentiality

Confidentiality is when you do not tell others something that is shared with you. It plays a key role in the development of a trusting mentoring relationship. Reinforce that as a Mentor, you will not discuss or share in any way the details of the Mentee's meetings with you! Do let them know that there are a few situations in which confidentiality must be broken.

SITUATIONS WHERE CONFIDENTIALITY WILL BE BROKEN

- If you are uncertain and choose to seek guidance from your college support, especially if you are concerned about your Mentee's safety and well-being;
- As a Mentors, you are required to report the following to the appropriate officials:
 - If you have concerns that the Mentee is at risk of self-harm or harm to others.
 - If you believe the Mentee may be thinking of or planning suicide.
 - If you become aware of a child being abused.

What are some situations in which you are at risk of inadvertently breaching confidentiality?

- _____ *speaking on the phone in a public place* _____
- _____
- _____



2.6.3 Boundaries



In any relationship, and especially a “helping” relationship, it is important to be able to set and implement healthy personal boundaries.

Personal boundaries allow us to be in the driver's seat of our own lives. They are the imaginary lines we draw around ourselves to maintain balance and to protect our bodies, minds, emotions, and time from the behavior or demands of others.

Without healthy boundaries or with very weak boundaries, it is impossible to have healthy relationships. You give up a part of yourself to be available or accommodating. Or you become so entangled with another person and their needs (co-dependent behavior) that you lose your own identity, and are also not helpful to the other person.

How can you set the groundwork for maintaining boundaries with your Mentee?

- At your first meeting with your Mentee, explain your role and the limits of what you have to offer, and reinforce this if needed on future meetings.
- Set out the parameters of your relationship, i.e. how often you will meet, when it is ok to contact each other, how you will communicate with each other, etc.
- Be consistent with these expectations and do not permit them to slip.
- Ensure that you are completely comfortable revealing personal information to your Mentee AND that anything you reveal is helpful to the Mentee (it's not about you)
- Be sure to maintain good physical, emotional and mental health so you work at your personal best.
- Discuss boundary issues with your college support.

For each of the following scenarios, rate if you think there is a boundary issue that needs addressing:

		Boundary Issue?		
		Yes	Not sure	No
1	You and your Mentee watch a movie together.			
2	Your Mentee says she will share something with you only if you promise to tell no one.			
3	You talk about what you have learned from your involvement as a Mentor with your family.			
4	You complain to your Mentee that the person you are romantically interested in has been ignoring you.			
5	You have asked your Mentee to not call you between 6-8pm as this is your study time, but he continues to do so.			
6	You find yourself discussing the Mentee with your friends.			
7	Your Mentee offers you an expensive leather jacket.			

