



MORE FEET ON THE GROUND TOOLKIT

*Psycho-educational and skills development
resources for postsecondary institutions*





Preface

This toolkit contains all of the information, support and tools needed to implement the *More Feet on the Ground* campaign at your postsecondary institution. *More Feet on the Ground* is a mental health education program proven to increase campus awareness of mental illness and mental health resources for postsecondary students. The campaign includes two primary components offered concurrently: (1) a compressed online training tool and (2) a psycho-educational & skill development workshop series. This toolkit is intended to assist postsecondary institutions across Ontario to implement their own *More Feet on the Ground* psycho-educational skill development workshop series on campus.

Toolkit Contents:

- Practical ideas and suggestions for facilitators of postsecondary psycho-educational workshops.
- Ready-to-use promotional materials, presentations, and handouts that cover five topics: Mental Health 101, Depression, Anxiety, Body Image/Eating Disorders and Psychosis.
- Ready-to-use video library of student speakers who have experienced mental illness and overcome challenges.

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About the Campaign

As the number of postsecondary students experiencing mental health and addictions issues increases and the demand for related on-campus and community services grows, postsecondary institutions have responded with a range of programs and services to support the mental health and wellness of students. Nevertheless, gaps remain leaving some students without the resources and support they need. In turn, these gaps are hindering the prevention and identification of mental health and addictions issues.

In 2012, Brock University identified two clear gaps existed within mental health service provision for postsecondary students: (1) the lack of training on mental health and addictions that responds directly to the specific needs of postsecondary students within the postsecondary environment; (2) the lack of psycho-educational group information and skill development sessions that respond directly to the specific needs of postsecondary students.

While postsecondary students, faculty and staff have access to mental health first aid training, these training sessions often require participation in intensive sessions that can last for two or more days in specific on or off campus locations. For many members of the postsecondary community the duration, location and/or intensity of the training can deter them from participating.

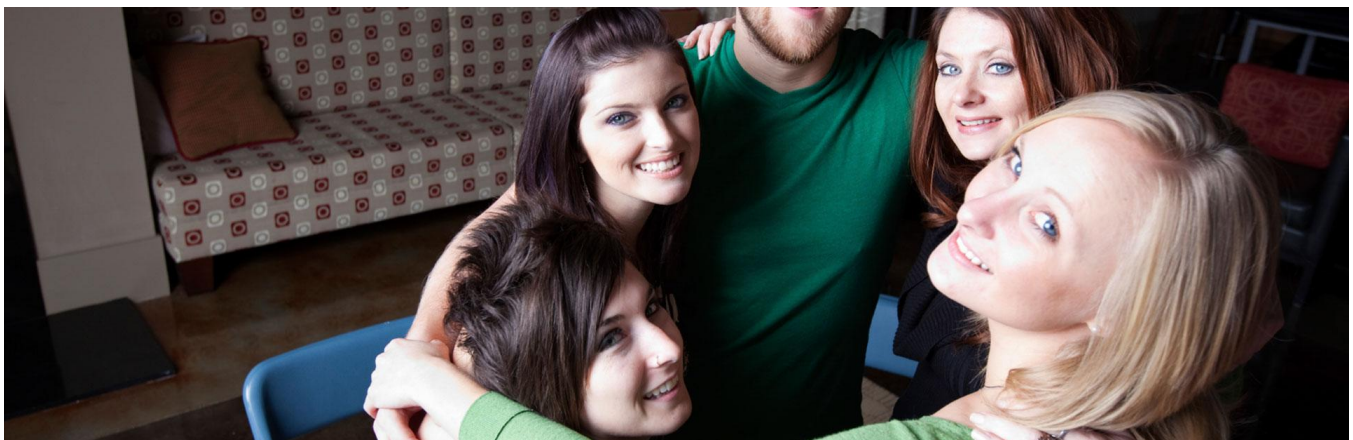


This in turn leaves members of the postsecondary community with little awareness and understanding to support their own mental health and wellness needs and those of postsecondary students.

Additionally, existing psycho-educational group therapies are often limited to adults receiving ongoing services from mental health or addiction providers. They are limited in scope, geography, availability and accessibility to youth. Moreover, they are normally closed groups where individuals must enrol and participate in all sessions. These challenges present an additional gap in mental health service provisions as students, staff and faculty have limited opportunities to attain psycho-educational information in a face-to-face group format.

To address these gaps, Brock University established a comprehensive mental health team through partnership with Niagara College, the Niagara Regional Campus of McMaster University's Michael G. Degroote School of Medicine, Pathstone Mental Health and the Niagara Chapter of the Canadian Mental Health Association. Utilizing funding provided by the Ministry of Training, Colleges and Universities' Mental Health Innovation Fund, Brock University and the project partners created and implemented a compressed online training tool and a concurrent campus-based psycho-educational workshop series. These components were released with the intentions of educating faculty, staff and students on how to recognize, respond to and refer students experiencing mental health challenges.

