



Bell Let's Talk

# Toolkit

Starting the Conversation  
about Mental Health



# Acknowledgment

Section One and Two of the toolkit were produced by the Centre for Addiction and Mental Health (CAMH), in support of the Bell Let's Talk mental health initiative.

## camh

CAMH is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues. For more information, visit [www.camh.ca](http://www.camh.ca).

## Disclaimer

Information in this publication is not to be used for diagnosis, treatment or referral services. Individuals should contact their personal physician and/or their local addiction or mental health agency for further information.

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# Introduction

## What is Bell Let's Talk?

Bell Let's Talk is a multi-year charitable program dedicated to the promotion and support of mental health across Canada. Since 2010, Bell has committed to donate at least \$100 million to support a wide range of mental health organizations, large and small, from coast to coast focusing on anti-stigma, care and access, workplace mental health and research.

To help you be part of the conversation, the Bell Let's Talk Toolkit provides information and resources on how you can facilitate a conversation in your community, as well as guidelines on how to have conversations with people you care about and may be concerned about.

The Bell Let's Talk Toolkit consists of two elements:

- facilitator's guide and handouts to help you lead a group session
- the Bell Let's Talk conversation starters to help you have a one-on-one discussion with someone you care about

Our goal is to help keep the conversation going all year long and make every day a day it is okay to talk about mental health.



Section One

# Tools to Start a Community Conversation



# Facilitator's Guide

## What is this guide all about?

This guide is designed to help people start a conversation about mental health in their communities. The guide covers everything from choosing a location to identifying the next steps that participants may want to take in order to increase education and raise awareness about mental health where they live.

There are important reasons to start talking about mental illness. Hard to see, mental illness is one of the most widespread health issues in the country, with consequences for everyone. While one in five Canadians will experience a mental illness at some point in their life, most will be cautious about talking to a co-worker, friend or family member about the issue, let alone seek treatment. And while you may not experience mental illness first-hand, it is likely that you know someone who has or will have a mental illness.

For anyone facing mental illness, stigma is one of the biggest hurdles to overcome. In fact, it is the leading reason why two-thirds of people living with a mental illness do not seek help.

This guide will help you, as a facilitator, plan how to encourage your community to start conversations about mental illness. The three key goals for this guide are to:

- encourage Canadians to talk openly about mental health in their communities, workplaces, CEGEPs or colleges or universities and homes
- provide practical guidelines for starting conversations about mental health
- support the efforts of the Bell Let's Talk initiative to help Canadians understand and break down the stigma attached to mental health issues

The suggested time for this presentation is 40 minutes although you may need about 10 extra minutes to wrap up or slightly shorter or longer, depending on the size of your group. Allow an additional 10 minutes to set up. Download the Bell Let's Talk PowerPoint presentation to get started.

# Facilitator's Guide

Who uses this guide?

This guide is for people who want to encourage their communities to start conversations about mental illness. These communities can include:

- the workplace
- schools
- CEGEPs or colleges or universities
- friends and families
- community associations
- apartment or condominium boards
- employment agencies
- immigration and refugee centres
- youth agencies
- geriatric day programs
- social service agencies
- veterans' organizations
- women's organizations

Anyone can be a facilitator. The role might be of particular interest to:

- people with lived experience of mental illness
- peer support workers
- friends
- family members
- CEGEP or college or university counsellors
- faith leaders
- people trained in conflict resolution
- decision makers
- addiction workers
- parents
- anyone who is interested in promoting mental health awareness

Whenever possible, work with a co-facilitator to organize and lead the conversation. One facilitator can deliver the content of the workshop while the other watches the interaction in the room and pays attention to issues that may arise. The second facilitator will ideally have skills in attending to issues that come up for the facilitator and the participants. When facilitating this conversation in a workplace, have lists of contacts and referrals available for places where employees can find safe, confidential support. Alternatively, you could have an employee assistance program representative, an ombudsman, a human resources representative or another identified person in attendance co-facilitating. Employees may be concerned about sharing personal stories in a work environment: assure them that this event is meant primarily to provide information and not about sharing things that are private.



# Facilitator's Guide

## Legend



These handouts are found at the end of the facilitator's guide.



Ask your group the question.



Choose between the options provided, based on your facilitation skills and comfort with the material.



Use the script to help guide your conversation.

## Getting started

It can be challenging to determine how best to start a conversation about mental health. Here are a few suggestions.

### Where to hold the conversation

There are probably many places in your neighbourhood where you can meet for free, for example:

- a private meeting room at work
- a university residence
- a community centre
- a mosque, synagogue, church or faith meeting
- a library
- a local CEGEP or college or university
- a party or meeting room in an apartment building or condominium
- a family health clinic

When choosing a space, consider these elements:

- Accessibility:

# Facilitator's Guide

- Is the location easily reached by transit?
  - Is it wheelchair-accessible?
  - Is there an elevator or ramp to the meeting space?
  - Is there enough natural light?
  - Is the room quiet and private enough for the conversation?
  - Is child care needed?
  - If food is being served, are there dietary restrictions to consider?
  - Are washrooms located on the same floor as the meeting space, and close by?
  - Are there other accessibility requirements to consider (e.g., related to language, visual or hearing-related issues)? Consider creating handouts with larger fonts. Speak clearly and use language that is easy to understand. Avoid jargon. If the resources of your organization allow, talk to your supervisor about arranging for interpreters. Invite participants to bring their own supports (both people and/or equipment).
  - Check transit routes, schedules and parking. If you can, arrange transportation support (e.g., bus tickets, carpooling).
- Find out if you will have access to a computer and projector to show the PowerPoint presentation. If not, you may choose to bring your own computer, or use a hard copy of the facilitator's guide with handouts included. Make copies of the handouts you wish to use with your group.
  - Confirm and reconfirm with participants and with the venue before your event.

## Promoting the conversation

Download or order your free Bell Let's Talk poster, logo and stickers to help you spread the word and raise awareness of your event.

There are several useful places for posters or notices:

- in community calendars
- on bulletin boards (e.g. in libraries, community centres, grocery stores, laundromats)
- among your faith community
- at your CEGEP or college or university, organization or workplace
- by making phone calls or sending texts
- through Facebook  and Twitter 

# Facilitator's Guide

In addition, you may choose to ask participants to invite other people they think may be interested. Make sure you have made extra copies of the handouts you wish to use. Before the event, make sure to follow up with your invitees by reminding them by phone, e-mail or in person.

## Gather resources

Mental health resources vary by region, so we recommend creating a list of resources specific to your region, and making this available at your event.

Here are three ways to learn what resources are available in your area:

- Contact your local Canadian Mental Health Association branch:  
[www.cmha.ca/get-involved/find-your-cmha/](http://www.cmha.ca/get-involved/find-your-cmha/)
- Find a local crisis centre for suicide prevention:  
[www.suicideprevention.ca/in-crisis-now/find-a-crisis-centre-now/](http://www.suicideprevention.ca/in-crisis-now/find-a-crisis-centre-now/)
- Consult 211, Canada's primary source of information on government and community-based health and social services. Call 211 or visit [www.211.ca](http://www.211.ca)

## Continuing the conversation

The PowerPoint presentation is designed for a 40-minute conversation. If you decide to host a longer event, or wish to hold another conversation later, we have provided an alternate activity to help you. This alternate activity can be found after the handouts at the back of this guide.