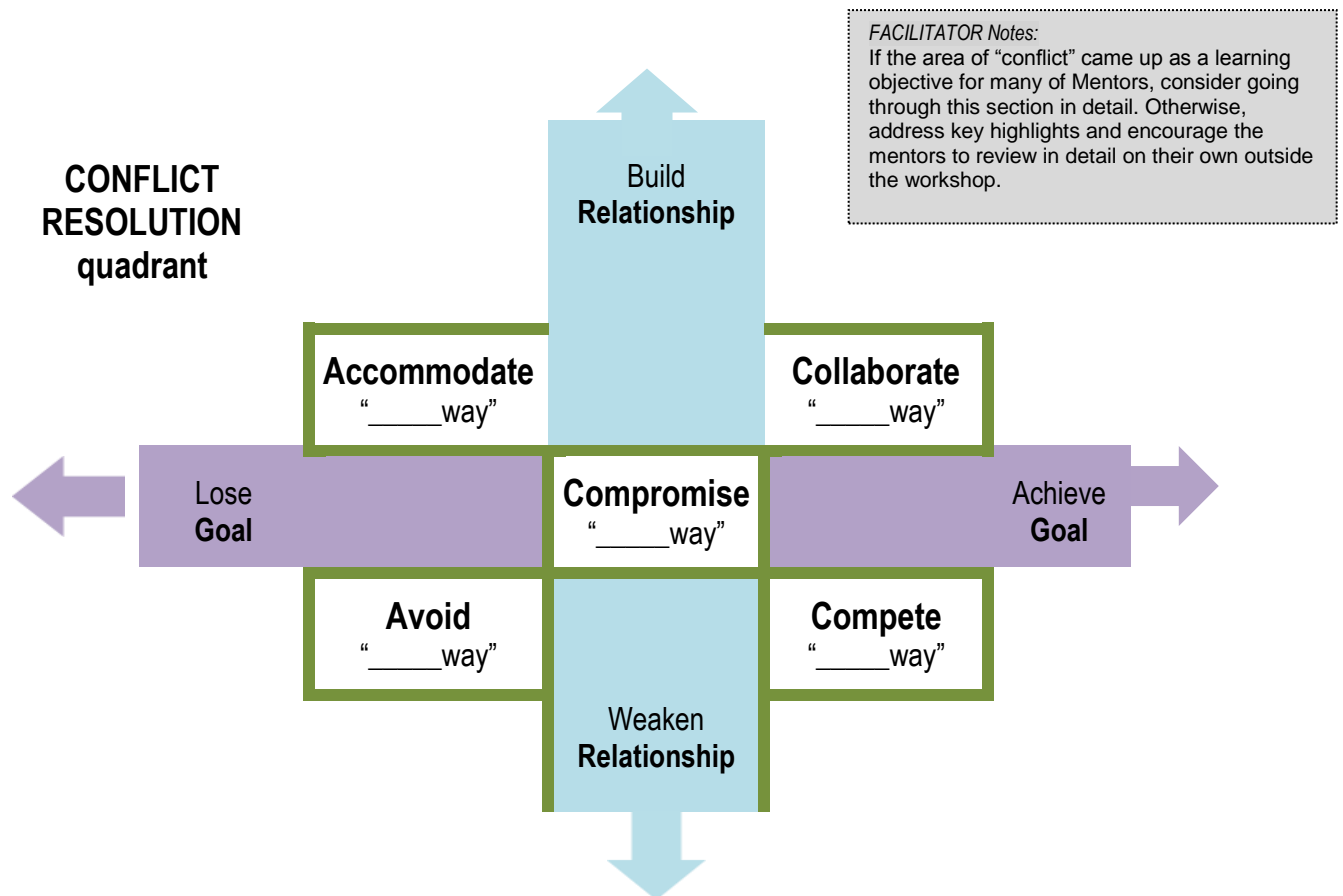
FACILITATOR SUGGESTION:
Invite discussion about the reasons behind the ratings.

2.6.4 Conflict resolution

Ideally, disagreements, or conflicts, are opportunities to not only achieve a goal, but also strengthen the relationship. So whether you encounter conflict in your Mentor-Mentee relationship, or whether you are supporting your Mentee through other conflict, here are some tools to help.



First, we'll look at a model for understanding the distinct ways in which most of us deal with conflict. The diagram below shows how each of the 5 styles affects our relationship with the other party, and whether each style helps move us closer to our goals.



Striving for **COLLABORATION** is working jointly to resolve a situation. The outcome will allow everyone to have their needs met. This is usually the aim when facing most differences of opinion, but there are situations when other styles may be appropriate.

When the **COMPROMISE** style is used, each person gives up something to get something. Nobody gets everything they want and everybody gets something they want. This “split the difference” approach can be great sometimes. List a few situations in which compromise may be effective:

- When we want to promote a sense of mutual responsibility in which each person shows assertiveness and flexibility.
- When the short-term need to end the conflict is really important: “we need to find a quick solution now! We don’t have time to look at every angle.”
- When long-term relationship-building is not a central focus – for example, compromising on the price of a cabinet at a flea market.

There are drawbacks to over-using the compromising style:

- Sometimes rushing too quickly to “compromise” can block the process of finding more effective, long-lasting solutions.
- If we compromise all the time, neither of us ever fully gets what we want.
- Sometimes people are tempted to get a little too “strategic” with compromise. It can lead people to ask for twice as much as they need: “If I start off by asking for \$2,000, then it’s more likely I’ll get the \$1,000 required to repair my car.”

When people **COMPETE**, there is usually a winner and a loser. Hard feelings and retaliation can result. It doesn’t usually promote connection and community. Sometimes the competitive style is important to use when we have tried other methods and there is a lot at stake – like someone's life or important rights.

AVOIDANCE of conflict is most useful when the issues involved are not particularly important to you or the other person, or when the time and effort needed to resolve the situation exceeds the value of the situation. In some situations, avoidance of conflict may help prevent making a “mountain out of a molehill.” Avoidance may also be a useful tactic when the other side holds the power advantage.

