

# Welcome & Housekeeping

# **Key Points**

•Welcome participants as they join the webinar.

•Presenters give an enthusiastic introduction of themselves. [1 Minute]

First name

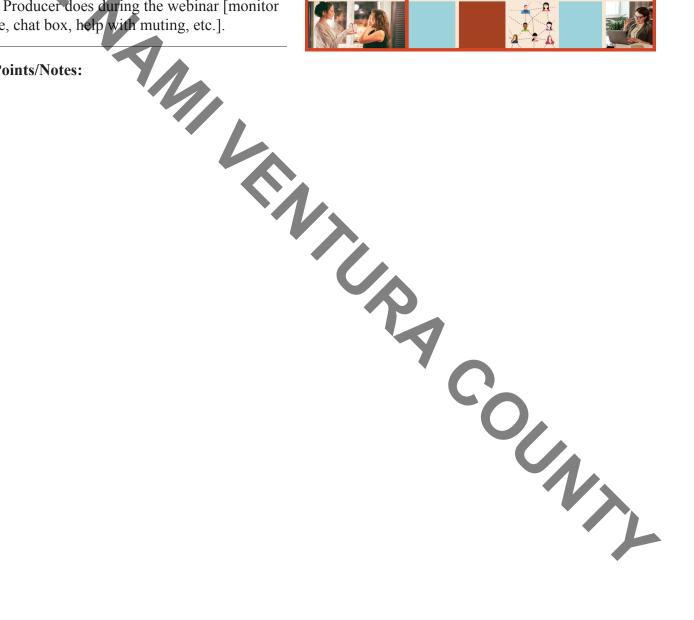
How long you've been active with NAMI Other program you teach/facilitate with NAMI Your role (family member/peer)

(DO NOT TALK ABOUT DIAGNOSIS)

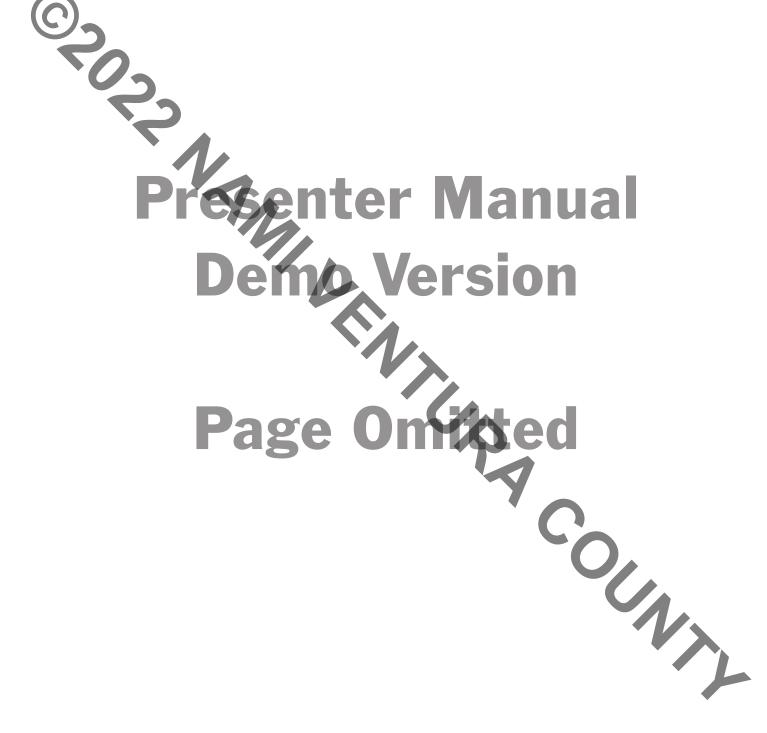
•Introduce the Technical Producer. Explain what the Technical Producer does during the webinar [monitor attendance, chat box, help with muting, etc.].



# **Talking Points/Notes:**



**PS.1 NAMI Ventura County** 



#### **Key Points:**

- •NAMI Ventura County is dedicated to monitoring and addressing mental health needs locally. Since the beginning of the COVID-19 pandemic, more adults than ever are reporting first time mental health challenges or the worsening of mild mental health conditions. That's why NAMI Ventura County developed Community Cares.
- •The focus of this program is promoting wellness by teaching individuals how to RECOGNIZE, ACKNOWLEDGE, and ADDRESS mental health conditions.
- •Like any other illness or injury, it is important to seek treatment for mental health conditions as early as possible. Unlike other medical conditions, people experiencing mental health conditions wait an average of 11 years before seeking treatment.
- •We hope Community Cares will give you helpful information in building and maintaining wellness for yourself, your family, and your community. Part of the Community Cares program is the Participant Workbook. The workbook expands on the information we will cover today as well as offering activities

# **Talking Points/Notes:**



designed to help you build awareness around your mental wellness. We won't be covering every page in the workbook during this seminar, but it is an excellent resource to revisit.

•Note: Participants have been supplied with the Community Cares Participant Workbook as PDF document through email. Participants with special need can request a mailed hardcopy.

PS.3 NAMI Ventura County



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#### **Key Points:**

- •Every single person deals with stress. The effects of stress are uniquely individual. Personality type, social support, experience, age and even biology all effect how an individual manages stress.
- •Prolonged exposure to extreme stress (i.e. global pandemic) can be damaging to our mental health. While some people can seemingly "bounce back", in others this exposure can trigger the development of mental illness.
- •Do you ever say YES when you know you're already on professional or emotional overload? You wouldn't be alone. Most of us are stretched thin and have experienced physical and mental fallout of the resulting stress. Acknowledging the stress we experience is an important step to understanding the effect it has on our wellness.
- [Workbook Tie-In] On pages 4 and 5 of the participant workbook, you will find a few questions to help you take stock of your stress as well as your priorities.

# **Talking Points/Notes:**





PS.5 NAMI Ventura County

# Mental Health is a Spectrum

## **Key Points:**

- •Mental wellness and mental illness are not fixed points on the opposite ends of a line. Like paint, they can mix or overlap. A person's mental health fluctuates over the course of their lifetime.
- •When a person first begins experiencing symptoms of a mental health condition, they might be inclined to deny there is a problem, ignore the problem, or take a wait and see approach. Symptoms lasting more than two weeks should be evaluated by a medical professional.
- •Mental health symptoms can range from mild to debilitating. The experience of a mental health symptom is extremely individualized. What one person experiences as a mild inconvenience may be extremely distressing to another.
- [Workbook Tie-In] On page 5 of your workbook, you will find information about mood tracking. Mood tracking is a simple means of monitoring and recording the fluctuations in our mental health. Mood tracking is easily personalized to your needs and comfort level but can offer valuable insights into patterns over time.

