



**Community Conversations: Mental Health**  
**February 24, 2017**

**FACILITATOR'S GUIDE**

Thank you so much for helping facilitate these informal dinnertime discussions. The goal is to spark conversations about a topic that might not otherwise be discussed in a community setting. This resource should be viewed as a guide; feel free to allow the conversation to go in whichever direction, and it's okay if you don't follow this guide word-for-word. We estimate that this portion of the meal (ideally taking place between the main course and dessert) should last approximately 15-30 minutes, but it's at your discretion whether you want to wrap it up sooner, or, if people seem engaged, to allow it to continue longer. Texts that should be read aloud or paraphrased are italicized. Actions that you (the facilitator) should initiate are noted with a ↪ .

**Part I. Opening activity**

↪ Go around and share what word first comes to mind when you hear the word "mental health."

\*Note: This part could be done before the main course, as an icebreaker

**Part II. Setting the framework and ground rules**

↪ Either read or paraphrase the script below in your own words.

*Thank you for being here. This is such an important conversation. **About 20% of adults will experience a mental health problem this year.** That is one out of every five people, or roughly two people sitting at this table.*

*But this is a conversation for all people - not only those who suffer from mental health problems.*

*First, what do we mean by mental health?*

*Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.*<sup>1</sup>

Note: Additional definitions of mental-health related terms can be found in the participant packet. As these terms come up in the conversation, it may be helpful to pause the discussion so that everyone can be on the same page.

*That is the goal we strive for- to realize our abilities, cope with the stresses of life, and contribute to our community. Good mental health is the foundation for individual and family success and for a thriving community.*

*That is why it is all of our responsibility to engage with mental health- to take care of ourselves and to assist others. Those struggling with mental health issues can face loneliness, fear, isolation, cuts to self esteem, health effects, and suicide. **In 2010, 38,000 adults in the US died of suicide.***

*Taking this seriously and helping yourself or others can mean turning someone's life around. It can mean saving a life. There is nothing more holy or important than that.*

*We are on the front lines of mental health. Most people in crisis turn to peers. **⅔ of college students disclosed suicidal ideation to a peer (friend, romantic partner, roommate).***<sup>2</sup>  
*Mental health professionals realize that it is up to us- to those in community- to identify the signs and to encourage our peers to seek help. That is why we are here tonight.*

*We have identified three goals for our dinner conversations:*

*Goals:*

- 1. To be aware of the importance of mental health and the extent to which people struggle with mental health difficulties.*
- 2. Know when and how to help a peer in distress.*
- 3. Access resources for themselves and for others*

↳ Remind everyone of the following guidelines for the conversation:

- Listen with respect.
- One person talks at a time. Don't cut people off.
- When sharing, speak about yourself and your personal experiences. Use "I" Language.

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<sup>1</sup>[http://www.creatingcommunitysolutions.org/sites/default/files/documents/information\\_brief\\_english\\_07-22-13.pdf](http://www.creatingcommunitysolutions.org/sites/default/files/documents/information_brief_english_07-22-13.pdf)

<sup>2</sup> (<http://www.campusuicidepreventionva.org/PeerInvolvementCompleteAug16.pdf>).

-Anonymity. After this event is over, it is OK to share the main ideas discussed in the small group but not OK to link specific comments to specific people ("He said ... and she answered...").<sup>3</sup>

### **Part III. A Vignette**

The following vignette is a fictional composite sketch, loosely based on the experiences of members in our community and within similar networks. Any resemblance to actual people or events should be interpreted as entirely coincidental.

↳ Ask participants to read the story below, either aloud or to themselves.

Your roommate Chana moved in to your apartment almost a year ago. She had recently completed her undergraduate studies at a prestigious university and was starting a job in marketing, based downtown. You met each other through one of the Facebook apartment-hunting groups and quickly hit it off. You'd often chat in the evenings and would sometimes make and eat dinner together. She seemed to acclimate well to the community; she regularly attended shiurim around the neighborhood and began to build a core group of friends with whom she would have Shabbat meals.

About a month ago, you noticed that she started having more Shabbat meals on her own in the apartment, saying that she was feeling tired and needed some alone time. While she used to go to bed around 11:30pm and would get up bright and early around 7am, lately, she's been going to bed soon after she gets back from work (around 9pm) and has been oversleeping her alarm clock, causing her to be late for work on more than one occasion. During the short time between when she's been getting home from work and going to bed, she's mostly been sitting in her room with the door closed. You assume that she's probably watching Netflix or listening to music behind the closed door.

She's never told you that she's feeling sad and you've never seen her crying, but you're starting to wonder if something's going on. At the same time, you realize that there may be a simple explanation; perhaps she's gotten busier at work. You don't want to seem like a nosy or overbearing roommate, but you are also genuinely concerned.

↳ Use the following questions to help start the conversation:

- What from the story indicated to you that there might be something wrong?
- If you were living with Chana, would you have noticed those subtle changes?
- Would you want to approach Chana about this?

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<sup>3</sup> Adapted from:

[http://www.creatingcommunitysolutions.org/sites/default/files/documents/discussion\\_guide\\_07-22-13.pdf](http://www.creatingcommunitysolutions.org/sites/default/files/documents/discussion_guide_07-22-13.pdf))

- What would be the tipping point for you to ask Chana more directly about your concerns?
- How would you start the conversation with Chana?
- If Chana responds with a plausible explanation, such as extra stress at work, would you let it drop?
- If you did find out that Chana was experiencing depression or a similar mental illness, how could you be an ally to her?
- If you were Chana, what would you expect from an ally?

## **Part IV: Summarize the key points**

*A useful acronym for knowing how to respond if someone you know indicates that they are suffering from a mental illness: ACT*

1. **Acknowledge** the person and their suffering
2. Show them you **Care**
3. Encourage them to seek **Treatment**

↳ Draw everyone's attention to the resource sheet that has been provided.

## **Part V. Closure:**

*I hope this conversation sparked some thoughts on the importance of mental health in our community and how we can help ourselves and one another in this area. It should only be the beginning of a continuing conversation.*

↳ Invite participants to share 1 take-away or idea that stuck with them or remains on their minds.