This style involves letting the other person have his or her way. It can involve giving up your own objective in order to “go along with” what the other person wants to do. Or it can simply be about “giving the other person the floor” – deciding to hold off on your agenda and “just listening”, allowing the other person to speak his or her mind.

When can **ACCOMMODATING** be useful?

- When building the relationship is more important than getting your way.
- When you weigh your needs versus the other party's needs and say, "In this situation, the other person's needs are more important."
- When the other person has been having a tough time. (It can really show that you care and soothe hurt feeling).

When used wisely, accommodating can build relationship. If we are always accommodating though, it's likely that we are doing things for people and getting in their way of learning to do for themselves. Also, overuse of this style can lead to one person feeling resentful – feeling like a "doormat." The key is balance – accommodating sometimes when it fits the situation and remembering to use other conflict resolution styles when they seem like a better fit.



Now test your understanding by going back to the Conflict Resolution Quadrant. Write the following descriptors in the style (the green boxes) where they best fit:

**Half
way**

**My
way**

**No
way**

**Your
way**

**Our
way**

Here are some strategies to help resolve conflicts through discovering healthy solutions:

- **Start a conversation.** Encourage the other person to talk, asking questions without interrupting to keep the conversation flowing. Offer prompts like "What else?" and say "Tell me more about ..." to make sure the person says everything that is on his or her mind.
- **Remember that emotional people cannot listen.** When feelings run high and emotions rule reason, you cannot expect to resolve conflict. Focus first on allowing the other person to vent those emotions. Then say "I understand your feelings about _____. Are you ready to talk about solutions?"
- **Avoid personal comments.** Don't inflame the tension by saying "You always blow things out of proportion" or "You need to stop being so emotional." Focus on calming emotions, not inflaming them or triggering a defensive reaction.
- **Choose the right time.** Some conversations are too important to squeeze in when you are feeling pressured, hassled or off-guard. If you do not feel ready to listen and to speak about a topic, put off the conversation until a specific time in the future. Understand that the person's anger or frustration is likely to simmer during the wait, so hold the conversation as soon as possible.
- **Don't fake understanding.** Never tell someone "I know how you feel" if you have not experienced the exact same situation. Instead of working to prove that you understand, ask questions until you really do. Remember, agreeing is less important than understanding and accepting.
- **After the person has calmed down,** move the conversation from venting to problem solving. Ask "What would you like to see happen?" or "How do you think we should resolve this?"



This model of Conflict Resolution can help you work out differences with your Mentee, but may also be a useful tool to share with your Mentees for them to use in their lives.

2.6.5 Suicidal Thoughts or Actions

In the 1st R: Recognizing, we looked at how to be aware that someone may be thinking of taking their own life. Responding to someone who is in this situation is the fifth, and perhaps the most challenging of the challenging situations we are addressing today.

What might you hear or see from someone who is contemplating suicide?



List as many warning indicators that someone may be at risk for suicide as you can:

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in an unbearable situation.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Withdrawn or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people to say goodbye.
- Making arrangements; setting one's affairs in order.
- Giving things away, such as prized possessions

If you are concerned that your Mentee may be considering suicide, what can you do?

Talk with them. Ask them directly if they're thinking about suicide. Talking about suicide won't give them the idea. If someone is seriously considering suicide, they may be relieved that they can talk about it.

- If "no" continue your conversation, with a focus on listening
- If "not sure", keep engaging in conversation. Connect them with supports to protect against feeling alone.
- If "yes", your Mentee says that they're thinking about ending their life, it's important to ask them if they have a plan.
 - No plan? Connect with professional help or resources they trust (crisis line, hospital emergency department, mental health worker, faith leader).
- If they have a plan and intend to end their life soon, connect with crisis services, hospital emergency department, or 9-1-1 right away. Stay with your Mentee while you make the call or help them connect, and don't leave until the crisis line or emergency responders say you can leave.

I'd rather have you angry at me for helping than have you die by suicide.



Let's try this out.

FACILITATOR Notes:
Discuss or role-play in pairs or trios, or as a large group.

Alisha, Marc, and Gabrielle are your Mentees.

- ✘ **Alisha**, whose marks have been plummeting, is facing final exams and says to you "It's no use; I'll never be able to pull this off."
- ✘ **Marc** is inviting friends to his apartment where he is giving away what seem to be all his possessions.
- ✘ **Gabrielle** has just posted a Facebook message saying goodbye.