#### **Talking Points/Notes:**



•**Transition:** No matter where it falls on the spectrum, suspected mental health symptoms need attention and treatment because mental illnesses are medical conditions, like any other physical illness.





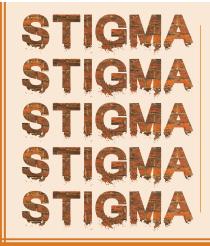
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PS.7 NAMI Ventura County

# **Key Points:**

- •The classic definition of stigma includes stereotyping, labeling, bullying and discrimination. Stigma comes in forms that can be loud or quiet. It often infuses our culture in ways that are ignored or overlooked. From popular TV and movies to social media and news outlets, the use of stigmatizing language and images continues.
- •For example, it is still common to see people experiencing mental health challenges portrayed as violent or dangerous. In reality, people with mental health conditions are actually more likely to be victims of violence than perpetrators.
- •Tell: Presenters each give a brief example of everyday stigma they have seen.
- •Depending on our culture and community, mental health stigma can vary widely. Latinx, African American, and Asian communities all seek mental health care at lower rates than whites and report experiencing discrimination in the healthcare system as well as language barriers and difficulty finding providers who understand ethnic and cultural traditions. Active duty military service members hold valid concerns that a mental health diagnosis could jeopardize their careers. And, LGBTQ+ individuals often face dual stigmas regarding mental health and sexual orientation and/or gender.

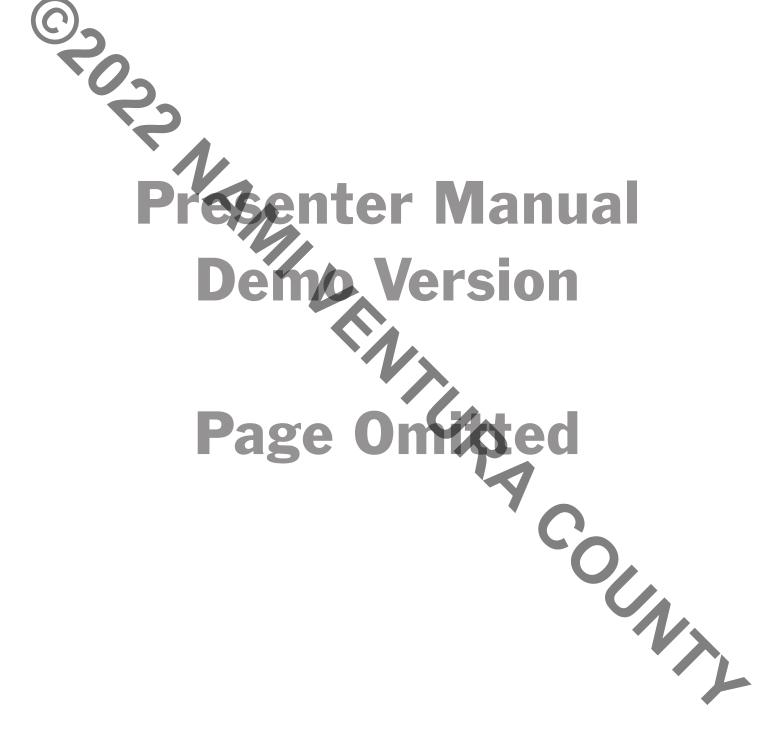
#### **Talking Points/Notes:**



Stigma is a Barrier to Action

MAMI Community Cares

- •Tell [Optional]: Presenter gives an example of experienced cultural/community stigma.
- [Workbook Tie-In] How about you? Do you think you are affected by stigma? You can take NAMI's Stigma-Free quiz on page 6 of your workbook.
- •**Transition:** Working toward ending stigma is one way we can build healthy communities and promote wellness.

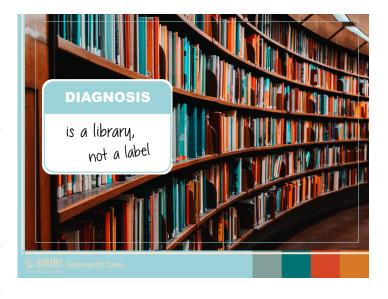


# **Seeing Diagnosis As A Positive**

## **Key Points:**

- •Stigma gave rise to the concept that getting a mental health diagnosis is negative. But a diagnosis is not something to be ashamed or embarrassed about. Some people continue to feel that a diagnosis is a label and marks them as "less than" or that it is meant to define them
- •Rather than a label, we look at diagnosis as a library. Rather than being limiting, a diagnosis opens up volumes of knowledge. It allows us to learn more and use all that knowledge to repair, recover, and advance our mental wellness
- •Transition: As we start talking about diagnoses, we have some important points we would like you to keep in mind.
- •Mental health conditions are medical conditions.
- •NAMI advises anyone experiencing new symptoms to seek a full physical evaluation.
- •Mental health conditions aren't the fault of the person experiencing symptoms or their family.

## **Talking Points/Notes:**



- •Mental health conditions aren't something to be ashamed of, anyone can have a mental health condition.
- •A mental health condition doesn't mean a person can't have a good life or achieve goals.

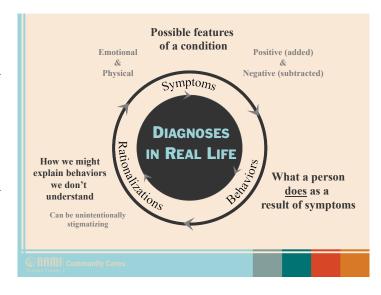


# **How Community Cares Tackles Diagnoses**

#### **Key Points:**

- •We are only going to talk about the most common diagnoses today, for more information you can always visit NAMI.org or take a NAMI class.
- •We are going to talk about those conditions in terms of symptoms, behaviors and rationalizations.
- •Mental health conditions often have both emotional and physical symptoms.
- •When we talk about symptoms, we use the terms negative and positive. Positive symptoms are new, added behaviors (i.e. unpredictable over-reactions, uncontrollable sadness, crying, anger or paranoia; Inappropriate and bizarre behaviors; need to withdraw and isolate). Negative Symptoms are behaviors taken away (i.e. ability to focus and concentrate; ability to cope with minor problems; enjoyment of family, friends, work; optimism, faith, belief in the future).
- •Behaviors are what a person does as a result of symptoms. These behaviors can range from subtle to extreme. It may seem like we or our loved one should be able to control or stop these behaviors, but that isn't realistic. Like any physical injury or illness, mental health conditions require treatment.
- •The last part of each diagnosis involves rationalizations, or what we might say or think about