The products and materials of the *More Feet on the Ground* campaign have been made available to all Ontario postsecondary institutions to continue to address gaps in mental health service provisions for postsecondary students province wide.





ONLINE TRAINING TOOL

MORE FEET ON THE GROUND

Recognize, Respond, Refer



Online Training Tool

The online training tool, [More Feet on the Ground](http://morefeetontheground.ca), provides comprehensive information about common mental health and addiction concerns including signs/symptoms, treatment options, facts and statistics and stories of lived experience. The tool is interactive in nature, containing several modules that can be completed with flexibility, including a brief online assessment of learning, references to local resources and the issuance of a certificate of completion. The tool has been adapted and branded for all participating postsecondary institutions across Ontario, available at morefeetontheground.ca.

This tool was developed specifically for peer educators, residence dons and teaching assistants who are often in a position to develop close relationships with students. The purpose of the tool is to teach these individuals how to recognize, respond to and refer students who are struggling with mental health challenges. The comprehensive and flexible nature of this tool provides peer leaders with information that is specific to postsecondary students, in a postsecondary setting, without the challenges of location, duration and intensity commonly experienced in the comparable training, Mental Health First Aid.

The screenshot shows the website's header with the Brock University logo and navigation links: Introduction, Recognize, Respond & Refer, Learn More, Support & Resources, Quiz, Français, and Login. A large banner features the text "Mental Health Awareness" and "How to recognize, respond and refer students experiencing mental health issues on campus" over a background image of a young woman. Below the banner is a video player titled "Mental Health Module Introduction Video" showing two students. To the right is a "Quick Resources" sidebar with contact information for Personal Counselling Service, Student Health Services, and Services for Students With Disabilities (SSWD). A "Register" section includes an email address input field, a "Register" button, and a "Forgot Password" link. A footer banner at the bottom reads "More Feet on the Ground" with the subtext "RECOGNIZE • RESPOND • REFER".



PSYCHO-EDUCATIONAL WORKSHOP SERIES

MORE FEET ON THE GROUND



Planning the Workshop Series

Introduction

The following section contains sample materials for postsecondary psycho-educational workshops covering 5 topics:

- [Mental Health 101](#)
- [Depression](#)
- [Anxiety](#)
- [Body Image and Eating Disorders](#)
- [Psychosis](#)

These materials are intended to serve as foundational suggestions. Facilitators are encouraged to adapt these resources as needed.

Program Structure

This program is designed as an open five-week series providing a new topic each week. The series should not require pre-registration or ongoing attendance of participants in order to best meet the demanding and varied schedules of students. Sessions can range between an hour to two hours in length (at the discretion of the facilitator). Each session will provide information about the topic, lived-experience testimonials from relatable guest speakers and an open discussion/question and answer period.

Facilitator

The facilitator is responsible for: presenting the psycho-educational information, facilitating activities and discussion, responding to questions and referring students to appropriate services. The facilitator should be a trained and knowledgeable mental health/healthcare professional from the postsecondary institution or a local mental health organization.

Guest Speakers

Individuals providing lived-experience testimonials should be relevant to student participants. It is recommended that recruitment efforts be directed to finding current students or recent graduates that have persevered through a mental health challenge. Guest speakers can be recruited through posters/ads on campus and in the community or referred by campus counselling services. Guest speakers should be coached and supported in constructing a narrative that is honest, positive and inspiring to student attendees. A guest speaker training resource is included in the [More Feet on the Ground Dropbox](#). Please see the video library for examples of guest speakers. It is important to remember this can be a challenging but empowering experience for guest speakers. They may require support throughout the process.

Planning the Workshop Series

Counsellor

An important aspect of the psycho-educational series is the presence of a campus mental health counsellor, caseworker or related professional to provide a “face” for on-campus support. Many student attendees may come to the workshop because they are struggling or know someone who is and this may be their first point of contact with mental health services. Additionally, workshop content or guest speakers may be triggering for some student participants and may create a need for crisis intervention. For this reason, it is recommended that a counsellor or mental health professional be present in addition to the facilitator.

Promotion and Marketing

The workshop series should be advertised well in advance of the first workshop. Possible avenues for promotion include:

- Posters (provided in toolkit)
- Social media
- Email
- Announcements
- Promotion by faculty in courses related to mental health
- Student newspapers or newsletters
- Campus radio

Student Engagement

Incentives should be considered to encourage student attendance. For instance, events that advertise food/drinks yield higher attendance. Additionally, students may be motivated to attend if they will receive a certificate of completion or credit on their co-curricular record. Chances to win prizes could also be considered.