3 Rs

Recognize

What might be going on with your Mentee?

Respond

What would you say and do?

Refer

How would you decide whether to encourage help? At what point would you call for help, whether your Mentee wants you to or not?



Your suicide awareness/intervention skills

Go to your "Toolkit" sheet.

- ✓ If you have additional training in suicide intervention, consider writing this in your "**Tools I have to offer**" section.
- ✓ If you haven't received training, consider making a commitment to yourself to do so. Write this under "**I will continue building my toolkit by:**" section.

FACILITATOR Notes:

This section includes 2 different "tip" lists. The 1st is detailed deeper level approach to building well-being. The 2nd is less detailed, "take a moment" mental fitness tips.

It is suggested you select the one that seems most suited to your Mentors rather than both

2.7 Self-Awareness / Self Care

In our role as Mentor, it is important to take time to care for ourselves so that we can maintain our own mental health and be effective when we support our Mentees.

2.7.1 My Well Being

Here's some tips and activity suggestions from CMHA on 6 ways to help you take a look at your own well-being, discover your strengths, and take action to care for yourself. As you read through, take note of

- ? **What areas you focus on?**
- ? **What areas you intend to focus on?**

FACILITATOR suggestion - Conversation Café

Identify 6 areas in the room to use as break-outs for each of the 6 topics. Have Mentors go to one of most interest to them personally to share how they have or intend to focus on it.

1) Build a healthy self-esteem

Self-esteem is more than just seeing your good qualities. It is being able to see all your abilities and weaknesses together, accepting them, and doing your best with what you have. Self-esteem means recognizing your unique talents and abilities, and using that confidence to follow your goals and interests without comparing yourself to others.

- **Activity: Build confidence.** Take a good look at your good points. What do you do best? Where are your skills and interest areas? How would a friend describe you? Now, look at your weak points. What do you have difficulty doing? What things make you feel frustrated? Now, which list was easier to write? Remember that all of us have our positive and negative sides. We build confidence by developing our weaker areas and regularly reminding ourselves of the things we're comfortable with and proud of.

2) Build positive support networks

Good relationships take effort, whether it's relationships with family members, friends, or other important supporters. It takes courage to reach out and time to build trust. But social support is a very important part of mental health. People in our networks can offer many different kinds of support, like emotional support, practical help, and alternate points of view. Support can come from family and friends, neighbours, co-workers or classmates, faith communities, clubs or support groups for specific problems.

- **Activity: Make time.** Make time just to be with important people in your life. Make time for simply having fun and enjoying each other's company, and time for serious conversations.

3) Get involved

Being involved in things that really matter to us provides a great feeling of purpose and satisfaction. You make a difference, no matter how big or small your efforts. Getting involved connects you with others in your community who share similar interests or values and connects you to groups of people you might not normally meet. It can help you learn new skills, build confidence, and see your own experiences in a different way.

- **Activity: Volunteer.** You are already volunteering as a Mentor – congratulations. Are there other activities that fit in your life now or may fit in future to help you continue to be involve? Read to children at your local library, visit people in a hospital or care facility, serve on a committee or board of your favourite charity, clean up a local park or beach, or simply help a neighbour.

4) Build resiliency

Resiliency means coping well with problems, stress, and other difficult situations. Problems and stress are a normal part of life. Situations like accidents or illness, unexpected life changes, and conflict happen to everyone. Resiliency is what helps you look at the situation realistically, take action when you can make changes, let go of things you can't change, and recognize the helpful supports in your life. Your resiliency toolkit might include skills like problem-solving, assertiveness, balancing obligations and expectations, and developing support networks. While some people learn these skills during treatment for mental health problems, we should really think of them as skills for everyone. You can learn more about these skills online, in books, through community organizations, or through your health care provider.

- **Activity: Build your own toolkit.** Set aside time to think about the resiliency tools you already have. This might include skills like structured problem-solving or people who can help you during difficult situations. Remember to include strategies that have worked for you in the past. Keep your list on hand and use it as a reminder when you need help. It's also a good way to see where you might want to build new skills or supports.

5) Recognize your emotions

Emotional well-being is not about being happy all the time. Feeling sad, angry, and anxious at times is part of being human. Emotional well-being involves expressing our emotions in a way that respects everyone. Bottling up our feelings doesn't respect our own experiences, just as lashing out because we feel angry may not respect others. Emotional well-being also includes recognizing what influences our emotions, discovering how our emotions affect the way we think or act, taking action when our emotional response isn't helpful, and learning to accept our emotions—even the difficult ones.