# **Talking Points/Notes:**

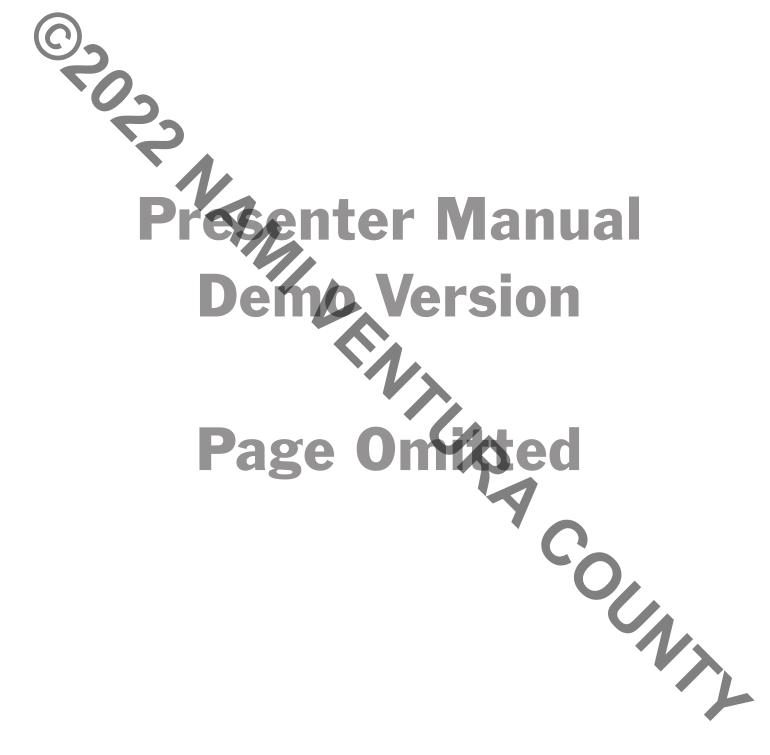


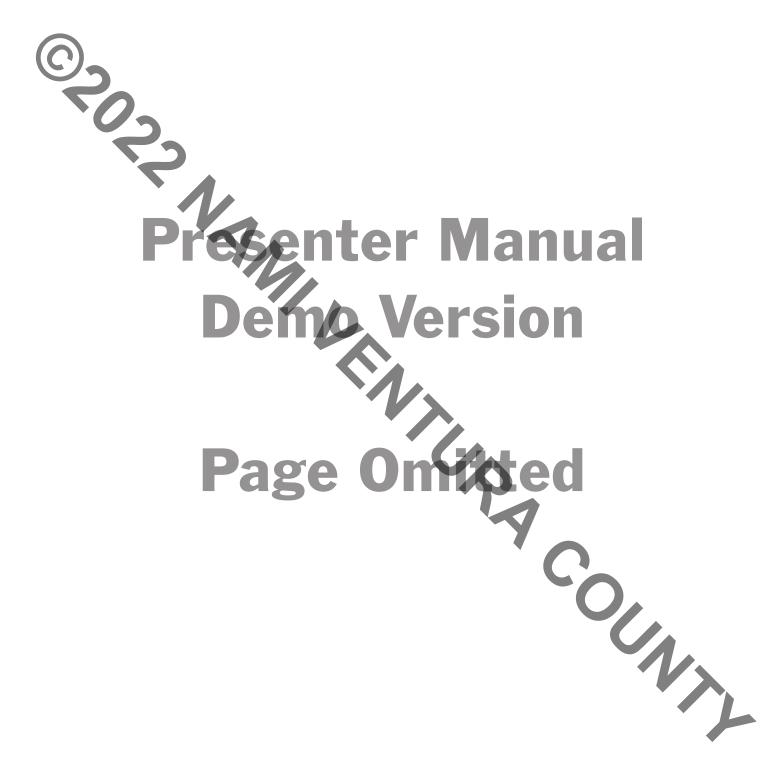
ourselves or other people to explain behaviors. Often, these rationalizations are unintentionally stigmatizing, inaccurate, and lead to delays in acceptance and seeking treatment.

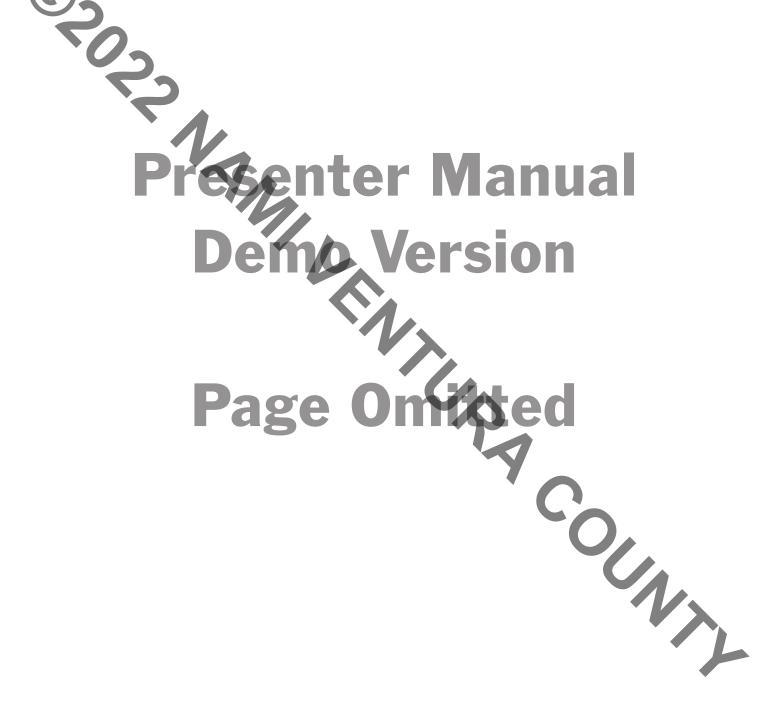
- [Workbook Tie-In] Each diagnosis we discuss today has a page in your workbook [pages 11-18]. There are common symptom checklists and space to take notes.
- **Transition:** Let's start with one of the most common mental health concerns in the United States.



