Leaning Into Conversations About Mental Health By First Thinking About People Who Love Avocados

Many people love avocado toast, or guacamole with chips, or the simple and classic snack of avocado lightly seasoned with salt.

Interesting fact: between 2000 and 2017 nearly 50,000 people landed in a hospital's ER due to avocado cutting related injuries. Looking at many of these injuries today, many people see minimal to no indication that their hand was once sliced open and bleeding a surprising amount.

Many youth serving programs have the capacity to offer appropriate support if/when a member of their community is physically injured or becomes unwell. Unfortunately, the same cannot be assumed about moments when someone is experiencing a mental health challenge.

To narrow this gap, we ask you to consider mental health as it relates to yourself, your place of work, your community, and the experiences of youth and young adults.

Click or scan QR code to access a web version of this toolkit.

My Mental Health Experiences

We acknowledge the importance of approaching relational-based work with a "me before we before us" mindset. This does not mean each person for themselves. It is a reminder that our ideas, beliefs, and overall state of well-being impact how we connect with people and places around us. Before we show up for others, we need to know ourselves.

First, some definitions:

- **Mental health** is often referenced to describe poor mental health. However, mental health refers to the entire spectrum of mental wellness, from peak to poor and back again.
- A **mental disorder, illness, or condition** has two key identifiers: (1) it is can be diagnosed by appropriate professionals, and (2) it negatively impacts and/or interrupts a person's ability to navigate life at their usual capacities.
- A **mental health problem or challenge** refers to moments that impact and interrupt a person's daily living and usual capacities without having (or needing) a formal diagnosis. Common examples include experiencing high stress, grief, or trauma.

All of these are related but separate concepts, with many important differences.

My Mental Health Experiences

💡 **Engage**

Set aside some time and prepare something to write with—a phone notes app, pen and paper, or a new document on your computer. Think about the following questions and journal your responses.

- When and how did you learn about mental health and mental illness?

- What kind of attitudes towards mental health exist in the environments where you work and live? How do these impact the way you discuss your own mental health challenges?

- Are there mental health topics you wish you knew more about? If so, what are they?

- How familiar and comfortable are you with **your** mental health? Describe what the spectrum of mental health looks, sounds, and feels like for you: peak mental health, declining mental health, actively unwell, and recovery/improving mental health.

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Mental Health and My Work/Team

Let us expand the scope of our focus only marginally to the role of mental health with our teams, coworkers, and peers —think of the individuals who make up your most frequent workplace interactions.

Each of us brings a set of experiences influencing how we view, define, and navigate mental health. The good news is that many have open and positive attitudes about mental health. At the same time, mental health remains a top concern since the turn of the decade as our communities experience a severe shortage of appropriate professionals. This is likely to reach our teams in a dual wave of impact:

- **First, external.** Members of the community are likely to arrive at our (virtual or physical) door needing or wanting help, for themselves or a loved one, that is best provided by appropriately trained mental health professionals
- **Second, internal.** Our teams are at an increased risk for experiencing occupational burnout within highly relational environments, where the risk of vicarious trauma and compassion fatigue is real.

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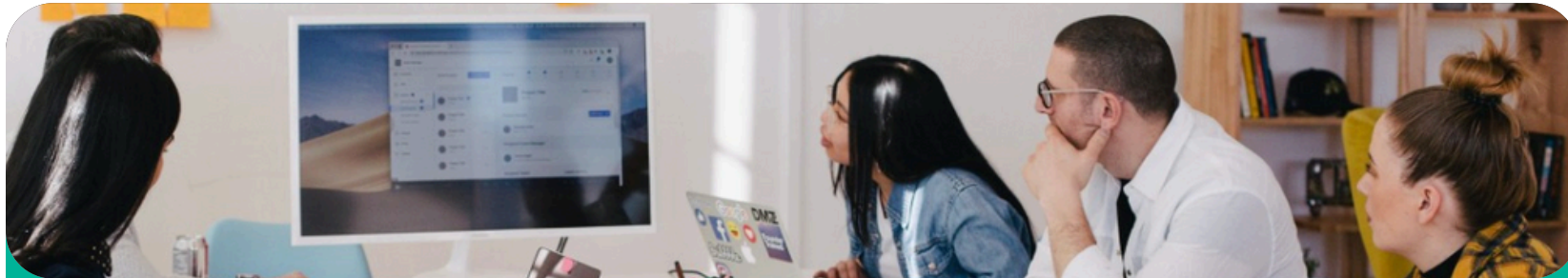
Mental Health and My Work/Team

💡 Engage

My Big Why Statement. In a sentence or two, answer the question, "What brings me to this work?" Do this a total of five times. Your answers don't need to make sense to anyone other than yourself.