- **Activity: Identify and deal with your moods.** Find out what makes you happy, sad, joyful or angry. What calms you down? Learn ways to deal with your moods. Share joyful news with a friend, and find support when you feel sad. Physical exercise can help you deal with your anger or anxiety. Keep a stack of your favourite funny cartoons, stories, or videos for times when you need to laugh. And don't forget the power of music to lift you up or calm you down.

6) Take care of your spiritual well-being

Spiritual well-being means getting to know ourselves, discovering our values, and learning to be at peace with who we are. It also involves finding and connecting to something bigger than ourselves and living with purpose. Spirituality can give us meaning and solace, help us overcome challenges, and help us build connections with others. This may mean religion for some, but it doesn't have to—it's really about how we feel on the inside.

- **Activity: Connect with yourself.** Set aside quiet, quality time to be totally alone. Try a breathing exercise: count your breaths from one to four, and then start at one again. Or do something you love to do, like dancing, going to a baseball game, building a bird house, going for a hike, or whatever works for you!

2.7.2 Mental Fitness

Just like physical fitness, we can become more mentally fit with a healthy regimen. Dedicating even a short time every day to our mental fitness will reap significant benefits in terms of feeling rejuvenated and more confident. Here are some simple suggestions from CMHA to practice mental fitness:

- **Daydream** – Close your eyes and imagine yourself in a dream location. Breathe slowly and deeply. Whether it's a beach, a mountaintop, a hushed forest or a favourite room from your past, let the comforting environment wrap you in a sensation of peace and tranquility.
- **“Collect” positive emotional moments** – Make it a point to recall times when you have experienced pleasure, comfort, tenderness, confidence, or other positive emotions.
- **Learn ways to cope with negative thoughts** – Negative thoughts can be insistent and loud. Learn to interrupt them. Don't try to block them (that never works), but don't let them take over. Try distracting yourself or comforting yourself, if you can't solve the problem right away.
- **Do one thing at a time** – For example, when you are out for a walk or spending time with friends, turn off your cell phone and stop making that mental “to do” list. Take in all the sights, sounds and smells you encounter.
- **Exercise** – Regular physical activity improves psychological well-being and can reduce depression and anxiety. Joining an exercise group or a gym can also reduce loneliness, since it connects you with a new set of people sharing a common goal.
- **Enjoy hobbies** – Taking up a hobby brings balance to your life by allowing you to do something you enjoy because you want to do it, free of the pressure of everyday tasks. It also keeps your brain active.

- **Set personal goals** – Goals don't have to be ambitious. You might decide to finish that book you started three years ago; to take a walk around the block every day; to learn to knit or play bridge; to call your friends instead of waiting for the phone to ring. Whatever goal you set, reaching it will build confidence and a sense of satisfaction.
- **Keep a journal (or even talk to the wall!)** – Expressing yourself after a stressful day can help you gain perspective, release tension and even boost your body's resistance to illness.
- **Share humour** – Life often gets too serious, so when you hear or see something that makes you smile or laugh, share it with someone you know. A little humour can go a long way to keeping us mentally fit!
- **Treat yourself well** – Cook yourself a good meal. Have a bubble bath. See a movie. Call a friend or relative you haven't talked to in ages. Sit on a park bench and breathe in the fragrance of flowers and grass. Whatever it is, do it just for you.



Think about what you do to take care of yourself, especially at times you feel depleted. Write that down in your Toolkit Sheet and as you do, think about the benefits of each.

If you are looking for more ideas, here is another resource, from *the jackproject*:



<http://www.thejackproject.org/sites/default/files/pdfs/resources/TJP-Tipsheet-Wheel-Of-Well-Being.pdf>

The Wheel of Well-being is an engaging page of helpful prompts to guide us in strengthening our well-being in all areas of our lives.



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Refer



Notes:

Facilitator's preparation notes:

-print "CMHA-CT suggestions for mental health-related resources HANDOUTS

Expanding our toolkit

As you know, this Student Peer Mentor training session has been designed to help us recognize and respond to a Mentee who may be struggling with mental health issues.

Now, let's take the last of our day to discuss the 3rd "R" – Refer – or how to encourage a Mentee to seek professional help.