## Understanding your role as a facilitator

Your role is to:

- create a safe environment, where participants feel comfortable expressing and responding to ideas
- guide the conversation
- encourage participation, while keeping discussions focused on the topic and away from a conversation about people's personal struggles

# Facilitator's Guide

## Readiness checklist

### Assessing your emotional readiness

Ask yourself the following questions to see if you are ready to facilitate the conversation.

- Have I had a difficult experience that may make me emotionally vulnerable while facilitating? If so, how will I handle the situation if I find myself feeling upset?
- How will I handle the situation if something difficult comes up for someone in attendance?
- What do I want to disclose or not disclose about my own experiences with mental health issues?
- Who can I talk to before or after the event if I feel upset?
- Who would be an appropriate co-facilitator?
- How am I going to look after myself throughout the process of preparing for the conversation (e.g., go for walks, eat well, leave work at the office, seek support)?
- What extra supports and resources can I identify (e.g., a representative from my human resources department or employee assistance program, CEGEP or college or university counsellor, spiritual leader, co-facilitator)?
- How might facilitation be handled differently to fully incorporate people with disabilities? Should there be interpreters?

It's okay to change your mind about facilitating if, after doing this assessment, you are not feeling comfortable with the role. If you aren't, you could still help to organize an event, sit in on a group session, and then reassess your comfort level with facilitating.

Use this checklist to help plan and guide your event.

### Prepare for the event

- Familiarize yourself with the discussion material
- Book the room you will use
- If you are going to be showing the PowerPoint presentation on a screen, make sure you have:
  - an LCD projector
  - a laptop
  - a microphone (if you think your group will not be able to hear you without one)
  - copies of the Conversation Outline (optional)

# Facilitator's Guide

- If you will be facilitating without equipment, make sure you have:
  - your facilitator's guide
  - copies of the handouts
  - copies of other resources you wish to use
- Prepare back-up resources (e.g., Internet access, extra handouts, plan if equipment fails) as required
- Position the seats, equipment and visual aids to enhance discussions and reduce distractions

## Be aware of yourself

- Identify your strengths, weaknesses, biases and values
- Be aware of the language that you use (see Let's Talk About Language handout)
- Find a comfortable physical posture
- Monitor and assist with the group's activities and interactions
- Allow time for participants to reflect and respond and pace your presentation accordingly

## Create a welcoming and safe environment

- Welcome participants as they enter the room, and introduce yourself
- Invite each participant to wear a name tag
- Use each participant's name when responding to questions or comments
- Set a relaxed and open tone
- Be non-judgmental
- Define some ground rules or guidelines for the group that will help in facilitating a respectful discussion and staying on topic. For more information, please see page 19

## Connect with participants

- Convey energy and enthusiasm
- Smile and make yourself open to eye contact

# Facilitator's Guide

- ❑ Speak loudly and clearly
- ❑ Use your voice, gestures and posture to emphasize important points
- ❑ Maintain a balance between providing content and allowing group discussion
- ❑ Ask questions to facilitate discussions and check understanding
- ❑ Create opportunities for everyone to participate
- ❑ Encourage questions and comments
- ❑ Reword participants' questions and comments to ensure that you have understood them correctly and that their points have been clarified before others respond
- ❑ Keep the discussion on topic

## Guidelines for facilitators

### What it is

This guide and the Bell Let's Talk Conversation Starters aim to be informational. They are conversation starters for increasing education and awareness about mental health. By learning more, we can take steps to help ourselves and others improve mental health and reduce the risk and stigma of mental illness. The goal is to bring Canadians together to talk about how people can find help and how communities can host conversations about mental health.

- The messages:
  - . You don't need to be an expert on mental health to talk about it. It's often the everyday things that make a difference; for example, asking: "How are you?" and, "What can I do to help?"
  - . Let's talk about some of the challenges that can arise when seeking help
  - . Let's help our friends and families to strengthen our communities together

### What it isn't

The facilitator's guide and PowerPoint presentation (and any additional handouts) provide general non-medical information about mental health. They do not offer clinical or medical advice. They do not replace the need for advice from a health care professional.

# Facilitator's Guide

## Bell Let's Talk Starting a Conversation



Slide 2

### Goal:

- Set the stage for your Bell Let's Talk Conversation



### Handout:

- Bell Let's Talk Conversation Outline

### Do:

- Hand out enough copies of the Bell Let's Talk Conversation Outline
- Make sure your other resources are visible and available
- Have the PowerPoint slide show ready to go (if possible) and have your facilitator's guide with you
- Greet visitors as they arrive
- Start on time if you can



### Suggested script:

- Welcome to this Bell Let's Talk Event. My name is \_\_\_\_\_. I'm here to facilitate a conversation about mental health because\_\_\_\_\_.



### Decide:

- Here it is important to highlight your connection to the talk. Explain why you wanted to facilitate the conversation. You may also want to explain your connection to the setting or organization if there are people in the room who don't know you.
- Depending on your setting, comfort and circumstances, you may want to be specific or more general in your explanation. Some examples to help you are below.

# Facilitator's Guide



## Suggested script:

- Why this talk now?

- Many of you have seen the campaign on Bell Let's Talk Day. Bell Let's Talk Day reminds us that "talking is the best way to start breaking down the barriers associated with mental illness."

or

- In our community, we have already been talking about mental health and we've said that we wanted to know more, so that's why we're here today. By learning more about mental health, we can take steps to help ourselves and others improve mental health and reduce the risk and stigma of mental illness.

or

- We have become very aware of mental illness given recent events...

Note: If you are facilitating this talk because of something difficult your community is dealing with (e.g., disturbing events in the news, discrimination at work or CEGEPs or colleges or universities related to mental health, or a recent suicide event), you will need a co-facilitator (e.g., a grief counsellor, a representative from human resources, an employee support program representative, a peer support worker or a spiritual leader). Participants may be emotionally affected by the content. Let the group know that people are free to leave the room if they need to. Make sure to have a staff person or co-facilitator available to support people outside of the room, should they want to talk.



## Suggested script:

- This topic is new for me too. My role is to facilitate this conversation as we explore this topic together.

- We're coming from different places, experiences and connections to this topic, some more personal than others. We may choose not to share those here today, and that's okay. It is all about opening a respectful dialogue on a topic that is uncomfortable for many to talk about.

- This conversation may ask us to challenge our understanding and attitudes about mental health and mental illness, and it may help us to think about and make connections to our own lives.

# Facilitator's Guide

## Welcome



- Ground rules:
  - Respect the privacy of those here by not sharing what individuals say here outside of the group. It is okay to share the main ideas we discuss today.
  - Listen to and respect each other's opinions and perspectives.
  - One person talks at a time.
  - Anything else?



Slide 3

### Goals:

- Welcome the group and set the tone for the conversation
- Outline ground rules for the discussion



### Handout:

- Resources



### Suggested script:

- Today's discussion will be centred around mental health, and it is important that we all feel comfortable to share our thoughts and feelings. To make this a helpful and respectful conversation, we need to establish a few ground rules or guidelines for us all to consider as we participate.
- Here are a few ground rules to get us started:
  - . Respect people's privacy and their right to confidentiality. Do not discuss any personal information about others outside of the group
  - . Listen to and respect each other, without judging people's opinions
  - . One person talks at a time

Note that people are free to leave at any time.



