The Commilled Project

Educational TOOKIT

Designed to help facilitate conversations about mental illness in colleges & universities

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CHECK IT OUT!



This toolkit is dedicated to our colleagues.

For those who spend their days educating students, while fighting an unseen battle of their own, **this one is for you.**





Dear friends and colleagues,

When The Committed Project started in May of 2013 (as just "Committed" at that time), our challenge was clear - to find as many stories from our colleagues about their experience with mental illness and share them with the world. We hoped that by sharing these stories, we could begin the conversation about mental illness for those working in student affairs and start breaking down the stigma associated with it.

Fast forward to the present day, and The Committed Project has shared almost 70 stories from those working all across higher education. While our focus began as just bringing awareness to mental illness, now we are taking that to the next level. We are happy to share The Committed Project Toolkit, a digital booklet containing tools and resources to help our community talk and share about mental illness while taking action on their home campuses and beyond. The toolkit includes facts about mental illness, resources for employees and supervisors, an office poster pull-out, a list of action items and much more!

We hope that you will use this toolkit to learn more about mental illness and take action on your own campus. If you love The Committed Project Toolkit, please spread the love online using #HEdCommits, share the toolkit with colleagues on your campus, or donate to The Committed Project so we can keep bringing you more resources.

> HUGS, KRISTEN, SUE & CARIY The Committed Project Team



GIOSSARY OF MENTAL TIMESS

Definitions matter in mental illness. The first step to stomping out stigma is to make sure we educate ourselves and our colleagues. We've created this quiz as a way for you to test yourself about your knowledge of different terms surrounding mental illness.

1. Classified as a type of affective disorder or mood disorder that goes beyond the day's ordinary ups and downs. Manic depression is characterized by periodic episodes of extreme elation, elevated mood, or irritability (also called mania) countered by periodic, classic depressive symptoms.

2. A mental disorder that causes its sufferers chronic and exaggerated worry and tension that seem to have no substantial cause. Persons with generalized anxiety disorder often worry excessively about health, money, family, or work, and continually anticipate disaster.

3. A disorder characterized by extreme feelings of sadness, lack of self-worth, and dejection. _____

4. A disorder that resembles bulimia nervosa and is characterized by episodes of uncontrolled eating (or bingeing). It differs from bulimia, however, because its sufferers do not purge their bodies of the excess food, via vomiting, laxative abuse, or diuretic abuse. _____

5. An eating disorder in which people intentionally starve themselves. It causes extreme weight loss, which the National Institute of Mental Health (NIMH), part of the National Institutes of Health (NIH), defines as at least 15 percent below the individual's normal body weight.

6. An anxiety disorder in which a person has an unreasonable thought, fear, or worry that he or she tries to manage through a ritualized activity to reduce the anxiety. Frequently occurring disturbing thoughts or images are called obsessions, and the rituals performed to try to prevent or dispel them are called compulsions.

7. Thoughts of suicide or wanting to take one's life.

8. Emotional and/or behavioral problems following a specific stressor, which significantly interferes with social, work, or school functioning.

Continued on the next page!

- A. Panic Disorder
- B. Schizophrenia
- C. Social phobia
- D. Manic Depression (Bipolar Disorder)
- E. Paranoid Personality Disorder
- F. General Anxiety Disorder (GAD)
- G. Adjustment Disorder
- H. Borderline Personality Disorder
- I. Neurotransmitters
- J. Depression
- K. Binge eating disorder
- L. Anorexia Nervosa
- M. Obsessive Compulsive Disorder (OCD)
- N. Phobia
- O. Suicidal Ideation

GIOSSARY OF MENTAL TIMESS

Continued

9. A debilitating condition that often follows a terrifying physical or emotional event causing the person who survived the event to have persistent, frightening thoughts and memories, or flashbacks, of the ordeal. Persons with PTSD often feel chronically, emotionally numb. Once referred to as "shell shock" or "battle fatigue."

10. An anxiety disorder in which a person has significant anxiety and discomfort related to a fear of being embarrassed, humiliated, or scorned by others in social or performance situations.

11. A mood disorder characterized by depression related to a certain season of the year - especially winter. _____

12. Characterized by chronic, repeated, and unexpected panic attacks bouts of overwhelming fear of being in danger when there is no specific cause for the fear. In-between panic attacks, persons with panic disorder worry excessively about when and where the next attack may occur.

13. Persons with this disorder are often cold, distant and have an intense fear of intimacy and closeness. Persons also exhibit disordered thinking, perception, and ineffective communication skills. Many symptoms resemble schizophrenia, but are less mild and intrusive.