Staff and Faculty

Although this series is intended for students, the attendance of staff and faculty is encouraged as well. The information provided is applicable to their work with students and students enjoy seeing staff and faculty invested in supporting student wellness.

Evaluation

To ensure this series best meets the needs of the students at your institution, it is recommended that you create a short evaluation survey. A combination of multiple-choice and short answer questions measuring participant enjoyment, participant learning and accessibility of the series is ideal.



Structuring the Workshop

Setting the Tone

After introducing the facilitator, topic and workshop series, be sure to encourage active participation. Let participants know the purpose of the workshop is to gain awareness and understanding of the topic and that all questions are welcomed. If you are tracking attendance, prompt participants to sign in. If you are evaluating the workshop, give out the evaluations and ask students to keep the questions in mind.

Trigger Warning

Workshop content, especially speeches by guest speakers, may be triggering for participants who have experienced trauma or are experiencing mental health challenges. Be sure to acknowledge this at the beginning of the workshop. Let participants know they are free to leave at any time. Use this as an opportunity to introduce the counsellor and to draw attention to resources available on campus.

Introducing Counsellor

Introduce the counsellor and describe their role at the postsecondary institution. Encourage participants to connect with the counsellor after the workshop and identify ways to access counselling services on campus.

Introducing Guest Speakers

Introduce guest speakers and highlight they have the courage to share their personal stories in hopes of inspiring others to seek help and to promote a greater understanding of what it may be like living with a mental illness. Let students know they will be free to ask questions at the end of the workshop and encourage respectfulness.

Educational Content

Utilize the educational materials provided in this toolkit as a guide to providing psycho-education. Prezi presentations, PowerPoint presentations, educational information, discussion questions and activities have all been included. Please adapt and amend this information to fit your target group and timelines.

Online Training Tool

Upon finishing the educational content, direct participants to the online training tool for more information on how to recognize, respond to and refer students experiencing mental health challenges. Highlight that participants will receive a certificate of training completion for taking the quizzes.

Structuring the Workshop

Guest Speaker Presentations

After providing the educational component, invite guest speakers to share their stories. If you do not have guest speakers, please consider showing some of the videos of student guest speakers included in the *More Feet on the Ground* Dropbox Video Library.

Open Discussion/Question and Answer Period

After the guest speakers share, open the workshop to a discussion/question and answer period. Invite participants to ask questions to the facilitator, guest speakers and counsellor. To initiate question-asking, the facilitator can consider asking the guest speakers questions about their experiences. Suggested discussion questions are also included to initiate conversation among the group.

Handouts

Utilize the provided handouts (or create your own) that highlight the key educational takeaways. Ensure the handouts include on-campus and community resources. Handouts included in this package have space to attach resources printed on mailing labels before photocopying for distribution.

Evaluations and Next Workshop

If you are evaluating your workshop, ask participants to complete and submit the evaluation. Before participants leave, be sure to remind them when the next workshop is taking place and what topic will be covered.





WORKSHOP FACILITATION: MENTAL HEALTH 101

Educational Content

Definitions

Mental Health: The ability to enjoy life and deal with the challenges you face everyday – whether it involves making choices and decisions, adapting to and coping in difficult situations, or talking about your needs and desires.

Mental Illness: A disturbance in thoughts and emotions that decreases a person's capacity to cope with the challenges of everyday life.

Continuum

Mental health and physical health can be viewed in a similar way. With physical health, we accept there can be degrees of wellness; someone can be very healthy, reasonably well or ill, and anywhere in between. Mental health can be viewed along the same continuum. It is important to remember we all have mental health and we all function at different degrees of mental wellness. Throughout our lives, we can move fluidly across this continuum.

DISCUSSION QUESTIONS

What kinds of everyday challenges impact mental health?

How do we know if we are coping with these challenges well?

Stigma

Stigma: The manifestation of popular prejudices that disadvantages or excludes individuals or groups.

Self-Stigma: Acceptance of the prejudiced perceptions of others; the individual believes they are weak or damaged and unworthy of love and support.

Stigma impacts all facets of a person's life. Fear of being stigmatized is one of the most common reasons people struggling with a mental health challenge do not seek help.

Ways to Reduce Stigma

Know the facts. Educate yourself about mental health problems. Learn the facts instead of the myths.

Be aware of your attitudes and behaviours. We've all grown up with prejudices and judgmental thinking. We can change the way we think by seeing people as unique human beings, not as labels or stereotypes.

Choose your words carefully. The way we speak can affect the way other people think and speak. Don't use hurtful or derogatory language.

Continued...



Educational Content

...Continued

Ways to Reduce Stigma

Educate others. Find opportunities to pass on facts and positive attitudes about people with mental health problems. If you see information that is not true, challenge the myths and stereotypes. Make it known negative words and incorrect descriptions keep false ideas alive.