### Ask:

- Are there any other ground rules we should add to the list?

# Facilitator's Guide



## Suggested script:

- Here is a resource sheet that will be useful if you or someone you know is looking for information, resources and support



## Point out:

- Washrooms
- Time frame/agenda
- Refreshments (if applicable)
- Other resources (including Bell Let's Talk Conversation Outline)

# Facilitator's Guide

## What is mental health?

- Mental health involves finding a balance in all aspects of life including:
  - physically
  - mentally
  - emotionally
  - spiritually
- How do you find balance in your life?



Slide 4

### Goal:

- Get the group thinking about what mental health means to them



### Suggested script:

- Mental health involves finding a balance in all aspects of life including:
  - . physically
  - . mentally
  - . emotionally
  - . spiritually

How do you find balance in your life?



### Ask:

- Ask the group to finish the following statement for themselves:

For me, finding balance means....



### Decide:

Depending on your group, your time limits and your comfort as a facilitator, you will probably want to choose how participants complete the statement.

# Facilitator's Guide

## Option 1: Self-reflect

Invite participants to quietly think about how they find balance in their lives.

You may want to ask them to write down their responses.

This option is easiest to facilitate. It doesn't take long for participants to respond, and it offers a safe way for people to participate without sharing.

## Option 2: Self-reflect and share

Invite participants to complete the sentence themselves, and then share their response with the person next to them.

This option allows people to share their learning without speaking in front of the group. People will have varying degrees of comfort with sharing in small or large groups.

## Option 3: Think, pair, share

Invite participants to think about what finding balance means to them and to discuss their response with a partner. Then, bring the group back together and invite people to share what they discussed with the larger group.

This option helps people to learn by hearing a wider range of responses. It can also help to build community in your group.



## Suggested script:

- Good mental health is the willingness to think about and deal with everyday challenges. These could involve:
  - . making choices and decisions
  - . adapting to and coping with difficult situations
  - . talking about one's needs and desires
  - . maintaining meaningful relationships
  - . Remember that everyone has good and bad days, with or without a mental illness
- Just as our lives and circumstances continually change, so do our moods and thoughts, and our sense of well-being
- We all feel sad, worried, scared or suspicious sometimes. But these kinds of feelings may become a problem if they get in the way of our daily lives over a long period
- When there are changes in a person's thinking, mood or behaviour, and these changes cause a lot of distress and make it difficult to do daily tasks, that person may have a mental illness

Source: Centre for Addiction and Mental Health, Introduction to Mental Health 101. Retrieved from [www.camh.ca](http://www.camh.ca).

# Facilitator's Guide



**Activity:  
Let's Talk...  
True or False?**



Slide 5

## Goal:

- Explore the myths around mental illness using a “True or False” activity



## Handouts:

- Bell Let's Talk: True or False Questionnaire and Answer Key



## Suggested script:

- Right now we're going to do an interactive activity as we explore some of the myths around mental illness



## Decide:

- You may choose to make copies of the “True or False” questions and have the participants fill them out themselves, or you may want to do the activity out loud as a group. Use the answer key provided with the activity to help facilitate a discussion.
- Depending on your group, your time limits and your comfort as a facilitator, you will probably want to choose how participants respond to the questions.

# Facilitator's Guide

## **Option 1: Self-reflect**

Invite participants to complete the “True or False” Questionnaire individually.

This option is easiest to facilitate. It doesn't take long for participants to respond, and it offers a safe way for people to participate without sharing.

## **Option 2: Self-reflect and share**

Invite participants to complete the questionnaire individually. Then invite them to share with the person next to them.

This option allows people to share their learning without speaking in front of the group. People will have varying degrees of comfort with sharing in small or large groups.

## **Option 3: Think, pair, share**

Invite participants to complete the questionnaire individually. Invite them to then share with the person next to them. Finally bring the group back together and invite people to share their answers with the group.

Note: If time is limited for your session, you may choose to provide copies of the questionnaire and answer key as a handout for participants to complete at a later time.

If you go through the answers with your group using the answer key provided, ask them to put an asterisk (\*) beside any answer they find surprising. You may ask for volunteers to share their findings with the group.

# Facilitator's Guide

**One in five Canadians  
will experience a form of mental  
illness at some point in their life.**

-Canadian Institute of Health Research



Slide 6

## Goal:

- Raise awareness about how common mental illness is



## Handout:

- People Who Wear the Label



## Suggested script:

- We've talked about some of the myths and facts about mental health and mental illness. Now it's time to answer the question: who is affected by mental illness?
- In any given year, one in five Canadians will experience a form of mental illness
- Even if you have not experienced a mental illness, chances are someone close to you has or will have a mental illness at some point
- Take a moment to look over the list of people in front of you
- Choose three people from this list. What are three things that they have in common?

Possible answers include: all are loved, successful, have had a mental illness, are creative, etc.



## Decide:

- Depending on your group, your time limits and your comfort as a facilitator, you will probably want to choose how participants complete this activity.

# Facilitator's Guide

## Option 1: Self-reflect

Invite participants to look over the handout individually and choose three people on the list. Ask them to quietly reflect on three things those three people have in common.

This option is easiest to facilitate. It doesn't take long for participants to respond, and it offers a safe way for people to participate without sharing.

## Option 2: Self-reflect and share

Invite participants to choose three people from the list and reflect on three things those people have in common. Invite participants to share their responses with the person next to them.

This option allows people to share their learning without speaking in front of the group. People will have varying degrees of comfort with sharing in small or large groups.

## Option 3: Think, pair, share

Invite participants to choose three people from the list and reflect on three things those people have in common. Invite participants to then share their responses with the person next to them. Finally, bring the group back together and invite people to share what they discussed with the larger group.

This option helps people to learn by hearing a wider range of responses. It can also help to build community in your group.



### Suggested script:

- All of the famous people on this page have or have had a mental illness. And chances are that the others—like your friend or sister—may also have experienced a mental illness
- Mental illness affects people of any age, social class, race and culture, including famous people, such as Clara Hughes, Buzz Aldrin, Abraham Lincoln, Beethoven and the other celebrities on this list
- Most of all, the person who wears the label of mental illness is someone's mother, father, daughter or son, someone with strengths, talents and wisdom

Source: People who wear the label (handout). Adapted from: Centre for Addiction and Mental Health (2005). *Beyond the Label*. Retrieved from camh.ca.

# Facilitator's Guide

## How stigma feels



Slide 7

### Goal:

- Address stigma by encouraging participants to imagine how it feels



### Suggested script:

- Keep in mind this list of people who wear the label as we continue the conversation. Think about how being labelled with mental illness may have affected their lives
- Now, I am going to read you a story and then we'll talk about it
- On ordinary streets, there is a disaster waiting to happen. There is a group of people among us who pose a threat to their neighbours and indeed to the whole community. Too often their potentially dangerous behaviour is ignored until it is too late. The public is angry with the alarming number of incidents in which [say your hair colour] injure or kill innocent people.
- Hardly a day goes by without news of a murder or attack by a [hair colour] leading many to question why they are allowed to live freely in the community. Even if, as some critics claim, it's only a small minority causing the problem, it's not always possible to know which [hair colour] are dangerous. We must put the rights of the community first and keep [hair colour] in secure but humane institutions for their own good as well as ours.  
Source: Myths about Madness. Video. Used in *Beyond The Label*, CAMH
- Suppose the general public had this negative idea about people with [insert hair colour]
  - If you were [hair colour], how would you feel?
  - How would people react to you?
  - This is how stigma worksSource: Centre for Addiction and Mental Health (2005) *Beyond the Label*. Retrieved from camh.ca.