14. One of the most complex of all mental health disorders; involves a severe, chronic, and disabling disturbance of the brain. _____

15. Persons with this disorder are often cold, distant, and unable to form close, interpersonal relationships. Often overly, yet unjustifiably, suspicious of their surroundings, persons with paranoid personality disorder generally cannot see their role in conflict situations and often project their feelings of paranoia as anger onto others.

16. An uncontrollable, irrational, and persistent fear of a specific object, situation, or activity. _____

17. Chemicals in the brain that regulate other chemicals in the brain.

18. Persons with this disorder present instability in their perceptions of themselves, and have difficulty maintaining stable relationships. Moods may also be inconsistent, but never neutral - their sense of reality is always seen in "black and white."

19. A behavior disorder, usually first diagnosed in childhood, that is characterized by inattention, impulsivity, and, in some cases, hyperactivity.

- P. Post-traumatic Stress Disorder (PTSD)
- Q. Attention deficit/ hyperactivity disorder (ADHD)
- R. Social phobia
- S. Seasonal Affective Disorder (SAD)
- T. Schizotypal Personality Disorder

TCPTIP

Print this print out, laminate it print this print out, laminate it and take the quiz multiple times using a dry erase marker. All using a dry erase marker. All one? Wipe down the laminated version and use it again!

How to Talk About Mental Illness with colleagues

WRITE YOUR STORY

Use one of the other prompts from this page and write your own story! Sharing (when you are ready) is one of the best ways to start the conversation.

HUMAN RESOURCE HOUR

Invite a member of your human resources department over to talk about the services the employee assistance programs that are offered at your institution. Prior to their meeting, have staff members submit questions via a suggestion box or anonymous survey. Collect the questions and offer to ask them on behalf of the group to help retain staff member confidentiality.

BOOK CLUB

Book clubs are often a great way to discuss a variety of topics, especially difficult ones. Pick a book (or a chapter) from our Recommended Reads list. See what is available through your institution's library for easy accessibility. Give an ample amount of time for participants to read the assigned book or chapter.

SHARE A STORY

Share some of the stories presented on The Committed Project! Ask a staff member to read one out loud. Discuss different aspects of the posts and compare how these stories might be similar to stories in your own life. If staff members do not want to share their thoughts out loud, ask them to take a few moments to write their reactions down.

TCP TIP!

Submit your story to The Committed Project thecommittedproject.org/ contribute

LUNCH AND LEARN

Organize a week, semester or year-long lunch and learn program. Work with various departments (allied health sciences, psychology,counseling centers) to have a faculty member or trained professional lead the discussion each week. Reach out to licensed therapists, psychiatrists or psychologists in the area (or at your medical school) and ask if they would feel comfortable leading a session.

TEXT, TALK, ACT.

'Text, talk, act' is a national initiative to help facilitate conversations about mental illness. Text START to 89800 to initiate the program. You will receive discussion questions directly to your phone that can be used with a small group. This service is currently free through December 2016.

TURNING THIS INTO THAT: REFRAMING LANGUAGE

"That's so crazy." "She makes me want to kill myself." "I'm so depressed today."

Unfortunately, some of the words we use to describe everyday feelings can hold more weight to someone with mental illness. To those with mental illness, these casual phrases can hold different meanings. We've come up with a list of substitute phrases to help replace some of the more common terms some people use.

Before we start, here's a few general guidelines:

These terms are not meant to replace actual diagnoses. For example, if someone with Panic Disorder states that they are "in a panic," they might be feeling the very real effects of a panic attack at that moment. These terms are meant to replace common jargon that is often incorrectly used to magnify a feeling, a person or a situation.

Use "I feel" or "It makes me feel" to turn phrases from fact into opinions.

Stay away from terminology that also describes formally diagnosed illnesses. Be aware of your audience.

Ask if the person you are talking about is okay! If these terms are being used to describe them in an inappropriate way, chances are that they are feeling off themselves.

TCP TIP!

1 out of 4 adults have mental illness. Using these phrases could effect someone in your workplace. Take time to talk to your colleagues and hear their thoughts about these phrases.

TURNING THIS INTO THAT: REFRAMING LANGUAGE

(Continued)

"They're acting manic." "They're acting like a lunatic."

> Replace it with: They have a lot of/ high energy right now. They are not acting like themselves.

"I'm so ADD."

Replace it with: Im having difficulty focusing right now. "They're acting like a psycho." "What a schizo."

> Replace it with: They are not acting like they usually act.

"I'm so OCD."

 Replace it with:
I am very particular about things.
I like things a certain way. "You look anorexic."

Replace it with: You look thin to me. "I'm in such a panic." "I'm having a panic attack."

Replace it with: I feel out of control right now. I'm feeling nervous/overwhelmed.