PS.11 NAMI Ventura County







## **Obsessive-Compulsive Disorder**

Counting

**Intrusive Impulses** 

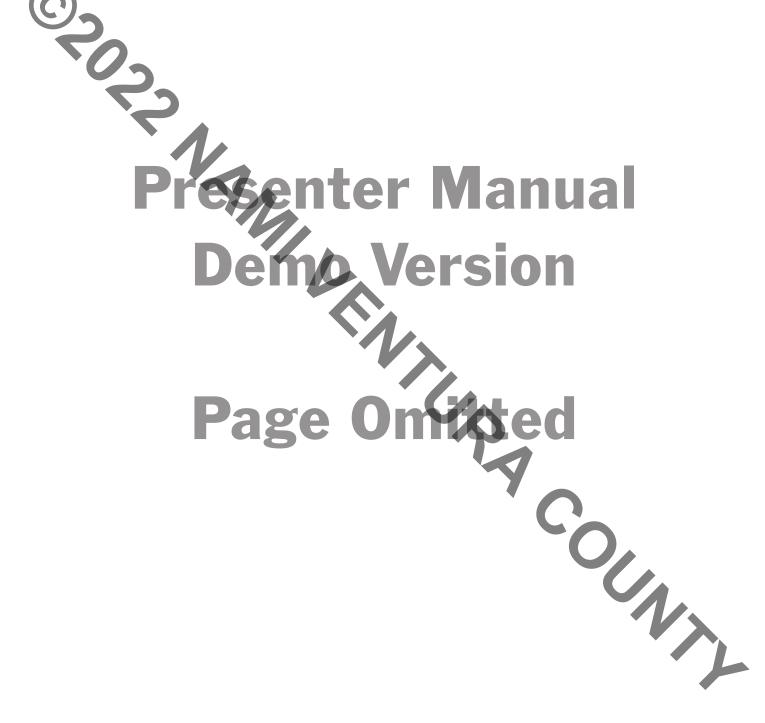
#### **Key Points:**

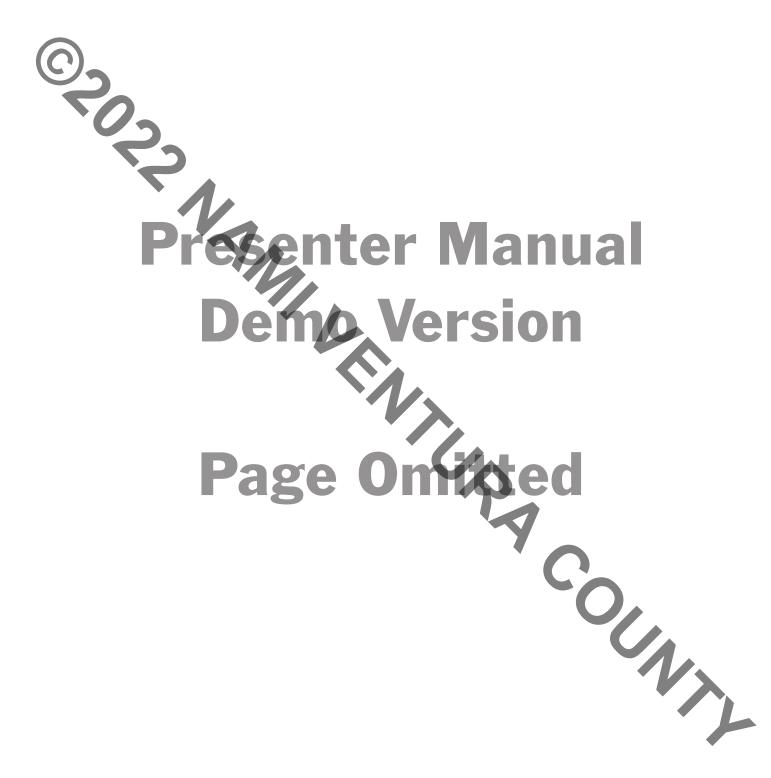
- •Obsessive-compulsive disorder (OCD) is characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior don't make sense, they are often unable to stop them.
- touching, etc.) or mental (silently repeating special words, images or numbers, etc.) acts are aimed at preventing or reducing the anxiety generated by the obsessive thoughts.
- •Tell: Presenter can give experience of early symptom recognition of OCD symptoms.

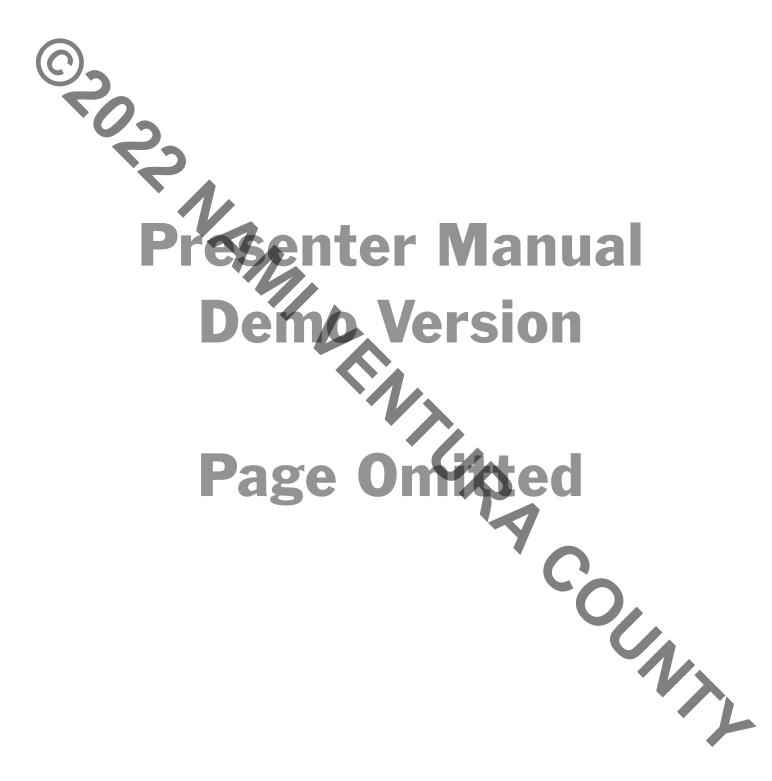
# Fear Intrusive thoughts Repetitive acts htening impulses Germ phobia Excessive & unreasonable concern Frightening impulses Germ phobia **Obsessions** Compulsions symptoms **OBSESSIVE COMPULSIVE** •The compulsive physical (hand washing, repetitive Hyperfocusing **DISORDER** "It's just a quirk." Chronic tardiness "He's a little peculiar." Perfection seeking "She's extremely meticulo Frequently missing work