# Facilitator's Guide

## Stigma is . . .

- Negative attitudes (prejudice) + negative responses (discrimination) = stigma
- Stigma means thinking less of a person because of his or her condition.
- Stigma can make a person feel unwanted and shamed.



Slide 8

### Goal:

- Begin addressing stigma by defining it clearly



### Suggested script<sup>1</sup>:

- Stigma is the attitude and discrimination is the result
- Stigma means thinking less of a person because of his or her condition
- Stigma can make people feel unwanted and ashamed for something that is not their choice or fault
- Here are what some family members of people with mental health and substance use problems have said about stigma:

“What comes to mind when I think of stigma? My immediate thought is fear of exposure. You know, fear of people’s reactions. I mean, you’re very fearful of a change in people’s attitudes toward you or toward your family member who’s ill—and whatever affects the consumer, affects the family.”

“I guess this has something to do with stigma—that you close out people that you could have counted on—people that you really need. And you end up closing them out only because of the stigma—not because you don’t trust them or anything, it’s just the stigma. And the risk is huge, so you’re closing all the doors. You close the doors to any support link.”

Source: O’Grady, C.P. & Skinner, W.J.W. (2007). *A Family Guide to Concurrent Disorders*. Toronto: Centre for Addiction and Mental Health.

<sup>1</sup>Stigma may be a new concept in many communities and contexts. If this is the case in your group, you may want to spend more time on this discussion.

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## Stigma makes everything worse

- Stigma...
  - is often harder to deal with than the illness itself
  - stops people from getting help



Slide 9

### Goal:

- Highlight the negative impact of stigma on people with mental illness



### Suggested script:

- Stigma adds to the suffering caused by mental illness
- The World Health Organization calls stigma the “hidden burden” of mental illness
- Stigma can:
  - . seriously affect the well-being of those who experience it
  - . affect people while they are ill, while they are in treatment, while they are healing, and long after they've recovered
  - . stop people from seeking treatment
  - . damage how people feel about themselves and how others see them

Source: Centre for Addiction and Mental Health, Stigma 101. Retrieved from [camh.ca](http://camh.ca).

Related links: Close, G. & Stuart, H. (2013, June 12). Overcoming mental illness means overcoming stigma. *The Globe and Mail*. Retrieved from [www.theglobeandmail.com/](http://www.theglobeandmail.com/).

Bring Change2Mind. (2013). Videos. Retrieved from [www.bringchange2mind.org](http://www.bringchange2mind.org)

# Facilitator's Guide

## So Let's Talk

- Treat everyone with respect.
- Be warm, caring and non-judgmental.
- Challenge stigma when you see it.
- Watch your language.
- Learn the facts about mental health and mental illness.
- Help raise awareness about mental health.



Slide 10

### Goal:

- Offer practical tips to reduce stigma



### Handout:

- Let's Talk About Language



### Suggested script:

- Here are some ways to help get rid of stigma:
  - . Treat everyone with respect
- Treating people with respect is about treating people in a way that they consider respectful
  - . Be warm, caring and non-judgmental
- If you approach every interaction you have with warmth and caring, you will help to create an environment where distress is less likely. If something does come up, people around you will feel supported and more likely to share their difficulties
  - . Challenge stigma when you see it

Here's what one family member said about challenging stigma:

"You can't let negative people get to you. You just have to put on a suit of armour and face it. Stigma is everywhere—running away won't make it any better, for you or for your family. You have to be tough with things like this.

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...I don't experience stigma at all. I refuse to. If people have bad attitudes toward my husband's depression, I try to educate them. If they won't hear what I have to say, forget them. I don't waste time on people like that."

Source: O'Grady, C.P. & Skinner, W.J.W. (2007). *A Family Guide to Concurrent Disorders*. Toronto: Centre for Addiction and Mental Health.

- Watch your language. It's important to remember to put the person first
  - . Hand out copies of Let's Talk About Language
  - . Learn the facts about mental health and mental illness at [www.camh.ca](http://www.camh.ca)
- I'd like to draw your attention to the section of the Resource Sheet called "I want to learn more about mental health and mental illness." This will also help you educate yourself and those around you
- Help raise awareness about mental health

Let's Talk About Language handout

Source: MediaSmarts. (n.d.) *Let's Talk: Finding Reliable Mental Health Information and Resources — Teacher Training Guide*.

Retrieved from: <http://mediasmarts.ca/lets--pilot>

Source: Adapted from Centre for Addiction and Mental Health, Introduction to Mental Health 101 and Stigma 101. Retrieved from [www.camh.ca](http://www.camh.ca).

# Facilitator's Guide

## Let's keep talking...

- Some ideas for the next steps:
  - Share resources and information with other individuals or groups
  - Support a mental health organization as a volunteer or donor
  - Learn more about mental health at [www.camh.ca](http://www.camh.ca)



Slide 11

### Goal:

- Identify next steps for keeping the conversation going



### Suggested script:

- Thank you for joining the conversation today
- What's one thing you're taking away from today?
- What's one thing you're going to do to keep the conversation going?



### Decide:

- If your group is having trouble coming up with other ideas, ask them to choose one of the suggestions on the slide and discuss how they might put that idea into action
- Depending on your group, your time limits and your comfort as a facilitator, you will probably want to choose how participants respond to the questions

# Facilitator's Guide

## **Option 1: Self-reflect**

Invite participants to quietly think about what they're taking away from today, as well as their plans for action following this conversation. You may want to ask them to write down their ideas.

This option is easiest to facilitate. It doesn't take long for participants to respond, and it offers a safe way for people to participate without sharing.

## **Option 2: Self-reflect and share**

Invite participants to reflect on what they're taking away from today, as well as their plans for action following this conversation. Ask them to share their ideas with the person next to them.

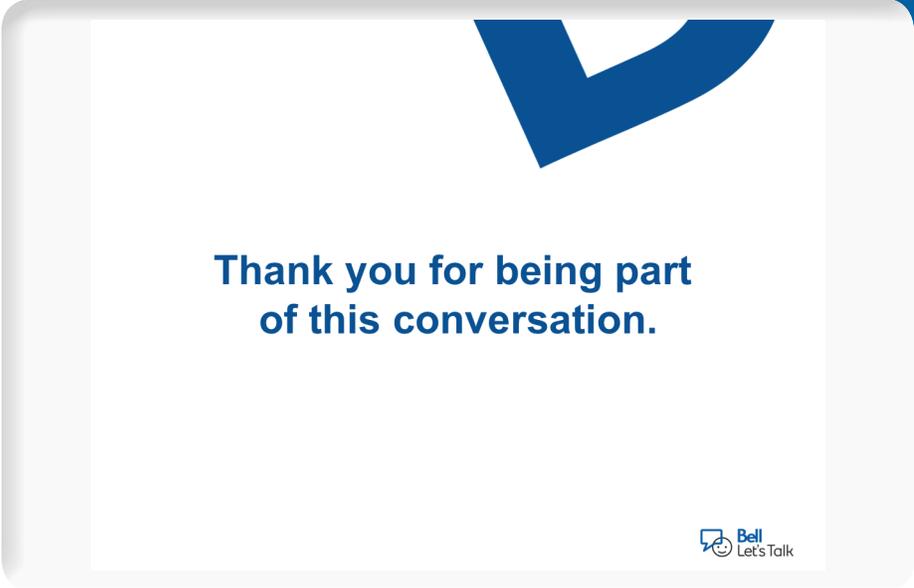
This option allows people to share their learning without speaking in front of the group. People will have varying degrees of comfort with sharing in small or large groups.

