

BEHIND HAPPY FACES

Alpha Phi - Key



LEARNING OBJECTIVES:

These outcomes show what knowledge and skills participants should gain from the lesson. It is crucial you review the goals of the lesson with the members so they know what they will learn.



HANDOUT:

It is time to distribute a handout/materials to participants. These can be found at the end of each lesson if it includes a handout. Make copies in advance!



WRITE ON FLIP CHART:

The main points are included in PowerPoint presentations. In the event you do not have access to a computer/projector, write examples and instructions on flip chart paper in the front of the room.



GROUP DISCUSSION:

It is time to prompt participants with questions or dialogue for group discussion.



INTERACTIVE ACTIVITY:

It is time for an activity, like scenarios or a game. These activities help participants feel more connected to the information.



INSTRUCTIONS:

Read information or directions aloud to the groups.



WATCH THE VIDEO:

Each lesson includes videos to help introduce the topic and engage viewers to take part in the lessons. It is important to make sure you test them in advance to make sure the video and audio work on your technology.

Lesson 9: Before the Breakdown

This lesson helps members learn tips on what actions to take when someone is suicidal. This lesson is important in helping members be better prepared to assist their friends. For students who have had suicidal thoughts, 67% report they first disclosed them to a friend. Most people also first disclose other serious mental health challenges to friends. Helping members be prepared to take action during times of crisis is a necessary step for intervention and prevention of worst-case scenarios.

FACILITATOR:

To facilitate this lesson effectively, it is helpful to have experience or training as a facilitator in other areas of chapter operations or campus life. If someone is or has been a resident assistant, student organization leader, peer advocate or is studying to be a teacher, they could be an excellent facilitator for this program.

TIME NEEDED:

18 minutes



OBJECTIVES:

- Identify warning signs of someone who may be experiencing a severe mental health breakdown.
- Identify the differences between what a friend can do and what can only be done by a mental health professional.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Members will need to be able to either sit and gather on the floor or move chairs around into small groups.
- You will be showing a PowerPoint presentation and playing a video during the lesson, so you will need a computer connected to a projector and screen.
- *If facilitating virtually, you should practice the presentation on your video conference platform to ensure the PowerPoint, video, microphone and sound are all working accordingly. You should read the Purpose of Lesson below and review the facilitation guide to be aware of exercises that will need to be adjusted to the virtual experience.*

GROUP SIZE:

Groups should be no larger than 10 to make sure connections and conversations remain personal.

- Before the lesson begins, ask members to count off into groups of 10 (or fewer) and then move to different areas of the room.
- We recommend placing a trusted member or chapter officer in each group who can help follow instructions and facilitate small group discussion.
- If your chapter has more than 150 members, we recommend you use more than one room with different facilitators for all of the small group work.
- *If facilitating virtually, use the breakout room feature of your video conference platform to create groups.*

MATERIALS NEEDED:

- Projector and screen
- “Before the Breakdown” PowerPoint
- “Before the Breakdown” video

SMALL GROUPS:

- Flip chart paper or a piece of paper

WHAT TO KNOW ABOUT THIS LESSON

PURPOSE OF LESSON:

The purpose of the ninth lesson is to help members understand what to do when a friend is suicidal. 67% of students first report suicidal thoughts to a friend. Many times, the person who is suicidal asks their friend to keep their feelings confidential, which places another person in a really difficult situation. The goal of this lesson is not to train members on how to talk people out of suicidal thoughts or provide treatment. The goal is to give them basic information on what to do if a friend is suicidal and how to call for help.

This lesson is taught in one large group, no matter what the size of your chapter is. The first part of the lesson covers the differences between feeling depressed and having clinical depression. This part of the lesson ties back into lesson 2, where they learned different categories for mental health challenges. It's helpful for members to know that when someone feels depressed, upset or sad, they often have a cause. When someone goes through a parents' divorce, death, break-up or difficult event, they can become sad. The opposite of feeling sad, depressed or upset is happiness. When someone has clinical depression, their feelings often don't have a cause. Everything in their life is painful. They stop doing things they enjoy, stop taking care of themselves and can have thoughts of death or suicide. The opposite of clinical depression is vitality. It's important to remind members of these differences.

The next part of the lesson has the members naming all of the symptoms and signs of someone who is suicidal. You will go over a long list of signs with members in the PowerPoint. Take time to explain as many of the symptoms as you can to help normalize how they happen. Next, you will go over the steps someone should take if they recognize these symptoms in someone. The first step is calling for help. In reality, this lesson could end on that first step. You want members to know they can call the National Suicide Prevention Lifeline, campus or local counseling center(s), or 911. The steps after that are to help support someone until professional help can assist.

One of the largest issues most members deal with is they don't want to tell someone that a sister or friend is suicidal. They think it is snitching or ratting someone out, and they're worried that their sister or friend may never speak to them again. It's vital to remind them that it's better to have someone be angry at them because they had to get help versus not having a sister or friend be alive. Many people who take their own lives have tragically confided in others and asked them not to say anything.

The last part of the lesson is to go over the most frequently asked questions about suicide from the American Foundation for Suicide Prevention. You can read the

questions and answers with the group or have members read them out loud. During this lesson, it is appropriate to invite a mental health professional to the session to help answer any questions members may have or to discuss additional resources at the end of the lesson.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to do the following:

1. Connect to members early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it if you're comfortable doing so. Let members know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue because you have been diagnosed with a mental health disorder and it affected part of your life, then the members see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the members may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give members too much time, they can devolve into so many other unnecessary conversations. Keep members focused.
4. Allow the exercises to be tools for members to identify how to work on mental health, but do not let lessons become therapy. There's a difference between members identifying what they can work on and voicing all of their experiences or pain. Stress that you want to start conversations but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting members to their emotions and each other. Have fun when you can. Be positive. Make it a team-building exercise that strengthens communication and connection.
6. It is important to let members know that lessons about mental health require everyone to be open, honest and non-judgmental. Members who share their stories need to feel safe and that the values of your organization are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.

7. If a sister is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is OK to let them know that you hear their story and also want to hear from other members. Remind all members that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise; however, you might find that the group you are facilitating wants to spend more time on certain exercises. It is OK to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.



BEFORE THE BREAKDOWN VIDEO (2 MINUTES):

This video discusses what to do when someone is having suicidal thoughts.

Play the “Before the Breakdown” video for the large group. **CHANGE PPT SLIDE**

EXERCISE 1 (10 MINUTES):

INTRODUCTION

- We’re going to go through a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for members. If at any time you are triggered by the content in this lesson, you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- 67% of students first disclose suicidal thoughts or mental health challenges to a friend. That means you are all on the front lines of mental health. **CHANGE PPT SLIDE**
- When a person is suicidal, the steps we learned in the previous Talk to a Sister lesson change. The approach is more direct, and it’s vital to take action.
- In many situations, people care about a sister or friend but don’t know what signs to look for that someone may seriously be contemplating suicide.
- As a group, let’s write down all of the warning signs that you know for someone who is contemplating suicide. **CHANGE PPT SLIDE**



SHARE

- Now let’s come back together and make a list of the warning signs. What do you think the signs are? Call them out and I’ll write them down. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

Write down the warning signs that someone is suicidal on a flip chart piece of paper as members say them aloud. After you create your list, go over the main signs on the PowerPoint.

- *If facilitating virtually, you can ask members to submit warning signs of someone who is contemplating suicide in the chat feature of the video conference platform.*

SUMMARIZE

Let's go over a list from the American Foundation for Suicide Prevention to ensure we covered all of the warning signs.

- Talking about wanting to kill themselves, or saying they wish they were dead
- Looking for a way to kill themselves, such as hoarding medicine or buying a gun
- Talking about a specific suicide plan
- Consistently feeling hopeless or having no reason to live
- Feeling trapped, desperate or needing to escape from an intolerable situation
- Having the feeling of being a burden to others
- Feeling humiliated
- Having intense anxiety and/or panic attacks
- Losing interest in things or losing the ability to experience pleasure
- Experiencing insomnia
- Becoming socially isolated and withdrawn from friends, family and others
- Acting irritable or agitated in a highly unusual manner
- Showing rage or talking about seeking revenge for being victimized or rejected, whether or not the situations the person describes seem real **CHANGE PPT SLIDE**

The actions you take when someone is thinking about suicide are important. Here are the main actions to take:

- Try to get them to a professional.
- Know the warning signs.
- Do not handle the person alone.
- Be direct with your questions about suicide.
- Do not judge.
- Call for help. **CHANGE PPT SLIDE**
- Don't keep secrets. If someone tells you they are thinking about suicide, you should share it with a professional or the counseling center.
- Remove harmful objects.
- Never leave the person alone. When someone is suicidal, it's vital to make sure that someone is always with them. **CHANGE PPT SLIDE**

EXERCISE 2 (5 MINUTES):

FREQUENTLY ASKED QUESTIONS ABOUT SUICIDE



INSTRUCTIONS:

- When someone is suicidal it's difficult to know what to say.
- We're going to go over some of the most frequently asked questions about suicide from the American Foundation for Suicide Prevention. **CHANGE PPT SLIDE**

Q: IF SOMEONE REALLY WANTS TO END THEIR LIFE, IS THERE ANYTHING I CAN DO TO STOP THEM?

- Most of the time, when someone thinks or talks about suicide, they actually have mixed feelings about dying. Most often, suicidal feelings come from having a mental illness, and these illnesses can be treated with professional help.
- Medication, talk therapy or a combination of the two have been shown to save lives. The best way to help is to encourage and assist the suicidal person to get the help they need. **CHANGE PPT SLIDE**

Q: WHAT SHOULD I DO IF I ENCOURAGE A SUICIDAL PERSON TO GET HELP, BUT THEY REFUSE?

- To someone feeling suicidal, depressed or anxious, the idea of talking to a doctor or mental health professional can seem overwhelming. Sometimes suicide seems like the only way to control their pain.
- Continue to tell them that you're concerned about them and suggest that a professional who understands what they are feeling can help them to feel better.
- Let them know you're there to listen and offer help finding or getting to a doctor, mental health professional or hospital emergency room.
- You can also help by staying with them and calling the National Suicide Prevention Lifeline at 1-800-273- 8255. If you're concerned someone will hurt themselves, call 911. **CHANGE PPT SLIDE**

Q: IF A FRIEND CONFIDES IN ME THAT THEY ARE THINKING OF SUICIDE AND MAKES ME PROMISE NOT TO TELL, SHOULDN'T I RESPECT THEIR RIGHT TO PRIVACY?

- Privacy is very important, but your friend's life is even more important.
- Depression and other mental health disorders may be distorting their judgment and leading them to want to hurt themselves.

- Even if you lose your friendship, saving a life is the most important priority.
- Tell someone your friend trusts you and ask for their assistance getting them to a professional. **CHANGE PPT SLIDE**

Q: MY FRIEND PURPOSELY CUTS THEMSELF WHEN THEY ARE UPSET. IS THIS THE SAME AS MAKING A SUICIDE ATTEMPT?

- Some people cut or otherwise hurt themselves when they feel overwhelmed by difficult or stressful feelings or to relive their inner tension.
- Many people who cut themselves never attempt to kill themselves. However, in some cases, self-harm is the first indication that someone may be at risk for suicidal behavior.
- Whether or not they feel an impulse to take their own lives, someone who is cutting or otherwise hurting themselves needs help.
- Health and mental health professionals are trained to determine whether a person is at risk for suicide and to suggest a treatment plan to help them with their self-harm behavior and underlying feelings. **CHANGE PPT SLIDE**

Q. IF SOMEONE HAD SUICIDAL IDEATIONS OR A RECENT ATTEMPT BUT IS NOW FEELING BETTER, ARE THEY STILL AT RISK FOR SUICIDE?

- Successful treatment for serious depression or suicidal behavior significantly reduces the long-term risk for suicide.
- It can be difficult to know where a suicidal person is in their recovery.
- Someone who has felt suicidal may work hard to hide their feelings and may appear to be functioning well socially, professionally or academically. In some cases, a person who has made the decision to die may seem calmer and at peace.
- Each year, suicide claims the lives of people who seem happy, well liked and successful to their friends, families and others around them.
- Staying in treatment after the suicidal thoughts and symptoms seem to be getting better is the best way to ensure a successful recovery. The decision to stop treatment should be made together by the mental health professional and patient. **CHANGE PPT SLIDE**

WRAP-UP:

- The goal of this lesson was to provide you with tips on what you might be able to do to help a friend.
- This advice should never take the place of professional help or guidance. If you are worried about a friend, please talk to a counselor or mental health professional, call 1-800-273-TALK (8255) or text HOME to 741741. **CHANGE PPT SLIDE**
- We gave you signs to look for when a friend is suicidal, but this does not mean you are trained to treat someone who is suicidal. The most important thing a friend can do when someone they care about is in crisis is to get that person to a mental health professional.
- If you need to talk to someone about your mental health, the campus counseling center is a great place to start.

Please remind members that they should take the survey at the link provided. Show the QPR code on the screen and ask for confirmation that members took the post-test.

https://corexmstcmk6ytnfrbb6.sjc1.qualtrics.com/jfe/form/SV_50CU0PA1vbCPvV3