Focus on the positive. People with mental health problems make valuable contributions to society. Their health problems are just one part of who they are. We've all heard the negative stories. Let's recognize and applaud the positive ones.

Support people. Treat people who have mental health problems with dignity and respect. Think about how you'd like others to act toward you if you were in the same situation. If you know someone with mental health problems, support their choices and encourage their efforts to get well.

Include everyone. In Canada, it is against the law for employers and people who provide services to discriminate against people with mental health problems. People with mental health and substance use problems have a right to take an equal part in society. Let's make sure that happens.

Types of Mental Illness

There are many different mental illnesses that have unique signs and symptoms. Types of mental illness are often grouped into categories like mood disorders, anxiety disorders, psychotic disorders, personality disorders and eating disorders. Each grouping has a number of similar symptoms that cause them to appear related, but each specific illness, within a grouping, varies from the others.

Causes and Contributing Factors

The cause of mental illness is still unknown and widely debated. However, research tells us that chemical imbalances in the brain, traumatic life events, family history, substance abuse and other illnesses can influence the onset and severity of mental illness.

Treatment Options

Luckily there is a wide array of treatment options for people experiencing mental illness. Biological treatment usually consists of medication or medical procedures. Psychosocial interventions include therapy, self-help groups, family support and community support. Alternative treatment options like yoga and meditation can be effective as well.

Supplementary Materials

Sample Discussion Questions

- *What is mental health?*
- *How is mental health portrayed in the media?*
- *How is stigma maintained and reproduced?*
- *What is the difference between mental health and physical health? Why do we separate the two?*
- *How do you take care of your mental health? Is it something you think about?*

Activity One

Using the continuum of mental health, provide participants with situational examples or case studies. Ask participants to position the presented situations along the continuum of mental health. Include examples where an individual moves from one phase to another and ask participants to identify the shift. Include conversations about when the individual should seek help and ask for participants to brainstorm applicable positive coping strategies.

Activity Two

Using recent media articles related to mental health, invite participants to deconstruct language and identify aspects that are stigmatizing and destigmatizing. Include a discussion about the media's influence over public perception of mental illness. Try to include media articles that cast mental illness in different lights (success stories, crime related, public information campaigns, reviews of the health care system, etc).

Additional Resources

[ABCs of Mental Health](#)

[Bell Let's Talk Toolkit](#)

[Centre for Addictions and Mental Health, Online Tutorials](#)

[Centre for Addictions and Mental Health, Resources for Teachers and Schools](#)

[Good2Talk Post-Secondary Student Helpline](#)

[Mind Check](#)

[Mind your Mind](#)

[Shatter the Stigma | Mend the Mind](#)





WORKSHOP FACILITATION: DEPRESSION



Educational Content

Definitions

Depression: A mood disorder that causes persistent feelings of sadness and loss of interest. It affects how you feel, think and behave. It can lead to a variety of physical and emotional problems. Although it may go into remission on its own, people cannot snap out of depression intentionally or wilfully.

Types of Depression

Major Depressive Disorder (MDD): Includes severe symptoms of low mood, negative thoughts and physical symptoms like headaches, pain, fatigue, as well as changes in sleep and appetite. It influences behaviour through loss of motivation or interest, difficulty concentrating, etc. MDD happens in episodes, usually lasting 2 weeks or more. After the episode concludes, a person returns to their “normal” level of functioning. People can maintain this level of functioning for days, weeks, months or years, but eventually, they will experience another episode of severe depression.

Persistent Depressive Disorder (PDD): Includes all the same symptoms of MDD but less severe and less debilitating. These symptoms will last for 2 or more years without any relief. With PDD, it is possible to experience MDD episodes as well.

Types of Depression cont'd

Psychotic Depression: A depressive episode coupled with a form of psychosis such as a loss of touch with reality, hallucinations or delusions.

Seasonal Affective Disorder: A depressive episode experienced with a seasonal pattern.

Post-partum Depression: Depressive illness developed within one month after giving birth.

Causes and Contributing Factors

The cause of depression is still unknown and widely debated. However, research tells us that chemical imbalances in the brain, traumatic life events, family history, substance abuse and other illnesses can influence the onset and severity of depression.



Educational Content

Symptoms

To be diagnosed with depression, clinicians look for the following symptoms, which must be different than one's "normal" state:

- Depressed mood or loss of interest/pleasure in daily activities
- Difficulty in day-to-day functioning
- Change in appetite or weight
- Change in sleep
- Fatigue or loss of energy
- Feelings of guilt or worthlessness
- Indecisiveness or decreased ability to concentrate
- Slowed thoughts and reduced physical movements
- Thoughts of suicide

Non-Suicidal Self-Injury

Non-Suicidal Self-Injury: Also known as self-harm, includes any deliberate act of harm or mutilation inflicted upon one's self in attempt to relieve or cope with emotion stress.