## **Option 3: Think, pair, share**

Invite participants to think about what they're taking away from today, as well as their plans for action following this conversation. Then ask them to share with a partner. Finally, bring the group back together and invite people to share what they discussed with the larger group.

This option helps people learn by hearing a wider range of responses. It can also help build community within your group.

# Facilitator's Guide



**Thank you for being part  
of this conversation.**



Slide 12

**Goal:**

- Thank participants for attending your Bell Let's Talk Conversation

**Do:**

- Make sure your resources are visible and available
- Be proud of yourself for facilitating such an important conversation!

## **Mental health**

Mental health involves finding a balance in all aspects of life including:

- physically
- mentally
- emotionally
- spiritually

It is the ability to enjoy life and deal with everyday challenges. These could involve:

- making choices and decisions
- adapting to and coping with difficult situations
- talking about one's needs and desires
- maintaining meaningful relationships

## **Mental illness**

Everyone feels sad, worried, scared or suspicious at times. But these kinds of feelings may become a problem if they get in the way of our daily lives over a long period.

When there are changes in a person's thinking, mood or behaviour, and these changes cause a lot of distress and make it difficult to do daily tasks, that person may have a mental illness.

One in five Canadians will experience a form of mental illness at some point in their life.

## **Stigma**

Stigma is the attitude and discrimination is the behaviour that results from the negative attitude.

Stigma means thinking less of a person because of his or her condition.

Stigma can make people feel unwanted and ashamed for something that is not their choice or fault. It is often harder to deal with than the illness itself.

# Bell Let's Talk Conversation Outline

Handout 1

## Address stigma

These 5 ways to communicate about mental illness show your support and can help those who struggle overcome their concerns about seeking help:

- Language matters - pay attention to the words you use about mental illness
- Educate yourself - learn, know and talk more, understand the signs
- Be kind - small acts of kindness speak a lot
- Listen and ask - sometimes it's best to just listen
- Talk about it - start a dialogue, break the silence

## I need help now!

Visit your local emergency department or call 911.

Call the Kids Help Phone at 1 800 668-6868.

Call a distress line or crisis centre in your area.

For a list of crisis centres across Canada, visit [www.suicideprevention.ca](http://www.suicideprevention.ca).

## I need support and mental health resources.

Contact your health care provider.

**Alzheimer Society Canada: [www.alzheimer.ca](http://www.alzheimer.ca)**

The Alzheimer Society works nationwide to improve the quality of life for Canadians affected by Alzheimer's disease and other dementias and advance the search for the cause and cure. The Society offers programs and services across Canada.

**Canadian Mental Health Association (CMHA): [www.cmha.ca](http://www.cmha.ca)**

CMHA branches across Canada provide a wide range of innovative services and supports to people who are experiencing mental illness and their families. These local branches are a good place to start to find out what services and resources are in your community. CMHA offices will refer you to other mental health centres in your area. They also offer many services, including counseling, information and support groups, and they can help co-ordinate your care and provide day-to-day support.

**Centre for Addiction and Mental Health (CAMH): [www.camh.ca](http://www.camh.ca)**

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

**ConnexOntario: [www.connexontario.ca](http://www.connexontario.ca)**

ConnexOntario operates three helplines: a mental health hotline (1 866 531-2600), a drug and alcohol hotline (1 800 565-8603) and a problem gambling helpline (1 888 230-3505). These telephone information lines are confidential, free, and available 24/7 for people in Ontario. They provide information by phone, e-mail or webchats on services in your community, basic education, and support and strategies to help you reach your goals.

**Empowerment Council: A Voice for the Clients of CAMH:  
[www.empowermentcouncil.ca](http://www.empowermentcouncil.ca)**

The Empowerment Council is a voice for clients/survivors and ex-clients of mental health and addiction services, primarily of CAMH.

**Kids Help Phone: [www.kidshelpphone.ca](http://www.kidshelpphone.ca)**

Kids Help Phone provides free, confidential telephone and web counselling and referrals for people under aged 21. This bilingual, toll-free service is available 24 hours a day. Call 1 800 668-6868.

**Mood Disorders Society of Canada: [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)**

The Mood Disorders Society of Canada provides information and resources about mental illnesses, particularly about depression and bipolar disorder. Branches across the country can connect you to local supports and services.

**Santé et Services sociaux Québec: [www.msss.gouv.qc.ca](http://www.msss.gouv.qc.ca)**

Health and Social Services Québec provides a list of mental health and addiction resources in Quebec. Visit [http://www.msss.gouv.qc.ca/sujets/prob\\_sante/sante\\_mentale/index.php?id=37,51,0,0,1,0](http://www.msss.gouv.qc.ca/sujets/prob_sante/sante_mentale/index.php?id=37,51,0,0,1,0)

**Schizophrenia Society of Canada: [www.schizophrenia.ca](http://www.schizophrenia.ca)**

The Schizophrenia Society aims to improve the quality of life for people affected by schizophrenia and psychosis. The Society offers education, support programs, public policy and research, with provincial chapters operating across Canada.

**211: [www.211.ca](http://www.211.ca)**

211 is Canada's main source of information on government and community-based health and social services. Call 211 or visit [www.211.ca](http://www.211.ca).



## I want to learn more about mental health and mental illness

**Canadian Mental Health Association (CMHA): [www.cmha.ca](http://www.cmha.ca)**

The Canadian Mental Health Association's national branch is an excellent source of information on mental health topics.

**Centre for Addiction and Mental Health (CAMH): [www.camh.ca](http://www.camh.ca)**

**Mental Health and Addiction 101 series**

CAMH is pleased to offer this series of free, quick and easy-to-use online tutorials, which will introduce topics concerning substance use and mental health problems.

These tutorials are a starting point for learning about substance use and mental health problems, as well as factors that are critical to understanding those problems.

Visit [camh.ca](http://camh.ca), click on the "Education" tab and browse "Public Education" under "Patients, Families and Public."

### **CAMH Knowledge Exchange**

CAMH Knowledge Exchange gives you quick access to the best available online information, tools and resources about mental health, including:

- Information for Clients and Families  
This page is an excellent source for materials about illnesses, medications and substances:  
[http://knowledgex.camh.net/primary\\_care/resources\\_families/Pages/default.aspx](http://knowledgex.camh.net/primary_care/resources_families/Pages/default.aspx).
- Knowledge Videos  
Find workshops, interviews and seminars posted as videos, including "mini-med school," a series of health sciences lectures offered by CAMH in collaboration with the University of Toronto: <http://knowledgex.camh.net/videos/Pages/minimed.aspx>.

**Here to Help (BC): [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)**

Here to Help is a project of the BC Partners for Mental Health and Addictions Information. Here to Help is a collective of seven mental health and addiction agencies that have been working together since 2003 to help prevent and manage mental health and substance use problems.