"They/That makes me want to kill myself."

Replace it with: They/that makes me feel aggravated/frustrated/ incredibly sad. "That's so depressing."

Replace it with: I feel sad. That makes me feel sad. "You're so crazy." _"That's so crazy."

Replace it with: That makes me feel out of control. That makes me feel uncomfortable.

How to Help a colleague

HOW DO WE 'HELP THE HELPERS' ON CAMPUS?

TAKING ACTION

While we all love to come to the rescue, there are often limits as a helper. Know what to do and when to refer to a professional.

Stay calm, keep it private & show concern. Be accepting and non-judgemental whenever possible. Offer support. Listening without problem-solving or diagnosing can be incredibly valuable.

> Encouraging a colleage to seek help is one of the best things to do. Familiarize yourself (and your office) with employee assistance programs at your institution.

THINGS TO NOTICE

While every individual is different, its important to keep an eye out for common warning signs that could indicate a colleague needs help.

WORK HEALTH

Is your colleague missing deadlines or not in attendance? Is their behavior irrational or unusual? Are they having trouble concentrating? Do they seem hopeless, depressed or argumentative?

EMOTIONAL HEALTH

Have you noticed rapid departures from normal emotional tendancies? Has your colleague been withdrawn, impulsive, talked of death, been apathetic or had poor perception of reality? Are other colleagues concerned?

PHYSICAL HEALTH

Have you noticed any of the following in combination with the symptoms above; sleeping during/at work, bruises or injuries, poor hygiene, change in appearance or dramatic change in weight? Know your limits as a helper. Do not tolerate unacceptable behavior, ignore calls for help or attempt to act as therapist.

Make a plan for what to do if/when these instances come up. When in doubt, reach out to a professional immediately.

EXPRESS YOUR CONCERN

More often than not, we spend just as much time with the people we work with as we do with our own loved ones. Reaching out to colleagues in a genuine way is often one of the best things we can do to help.

When expressing concern, assume a compassionate and non-blaming tone. Do not pressure or give ultimatums.

Use "I" statements to express your feelings about a situation or changes you've noticed.

Be patient and show that you are listening. Ask what they think might help.

Share resources, both on and off campus.

MENTAL ILINESS CONTRACT

This contract is meant to help an individual and an ally develop a plan for the good days, bad days and everything in between.

COMMITTED TO MYSELF

I recognize that while it's not always easy to talk about what I'm going through, it is important for both my own health and the health of those around me that I communicate to the best of my ability about what I am going through. I agree to try and take care of myself to the best of my ability. Below are some guidelines that my family member and I discussed to help me sustain my well-being when I am feeling good.

My mental illness is		
Here's a few ways that it manifests in my daily life: (Use the space below to write or draw this)	I am currently in therapy:	
	yes no	
I am currently taking the following medications to help manage my illness:	I am supposed to attending times per	
	week month.	

HOW YOU CAN HELP

Sometimes, I will not have a good moment or hour or day. From some of my past experience, here's what that might look like:

I will need help getting through these times. Here's some things that you can do that will help: (Suggestions - call my therapist. Make an appointment for me. Sit with me. Leave me alone. Etc.)

I cannot promise that this illness will not get the best of me sometimes. In those moments, I will need to be reminded of my support system. Below are some people that a part of my support system:

I promise to abide by this contract as best as I can. I will honor myself and my health. I recognize that mental illness is just like any other illness in the fact that it needs treatment. I will do the things I can to help me have really great good days and better bad days. I also know that sometimes, this is not in my control.

This contract serves as an agreement between the participant and a member of their support system. The participant, ______, agrees that they have filled out this contract truthfully and will try their best to abide by the guidelines listed. ______, the member of ______'s support system promises to carefully read through this contract with empathy. They will abide by the items listed in the "How You Can Help" section and try to support their loved one to the best of their ability. They will take additional action (such as contacting a professional) if they feel that their loved one is in a downward spiral.

The committed project needs you! Being a champion for mental Illness

Take the pledge below and display it in your workspace to let colleagues know that you are a Committed Champion.

As a member of the higher education community and supporter of The Committed Project, I _______, pledge to spread education and awareness to my campus by sharing this Toolkit with my fellow colleagues. I understand that mental illness affects everyone, whether that be those of us diagnosed with mental illness or those of us that have loved ones with diagnoses.

I pledge to take action by using some of the items provided in this toolkit. I pledge to be an advocate for those who cannot advocate for themselves. Through small words and actions, I pledge to be a part of a larger movement to remain Committed and end the stigma surrounding mental illness in higher education.

Signature

Date



I've pledged to be a champion for mental illness. Will you commit to joining me?

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