#### **Talking Points/Notes:**

**PS.15 NAMI Ventura County** 





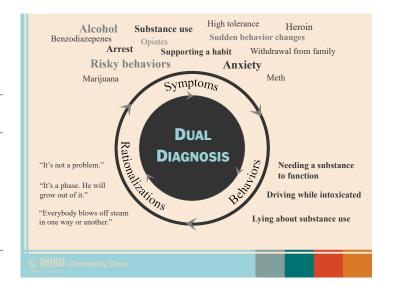


# **Dual Diagnosis**

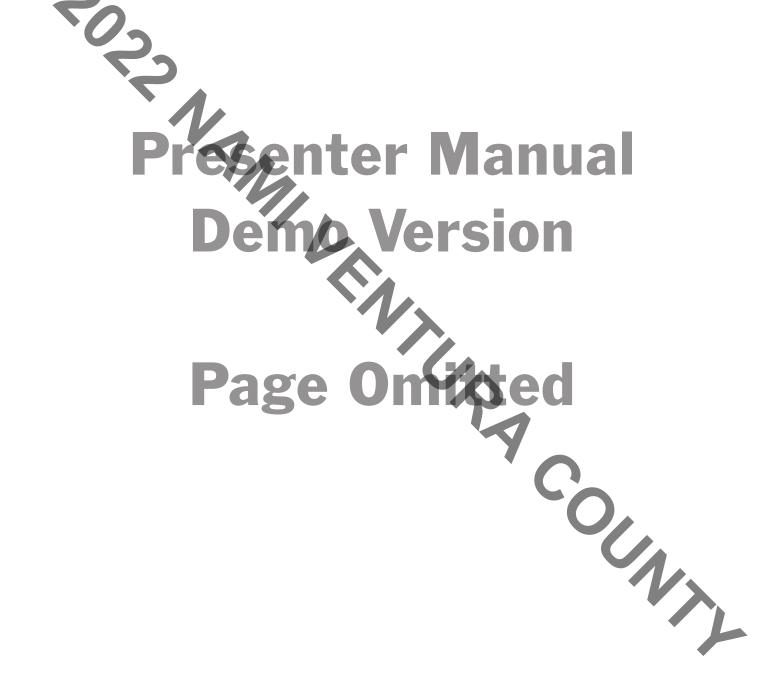
#### **Key Points:**

- •Dual diagnosis is a term for when someone experiences a mental health condition and a substance use problem simultaneously. You may have heard this referred to as co-occurring disorders.
- doesn't matter which condition developed first.
- •People experiencing a mental health condition may turn to drugs and alcohol as a form of self-medication to get relief from the troubling symptoms they experience. Research shows though that drugs and alcohol make the symptoms of illness worse.
- •Using substances can also lead to mental health problems because of the effect drugs and alcohol have on a person's moods, thoughts, brain chemistry and behavior
- m •Tell: Presenter can give experience of early symptom recognition of Dual Diagnosis symptoms.

## **Talking Points/Notes:**

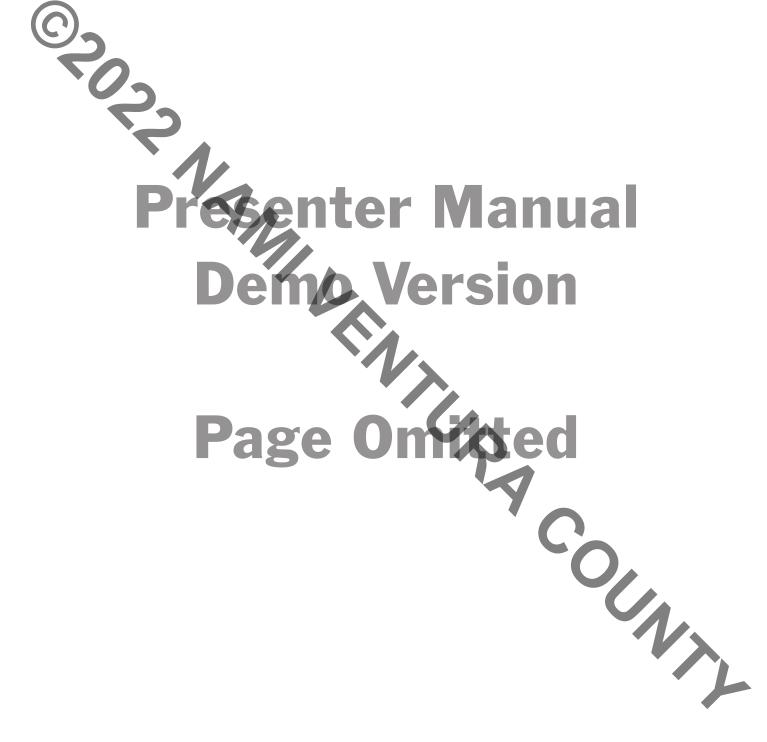


**PS.19 NAMI Ventura County** 





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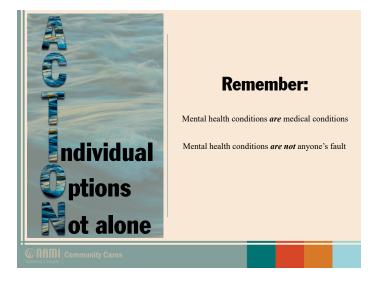


# Individual, Options, Not Alone

#### **Key Points:**

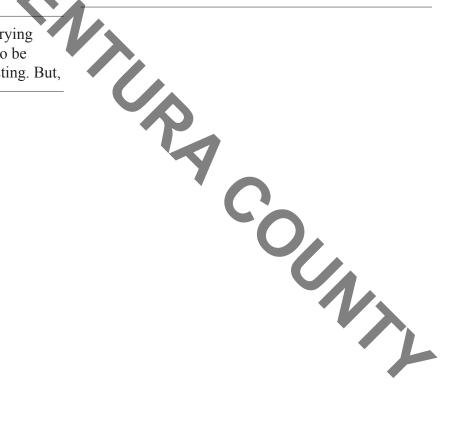
- •No matter what treatment option or combination of options you choose to pursue, there are three important factors to keep in mind.
- •Individual: There is no one size fits all treatment for mental health conditions. What works well for one person may not work at all for another.
- •Knowing your bottom lines is important when it comes to treatment. Knowing yourself, including your values, priorities and barriers (whether real or imagined) creates a foundation. That foundation can help move you to making the best decisions for you about addressing mental health concerns. On workbook pages 19 and 20, you will find questions to help guide you in understanding your foundation.
- •Options: Persistence is crucial. If a treatment doesn't work, you can discuss options with your provider. If a provider doesn't seem like a good fit, you can look for one who will suit your needs.
- •Not Alone: Experiencing symptoms while trying to find a provider or waiting for a treatment to be effective can be scary, frustrating and exhausting. But,