**Multicultural Mental Health Resource Centre (MMHRC): [www.mmhrc.ca](http://www.mmhrc.ca)**

This website offers many helpful resources including fact sheets in multiple languages and policy materials on specific topics. Supported by the Mental Health Commission of Canada, the Multicultural Mental Health Resource Centre (MMHRC) focuses on improving the quality and availability of mental health services for people from diverse cultural and ethnic backgrounds, including immigrants, refugees, and members of established ethnocultural communities.

**National Alliance on Mental Illness (NAMI) (US): [www.nami.org](http://www.nami.org)**

NAMI is the National Alliance on Mental Illness, the largest grassroots mental health organization in the United States. NAMI advocates for access to services, treatment, supports and research.

**National Empowerment Center (US): [www.power2u.org](http://www.power2u.org)**

This consumer/survivor/ex-patient-run organization carries a message of recovery, empowerment, hope and healing to people with lived experience with mental health issues, trauma, and extreme states.

**National Institute of Mental Health (NIMH) (US):  
[www.nimh.nih.gov/health/index.shtml](http://www.nimh.nih.gov/health/index.shtml)**

This American organization offers fact sheets, booklets and brochures on mental health topics.

## # I want to continue the conversation

Bell Let's Talk  
[Bell.ca/letstalk](http://Bell.ca/letstalk)

Bell Let's Talk encourages you to spread the word on  and . For more information and resources to continue the conversation, check out [bell.ca/letstalk](http://bell.ca/letstalk)

Mental Health Commission of Canada  
[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)

Supported by the Mental Health Commission of Canada, COLLABORATIVE SPACES is an online place to share mental health information and learn from others as they post. Once you have registered for a free account, you can discuss issues and share links to articles, documents, pictures and videos with the community. You can also bring attention to events and activities happening around the world and view them by various mental health topics.

Time to Change  
[www.time-to-change.org.uk/talk-about-mental-health/tips](http://www.time-to-change.org.uk/talk-about-mental-health/tips)

Time to Change is an anti-stigma campaign in the UK. The website offers resources for community conversations, as well as tips and strategies to help you talk openly about mental health with someone you care about.

| Let's Talk: True or false?                                                                                                                    | TRUE                     | FALSE                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. In any given week, at least 500,000 employed Canadians are unable to work because of mental health problems.                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Canadians in the lowest income group are twice as likely as those in the highest income group to report fair to poor mental health.        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. People with mental illness have a tendency to be violent.                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Across the world, 75% of those with a mental illness won't receive any treatment at all.                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Mental illness is the 10th leading cause of disability and premature death in Canada.                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Just 50% of Canadians would tell friends or co-workers that they have a family member with a mental illness.                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The disease burden of mental illness is 1.5 times higher than all cancers put together.                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Mental illness is a sign of weak character.                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In 2008, 46% of Canadians thought people used the term mental illness as an excuse for bad behaviour.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In a survey of 556 UK respondents, 70% reported that either they or a family member had experienced stigma as a result of mental illness. | <input type="checkbox"/> | <input type="checkbox"/> |

1. **True.** Of the 500,000 people off work in any given week due to mental health problems, there are 355,000 disability cases due to mental and/or behavioural disorders<sup>3</sup>, plus approximately 175,000 full-time workers absent from work due to mental illness.<sup>4</sup>
2. **False.** Canadians in the lowest income group are *3 to 4 times* more likely than those in the highest income group to report fair to poor mental health.<sup>5</sup>
3. **False.** The Canadian Mental Health Association reports that “as a group, people with mental health issues are not more violent than any other group in our society. The majority of crimes are not committed by people with psychiatric illness, and multiple studies have proven that there is very little relationship between most of these diseases and violence. The real issue is the fact that people with mental illness are two and a half to four times more likely to be the victims of violence than any other group in our society.”<sup>6</sup>
4. **True.** For more information, see *Mental Illness and Addiction in Canada* from the Mood Disorders Society of Canada.<sup>7</sup>
5. **False.** Mental illness is the *second* leading cause of disability and premature death in Canada.<sup>8</sup>
6. **True.** Just 50% of Canadians would tell friends or co-workers that they have a family member with a mental illness, compared to 72% who would discuss a diagnosis of cancer and 68% who would talk about a family member having diabetes.<sup>9</sup>
7. **True.** This includes years lived with less than full function and years lost to early death.<sup>10</sup>
8. **False.** Statements like this seem to suggest that it is a person’s own fault if he or she develops a mental illness. While the cause of most mental disorders is not yet known, research shows that it is likely a mixture of factors.<sup>11</sup>
9. **True.** 27% said they would be fearful of being around someone who suffers from serious mental illness.<sup>12</sup>
10. **True.** People experienced stigma within their own family (56%), from friends (52%), from their doctor (44%), from other health care professionals (32%) and at work (30%).<sup>13</sup>

- <sup>3</sup> Calculated from data in Dewa, C.S., Chau, N. & Dermer, S. (2010), “Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population.” *Journal of Occupational and Environmental Medicine*, 52 (7), 758–762 and Statistics Canada employment data.
- <sup>4</sup> Calculated from data in the Institute of Health Economics (2007), “Mental Health Economics Statistics in Your Pocket,” and Statistics Canada—Labour Statistics Division (2011), “Work Absence Rates 2010.”
- <sup>5</sup> Statistics Canada (2003). *Canadian Community Health Survey—Mental Health*.
- <sup>6</sup> Canadian Mental Health Association (n.d.), “Violence and Mental Illness”. Retrieved from [www.cmha.ca](http://www.cmha.ca).
- <sup>7</sup> Mood Disorders Society of Canada (2009, November). *Quick Facts: Mental Illness and Addiction in Canada*. Retrieved from [www.mooddisorderscanada.ca/](http://www.mooddisorderscanada.ca/).
- <sup>8</sup> Waddell, C., McEwan, K., Shepherd, C.A., Offord, D.R., Hua, J.M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50 (4), 226–233.
- <sup>9</sup> Canadian Medical Association (2008). *8<sup>th</sup> Annual National Report Card on Health Care*.
- <sup>10</sup> Ratnasingham, S., Cairney, J., Rehm, J., Manson, H. & Kurdyak, P.A. (2012). *Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report*. An ICES/PHO Report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario.
- <sup>11</sup> Centre for Addiction and Mental Health, Introduction to Mental Health 101. Retrieved from [www.camh.ca](http://www.camh.ca)
- <sup>12</sup> Canadian Medical Association (2008). *8th Annual National Report Card on Health Care*.
- <sup>13</sup> Mood Disorders Society of Canada (2009). *Quick Facts on Mental Illness & Addiction in Canada*.

