

**Branch Out**  
12 months 6 steps 1 global movement

# Step Five: Rethink it!

*An activity on mental health issues, aiming to develop a better understanding about them.*

## Branch Out

Branch Out is the International Junior Branch project on the Content Area of the year of 2014 for CISV: Diversity. The project is composed by six steps that will be launched throughout the year, exploring different themes within the topic area of Diversity. Branch Out encourages participants to develop their perception towards their own identity and towards different communities.

In each step Branch Out will provide you with one ready-to-run educational activity and resources related to it.

## Step Five: Rethink it!

*Rethink it!* is the fifth step of Branch Out and it was planned to help raise awareness of mental health issues that affect a large number of people worldwide. It encourages participants to reflect upon their own views towards specific mental health conditions and to develop their understanding about this issue. With the term mental health we want to include both the brain and the mind, meaning we want to discuss neurological and psychological conditions.

This step is composed of one ready-to-run educational activity and references that can be found in the Further Reading section. The Branch Out team would like to thank Chuck Catania and Rupert Friederichsen for their valuable inputs to this activity.

### Why should we discuss mental health?

Mental health issues affect millions of people worldwide, and are deeply related to people's daily life and to their identity. Mental health cannot be seen on the outside, and it is also largely unspoken of when discussing either physical health or diversity. Talking about it helps us to break misconceptions, prejudices and to increase understanding and inclusiveness in society.

## The activity

### Attitudes:

- Willingness to see that mental health issues are separate from and not defining of a person's personality.
- Willingness to be aware of the needs of people with mental health issues.
- Willingness to not blame a person for his or her mental health

### Skills:

- Ability to react without judgement to behaviours caused by mental health issues.
- Ability to understand that there is a difference between poor mental health and temporary emotional states.
- Ability to empathise with other people

### Knowledge:

- Knowledge of how mental health issues can affect daily life.
- Knowledge of common prejudices and attitudes that people with mental health issues have to face.
- Knowledge of how a person's mental health can change over time.

- **Goal:** To raise awareness on the topic of mental health and to promote understanding on how it is related to people's identities.
- **Time:** 90 minutes
- **Number of participants:** Unlimited
- **Materials:** Printed/copied versions of the stories of each mental health issue, papers, pens
- **Preparation needed:**

-Select an amount of mental health issues from the attachments (more or less one issue to each five participants, but you can adapt it)

-Papers with the names of different mental health issues, one for each group in the "do" part.

-Copy or print the stories of each mental health issue for the "reflect" part of the activity. It is important that the papers do not contain the names of the issues.

-If needed, translations.

## 1. Do\* (~35 minutes)

Present the theme of the activity to the group and let them know that you will include both neurological and psychological conditions in the term mental health.

Divide participants into groups of five and give each group a piece of paper with the name of one of the mental health issues written on it. You don't have to use all ten issues, adjust the amount to fit your group size and time schedule. The mental health issues can be found in the attachments.

Every participant is now given three pieces of paper. Ask each participant to write down one adjective per piece of paper that they think describes a person with the given mental health issue.

When everyone has written down three adjectives, ask them to present their papers to the others in the group and why they picked those adjectives. The group must then together pick three out of all the adjectives that they agree on. They can, if they want, write down the issue and the adjectives they have chosen on a separate piece of paper to help them remember.

Finally, rotate the papers with the mental health issues between the groups, allowing each group to work on every issue.

## 2. Reflect (30 minutes)

Within the small groups, discuss the following questions:

- 1- Why did you choose those adjectives, and what did you base your opinions on?
- 2- What was your reaction to other people's choices?
- 3- Why do you think mental health is not more frequently discussed?

While the participants are discussing, place the personal stories of the issues the groups have discussed around the room. Remember that the name of the issue should not be visible on the paper or in the

text. Ask the groups to walk around and read the stories and try to connect these with one of the issues they just discussed. After this, ask them to sit down in their groups again, go through the correct answers and then discuss the following questions:

- 1- What did you feel when reading the stories?
- 2- Did the stories change your perceptions of mental health issues?
- 3- Do the adjectives you chose reflect the people's personalities or the mental health problems they suffer from?