Non-suicidal self-injury differs from suicidal behaviour; the intent is not to end one's own life. Self-harm is often an ill-informed attempt to cope with difficult emotions and situations. With proper therapeutic intervention, it can be replaced with effective positive coping strategies.

Suicide

Suicide is the act of ending one's own life. Suicidal ideation includes repetitive thoughts about ending one's own life, ranging from fleeting thoughts to detailed planning.

Risk factors for suicide may include: impulsivity or aggressive tendencies, history of trauma or abuse, family history of suicide or exposure to others that have died by suicide, access to lethal means and lack of social support or healthcare.

Warning signs that someone is planning to attempt may suicide include: feeling hopeless, talking about wanting to die, increased use of alcohol or drugs, extreme mood swings, visiting or calling people to say goodbye.

If you suspect someone is planning to attempt suicide, ask about it! Support them in accessing help via campus counselling, crisis lines, or the hospital. If needed, you can always call 911.

FACTS

90% of suicide victims have a diagnosable mental illness.

Suicide is the second leading cause of death amongst Canadians aged 10-24.

But, treatment works for 80% of people experiencing depression!

(CMHA, 2015)



Educational Content

Treatment Options

There is a wide array of treatment options for people experiencing mental illness. Biological treatment usually consists of medication or medical procedures. Psychosocial interventions include therapy, self-help groups, family support and community support. Alternative treatment options like yoga and meditation can be effective as well.

Coping with Depression

Set small goals, whether it be “get out of bed today” or “spend 30 minutes working on an assignment”, or “call a friend” – accomplishing small goals are natural mood boosters!

Cultivate supportive relationships with people that bring out the best in you.

Take care of yourself – self-care is vitally important. Do things that are good for you and make you feel better, whether it’s writing, being artistic and creative, making or listening to music or going for a run.

Challenge negative thinking! Negative thoughts perpetuate and reproduce negative emotions. Challenge and replace these thoughts.

Practice mindfulness. Mindfulness practices are proven mood boosters.

Ask for help! Don’t fight depression alone.

Negative Thinking

Negative thoughts are common symptoms of depression. It is important to remember that these negative thoughts are untrue and serve to maintain depressive episodes. Learning to identify, challenge and abandon negative thinking can be a vital step toward recovery.

Emotional Reasoning: Accepting feelings as truths. “I feel so stupid. Everyone must think I am.”

Diminishing the Positive: Minimizing any positive experiences. “She said she had a good time on our date, but she was probably just being nice.”

All-or-Nothing Thinking: Seeing everything in absolute binaries. “If can’t do this task right... I am a total failure.”

Jumping to Conclusions: Immediately assuming the worst scenario. “I can’t believe I said that... Now he think’s I’m pathetic!”

Labelling: Thinking of yourself in negative terms. “Stupid.” “Idiot.” “Failure.” “Ugly.” “Worthless.” “Unlovable.”

Over-Generalization: Assuming things about groups of others. “Everyone thinks I’m a burden.”

When you or someone you know makes comments like these, try to counteract them with facts or replace them with positive statements.



Supplementary Materials

Sample Discussion Questions

- *What is the difference between depression and sadness?*
- *What kinds of coping or support strategies can you think of?*
- *What does depression look like (how can you observe it in others)? What does it sound like (what kind of statements might you hear)? What does it feel like (what kinds of physical and emotional symptoms exist)?*
- *When should you seek help for depression?*
- *How can you challenge negative thinking in your everyday life?*

Activity One

Practice a series of brief mood-boosting activities. For instance, ask participants to smile as wide as possible and hold it for 30 seconds; encourage participants to stand up tall and position their bodies in ways that communicates pride and strength; play upbeat music; ask participants to compliment each other or express gratefulness. Highlight there are many ways we can trick our bodies into producing happiness inducing hormones and endorphins. Encourage the use of these strategies on bad days.

Activity Two

Create a list of “hurtful statements” someone can say to a person with depression. Ask participants to come up with ways to rephrase these statements or to come up with alternative statements. Highlight the importance of providing validation, not making assumptions, avoiding overgeneralization and practicing active listening. For a list of potential hurtful and helpful statements, review the examples included [here](#).

Additional Resources

[ABCs of Mental Health](#)

[Bell Let's Talk Toolkit](#)

[Centre for Addictions and Mental Health, Online Tutorials](#)

[Centre for Addictions and Mental Health, Resources for Teachers and Schools](#)

[Good2Talk Post-Secondary Student Helpline](#)

[Mind Check](#)

[Mind your Mind](#)

[Shatter the Stigma | Mend the Mind](#)





WORKSHOP FACILITATION: ANXIETY



Educational Content

Definitions

Anxiety: A feeling of worry, nervousness or uneasiness, often caused by perceived potential danger or misfortune. Anxiety is a normal and common feeling; it is a necessary part of life. It helps keep us aware, alert and ready for action.