# People Who Wear the Label

- Ludwig Van Beethoven
- My mother
- Clara Hughes
- Your cousin
- Elizabeth Manley
- My son
- Emily Carr
- My partner
- Rex Harrington
- My co-worker
- Winston Churchill
- Your friend
- Ted Turner
- My sister
- Buzz Aldrin
- Virginia Woolf
- My aunt
- My daughter
- Aretha Franklin
- Margaret Trudeau
- Your father
- You
- Abraham Lincoln
- My neighbour
- Mike Wallace
- Us
- Catherine Zeta-Jones
- Your brother
- Tennessee Williams
- My grandson
- Patty Duke
- My niece
- Amy Sky
- Demi Lovato
- Me

This guide offers appropriate language choices for discussing mental health issues.

| Respectful language                                                                                                           | Disrespectful language                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| “person with schizophrenia”<br>“person with bipolar disorder”<br>“person with a disability”                                   | “schizophrenic”<br>“manic depressive”<br>“handicapped person”                                                                                      |
| Empowering language                                                                                                           | Disempowering language                                                                                                                             |
| “person with a mental illness”                                                                                                | “mentally ill”<br>“victim”<br>“sufferer”<br>“crazy”<br>“wacko”<br>“lunatic”                                                                        |
| Do                                                                                                                            | Don't                                                                                                                                              |
| Put the person first<br>Become informed about mental illnesses<br>Speak up about stigma<br>Talk openly about mental illnesses | Refer to people by their illness<br>Be judgmental<br>Let jokes or misinformation go<br>Treat mental illnesses as something to be embarrassed about |
| Terms to avoid                                                                                                                |                                                                                                                                                    |
| “challenged”<br>“special”<br>“normal” or “not normal”<br>“psycho” or “psychopath” or “demented”                               |                                                                                                                                                    |

Source: MediaSmarts. (n.d.) *Teacher Training Guide*.  
Retrieved from [http://mediasmarts.ca/sites/default/files/pdfs/Lets\\_Talk\\_Teacher\\_Training\\_Guide.pdf](http://mediasmarts.ca/sites/default/files/pdfs/Lets_Talk_Teacher_Training_Guide.pdf).

# Alternate Activity

Activity:  
Rethinking  
“normal”

## Goals:

- Identify negative labels associated with the term “mental illness”
- Encourage participants to rethink “normal”

## Decide:

- You may want to do this activity as one group, using paper and markers (or a chalkboard or whiteboard)
- Alternatively, you can ask the group to work in partners or small groups, or to write down their answers

## Suggested script:

- What are some of the negative words or phrases that society associates with the label of mental illness?
  - . Allow a few minutes for participants to complete the exercise. Then ask for and record some of the responses. If a connection is made between violence and mental illness, say:

“Many people think that mental illness makes people violent. In fact, a person with a mental illness is more likely to be a victim of violence than a perpetrator. In a 2001 study, researchers calculated that about three per cent of violent offences could be attributed to mental illness, and another seven per cent to substance use problems.”

# Alternate Activity

As participants are looking over the list, ask:

- Can you imagine leaving your home every day knowing that this is what people are thinking about you?
  - . Allow time for reflection.
- Society also attributes negative labels to people based on race, gender, sexual orientation, disability, immigration status, religion and so on. These labels suggest that a person is somehow “abnormal.”
- However, when we think of all the layers of stigma that society has created, it can make us wonder if anyone actually falls into the category of “normal,” especially when we consider that all of us are affected by mental illness either directly or indirectly.

## **Remember:**

- Ask participants how they felt while doing this exercise
- Acknowledge that it may feel uncomfortable and difficult to see and hear these words
- Remind participants that by the end of the presentation they will walk away with strategies designed to stamp out this stigmatizing language

## **Suggested script:**

- Even though mental health problems affect all of us, only a third of people who need help seek it. Why?

## **Decide:**

- You may choose to ask participants for ideas first

# Alternate Activity

## Suggested script:

- What stops people from seeking help?
  - . Services often don't exist nearby
  - . They may not know what kind of help is available
  - . They may know what help exists, but not be able to use the services because of barriers such as poverty. Many services are not covered under provincial health insurance, nor are transportation costs
  - . Services are almost always provided in English or French, making them inaccessible to people who speak other languages
  - . People may feel embarrassed, ashamed, judged or afraid, due to stigma
  - . Stigma makes it difficult for people with mental illness to access physical health care
  - . People's beliefs, actions and opinions are considered to be due to mental illness and may be discounted
  - . Discrimination against people with mental illness means it may be difficult for people to find or keep work, housing and/or relationships if they admit to a mental health problem
  - . People may not recognize that they have a problem

Source: Centre for Addiction and Mental Health (2005) *Beyond the Label*. Retrieved from <http://knowledgex.camh.net>  
Centre for Addiction and Mental Health (2003). *Challenges and Choices: Finding Mental Health Services in Ontario*. Toronto: Author.



Section Two

# Tools to Start a One-on-One Conversation





# Let's Talk with a friend

I'm worried about a friend. She hasn't been going to class, and rarely seems to socialize these days. When I do see her, she looks pale and thinner than I remember. She also seems quiet and distant.

Here are some suggestions on how to reach out and support someone you are concerned about. Start talking! Having a conversation is the best way to start breaking down barriers.

## Reach out

One in five people will have a mental health problem at some point in their lives. And because of stigma, many don't seek out the treatment or support they need.

You don't need to be a mental health expert to help someone in distress. Ask how the person is doing. And be specific about what you've noticed that is concerning you.

"It seems like you've been losing weight and becoming more withdrawn. Is everything OK? Do you want to talk?"

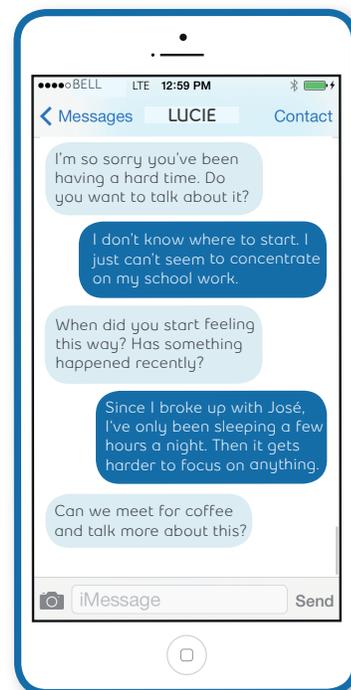
Even if your friend doesn't want to talk, knowing that you care can help her to feel less alone.

If you have struggled with feelings that your friend might identify with — such as feeling hopeless or worried all the time — you could tell her how you've felt, and how you coped with these feelings in the past.

### Offer support

Be compassionate. A comment like "Just relax" or "You'll get over it" can come across as judgmental. Instead, just show your friend you're there to offer support. Suggest going for dinner or a coffee, if this is the kind of thing you normally do together, or ask her what she would like to do instead. Have the kinds of conversations you usually have with her. People don't want to feel judged for understandable signs of distress. Nor do they want to be defined by a mental health problem if this is what they are experiencing.

Here's how  
a conversation might go:



The kind of help people need depend on the type and severity of their problem.

## Level 1

### I'm worried about you

You are concerned about how anxious and withdrawn she is. The fact that she's barely sleeping and missing meals only makes the problem worse.

"I'm worried about you. Have you thought of what kinds of supports might help right now?" If your friend does suggest that her distress might be mental health related, you could ask her if she has a doctor, or a community or spiritual advisor she could speak to, or a counselling service.

If she doesn't believe there's a problem, then don't argue with her about it. And don't try to suggest possible solutions. Just keep checking in to see how she's doing, or get together more often, if that's what she wants.

## Level 2

### You need help now

She describes feeling hopeless, and arrives at class looking dishevelled and distracted.

"I really don't think this issue can wait. Do you have a doctor or someone else you can call?"