### **3. Generalize (20 minutes)**

- 1- Could you picture yourself having any of these disorders? How would that affect your personality?
- 2- How would this influence your social life?
- 3- How do you think the perspective of a healthy person changes when developing a mental health problem? Does it make a difference to be formally diagnosed?
- 4- How is mental health related to diversity?

### **4. Apply (10 minutes)**

Ask each group to come up with a situation/activity in CISV that can be problematic for individuals with one of the mental health issues they've discussed. Ask them to write down a short answer to: How can we change that and become more a more including organisation? Before ending the activity, collect the papers and take a picture of one or more of the answers and include the pictures with the others you will be sending to [branchout@ijb.cisv.org](mailto:branchout@ijb.cisv.org).

Round up the activity with these two quotes:

“Stigma’s power lies in silence. The silence that persists when discussion and action should be taking place. The silence one imposes on another for speaking up on a taboo subject, branding them with a label until they are rendered mute or preferably unheard.”

— M.B. Dallochio

“Once the understanding is there, we can all stand up and not be ashamed of ourselves, then it makes the rest of the population realise that we are just like them but with something extra.” - Stephen Fry

### **\*Alternative version for the DO part:**

If you have a group in which people know each other well, you can allow them to pick adjectives from a list of words you chose rather than come up with their own. We have provided you with a list of words that may take the discussion even further, but chose to keep this as an alternative version as mental health is a very sensitive topic. Please keep in mind that whether you chose our adjectives or a set of your own, it is important that you are prepared to explain the words and handle people's reaction to them.

If you choose to do the alternative version, please take a moment to adjust the reflect questions so that they fit the Do-part.

### **Adjectives**

Mental, Stupid, Disruptive, selfish, aggressive, (over) emotional, mean, victimised, unpredictable, unreliable, careful, careless, retard, crazy, weirdo, lazy, anti-social, attention seeker, energetic, happy, open minded, neat/tidy, creative, social, unselfish, boring, spontaneous, passionate, philanthropic, yielding, smart, peaceful, passive, kind, well-intentioned.

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## **Tips for facilitators**

Please be aware that mental health and issues related to it can be very personal and sensitive topics for any group. Individuals who suffer from a mental health condition, or who have been affected by mental illness in their family (or other people close to them) might find this activity distressing and extra challenging. Facilitators should take utmost care of people's feelings and should stop the activity if somebody in the group is getting visibly upset. It is therefore important that you as the facilitators are prepared for the reactions that can surface from any sensitive debate. A good place to start is to read up a little on the issues you chose to discuss.

If you are translating the phrase mental health or mental health issues, using neutral phrasing is essential as we don't want to reinforce stereotypes.

## **Adapt the activity to your needs**

Feel free to make changes in the activity and to adapt it to the needs and specificities of your group.

## **Introducing Branch Out**

After the activity is over, remember to present Branch Out to the participants, so they can understand the educational purpose of the project, as well as to create interest on the next steps.



## Take pictures and share them with us

Branch Out is a global project. Let us know whenever you apply Branch Out in your chapter. Take pictures and share them with us through [branchout@ijb.cisv.org](mailto:branchout@ijb.cisv.org)!

Pictures will be posted in our facebook page, [facebook.com/branchout2014](https://www.facebook.com/branchout2014) and our tumblr, [branchout2014.tumblr.com](http://branchout2014.tumblr.com)

## Feedback

Get feedback from your participants and share your impressions with the Branch Out team! Send an e-mail to [branchout@ijb.cisv.org](mailto:branchout@ijb.cisv.org)

## Attachments

### Personal stories

*Please note that these texts are extracts taken from personal stories. We had to shorten the text in order for the activity to flow well and to simplify translating and writing.*

#### • **Dyslexia** (<http://goo.gl/dzKkMU>)

“I was about six years old, when I was deemed too stupid and lazy to learn anything. The teachers just could not understand why I was not learning and why I was not keeping up with the rest of the class. They just did not teach me the way I needed for learning. Therefore, without incentive or encouragement, I just gave up trying to learn anything I did not understand or could not do.