Anxiety is part of our internal “fight or flight” response. This response triggers a rush of adrenaline in our bodies when danger is present. It is what drives us to protect ourselves.

Anxiety becomes problematic when it interferes with the ability to do things that are usually manageable or enjoyable. Additionally, it is problematic when the mind and body responds anxiously to situations or ideas that are not dangerous or when the intensity of the response is disproportionate to the situation.

Anxiety Disorders

Anxiety Disorders is a broad category of illnesses all characterized by intense anxiety including Generalized Anxiety Disorder, Social Anxiety Disorder, Specific Phobias, Panic Disorder and several others. Obsessive Compulsive and related disorders as well as Post Traumatic Stress and related disorders are considered separate but closely related categories.

Symptoms of Anxiety

Anxiety includes mental, emotional and physical symptoms that impact one another. These symptoms can include:

- Feelings of apprehension or dread
- Trouble concentrating
- Feeling tense and jumpy
- Anticipating the worst
- Irritability
- Restlessness
- Pounding heart
- Sweating
- Stomach upset or dizziness
- Shortness of breath
- Muscle tension
- Headaches
- Fatigue

Causes and Triggers

The distinction between causes and triggers is important. Cause refers to the underlying root of the anxiety disorder, whereas trigger refers to the factor, situation, event or thought that evokes feelings of anxiety. Causes of anxiety disorders are unknown but brain chemistry and environment are known to contribute to the onset and severity of anxiety disorders. Triggers may include anticipation of judgement or failure, small spaces, relationship stress, etc.



Educational Content

Treatment Options

There is a wide array of treatment options for people experiencing anxiety. Biological treatment usually consists of medication or medical procedures. Psychosocial interventions include therapy, self-help groups, family support and community support. Alternative treatment options, like yoga and meditation can be effective as well.

Coping with Anxiety

Learn about anxiety. Understanding what is happening to your body and mind can be an important first step.

Explore how to calm down. “Calming down” means something different and unique to each one of us. Find what works for you!

Challenge anxious thoughts. Focus on what you can control within your life and reframe negative thoughts.

Set small goals. Setting small, reachable goals can help make your journey towards balance easier.

Seek support. Ask for help when you can no longer manage on your own and listen for those that may be offering support.

Practice what works for you. When you find a coping strategy that works for you, practice it – change takes time to occur.

Supporting Others

Acknowledge changes. Let the person know you have noticed a change in them – don’t be afraid to directly ask if they are struggling.

Practice active listening. Spend some dedicated time talking with the person about their experiences and let them know you’re there to listen without being judgmental.

Suggest additional help. Suggest the person seek support with a doctor or health professional. Help them to look into viable options, make the appointment or offer to go with them.

Collaborate with friends and family. Collaborate with friends or family members in an effort invite this person over or keep in touch. A team approach has greater impact on the person and can help keep you from burning out.

Promote self-care. Encourage them to try to get enough sleep, exercise and eat healthy food – offer to go to the gym with them or cook dinner together.

Encourage personal exploration and growth. Encourage the person to face their fears or challenge their thoughts with support from their healthcare provider – be a safe person or place for this person to explore other perspectives.

Don’t forget to take care of yourself too!

Supplementary Materials

Sample Discussion Questions

- *We often hear people make exaggerated statements like “I’m a little OCD about things like that” or “way to give me a panic attack!” Is there anything wrong with these statements? How could they impact people living with these disorders? How can we confront the use of stigmatizing language?*
- *What kinds of things trigger anxiety? Are there universal triggers? Why might something trigger one person and not another?*
- *Is anxiety more common now than it has been in the past? Why or why not?*

Activity One

Facilitate a short mindfulness breathing exercise by following this script:

“Place one hand on your belly and one hand on your chest. Begin to feel the chest and belly rise and fall.

Inhale. Exhale.

Continue with your natural breath, feeling the air move through you.

On the next inhale, feel the belly rise, ribs expand, and chest lift.

Focus on the movement of your chest, ribs and belly as you exhale.

Take a few breaths and think “belly, ribs, chest...chest, ribs, belly”.

Continue to breathe. Think of your breath as a wave, rolling in, pausing, rolling out.

Focus on the cycle of the breath. Feel the calmness, fluidity, ease and steadiness. When you are ready, return to the task at hand.”

Additional Resources

[ABCs of Mental Health](#)

[Bell Let's Talk Toolkit](#)

[Centre for Addictions and Mental Health, Online Tutorials](#)

[Centre for Addictions and Mental Health, Resources for Teachers and Schools](#)

[Good2Talk Post-Secondary Student Helpline](#)

[Mind Check](#)

[Mind your Mind](#)

[Shatter the Stigma | Mend the Mind](#)





WORKSHOP FACILITATION: BODY IMAGE & EATING DISORDERS

Educational Content

Definitions

Body Image: The mental picture you have of your body – what it looks like, what you believe about it and how you feel about it. Body image can be broken down into four main attitudes and behaviours:

- (1) satisfaction with appearance;
- (2) investment, or importance of appearance in defining one's self and self-worth;
- (3) body image behaviours, like grooming or concealing;
- (4) perception or how accurately someone sees their size.

Self-Esteem: The overall opinion of one's self; how you value and respect yourself as a person. It affects how you take care of yourself physically, emotionally and spiritually.

Eating Disorder: A preoccupation with food and weight, that includes difficulty focusing or thinking about anything else. It can cause serious physical problems and may even be life threatening.

It is important to note these three concepts are often interconnected. Poor body image can lower self-esteem, and poor body image and low self-esteem can manifest as an eating disorder.

Common Misconceptions

It is all about weight. Body image and self-esteem can be affected by any physical flaw (real or imagined).

These are women's issues. Challenges with body image, self-esteem and eating disorders impact men too. In fact, research has shown that eating disorders are present in 10% of college men and 43% of men are dissatisfied with their bodies (NEDA, 2015).

Types of Eating Disorders

Anorexia Nervosa: Characterized by self induced starvation and excessive weight loss.

Bulimia Nervosa: Characterized by repeated bingeing (excessive or compulsive consumption of food) and purging (getting rid of food).

Binge Eating Disorder: Characterized by recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, marked by feelings of lack of control.

Pica: Strong persistent desire to eat, lick or chew non-nutritive substances.

***Body Dysmorphic Disorder:** The obsession with a defect in visual appearance, whether it be real or imaginary.

**Technically considered an anxiety disorder*

Educational Content

Causes and Contributing Factors

The cause of eating disorders is still unknown and widely debated. However, research tells us that chemical imbalances in the brain, traumatic life events, family history, the presence of other mental illness and social pressures may influence the onset and severity of eating disorders.

Treatment Options

Treatment options for eating disorders usually involve psychotherapy, nutrition, education, family counselling, medications and hospitalization. Given the prevalence of co-morbidity, both mental illnesses are treated at once.

Supporting Someone

CPR of Support Acronym:

C: You didn't **cause** it, you can't **control** it, and you can't **cure** it. With support, you can learn to stop **contributing** to it and how to **cope** with it. Take **care** of yourself too.

P: Don't **panic**; try to remain calm and think clearly. Remember, recovery is a **process**. **Progress** is the goal, not **perfection**. **Patience** is critical.

R: **Remember** to listen, and **reflect** and **reason** before you speak. **Remember, recovery** is a journey, a long **road** that includes **relapse**. **Reach** out to others for love and support.



Supplementary Materials

Sample Discussion Questions

- *At what age did you first start feeling aware of your physical appearance? What caused your heightened awareness? ([This video](#) can provide an introduction to this question).*
- *What aspects of our world affect your body image most (media, friends, music, movies, etc)?*
- *How can you practice self-love and self-acceptance despite all the expectations and images we are exposed to everyday?*

Activity One

Invite participants to write down something they like and do not like about who they are as people as well as something they like and do not like about their bodies. Additionally, ask participants to write something they like about another participant's (or friend's) personality and/or appearance. Ask for volunteers to share what they wrote. Discuss aspects they found challenging and aspects they found easier. Talk about our societal view of complimenting and criticizing others and ourselves.

Activity Two

Show a series of images of people from magazine articles. Ask participants to write down the thoughts and emotions that are evoked by these images on post-it notes. Collect the post-its and put them on chart paper. Discuss similarities and differences in the comments. Highlight that we live in a world that constantly bombards us with these kinds of images and how they impact our thoughts and emotions. Explore how beauty standards are often exaggerated and unattainable. Encourage strategies to combat negative thinking evoked by these images.

Additional Resources

[ABCs of Mental Health](#)

[Bell Let's Talk Toolkit](#)

[Centre for Addictions and Mental Health, Online Tutorials](#)

[Centre for Addictions and Mental Health, Resources for Teachers and Schools](#)

[Good2Talk Post-Secondary Student Helpline](#)

[Mind Check](#)

[Mind your Mind](#)

[Shatter the Stigma | Mend the Mind](#)





WORKSHOP FACILITATION: PSYCHOSIS



Educational Content

Definitions

Psychosis: Psychosis refers to a loss of contact with reality. Usually, our brains do an excellent job of telling us the difference between real things, dreams, parts of our imagination and ideas. In psychosis, the mind gets mixed up and determining what is real becomes difficult. Psychosis can affect all of the senses; a person might see, hear, touch, smell and taste things are not actually real and they will struggle to know the difference.

Myths & Misconceptions

People who have psychosis never recover. Although there is no cure for psychosis, there are many treatment options. Medications, therapy and rehabilitation practices help people with psychosis to lead productive, successful and independent lives.

People with psychosis are dangerous. Studies indicate that people in treatment are no more dangerous than the rest of the population. In fact, most people with psychosis are withdrawn and prefer to be left alone.

People with psychosis have split or multiple personalities. Although the Greek translation of schizophrenia is “split mind,” this refers to a split from reality, not a split into multiple personalities.

(NEOMED, 2015)

Psychosis Symptoms

Delusions: Fixed beliefs that cannot be shifted despite conflicting evidence.

Hallucinations: False sensations that occur without an external stimulus. Hallucinations affect all senses. One may see something that isn't there, hear voices or sounds that are not there, or taste, smell and touch something that isn't there.

Disorganized Thinking/Speech: Speech is often the indicator a person is experiencing disorganized thinking. Disorganized thinking is when thoughts are illogically connected, jumbled, and sporadic. An individual may jump quickly from one topic to another or loosely connect thoughts and ideas that are difficult for others to follow.

Grossly Disorganized or Abnormal Motor Behaviour: Strange and atypical physical actions ranging from childlike silliness to catatonia (a significantly decreased reactivity to the environment).

Negative Symptoms: Noticeable decrease or lack of normal behaviours such as lack of emotional expression, lack of motivation to initiate purposeful tasks, lack of speech, lack of pleasure and lack of interest in social interactions.



Educational Content

Psychotic Disorders

Delusional Disorder: The presence of one or more delusions for at least one month, but doesn't impair daily functioning.

Brief Psychotic Disorder: The experience of delusions, hallucinations, disorganized speech or disorganized behaviour/catatonia for at least one day but for no more than one month.

Schizophreniform Disorder: Schizophrenia that lasts for 6 months or less.

Schizophrenia: The presence of at least one of the following symptoms: delusions, hallucinations, or disorganized speech AND either disorganized speech or disorganized/catatonic behaviour for at least one month, with a disturbance in daily living that lasts for 6 months or more.

Schizoaffective disorder: A mood disorder (like major depressive disorder) coupled with at least 2 psychotic symptoms.

Schizotypal Personality Disorder: A personality disorder combined with psychotic symptoms.

Early Warning Signs

- Social withdrawal
- Decline in functioning
- Depression and/or anxiety
- Difficulty concentrating
- Sleep disturbances
- Reduced emotional expression
- Decline in personal hygiene
- Acting suspicious of others
- Odd beliefs or magical thinking (people can read minds or control others with their thoughts)
- Unusual perceptual experiences (sounds are louder or lights are brighter)

Causes and Contributing Factors

The onset of psychosis can be induced by other illnesses, substance abuse and other medications. Other contributing factors include genetics, brain chemistry, trauma, stress and extreme sleep deprivation.

Treatment Options

Treatment options for psychosis usually involve medications called antipsychotics and psychotherapy. Medication and psychotherapy are highly effective in treating psychosis. Positive activities like hobbies and community involvement help as well. With proper treatment, most people are able to return to and manage their daily lives.

Supplementary Materials

Sample Discussion Questions

- *What do you think of when you hear the word “psychosis”?*
- *How is psychosis or schizophrenia portrayed in the media?*
- *Do you find psychosis intimidating? Should you be afraid of people who have a psychotic disorder?*
- *What can you do to combat the stigma that surrounds psychosis?*

Activity One

Play [this video](#) of a point of view experience of living with psychosis. Ask participants to identify examples of delusions, hallucinations, disorganized thinking, abnormal behaviour and negative symptoms. Ask participants how they responded to this video emotionally and physically. Discuss whether or not this video changes participants’ perception of psychosis. Be sure to highlight that this is just one example of a psychotic experience; people experience psychosis in different ways.

Activity Two

Ask participants to get into groups of 4. Provide participants with CAMH’s “Voices” Script found on page 59 of [this document](#). Have the groups choose two participants to read each script simultaneously in the ears of another participant. Have the 4th participant try to engage in conversation with the participant “hearing the voices.” Engage in conversation about the difficulty of focusing when experiencing auditory hallucinations.

Additional Resources

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APPENDIX

[ALL RESOURCES](#)

[PROMOTIONAL POSTERS](#)

[GUEST SPEAKER TRAINING POWERPOINT](#)

[PREZIS](#)

[POWERPOINTS](#)

[HANDOUTS](#)

[VIDEO LIBRARY](#)