Even if your friend doesn't want or feel the need to get help, stay supportive. Offer to go to an appointment with her, and ask her if you or someone else she feels comfortable with could connect with her in the next couple of days to see how she's doing.

## Level 3

### It's an emergency

She's talking about killing herself, and describing ways she could do it.

"Will you let me take you to a nearby emergency department or is there someone else close to you who can accompany you?"

If she refuses help, and won't let you or someone else accompany her to seek professional help, call 911 to ensure her safety. It is important that she not be left alone. If she is not willing to stay in the company of another person, call 911 to assure immediate help.

# What does a mental health problem look like?

We all feel sad, worried, scared or suspicious at times. But these kinds of feelings may become a problem if they get in the way of our daily lives over a long period. These kinds of problems can affect anyone, regardless of their age, educational background, income level, gender or culture.

Mental health problems can affect our feelings, our thoughts, our physical well-being and our actions. The signs may be visible or invisible. This is what you may observe in someone with a mental health problem:



## Feeling

- Feeling sad or irritable for more than two weeks
- Having excessive worries, fears and anxieties
- Having extreme mood swings—from feeling really high to feeling really low
- Feeling apathetic or disinterested in things
- Feeling hopeless or desperate, crying a lot
- Feeling really angry



## Thinking

- Having distorted or confused thoughts
- Having strange beliefs not based in reality (delusions), or hearing, seeing or smelling things that aren't there (hallucinations)
- Having difficulty remembering things and concentrating, which affects work or studies
- Making poor decisions



## Doing

- Drinking or using other drugs excessively
- Seeming agitated and restless and appearing dishevelled
- Withdrawing from activities and friends
- Crying a lot
- Having many physical complaints, such as headaches or stomach aches with no clear cause
- Having difficulty sleeping
- Having significant changes in eating
- Talking about killing or harming oneself

Information in this publication is not to be used for diagnosis, treatment or referral services. Individuals should contact their personal physician and/or their local addiction or mental health agency for further information.



# Let's Talk with a co-worker

Your co-worker has been really irritable lately. He's been yelling at colleagues and has been seen storming out of people's offices. Colleagues are uncomfortable with his sudden outbursts.

Here are some suggestions on how to reach out and support someone you are concerned about. Start talking! Having a conversation is the best way to start breaking down barriers.

## Reach out

One in five people will have a mental health problem at some point in their lives. And because of stigma, many don't seek out the treatment or support they need.

You don't need to be a mental health expert to offer support to someone you're worried about. Ask how the person is doing. And be specific about what is concerning you.

"Are you OK? You've been acting different, and losing your cool with colleagues. I'm worried about you. This isn't like you. Has something happened recently that you want to talk about?"

Even if your colleague doesn't want to talk or doesn't think there is a problem, knowing that you care and that he can come to you may open up a conversation.

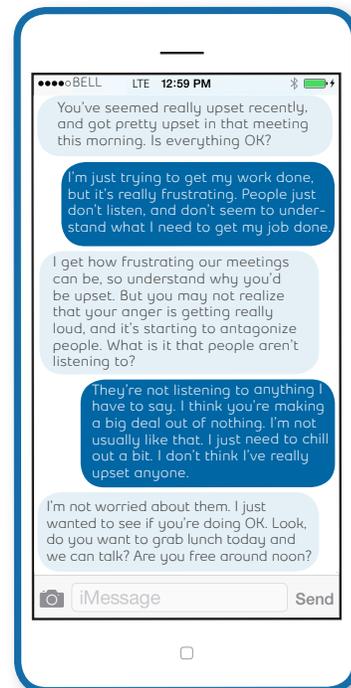
## Offer support

Be compassionate. If your co-worker's behaviour is out of character, it may signify a mental health problem or that the person is under some other kind of stress.

Offer to go for coffee or dinner with the person if this is the kind of thing you normally do together or ask your co-worker what he might like to do. Have the kinds of conversations you are used to having together. People don't want to be judged for reacting to understandable stress. Nor do they want to be defined by a mental health problem, if this is what they are experiencing.

If you do go out together, or just choose to stay in and chat in one of your offices, try to find a more relaxed time when you know you won't be interrupted. When you are together, listen to him tell you about how he's doing, without jumping in to give advice or problem solve, or try to diagnose. Talk about the effects of his behaviour, without lecturing. Stay on side. If he feels that you are doing this because you care, and are trying to act in his best interests, it is more likely that you'll be able to help.

Here's how  
a conversation might go:



# Get Help

Learn more about mental health problems and workplace accommodations. Call 211 or visit [www.211.ca](http://www.211.ca) for information on other types of community and social services.

The kind of help people need depend on the type and severity of their problem.

## Level 1

### I'm worried about you

You are concerned about your co-worker, and that his behaviour is really uncharacteristic of him. If he believes there's a problem, you could say:

"I'm worried about you. What's going on? Have you thought of what kinds of support might help?" Depending on the type of problem he describes, support could range from an employee assistance program, to help around tenant rights.

If he doesn't believe there's a problem, then don't argue with him about it. And don't try to suggest possible solutions. Just keep checking in to see how he's doing, or go for a coffee more often, if that's what you normally do together.

## Level 2

### You need help now

His behaviour has gotten worse. He's speaking rapidly, not leaving work until late at night, and the angry outbursts are getting more frequent. Your boss has threatened disciplinary action.

"I really don't think this issue can wait. Do you have someone you can call who could support you – someone you could call right now?"

Even if your colleague doesn't want or feel the need to get help, stay supportive. Ask him if you or someone else he feels comfortable with could connect with him in the next couple of days to see how he's doing.

## Level 3

### It's an emergency

He's talking about killing himself, and describing ways he could do it.

"Will you let me accompany you to a nearby emergency department or is there someone else you would feel more comfortable going with?"

If he refuses help, and won't let you or someone else accompany him to seek professional help, call 911 to ensure his safety. It is important that he not be left alone. If he is not willing to stay in the company of another person, call 911 to assure immediate help.

# What does a mental health problem look like?

We all feel sad, worried, scared or suspicious at times. But these kinds of feelings may become a problem if they get in the way of our daily lives over a long period.

Mental health problems can affect anyone, regardless of their age, educational background, income level, gender or culture.

Signs of distress can affect our feelings, our thoughts, our physical well-being and our actions. These signs may be visible or invisible. This is what you may observe in someone with a mental health problem:



## Feeling

- Feeling sad or irritable for more than two weeks
- Having excessive worries, fears and anxieties
- Having extreme mood swings—from feeling really high to feeling really low
- Feeling apathetic or disinterested in things
- Feeling hopeless or desperate, crying a lot
- Feeling really angry



## Thinking

- Having distorted or confused thoughts
- Having strange beliefs not based in reality (delusions), or hearing, seeing or smelling things that aren't there (hallucinations)
- Having difficulty remembering things and concentrating, which affects work or studies
- Making poor decisions



## Doing

- Drinking or using other drugs excessively
- Seeming agitated and restless and appearing dishevelled
- Withdrawing from activities and friends
- Crying a lot
- Having many physical complaints, such as headaches or stomach aches with no clear cause
- Having difficulty sleeping
- Having significant changes in eating
- Talking about killing or harming oneself

Information in this publication is not to be used for diagnosis, treatment or referral services. Individuals should contact their personal physician and/or their local addiction or mental health agency for further information.