3.1 Encouraging professional help

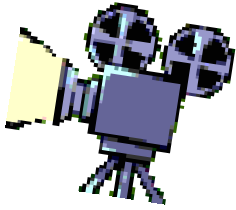
How do we know when it's time to encourage a Mentee to seek professional help?

- When there's any indication of suicidal risk
- There's an impact on the Mentee's ability to function
- _____

Whatever the situation, when we are encouraging professional help, ideally, we are doing so on the foundation of having a strong relationship with our Mentee. We have given our Mentee reassurance and information. We have helped our Mentee feel hope and optimism that things can be better. This is key. Realizing that they may have a real medical condition, and that there are effective treatments is the basis for encouraging the Mentee to access help.

What are the main reasons why a Mentee may be reluctant to seek professional help?	What can we do as Mentor to help the Mentee overcome this barrier?
<i>Stigma (from self or others), shame, embarrassment</i>	<i>Provide information :</i> <ul style="list-style-type: none"> • <i>Mental health challenges affect virtually everyone at some time</i> • <i>Not a sign of weakness, not anyone's fault</i> • <i>How/where to go for help</i> • <i>Many effective treatments, approaches</i> • <i>Etc.</i> <i>Talk to your mentoring advisor</i> <i>Call CMHA to discuss the situation – we may be able to engage in outreach to the Mentee.</i>
<i>Unsure of how, where</i>	
<i>No hope of things getting better</i>	
<i>Fear of forced treatment, hospitalization</i>	
<i>The illness itself is limiting the person's insight and awareness, for example, when experiencing psychosis.</i>	

3.2 Connecting to CMHA Cochrane Timiskaming Branch



Here is a video illustrating how CMHA, as part of a caring community, can make a difference.

<http://www.youtube.com/watch?v=zi8M8UHpg0M> (3min40sec)



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Connecting to CMHA:

- **In Timmins, call 705.267.8100**
our CMHA office is on the 2nd floor at 330 – 2nd Avenue (in same building as the Public Library)
- **In Kirkland Lake, call 705.567.9596**
we are at 5 Kirkland Street West (right beside CJKL)
- **In New Liskeard, call 705.647.4444**
we are at 20 May Street South. We share a building with the Centre de Sante, just 1 block from Whitewood & Armstrong, beside Tim Horton's.

Anyone can call or stop by any of our offices, with or without an appointment, to seek further information or support.

We have someone available during regular business hours (8:30am to 4:30pm) to meet with you or your Mentee. We can meet at our office, or if there is another location that is more comfortable or convenient for you, we can meet there.

If you call after hours, just leave a message. We will be able to get back to you the next business day.

If you are unsure, do go ahead and connect with us, or support your Mentee in connecting with us.

We will work together to figure out what services might best fit the Mentee's needs, and if we don't offer them, we will help your Mentee make the link.

3.3 Encouraging other support & resources

Let's briefly review the **Local Resource handout** and highlight the key resources that you as a Mentors may most frequently refer to.

FACILITATOR SUGGESTION for resources that the Mentees highlight in the list:

- **911** – for emergencies
- **CMHA**
- **KidsHelp** 1.800.668.6868
- **Ontario 211** – community, health, & social services close to home
- **Timiskaming Crisis Response System** 1.888.665.8888
- If the Mentee is involved in a **faith community**, that Faith leader.
- **Friends & family**
- **Self-help books or sites**
- **Good 2 Talk**

Remember:

There is a 3-way relationship between your college representative, you as a Mentor, and your Mentees.

Your college representative is available to support both you and your Mentee

- Find out the hours your college representative is available.
- And find out where to turn for help at any other time.



Pulling together the 3 Rs’.

Let’s take 10 minutes to try it out.

FACILITATOR SUGGESTION
Divide into groups of 3 for Role Play (although, sometimes at this point in the day, the Mentors may be better able to engage in discussion rather than role play)

**A role
play...**

Mentee Role

Think of something real or imaginary that would lead you to requesting to be connected to a Mentor. Collect your thoughts on what you will say / how you will say it. At the mid-point of the role play, we will “fast-forward” into a future conversation where you let your mentor know you are facing a mental health challenge. Choose a specific symptom/situation you wish to highlight.

Mentor Role

Think of how you will introduce yourself and explain your role to the Mentee. Pick up your phone and call the Mentee – this is your 1st conversation. Begin to get to know the Mentee and why they are requesting support.