#### • **Depression** (<http://goo.gl/tQ7RHk>)

“My parents and family pediatrician were worried and perplexed. I did see a psychologist for a short time that, in retrospect, did more harm than good. Still, my problem lifted and I got on with my life. After college I relocated to Los Angeles to work in the television industry. On the surface I appeared to have it all—an apartment near the beach, great friends, a successful career that included international travel. And everyone thought I was “so together.” In reality, I had created a façade that enabled me to stuff down my feelings.”

#### • **PTSD: Posttraumatic stress disorder** (<http://goo.gl/EZetSB>)

“I had police panic alarms put in my house, and I was taught what to do if I was taken hostage, I was also given a password to tell them if he did hold me hostage. I had to change my whole life. I moved several times and it got to the point where I became agoraphobic. I get horrendous panic attacks, I've self-harmed and attempted suicide once. I felt that was the only control I had the ultimate control - to end my own life. He could not longer control me.”

#### • **AD(H)D: Attention-Deficit/Hyperactivity Disorder** (<http://goo.gl/99TD40>)

“Tom is a friendly and energetic guy with a smile for almost everyone he meets. He owns and manages his own small business, but often Tom feels stressed to the point that his obligations and responsibilities seem overwhelming. The pressure and stress have become a chronic, daily part of his life.

It's not that Tom doesn't care or work hard. He cares very much about his business and employees. Very often however

Tom starts on one thing, and before he knows it something else captures his attention and he's off doing that something else. Tom gets bored quickly, his mind gets distracted easily, and his focus and attention shift unpredictably and paperwork is the bane of his existence. On the plus side, Tom is a very creative and innovative individual with lots of good ideas. His spontaneity, energy, and emotional honesty make him well liked by his customers and employees."

• **Schizophrenia** (<http://goo.gl/6hy3FU>)

I suffer with paranoia and anxiety and had to be admitted into hospital for 2 months after a severe psychosis. They gave me treatment and I was then put on medication, which not only made me feel like a zombie all the time, but also caused me to gain weight as I was eating virtually non-stop. I am relieved to be back in the community in a different frame and I now wish to tackle any stigma attached to mental health. I do occasionally still suffer with disturbed nights, meaning that I don't always get a good night's sleep.

• **Insomnia** (<http://goo.gl/4UnQ8G>)

"Alice has always had sleep problems since she was little, troubles going to sleep, nightmares and waking up in the middle of the night. It really affected her day to day life. She has now overcome her sleep problems thanks to a range of techniques.

'After a bad night's sleep, I felt tired, found it hard to concentrate and even had problems pronouncing my words properly by the end of the day.' "

• **Narcolepsy** (<http://goo.gl/ygVXm5>)

"Six weeks after the accident I returned to my job as a hospital receptionist, drifting in and out of sleep throughout the day. Much of the time I wasn't aware it was happening until I looked at what I was typing, a jumble of letters not making any sense. Sitting with colleagues at lunch time, soon the inevitable happened and I would doze off. Coming to minutes later I'd blurt out something that I thought was relevant to the conversation only to find that they had moved on. I learned to laugh at myself along with my colleagues, but inwardly I felt so frustrated. I knew that I had something wrong with me, why couldn't the doctors see it as well."

• **Bi-polar disorder** (<http://goo.gl/OksEGc>)

"Over the years I have heard a mother say she would not want me driving her kids in my car because of my illness, friends have written me off as looking for attention or faking drama when I have had episodes, people have simply severed contact after seeing me seriously unwell not knowing what to say, a boyfriend ended our relationship because he was too embarrassed by me, people even warned a new boyfriend away from me. The diagnosis explains the massive highs and miserable lows I've lived with all my life."

• **Eating disorders** (<http://goo.gl/6D4jfg>)

"This behaviour was a way to control my emotions. I had so many overwhelming feelings at this time in my life, and no idea what to do with them. I continued spiralling downwards, constantly finding new methods of self-torture. I often scared myself with the intensity of my abusive actions. I consider myself a very loving, caring person and would never inflict harm on anyone. But I was certainly capable of inflicting harm on myself. I reflect back to this time as a very painful, lonely period in my life."