#### **Talking Points/Notes:**



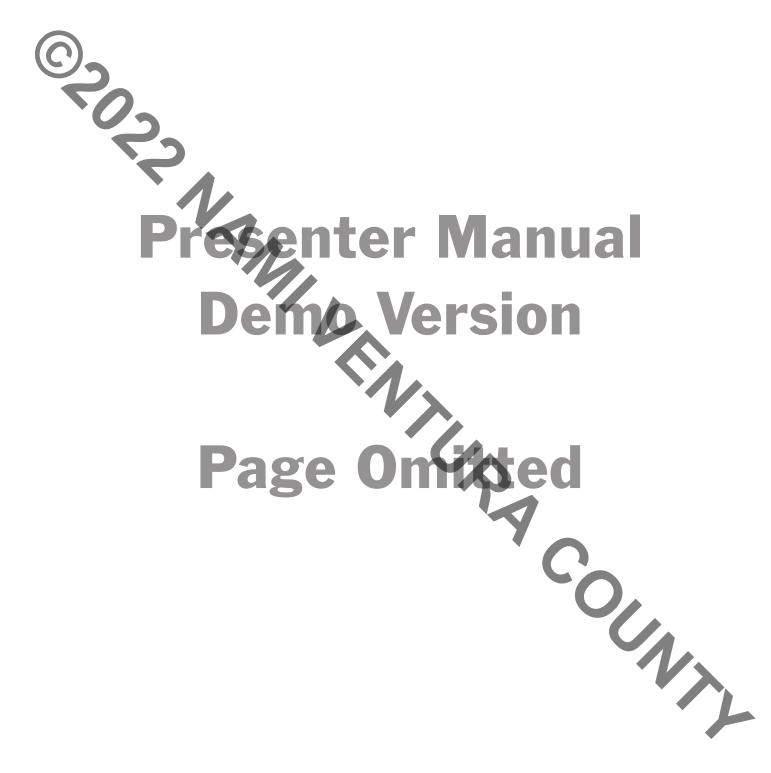
you're not alone. Consider being open and honest with trusted friends or family. Peer support groups are also available through NAMI.

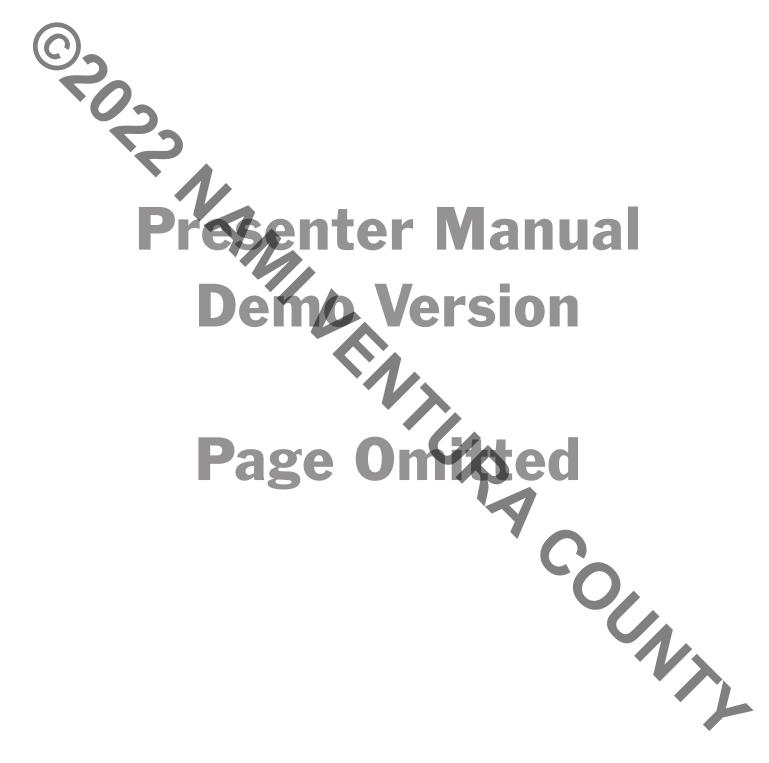
•**Tell:** Presenters share positive experience of social support.



PS.23 NAMI Ventura County

Reminder: Do NOT read the slides!





PS.25 NAMI Ventura County

# **Importance of Self Care**

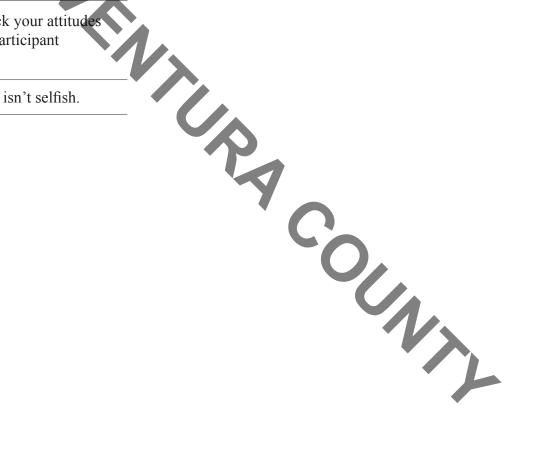
## **Key Points:**

- •Self-care is an incredibly important practice in maintaining wellness as well as recovering from illness. The concept of self-care, however, has gotten a little warped. As a culture, we've often come to think of self-care as selfish.
- •If an activity doesn't result in measurable achievement or self-improvement, we are unable to justify taking the time out of our hectic schedules and busy lives. When self-care becomes work, it's no longer self-care. For our purposes, self-care means something you WANT to do rather than something you feel you SHOULD do.
- •Actually, self-care is engaging in any practice that prevents the decline of our health and well-being. That's a pretty simple concept. Maintaining our mental wellness helps us in every area of our lives from work to parenting to play.
- •[Workbook Tie-In] You can check your attitudes about self-care on page 25 of the participant workbook.

•Transition: Remember: Self-care isn't selfish.