Once you have 5-10 sentences, review them and look for patterns. Combine these into a single **Big Why** statement.

Bridges and Barriers to Meeting your Big Why. Take a few moments to write what you need in order to experience your big why to the fullest extent possible and a separate list of things that interrupt your big why. You might find it useful to separate these lists into two categories: internal (at work) and external (outside of work).

Consider sharing some of these bridges and barriers with members of your team with the intention of strengthening your capacity to be in community and collaborate.

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Mental Health and My Community

Everyone can become skilled in exploring and supporting mental health needs. In light of the high demand for mental health services but the shortage of appropriate professionals, it might be useful to separate how you and your team can helpful vs. supportive of members in your community.

Support and help can result in similar, even identical outcomes, but they're different approaches. The main difference is that **help does something to or for** a person, while **support does something with** the person.

- **Help:** People who are offering help are external to a crisis and tell a person/people how to respond. They have knowledge and tools to best address factors contributing to the crisis. People experiencing a crisis moment may not have the capacity to lead the conversation, instead, they depend on the helper, usually an appropriate professional.

- **Support**: People who are offering support are external to a crisis and do not tell a person/people how to respond. Instead, a supportive response asks questions to understand the context of what is going on and problem-solves collaboratively. People directly impacted co-lead the conversation and identify the best next step.

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Mental Health and My Community

💡 Engage

Consider the purpose of your program, the skill set of your team, and the resources available to you:

- Which services or interactions can effectively and appropriately help those around you experiencing a mental health challenge?

- In the past six months, what requests for mental health support fell outside your team's expertise but could be reasonably met through warm hand-offs to another team or partner organization?

Once you have answered those questions, identify other organizations and resources in your community that can become natural partners (or already are!). If it makes sense to explore deeper relationships, use our peer-to-peer outreach planning guide to kick-start your next steps.

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Centering Adolescent Mental Health

All of us have gone through adolescence during moments of critical social, economic, racial, and environmental pivots. And still, youth and young adults today are among the only ones to understand what it means to experience adolescent development amidst all of this.

It can be truly pivotal to re-familiarize ourselves with typical adolescent development and to partner authentically with the individual experiences of youth as they receive support through our programs.

Youth programs are uniquely positioned to support generation after generation of young people as they navigate the critical transition of adolescence.

The last several decades reshaped the landscape of how we organize our lives, but the changes associated with adolescent development remain the same.

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Centering Adolescent Mental Health

Adolescent development is characterized by a flurry of changes that equip everyone with the essentials to being an adult member of our communities.

💡 Engage

Take a piece of paper and fold it to create four equal sections (that is one hot dog fold and one hamburger fold, or use the back of this PDF).

Set a 10-minute timer to draw out the changes that we can expect every adolescent to experience. You have full permission to be creative. Make sure to include the following four categories:

- **Mental**, or changes in how we think.
- **Emotional**, or changes in how we feel.
- **Physical**, or changes in how we look.
- **Social**, or changes in how we connect with others.

Compare your drawing with the overview in [this 3-minute video: Adolescent development: The art of growing up](#).

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Centering Adolescent Mental Health

As youth and young adults navigate typical changes in a drastically modern landscape it may be challenging for supporting adults to know when a behavior is associated with typical changes versus a mental health challenge.

The 4Ls can help us discover a baseline of what is 'normal' for individual youth in our programs.

Consider exploring the 4Ls with the youth you support (you can answer these for yourself too).

- **Live**: What lets them know they are well? (Include thoughts, feelings, behaviors)
- **Love**: Who or what makes them feel valued? How do they let others know they value them?
- **Laugh**: What brings them joy?
- **Learn/work**: What stimulates their curiosity? At their best, how do they respond to mistakes?

If you're feeling inspired, consider two more Ls:

- **Language**: What language do they need/wish those around them had to engage in effective conversations that can be vulnerable? What language makes them feel able to express themselves?
- **Listen**: Whose words do they trust? What helps them hear other perspectives?

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MANY MINDS. STRONGER OUTCOMES.

Thank You!

Thank you for coming along with us for this series on **Wellness Together: Cultivating Community and Mental Health**. Share your thoughts directly with us at community@youthcollaboratory.org!

This learning toolkit was released as a newsletter, with new modules delivered to our subscribers every week. Sign up for our newsletter to learn about new training and funding opportunities, news and policy updates, and how we can collectively strengthen outcomes for youth and young adults.

Click or scan QR code to access a web version of this toolkit.