• **OCD: Obsessive Compulsive Disorder** (<http://goo.gl/KGNsCo>)

"Meanwhile, I was panicking inside, and I did not know who I could confide in besides my parents. I kept having intrusive, unwanted thoughts about not being good enough. I stood in front of mirrors, combing my hair over and over, trying to get it just right. I did not eat much, but I made myself feel better by eating bags of chocolate. I did not join any after-school activities; I kept to myself and just went through the motions. In college I had a series of panic attacks based

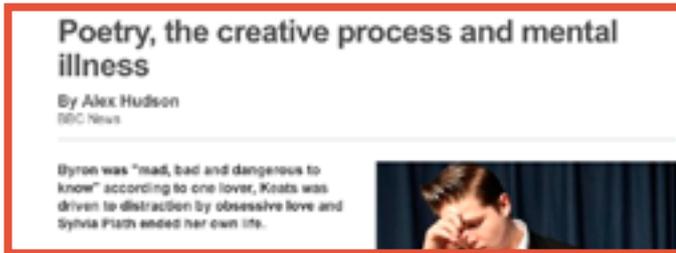


on my fear of failure and rejection. One specific attack came on during final exam week. During one exam, my heart rate soared to 160. I had to leave the room and I was devastated.”

• **Aspergers** (<http://goo.gl/JqYFvy>)

“Growing up, people labeled me as an “annoying freak with no friends.” And being the person I was, I couldn’t figure out why. Kids around me wouldn’t want to be around me because I apparently annoyed them on purpose, which was a lie. They didn’t understand that I had trouble understanding their social cues. Almost every night I would cry myself to sleep because I felt like I had no friends, that I was all alone in school with no one to talk to.”

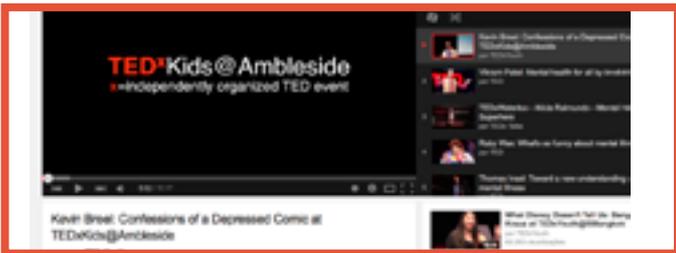
## Further Reading



→ An article on how mental health has been linked with the creative process <http://goo.gl/hb4kNk>



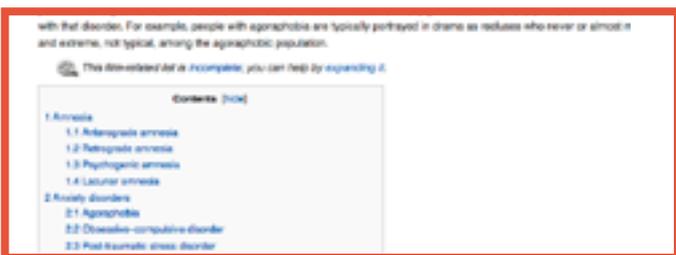
→ A brief history on how mental health problems has been diagnosed and treated for over 1000 years <http://goo.gl/otUKnd>



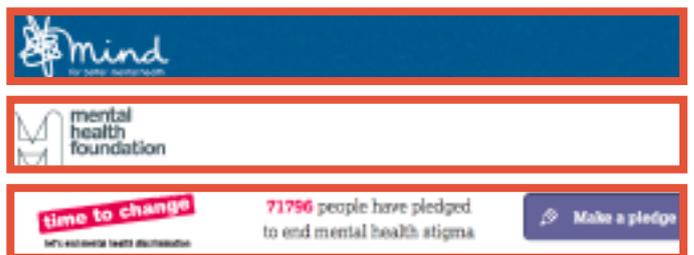
→ Ted-talks about mental health <http://goo.gl/5Xw1S3>



→ An explanation of Narcolepsy <http://goo.gl/PLjAvw>



→ A list of films that deal with mental health <http://goo.gl/n2G84U>



→ Organisations dedicated to the awareness of mental health issues <http://goo.gl/o60PXC> <http://goo.gl/e1DmvU> <http://goo.gl/oJr57d>