#### **Talking Points/Notes:**



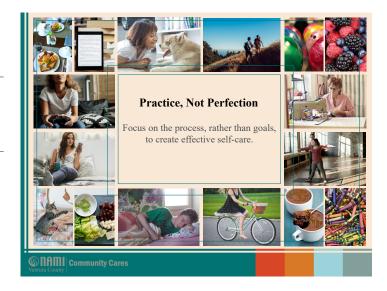


## **Breaking Down Barriers to Self-Care**

#### **Key Points:**

- •Practicing self-care can feel challenging. We may have barriers to engaging in self-care, either real or perceived. Money is tight. Time is tight. Work is busy.
- •Most often, our thinking is the biggest barrier to selfcare practice. Let's take a minute to reframe how we think about self-care.
- •We don't need fancy things to practice self-care. We simply need to knowingly engage in practices for our own benefit. Sometimes they're big, sometimes small, but they are ours, and they work. Self-care benefits of our mind, which benefits our body. There's no need to be the best or earn awards, you can do something simply because it brings you calm or joy.
- •[Workbook Tie-In] Let's take a minute to talk breaking through our personal self-care barriers. You can look at page 26 in the participant workbook to help illustrate. On your own later, come back to the workbook and use the self-care pages to your advantage.
- •Tell: Presenter work through personal example with working through barrier to self-care. Make sure to identify the self-care activity, the barrier, a resource you DID have, how you used the resource to access self-care.

#### **Talking Points/Notes:**

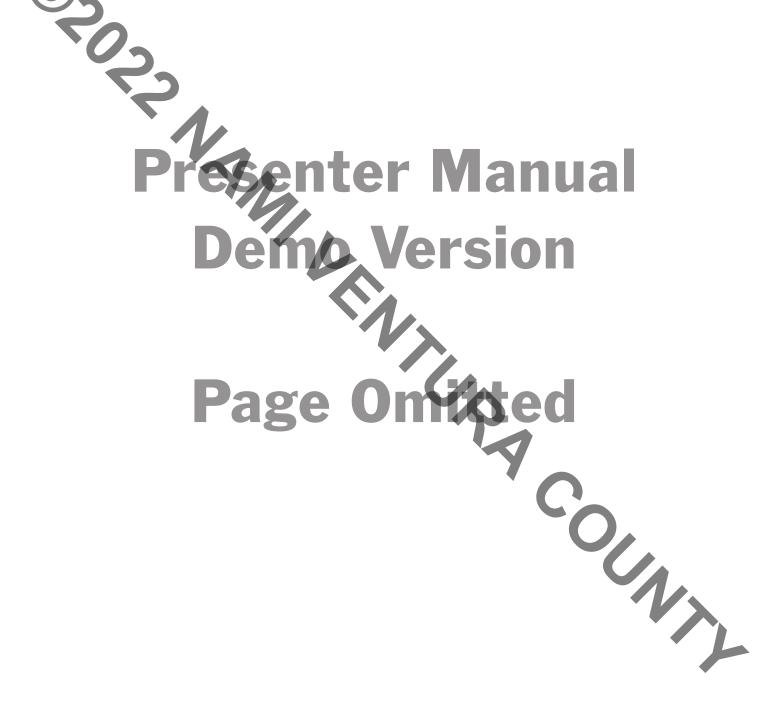


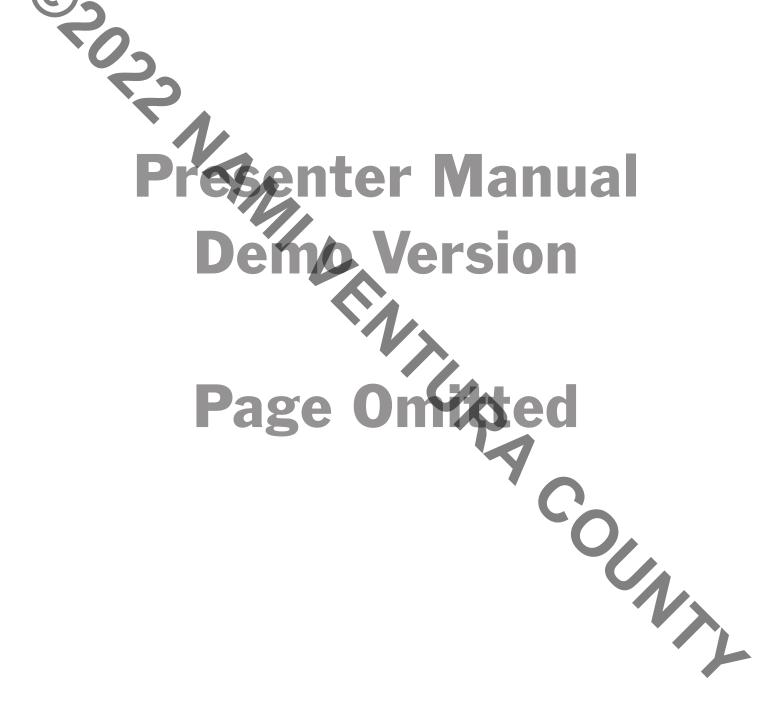
- •The last barrier to self-care is not knowing when you need it. Pay attention to your thoughts, body sensations, and feelings to recognize when you need self-care.
- •Transition: Let's talk about a few very simple selfcare practices anyone can incorporate into their daily routine.



PS.27 NAMI Ventura County

Reminder: Do NOT read the slides!







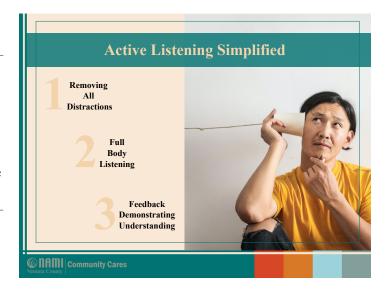
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# **Active Listening**

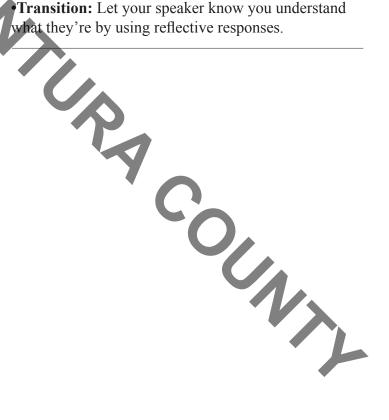
#### **Key Points:**

- •The other communication skill we are going to cover today also might take some practice.
- •Active listening means fully concentrating on what a person is expressing by using all your senses. Rather than passively hearing the words being spoken, active listening includes observing the speaker's body language. Taking verbal and non-verbal cues together allows the listener to develop a more accurate understanding of what is being said.
- •While active listening is an important skill for everyone, it takes on a particularly important role in mental health and wellness. Active listening helps us focus on the speaker's meaning, rather than just the words being spoken. Being on the receiving end of active listening can not only be comforting and reassuring, but also open the pathway for continued communication.
- Active listening requires focus. Put away distractions (i.e. cell phones), make eye contact, and don't interrupt.