Observer Role

Be the time-keeper. Give the Mentor/Mentee approximately 1 minute to prepare. After about 5 minutes, let them know you are “fast forwarding” the conversation to a point where they challenges emerge. Stop the role play at 10 minutes. Note what the Mentor has said/done that seems effective. Be prepared to offer other observations/suggestions if the Mentor requests feedback.

Possible discussion points:

- ? How did the Mentor explain his/her role?
- ? What went well?
- ? Were there points in the conversation that the person in the Mentor role would like to go back to approach in a different manner?
- ? What areas or skills, if any, do all 3 of us want to polish?



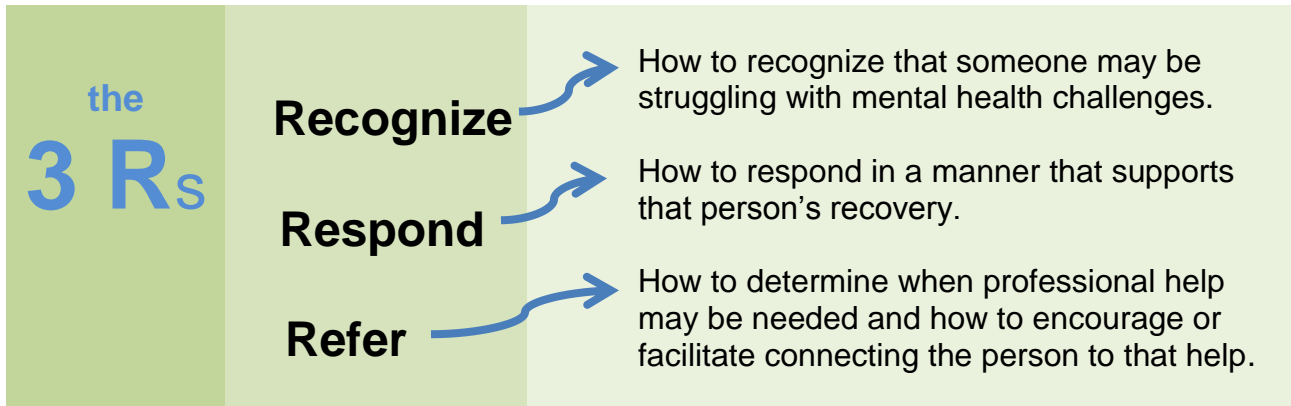
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Wrap-Up



Notes:

Today, in the Student Peer Mentor Training, we have looked at



FACILITATOR SUGGESTION

If possible, throughout the day, take note of a quality, strength, or contribution that each Mentor has made, and provide this feedback to each Mentor as they share their "take-away".

Take-Aways.

Let's go around the room and each share at least one thing we are taking away from today's workshop. It may be recognition of a strength we have, new knowledge, a skill we have developed, something inspiring ...

Being self-aware and being a part of one another's positive development are key tools in the Mentor's toolkit. We will end each time together today with an opportunity to practice giving feedback through evaluating how we have done. The 3Ps is one way of structuring feedback.

3 Ps: Praise-Polish-Praise

Let's provide feedback for today's Facilitator(s) & Mentor participants:

- ✓ **Praise** – what went well today that we want to ensure we continue with in the future?
- ✓ **Polish** – what could have been more effective & constructive suggestion(s) for improving
- ✓ **Praise** – share a final strength that ideally, is one that will build confidence or ability to apply the "polish".



The **3 Ps** structure can be used as a Mentoring tool to invite feedback about your approach and also to provide feedback to the Mentee.

And finally, a 4th P: Plan

Go back to your Toolkit Worksheet. Take a few moments to reflect on what we have covered in this workshop, and further complete your worksheet as best you can.



Focus on making a commitment to yourself for how you will continue on from today's learning.

And in conclusion, please help us with our learning



Please go to www._____ or complete the paper-based version to offer your perspective on today's CMHA-College Student Peer Mentor training. Your feedback will help us strengthen future trainings.



You cannot get through a single day without having an impact on the world around you.

What you do makes a difference, and you have to decide what kind of difference you want to make.”

- Jane Goodall



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Expanding my MENTAL HEALTH TOOLKIT



Tools I have to offer:

My Strengths & Skills & Knowledge



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Expanding my MENTAL HEALTH TOOLKIT



I will continue building my toolkit by:

Doing what?

By when?



I build my resilience and strengthen my own mental health by:

Doing what?

How? When? With who?