#### **Talking Points/Notes:**



- •**Demonstrate:** Presenters give a 1-2-minute demonstration. First demonstrate non-active listening. then demonstrate active listening (non-verbal: eye contact, attentive posture, nodding, verbalization)
- Transition: Let your speaker know you understand what they're by using reflective responses.



**PS.31 NAMI Ventura County** 

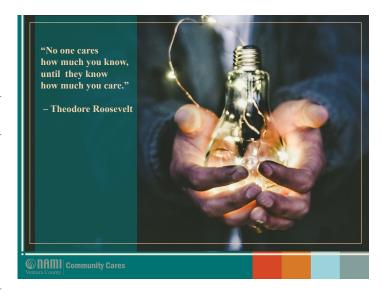
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## **Reflective Responses**

#### **Key Points:**

- •Reflective responses are a tool which validates the speaker's feelings even if you don't agree with what they are saying. Reflective responses are steeped in empathy.
- There are three steps to making a reflective response.
- •The first step is acknowledging the reality of the speaker's experience. That just means recognizing it is real and true to them, even if it is not to you. Often, mental health challenges sap self-esteem and color perspective. So, we may not agree with the content of what a person is saying. But we can validate that those feelings are real for them.
- •Step two is focusing your response of what someone having that experience must be feeling, rather than what you are feeling.
- •The last step is communicating that you understand what and how they feel.
- •Here is an example: Imagine your friend saying:
  "Everyone at work hates me.". Your first thought may be that your friend isn't hated at work. Your instinct may be to try and make your friend feel better by convincing them they are liked at work.

## **Talking Points/Notes:**



- •Instead, a shift to reflective response starts with acknowledging your friend's feelings are real (true or not). A reflective response might be: "It sounds like you're really frustrated at work. It must be terrible to be unhappy there."
- •Transition: Communication skills are important tools. A great way to learn more is by attending a NAMI class, support group or presentation. We would like to tell you more about what NAMI has to offer.



# **NAMI VC Program Offerings**

#### **Key Points:**

- •Remember that NAMI uses a PEER approach which means the lived experience of trained volunteers is the HEART of NAMI programs. Family members teach other families, and people with a mental health conditions teach their peers while sharing their own journey toward recovery.
- •[Describe any NAMI Ventura County programs offered using the descriptions on the opposite page.]
- •Let participants know if you're a teacher, facilitator or presenter for any of the programs and share information about how to register/attend. Remind people about the website (www.namiventura.org).

EER approach which rained volunteers is	Next Step & NAM	Education	Support & Advocacy
Family members with a mental health	Families	Family to Family Familia a Familia	Family Support Groups Grupo de Apoyo
e sharing their own	Peers	Peer to Peer	NAMI Connection
County programs	Adults	Family & Friends Seminar Community Cares	In Our Own Voice NAMI FaithNet
the opposite page.]	In Schools	Ending the Silence for Students Ending the Silence for Staff Ending the Silence for Parents	NAMI On Campus
a teacher, facilitator	Providers	Provider Seminar Provider Education	
ams and share er/attend. Remind	On Demand	NAMI Basics NAMI Homefront	
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# **Talking Points/Notes:**

PS.33 NAMI Ventura County

# **NAMI Ventura County Programs**

#### Classes

Family to Family: Free, eight-session educational program for family, significant others and friends of people with mental health conditions. Research shows this program significantly improves the coping and problem-solving abilities of the people closest to a person with a mental health condition. Class is taught by NAMI-trained family members. *Offered in Spanish as Familia a Familia*.

Peer to Peer: Free, eight-session educational program for adults with mental health conditions who are looking to better understand themselves and their recovery. Taught by trained leaders with lived experience.

**Provider Education:** NAMI Provider introduces mental health professionals to the unique perspectives of people with mental health conditions and their families.

#### **Seminars**

**Family & Friends:** Free two or four-hour seminar that informs people who have loved ones with a mental health condition how to best support them. It's also an opportunity to meet other people in similar situations and gain community support.

Community Cares: Free two-hour seminar that engages any person interested in learning more about mental health and wellness. NAMI Ventura County's Community Cares seminar is a conversation starter and tool for community organizations, businesses and individuals looking to support wellness.

#### **Support Groups**

Family Support Groups: Peer-led support group for any adult with a loved one who has experienced symptoms of a mental health condition. Gain insight from the challenges and successes of others facing similar experiences. *Offered in Spanish as Grupo de Apoyo*.

**NAMI Connection:** Free, peer-led support group for any adult who has experienced symptoms of a mental health condition. You will gain insight from hearing

the challenges and successes of others, and the groups are led by trained leaders who've been there.

Community Education & Outreach In Our Own Voice: These presentations change attitudes, assumptions and ideas about people with mental health conditions. Free 90-minute presentations provide a personal perspective of mental health conditions, as leaders with lived experience talk openly about what it's like to have a mental health condition.

Ending the Silence: NAMI Ending the Silence is an engaging presentation that helps students, families or school staff learn about the warning signs of mental health conditions and what steps to take if you or a loved one are showing symptoms of a mental health condition.

**NAMI on Campus:** NAMI on Campus is an exciting extension of NAMI's mission into the campus community. NAMI on Campus clubs are student-led clubs that tackle mental health issues on campus.

FaithNet: NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions striving to encourage welcoming, caring congregations as well as to promote the vital role of spirituality in the recovery journeys of many who live with mental health conditions for whom faith is a key component.

# NAMI On-Demand

**NAMI Basics:** Free, six-session education program for parents, caregivers and other family who provide care for youth (ages 22 and younger) who are experiencing mental health symptoms. NAMI Basics is available online through NAMI Basics OnDemand.

NAMI Homefront: Free, six-session educational program for families, caregivers and friends of military service members and veterans with mental health conditions. NAMI Homefront is designed to address the unique needs of family, caregivers and friends of those who have served or are currently serving our country. NAMI Homefront is available online through NAMI Homefront OnDemand.

# Wrap Up/Questions

## **Key Points:**

- •Take Questions
- •Remind particpants to take the audience survey with the link that has been emailed.
- participants how to become a NAMI member.
- •Thank everyone for participating.

Talking Points/Notes:

